

**December 2, 2015 – Katherine Kingsley Kinsey (DN 1963) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

KK: Katherine Kingsley

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

KK: My name is Kay Kinsey, but my name when I came to school was Kay Kingsley or Katherine Kingsley. Uh, I grew up in a small town in upstate Pennsylvania known as Towanda Pennsylvania in Bradford County which is now the Marcellus Shale of Pennsylvania. Sad to say. Um, I grew up in a family that had been historically there for many, many generations. Had relations back to Marie Antoinette's descendants who came to French asylum in that county to settle for Marie Antoinette except she never left France. So, there's a long history of people living off the land. I grew up in a culture of farmers. So you worked. You never had a day off. You worked all day. Um, and my first seven years of life I lived on a family farm, about eight miles away from Towanda. And then my parents decided to relocate into town and assume a business, self-employed furniture business that my maternal grandfather owned. But at the age of seven I decided to be a nurse. There are no nurses in my family. To speak of. There are nurses but they are maternal nurses. They are not professional nurses. And to this day I can't explain why I decided to become a nurse unless I was -- I don't think I had read Cherry Ames yet, that series of books about Cherry Ames. But um, I always said I wanted to be a nurse and so I went to high school and said I wanted to be a nurse. And in high school, it's a small high school, fifty percent of us left high school - left graduated and left Towanda. Which is very unusual that half of the population of that small town would have left when they were only seventeen or eighteen. And um, my friends who've left have PhDs, MDs, etcetera. So somewhere along the line they decided on something that was not going to bring them back to their hometown. But in high school, um, I belonged to something you probably don't have anymore called the future nurses club and, really, we were discouraged to go to baccalaureate programs. We were encouraged to go to diploma schools. That was where you're going to get the best education, you're going to get the best foundation. And since I was the oldest of four I also knew that to be able to afford four children going to school that my choice would have to be to go to school after I finished -- took my university degree after I finished diploma school. So, the toss up was, was to stay locally, and I did not want to stay locally. Um, so we looked at Philadelphia and New York. My family came to Philadelphia. We did not land, uh looking at New York at all. So I went around at sixteen years

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<sup>1</sup> 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](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

old looking at all of these nursing schools. I looked at Jefferson, I looked at HUP, because they were diploma schools, not the baccalaureate program. Looked at Lankenau, Presbyterian. I looked at -- I don't know if you know about P G H.

KD: Mm hm.

KK: Philadelphia General Hospital. Looked at P G H. Um, and finally only applied to two, Jefferson and HUP. And was accepted in both and decided to come to Jefferson. There was no, no reason perhaps. Because it was in the city. More in the city. But when I was seventeen I knew little about the city, except it was gritty, and it was very diverse. And where I grew up we had no African-Americans in our community. We had no, uh, Jewish or other religious minorities that lived with us -- that were in our community. So coming to Jefferson was relatively unique. Meaning that I knew no one. I knew one other person that came from my hometown. Um, came to Jefferson when I was seventeen, and relatively -- and very naive. And, you know, a lot of people coming from an environment like we had were, we didn't have maybe the sophistication. You sort of grew into it. But um, we were all organized by alphabet. So you were really not, you didn't get to know the A's to the I's to the G's.

KD: Mm hm.

KK: You know, the H's to the O's maybe, 'cause you were on the same floor, but you were really never even integrated in clinical arena. You're always traveling with your cohort that alphabetically where you would switch I thought was, um, sad. I think we started out as I recall with a hundred and twenty students. And they, the nurses, the nursing school culled it down to eighty. And out of those forty that left I can assure you that they would have been highly qualified nurses. But their dismissals were unprecedented and really, um, biased reasons for the most part. They were not academic reasons for the most part.

KD: Are you comfortable stating what any of those reasons were? Do you remember them?

KK: Ah, you know, um, some of them just walked a different pace. Um, a different place. Um, they questioned some of the, mm, decisions. They um. One gal's name was Prudence. She was Quaker and she just could not be in this environment. She was much more of a free flowing person. And so she probably -- I think she left on her own decision. But it was because of the very -- it was a very stifling environment to be, to be here at the time. Um, and all the, and you knew, and I knew the rules. You were going to stay. You could not escape by going home. You were going to escape by graduating if you could by the skin of your teeth and not really question some of the decisions that were made. Like they would come out and say you can't date medical students.

