

Ruth Weise, RN, MA

Narrator

Dominique A. 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 20th 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

Ruth Weise was born in Oak Park, Illinois. She received her diploma from St. Francis Hospital School of Nursing in Evanston, Illinois, in 1944, her Bachelors in Nursing Education from the University of Minnesota in 1946, and her MA in Nursing Education also from the University of Minnesota in 1954. She joined the faculty of the School of Nursing at the University of Minnesota in 1946, and, during her time at the University of Minnesota, she helped to establish a course in operating room nursing. She left the University of Minnesota in 1963 to work at St. Barnabus Hospital in Minneapolis. In 1973, she was invited back to the University of Minnesota to establish a partially external master's degree program. She retired in 1986.

Interview Abstract

Ruth Weise starts with describing her background, including her education and why she went into nursing. She discusses her experiences as a student at the University of Minnesota, working as a staff nurse, teaching operating room nursing, why she left the University of Minnesota, and her work at St. Barnabus Hospital. She describes working with iron lungs, surgeons' treatment of nurses, working in the operating room and with different technologies, and the Area Health Education Centers program. She discusses the relationship between diploma and degree nurses at the University of Minnesota; curriculum changes in the 1940s and 1950s; changes in the School of Nursing between the 1950s and 1970s; the move in nursing to working with communities; the relationship of the University of Minnesota School of Nursing to other nursing programs in the region; the closing of nursing diploma schools, changes in the School of Nursing after the reorganization of the health sciences in 1970; the perceived shortage of health care professionals in the 1950s through 1970s; public health nursing; and the move to have nursing faculty with Ph.D.s and what it was like to not have a Ph.D. in this context. She remembers Katherine Densford, Isabel Harris, Edna Fritz, Irene Ramey, and Ellen Fahey.

Interview with Ruth Weise

Interviewed by Dominique Tobbell, Oral Historian

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

Interviewed at the Home of Ruth Weise

Interviewed on July 28, 2010

Ruth Weise - RW
Dominique Tobbell - DT

DT: I want to say that this is Dominique Tobbell, and I'm here with Ruth Weise. It's July 28, 2010. We're at Miss Weise's home at Episcopal Homes in Saint Paul [Minnesota]. Thank you for letting me interview you.

To get us started, can you tell me where you were born and where you grew up?

RW: I was born in Illinois, Oak Park, and I grew up in Park Ridge, Illinois.

DT: What led you to go into nursing?

RW: I was graduated from high school in the Depression, and my parents couldn't afford to let me go to college, and I had a hundred dollar policy from grandparents. That paid for nursing. So that's why I went into nursing.

DT: Where did you do your training?

RW: In Evanston, Illinois, at the Saint Francis Hospital

DT: So you went to a diploma school of nursing and that was because it was affordable?

RW: Yes. That was the major nursing program, at that time. Most were three-year programs. There wasn't a two, and there were very few fours.

DT: Then, what did you do after you graduated from Saint Francis?

RW: I took a post graduate course in operating room [OR] in New Haven, Connecticut. My teacher there had received her degree from [the University of] Minnesota. I had been looking. I had been to a number of places on the East Coast looking for a degreed program, and she thought I might like the one at Minnesota. So I wrote here, and this is where I ended up.

DT: What led you to want to get a degree?

RW: I always wanted to be a teacher.

DT: Ahhh..

RW: That was the only way I could see to do it.

DT: When did you become a student at Minnesota?

RW: Nineteen forty-four.

DT: What was it like being a student here?

RW: It was kind of strange. We had lots of soldiers on campus. This was war time. It wasn't built up the way it is now, so when you walked across to go to a class, you were in wide open spaces. It was delightful to be in college. I took all kinds of courses that I'd always wanted to take.

DT: How long was the degree program?

RW: I was here two years.

DT: Did you have to do a lot of clinical work as part of that?

RW: Some in tuberculosis. That was it.

DT: This is because you already had your diploma? So you had plenty of that experience.

RW: Right.

DT: Do you remember any notable faculty members?

RW: All of us. [chuckles] I don't know how many people have talked to you about Katherine Densford [also known as K.J.]. She was a remarkable woman. I was especially fond of her. I think that was a mutual feeling. I had, maybe, a little different relationship with her than most of my colleagues. K.J. knew her faculty, knew them well, and pushed some faster than others, offered a lot of opportunity to do things differently,

kind of a very unusual woman. This is why she was director of the program for so many years.

DT: Yes, every person I've interviewed remarks on how incredible she was.

RW: Yes. Absolutely.

DT: Were there any other faculty members when you were a student that you found particularly exciting, encouraging?

