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Joan Walker Randolph

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Kelsey Duinkerken

Thomas Jefferson University

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February 5, 2016 – Joan Walker Randolph (DN 1956) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

JR: Joan Randolph

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

JR: I'm Joan Randolph and I am a graduate of the class of nineteen fifty six at Jefferson, which I've always been tremendously proud of. And um, I've had a very good life. I had a wonderful husband. We were married for fifty-four years. He passed away two and a half years ago and I still miss him today just as much. Uh, I have a son Paul, uh, and a wonderful daughter-in-law who's the daughter I never had, I tell her. And three wonderful grandchildren. Uh, Stephanie is a physical therapist and she's expecting my first great-grandchild later this month. Uh, she got her doctorate at Jefferson in physical therapy and prior to that back a few years ago my daughter-in-law before she married Paul, went to the L P N school at Jefferson. It was affordable for her family at that time, and L P N's were well-regarded back then and used in many health care facilities. And um, later on she went and got her R N and then her Bachelor's. So um, we're a Jefferson family and proud of it, and um, my husband was a minister, and I actually met him at my church. He came there to be an assistant pastor when he was a senior in seminary, and my son Paul is also a pastor. So, I'm in a family there where I have to behave myself {LG}. Anyway, um, that's pretty much um, I guess a little bit of family background. And um, what else do you want me to?

KD: If that's, that should be fine. Alright.

JR: OK.

KD: Um yeah, that was great.

JR: My, my two grandsons I should mention, because I mentioned Stephanie, another Paul, we've had three Pauls in the family, my husband, my son, and my grandson. And the other grandson is Andrew, and um, they're all doing great, so I'm very proud of them. And, what's your next question?

KD: Yeah, so could you tell me how you first became interested in nursing? What drew you to the field?

¹ Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

JR: Um, I took an academic course because in high school because I had an inkling that nursing was where I was going to direct my career. And the more I thought about it and gave it consideration, um, I felt that it would be a very rewarding career, which it has been, and I always look at nurses as those are the individuals that do for patients what they can't do for themselves. And that interested me. And I liked the idea of Jefferson because of its stellar reputation, and also a very good friend of my family was Dr. George Willauer, who at the time was a very well-known surgeon in Philadelphia, on the staff at Jeff, and he took me aside one day, when he was with my dad and he said, "Joan, the only place to go to be a nurse is Jefferson, and that's where I expect you to go." But I also was interested on my own as well. So um, he was very happy when I became a Jefferson student. So that was, um, and I've never regretted selecting nursing as a career. I have encouraged many young people and second career individuals to consider nursing, um, and I've tried to help them along the way. And um, that's um, a number of them have gone to Jeff at my suggestion. Others chose other paths for their educational component, but um I knew they wouldn't go wrong if they were a Jefferson graduate. I have never gone anywhere in my whole life and told somebody that I was a Jeff nurse and had them say, "Oh, that's wonderful." Or if you were looking for a job and you told them you went to Jeff they wouldn't have hired you on the spot. So. That's uh, and I've talked to other folks and they've said the same thing. It really reinforced their whole career. So. Uh, and um, I loved my um nursing school program. We worked hard. We had fabulous instructors. But we had fun. And of course back then, because I am out of school now for sixty years -- I have to pinch myself to believe that -- but back then we lived in the nurses' residence and we had house mothers who kept an eye on us. And we had curfews. We also, you were not allowed to be married, um, and we wore pink uniforms with big white aprons, big white bibs, and the wonderful Jefferson organdy cap, which I treasure, and I still have my cape, and um, it's actually a very heavy, wool, warm cape, which you could wear any time in the cold weather, but I've kept that as a keepsake along with my cap. Um, so, um, that's um, we had uh, it was hard at Jeff because they expected you to achieve and there was no such thing as a poor grade, um, or you were in the D O N's office, explaining, or one of the faculty why you didn't do well on a particular course or exam, and then we had the, the medical students' professors, from the medical school, lecture to us in neurology, anatomy, physiology, microbiology. I can still picture the individual and then later on when we were assigned to a nursing unit, I think they forgot that I was on eleven to seven, and so I would work at night, and then have some lectures in the day time. And grabbing sleep in between. And that's of course now very different today. But we learned so much that um, I, I can't say enough about the education that I got at Jeff.

