

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.

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Shirley L. King
Interviewee (signature)

3-23-87
Date

Name of Interviewee

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

This is Joyce Finch, Ph.D. Today is March 3, 1987. I'm interviewing for the first time Mrs. Shirley Kirking. This interview is taking place at her home at 909 E. Hampton, 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 I think maybe we can get started with your entry into the Cadet Program and some aspects of your nursing education. Can you tell me what year you graduated from nursing?

SK 1946.

JF 1946, so you were in the program three years.

SK Three years, yes.

JF And your school of nursing, where was it?

SK Minneapolis, Minnesota, Lutheran Deaconess Hospital.

JF And how big was that hospital about that time, as best you can remember?

SK I think about 250 to 300 beds. It seems difficult for me to remember that, I don't know why. But it was one of the smaller hospitals, so my guess would be about that.

JF That would seem to be a pretty common size hospital, just about that size. Okay, can you remember how large your class was when you entered in the program?

SK I think we were probably about 29 or 30 who entered, and about 26 who graduated. I may be wrong on that.

JF Well, this is okay. We're trying to get some estimate. Apparently there was a lot of attrition, that is a lot of people entered programs but did not finish. I'm just trying to get an idea. It sounds like most of your class did finish.

SK Most of the class did finish. One girl transferred to a school of nursing closer to her hometown because of a boyfriend. She did complete training and was later married to that same young man. Another one of the girls from our class decided to go into teaching, rather than nursing. So I feel that they did continue their education even though they dropped out of the nursing program.

JF Alright. In your nursing education did you have any affiliations away from your home school?

SK Yes, we did have. We affiliated for Pediatrics at Minneapolis General Hospital, and for Psychiatry at St. Peter Hospital in St. Peter, Minnesota.

JF Now where is St. Peter relative to Minneapolis?

SK It is west of Minneapolis, and I would think probably about 150 miles.

JF It was a state hospital?

SK And it was a state hospital.

JF Did you have any college classes while you were in nursing?

SK No, I don't think so. I did have one year of college prior to entering training.

JF So you didn't go in right out of high school?

SK No, I was too young and they wouldn't take me.

JF I see. Did you have to be 18?

SK Eighteen, yes.

JF When you were in the Cadet Corps, shifting into that aspect, did you have any different kinds of senior experiences in your last six months? Some of the people who were in the Cadet Corps could go away, like to a military installation or to a Veterans Administration or public health. Did you do anything like that?

SK I went for what was called rural nursing at a town in northern Minnesota called Grand Rapids, Minnesota. It was a delightful experience for me. I truly enjoyed the time there. It was wintertime -- very, very cold, but the air was so fresh and so wonderful. It was truly beautiful up there. The people were very gracious and very helpful. I feel it was a good experience.

JF So they called it "rural nursing"?

SK Yes, they called it "rural nursing".

JF What kind of nursing activities did you do there?

SK We worked in the hospital in that small town. We also went for several days, I can't recall how long, for industrial nursing, and that was to a lumber factory -- paper mill factory, I should call it. It was very interesting to me to see the big logs and the river there, you know. I had never seen anything like that and it was very interesting to see

that that was a good experience. I always felt I wanted to go into industrial nursing, but never did.

JF What kind of health care did the lumber mill people require?

SK There were, of course, a lot of injuries -- on-the-job injuries. That was basically it. However, there were also ... Well, they came from families that did not know -- they ate their basic foods and yet they didn't realize that there were anything like fresh vegetables and things of that sort, or vegetables to use other than what they got out of the garden in summertime. So there was that aspect of it.

JF Some public health teaching.

SK Yes, public health along the way.

JF And you worked with families?

SK I would say no, we did not work directly with the families there.

JF So you would try to get to the family through the employee?

SK Yes, through the employee. Now whether the nurse did go out otherwise, that I don't know -- you know, to the families and to the homes. And there was another part of that rural nursing that was also of much interest to me, and that was with the Indians. I can't recall a great deal about that, even though I went out with the nurse three days.

