

Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

Nature of restrictions on use of TRANSCRIPTS:

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Betty L. Gerl
Interviewee (signature)

5-21-87
Date

Name of Interviewee

*Modified from: Charlton, T. L. (1981). Oral History for Texans. Austin: Texas Historical Commission. p. 64.

This is Joyce A. Finch, Ph.D. Today is May 21, 1987. I'm interviewing for the first time Ms. Betty Gerl. This interview is taking place in her office at Good Shepherd Villa, 5848 East University, Mesa, Arizona.

This interview is sponsored by the Arizona State University College of Nursing and the Arts, Social Sciences, and Humanities Council. It is part of the Contributions of Cadet Nurses Project.

JF You do have the material that we're going to cover, and I typically go through in a pretty straight forward fashion. So we might start then with your nursing education. What year did you graduate from nursing?

BG 1947.

JF 1947, so you were in the Cadet Corps throughout your nursing?

BG The entire three years.

JF And what was your school of nursing?

BG St. Joseph's Hospital School of Nursing in Joliet, Illinois.

JF And about how large was that hospital at that time?

BG I was thinking back and it's grown so much, but I think around 225 perhaps.

JF About how large was your nursing class?

BG I think we started with 42, and 36 graduated I believe, 34 or 36.

JF Did you have any affiliations with another hospital?

BG No, not at that time. They started that later, but we didn't.

JF And did you have any affiliations with any college?

BG St. Francis in Joliet.

JF Did you have courses there?

BG The first, probably, six months we had, I think, about four courses there. Then all of our courses were right at the school.

JF So those would be like the sciences -- chemistry, anatomy.

BG It seems to me it was. Right, chemistry, anatomy, probably bacteriology I think. It seems like there was one other; there were four initial.

JF Oh, that's right, we used to call it bacteriology.

BG What do they call it today?

JF Well, today they call it microbiology, that's a course that the students take at the University.

BG Oh that's right, they do.

JF I had forgotten about that. That would be interesting to know how that change came about. Now, one of the things then about the Cadet Corps legislation was that the Cadets have a senior experience; some people could go to Army installations or VA Hospitals, or perhaps local public health departments. Did you do anything like that?

BG No, there were six from our class who did the last six months.

JF But you did not.

BG No.

JF How come did that happen that you did not?

BG They were appointed, just selected. I have no idea how, we just waited for an appointment. All of us wanted to go, of course.

JF Okay, so you did not do precisely what you had hoped to do.

BG I guess you could say that. I think we would have liked to have gone.

JF What did you do for that last six months that you were in nursing school?

BG Worked at the hospital, clinical experience. I think probably we had some classes yet at that time, too.

JF Do you remember what kind of nursing, clinical nursing, you did in that last six months?

BG I did a lot of night duty. It may not have gone into the last six months, probably three of it. I think I spent about six months on nights, but I think it may have started like at the end of the second year.

JF So it sounds like you saw it at that time as just a continuation of what you had been doing.

BG Right.

JF I presume when you were on nights you were in charge; you were responsible for the care.

BG Right, yes. I worked, I believe, a 20-bed unit alone as a senior.

JF And how were you supervised during that experience?

BG There were two night supervisors who came around on the night shift. Of course it would be your supervisor if it were daytime. But at night, there were two for the building who made rounds and gave advice and kept you going.

JF Now, one of the questions I wanted to ask you is how did the Cadet Corps make a difference in your nursing education?

BG I don't really know how it would have been different having experienced just that program. I think it was really a good thing for us. I was going to school not even aware there was a Cadet Program until I got there and signed up and heard about it. In fact all of us in our class then were Cadets. It was a time when, you know, we had that little bit of spending money -- that was a big thing. We liked being Cadets, I think, all of us. It was the uniform and there was just the ...

JF The kind of War effort thing?

BG Right.

JF But it does sound as if you would have been a nurse anyway.

BG Yes.

JF Some people, in fact, did make a choice to go into nursing because of the Cadet Corps.

BG Yes, I'm sure they did.

JF Although most people did not -- they were going to be a nurse anyway.

BG Yes.

JF So you did graduate then in '47?

BG 1947.

JF And what did you do after you graduated?

BG My first job was in Aurora, Illinois. A good friend from the class and I, you know we had to go someplace -- we couldn't stay home and work. I worked in OB until I got

married, probably about four months. We went right over there in August, I think, and took our State Board in October. They hired us just as new grads.