KD: Mm hm.

KK: But my opinion was that university students were liable to be more mature than someone who was in the medical school. Or you know, out of school. Or you couldn't, uh, you couldn't wear jeans, you couldn't wear pants. You couldn't, you know, those sorts of things were not necessarily where you should be, they should have recognized you academically and at least allowed you to have the respect

and cordialness of a smart group of people. But it was before Title Nine. It was before a lot of things happened. I think by the seventies things had gotten a lot looser, but when you were there in the sixties into the early seventies I think most people would -- felt that they had sort of confined their personality and confined who they were. You couldn't really be who you were. I remember going to the library the first time because we studied in the Medical College library. And um, one of the first books I found was nothing to do with what I was studying. It was called *Eleven Blue Men*, which is a book on epidemiology and diseases and I thought, "This is where I really want to be someplace." I also knew I did not want to stay in the hospital, after a period of time. So I came to Jefferson, but what Jefferson did was give me a foundation to know where I wanted to go afterwards. But a lot of people that I know rested on being at Jefferson and they graduated and they are very proud that they graduated from Jefferson. And I'm not saying I'm not proud that I graduated from Jefferson, but that was the first of many academic paths that I would take and many career choices. So, and I never did a five year plan.

KD: Mm hm.

KK: I would go to Penn and they'd say, "What's your five year plan?" I'd say, "All right maybe your five year plan is you're going to stay here five years, but my five year plan is I want to at least be loose enough to say I don't have to live to a five year plan." So I, I graduated from Jeff. Um, some of the teachers, some of the instructors, as we called them then, were very good and were relatively kind. Others were much more, um, mean.

KD: Mm.

KK: They were very mean. And I, when I was nineteen and I was on a pediatric floor, a senior in nursing, And there was a young graduate from Jefferson who treated all of us students like we were less than, less than anything, and started shouting at me one time for doing nothing except asking a question and I said to myself, "I will never, if I -- I will never intentionally treat a student in the same way I have just been treated." So when I was teaching I always felt that the student was teaching me as much as I would be teaching a student. And there would be a very different kind of relationship for the most part. Um, that being said, I graduated from Jefferson, going through all the floors and then I took a job on a unit that's not there, which was pulmonary at the time. And I worked there for two years. Um, got held up once while I was working at Jefferson. By knife point. I was walking home from a late shift, walking, I lived on Pine Street, and uh the only good thing about that was I was stopping to see some friends so I was coming into their foyer. He was following me with a knife and I had rung the doorbell already to go up so I really was never attacked except the intent was there.

KD: Yeah.

KK: So um, and I knew if I told my parents that I would be home in five minutes, so I didn't really share it with them.

KD: And this was after you had graduated?

KK: Mm hm. Those first years.

KD: And what year was that again?

KK: I graduated sixty-three.

KD: Sixty-three.

KK: So then um, I worked here for two years and then I took a job working with, really, a world renowned group of infertility physicians that were here from Jefferson, who have since passed, but I learned a lot about communication skills, office management, um, just the grief of being infertile. The dynamics families have to go through, even at the time, which hasn't changed at all.

KD: Mm hm.

KK: In the years that I have not worked in that field. And then, and at the time I was taking courses at Penn, and then, part-time, and -- but then you would have had to go back for almost four years at Penn, and I didn't want to do that. Then I took a job as a school nurse here in Philadelphia and traveled up and down to all the schools in Philly. I was more gravitating obviously to a work schedule that had a lot to do with public health and being in a place where you had to be more independent. And I met my husband - - this is all sort of life, you can edit it if you want.

KD: Sure.

KK: Lived in a townhouse on Twelfth Street. And my husband and a group of medical students lived, moved next door. A group of medical students who had graduated and moved out, they moved next door. So I met him carrying the trash out one time, one night. Eh, they were nice, but I was dating somebody else, you know, like ynn, so then I finally said to myself, you know, I'm not going to marry this guy. I'd been dating him for two and a half years and even if he really asked me I couldn't marry him, so we broke up and, and Dean and I started hanging out together. And we got married and then my sister who lived with me and a roommate they all got married the same, we all got married the same month.

KD: Oh wow!