JF Now these were Indians who lived in Minnesota?

SK Yes, they lived in Minnesota in that area. They live, you know, in small places. Again, they were something I had never seen before. I came from a small town in Illinois on a farm and all the people, it seemed, that lived in our little town were basically the same -- just ordinary folk who farmed or worked in the area there. To see how these Indians lived in these small shacks way out in the country, and no electricity, so on, it was quite a shock to me.

JF Well, that does sound interesting. When you were in that last six month period, did you have any additional classes for rural nursing, or did you pretty much just do your learning on-the-job or at the unit or in the home, so to speak?

SK I think it was pretty much on-the-job training, that sort of thing rather than structured class work while we were in the period of the rural nursing.

JF And how were you supervised, because you were still a student at this point?

SK I'm sure we must have been supervised through probably the Director of Nursing at that hospital, because the bulk of our training came in the hospital.

JF Okay. How do you think the Cadet Corps made a difference in your nursing education?

SK Well, without it I would not have had this experience up in Grand Rapids which, as I mentioned, I felt was very good. It brought me away from, a little bit at least, away from the sheltered life that I had had. At college I attended a church college, also a church affiliated hospital. We were quite sheltered. I was one, of course, to abide by the rules and I feel that it was good for me to get out and meet a different type of people, to learn to really realize and know a few different types of people. My roommate while I was there was a student nurse from Rochester, Minnesota, a very lovely young lady, and we really became good friends. She since has passed away from cancer. But we did keep in touch over all the years. It was about two years ago she died.

JF Now, if I inferred that you would have gone into nursing school anyway without the Cadet Corps, would that be correct?

SK Yes, that would be correct. I was influenced by my older sister who was a nurse.

JF Then in relation to that as near as you perceived, except for that last six months that you had in Grand Rapids, do you think that your nursing education was pretty much like it would have been whether the Cadet Corps was there or not?

SK Yes, I feel it was.

JF I know that they did write into the law provisions that schools would not be put in a bind between the Cadet Corps and the State Board of Nursing. So I suspect that in many ways the nursing education remained very similar. Okay, so then you graduated and you became a nurse. What did you do after you finished?

SK I worked two years in the hospital where I graduated from. At that time it was a combination of Emergency Room and Central Supply, so that the nurses from the two departments, their days were alternated.

JF Okay. When you said that, I was thinking well, if there was not an emergency you would be back in Central Supply. But you actually had a schedule.

SK Actually, we had a schedule. But, of course, we did help then in Central Supply when we were not busy because

naturally there was more work and always work to keep you busy there.

JF Sure. Okay, we haven't heard that term much -- Central Supply. Isn't it called something different now?

SK It probably is. I really don't know.

JF Alright. So you worked in this kind of double unit situation. What did you do there -- what kinds of things, nursing care, did you give?

SK The only nursing care, of course, that we gave was when we had a patient come into the Emergency Room which would be the same as you would get in most any hospital. Except now I'm sure there are much more severe cases.

JF But accidents ...

SK Accidents, yes, smaller accidents would come into our hospital.

JF What was your role there? Were you a Staff Nurse?

SK I was a Staff Nurse.

JF For the entire two years?

SK Yes, the entire two years. Then following that I decided to move home and I worked for, oh I imagine it was about nine months, doing night duty in a small hospital in Belvedere, Illinois. Following that I went into office nursing and worked in a clinic in Rockford, Illinois -- just loved that work. They were a lovely group of doctors to work with.

JF Was this clinic like a public health clinic?

SK No it was a private clinic. I was basically in the Eye, Ear, Nose, and Throat Department most of the time.

JF So this would be what we would think of something like outpatient work.

SK Yes.

JF Would you see people before they went to the hospital, say for a cataract and then follow through post surgery?

SK Oh, yes. And then follow through with them. We also at that time did some minor surgery right at the clinic, such as T&A's, trigims on the eyes, nasal septum surgery, things of that sort.

JF Would these be done under a local?