KD: What else do you remember about the classes or the clinical experiences?

JR: The clinical experiences were great. We had different areas of the hospital that we were assigned, and of course our clinical instructor was always there with us. Um {CG} I thought the huge wards, the ward service, was very interesting, because you had beds lining one side of the hall, all the way to the end and back up the other side. And when the Chief would come to make rounds they would take the chart rack and down one side and up the other they would go. And uh, they never objected to any of us listening in to case discussions. If there were lectures that weren't a part of our curriculum at the time but we wanted to go to something we could. And you became very thirsty for more knowledge about diseases, and um, our clinical instructors of course handled all of the nursing components, and I still

remember getting that sheet tight on the bed {LG} because we had certain protocol for bed making and giving a patient a bath. All of the nursing arts that was important um. We had wonderful instructors who took care of making sure we knew what we were doing. And um, we even went to the formula room and made baby formula. We had to um, do some work in Central Supply. So we were um, really covering so many aspects of the hospital life. The first patient I had {LG} was a gentleman on ward service, and he was quite sick and I had to give him a bed bath. And I'll never forget this. I introduce myself, my instructor was there, I gave him his morning care, and then I turned him on his side to wash his back, and you know, put some lotion on it and powder it, and I was so proud of the job I was doing, and I turned this gentleman back on his back and here he had died. {LG} And I was so shocked I think my instructor thought that was the end of me being a nurse and she said, "Now look, this man was very sick. Please understand, you know, this happens." And um, so I got over that {LG} and continued on my journey {LG}, but that was very interesting and I've never forgotten it. Um.

KD: So what was it like when you first started working as a student nurse? What did you think of the profession, or what were your thoughts about?

JR: Well nursing is hard work, and you don't go into nursing if you have a stroke of lazybones. Um, and it is demanding, but it's something that you get rewarded for every day. And, you know, sometimes we go on a nursing uh, uh unit, and we'd know it was real, real busy and we had to get our work done, but the instructors were always there to guide us and direct us and encourage. And um, the hospital was so big, it was interesting to get together in the evening sometimes with classmates and say, "Well tell me about your day today?" And everybody always had a challenging but rewarding day. And um, we um tried to make sure we had time for humor and extra-curricular activities, there were always things to do. We had a delicatessen down at the corner and we would go down there instead of going to the hospital to eat our meals, which we would walk up Tenth Street and go to the hospital for our meals. And we'd go past Horn and Hardart's, and the smells coming out of there were wonderful. Pumpkin pie, and turkey, and all of the good things that H and H was known for in Philadelphia, and um, we'd walk up to the hospital for our meals. But like anything, when we went home, some of us were from Philadelphia, like myself, other classmates were from upstate. We had a lot of young women from the coal region who would come down to nursing school, and we, those of us from the area would take them home with us on a weekend if they weren't going home. So they could meet our family and enjoy some home cooking. And my mom was a great cook, so she was always happy when I brought a couple classmates home, and it made them, you know, feel wanted as well. So that was good. And um, so we just found our way and um, struck a balance in taking care of ourselves, getting enough rest, not sitting up all night talking. We had one classmate that used to tell ghost stories {LG} and we'd be, listen to that at night with no lights on in the room, and you know, acting crazy, but we had fun. And of course we had a lot of studying to do. And uh, they wanted me to play basketball 'cause I'm very tall, and I said, "I don't think I have the time. I've got to get good grades, and pass this course." And I worked in the hospital in night shifts a lot. I said one day to one of my instructors, "I think they forgot that I'm over there." But um, it was um, altogether just an outstanding experience. So.