RW: My advisor was Margaret Randall. She was special. Phoebe Gordon, who was a counselor... Rena Boyle. Myrtle Kitchell.

DT: When you were doing your degree, were you living in Powell Hall, at that time?

RW: No, I lived in a rooming house.

DT: Oh. Because you weren't doing a lot of clinical work, you didn't have to live...?

RW: I didn't want to be in a dormitory, again.

[chuckles]

DT: You'd done that.

RW: Been there; done that.

DT: That's good. [chuckles]

Did you work as a staff nurse at any point during your training?

RW: All the time, but mostly in the operating room. They needed people. We had an outbreak of polio, and we had lots of people on respirators for a while, not in the operating room but on the floors, working with patients and respirators.

DT: Did you have to work when they were in the iron lungs?

RW: Yes. Right.

DT: What was that experience like?

RW: You got used to it, but the noise was, you know... [Miss Weise makes the hoarse wheezing sound of the intake and outflow of air]. We had maybe thirty machines going at the same time. But the patients were patients; they were just in a different spot. They were in an iron lung.

DT: All the iron lungs were in one big ward?

RW: On one floor and down the hall. Yes.

DT: How did the patients cope with being confined in this space?

RW: They had little to say about it. They depended upon that machine to keep them alive, and they knew that.

DT: I've seen some videos of patients in them, and it's incredible.

When you were in the operating room, what were your responsibilities?

RW: Sometimes, I would help the surgeon. Sometimes, I'd teach students that were there. It depended. I much preferred to do the teaching, help them learn how to do the job to assist the surgeon.

DT: Did the surgeons treat nurses well?

RW: You kid. [chuckles] You kid.

DT: [laughter]

RW: By and large, they were okay, but once in a while, they'd take off. Doctor [Owen] *Wangensteen*. He was a biggie, and he was kind of mean to the nursing staff. But, Doctor [William] Peyton in neurosurgery, he was wonderful. Yes, all kinds, just like anyplace else. Some good guys and some not so good guys.

DT: When you were in the operating room, were there any particular technologies that you were using?

RW: We started to do open heart surgery. That was brand new. So, there were a lot of new things to try. We had a heart/lung machine, so that the blood could bypass the body and get oxygenated and come back to the body. Those were fun times. Yes.

DT: When you were, as the nurse, primarily responsible for making sure the technology was working?

RW: Oh, yes. Yes.

DT: The surgeons, I presume, weren't really...

RW: Oh, they were concerned, too. Yes, this was probably the closest we ever worked together.

DT: It seems that that was an exciting time to be at the University.

RW: Very much so.

DT: Yes.

Obviously, you were trained as a diploma nurse and, then, you got your degree. How did you find interactions were between diploma nurses and degree nurses? Did everyone just get along?

RW: Yes. I think the degree nurses felt that they didn't get the same kind of practice the diploma nurses did, and the diploma nurses felt that they didn't get the same kind of theory, but, it wasn't a matter of fighting it.

DT: And the physicians treated you all the same?

RW: Yes. We were just a nurse. That's all. That's all.

DT: [chuckles]

When did you become a faculty member at the University?

RW: The day that I graduated in 1946. Right away, I was on the staff. That, again, was K.J. She knew she had to have faculty. She had all of us in one of her classes that she taught, so when we graduated, she knew where she wanted to put us in a faculty position.

One of the things that I did with her... I interviewed her and there are a couple of video tapes...

DT: Ohh.

RW: ...in the School of Nursing. Talk to Laurel [Mallon] about that.

DT: Yes.

RW: Two video tapes that I did with K.J., and she talked at length. She's got a beautiful history of the School that she did, so you might want to look at that.

DT: Yes.;

RW: Then, she needed somebody over in Saint Paul, in the operating room over there. She asked me to do it. I didn't have a car, so I rode the bus from the Minneapolis campus to Saint Paul, downtown. I did that for quite a while. Then, the assistant director, Ruth Harrington, loaned me her car until I could get one of my own.

DT: Yes, that's quite a trek.

RW: It is.

DT: I imagine you were working long hours, too.

RW: Yes! Yes.

DT: Especially knowing what time surgeries begin in the morning, that's tough.

RW: We had to be there at six o'clock to set up for a seven o'clock case.

DT: Primarily, your teaching was within the OR, then?

RW: Yes, for that period of time.

DT: How long were you in that role?

RW: Probably... [pause] Three years.

DT: This role was when the School set up the course in OR nursing, then? That's what you were in charge of?

RW: For graduate nurses.

DT: Yes.