SK Yes. Occasionally they would do a T&A or they would do a T&A under general anesthesia. One of our physicians would administer that. Of course, since those days they don't do it that way, they don't have it in the office I'm sure.

JF This is true. I had my tonsils out in the doctor's office, so I know that they did do that. Okay, so you worked in the clinic for about how long did you say?

SK I don't remember how long I worked there the first time. Then I decided to go up to Milwaukee, Wisconsin. I worked probably a year and a half or two there also. That was for a Pediatric Consultant that I worked with while I was in Milwaukee.

JF In his office?

SK In his office. Then the group of doctors at the clinic contacted me and asked if I would be at all interested in coming back, and I did go back there to work until I was married then.

JF Okay, so this was back in Rockford.

SK Yes.

JF And how long did you work for them. What year are we talking about now?

SK Well, I got married in 1967 and I must have started there originally in probably about 1948.

JF So that's almost 20 years.

SK Almost 20 years.

JF Well, you must have been pretty satisfied with that role.

SK I was, and they treated me well. I really enjoyed it. I enjoyed talking with people.

JF There were a lot of changes -- well, let me back up here. When you went back to the clinic did you still work in the E&T area?

SK Yes, I did.

JF What kinds of changes did you see taking place in E&T care over that period of 20 years?

SK I would say not as many changes as there have been since. I feel there have been far more changes since that time. I really don't know what to say as far as changes because, of course, antibiotics had already come into use when I was in nurses training. The first penicillin, I believe, I

remember it came in right about that time. And then, of course, more and more of the antibiotics came into use. I just can't quite think what to say.

JF Now we covered a lot of territory here rather quickly from 1946 to 1967. In that period did you ...

SK Excuse me, 1967 should have been 1961.

JF Okay, 1961. That's fine.

SK It would have been more like 15 years that I worked in office nursing.

JF Okay. In that period did you have any formal or informal education as you went along?

SK During that time, no. No I did not, other than what the physicians, of course, would teach us as anything new did come up.

JF So that sounds pretty informal.

SK Yes, definitely.

JF So then in 1961 you married and you said that you quit that job. Did you leave nursing for a time?

SK Yes, I left nursing for a time and returned to nursing again in 1975.

JF Okay, so that was about 14 years. When you went back into nursing what did you do then?

SK I worked at the same nursing facility where I'm working now. I moved into Geriatric nursing in a nursing facility.

JF We would call that an extended care facility?

SK Extended care.

JF Alright. So you had come to Arizona in the meantime then.

SK Yes.

JF When you went to this extended care facility, what was your role there?

SK Staff Nurse, and I started out in the Alzheimer's Unit. Then I was transferred to the Personal Intermediate Care Unit as Head Nurse there for a number of years, something like five years. After that I left that facility and wandered around for a few years and came back again in 1984.

JF When you were on the Alzheimer's Unit as a Staff Nurse, what kinds of things did you do for the patients?

SK Of course, you have to monitor their behavior. There are a lot of PRN medications prescribed by doctors on that type of a unit. Some, of course, are strictly routine medicines after they feel they have a level on them. But other patients it's very difficult to get a level on in that. The nurse plays the major role then in deciding when a medication is needed. We try to avoid giving that. We give more TLC rather than medications because we feel that it's better for the patient and oftentimes works just as well. Of course, in a nursing facility as in hospitals in the past years they have had Nursing Assistants. So we supervise their work and advise them in ways that they need to approach these patients. Even on the Personal and Intermediate Care Units we do receive a lot of Alzheimer's patients into the unit, and oftentimes are able to keep them on that wing for several years because they adjust to the routine that is at a nursing facility.

JF That's probably pretty important in a way.

SK That seems to be very important for them -- that the same thing happens every day. That they can expect to get up at the same time, they can expect that someone will come to take them or to tell them when it's time to go to eat, and to know that someone is going to be there to help them. That they will not be pressured to do something that they are not capable of doing, no longer capable of doing. We try, of course, to eliminate some of the frustration because these people do become so frustrated when they cannot do for themselves as they used to be able to.

JF That sounds like a hard job.

