

**Mariah Snyder, Ph.D.**  
Narrator

**Dominique Tobbell, Ph.D.**  
Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

**ACADEMIC HEALTH CENTER**

## **ORAL HISTORY PROJECT**

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20<sup>th</sup> century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

## **Biographical Sketch**

Mariah Snyder was born in Austin, MN, grew up in Grand Meadow, MN, and attended the College of Saint Teresa in Winona, MN where she obtained her BSN in 1960. After working at Saint Mary's hospital in Rochester, MN as a surgical and orthopedic staff nurse, she pursued her master's degree in nursing with a specialty in adult health at the University of Pennsylvania in 1972. She taught at Vanderbilt University and the University of Wisconsin-Eau Claire before arriving at the University of Minnesota in 1975, where she taught and also earned her Ph.D. in education in 1978. Her doctoral research involved observational research of nursing student collaboration. Later, she did research in stress inventory, intracranial pressure, and gerontology. She was helped establish the doctoral program in nursing in 1982 at the University, furthering an emphasis on nursing research. She was also involved in establishing the gerontology nurse practitioner program. She retired from the faculty in the 2000s.

## **Abstract**

Snyder begins by briefly describing her early life, education, and entrance into nursing. She describes her years as a staff nurse in surgery and orthopedics at Saint Mary's Hospital in Rochester, MN. Within this topic, she discusses new technology in the hospital, doctor/nurse relationships, nurse training, and international nurse exchanges. She then describes her return to graduate school, for her masters at the University of Pennsylvania. She explores her reasons for going out of state, compares nursing programs, and discusses her training. Snyder describes her teaching positions at Vanderbilt University, the University of Wisconsin-Eau Claire, and then her eventual arrival at the University of Minnesota where she taught and pursued a PhD in education. Framed within her time in the Nursing School at Minnesota, she explores: the Nursing School at Powell Hall, the changing culture of nursing, grants, regional coordination of nursing, the relationship between diploma and baccalaureate programs, the building of Unit F, the push for a doctoral program in nursing the differences between the DNP and the DNS, the Ph.D. program's reception within the school of nursing, full membership appointments, Nursing School leadership, and long range planning in the nursing school. She describes her research and then discusses the relationship of the Nursing School with other segments of the University. She goes on to discuss different nursing organizations, minority recruitment, and the Nursing School's relationship with the state legislature. Finally, she discusses her role in athletics at the University, and it's relationship to women and status in nursing.

**Interview with Doctor Mariah Snyder**

**Interviewed by Dominique Tobbell, Oral Historian**

**Interviewed for the Academic Health Center, University of Minnesota  
Oral History Project**

**Interviewed at the home of Doctor Snyder in Lauderdale, Minnesota.**

**Interviewed on June 13, 2012**

Mariah Snyder - MS  
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Mariah Snyder. It is June 13, 2012. We're at Doctor Snyder's home in Lauderdale, Minnesota.

Thank you.

To get us started can you tell me a bit about where you born and raised and your educational background?

MS: Okay. I was born in Austin, Minnesota. We moved when I was in first grade, so I went to grade school and high school at Grand Meadow, Minnesota, which is a small town about twenty miles from Austin. Then, I went to the College of Saint Teresa in Winona, Minnesota. The college no longer exists. It closed about twenty years ago. I got my Bachelor of Science in nursing degree there. I worked for ten years at Saint Mary's Hospital in Rochester, Minnesota. Then, I went back to school at the University of Pennsylvania and got my master's degree. I then went to Vanderbilt University. It was a new type of position at the time. It was a joint position in the school of nursing and the hospital. I stayed there one year and decided I was not a southerner.

DT: [chuckles]

MS: So I came back to the Midwest, first to the University of Wisconsin-Eau Claire and, then, when I came to the University of Minnesota in 1975, it was with the intent of teaching in the School of Nursing, but, also, of working on my doctorate at the University of Minnesota.

DT: What led you to go into nursing?

MS: I had an aunt who was a nurse and visiting her and seeing some of the things in the hospital really intrigued me. I had toyed with other professions. I had toyed with being a schoolteacher. I had toyed with architecture. There were different ones but it ended up that probably the characteristics I had of liking to help people that nursing was a wonderful fit.

DT: When you got your bachelor's, baccalaureate in nursing that was around the time that there were still diploma schools of nursing. Was that ever a consideration for you to go to a diploma school or a baccalaureate?

MS: I had considered going to Saint Mary's School of Nursing, which was a much larger institution really than the nursing program at Saint Teresa's, but it was just sort of like education and a love of learning was always part of me. There was a person from my school who was two years ahead of me and she was going to Saint Teresa's in the nursing program. Jean really did a good job of convincing me that this was the way to go.

DT: Can you describe what your experiences were like as a staff nurse at Saint Mary's Hospital in Rochester?

MS: For seven years, I worked in the surgery suite and worked in neurosurgery where I was both the head nurse and the supervisor. That was a very intriguing time to work. We had many new procedures that were starting. We had some older physicians who were more set in their ways, who had been very great in their day but, then, as they got older, they didn't really probably change as much. We did the repair of intracranial aneurysms using hypothermia, which, then, meant that they had to put the patient on the heart/lung machine, because it would stop the heart. It was a long procedure, but it was exciting to be involved in that. I also worked with pediatric surgery patients.

I think one of the things that probably impressed me the most to this day is I will *never* get into a car without wearing a seatbelt. During the time I was in neurosurgery was when seatbelts came in. Very few people had them at the time. But seeing the difference in injuries in people had worn a seatbelt and those that hadn't truly impressed on me how critical it was to wear a seatbelt. It wasn't taking away anybody's freedom. It was just protecting them from getting a severe head injury.

Then, I was the head nurse on an orthopedic unit and a staff instructor there for, like, three years. That was really wonderful working with patients. I think that's when I really learned that I loved to teach and work with new staff. At that time, we got a large number of exchange nurses from, primarily, the Philippines, but, also, from Japan, Thailand. I think that's when my interest in working with international nurses and, with just in general people from international areas, came about. One of the nurses that came from Japan was Yoshi [Yoshiko Nojima]... We developed a good friendship and I took her out to my family farm. We have continued our friendship ever since. Every New

Year's [Day], I can expect a telephone call from her. The election when President [Barack] Obama came in, the first call I got was from Yoshi. She was so excited.

[chuckles]

MS: The whole thing with the patients. It was also at the time when hip replacement surgery was coming in. This began when I was still in surgery. Everything has improved so much since, but at that time, that was very exciting.

DT: With these new surgical procedures and the use of the heart-lung machine and then, the new hip replacement surgeries, as well, what influence or impact did that have on the nurses? Did it change the kinds of work that you were doing as a nurse?

MS: In the surgical suite with the heart-lung, it probably didn't change too much of what we did. It was having the equipment ready and you had to really accommodate two sets of surgeons. Another thing that had come in was the beginning use of the microscope [in surgical procedures]. That was another advancement. Again, you had to think about how you kept sterility and everything with this other equipment being in the room and, also, with physicians being a little bit more tense because it was something new that they were doing. On the unit with the hip replacement, I want to say, it made it easier because the patient did not have the pain that they had after the previous types of prostheses that were being used.

DT: How would you say the physicians and surgeons treated nurses where you worked? Or how were relations, I should say between...?

MS: I would say, overall, there was a great deal of respect. I think one of the things that we never had at Saint Mary's in Rochester was, and I know at one point, I think probably in many hospitals, the nurses still had to get the charts for the physicians. Well, our charts were kept at the door, so we never had to do that. Getting up when a physician entered the room, that was never anything that we did. I think there was a respect for the nurse. The residents we had soon learned that if you became good friends with the nurses and treated them well, they would help you out with things that came up. There was a great deal of respect.

There was one older neurosurgeon whose name was Doctor Love, and we always said he tried to spend his whole life discounting his name.

DT: [chuckles]

MS: I worked with him in surgery. I'm sure that he respected me, but there were times when—I don't know where I got the courage—I really stood up to him...instead of him hollering.

But overall, I think there was a good relationship between the physicians and the nurses.

DT: The 1960s were a time when nursing curriculums were changing and there was less time doing the clinical kind of didactic instruction and more liberal arts scientific education. Did you notice any change in the nurses that were arriving on the wards and did the physicians have any kind of reaction to the changes in the way the nurse was trained?