KD: What do you remember of living in the dorms, in Martin? And perhaps what other fun things would you do to, kind of balance all of the work you were doing?

JR: OK. Well, being in Center City there was always shopping, but we didn't have much money. And um, it was also um, um, nice to go to the movies occasionally. There were always some good movies in town. And um, theater occasionally. A lot of times somebody from the Women's Board would leave some tickets at the Nurses' home and the Women's Board were very generous to us. Also when we went home we would bring food back, so that, you know, at night we could all sit around and have something to eat. Or if my mom made a cake I'd say, "I need to take that back to school. We can't leave it here." So I'd come back with a homemade pie or cake, and other students did the same thing. So um, we had a good time, but we had to, as I said earlier, make sure we followed the curfew and we tried a couple times sneaking out the back door to go down to the delicatessen and we got caught.

KD: {LG}.

JR: And um, I know one time I got a note in my box. It was a slip saying that I needed to go the next day to see the Director of Nursing. And I said to some of my classmates, "I don't know why I have to go there. I don't think I did anything wrong." "Oh you better go! Something's not right." So I go in and she was um, she was actually a very sweet lady, but when you went in her office and you were to sit down and she had to talk to you she of course had a more stern affect. So I sat down and she said to me, "Miss Walker. We have a complaint about you." And I was startled and I said, "You do?" And she said, "Yes. A patient on the fifth floor complained that the very tall nurse," and then she went on to tell me what it was that the patient complained about and the way I spoke to her, etcetera. And I said, "Well, I have never been on the fifth floor."

KD: {LG}

JR: I said, "I'm not even in that building right now." And she was quite startled, and she said, "Really?" She -- I said, "I guess because I'm the tallest one in the class, even though there are other tall women, it was expected that the word tall went with me." And I said, um, "When you're lying in bed and someone's standing beside your bed, they could look quite tall, even if they're five foot eight or nine and I'm six foot, six foot one." So she was all apologies because she looked at the roster and she saw that I was not indeed I was not on the fifth floor. So I never forgot that, but I thought that was pretty funny.

KD: Yeah.

JR: My height got in my way! But she was all apologies and, "We'll have to look into this and see who this might be." "Well it wasn't me!" So that was sort of interesting. And um, there's always lots of stories that you think of periodically, but the memories are all good. Um, even challenging the Director of Nursing that I might be tall but I wasn't on that floor!

KD: Yeah. What other thoughts or memories do you have from your time as a student at Jefferson?

JR: Um, well let's see. I dated a couple medical students. Um, they were very nice gentleman. We used to have, we used to have, well I guess you would call it a mixer, with a fraternity and the nursing residents. And the fraternity fellas would come to the nurses' home and we had music. And typical of many situations like this, the guys would be on one side of the room and the girls would all be on the

other side of the room. And eventually somebody would say, it was probably one of the chaperones, "Aren't any of you going to dance? We have this music. Let's get going here." So I do not look anywhere near as tall as I am when I sit down. So I'm sitting down and a gentleman came over, a med student, who was not very tall, and he looked at me and he said, "Would you like to dance?" And I thought, "This is going to be interesting." I said, "Well I'm game if you are." And I stood up, and I towered over him. He said, "You don't look that tall." And I said, "No, because I'm all legs so when I'm sitting down I don't look tall." So he said, "Yeah, let's dance. Let's stir this place up." So I think he was probably about five seven and I'm six foot one, so we made a very interesting couple. And he was a nice guy. So. I saw him a couple of times afterward and he'd always laugh and say, "Wanna dance?" Even in the hospital hallway. I said, "I don't think so." So, anyway, yeah. Our capping ceremony was so memorable because now of course the cap is a thing of the past, but we worked hard for it the first six months of our school. Um, and then we had a beautiful capping ceremony. And I remember again, the D O N was not real tall and she would pin the cap on our head, so I had to stoop down so she could reach the top of my head. And then we also got a beautiful red rose and a replica of Florence Nightingale's lamp. So um, that was a culmination of six months of getting your feet wet, doing a lot of studying, taking a lot of classes, doing your clinical experience, and the labs. The labs were where we learned so many things that we would apply later in a patient care area. And um, we really thought we achieved when we got that cap. And um, then we were uh, launched off a little bit more where we still had a clinical instructor with us but they weren't right by our side as often. And then we were assigned to different shifts. So many nurses today in the hospital work twelve hour shifts. There was no such thing then. We worked um, seven to three, three to eleven, eleven to seven. And you better have your shoes polished and um, you know, good grooming was another hallmark that was expected. So, we went through lots of shoe polish. And um, so they're very treasured memories.