RW: We had a *tremendous* influx of women that had been in the military service, and most of them wanted to be in the operating room. I had forty-five students at one time, and there's no operating room in the *country* that can handle forty-five students. Again, K.J. gave me permission to explore the possibility of using operating rooms in all the hospitals in the Twin Cities. That was fun, you know, getting acquainted with the directors of the nursing program, director of the hospitals. We managed.

DT: In those instances where the students went to these different hospitals, you could only be at one place at one time, so did you have other people who were teaching?

RW: No. Most of them didn't need a lot of teaching. They'd had a lot of experience. We had classes on campus three times a week. Then, they had their clinical experience. I got to everybody every week. So, it was, again, not long, but it was to let them know that I was alive and I knew they were alive.

DT: So you were teaching the lectures, the courses, yourself and, then, as you say, supervising the clinical?

RW: Right.

DT: That sounds like a big job.

RW: It was. Yes, it was a big job, and I was glad when that part of it was over.

I, finally, was asked if I would like to try something different, and would I like to prepare teachers. I leapt at the chance, and I taught student teaching for seven years.

Then, I came up for tenure, and Edna Fritz, who director of the School at the time, would not give me tenure.

DT: Hmmm.

RW: So, I left. When I came back, I found out she never wrote that to anybody. She just told me she wouldn't give me tenure. She never wrote that to the officials. So I got the job back at the University, eventually.

DT: When you were preparing students to teach, was that part of the master's in inuring education?

RW: At first, it was the bachelor's. It became the master's, eventually. But, we taught bachelors. They got a bachelor of science in nursing education.

I taught with Fran [Frances] Dunning for many years. We were very different. She was extremely quiet and supportive and I was very aggressive in attacking. Together, we hit most of the students.

DT: [chuckles] That sounds like a good combination.

As I understand it, the baccalaureate curriculum was revised around 1949, or this is when they began the bachelor's degree; though, they started having the bachelor's degree granted by the College of Medical Sciences.

RW: Not then.

DT: Okay.

RW: I can't remember... Well, you've got those dates. I don't have those in my head. But, the degree had been in Education. It became part of Medical Sciences. But, again, I don't know the year.

DT: Did that change affect anything about the curriculum or how it was taught?

RW: Not much. Not much. I think the change that happened was because new people came in. Whenever you have an addition of new ideas, there'd be change.

DT: The other thing that I understood changed with the curriculum is that they eliminated the fifth year of study, so it became a four-year degree?

RW: Right, right.

DT: Do you recall why that was?

RW: That was because we didn't have the education.

DT: Ah.

RW: We just stopped with the bachelor's of science in nursing and we didn't need the three-quarters of practice teaching.

DT: It's interesting that the bachelor's degree initially was just in nursing education. Why wasn't it just a bachelor's in nursing?

RW: Because we didn't have the power to grant a degree. Then, there were changes in medical management, and we were giving some autonomy.

DT: Do you recall what those changes were?

RW: No, I wasn't in on those.

DT: This was still while K.J. was in charge of the School?

RW: Yes.

DT: After the bachelor's was in nursing, then, the master's in nursing education was developed?

RW: That's right. The thing that happened... K.J. retired in...

DT: Nineteen fifty-nine?

RW: ...1959, and Isabel [also called Iz] Harris became dean, then. Is became the first dean of the College of Nursing. That was a big change, a *tremendous* change. There weren't many women deans. Marcia Edwards, who was in the College of Education, was assistant dean, but not in charge of the whole thing. The name changed. The responsibilities changed. Remuneration, the salary, improved for the dean. So, those were big changes. Isabel had a hands-off policy. I don't think she knew her faculty the way K.J. had known them. I don't think *any* director knew them as well. So, there became little fiefdoms. Some of the leadership developed from that. But the biggest change... We're talking about 1950 to 1970?

DT: Yes.

RW: Those were big, big change times philosophically, faculty-wise. The use of community facilities increased. We stopped being in the hospital so much of the time. So those were huge changes.

DT: Why was there less emphasis on the hospital? Why the move to community?

RW: Because we felt that it wasn't just in hospitals that people needed to have instruction, health teaching. It was whole families that needed it. Then, we better have people that knew how to deal with people in the community. For a long time, you *told* people what they needed to do. You never asked them anything. Things have changed considerably.

[chuckles]

DT: With the community emphasis, did some of that responsibility fall on public health nurses?

RW: We talked to public health nurses then. Before, the School of Public Health was there and the School of Nursing was here, and, then, we got closer, and closer, and closer, and, now, it's pretty much integrated.

DT: Yes.

RW: Yes, we needed to find out resources in the community that we had *no* knowledge of.

DT: So, part of your job, then, was to talk to nursing programs throughout the state and make sure that they were doing a good job of teaching?