MS: I think that we always had a very sound clinical segment of the curriculum and the hours that students spent on clinical were not reduced. I think for the students, it became more stressful, because there were more courses. I remember when I was a student and we were having our student experience at Saint Mary's [Hospital]. We still had liberal arts courses to take. It was just a fun thing in the afternoon to go to an English class, because it was a nice break from what we had been doing. It was certainly a time when nursing was moving more into being an independent profession rather than being dependent on the physician. We were beginning to think more on what we could do independently. I think the physicians appreciated that, that you didn't have to ask if you could wash somebody's hair. You went ahead. Those were the things that were within the domain of nursing.

DT: The exchange nurses that you mentioned... Can you talk about why that exchange program existed?

MS: Because there was a shortage of nurses. I think even to this day, the Philippines educate many more nurses than they need for their country. There's a concern in other Asian countries about this happening, they're putting money into it and, then, the nurses are going someplace else. When they arrived, you had to do the orientation. I'm not sure how they went about getting their nursing license in the states. I really cannot remember that. But, now, there's an exam that nurses from other countries take before they want to immigrate to the United States and become a licensed nurse here. That's helpful for them.

DT: Were there any kind of significant issues with the exchange nurses getting up to speed, say, with the way that nursing was done in the U.S.?

MS: Yes, to a certain extent and probably the medications were the largest thing. I think it had more to do with language. We, also, ran into occasional persons who were veterans of World War II who saw any Asian as an Asian and not like a Filipino and, occasionally, there were some that would object to them providing the care.

DT: That would have been my next question. It's also at the height of the Civil Rights Movement and, as you say, so close to World War II. That kind of opposition to some of the nurses came from the patients rather than the physicians or other nurses?

MS: That's right. I think if you provided them with adequate supervision and helped them to begin, many became very, very competent exchange nurses.

DT: How long did they generally spend in...?

MS: Two years, I think it was. Then, a number of them, when they were to return to the Philippines, they went to Canada.

DT: [chuckles]

Was this just something that Saint Mary's was doing or this was universal?

MS: I think it was done fairly much across the country. We might have had more; I don't know. I don't know what the other hospitals did. I know it was not something that was just in Rochester.

DT: What led you then to go back to school to get your master's?

MS: This is kind of tied into nurses becoming more independent. There was concern that as nurses were educated, they then went into education, and they were not involved in patient care. So there were several leaders in nursing who wanted to have master's prepared nurses who were involved in patient care, and the role was a clinical nurse specialist. I always loved education and wanted to learn more, so I thought that this would be good way. My initial reason for going back to school was to be a clinical nurse specialist and be involved in improving patient care.

DT: What led you to go the University of Pennsylvania for that?

MS: Because I wanted to go someplace where I could get a broader education in the sense of another culture and another place. Most of the people went to the University of Minnesota. Some went to Wayne State [University, Detroit, Michigan]. I was looking at the University of Pennsylvania, the University of Washington, and Case Western [Reserve University, Cleveland, Ohio].

DT: What were your experiences like in the master's program at Penn?

MS: One of the things that really struck me—I was just talking with somebody the other day about it—was people on the East Coast think of the Midwest as being in the hinterland. They would talk about how conservative we were. I just said, "Step back. The people at the University Hospital at Pennsylvania are trying to talk about having the union for non-professional staff. We've had that for twenty years." There were just so many things that came up. I also felt that—I suppose it was because it was a very, very different set up—the relationship between physicians and nurses was not as close as it had been at Saint Mary's in Rochester or at the Methodist [Hospital] in Rochester.

DT: Can you elaborate on why you think they weren't as close?

MS: I think it was much bigger. It was a university hospital. Yes, the doctors had to have their privileges to practice there, but it was just a much bigger... I can't say the hospital was any bigger, but you just got this feeling that there wasn't the closeness.



DT: Do you think the degree of closeness between the physician and nurse had any kind of impact on the patient and the way that patient care was delivered?

MS: [pause] I would say, “Yes.” The unit that I worked on the summer between my first and second year—I worked as a staff nurse—was a huge unit. There were some physicians who would listen to you, but I don’t think they listened as much as the ones in Rochester that you really felt close to. That’s the only time that I’ve ever really had a problem with a physician not coming when I said something was wrong. It was a resident; it wasn’t a staff physician. It was really putting a patient in jeopardy. I said, “I will not give the medication,” because I knew the patient was bleeding. I don’t know if it was Coumadin or one of the blood thinners. He said, “You will give it.” I said, “No, I won’t. If you want it given, you come and give it.” He didn’t come. Then, when the staff made rounds, there was this huge hematoma on a woman who had had a femoral graft.

DT: How did that pan out with the staff physicians? Did you have to air your grievance with the attending?

MS: It was all charted. So...

[chuckles]

DT: What did you have to do for the master’s? Were you taking courses?

MS: We took courses. We took like advanced anatomy and physiology, a pharmacology course. I suppose in a sense, it was kind of an ethics course. We took one on role development in nursing. I was in adult health, so we took courses related to adult health nursing. I had a course in the Wharton School of Business. I had one in the education department there. It was nursing focused, but it was broader than nursing.

DT: You specialized in neurosurgery and neurology? Is that right?

MS: Yes, but it was a little broader. It was more like adult health. They didn’t have one [on neuro] specifically; although, there was an instructor who was very knowledgeable. There were about four of five of us who were very interested in neuro.

DT: Were there particular faculty at Penn that stand out to you as having been influential?

MS: Yes, Marian [C.] Slater and Rosalyn [J.] Watts and Anne Keane were very influential.

DT: You got your master’s. Did you then go to Vanderbilt?

MS: Yes.

DT: I realize you only spent a year there. Was there any change in your responsibilities now that you had this master's when you went to Vanderbilt?

MS: I was the clinical nurse specialist and instructor. Luther Christman, who was one of the originators of promoting the clinical specialist role, was the dean there when I interviewed. He then went to Saint Luke's [Hospital] in Chicago. He was one of the reasons that I chose Vanderbilt.

DT: That was a supportive environment then for the nurse clinical specialist?

MS: Yes. There was a cadre of people, ten of us, so that was very nice.

DT: From Vanderbilt, you went to the University of Wisconsin...

MS: Eau Claire. Just for teaching.

DT: What inspired you to leave the clinical realm and go into teaching?

MS: At Vanderbilt, some of our duties were with teaching, so I think that I recognized that I really enjoyed working with students. I also felt that I had a good clinical background that would help me in teaching.

DT: You came to Minnesota then in 1975. Is that right?

MS: Yes.

DT: That was to teach and to pursue the Ph.D. at the same time?

MS: Yes.

DT: What led to your decision to go on and pursue a doctorate?

MS: I think because I saw how nursing was developing and that if you wanted to be a leader in nursing, it was important that you have a doctorate to be accepted by others within academia and also to be able to carry out research. I thought it was important.

DT: At the time, there weren't doctorates in nursing.

MS: No. We had...I'm trying to think what they called it. Were there two schools that had it? NYU [New York University] in New York and...no, I don't think the University of Arizona had it. You pursued nursing, but you actually got your degree, like, in sociology or physiology or some other discipline while taking some nursing courses. I had looked at the University of Arizona. I didn't care about New York, NYU.

DT: Then, ultimately, you decided to get a Ph.D. in education. What pushed you that way rather than some other way?

MS: I really was thinking about sociology. The person that I talked with in sociology at the University of Minnesota told me the department only wanted people who were pure sociologists and didn't want any hybrid brand or somebody really focusing on another discipline within sociology. I think that I talked with somebody else. But education seemed to fit, because I wanted to stay in education and that that would be a good combination.

DT: So why Minnesota in the end?

MS: My family is here in southern Minnesota. I just felt like that was where I wanted to move, back to Minnesota.

DT: What did you do for your research for your dissertation?

MS: It was on cooperative learning. When I was at the University of Wisconsin-Eau Claire, there were so many students who wanted to get into nursing. They just took general courses their first year...well, physiology, chemistry, and other courses, but they weren't accepted into nursing. When students were accepted in nursing, they had all taken classes together, like their chemistry courses, and there was so much, I'm going to say, rivalry, or they didn't want to help each other with anything because of not wanting somebody else to get accepted and they not get accepted. I just thought that that was something that was very important in nursing, to see how students collaborated.