KD: Mm hm. Anything else you remember from that time?

JR: Not at the moment. I probably do, but that's pretty much uh, some highlights.

KD: Sounds good.

JR: There's so much that happened, you know. Um, like my first, the first time I saw a baby born I was just thrilled, and I said, "How can anybody not believe in creation when you see this happen?" And um, I had um, I did have one story I can tell is {CG}, I was on night shift on O B {CG} and they called from the Emergency Department and they said, "We're sending up a patient and she seems to be somewhat active." Uh, and that was all they told me. So the doctor always slept in the back hallway in a room and there wasn't, I don't think they called until this wheelchair was on its way with the lady in it. And as soon as the elevator door opened I heard her hollering, "Oh my, this baby's coming!" And here she had given birth to it was either ten or twelve other children. And when I heard that, she just had the baby right in the wheelchair and we put her down on the floor, put a sterile pack out on the floor, got her under that, laid the baby where it should be. And I remember saying to my coworker, "Go back there in that back hallway and tell that doctor to get up. I'm not cutting the umbilical cord, he's got to do that." So that was, that was a funny experience. And we delivered a baby in the elevator one day.

KD: Oh wow.

JR: So, right on the stretcher. And I wasn't by myself, fortunately, I had another person with me, so. Um, you do recall lots and lots of things as you think back to the wonderful days at Jeff.

KD: Yeah.

JR: So.

KD: Alright. Well thank you for sharing those. If more memories come up later we can talk about that as well. Um, but once you graduated from Jefferson where did you go for your first job?

JR: I actually um, went to um, I stayed at Jeff. And I worked on med-surgical ward, and the head nurse at the time had to have surgery, so here I am a new graduate and they said, "You know what? You're in charge." I said, "I'm in charge?" "Sure." So I had to do the work schedule and, you know, I managed to get through it. Um, and I liked surgical nursing. I actually liked every rotation that I did. The operating room, O B, and I guess I could have probably ended up in any of them, but I think surgery sort of had an edge, because the patient would have their procedures and so many times you'd see them get well enough to go home. And where on the medical floor they had some, you know, very sad situations with irreversible heart issues, um, blood diseases, and at least with surgery I saw some light at the end of the tunnel for so many of them. And um, um, Dr. Gibbon was very involved in the med-surgical ward at the time because he was the physician who {CG} um, built the heart-lung machine, which Jeff is famous for. And I had the honor and pleasure of working with him, taking care of his patients. Um, he had a whole team of docs that were outstanding as well. I don't think you could work for Dr. Gibbon and not know what in the world you were doing. And that really was a hallmark that, one of the things that put Jefferson on the map back in the fifties. Um, he was a great, great person. And always willing to share his knowledge. Many of the docs at Jeff were like that. They didn't look down on nurses. It was pretty funny though that when a physician -- at that time they had their own dining room. They were exclusive, we used to tell them. "You have your own dining room. What's on your menu?" And uh, they also um, it was expected that if you're working on a patient care unit, whether it's on the private side, semi-private, or the ward service, when the doctor would come in to the area, you stood up and you handed him his chart. And there were next to no women then, and now uh, just, you know, checking on what's happening in the med school at Jeff, some years it seems like more women than men.

KD: Yeah, I think most years now.