JF Now, as I recall, Aurora is not far from Joliet.

BG It's I think about 25 miles or 30.

JF Yes, I'm not sure what difference that makes. But anyway, you worked in the Maternity Department for about four months.

BG Yes, Post-Partum.

JF Post-Partum, okay. Did you feel prepared to do that as you recall?

BG I think so; I had spent quite a bit of time in OB and I think I did. I really think it was difficult being alone like at night, but I really think that's where we did learn a lot of the sense of responsibility that you really have. And I think I did, I think I was ready -- probably more so than I would be today to go someplace. You know, I guess they had a lot of confidence at that time.

JF There is something about being young with a new degree and having confidence.

BG Yes.

JF What was your position? Where you a Staff Nurse?

BG Yes.

JF So you married after about four months?

BG Yes.

JF And you probably changed jobs or you quit working?

BG Well, I think I married in January -- I mean I know I married in January -- but I think that would have been about six months. I came back to Joliet and I believe the job I had was nights until I got married. Then that, of course, being soon after the War and the shortage of housing ... After we were married we lived out of town like six or seven miles. There was no transportation except with my husband, and they wouldn't guarantee me I could work days. So, I went on private duty for probably another seven, eight, nine months. Then we did move back into the city. I think I worked a general floor for a year then, or two.

JF How was this private duty at your home hospital?

BG Yes, at my home hospital.

JF And did you work out of a registry?

BG They had their own registry.

JF Okay, but you could set your own hours?

BG Right.

JF Did you like that?

BG Yes.

JF But you didn't do that after awhile, you went back on a regular full-time basis in a hospital?

BG Right, I went back as soon as we were located were transportation wasn't a problem. I worked, I think, general duty, Med-Surg, until maybe the year that my first son was born. Then I think I worked in private duty again that year, and that was '53.

JF 1953, okay. Why did you want to go back on full-time staff at the hospital?

BG For experience. I really liked general duty. Private duty was a thing I had to do to have an income, you know.

JF Okay, so in 1953 your first child came along and you went back to doing some private duty?

BG Yes.

JF I assume that you could do part-time or control the amount of time that you worked and that's why you made that decision.

BG Right, that's why I did that.

JF And still in the same hospital?

BG Yes.

JF About how much? Since you were trying to control your time what did that amount to, say in days per week?

BG Oh, let me think back. I think just sporadically, you know, I'd take a case and if it lasted a week, two weeks or three weeks ... I was fortunate, I had my mother who could baby-sit, or I would work the afternoon shift and my husband could. So definitely not full-time at that time.

JF Alright, so how long did you do that then?

BG I think finally when he was a little older, maybe two, I took a job for perhaps six months back in general duty, afternoon shift.

JF Are you still at the same hospital?

BG Yes, same hospital. And then I had another son in '53.

JF I thought your first son was born in '53.

BG I made a mistake, he was born in '50 and my second son was born in '53. I had three years to work before the first one after I was out of school, and then three years in between the two, so the second one was born in '53. I worked private duty sporadically because I had another son in 13 months, in '55.

JF You had a big, young family with you.

BG Right, and I always worked some. I don't think I've had one year of not working since I got out of school. Let's see, then I took a job -- OB was always my favorite at that time -- so I think I worked about six months in OB Post-Partum and Recovery before my daughter was born. That would have been in '56 -- she was 18 months after that third little boy. Then I think I went back to general duty, and I worked part-time in the evening probably when she was six months old, so that would have been sometime in '57. I worked there then part-time into full-time when they were all in school. I worked Post-Partum, Charge Nurse, until '67. Then, I had a friend who had gone through the program also but went on to get a degree in speech therapy. She had gone to Texas and worked for several years, and she used to come in and work one weekend, I think, a month at the hospital with us. She was in the school system. I worked and I went and applied, after ten years steady in OB, and went to work in the school system.

JF That was a little jump, wasn't it?

BG It was good experience, but it was quite a change because they were fourth and fifth graders -- I think about 900 to 1,000 in the school. I stayed there for a year, the one school year. Then I had a call from the same hospital where I graduated -- they needed a Head Nurse in Post-Partum and would I take it -- so I went back. I stayed there for two more years.