DT: Do you recall what some of your findings were?

MS: Ummm... I don't think I can.

[chuckles]

MS: That's a long time ago. I haven't looked at it that much since. I observed students from [the College of] Saint Catherine [St. Paul]. I did ones from the two-year program at Hennepin [Community College]. My theme was with students in four-year, two-year, and diploma programs, and how much they collaborate? Lutheran Deaconess [Hospital, Minneapolis] was still open as a three-year program, so I had done that one to get students at the three places.

DT: It sounds like a neat project, an important one.

It's interesting that you noted that at Wisconsin, at least, there was competition to get into the nursing school, but, then, there was also concern about shortages of nurses. Do you have any sense of why there was all this competition, but yet, there was still a shortage of nurses?

MS: Because you couldn't take more students than you had clinical placements for. At that time, the University of Wisconsin-Milwaukee was getting into problems because they admitted a large number of students but then, could not have clinical placements for them.

DT: I see. Was that a problem at Minnesota, as well?

MS: Yes, in a certain sense it was in some specialty areas, particularly like OB [obstetrics] and, also, with some of the community health settings. I know that nursing schools have become more innovative in placements, but, because of state regulations about how many hours—at that time, it was even more rigid—students needed in a certain area, it was very difficult. Psych [psychiatrics] was another area where there were limited spaces.

DT: That's a very important point. I know in the material that I've read about the 1950s, 1960s, and 1970s concern about nursing shortages, part of the reason was because of lack of nursing educators. But, actually, I hadn't ever appreciated that it's also a lack of clinical opportunity as well.

MS: Yes.

DT: Once you had your Ph.D., then you were appointed assistant professor in the School of Nursing?

MS: Yes.

DT: What was the School of Nursing in Minnesota like when you arrived? What was the culture?

MS: You have to remember it was in old Powell Hall. The nursing arts place, the School's lab, or whatever you want to call it, was a place down in the lower level. You had the manikins. At night, people could come down the back stairwell and walk through, and we never knew how many people might be sleeping there, both students and others. [chuckles] The classrooms certainly left much, much, much to be desired. There was an old amphitheatre. Who was I just talking with about that the other day? You were afraid if a student fell asleep, they'd tumble down the steps.

DT: [chuckles]

MS: The physical building was not much to be desired, but it was also a time when the nursing faculty, and particularly new graduates with doctorates... Nursing was trying to really go forward. Ida Martinson had this research grant that would fund some small projects. It was, I think, part of a larger one that was given out by—it wasn't NIH [National Institutes of Health] at the time—I think the education department at the national level. She was really trying to get research going. There was, also, what evolved into the Midwest Nursing Research Society [MNRS]. There was a larger grant

in the Midwest that was to try to bring together nurses from various universities who had a similar research interest to work on projects or get some projects going. I went down to the University of Iowa at the time to meet with some people. I forget where all the different people had come from, but it was more than just Minnesota and Iowa. In your own school, there were probably very few people who had the same research interest you did, just because it was such a small number.

DT: Do you know how that was funded or was it funded?

MS: It was funded out of...I'm trying to think. Nursing research funding did not come out of NIH, because the development of the Center [for Nursing] was much, much later. I'm trying to think of the title of the...

DT: The Public Health Service had a Division of Nursing.

MS: It might have been within that.

DT: But it was federal...?

MS: Federal funding.

One of the things that this also had was technology that preceded email, but there was some big contraption... I think it was in the dean's office. You could only connect with the people who were on these grants. I can remember Ellen Egan and I going down trying to figure out how this thing worked and how to send messages.

DT: [chuckles]

MS: We never used it much just because it was such a humongous thing to use and it wasn't that accessible.

DT: I see from the Archives that there was a good amount of effort at a kind of regional coordination in nursing, at that time. I saw various names: Committee on Intuitional Cooperation; the Agassiz Region Nursing Education Consortium...

MS: Yes, that was up in northwestern Minnesota. Jean Kintgen-Andrews was one of the faculty. There were others. Because of how distant they were from colleges and from educational resources, it was trying to develop like a steppingstone program from the nursing assistant to the LPN [licensed practical nurse] to the two-year program to a baccalaureate program.

DT: Oh, I see. That one was in the northwest, but was it something the University had...

MD: Jean was on the faculty at the University. I don't know if she lived in Fargo [North Dakota] or Crookston.

DT: The idea was to increase the level of training and education of nurses outstate?

MS: Yes.

There were also AHEC [Area Health Education Center] grants. The first summer that I was at the School of Nursing, I was on, I think, an AHEC grant, and it was to develop not online courses, because it was before that, but independent study courses that nurses could take by mail.

DT: As I understand it, Ruth Weise was going out and trying to help set up programs at other institutions out in the state.

MS: Yes. It was like they weren't enrolled at that time in the graduate school. There was an adult special status. If the person wasn't admitted to the graduate school at the University of Minnesota, they could take up to twelve credits as an adult special and then, if they really felt like they wanted to go on for their master's degree, then they would apply. She went to Rochester and other faculty would go down there, too. Rochester, Duluth, and I know that one or two faculty members went, I think, to Fargo for the summer. There were various outreaches that were there. I don't know if we ever used Saint Cloud or not. They had such a strong diploma program there that it took a *long* time for that to end.

DT: I'm glad you bring that up. How were relations between the diploma schools then and, say, the University and the other baccalaureate programs?

MS: I think the relationship with the School of Nursing and the other baccalaureate programs was very good, but, like with the diploma programs—also, it was when there was just an increasing number of two-year programs—they were supportive of the School of Nursing in the sense that that's where they got their faculty members from. But there also was always that the University has always been strong and that the four-year degree is what's needed in nursing.

In one of the early years that I was here, when Irene [G.] Ramey was dean, she had a gathering on a Saturday afternoon and invited people from diploma and two-year programs. There was this big movement within nursing for a baccalaureate degree with much opposition from these two-year, three-year programs—talking about trying to increase the capability of the University and the other four-year programs so that we could do away with these two- and three-year programs. I know that it was not probably the most pleasant thing. She probably didn't make herself too popular. But, I certainly agreed with it. We said we would take the people from two-year and three-year programs and have completion programs where they could come back and get their baccalaureate degree. But we didn't want to keep doing that our whole lifetime.

DT: The idea was to get other programs up to four-year, so you could push the two-year nurses into those four-year programs elsewhere and raise the standards?

MS: Yes.

DT: Did that ultimately prove successful? You still have the two-year programs?

MS: Two states, North Dakota was one of them, and I'm trying to think of which eastern state it was... [It was only in North Dakota that this became law.] It really had to be a legislative issue, because it ties into licensing. They did pass it. To be a registered professional nurse, you had to have a baccalaureate degree. I think both of those states have since repealed those laws. But that was the big push. Because of the two-year programs being in rural communities or outstate, legislators were not going to do away with the schools in their cities.

But that did have an impact on, like, Bemidji developing a nursing program. In Moorhead, it was really with the master's program that we had a collaborative relationship for a number of years to help them with their master's program. I think that overall, it did have some positive outcomes.

DT: Do you know if, say, hospital administrators... They're the ones who are going to hire the nurses. Do you recall if they had any kind of stake whether pushing for four-year requirement or a two-year?

MS: I think it gets into power and control. If they had a three-year program, I don't want to say it was moneymaking for the hospital, but it certainly was a way that many of the grads would stay at that hospital.

The other thing at that time... Many of the ones who were in nursing administration were probably not baccalaureate prepared. Many of them had a diploma and if they got a degree, it was probably in another discipline. There was always the feeling, too, that four-year nurses did not have the amount of clinical training that the three-year did.

DT: [chuckles] So there was a lot of tension and politics between...

MS: Yes.

DT: For the hospitals, I would imagine that the nurses who were trained for two or three years may have been cheaper than the baccalaureate?

MS: No.

DT: No?

MS: The one-year, the technical nurse, yes, the licensed practical nurse. But the big problem was that two-year nurses probably made fifty cents less an hour than a baccalaureate nurse. I think the big problem was that hospitals did not have different job descriptions or expectations for the four-year graduate. So why would I want to go to school for four years if I'm going to do the same thing as the person who goes for two

years? I think that a lot of the problems of roles were because hospitals and other agencies, clinics, did not make the distinction of what their expectations were.