JR: Yeah, it's very interesting to see the difference. But the doc was king back then, but yet they didn't lord it over us. They had a sense that we were valuable and that we took care of their patients and did a good job. And only once or twice did I have a doctor that really acted out. And also, you know, the powers that be would follow up and try to set that person straight, "This is not how we treat nurses at Jefferson." So I always admired that um, that it wasn't something where you were uh a taskmas-, they were the taskmaster and you were the underling. Um, and uh, they knew that we provided good care for their patients {CG}. So.

KD: Yeah. So how long did you work in med-surg at Jefferson? How many years were you there?

JR: Probably I was there about a year and a half, and then I met my husband and we were married um, in fifty-eight, and we lived in Fox-Chase in the early years of our marriage. And I wanted to see, possibly, about working closer to home. And um, Jeanes Hospital was a wonderful community hospital, which is on the grounds now sharing it with Fox-Chase Cancer Center, and also the Institute for Cancer Research. And {CG} Dr. Blumberg who was there a few years back won the Nobel Prize in Medicine, which brought a lot of notoriety to our campus. He um, invented, um, Heptavax, so that brought a lot of notoriety.

KD: Mm hm.

JR: And um, but I went over there one day when I was off just to check things out, and they said, "When would you want to start?" I said, "Well I'm working right now downtown." "Well why don't you just come and work a weekend and see what you think?" So one thing led to another and I did eventually start at Jeanes, and I stayed there for almost forty years. Now I did when I had my son stop working full-time and I just worked part-time for a few years because I wanted to be home with him and give him a good start. And occasionally they would have a patient who wanted private-duty on a weekend. I also would help them out part-time. I never stopped completely, but I only worked when my hubby could be home or my mother-in-law. Um, we lived with her in Fox Chase for a few years after we were married. And then we eventually bought our own home, also in Northeast Philly, but it was a little further to go to Jeanes, but not as far as going to town.

KD: Yeah.

JR: And um, I've always stayed involved in my alumni association at Jeff. I always paid my dues, and now I'm fortunate enough to be old enough I paid them for so many years {LG} they're free!

KD: {LG}

JR: So if you live long enough the dues are free. Um, but um, I did a few little smatterings of different types of nursing while Paul was um quite young. Private duty, I worked part-time at Jeanes, I had a friend who was an occupational health nurse at Smith Kline French, which I think now is called GlaxoSmithKline. And she had me come down and said, "I could use you once in a while when somebody's not available, or needs time off. A day here or there." I thought, "Well that'll be interesting to try occupational health nursing." And I would take a course now and then. Statistics, sociology, something that um, would better my knowledge base or my career, and actually, it was a lot of things going on all at one time, but um then I ended up finally going back to Jeanes full-time and I worked my way up through the ranks. I was, of course, a staff nurse, then a head nurse, and supervisor, and then I finally became appointed as the chief nurse. And back then they called you the Director of Nursing. Later on when things started to change in health care they titled the position Vice President. And they debated about making it a Vice President of Nursing or a Vice President of Patient Care Services. And they finally selected Patient Care Services, and that enabled them to give me additional departments to be responsible for, whereas if my title was just nursing, and not just nursing, but it was a lot of work doing nursing as the leader, um, I was able to get other departments to report to me. Which also

broadened my career and made it interesting. One time I had the lab, I had radiology, I had any number of hospital clinical services, and um, you know, I always made sure we considered all of them part of a team, that nursing can't work just in isolation, that they rely on one another to deliver the care to the patient that's required. Respiratory therapy was a specialty after a while and um, it was um, important that everybody relied on one another and respected one another. So um, um, and then um, I re-, finally retired and I was only retired three months and they called me and asked me to come back just for a couple months and then I was back for a year and a half. And I knew it was going to take a longer period of time than a couple of months to find someone to run the responsibilities of the department. And then after that I did some consulting for the health system, and around that time my husband was suffering from a very rare neurological disease, which I have to put another plug in for Jeff, it was the only place that ever came up with a diagnosis for him, and it was a very rare condition, debilitating, similar to M S but different in that there's no medication that you can use. And um, I felt at that time with all of that going on I belonged at home and being with him, which is what I did. I still uh, am involved in um, career counseling. I have people call me whether it's a chief, somebody who's currently a chief nurse and says, "I'm ready to quit! I need to talk to you!" And I'll either talk to them briefly on the phone and then say, "Why don't we get together." Um, or someone will call me and say, "I need a change, I saw that this position is open," whatever it might be, "And what do you think?" Um, I, I try to always make myself available to help others.