JF How did you like the school system as a job?

BG I wouldn't want to do it for a long period of time; it was good experience. It was very frustrating to me because it was in, well I guess probably you would call it a suburb of Chicago when you move out of the city area. There were such needs that you couldn't meet.

JF You mean in terms of poverty and nutrition?

BG Yes, and even just attention to these children, you know.

JF Nine hundred to 1,000 kids looks like ... Were you the only school nurse there?

BG At that school, and we had four schools in the system.

JF Wow, you must have been just busy.

BG Yes, and you know out of the group you knew about 125 because they were the frequent visitors.

JF Sure.

BG And so it was interesting, it was a complete new thing.

JF It sounds very different from what you've been doing before.

BG It made me realize that I wouldn't want to stay at it too long.

JF Did you feel prepared to do that job when you got in it?

BG Not really.

JF What would you have liked to have had?

BG Well, you know, working Post-Partum you really have been away from medical for so long, and your basic first aid is what you need as well as counseling abilities. But it was a learning experience, definitely, for me.

JF Did you do any continuing education?

BG Through the hospital.

JF Through the hospital.

BG Well, I think I took about three college courses. When I was there I took a course in educational psychology the year that I worked in the school and I had taken a couple of college courses -- I think English, Speech, I can't recall what else. Then they did have quite a bit of training at the hospital.

JF Okay, so you went back then and were Head Nurse in Post-Partum at the hospital and you did that for two years?

BG Yes.

JF Now that brings us up to about ...

BG 1970.

JF 1970, okay -- we've just clicked right along here, haven't we?

BG Yes.

JF Okay, what happened in 1970?

BG We moved to Colorado.

JF A wonderful state; I lived in Colorado.

BG Did you? Oh, it is, but you know after all the years of being in nursing in the hospitals where it was always short staffed or looking for help and people not available ... When I got to Colorado we were about 30 miles from Colorado Springs -- 25, something like that -- that's where I had assumed I would work and drive to. But no place needed help. This was in the Fall of '70, I think, so I put a few applications in and sat back at home. I knew that in Cripple Creek, Colorado, this little town another 25 miles away, that they desperately needed help but I wasn't going to drive that far. So, we were in Woodland Park and finally I guess after about a month of being unemployed and this big move that we thought was going to be so wonderful -- Colorado is wonderful but you have to work, too. So I finally said to my husband one day, "Well, let's take a ride over and I'll drive and see what it's like." It was a nursing home.

JF Now was this in Colorado Springs?

BG No, it was over in Cripple Creek.

JF Oh, in Cripple Creek. Oh, I thought you had written that off.

BG Well I had for a month. And they had that continuing need. When I got over there it was an old hospital that had just given up its hospital license in, I think maybe, March of that year and this was Fall. They had been combining the two -- the hospital and the nursing home -- because they had started it in the 60's sometime. Most of their patients came from the State Hospital.

JF In Pueblo?

BG Yes, in Pueblo. There was a nurse working there, I think she was the only nurse on the day shift. It was about 35 residents and she had worked her entire career in that hospital and she was just about ready to retire. So I could have stayed the day, they needed help so badly. And it sort of just gave me a good feeling, the need you know. So I decided, well the drive wasn't bad. So I started the next

day. So that's how I got into a nursing home, and I've basically been in it, you know, since. I've had a few years in hospitals.

JF That's about 17 years then.

BG I think I worked about, probably not even three years since in a hospital.

JF Okay, so what was your position then in that hospital?

BG Well, I was a Staff Nurse until the following summer when she retired, and then I became Director.

JF And what kind of staff did you work with then?

BG Nursing Assistants who basically were untrained, unless they came in from somewhere else where they had had training. Then we had a nurse on each shift, and an LPN on nights. In the time I was there I hired a lady who was just out of the Air force, I think, so she was the degreed person, she had been around maybe not as many years but probably had lots more intense experience. She worked, I think, the afternoon shift for awhile and then became the County Health Nurse in the area -- they had established the new position. But they did have nurses around the clock. Not much to go on otherwise. We did have a Pharmacist on the premises at that time because it had been a hospital -- a very interesting place because it still had the nursery still set up, they hadn't dismantled that with a little tiny room with six tiny cribs; and their old surgery room was still set up. So it was a very interesting experience. The doctor who worked there, he had his office in the building so we always had a physician available. And then, we operated as a community clinic, emergency clinic. So we had the emergency service along with the nursing home.