DT: Was there any effort on the part of either the University or the Minnesota Nurses Association [MNA] trying to educate the hospitals and people outstate about the value of the four-year nurse?

MS: Oh, certainly the University did and other four-year programs did, but the Minnesota Nurses Association's largest membership was two- and three-year grads, so they weren't going to get behind this effort.

DT: [chuckles]

MS: People were looking at, how is that going to affect my job, what will it do for my career path, if four years becomes the mandatory?

DT: Did those discussions about mandating the four-year degree resolve or did they just drop out of the discussions?

MS: I think it continues. A good friend of mine, Marilyn Loen, just retired as dean at Metro [Metropolitan] State University [Twin Cities]. She has a doctorate from the University of Minnesota. Marilyn is so adamant about entry being a four-year degree, even though almost all of their students are ones who are completing their four-year degree after finishing from the technical school. There are people out there, but, again, it has so much to do with the Legislature and local lobbying.

DT: Yes. Given that you spent time at other institutions, do you have any sense of the relationship with the Minnesota Legislature and the nurses versus in other states?

MS: No. At that time, it was such a different... Wisconsin was trying to put all the state universities and the University of Wisconsin into one system. That was the big focus at that time.

DT: Going back to one of your earlier comments about when you first arrived on the faculty, you mentioned Powell Hall and the not ideal state of the facilities. This was when Dean Ramey was going to the Legislature to get money for building Unit F. Can you talk about that effort to try and get the money for Unit F and then, the ultimate move into Unit F?

MS: I can remember the amphitheatre that I talked about, and I can remember teaching a class in there. The door from the upper level opened, and there was Dean Ramey with, I think, probably Governor [Rudy] Perpich, and Roger Moe, and I don't know who else from the Legislature, and her standing up there. I'm sure you've seen pictures of her. She was large, tall, broad shouldered, quite pretty saying, "This is where our students have to learn." I can remember her standing there. She was very active and really involved faculty, too, of getting in touch with your legislators.



Although, probably her best move was uniting ourselves with Pharmacy because they had more clout than we did.

[chuckles]

DT: I interviewed a retired member of the Pharmacy faculty yesterday. He was telling me about how Larry Weaver was this masterful fundraiser and going to the Legislature. But my understanding is that Dean Ramey was just as persuasive.

MS: Oh, yes, persistent.

DT: Persistent, as you say.

NS: That was her thing. That was too bad that she wasn't there when it opened.

DT: In the material that I've seen about those struggles to get legislative support for the new building was concern from some of the legislators that, oh, the University was too big already and, then, some expression that there was actually a lack of shortage of nurses and pharmacists, that the nursing supply was okay. Do you recall those comments?

MS: No. But I think some of it had to do with the fact that they were concerned about how that would impact their local area and would that take students away from them.

DT: Once you moved into Unit F, how did that change things for the school, do you think?

MS: I think how the offices are set up probably was not ideal for trying to create community. There was no, like, faculty meeting place, lounge—not that we had that in Powell Hall. You would have certain places that you would meet. It was just nice to have space and to have, overall, private offices.

Of course, you've probably heard the stories about the heating system.

DT: No.

MS: Oh, you haven't?

DT: No.

MS: The offices on the north and east side are on an overhang. We always joked that—I don't think it's true—the contractors were from California, because those offices that were over the overhang were just bitter, bitter cold in winter. One of the things that happened was when we had, like, twenty below, thirty below... Glass pipes for pharmacy had been put in on outside walls without insulation, so they broke and there

was a lot of flooding in our offices. I don't know even if it's fixed to this day...the heating system.

DT: That's the first I've heard about that. [chuckles]

MS: One time, I called the vice president and said—we had space heaters in our offices—“If you don't do something, I'm going to call OSHA [Occupational Safety and Health Administration].” It was, like, sixty degrees in our office.

DT: All that money spent on building the new building and you still have these issues.

MS: Yes.

DT: The other thing... When you arrived at the School of Nursing, it was in the midst of efforts to get the doctoral program established. Can you talk about those efforts?

MS: Grants were written to get funding from the education department. I think it was out of Public Health. We really tried. One of the things we knew that we would need to have is faculty having research programs going. So that was, again, another push. The two went kind of hand in hand. We also needed qualified faculty. One of the things that was required—I don't know if it still is in the graduate school—was A.M. [associate membership] appointments, which meant that you could teach any graduate course and you could be the advisor for master's students' research, but you needed a full membership or F.M. appointment to be an advisor for doctoral students. That was a big push in the school to get some faculty to have F.M. appointments. At that time, I served on the Health Sciences Policy and Review Council trying to get faculty to be qualified to get an F.M. appointment.

DT: What did they need to be qualified?

MS: They really looked at your publication record.

DT: Was that difficult for the nursing faculty to get that status, get those credentials out?

MS: Yes. I think that so much emphasis had been placed on being good teachers that it took a whole different mindset, not just for the faculty who were doctorally prepared...their need to engage in research and have publications. It wasn't just necessarily research publications. It was publications in refereed journals. It took convincing other faculty that this was an important thing if the school was to move forward, that, yes, we still wanted good teachers, but research was equally as important. Some faculty still saw it as, like, taking time off. You weren't pulling your full load if your teaching assignment was reduced and you could work on research.

DT: It strikes me that that has the potential to create differences between those on the faculty who had a master's and those that were doctorally prepared.

MS: I think there was some. There were the faculty who had master's degrees who said, "I never want to get a doctorate. I'm far enough along in my career. This is what I'm going to do." I really feel that if the School of Nursing is to be recognized as a leader, it has to have a doctoral program, and we need to provide support for these. There are others who, I'm sure, where there was jealousy in that, for one reason or another, they could not see themselves going on, those who still held that it was teaching that was important, that this research wasn't...and really did not have a vision for nursing in the School.

DT: One of the things that I saw in the Archives in some of the correspondence around efforts to get the doctoral program was some concern, I guess from others in the University, of what actually counted as nursing research.

MS: Yes. That was at the time when qualitative research, which not everyone in nursing but a few in nursing were engaged in, was not really valued at the University level. I think that has changed. But it was, like, do you have a core body of knowledge? What is yours? One of the major things was about research and did people have research programs?

DT: It strikes me that this discussion extended beyond the School, though, that it's something that the field of nursing in general was struggling with.

MS: Yes, and I think that that was because our professional organization included the two-year, and three-year, and four-year grads and, then, advanced degrees. I think that also is when—I can't remember the date when it started—the American Council of Colleges of Nursing [correctly, the American Association of Colleges of Nursing, AACN] began, which, I shouldn't say broke away but became independent from the National League of Nursing. They felt that within the National League of Nursing, which included the two-, three-, and four-year, they weren't addressing issues that the four-year programs and graduate programs, master's program felt. At that point, they were not accrediting doctoral programs. But we had an organization of doctoral programs and people who were planning to start doctoral programs could also go to those meetings. So it was kind of like giving support for others who were attempting it. Of course, then it became the question of how many doctoral programs should nursing have and how many can we support.

Then, it was the controversy between the programs that had put in professional doctoral programs, the DNS [Doctor of Nursing Science] and those that had the Ph.D. There was kind of an uppity thing if you had a Ph.D. program. The reason that many schools went with the DNS, not that the curricula differed that much, was that they could not get it through their university, and if they had a DNS, it was within the confines of the school of nursing.

DT: Interesting. The University School of Nursing got a DNP, Doctor of Nursing Practice, only recently.

MS: Yes, and that's very different from the DNS.

DT: Okay. What was the key difference, if any, between the DNS and the Ph.D.?

MS: Technically, not that the programs were set up... Technically, the Doctor of Nursing Science was to really focus on the clinical research. Then, you had programs... One of them I remember because I was on the review board with the dean from George Mason [University]. I said, "The DNS program should not be offering an education track and an administration track, because that's not what a Doctor of Nursing Science program is to be." Well, I didn't realize that a Doctor of Nursing Administration, or something, was there.

[chuckles]

MS: I don't think there was as much emphasis on research, but a number of the programs did. They had a very strong research emphasis in their DNS program.