KD: Sure.

JR: And um, I've helped um, young people find their first job, um, we have a wonderful group of nurse executives that get together monthly except in December and also not in the summer. And different ones take a turn hosting it. And I was one of the people that got it started, probably at least thirty years ago. And it has stayed in place and is very popular because it's a wonderful network. And it isn't just going out to dinner. We don't hold a formal meeting but the networking enables colleagues to bounce things off one another. They will share a policy, or if they've just had Joint Commission they will say, "This is what this person particularly dwelled on. Make sure you have X, Y, and Z covered if you're next to, or if they're coming soon to your hospital." But they always respect the confidentiality of their organization, but they're willing to share. So that's always been a great thing. And they let us retired folks still come to the meetings.

KD: How many people come to the meetings, about?

JR: About thirty.

KD: OK.

JR: Between twenty and thirty.

KD: And that's from all around the greater Philadelphia region?

JR: Yeah, the greater Philadelphia region. Mm hm. Mary Ann McGinley, my wonderful friend from Jeff, she goes when she can. And um, many other chief nurses in the area. I uh, have been on the Advisory

Committee at Jeff for the School of Nursing, and we did some planning for the hundred and twenty fifth anniversary. Um, also I am on the Foundation Board for Jeanes Hospital and um, I enjoy that. Um, we are expected to attend the Hospital Board meetings, and I was asked at one time to be on that Board, but I chose not to because when I go now as a Foundation member, we don't have a vote. We can hear all that's happening, etcetera, but I did not want to be in the shadow of the current chief nurse and have a vote on something that, you know, might have some effect on her responsibilities, so I opted not to do that. But I do enjoy the Foundation Board and we do a lot of outreach into the community. We had a nursing scholarship for a number of years, and um, myself along with a couple of other nurses, the chief nurse at Jeanes and another nurse who's on the Foundation Board, we would do the interviews for the students and select who we thought would be the recipient of the scholarship. And some years we were able to do three scholarships. But we're not doing that any longer. We're actually using what funds are left to help the nursing department at Jeanes provide additional educational opportunities for conferences, etcetera, for nurses to go to. Um, and keeping the money now right in the department. But for a long time we did, we probably had, I want to say maybe close to thirty students that were helped by the scholarship.

KD: Yeah, that's great.

JR: And it was left by a very well-to-do lady who uh, lived to be about a hundred years old, and when she came to the hospital she was always so complimentary to the nurses. And sure enough when she passed away she left money specially, especially earmarked for nursing scholarships, which was great. So that was nice. Um, and I am also on the Community Advisory Board for the Hospital. And we have grants every year that we provide for organizations, food kitchens, um, there's a group that help first responders, um, any number of things where we can, after school programs for kids, and um, the Foundation provides funds for that.

KD: OK.

JR: So, um, I'm also, I've also for twenty some years been on the Nursing Leadership Committee for the Philadelphia Convention and Visitors' Bureau. And the reason we have a separate nursing group or committee is that many of the um, conferences and conventions that come to Philadelphia are in nursing or health care. And we're not sales people but we encourage them to bring their group to Philly. We can help them find, um, places where they might want to have their group do a tour. Children's Hospital, Jeff, Penn, History of Nursing, um, Department, and um, we'll also sometimes provide a breakout session for a group and do like a taste of Philly, with Philly pretzels and TastyKakes. So we do um, you know, enjoy that group as well. And they do a good service. So that's um. I'm active at my church, um, but as far as on the professional side, those are pretty much the organizations that I've kept my hand in as well as I said earlier, being available to make suggestions if someone asks me, you know, about a job opportunity or um, just some career counseling or a good ear to be a listener and help somebody talk through their frustrations. Because healthcare is hard bus-, it's almost today health business, not health care. And it's very, very challenging. I'm happy now I'm retired.