RW: Absolutely. That was really seen as the University's responsibility. There were lots of programs set up and carried out where, at *long last*, instead of having everybody come to Minneapolis, Minneapolis went out to the communities.

DT: How did the communities, then, receive this?

RW: Ohhh, they were delighted.

DT: And the nursing programs throughout the state, they didn't mind that the University School of Nursing was coming and telling them how to do things?

RW: They weren't really telling them how to do things. They were telling them what seemed to work. The individual schools could do as they pleased. But most of them wanted to have good graduates, and, bit by bit, their faculty earned a master's degree. That was a marked shift, much of it by my teaching later on. I was in Rochester, Saint Cloud, Duluth, and Grand Forks. If you had a couple of successful people in each of

those places, they were the salesmen. So the University didn't have to go sell anything.

I remember down in Rochester, I had a very able, bright, young woman who had seven children. I said, "Come on. You need to get your master's." "I can't. I've got these kids." I said, "We can work it out. Come on; let's see how we can do it." Well, she was successful, and she became the best salesman for the Rochester area that there ever was. Yes. She helped other people learn how to use Rochester resources to help you take care of your kids when you weren't there. The University moved from having classes Monday, Wednesday, and Friday to having classes Tuesday and Thursday. So when they had to go to campus—there were times they *had* to go to campus—they could go Tuesday, Wednesday, and Thursday, Tuesday and Thursday for classes, Wednesday for library study, and go home and be with their family all weekend, a long weekend. To have the University nursing faculty be willing to change and concentrate their classes into two days was a godsend.

DT: So, the School was very responsive to the needs of the nurses?

RW: Yes. Once in a while, you know, when they'd go out and they'd talk to these people there, in their own home, they got the message, and, then, they were willing to do something. Like a wildfire, it just grew.

DT: It's like they could see what their life was like and how it would be impossible for them to manage if the system was a different way.

RW: Right.

DT: That's incredible. I haven't heard this before. Was this, then, mostly in the 1970s?

RW: It started then, yes. It got bigger and bigger.

DT: Was the school getting funding from the state to do this or were there other sources of funding?

RW: The state and federal. We had the Area Health Education [Centers] program, AHEC. That was a source of funding.

DT: I've always wondered what that was. [chuckles] I have that name down.

RW: AHEC, yes. Area Health Education, and the person that was in charge of it then was Bernie [Bernadine M.] Feldman. Have you talked to Bernie?

DT: No, it sounds like someone I should talk to.

RW: You need to, yes.

DT: This AHEC was part of an effort to increase the nursing workforce throughout the state?

RW: Right. Again, to stop making the Minneapolis campus the center of everything, rather making the community the center and moving out into their bailiwick.

DT: That is quite a different orientation.

RW: Totally. Yes.

DT: Do you know if, then, this Minnesota model was used by other states, as well?

RW: I have *no* idea. I have no idea who went out and talked about it.

DT: My understanding is before Isabel Harris became dean, Edna Fritz, whom you mentioned earlier, was directing the nursing school.

RW: Yes.

DT: What was your experience like with her?

RW: Not good. It's not often that I don't hit it off with people, but she and I just did *not* get along well together. I think it was capped when she wouldn't give me tenure.

DT: Did she give you a reason for not giving you tenure?

RW: No. She didn't have to; she was dean. But that really doesn't cut any ice. She was in the job. She left the job and went out to California and continued to work. Other people like her. She and I just didn't hit it off.

DT: My understanding is that she frustrated a lot of the faculty during that period, and that a lot of faculty left.

RW: There was a pretty big exodus, but you're never sure why. [pause] Sometimes, people are control freaks, and that was the way I saw her, and I don't know who else did. I didn't like it. I was so used to K.J.'s, "Let's talk about it," instead of being talked *at*.

DT: It seems like it was a complete reversal of leadership style.

RW: Right.

DT: Obviously, this was a period of great change in the School, and there was a lot of this curriculum revision going on. From what I've read in the archives, it seemed that there were some dissatisfactions about how the curriculum was changed.

RW: Oh, always, you know. You had to do things differently, and that's uncomfortable. There's often a lot of resistance to that. But it did change. Over time, it did change.

DT: It seemed like one of the biggest changes was removing the thirty-hour clinical requirement.

RW: Yep.

DT: What was the reason for that? Do you recall?

RW: I have *no* idea. [pause} I don't know.

DT: Because you had so much experience and interaction with the hospitals in the Twin Cities, did that affect relations, particularly at University Hospital, between the School of Nursing and the University Hospital because they weren't having nursing students there?

RW: You'd hear, "You'll never make a good nurse. You don't get enough experience. Some things, you have to learn just by practice." That would be from nursing service. The Nursing School says, "You get the foundational theory. Eventually, you bet the practice."