SK It is a hard job, and I certainly admire some of the nurses who stay in that particular phase of the nursing home work for years, because it is very nerve-racking.

JF Well, you said that you worked in that unit then for a period of time.

SK For a period of time.

JF Do you remember about how long?

SK I would say it was probably about six months that I was there, and occasionally after that if they were short or something.

JF And then you became a Head Nurse on the Intermediate ...

SK Personal and Intermediate Care Unit.

JF So these were people who were kind of coming and going a lot more.

SK Yes, some coming and going. Some who had had strokes, many who'd had strokes, and some as I mentioned in the early years stages of Alzheimer's. Others, of course, would be fractured hips in for a short time. They would go back home again. Nowadays we see more of the hip replacements who come for us for physical therapy and for a short time, then home.

JF Did you seek the Head Nurse position?

SK No, I did not. They asked me.

JF Why do you think they asked you?

SK I think because I'm a fairly patient person. I feel that one of my better qualities might be in coming across well to families, which is very important.

JF So you had a lot of experience — experience is not the word I'm looking for. But, a lot of interaction and a lot of work with families.

SK Yes, you do have.

JF I would imagine they want the best and to have hope.

SK And, of course, you know for a Head Nurse in any of the units in a nursing facility ... Just why they decided that I should be transferred or would ask if I would like to, I don't know. That opening happened to come, I think.

JF Okay, so how long were you Head Nurse there?

SK Five years there, and then after that I was Head Nurse for three years at Los Flores Nursing Center, also in Mesa.

JF Same kinds of patients there?

SK Yes, same kinds of patients.

JF So you were then working in Geriatric nursing for about ten years.

SK Yes I have, a little more than that, '75 to ...

JF Well, I was thinking up to '83 you said. What did you do in terms of study to learn about working with the elderly, because that was quite a switch from what you had done.

SK In the nursing facilities where I've worked they've had very, very extensive and very worthwhile in-service programs for us. Especially at the facility where I'm at now, if

there is any new procedure, any patient who comes in that we are not used to taking care of that type of person, they will immediately call for in-service help and get someone truly trained to teach us. That's the extent of it, except for, oh what do you call them, short seminars and things like that that I might attend.

JF So it's pretty much within the facility itself.

SK Within the facility, yes.

JF And it sounds like you have good feelings about that.

SK I enjoy my work, I enjoy these elderly people. I enjoy talking with the elderly people and I truly enjoy taking care of those who are still able to do something for themselves, in that you feel you can help them to improve themselves or at least keep them at that condition of being able to do something for themselves; as compared to the skilled care unit where there is not that much opportunity for that -- restorative nursing. I like the restorative part.

JF In the Personal and Intermediate Care where you were Head Nurse, about how many people did you supervise?

SK As far as residents or as far as the people under me?

JF Actually both, how many patients would be on the unit and then who were the workers?

SK We had about 40 on the unit, 40 to 42 on the unit of residents, and myself and two Nursing Assistants or myself and one LPN and one or two Nursing Assistants, depending on the day.

JF That's a lot of people.

SK It is a lot of people.

JF You must have kept very busy.

SK Very busy. You're busy every minute in a nursing facility, no matter what shift you work and I have worked all shifts.

JF Okay. Then you said that you went in as a Head Nurse at another facility.

SK No, it was the same facility -- oh, after this, yes.

JF Did you go into another unit there?

SK No, it was still Personal Intermediate.

JF Then you went to another facility which was also an extended care, and you were Head Nurse there. How did you happen to make that shift?

SK Well, once in a while you get a Director of Nursing that you don't just hit it off to well with, and so I made the shift.

JF But you went right in as a Head Nurse.

SK Yes.

JF And was the work similar to what you had done before?

SK Yes, very similar. The two facilities at that time were very much alike and worked very much alike. No, excuse me, I shouldn't say that I went in directly. I forgot I did work about three months of nights at that facility at first, then there was the opening and they asked me if I would be interested and I took it for Head Nurse.

JF Alright. So then you were there until 1983?