KD: {LG}

JR: So. Um.

KD: Yeah. So you mentioned that you talked to a number of people interested in going in to nursing or who are maybe in the middle of their careers and aren't sure if that's where they want to continue, what advice do you normally give to people thinking about nursing or people who are just starting out?

JR: Well I try to use myself as an example and say how I would not do anything else if I was starting over. And the reasons why nursing is a wonderful career, you can work three hundred and sixty five days a year, all three shift. If you're raising a family and you want to keep your hand in your profession, it's not like working for an insurance company, where they're not going to let you come in. I mean, some nurses in hospitals will go in after their husband comes home from work and they have a quick dinner, and work maybe from seven P M until eleven P M at night. And that way hubby's home and he can take care of getting the kids in bed or finish helping with homework. And there are so many opportunities, and nurses today have so many opportunities. I mean the information technology field is wide open, um, academia, um, nursing, those who want to be an instructor, an educator, um, and any number of clinical areas are open for nurses. So, it's, it's endless. I mean there's nurses that do home care and I tell them that if they're thinking about it, they need to be able to be independent. They're not going to be on a nursing unit with some buddies to bounce questions off of. They need to be able to think on their feet and think when they're in someone's home, um, "What is the best solution to this issue or problem?" And um, so it's it's just a very broad experience that I don't know what other career you would get so many opportunities in. Um, the pay is good today, uh, for nurses, and I think the collegial relationships are very strong, um, not only with physicians but with other healthcare professionals. And in my career I always, that was one of my real goals was to make sure that everyone was valued. And I tried to be very visible as a leader. I always had my secretary structure time in my weekly calendar to be up on the floors making rounds, talking to the nurses. If somebody's child was sick I knew about it, and I would check and make sure things were going well. And then you also have, you know, the discipline side, which is important, um, but it's um, it's a career that I would encourage anyone to go into, if, you know, and it's not for everybody. I have a sister who said, "I'd be sick if I was a nurse. I can't stand blood." So she -- actually her career was an executive secretary to the head of a nursing school in Ohio.

KD: Oh wow.

JR: So she sort of had a little borderline there with healthcare, but you would never get -- and there are people like that. They are not cut out to go into nursing. And even though afterward they could do something like work for an insurance company, but while you're in clinical, you have to be exposed to everything. And um, we always had a strong clinical training at Jefferson. It wasn't -- today I think there's so much of a change, but the nurses eventually come out as shining stars. They have a lot more theory, and, you know, we have evidence-based practice and shared governance now, and all the things that we didn't have before. We have hospitals achieving magnet status. You can be a nurse researcher. Um, it's just a broad field that um, I would encourage anyone to consider, if it's for them. And, and some people are much better at being school teachers and social workers and mechanics and, and the field for women is broader now.

KD: Yeah.

JR: Than it was. So, they can be librarians, archivists.

KD: {LG} That's true.

JR: All those good things like you are. Yeah.

KD: Yeah. So you started touching on this already, but what other changes have you seen in nursing over the years you've been involved in it?

JR: Um, well the nursing caps are history and um, the dress code is much more casual. I always say now as long as it's neat and clean and most hospitals have a dress code. I think at Jeff the nurses wear navy blue scrubs, but then another department will wear tan or um green or different colors so that they're visible. And I always told the nurses, because there was a lot of furor when it was the end of the era of caps. And I was the one who ended caps at Jeanes Hospital.

KD: OK.

JR: And I had a couple of older supervisors I thought were going to tar and feather me.