DT: Complete different philosophies.

[chuckles]

DT: It's hard to judge from the students, but did the students seem to respond well to this change?

RW: Yes. I think the kids used to get pretty darned tired. A lot was expected of them. So, if it wasn't a laboratory experience, it was a work experience. I think once it became a laboratory experience, the students appreciated it. Nursing service didn't.

DT: Well, because nursing service lost this great workforce.

RW: That is right.

DT: One of the things that I read was that some students, I think in the mid 1960s, had some trouble passing their boards.

RW: Oh, I don't remember that.

DT: I read in some documents that one of the reasons, it was said, was that some of the faculty were dissatisfied with Edna Fritz. As a result of the curriculum changes, some of the students weren't doing well on the boards. The boards hadn't changed, but the curriculum had, so they weren't able to do as well.

RW: That's quite possible, but I don't remember that.

DT: I, also, read and some of the other people that I've spoken to mentioned that before this mass exodus of faculty, many faculty were writing to Dean [Robert] Howard, dean of the College of Medical Sciences, to complain about Edna Fritz. Were you one of those people?

RW: No. No, I would have burned the paper with what I wrote, so I didn't dare.

DT: [chuckles] I've read some of those letters, though, and they reinforce what you have said.

RW: I...I...I think I was scared to get a reputation of being a heel dragger, and I didn't like to get that.

DT: After Dean Howard and the vice president, Jerry [William G.] Shepherd received these letters of complaint, they had a big meeting with all the Nursing School faculty to talk about the problems. Were you at that meeting? Do you remember?

RW: No.

DT: Do you have the date there when you left?

RW: Nineteen sixty-three.

DT: And, then, when did you return?

RW: [pause] Uhhh... Nineteen seventy-six.

DT: Ahh, yes, so that meeting would have fallen when you weren't there.

What were you doing between 1963 and 1976?

RW: Well, I went out to the University of Washington. I wanted to get a doctorate in clinical psychology, and they wouldn't take me because I was forty-some years of age and a female. They wanted boys who were about twenty-five. So I came back, and I became director of this three-year program at Saint Barnabus [Hospital, Minneapolis] with an admitted agenda, when I was interviewed, of closing the school of nursing, the three-year program, and offering our clinical to the University. That took me from 1965 to 1973 to accomplish that. Then, I stayed on and did staff development from 1973 until I got invited back to establish the partially external master's degree program [at the University of Minnesota]. That was the love of my life. It was the best job I ever had.

DT: This is when you were going out into the community and working with the nurses and getting them to get their master's?

RW: Right.

The time that you're at Saint Barnabus, it's about eight years. This was during a period when a lot of diploma schools were closing.

RW: Closing. Right across the street from Saint Barnabus was the Swedish Hospital and, ultimately, I became director of the two of them, but, again, with the intent of closing it. Working with the alumni of both schools was the hardest job I've ever had. They didn't want their schools to close. I had *many*, many meetings to explain how unfair it was to charge the students the thousands of dollars to get a diploma that didn't get any college credit, or a very minimum college credit. Finally, they came around and saw the economics thereof. Then, they were supportive of our closing the schools.

DT: That took eight years to manage.

RW: Yes, and lots of hours and explanation.

DT: Why do you think they were so resistant?

RW: It's like losing your family. If the school doesn't exist anymore, was I ever there? It's a good question.

DT: You were trained as a diploma nurse. Did you have that same feeling about Saint Francis?

RW: [pause] I was just glad to be done. I didn't like to take care of sick people, so to me, in the operating room, you didn't have to deal with sick people there.

DT: [laughter]

RW: That was the case.

I got back to college and took humanities, took speech, took English courses. It was heaven.

DT: I can imagine, because at the time that you began your education, universities were far less welcoming to women, so this was a great opportunity for you to get that college experience.

RW: Right. Yep.

DT: That seems something that's hard to beat. [chuckles]

What's your understanding, then, of why there was such a push to close the diploma schools?

RW: [pause] I think, more and more, we saw that nursing for tomorrow is out there, not here. All you got in a diploma school was hospital, hospital, hospital. With more and more people getting a master's degree, they began to see the opportunities that would be available in the degree program compared to a diploma.

DT: It strikes me that if nursing is moving out into the communities and away from the hospital that presents unique opportunities for nurses to have a lot more autonomy in their practice.

RW: Right. Right. In the hospital, the doctor writes the orders, the doctor makes all the decisions, and you follow whatever is ordered. In a community, you're not really your own boss, but it's a different relationship with your client. You work together.

DT: And, oftentimes, without a physician's oversight.

RW: Correct. That's right. That's right.