SK 1984.

JF 1984. And how long was that, I kind of lost track at this second nursing home.

SK About three years at that one.

JF Three years. So you went there about 1980, '79 or '80, along in through there and were there three years.

SK Yes.

JF And then, you left there.

SK Then I left there for a short while to go to one of the newer facilities here in Mesa. I was not happy. Again, I was Head Nurse. I was not happy — there were things I did not like.

JF Could you elaborate on that a little bit, some of the things that you wanted to ...

SK Some of the things was the way they monitored their supplies that I did not feel was fair, and I kind of felt I would be better if I could get out of there, rather than to stay on. I didn't feel that their in-service program was as good as what I had been used to. That bothered me. I know it was a rather new facility, but they had been open for awhile when I went there. I felt that after that length of time I should have been able to see that they were getting things organized, and I did not feel that. That facility since has closed so I was very thankful that Billie asked me to return to Mesa Christian, even though it was a night duty position.

JF Now, is that the position you have now?

SK Yes, and that's a Staff Nurse position.

JF You're a Staff Nurse.

SK And again, I'm on the Personal Intermediate Care Unit and the Charge Nurse on nights. One nurse and one or two aides working with me.

JF Okay. Do you think that you might make a shift if there's an opening?

SK I rather doubt that I will. I think I will stay on nights now. I've gotten to the age where I feel that a little less hassle and a little less pressure is good for me. The work I enjoy at night. I enjoy the people I work with at the present time. The residents, of course, are the same all work shifts, no matter what shift, and we do have a lot of them awake. I get to know them well. So I enjoy the night duties. The only thing I do not like is that I am tired much of the time and find that I sleep and do not spend as much time with my husband as I did when I was working days, but he's very understanding -- it's one of those things.

JF Yes, I was thinking that days is not always the easiest shift to adjust to. I'm sorry, nights I meant. I said that entirely backwards. It is difficult.

SK It is difficult because you get your days -- nights -- off and then you're just all mixed up again. But, I do find that I'm not at all sleepy at night, so I'm thankful for that.

JF Well, alright. That brings us up, in terms of your career, to the present. Are there any things that you think have been significant changes in nursing care that you observed over these periods. Now, we talked a little bit about when you were in the E&T, of course, in the clinic. But in the care of the elderly ...

SK I would say in the care of the elderly the basic bedside nursing stayed the same as when I was in nurses' training. They do not do as much back rubbing, of course, as they used to back in my days. But bedside nursing and the approach to the residents or patients is all the same as it used to be and is still very, very important in the care of someone who is ill or someone who needs your care and attention. As far as other changes, I see changes in the time while I was still on days, the first time at Mesa Christian, they put in security gates, locked gates, for the Alzheimer's Unit. I feel that was a wonderful thing to do. Some people -- there are pro's and con's -- some people do not like it. I definitely feel that is a great thing for these people.

They need to have the opportunity to walk around, to wander around, to explore the area and to go outdoors which they are allowed to do there at that facility. At other facilities they didn't have that where I worked. If you had a patient who was an Alzheimer's patient, for instance, all we could do would be to go walking with them. You usually do not have the staff to walk for hours on end with these people, and that's what it takes. To medicate them does nothing. It doesn't really help them. It may quiet them for awhile, but you can't continually just zonk them. That is very wrong in my opinion. And also another change, of course, has been in the intravenous [therapy], because that is different from what we had years ago when we were in training. Even when I first came into the nursing facility, most of the residents if they needed an IV were transferred to the hospital. Now that is not always the case.

JF So you do a lot more skilled care there than it used to be.

SK Yes.

JF Alright. Then I'm going to make a little shift, in terms of just being a nurse. Have you always wanted to be a nurse?

SK I think I always wanted to be a nurse. However, since graduating I have to admit, the same as most everybody else, there are times when I wish I had gone into some other phase of work. I feel that if I were young nowadays, looking back, I probably would not go into nursing. I would probably choose something more along the line of computers, engineering, something along that line.

JF You like numbers.