KD: When was this?

JR: Oh, this would have been probably seventy, maybe.

KD: OK.

JR: In the early seventies, I'm not exactly sure of the time. However, the schools of nursing were not issuing caps any longer. There were more men going into nursing, and I always encouraged more men to go into nursing, um, and you're not going to put a cap on a guy. So I said, you know, "They've served their purpose. And those of us who are fortunate enough to have a cap treasure it, but we're moving into a whole new era." And like I say, I don't like a nurse to not look neat and clean, and I would go up on the floors and if I saw filthy, dirty sneakers I'd say, "Tomorrow when you come in I expect you to have clean sneakers on." But the, you know, it's the way you approach people. And they know what you stand for and then you know they'd say, "Oh lord, she's going to be up here a lot so I'd better shape up." Um, I found a nurse one time with a t-shirt on with an ad for a tavern, and I made her go home and change and come back. And, you know, I said, "If you want to be known as a professional nurse, you should look it and act it." And uh I used -- they used to say to me, when we were talking about finishing caps, um, they said, "Well, yes, you're right, when you go into the patient's room you're not going to have a cap on your head." "However, I would expect that by your conduct and behavior and the way you present yourself and you identify yourself to the patient, you don't have to know you're the registered nurse, and be proud of it." "Oh I guess you're right." But um, some patients today though do say that when they come out of the hospital they weren't sure who was who, and who was the cleaning lady and, but it's just the way things are today. Um, so.

KD: Yeah. Any other kinds of changes you can think of in nursing?

JR: Well, the whole curriculum is different now with um, the things that I mentioned. There's um, the critical thinking skills and, you know, looking at um research. Nurses do a lot of research. And that was not a thing that we did when I was in school and working. Um, I started a research committee at Jeanes and I was one of the first ones that did that. I was the first one there. And then what was good is they had already hired a nurse researcher at Fox-Chase, so we used to partner and do some shared experiences and she did a couple classes for the staff on what is nursing research all about? Why do we do this? What's important? And um, and you know, the nursing leaders have shared governance where nurses, nurses are included in decision making and um, they um, they look at evidence based practice and things that years ago were not the buzzwords that they are today. So um, I know nurses' notes used to be hidden at the back of the chart. And the docs had a separate page toward the front of the chart, and I said why don't we have one page that the professionals write on, the doctor, the nurse, the dietician, the physical therapist, the respiratory therapist, and then when you go to the chart you have a flow in front of you of everything that's going on with this patient. And you can just take a look at it, read it, and the notes aren't hidden at the back of the chart. Well in order to get that off the ground I took two or three of the physicians who were the most outspoken that they did not want to be writing on a page with the nurses, but they valued the fact that I included them on the committee, and by the time we got finished they were my strongest advocates for integrated progress notes. And, so, that was, you know, I figured if they won't join me I'm going to talk them into being a part of this committee. So it worked out well. And um, that was um, I'm trying to think if there's anything else that, um. Are we out of tape yet?

KD: Nope, not at all.

JR: I'm trying to think of something else. I don't think I can. Um. I don't know, anything else you want to know?

KD: Those are all of my main questions, um, but is there anything else that hasn't been brought up yet, any topics or memories that you'd like to talk about?

JR: Um, I remember one {CG} one time I had the opportunity to go to Yale and take an advanced management program. And I thought, "Oh, this is something! Going to Yale. It's like going to Harvard." And I really enjoyed it and I got a lot out of it, it was very valuable. So that was an interesting experience. And uh um, it was um, you had to go away and live up there. And um, but I arranged at work for uh, and my hubby was available to make sure my son was, he was older then too, so that worked out well. And uh, that's one other thing I can think of. Um, I think that's all.

KD: Yeah, any other reflections or memories or thoughts about your time in nursing?

JR: No.

KD: OK, great. Well thank you so much for sitting down and sharing all of your stories.

JR: Oh, you're welcome.

[End of recording]