DT: I can imagine that that would be appealing to a lot of nurses.

RW: Yes.

DT: As you say, it's more of a collaborative way of caring for patients.

RW: Right.

DT: Obviously, when you left in 1963, the School of Nursing was within the College of Medical Sciences, but, when you returned, it was its own, much more autonomous.

RW: Right.

DT: So, can you speak a little about the changes you think that had on the culture of the School?

RW: Again, all of a sudden, I think faculty became aware of the kind of responsibility they had to be willing to carry. You had to make decisions, and, sometimes, they were wrong, and you had to live with the fact that you made a wrong decision. Otherwise, we had been pretty well protected from that kind of mistake. There were a few stubbed toes that hurt, but you only stubbed them once, you know—maybe twice. Then, you learned not to “rush in where angels fear to tread.” [Miss Weise quotes Alexander Pope]

[chuckles]

RW: Yes, it's kind of like what, I'm told, being a parent is. You provide certain guidelines for your children with the main purpose of letting them go, letting them become independent, and watching them make mistakes that you could have averted, but

they never would have learned it if you had kept them from making those mistakes. So, in lots of ways, it was a family affair.

DT: Do you think, then, with the School of Nursing being given more autonomy that, in a way, what had been the College of Medical Sciences was saying, “Go out, School of Nursing and do what you do and make your mistakes?”

RW: Yes, I do. I do, and I think that Bob Howard made it possible. He was willing to let mistakes occur and to hold hands when they did.

[chuckles]

DT: After he left and Lyle French became senior vice president of the health sciences, how was he, then, at letting the School of Nursing do its thing.

RW: Very much the same. Yes, Lyle had had a lot of different experiences, and he became, again, a catalyst, a helper, not a decision maker, would let you decide. I haven’t thought of these guys for a long time.

DT: I knew I could prod your memory and make you realize you remembered more than thought.

[laughter]

DT: Do you think that the reorganization of the health sciences and having this more autonomous School of Nursing changed the way that the other health professions looked at nursing and looked at the School?

RW: [pause] I don’t know. I told you that we became more closely associated with Public Health, and that was a big shift, that we were both willing to share what we knew. So maybe that happened with some of the other allied...

[Miss Weise’s cuckoo clock interrupts the interview briefly]

RW: I think we became more willing to get acquainted with other allied professionals. We were pretty snobbish for a long time.

[chuckles]

RW: But, I think that that changed.

DT: Why was nursing snobbish?

RW: We were so perfect. I mean, after all...

DT: [chuckles]

RW: We were the largest group, maybe one of the oldest groups of the allied professionals that were on campus. We had had female leadership and other departments had male leadership, which, I think, made a big difference.

[pause]

DT: During this period—I'm thinking of this period of change that we've been talking about during the 1950s and through the 1970s—there was a national shortage of nurses, not just of nurses but of all health care professions. Do you remember much about the concerns about there being enough nurses?

RW: I think we were overwhelmed with the numbers of students that we had on campus. I don't think we had that concern for a shortage until, maybe, a little later. You even hear about a shortage now and, yet, a lot of nurses have a hard time getting a job. So, I don't know where to put that, how to rank that.

DT: It seems that, oftentimes, when people are talking about shortages in the health care profession, they're talking about shortages in rural areas when, really, there is a surplus in the urban areas, but people don't want to go out into the...

RW: Ah ha, point well taken. Well taken!

DT: I know that for physicians in the 1960s and 1970s, the concerns were how do you get physicians to go out and work in rural communities? Maybe, for nursing, it was less a problem because you've been talking about the fact that once nurses were in the community, they were more autonomous and it was an exciting place to be. But, I think, sometimes, that's what the shortages refer to.

RW: I know, certainly economically, physicians that worked in rural areas made a lot less money. That's one of the reasons *they* didn't want to go out there. But, so many of our nurses that went out into rural areas married people and stayed in that community, you know.

DT: You've mentioned the coming together of Public Health and the School of Nursing. Do you know why they were separated before and why public health nursing was in Public Health and not in Nursing?

RW: Again, Public Health was seen as... Oh, boy. [pause] Public Health was a service *in* the community, and the School of Nursing was a service *to* the community. Do you know the difference that I'm trying to say? We both had to adapt and change our mind about how much we shared, how much overlap there really was. Again, Public Health was headed by a man. He was a nice guy and all the rest of it, but he told women what to do.

DT: Is this Gaylord Anderson?

RW: Yes. [pause] When he hit a few women who told *him* what to do, it didn't go so well.

[chuckles]

DT: Do you know who tried to tell him what to do?

RW: Oh, people like Marilyn Sime and Ellen Egan, and, in her own quiet way, Flossie [Florence] Ruhland. [pause]

DT: Do you remember what they were trying to get him to do?