JF I was just thinking that Cripple Creek is kind of a busy little place in the summer with all the tourists, so you could be quite busy on an emergency service.

BG Yes, and frighteningly so because you were 55 or 60 miles from the city and not much equipment up there. I rode the ambulance down to the city a few times, it was a frightening experience. But again, it was a very interesting experience and I really liked it.

JF So it sounds like it was tough to be prepared for just anything that would walk in off the street and you had to be pretty flexible to handle that kind of thing.

BG Yes, you really had to be.

JF But, you did have physician backup, pretty much.

EG In town, yes. He was an old man who had spent his entire medical career there also, in Cripple Creek.

JF Well, I was wondering what you would do if any of your older chronically -- well, let's see, the residents I guess ...

EG Today they're residents, at that time yet they were patients.

JF But, if they would have heart attacks or gall bladder attacks you would have to transport them then into Colorado Springs. Well tell me, how did that drive get along about mid-January?

EG That's about the time I rode it with, in fact she was a term bleeding patient. It was very frightening for her, for all of us, but especially for her because, you know, we felt so inadequate. We had a little medical bag that wouldn't do much, and we did have oxygen aboard. It was an old ambulance, but we were certainly glad to reach the hospital.

JF Sure, I know those winter roads can be quite an interesting experience for people who are not used to the mountains. But one learns fast.

EG Oh, yes, my husband says I sure learned to drive. After so many years he couldn't believe that I could take them [the roads] almost automatically.

JF So anyway, there was really a great diversity at different points of the year and in what you had to do, even though this was a nursing home.

EG Right.

JF And you certainly made a big jump -- going from maternity to school is not such a big jump, but from the expanding family to the contracting family age group was ... Did you feel prepared for doing what you did?

EG I did seem to fall right into it. I suppose maybe it was easier really than going into another unit of the acute care situation because of having been so many years in a specialty area. So, I think it probably gave me a chance to learn, relearn, and to use the things that you had originally learned. I really didn't find it too difficult.

JF One of the things I do remember from my own nursing educational experience, and I've never been sure just how unique this might have been, but in the 40's there were quite a few relatively well-to-do type people who needed care and just went to the hospital. So we had a couple of areas where there were people who, under no circumstances would they be cared for in a hospital today, they would be in a nursing home.

BG Oh, yes, long term care.

JF And so there was a lot of that. We dealt with multiple sclerosis -- not multiple sclerosis. Parkinson's disease -- that really required a great deal of skilled care, but certainly not acute or high tech care.

BG Yes, a lot of long term in there that would never be in a hospital today.

JF So, that background was there to pull from.

BG I think that's true, and the number of hours that you did spend on the clinical unit I think it did prepare us for most any kind of nursing. I don't think we could do nursing today without more training and more technical classes in the hospital in the acute care situation, but in the just patient care I think that it really did. In a future job I had [in '77] I felt very unqualified, but I did it.

JF Okay, so how long did you work then in Cripple Creek?

BG Well, we were in Colorado in I think it was 1977, so I would have been there ... Well, no, because of work we did go back to Illinois. I was there about two years and then we went back to Illinois, and I had a job offer then as a Director in a 135-bed nursing home, so I worked there about 2-1/2 years. Then we went back to Colorado and so I was back at the same hospital, the same nursing home, but that was '75. I was there until '77 -- that time I just worked as a Charge Nurse. In the interim it had changed.

JF When you were in the Illinois nursing home was your position relatively similar? I don't mean the position, but your activities -- were they similar to what you had done in Cripple Creek?

BG It probably was a little preparation, but quite different because we had an Intensive Care section which wouldn't compare to an Intensive Care in a hospital. But we administered IV's and had the oxygen available and tracheostomy patients, things like that. So it was definitely more care needs than what we had had in Colorado. But I suppose dealing with the elderly -- that had been a preparation. Probably my years of working in OB and being Charge and being the Head Nurse for a couple of years, you know, gave me enough confidence to be able to do the administrative end of it because it was a skilled care facility. Now here where we are, we don't admit with IV needs, but there we did. So it was an interesting experience also.

JF Okay.

BC We dealt with Medicare and other forms of payment or co-payment. It was all interesting and learning experiences for sure.