SK I like numbers, I like math. But you see, years ago who ever thought of anything like that for a lady -- no way.

JF You're right. What were the frustrating things that led you to think you'd like to do something else?

SK Pay.

JF Was that all?

SK I think that would be a lot of it. The feeling that you are never promoted to anything better, any change over the years.

JF Although you did become a Head Nurse.

SK There isn't that much glamour to being that -- and I don't mean it as glamour, I shouldn't have used that word. But as far as increase in pay, too, there is not. You know, the work is still basically the same. If a patient needs a bedpan, if a patient needs to go to the bathroom and you're

there, you do it whether you're the Head Nurse or whether you're the Nursing Assistant. I feel that's the way it should be. But I think, too, when you reach the age of 60 and a little over, you kind of wonder at times if there wouldn't have been something better.

JF Did you have those feelings when you were in the E&T clinic?

SK Oh, no. Never, never.

JF I would like to go back and ask a question. When you worked in that clinic were you responsible to one position that you worked very closely with, or did you have a group of nurses there?

SK No, part of the time I was responsible for three physicians. Then we got real busy, and we had to get more help. Then I was responsible for two, and then one.

JF So you didn't work on a nursing team, so to speak. You worked for either three, two or one physician directly.

SK Basically; however, if the other nurse was busy down the hallway from us, right direct to us, we would always help out, that sort of thing.

JF But, you were kind of independent of one another. It doesn't sound like you were supervised, like there was a Head Nurse or supervisor.

SK Oh, yes there was. We had a nurse who was in charge of the nursing staff and as far as any of the physicians, if any of them asked us to do something we always did it — happily, you know. They never thought of us as belonging to one doctor; however, we did have the one assignment that we took.

JF This may be a tough question. You said that you never had those feelings of wishing there was a better avenue of nursing or a better job when you were in that clinic, but you have in the nursing home. On the other hand, I have a sneaking feeling that the pay was not a lot different relative to the period.

SK No, period-wise it was about the same, I guess you'd say.

JF So, I wonder what was the difference?

SK My age. I really think that was the basic difference.

JF So that you wanted more as you got older, and it was hard to get.

SK Yes. And I think for the past few years I've been supporting the family and money means more.

JF Okay.

SK But as far as my work, now, I like it. I can't say that I don't.

JF So when you say money, you really mean money.

SK I think that's what I mean.

JF Alright. You thought about doing something else, but you didn't. Was that also related to your age?

SK Yes, I would say so, because when I first went back into nursing or to work, which was nursing after we'd moved out here, the reason I returned to work was because my husband was ill. I had a feeling he might not be able to work too many more years and felt that as long as I had the opportunity to do so, I'd better take it. My hunch was right so I've been very thankful for that. And I've just felt that with the family and my age it would be difficult to go back to school, difficult to get into another phase of work or even another phase of nursing.

JF Well, sometimes the devil you know is easier to get along with than the devil you don't.

SK Isn't that right!

JF You did say you were married in 1961. Did you have children?

SK We have two sons. One of them is 25 years old and he is a Structural Engineer in California. The other son is still living at home with us and is attending one of our community colleges.

JF So you know something about engineering from watching your son go through.

SK Well, yes, from seeing how much he really seems to enjoy his work and how well he is doing.

JF That's nice. I think you must be very proud of him.

SK Can't help but be.

JF Once you went back to nursing in 1974 and your husband was ill, you had little kids around -- well, they weren't real little kids -- but you had two boys around. I'm sure that they all were used to you being at home. How did you juggle your work and family responsibilities?

SK Well, as you know that isn't always easy, but somehow it works out, especially because I have a very helpful husband.

Even when he was working he helped a great deal -- helped in taking care of our younger son, and so on.

JF Now when you say helped, you mean he would help with housework?

SK Oh, yes. He still does.

JF He still does. So you've had a little role reversal in some ways then.