RW: Again, to talk *with* us, not *at* us. We were very defensive...years of that kind of behavior, trying to establish our own turf, defend our own turf, and finding it very difficult. I don't know what it's like today. I'm glad I'm retired.

DT: [chuckles] I'm sure it's a lot more relaxing to be retired.

RW: Much.

DT: When you returned to the School in 1976, it seems plans were underway. The School was trying to develop a doctoral program in nursing. Do you remember much of those discussions and were you involved at the time?

RW: I didn't participate in that, at all. I was pretty much persona non grata. I didn't have a doctorate, and, therefore, had no knowledge. The fact that most of them had been my students at some time in their lives, in their nursing lives, cut no ice. *I didn't have a Ph.D.!* That was their union card to discussions about doctoral programs.

So I ran around the state instead, thoroughly enjoying it. I put many miles on my car.

DT: I'm sure. [chuckles] Were you working with anyone else in that effort?

RW: No. I got three other people, sometimes four, to agree to teach out state. I always taught ethics—oh, yes, I could teach other ones. So long as I taught on campus where someone could listen to what I said and if I passed that test, I could teach out in the state those courses, the introductory courses, the four courses that we took out state. The only one that they really trusted me with was ethics, all by myself. Research? I couldn't teach research because I didn't *do* research. You know, there's a reason for that. [pause] Where was I going with that, do you think? I have no idea.

DT: You had gotten a master's at some point? Yes. Was that in the 1950s?

RW: When did I get that? [Miss Weise looks at her papers] I got my master's in 1954.

DT: And that was in nursing education?

RW: Master of arts.

DT: When you returned in the 1970s, were you the only faculty member without a Ph.D., or were there others of you on faculty without Ph.D.s?

RW: Gene [Eugenia] Taylor didn't have a Ph.D. I don't remember who else. Ramona [surname] didn't have a Ph.D., but most of them were working on it.

DT: Yet, they had recruited you. They had asked you to come back?

RW: I was one of the few people that had the freedom to go when I had to go. [pause] I'm trying to remember... I don't think I have it down. [Miss Weise reviews her papers] No, I don't have names down.

DT: Did you find outside of the School of Nursing that other faculty members, say in the other allied health professions, viewed the fact that you didn't have a Ph.D. as some kind of detriment?

RW: No.

DT: So it was just, really, within the School of Nursing?

RW: I think it had to do with development of curriculum within the school. By and large, I was pretty much accepted, except by my own.

[chuckles]

DT: It must have been a tough situation to be in.

RW: I waited for retirement, and the minute I hit December 31, I was gone. Yes.

DT: What year was that?

RW: Nineteen eighty-six.

DT: You and Gene Taylor had the longest tenures at the School. You'd been there through all of it.

RW: Well, I was away. She never left. But, yes.

She's a patient next door.

DT: I know. I interviewed her a few weeks ago, and I, then, learned that she'd had a fall, and I thought this was the same place that she was in.

RW: Right.

DT: Do you visit one another, then?

RW: She asked not to have visitors, but I went up yesterday and I saw her.

DT: And how is she doing?

RW: Very well.

DT: Good. I'm glad to hear that. Yes, I know that she didn't want visitors; otherwise, I would have thought to stop by, as well. [chuckles] I thought it best not to.

RW: She had told me I can call on her line between six and seven at night. I can call her on the telephone. She's told her whole family so if I get the busy signal and I go beyond seven o'clock, I'm not able to talk to her until tomorrow.

DT: [chuckles]

Also, when you returned in 1976, the School was trying to get Building F built.

RW: Yes.

DT: Were you involved in any of that? Do you recollect anything about that?

RW: No. I really walked in when it was in process. No, I didn't have anything to do with that.

DT: I read that the State Legislature was trying to renege on its promise of giving money for it. They were reluctant to fund it.

RW: Oh, yes. Always. The University has not had the best relationship with the legislature. Eventually, it comes, but, sometimes, it takes a while.

DT: Why do you think they've had such a time of it?

RW: Who's boss? [chuckles] I think the legislature, by and large, drags their heels about quantities of money. They have their own little pet projects that get first consideration. So you keep working on them. Be patient; be patient.

DT: I remember earlier, I was thinking about asking you whether you had much involvement with the program that Ida Martinson started, the Home Care for the Dying Child Program. It struck me that in talking about your work in getting nurses in the community better trained that that would have, maybe, overlapped somewhat with her program of trying to use community nurses in her program.

RW: I didn't overlap, but parallel. Yes.

DT: I guess when you returned, Irene Ramey was dean. What was she like as a dean?