JF Oh yes, that's for sure. So then you were back in Cripple Creek for a couple of years and that was about '77?

BC Yes, and my husband was working construction and he had done traveling back and forth to Kansas, coming home weekends for probably a year and a half because work was so scarce in Colorado at that, especially out in the boonies there. So our children were all at the point of being old enough to be in school away from home, so we decided to sell our house and hopefully to be able to come down here to Arizona when his project finished up. So by September we had it sold and I was able to go to Kansas with him -- it was kind of like a vacation, you know, because he was renting a trailer. I think I was there a couple of months and they had a small general hospital. So that was the experience I was talking about, because I hadn't worked general duty for a long time. So, I went over and applied and got the job and I worked evenings and I just worked three nights a week. They had 26 beds is all, but you had OB and you had the Emergency Room and they had a Newborn Nursery and you had new surgicals -- they did surgery there. Then you had this Cardiac Care Room with a monitor. I prayed a lot, and I tried to read and see what I could learn, but I felt inadequate and I worried about the patient who might come in -- because of my feelings of inadequacy.

JF Did they have at that time any in-service or programs where they'd bring you up to ...

BC Well, not really, I really did it on my own. I was only there until his project was completed and that was probably until the end of February, I think. But again, I learned a lot, but I prayed a lot, and I read a lot. We had babies that you gave inhalation therapy to, I mean children. They did show you how but it still was pretty scary when you're the only one there with the maids, you know. So it was a good learning experience, but it was a little bit frightening. I think that probably the way their staff was set up that you could have called help if you needed it. There were a couple of physicians right in town. But, it was -- I don't know if I'd go out and do it today.

JF I'm quite sure I would not -- I'd have to start over again.

BC Yes.

JF Alright, so after you finished up that experience in Kansas did you then come to Arizona?

BG Oh, we came down here for about six months and my husband's parents were very ill, so since we had sold our house and were really kind of at loose ends, we decided to go back to Illinois and take care of them. So that's what we did and I was able to work at that time. That was a good experience probably for today because I worked on a Med-Surg. Ward. Then we were able to come back down here to Arizona.

JF Was that 1980?

BG Yes, the last I worked -- I came down here in '81, so we've been here for six years. But I had worked until I think September or October, something like that.

JF Were you back in Joliet, then?

BG Yes, back at that original hospital.

JF That's tremendous. So you came here in '81?

BG To Arizona in '81.

JF What did you do then?

BG I worked for two years as a Head Nurse in a skilled care facility -- nursing home. Then I had applied for this job that's close to home here at Good Shepherd and it was just in the process of being built. So I started here -- we opened this facility, then I was hired here in March of '83.

JF Now, you're Director of Nursing here?

BG Yes.

JF And you were Head Nurse at that skilled care facility?

BG Yes.

JF Okay, let me clarify -- what's the difference between this place and the skilled care facility?

BG Well, it is the same, the difference is in the position.

JF Oh, I see.

BG I was like my Charge Nurses out on the unit. Really that's what the Head Nurse is, except they just give you a few more duties and responsibilities. But there was a Director of Nursing and it was a larger facility. We're an 80-bed, and that was about 184, I think. We had a 50-bed unit that I worked on. This has been an additional experience because of opening a new facility, because of preparing all of the annuals and policies and procedures, going from zero residents to today, lots of admissions, trying to establish

a facility that gives good nursing care and still makes it their home so that they're comfortable.

JF Yes, I heard a bird that sounded like a parakeet or some little chatterbox.

BG Right we have two of those parakeets.

JF We didn't used to think of that as real patient care things to have. When you were doing the policies and procedures, those manuals, how did you go about doing that? That was kind of a new experience for you, wasn't it?

BG It really wasn't because many years ago I had done them for OB, for the Post-Partum.

JF When you were Head Nurse?

BG No, before that, way back before. You know, you go back a lot of years and it was a Head Nurse and you, that was about it. I would guess I was her right hand. This was in a Catholic hospital, the sisters were the supervisors. We had a very nice woman who was the sister who was in charge, and I helped her. We wrote procedures. I guess in the other nursing home they were already prepared for us and so we didn't have to rewrite these. Here we had guidelines -- our central office does give us a lot of material.

JF Oh, I see.

BG In fact I've just gone through it again for this year. Every year we go through and update them, but I just took the guidelines and wrote policies for how we wanted it to operate.