DT: Back at Minnesota, what was the attitude of, say, the Medical School and other health science faculty toward the School's efforts to get a Ph.D. program?

MS: Of course, the majority within the health sciences were professional doctorates and not Ph.D.s. I don't think we ran into as much problem with the Medical School as from the basic sciences because of their strong emphasis on research and how advanced they were. I think that they found it very difficult to find like, an emerging profession and the need for a doctorate. But I don't think the Medical School or Dental School were that opposed. Public Health, we had a much better relationship with because of our students, our graduate students taking courses there, so they recognized that we really had some high quality students.

DT: Yes. I saw some material in the Archives...letters of support from Lee Stauffer, from Vernon Weckwerth, and others from Public Health supporting the efforts of nursing.

Once the doctoral program was finally approved, I guess in 1982, and then it had the first students in 1983, how were those early years of the doctoral program?

MS: We were still finding our way. It was like, okay, what about our qualifying exams? I think we had three students that first year. It was trying to find opportunities for them and working with them. It was a really exciting time. There was still within the School of Nursing... One of the things among the doctorally prepared faculty was this whole thing with full membership. I kept saying, "We need to make the decisions within the School of Nursing about who is qualified. We shouldn't just send names forward and have them be voted down by the Health Sciences Policy and Review Council, that we need to have our standards of what we want somebody to be. Then, if we wanted to try to make an exception for somebody, like maybe they didn't have as many publications, but they were really quality publications, et cetera, we need to do that. So there was very

much of a division within the School on that. In fact, at one point, we had some who felt that the doctoral program was exclusive.

I don't know if you've read in the Archives or anything about it, how we split our master's and doctoral programs within the graduate school. That was when Robert Holt was the dean. One of our faculty members went to him and said, "We have to separate the doctoral program and the master's program, and the faculty." There were a few of us who were very opposed to that. We met with him at a general meeting. We kind of, I want to say, got around that because this person, this faculty member, wanted a separate director of graduate studies for each of the programs. Anyway, when the two faculties voted, we voted for the same person for the DGS role.

[laughter]

MS: It was like an experiment for one year. Dean Holt, I do give him credit. He had a meeting of all the School of Nursing faculty. Many who were A.M. members spoke up and said, "We support the doctoral program. We realize we're not prepared and don't feel we should be separated."

DT: This was in the 1980s, at some point?

MS: Probably the late 1980s, because the doctoral program had been going for a while. I can't remember the exact year.

DT: Did those tensions around the F.M. appointments and around the doctoral program resolve?

MS: You know, in a certain sense yes. One of the things that was required for full membership, not for the very beginning ones but after that, you had to have co-advised a student. A number of faculty reached out and included other people in to be a co-adviser. Even if then, their record wasn't strong enough, they felt that they were making contributions to the doctoral program and were being involved in it. And they taught classes; many of them taught doctoral level classes.

DT: It sounds like, from what you're saying, there wasn't this kind obvious split between a master's prepared and doctorally prepared student, that maybe there were specific individuals that kind of took issue with the way things were going?

MS: It wasn't that these faculty were not doctorally prepared. It was that their record was not such that they had the publications and research to have the full membership.

DT: I see. I see. So it's a question of who is kind of more research oriented among the faculty?

MS: Yes, and who was committed to doing publications.

DT: [chuckles]

When you arrived, you mentioned that Irene Ramey was dean. She must have passed away soon after you arrived [date of her death: June 28, 1979].

MS: Yes.

DT: Then Inez Hinsvark was dean...

MS: For one year.

DT: ...and then Ellen Fahy. Can you talk about what they were like as deans and what their leadership style was?

MS: Irene was, partly because of her stature, quite overwhelming.

One of the things that we joked about so much—it was right when copy machines were just coming in—was she did not want to have faculty using the copy machine. It wasn't, I think, that she didn't want us to use this technology, but I think she thought it was something that secretaries could do. Well, we didn't have many secretaries. This was a big thing we loved laughing about, the copy machines.

Irene would listen. I remember faculty thought that the morale was low and she took us down to, not the Campus Club, the alumni group place that was at the top of the IDS Building for a lunch one time, together, all the faculty. Everybody talked. Her main goal—and I think maybe because she knew of her illness—was to get the School of Nursing a new building and really pushing for the doctoral program. Even though you might have disagreed with her... She probably lacked some interpersonal skills in the sense of what people had been used to with Isabel Harris and her kind of low-key type of leadership. But Irene, really I think, was the person who was very, very instrumental in moving the School of Nursing. She was very much there.

Inez had been at the University of Wisconsin-Milwaukee, came in as associate dean. I think it was that Irene was really looking at that point for somebody who could take over, fill in when needed. Her death was quite imminent. Paul Sodergren said that Inez was an excellent administrator, probably more knowledgeable about finances and things than Irene was. She implemented the move to the new school. She was very supportive of faculty efforts. She was more low-key than Irene had been.

Ellen Fahy, she was just like a breath of fresh air, an easterner coming in. She was just a great person.

I can tell one story about her. We had interviewed probably about three or four people. I went to the National League of Nursing meeting in Milwaukee. Ellen was there, but I didn't want to go up and ask her if she had accepted the position, because we thought that it had been offered. A friend was there from the Department of Nursing at [College of]

Saint Scholastica [in Duluth, Minnesota], so I was telling Karen Mokros about this. She said, “Well, I’ll ask her. I’ll just go up and say, ‘I hear you that you interviewed at Minnesota. How are things? Have you heard anything?’” Ellen told her that she had heard. Anyway, it ended up that we went out for...I don’t know if it was a drink or dinner. When I got back to my hotel room, I called back to [Patricia] Crisham and said, “Have you heard who the new dean at Minnesota is?” She said, “No.” I said, “We talked with Ellen Fahy. She’s the new dean.” [chuckles] I think it was vice president [Neal] Vanselow, at that time, and he wasn’t too pleased that this had come out.

[laughter]

MS: We laughed about how it got announced.

Ellen probably didn’t have as much of a vision of doctoral education, but she was very supportive of it. She was very much into social events, and we always would laugh about all the receptions we would have and all the things we would do. One of the things that I always think was very, very good for her was that after she retired, she stayed on for two years as a faculty member. She was just an excellent teacher. I’m sure you don’t get too many perks when you’re a dean, but anyway....

DT: When she was appointed dean, was there a lot of support for her among the faculty?

MS: I think the faculty liked her. She was just very, very different from what had been. I think at any time, no matter who it is, there are always people that can find things that they don’t like.

DT: The toughest part about being in leadership is that you’ve always got someone who has something to say about it.

MS: She saw the need for an academic move. I think it was during her time... Up until that time, we had been divided according to grad faculty and undergrad faculty, and then an assistant dean for each of those. She was the one whom because people were teaching across programs and everything, then changed administration, and we eventually had a... I’m trying to think if it was under her that we had an associate dean for research, but maybe it was just still research office there, but she did have an associate dean for academics.

DT: Beginning in the late 1970s—this again, would have been around the time that you arrived—the University as a whole, and within the health sciences also, was asking schools to engage in long-range planning. I’ve seen a fair amount of material of the long-range planning. I guess it must have begun with Ramey and, then, Fahy continued it. Were you involved or engaged or aware of those long-range planning efforts?

MS: Yes. I’m trying to recall the name of the...where we had representatives on, like, a council and people involved in that. I think that the School of Nursing overall said that it

was a doctoral program that was going to be the thing that we wanted to put the most emphasis on and what it took to go with it.

DT: I saw that in some of those early planning documents that the School put forward that the Central Administration seemed to be critical of the School's long-range plan. I have noted here that they accused the School of a lack of realism and that the nursing faculty were defensive about what they were expected to do. Do you recall that kind of attitude from Central Administration?

MS: I'm trying to think...in the late 1970s, that would have been [C.] Peter Magrath? I sort of always remember him as being supportive of nursing. I don't recall. I was trying to think of the other one that was in the graduate school at the time. Holt came after that.

DT: Yes, President Magrath.

Also then in the early 1980s, there was retrenchment. How did retrenchment impact the School?

MS: I think with anything, like not having pay increases, et cetera, is difficult. There were some faculty but they were really part time people or clinical faculty who were let go. Of course, no new hires, to any great extent.