KK: And they all -- my sister moved to Puerto Rico, my friend moved to --where'd she, where'd they move to? Because he was in the service. I can't remember where he moved to. But then Dean just moved next door in the townhouse. And then we moved to York Pennsylvania and -- 'cause he got, was an intern and a resident there for two years.

KD: Mm hm.

KK: And then I found a job -- I found two jobs. I worked as a public health coordinator at York Hospital following stroke, recovering stroke patients who were out in the home. And worked on the weekends in a, in a hospital and on a floor, because his hours were, you know, he worked three- -- shifts were awful and I said, "if you're not going to be home, I'm not going, I mean, I'm not going to stay in the apartment by myself." So then um, I decided I would go back to school but I went to Millersville so I could -- and I was able to get a degree from Millersville with them recognizing credits from Jefferson. And I got a

degree in science, a Bachelor's of Science, with a certificate in school health. So I commuted to, an hour each way, to go to Millersville for a year. And then I took courses at York College too so I could supplement. So I took ep-ee, I took biology, I took communication. All the things that would think you were going to go teach. Then my husband came back down here for a residency and a fellowship and I worked as a school nurse in a school in Mount Laurel, which -- and then I had our older daughter. And then we moved to Washington DC. And then I worked as a, as a hospice nurse in Holy Cross Hospital for three years. And then part time, I only worked part time which is good because that was another hour -- I mean I've never taken a job because of the commute, I've always taken the job because I wanted to do it. So a lot of folks I know take jobs because of where it's located, where I've -- we've always commuted. And I also had another vow, which I learned later in life, which I never want to work in the same city or county as my spouse. Because if, in York, my husband was at York Hospital and I had one job at York Hospital and they'd say, "Oh, your Dr. Kinsey's wife." And I said, "No, I'm -- that's, that's incidental." So I figured it would be better to uh circulate my interest elsewhere. So we, then um, we moved back here and he took a job at Jefferson for a year and I started looking for a really different job. So um, I did not want to be in school health anymore. I thought, for me, it was a little bit boring. But a lot of nurses love it, and I admire them. But it became a little bit repetitive and you couldn't really be creative. So I found a job in Camden and I worked as a public health coordinator there. And uh, that was a, a job that really enabled me to find kindred spirits. Then I decided I should go back to school again. And um, I said I'll get my Master's. I'll go into Community Health, it's what I really like to do. And so I got accepted to Penn, a Master's in Community Health. And they called me up and said, "Oh, by the way, we changed all our rules. Because your degree, your undergraduate degree, doesn't happen to read B S in Nursing but B S, you will have to do your B S N and your M S N. To get the M S N you're going to have to do all the challenge courses.

KD: Oh wow.

KK: For your B S N. Well, at the time I didn't feel like commuting to New York or Baltimore so I said, "OK." So it took three years to do the B S N, M S N combined. Um, I was able to challenge out of a lot of the nursing courses, and a lot of us were coming back to school at the time because I'm of that age where most of us graduated from school and then we went back to school later. We're not the people that are now going to nursing school and then going right on for their P H D's. There was never that, there really wasn't that encouragement.

KD: Yeah.

KK: They wanted to have clinical experience first anyway. So, a lot of them I challenged. Um, and then I challenged one I was very happy I got out of, which is called Bio one oh three. Now, Bio one oh three at Penn is all the pre-med students, and it's a cut throat -- there are like three hundred students in the class and the lab is maybe forty students.

KD: Mm hm.

KK: And you couldn't take the challenge until two weeks after you were enrolled in the course.

KD: Oh.

KK: So, thank god I had anatomy, bio, and ep-ee, because I took the challenge and I passed, which was a score of about sixty eight, which I passed alright. And he said, "I think you should study some more." And I thought, "You don't understand how happy I am. {LG}"

KD: {LG}

KK: "I'm not going to study this anymore, I'll move onto something else." So I graduated with my M S N, but in the meantime I got recruited, um, to teach at Jefferson, so I taught at Jefferson for a couple years. Really maybe more. I went to Jefferson when I graduated in eighty-one. A friend of mine who's still working who um, graduated from Villanova who's a public health nurse and works in the department of human services here in the city. And I, we job shared at Jeff for about half a year and then I went there full time, because I was still working in Camden.

KD: Mm hm.