JF When I drove in it looked as if this would be a multi-level kind of place, where people could be independent or less independent.

BG It is, we have 100 apartments independent living. We are licensed for completely skilled, but we probably have I think, what we consider an intermediate level of care. Probably a fifth of the total are intermediate. Most of them require quite a bit of care, but we do provide the service for someone who would be referred to in some circles as custodial-type care, you know, where they don't really need a nurse's care, but they do need supervised care. So we really have the two levels here, and then 100 apartments of independent living. And we provide them with an emergency caller in their apartments and so we maintain a file on all of them and provide them with emergency care.

JF Now, do you have special opportunities for continuing education for skilled care facilities?

BG Do we have?

JF Yes.

BG Yes, it's available. We try to go to seminars frequently. Our central office also has a training program for new administrative positions. I think it was for a week, I went up there for a week. They have some training programs also, we've had them down. They maintain consultants in all the various areas and we've had them down a couple of times for in-house training. But we do go out to other in-services or seminars, and we have our own. I have an in-service director -- we provide two hours of in-service training monthly. In fact, it's required for every employee.

JF Do you have a group of nursing skilled care facility directors that you relate to?

BG Yes. Now, I haven't attended a meeting for several months, but they've tried to get one going. Keeping it going seems to be the problem in Phoenix. So we tried to go over a couple of months to that and I find it very interesting, even if they really don't have a speaker, meeting with the people and discussing like problems.

JF Yes, it seems like that would be an important thing, because otherwise you're kind of isolated.

BG Yes, it is. I really like to be able to go to that and I hope it keeps going. I haven't heard from them now for a couple of months. You know, somebody has to put the time and effort in to organize the meetings. We're far away here. But, we do try to go over. They were having breakfast meetings and that was quite nice -- then we'd be back by noon. We had some very informative programs, too, as well as discussing like problems, you know, and trying to reach some solutions.

JF Well, that kind of brings us up to date in terms of your actual career activities, so I'll shift gears a little bit. In these years have you always wanted to stay in nursing?

BG Probably until now -- I think I'm getting ready to ...

JF You mean retire?

BG Well, I'll probably stay in nursing, but now I'm getting to the point where I'd like to do something else, but I don't know what. I think after this many years in the field I think that I would like to learn something new. I think my husband and I are going to take a computer course this Fall -- we feel like we need to do something different.

JF That seems more like personal development almost, than actually a career change.

BG Oh, yes I think so. I don't know what I want to do. Sometimes I think I would like to change, but I can't come up with any career change that I would like to make.

JF One thing that does occur to me is that a place like this that you're managing right now is probably never going to have big computerized services ...

BG We have a computer.

JF Oh, you do?

BG Yes, just a small one for all of our orders, all of the doctors' orders.

JF You could do something like staffing, a staffing program or self-directed learning, those kinds of things.

BG Yes, we're thinking that eventually we will have that type of a computer.

JF But then a computer would be really career related for this job and that would be very interesting, I would think.

BG Yes, I would like to know more about it for my own personal interest. We do do all of our doctors' orders and medication and treatment sheets on the computer now. And, you know, I can do it with the assistance of my medical records person, but I'd like to know more about it.

JF They're very unforgiving. You think you hit that right and it's not responding the way it's supposed to. They can be quite frustrating.

BG Yes.

JF Okay, well I know that you were married and had children. You had four children.

BG Yes.

JF And you always worked, at least part of the time. How did you juggle work and family responsibilities, other than cutting back from full-time to part-time?

BG With the help of my husband and my mother. We were very fortunate in that we didn't have to have babysitters. You know, we felt like it was family caring for the children. I wanted to work full-time days until they were all in school. My mother was there; my father died before my daughter was born. She was alone and lived with us. She just died in February at 96 and she lived with us since 1957.

JF My goodness, that was a long life.

that in other areas. But I think in nursing it was an interesting group.

BG Yes.

JF Well, that concludes my laundry list of topics here, but before we do complete the interview I would like to ask you if there is anything that we did not cover that you think we should have covered relative to these topics or your career.

BG I don't think so. I think you probably pretty well covered everything.

JF Well, I want to thank you very much for participating in my study. I think you had a most interesting career.

BG You're welcome.

JF And this then concludes our interview.