RW: I liked her very much. She was another person you could go in and talk to and get some ideas. She didn't take over for you. She was not well, and I think that made a big difference. She knew that she had some limited time, so she was anxious to have things move without her.

DT: She knew she was sick?

RW: Yes. Yes. Not one of us is free of getting cancer. None. Just some people get it, and some people don't.

[break in the interview as the telephone rings].

RW: Excuse me.

[The call is from Gene Taylor. Miss Weise speaks to her and, then, Dominique speaks with her]

DT: I wanted to follow up with you... You had mentioned a while back that when Isabel Harris was dean, there developed a lot of fiefdoms within the school. Are you able to elaborate on that, at all?

RW: Well, there was a group that was working on the doctorate program. There was a group that was expanding the master's program. There was a group that was saying, "We ought to have nurse practitioners." They were different people in those groups, so, it separated some of the faculty. I don't know if fiefdom is the proper...but I think that's what it was, you know.

DT: Were there tensions between them?

RW: No.

DT: Everything ran smoothly?

RW: Yes.

DT: I'm actually interested in the efforts that the school went to to develop nurse practitioners and a nurse practitioner program. Did you experience any of those discussions?

RW: None. I wasn't sure what the place of a nurse practitioner was. I'm beginning to find out. It's a very important place. But, at the time, it was totally strange to my way of thinking.

DT: And not just to you, to many people. My understanding is that across the board, people advocating nurse practitioner programs had a tough time justifying it.

RW: Yes, they did.

DT: Another dean that you worked under was Ellen Fahey. How was she as a dean?

RW: I think she should have been in drama.

DT: [chuckles]

RW: She didn't do any harm. She didn't do much good. She was always on stage. She got along *well* with the boys. She had good people that worked for her, who protected her from a lot of the uncomfortable stuff. She didn't do anybody any harm, at all. [pause] How to describe her? Well, when it came time for me to leave, she wanted to have a party, and I said I didn't want a party. So she said, "Could I arrange a luncheon for a small group of people?" I said, "If you want to, do that." That's what she did. She had maybe twelve, fourteen people, and we ate over at the hotel, but she didn't push to have a big party. She really resonated with the way people felt.

DT: You said that she got on well with the boys. Did the fact that she got on well with the other deans help the School of Nursing then?

RW: Oh, yes. Oh, yes. She wasn't stupid, by *any* means, you know. I don't mean that. She represented the School of Nursing well with other *deans*.

DT: So how did that affect the School, then? Were there specific things that that gave the School or was it just about increasing the status of the School?

RW: More of that, yes.

DT: Are there any other things that you found particularly notable about your time as a faculty member?

RW: No, I think not. I think we've covered pretty much all of it. I keep in touch with Eugenia. I keep in touch with Bernie Feldman. I think that's someone you ought to talk to.

DT: Yes, definitely.

RW: But, most of the rest of us are gone.

DT: Yes.

RW: I don't know what happened to Sime.

DT: I interviewed Marilyn Sime about a month or two ago.

RW: Good.

DT: She's doing well.

RW: I know Egan died.

DT: Apart from Bernie Feldman, is there anyone else that you can think of that I should speak with?

RW: No, but she might have some other suggestions. She was a character.

DT: [chuckles] Is she still local? She's in Saint Paul?

RW: She lives in Burnsville [Minnesota].

DT: Ah! close enough.

RW: Yes. I have her phone number, if you want it.

DT: That will great. Thank you.

[pause as Miss Weise looks for the telephone number and then gives it to Dominique]

DT: Great. Thank you. She sounds ideal to talk to.

RW: You'll enjoy her.

DT: Well, thank you so much. This has been fantastic.

RW: I'm so glad that you came. It was fun. I think I repeated myself. I didn't make a lot of contribution, but I think you probably have all of the data you need.

The leadership that K.J. provided took many of us out and spread the word. I think of Marty [Margaret] Randall down in Iowa and Kitch [Myrtle Kitchell] down in Iowa, and Rena Boyle down in Nebraska. These are all outposts of a woman who had a lot of vision. I remember hearing about the reception she got when she went to Washington [D.C.]. She was born and raised in Indiana, and she had an English accent that wouldn't quit.

DT: I've heard this from someone else.

[laughter]

RW: The senators and representatives in Washington loved it. *She was a lady!* I mean, really a lady. She went to Vassar and became a nurse, like that. Ah!

DT: She sounds like remarkable. I'm looking forward to finding those videos that you told me about.

RW: I think you might enjoy them. Laurel can help you out. I think she knows where they are.

DT: Yes. I'll definitely get in touch with her.

Thank you so much.

RW: I'm glad you came, Dominique.

[End of the Interview]

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