DT: Was the School impacted by cuts in federal funding, too?

MS: No, because, I think over all, nursing was...not that we ever had any huge amounts, but I think because of the nursing shortage and everything, there was less of an impact. I think our problem was we were not seeking a lot in federal grants for research. We were going more with the small grants from places.

DT: I assume that changed when the National Institute of Nursing Research was established in the 1985.

MS: I think it was the Center for Nursing Research. Yes. I don't think it was a full NIH one until later.

DT: I think, yes, you're right. How did the establishment of the Center for Nursing Research then impact the School?

MS: Once the Center, the Institute, was begun, I think it was then getting legislators to increase the amount of funding that was put in for nursing. It was certainly a very wonderful moment when we got our own institute, or center, then institute.

DT: It seems like, finally, a validation of what nursing research was.

MS: Yes.



DT: Can you talk about your research area, your research program as it developed through the 1980s and on?

MS: I can say that a lot of mine had to do with stress. The first research projects were with persons with epilepsy and looking at how stress impacted the number of seizures that they might have even if they were on medications. I began using progressive muscle relaxation. There was an epilepsy unit at the University Hospital at the time where they had subjects...looking at if they learned this progressive muscle relaxation, would it then reduce their seizures? I found out that overall, yes, it did. Subsequently, there was a physician in Chicago who did a larger study and validated that.

Then, I also was looking at the development of a stress inventory scale and gave it at various places. I remember being out at the V.A. [Veterans Administration]. They have a very elaborate consent form that they used even for questionnaires. It was really for medicine and surgical procedures and everything. You had to read to know if anything harmful happens to you and dah, dah, dah, dah, dah.

This one American Indian was going to fill out the form, and I was there. I always would say, "I don't think anything can happen. I suppose you could break your wrist." I said, "It's just a lot of red tape." He said, "That's a lot of white tape."

DT: Ohhh...[whispered].

MS: I remember that.

I looked at stress. It's very interesting, because just within the last couple months, I got an email from somebody—I don't know where they were at—about using this stressor inventory. I thought, my goodness, that's a long time ago.

DT: And still relevant.

MS: Then, I looked at increases in intracranial pressure and what were activities that nurses did or talked about with patients and everything and whether that increased intracranial pressure.

My focus kind of shifted to gerontology, and we did some studies on using therapeutic touch and music—I'm trying to think of the third one—for patients with Alzheimer's. Many times, these people would get aggressive when care activities were done. So we found out that there was an immediate decrease in stress; that it didn't hold over time. We thought, well, if we taught this to nursing assistants in nursing homes—the hand massage was the other one—if they did like the hand massage, which was the simple one, before they did care activities that tended to increase the aggressive behaviors of patients, if that would be effective? We found that it was. We also found out that it was one of the things you ended up putting into your study beforehand. There were those who really did it with intention and there were those who did it as just another activity to do.

DT: Did it make a difference...?

MS: We didn't count that in our study.

DT: Okay. That's right. Did you do follow up studies afterward that incorporate...?

MS: No, we didn't.

We got involved with looking at the use of advanced practice nurses in nursing homes, a large study that we had from NIH.

DT: With all your research, were you collaborating with physicians in the research or when you were implementing the results, say, of the research?

MS: The ones that we did in nursing homes, there was not a collaboration with physicians. Like the very first one, I can remember, talking with a neurologist. Okay. Then the first person I taught the progressive muscle relaxation to...when she was having her discharge interview and peer conference, he asked what was the best thing that ever happened. She said, "Learning that progressive muscle relaxation." So we had a buyer there. Certainly, when we did the one on intracranial pressure, we had the buy in from physicians. We did it at Hennepin County [Medical Center]. The one that we did in a nursing home, we did not collaborate with physicians.

DT: It sounds like it is an excellent example of what is nursing research, because these are not things that the physicians... It's not their realm.

MS: No.

DT: Yet, you showed the clinical importance of nursing research.

MS: One of the things we did, like hand massage, you don't have to be a registered nurse. We showed the staff a technique to use. It's not that anybody has to be certified or anything to do it. There were several nursing homes that invited us, wanted us to come in, and teach it to relatives and volunteers, so that they could do it. It's very simple.

I had visiting professor from Korea. She went back to get her doctorate, and, then, she would return to Korea. Her husband was an ophthalmologist. She used the hand massage with people who were going to have eye surgery under local anesthetic, because she had worked with us on our hand massage study.

DT: That's great. As you say, it's a fairly simple thing that other caregivers can use, which is so valuable.

MS: Yes.

DT: You mentioned you moved into gerontology. As I understand it, you set up the gerontology nurse practitioner program at the University?

MS: Yes.

DT: Can you talk about that, when it was, and why you set it up?

MS: Initially in the University, there was a Public Health Nursing Department with the nurse practitioner programs. I think they had pediatric and gerontology—I'm not sure if they had adult health—programs over there. Partly, that was because faculty in the School of Nursing—it was before my time—objected to nurse practitioner programs. They thought of them as more as physician assistant types of programs. So Public Health, the nurses that were over there in the School of Public Health, we realized that particularly in gerontology there was a great need for advanced practice nurses, whether they be clinical nurse specialists or the nurse practitioner, to be there and that the University really had an obligation to help prepare them.

Saint Catherine's had a program that was very small and the tuition there, of course, was prohibitive. So we put in a grant to the Division of Nursing and got a grant. One of the unique things about ours was we knew that there were people who would want not to be nurse practitioners but clinical nurse specialists. We felt they could use the same curriculum, but that their clinical placements would be different. It was very cost saving in that regard.

It took a little bit of negotiation within the School of Nursing, because here we're coming in with the nurse practitioner program. Of course, the nurse midwifery program existed. So we had support of the nurse midwifery faculty, because they wanted another practitioner program then. We were able to get it. Of course, we had the support of the large MAGEC [Minnesota Area Geriatric Education Center] program at the U., the support of Bob Kane and different ones and, also, of people throughout the community. United Health Care had their program of using gerontology nurse practitioners in nursing homes, so we had their support. There was a great need for it.

DT: When did the program get set up?

MS: Was it 1992? It was some time in there. I'd have to look at my...

DT: I hadn't figured out when it was exactly.

How did the clinical placement for clinical nurse specialists differ from the nurse practitioner?

MS: The nurse practitioners we would put into clinical areas with either a gerontologist or somebody in internal medicine who was really focusing on the elderly or with another gerontology nurse practitioner who was in the community. The clinical nurse specialist—a number of them were international students—they might have a clinical

placement in a nursing home or they might be on a unit in the hospital that primarily had a large gerontology population. The one was really focusing on the physical assessment on the pharmacology and prescribing and writing orders and things like that, where the other was on patient care or else how you would supervise non-professional personnel in nursing.

DT: That was the clinical nurse specialist in the nursing homes?

MS: Yes.

DT: I'm glad you mentioned the School of Public Health and the fact that public health nurses were in the School of Public Health. The public health nurses, eventually, moved to the School of Nursing?

MS: Yes.

DT: Can you talk about those relations and, kind of, the process by which the public health nurses moved to the School of Nursing?

MS: I think the faculty in the School of Nursing were very welcoming. I think, at that time, there was already the decision that the faculty who had been involved in the nurse practitioner programs were going to take it over to Saint Kate's, because they sort of knew there might be some resentment or rejection by the School of Nursing.

Setting up the Department of Public Health within the School of Nursing really became important. We recognized public health nursing as a separate area. It was, like, Lavohn Josten and Bart Leonard, and Ann Garwick eventually came over. I don't know if she had been in that or if she was just in public health overall. Betty Lia-Hoagberg came back. She had been on our faculty before. She was really into school nursing. I'm trying to remember all of the ones...but those are the three or four that were really prominent there. Marilee Miller, who had been the associate dean, had, at one time, been in the School of Public Health.

DT: You mentioned that the faculty in the School of Nursing was supportive and welcoming?

MS: Yes.

DT: In a lot of institutions, public health nursing is within the School of Nursing. That institutional history here is...