SK Yes, we have definitely, since he has had to quit working. He is still well enough to do things at home. In fact, he talks every once in awhile about getting a part-time job. But the hot weather does bother him. When he's at home he can work at his own pace if, say for instance, he's vacuuming. He can sit down and rest. If he's working for somebody else he would never do that. He would keep going full time.

JF That's true. Alright then. One of the things -- there has been a lot of change in nursing and health care in the last 41 years since you left nursing school. Have you ever seen yourself as involved in all that change?

SK You mean actively involved in working in a hospital, and so on?

JF Yes.

SK No, I can't. It frightens me.

JF Oh, it does? In what way?

SK I think it frightens me because I feel that there is too much thinking that we can preserve each life as long as we want to. That there is no ... That somehow so many people are not willing to face death and to realize that that, too, is a part of each and every one of us and our lives. That is what I see in what I hear about hospital nursing today. A lot of heroics which I do not go along with.

JF Okay. You must see a lot of death, though, in a nursing home.

SK We do, we see a lot of death. We help the patient, we help the family to meet that death, to be prepared for it when it does come as best as we can. We do have a few patients in the facility where I'm working now who feel that they do want to be coded, but the majority of our patients have already signed "no code". The quality of life, of course, in many instances of our residents is no longer what we like to see. Much as we miss a certain resident or each resident as he or she passes away, we are still so thankful that they are no longer suffering. Because as a rule the majority of

the people that we have there do suffer in one way or another before their death, either by pain if they are dying of cancer or something of that sort, or will suffer because they can no longer care for themselves. And whether they realize it or not, the family does, so therefore the family is suffering so much.

JF Well, I do realize that there is a difference between how people would be treated in the two facilities. But in a way, nursing homes -- I fall back on an old term here, I know that's not a very popular term anymore -- but they didn't exist years ago.

SK Not the way they are now, that's true.

JF I mean, that's kind of a new thing -- the care of the elderly, to think of them as people with specific needs that might be different from the needs of the young or middle aged, the different levels of care -- intermediate care or skilled care. So those are all new kinds of things that have come along in your career.

SK That's true.

JF Certainly in this Valley, there wasn't much attention on any more than custodial care much before 1973-1974 when you went into that field.

SK That's true.

JF So you are kind of an innovator, but you haven't thought of that, haven't seen yourself in that role.

SK I haven't thought of it in that way, no.

JF Well, alright. That may be a new outlook that I have given you. Then also, I had a question here in terms of leadership in the Women's Movement and I came to realize very quickly that that was a bad move to use that term because people think of the Women's Movement as a political thing. My idea of the Women's Movement might be better expressed as a social history of women in the workforce, because before 1945 it was kind of expected that women would marry and raise children, take care of husband, family, home. That was their work. After 1945 it has changed, and women stayed in the workforce. So, have you seen yourself as a part of that?

SK Yes, certainly, because even if necessity had not forced me back to work, I feel I probably would have.

JF You think so.

SK Yes.

JF Because you do like nursing.

SK I do like it, and I like to be around people. I just love people, I think they're most interesting no matter what age they are. After working with the older people I just find them delightful, even the cantankerous ones. You just learn to love them.

JF In some ways it seems as if you might have been a bit fortunate at the time that you needed to go back to work. That your sons were somewhat self-dependent.

SK I was very fortunate. I think they were 8 and 13, something like that.

JF Still needing supervision and loving parenting, but still it might have been much different if this had happened to you when they were babies.

SK I think it would have, yes, been hard.

JF Okay. That kind of covers the material that I wanted to cover on my list. I just wondered if before we conclude the interview you have anything that I have not touched upon that you would like to have stated about your career, your education, nursing.

SK No, I really don't think so. I feel that I took my nurses' training in a period when we were given very good bedside nurses' training. We truly learned how to take care of a resident who was in bed. I don't know that they learn that as much now, it does not seem like it in seeing the younger nurses that come into the nursing home and work. I'm sure that probably their education is focused more on what they learn out of books and on the skilled nursing that is necessary nowadays, as compared to the bedside nursing.

JF Alright. Well, I want to thank you very much for talking with me, and this concludes our interview.

SK Thank you.

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