MS: I don't know why they were separate. I can remember early on—in fact, I think it was Irene Ramey who set it up—a nursing council that was composed of... I'm not sure if she had the title of vice president for Nursing at the University Hospital, the department chair in the School of Public Health, and the School of Nursing. I think it was those three. Then, they were the heads and, then, there was a faculty or staff member from

each of those and we met. One of the things that we realized is that the head in the School of Public Health really lacked the authority, the department chair there, that the dean of the School of Nursing had for making budgetary decisions.

DT: Was that Alma Sparrow?

MS: It was after Alma. Was it...? Oh, I should know. She was dean at Emory [University] and she's out in [University of] Washington now. Not Barbara... [pause]

[Correctly, it was Marla E. Salmon]

MS: Barbara Tebbitt was from Nursing Service. But I'm trying to think of who the one was in Public Health. She was younger. [pause]

DT: We can always add it later.

I'm glad you bring up Barbara Tebbitt. I'm wondering what the relations were like between the School of Nursing and the University Hospital Nursing Service.

MS: Overall, very good. One of the things that they tried to implement was like a joint position. I know one of the persons who held it was Mary Ann Anglim in Oncology. But that did not work out, because as a faculty member, they wanted specific hours she would be on unit and everything like that. When you have students and everything, you can't have that. So the joint positions never worked out.

One of the things we in the School of Nursing objected to was that the Hospital, at that time, would only hire nurses at 80 percent time. We just said, "If you want people to have nursing as a career, they can choose 80 percent time or they can choose 100 percent time, but you're really not promoting a professional career. I don't know that it had to do with benefits. I think it had to do with overtime. If they were working 80 percent time and they could call them in for a day, they wouldn't have to pay overtime, because they wouldn't be over 100 percent, where if they were working 100 percent and they needed them, they you were paying overtime. So I think it had to do...it was all monetary.

DT: Yes, that's very interesting.

MS: I think for the student placements and everything there was always good rapport.

DT: So Mary Ann Anglim was someone who held that joint position. I know Barbara Tebbitt passed away a number of years ago now [date of her death is July 13, 2001].

MS: Yes.

DT: I know Joanne Disch, obviously, was director of the Nursing Service beginning in 1990. I don't suppose you know of anyone else who was in that period in the 1980s who is still around?

MS: I'm blocking on names today. Diane Bartels was assistant for Barbara, and I think Mary Jo Kritzer also was in that timeframe, as an assistant, in the Department of Nursing.

DT: Great. That's good.

Dean Fahy stepped down, and you said she returned to the faculty for a couple of years, and then, Sandra Edwardson was appointed first interim and then full-fledged dean. How did things change when Sandra Edwardson became dean, or did they change?

MS: I think that they changed. She certainly was more low-key than Ellen was. As a faculty member—probably I was pretty much in some type of leadership position—you never quite knew what Sandy was thinking or anything, because it was very hard to read her. More of my dealings were with Marilee Miller.

DT: What was Marilee Miller's role?

MS: She was associate dean for academics.

DT: During Dean Edwardson's tenure, the School got a number of centers established.

MS: Yes.

DT: Can you talk about what the relevance of those centers was?

MS: I don't know why faculty in the School had been so opposed to departments. Instead of calling them departments, Sandy called them divisions. One was the Division for Adult Health, Psychiatric, and... I don't know what else was under this. Then, the other was for Children and Public Health and OB. She was the one who set up the two divisions and didn't call them departments because if it was a department, then there's a whole different idea within the University of what department connotes. So that came about. I think Marilee sort of wanted it because it was just too overwhelming for her to have this whole gamut from undergraduate to doctoral, plus all the faculty and everything. That was one of the things.

Then, I think, eventually, we went to the center. I know gerontology... They had the adolescent health that had a grant. Then, I don't know what they called the one with children, the one that Barb [Barbara Leonard] had, but I know they had the grant for the children with special needs.

DT: The Center for Children with Special Healthcare Needs?

MS: Yes. All of those were supported with outside grants.

DT: So they were research centered?

MS: Research, but also education. The adolescent health all of gerontology were education grants.

DT: Can you say more about the Midwest Nursing Research Society, because you were president of that for two or three years, 1987 to 1989? I know you talked about it in its earlier iteration, but how did that evolve during the 1980s and during your tenure?

MS: I think within the Midwest, we had a number of very outstanding researchers. I think that because of the Big Ten Conference—it wasn't exclusive to Big Ten Conference schools—there was this bonding within the Big Ten schools, so that helped really stabilize or serve as groundwork for the MNRS. The big thing, too, was to include students in it and to get a lot of interest and support. So we were—and I think they probably still are—the largest nursing research group in the United States. They were much larger than the ANA [American Nursing Association] and the ANA did not have yearly meetings. The MNRS did. The other thing with MNRS was that there were sections or interest groups that were there. Like, there was a stress and coping section. There was school health. There was mental health, all different ones. So that meant that there was always time set aside for you to get together with colleagues from the Midwest who had similar interests. There were many different ones. So I think that it just evolved into a very viable, energetic type of group. You were proud to be a member of MNRS. I think the things that we did for school and, then, the developing of small research grants that were available, recognizing outstanding researchers, all of that was part of the MNRS.

DT: You mentioned the ANA, but were there other regional research groups like the MNRS?

MS: There were ones in other parts of the United States, but none of them were as vibrant and great as MNRS. We would publish proceedings. Did we publish proceedings from them, too? We always published proceedings. I know there was a New England one. There was a southern, and there was the western. Some of them grew out of educational consortiums. I know the one in the west did. I think that was the WICHE [Western Interstate Commission on Higher Education]. They also had the *Western Journal of Nursing Research* as eventually part of theirs.

DT: Were there other efforts at regionalizing, regional planning, or regional coordination around nursing, say, education?

MS: There was another group MAIN, the Midwest Alliance in Nursing, that was both education and service. I'm not sure if it still exists or not. It was more looking at the overview of nursing, looking at how nursing education and service could collaborate. At one time, even MNRS and MAIN kind of worked together some, but, then, MNRS became so much larger and so much more focused on research that that didn't continue.

DT: Were there efforts around ensuring sufficient supply of nurses for the Midwest?

MS: I think that would come more from the National League for Nursing or the AACN.

[pause]

DT: Given how important your research has been and your experiences have been both nationally and internationally, I wonder if you have any sense of whether the School of Nursing at Minnesota is in any way distinctive compared to other schools of nursing.

MS: I think there are some areas. I think, like, the gerontology area was and continues to be a very strong area. Jean Wyman has done a tremendous job and Chris [Christine] Mueller. There are others that have really done a lot in the area of gerontology. I know that, certainly, with Connie Delaney, they're looking at health informatics as the area within the school. The School of Nursing, even though it's within the Academic Health Center, it certainly has had a big role in the School of Nursing and that's the Center for Spirituality and Healing. It's been recognized as one of the leading schools.

DT: Yes. Can you talk about any efforts by the School to recruit minority students and faculty?

MS: It's always been, I'm going to say, a challenge. At one time, I think one of my proudest moments was when we had three Native Americans on our faculty [Roxanne Struthers, Margaret Moss, and Felicia Schanche Hodge] Who is the one that has the grant for working with the Native American students? [Susan Henry]

[break in the interview]

MS: ...northwestern Minnesota. I know that there's an increased number of undergraduates who are from, particularly, the Asian community. But, we have just never had...well, I shouldn't say that. We have had several black students in our doctoral program and also the master's program.

DT: Did the school make particular efforts to go out into, say, the Native American community?

MS: Yes. Oh, I'm trying to think of the faculty member... Anyway, she has a grant. It's like a bridge program between schools in northwestern Minnesota where more Native Americans would be and the University doctoral program to have nurses go... [Tribal College Initiative of the Upper Midwest Geriatric Nursing Education Alliance]

DT: I think there was a story about that program recently on the University website.

MS: Yes, and it was in the School of Nursing's latest magazine about them putting this star quilt on one of the graduates. I don't know if it was a DNP program or the PhD program, so I took it that she could very well be a graduate of that program [the Tribal College Initiative].



DT: I'll look that story up.

MS: We've had many international students but our number of minorities from here is not large. I think we had a few when we had the RN [registered nurse] completion program at the University, which Sharon Hoffman ran.

DT: During your career at the University, have you noticed any change or how have relations been between the School of Nursing and the other health science units? You mentioned the School of Public Health earlier. What about the other units?

MS: I think that there's always been some with not probably the School as much as it is individuals within the School with the Medical School. On the dean's level, I know that there's interaction. But I think that various faculty have worked together with them. I know that, like, I belonged to the MAGEC Center, so we had that bond and that would bring you into contact with some from the Medical School who were in gerontology. The Dental School, probably less just because what we're looking at is very different. Veterinary Medicine, I can say, very little; although, the use of animals in healthcare units certainly has increased. Public Health, we've always had that relationship.

DT: What about Pharmacy, given that you're located next to, or within ....

MS: There, a little bit on certain projects that you're on, certain research that you're on. I can't think of anyone right now. Of course, I don't know right now. I can't think of anyone that we really worked with. You saw them; you talked with them.

DT: When you were setting up the Gerontology Nurse Practitioner Program, there was pharmacology taught?

MS: Yes.

DT: The School of Nursing had its own pharmacology department?

MS: We didn't have our own pharmacology department. I think at that time, the person that we had hired, I don't think was a full-time faculty member in Pharmacology and, primarily, they did not have, like, a gerontology focus area. He was part time on their faculty and, then, we hired him from there. I'm not sure if, in later years, he continued on their faculty or not.

DT: I met a couple years ago a pharmacologist whose primary appointment was in the School of Nursing. It sounds like the School's been developing its own basic science faculty.

How would you say relations have been between the School and the State Legislature during your years?

MS: I think over all you could say they're supportive of nursing until it comes to money or whatever.

One of the things that the Legislature demanded that we do is set up a campus at Rochester. Even though Winona State [University] has their clinical experiences in Rochester, and Luther College [Decorah, Iowa] has their clinical experiences in Rochester, there's always been a thing not just with the School of Nursing but with the University of Minnesota that the Mayo Clinic and the people there and the people in Rochester have always felt that they wanted it with the University of Minnesota just because of prestige. So—how many years ago was it?—we had twenty-five students on the Rochester campus. What was very interesting was—this was after I had retired, just shortly after—our classes are always over-filled, meaning that there's more applicants than spaces. A number of the students who were accepted in the Rochester one were ones from the Twin Cities who drove down to Rochester, because they could get in down there. By that time, online learning and all of that had come in and TV hookup had improved and all of that, so that was very good. Way back—I don't know when it was—I remember going over to the engineering building to do it—we offered a graduate course online to Rochester. Marilyn Gustafson did some online courses, and I think she did them through Rochester.

So, with the Legislature, that's the only time that I can ever remember that there was something that the School had to do.

DT: It sounds like it's from the efforts of the Mayo Clinic and the community?

MS: Yes, and the Legislature. That's when [Senator] David Senjem [District 29, Rochester] was Speaker of the House or whatever he was at that time. I'm not sure.

DT: How about the Minnesota Nurses Association? We've talked about them a little bit. How did relations between them and the School fare?

MS: I know that early on, I was very active in the Minnesota Nurses Association through district and a number of faculty from the School of Nursing were. Then, when they came in with the union, that's when faculty started dropping out. It was like there really wasn't a place. Yes, there was this one group you could belong to, but you really didn't have a large role.

One of the ways that I had played a role, and I know some other faculty have, is there was the Minnesota Nurses Association Foundation. People who were not in the bargaining unit, your dues were the same but the money that would have gone to bargaining unit you could designate to go some other place. So it went to this foundation. So it built up a nice pot of money that was then used for small research grants. That's an area where faculty... I remember the person who was head of the Department of Nursing at Saint Ben's [College of Saint Benedict, Collegeville, Minnesota], and I'm trying to think of who else...were on this foundation board. We really set up the criteria for the

grants. We reviewed them and everything. So that was one arm of the Nurses Foundation.

DT: It sounds like the interests of the majority of the MNA were quite different from that of the faculty?

MS: That's right.

DT: Which national organizations do the faculty most see they're allied with?

MS: Certainly, MNRS, but, then, Sigma Theta Tau is the honor society. I don't know how active it is now, but it used to have a Research Day and it used to have speakers and things like that that would appeal to faculty and to clinical nurses, but it wasn't focused on the bargaining.

DT: Well, we've covered a lot of ground. We're almost at eleven o'clock. Is there anything else that you'd like to share with me about the history of the School?

MS: It was kind of fun sitting and thinking back over it.

[pause] I think we're very fortunate in the sense—aside from Irene Ramey, which was a health problem, and Inez was there just a year—that we really had deans with long time commitments. That made it much easier dealing, not wondering what the next person is going to bring. I think that all of them really realized and really appreciated faculty contributions, that they were not persons who were going to be there and put down what they wanted but recognized that they sort of facilitated what faculty were doing.

I felt that my time at the University was very, very wonderful. I was able to pursue things, do things that probably I'd never even thought of before. I always felt supported by the administration.

I think that the other thing that I really liked about the University of Minnesota and the School of Nursing is that we're in a total campus, a large academic setting, and not in a health sciences one where some of the schools of nursing have found themselves. So that made the opportunities for engagement with other schools and programs, athletics, and everything, something that gave you that opportunity.

DT: I noticed that you were very involved with the athletics at the University. Just in a couple minutes, how did you get involved and what did you do there?

MS: Way back, after I had finished my doctorate, this thing came out about committees you wanted to be on at a University level. Oh, the athletic one sounds kind of good. At that time, the President made the assignments, so I got put on it. I got interested and stayed on it. Then, I chaired it. I was off for a couple years, but still kind of involved with it. There's a faculty representative, at that time—there still is—for men's and women's athletics. So I applied for that. At that time, Nils Hasselmo was president. I

had known him because he had been the administration person on the athletic committee when I got on. He had left the University, but came back as president. He knew me, so I got the appointment.

DT: Had you been an athlete?

MS: When I was in school, there was only intramural stuff. There wasn't Title IX.

DT: When you had been first appointed to the committee, were there other women on the committee?

MS: There were several other women, but not many. If you want to think about women breaking in, I sort of felt that the whole time of having to really push women, push the opportunity for women. It was truly an old boys' network. I can remember, I don't know if it was the first year, probably it was the first year, I was invited to the men's athletic banquet. It was down at the old Leamington Hotel. I remember the acting department women's athletic person and I walked in together, probably into the bar area, and there were all these men turning. For women being at *their event* was quite a thing. The Big Ten was interesting.

DT: How did the gender dynamics on the athletic side compare with gender dynamics at the University more generally?

MS: I think it was even more an old boy's network in the athletics. It wasn't that the athletic directors themselves were not accepting. But, certainly, the alumni in the Athletic Department were very resentful. I just think overall it had been so much an old boys' network that it was very difficult.

DT: What were the challenges that the women's athletics faced within the University structure?

MS: At that time, the Women's Athletic Department did get money from the state, because of equity, but it was always getting funding and it was always trying to get the resources for equipment, training facilities. It was also a time when the President set up a committee to look over all at equity between men's and women's salaries in the Athletic Department. Overall, there was still resentment by some of student athletes and there was the opposite of where they sort of had too much for student athletes.

DT: I'm sure we could go into another hour on this topic. I appreciate your touching on this because this is an area that is not, obviously, necessarily in the bailiwick of the project, but I think it's important for understanding the institution's history.

MS: This is a little aside, but it was very interesting. I was invited to apply for the deanship at SUNY [State University of New York] in Buffalo. They asked me if there were people I would like visit and I said, "One of the people I would like to visit is the head of women's athletics." I thought if women's athletics is treated well, that probably

has relevance to the school of nursing. Anyway, when they went to the athletic director, he was a male. He said, "I'd like to meet with her." There was always the question, "Why are you meeting with the athletic director?" I said, "I didn't care to meet with him." I ended up meeting with him. We had a very interesting conversation and everything, but it didn't fulfill what I had wanted to do. I was equating the struggle that women's athletics has with the struggle that nursing has had.

DT: That's an excellent point. You didn't end up going to SUNY.

MS: No.

DT: Can I ask why?

MS: I don't think I would have left Minnesota, but I wasn't offered the position either.

DT: You didn't get to get a full sense of what women's athletics like.

MS: No.

DT: Well, thank you. This has been truly wonderful. I appreciate your time this morning.

MS: Thank you.

[End of the Interview]

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