KK: And then I said, and then I said, "I'm never going back to school again. I will never get my P H D in nursing. They eat their young." And they do. They're not very kind sometimes. And you can be kind and be good too, but they were really -- so I said I did not want to go to Penn Nursing. Uh, and then a friend of mine who was in the same class I was called me up and said, "You might like the grad school of Ed." "So, OK, I'll take three courses. I'll see what I like." And then I had to decide, did I want an E D D, did I want a P H D, did I just want the three courses. So I decided to apply for a P H D. Well I never do anything easy. That was the year they only took eighteen students in the P H D program. They took a lot more in the E D D program. And they told me I was going to have to take, um, G R E's again. I said, "I don't think I'll take G R E's again." So I negotiated to take Miller's instead. I said one is the other. You know, I've been in school. I'm not -- I haven't been out of school. I've been working. G R E's is an artifact of a very antiquated system, anymore as far as I'm concerned."

KD: Mm hm.

KK: You can, you can do well, but you may not do well on the GRE's. You may not be that kind of standardized test taker who thinks that way but you can still excel in the program. So I'm still of the, of the fact that you should use, make G R E's optional like, you know, just like med school or some of the other programs.

KD: Mm hm.

KK: You're resting too much on a piece of paper versus on the person who will be working with people. Um, so I took the Millers and then I started this, graduate courses. And um, it took five years to do that, which isn't bad considering I was working part-time.

KD: Mm hm.

KK: Or full-time at the same time. I was still working full-time until I took a leave of absence from Jefferson, for a year. Um, just to finish up the coursework. Mm, at the time the Dean was relatively -- she wasn't the Dean she was the Chair -- was relatively unhappy 'cause she said, "I don't usually give leave of absences." And I said, "Well actually you're asking a woman to get her P H D, but I just can't manage doing that right now without finishing these courses."

KD: Mm hm.

KK: So she gave me the leave of absence and then in the meantime though I got recruited to work part-time at LaSalle. So I went, after I graduated, well, after I finished all of my coursework then I went to LaSalle to work in their public health program. So I stayed there and we ran a nurse, nurse managed center. I worked with another colleague who is at Drexel now and we developed a nurse managed center, which was primary care but basically more nurses with physicians as consultants. And then I wrote several other grants. So we had about two point two million dollars' worth of grants and I wrote one called Nurse Family Partnership, which is a home visit program for pregnant and parenting women. And I said, we've always, I've always wanted to do this, as a public health nurse, be able to have a model that is prevention and early intervention, and it's a research-based model. It's very appropriate for Philadelphia. So it was at LaSalle for three years but in those three years, that being a faith-based university, the um, outcomes did not match their philosophy. So um, I moved the grant to another non-profit, and I decided that I needed to go with the grant.

KD: Yeah.

KK: It wasn't the right fit for me. Sometimes I think later in life you find out that there are certain core values that you have that much far exceed your job. And so when Nurse Family Partnership moved to the other non-profit then I moved to the other non-profit. So I mean people say, "What do you call yourself?" I say, "I call myself a recovering academic sometimes, but more I call myself a public health nurse that's still in the field." Now some people call me a godmother of N F P right here in Philadelphia, but we've expanded the program. We serve six hundred and fifty women and their children. We just got two, two very prestigious grants to bring lawyers in to work with our families. But I've been more in the clinical arena. I don't mind teaching, but I think academics in many respects is, it's -- except I think Beth Ann Swan has done a good job of making things happen faster than sometimes happens -- and people think too much. You know if you think too much and you have to write another paper to justify it you almost feel like you're never going to get to the point where -- you're going to lose the opportunity to really be in the front.

KD: Mm hm.

KK: 'Cause someone else is going to do it.

KD: Yeah.

KK: And I keep trying to have said that in academics. But, you know, they are always thinking about students whereas I'm thinking -- and faculty -- and I'm thinking, in an academic world you have to have a

business mind too, and there are so many talents that nurses can do that could be part of a business model and generate money for the school. But it's not necessarily that philosophy. You have to have it from the bottom up and the top down and sometimes faculty don't want to stretch their minds or stretch their skills. They're very comfortable where they are. I'm not saying that demeaningly.

KD: Sure.

KK: It's just what it is. And I always got somewhat bored doing, teaching the same courses or thinking about the same thing. So when I left LaSalle I was teaching half-time in the graduate programs and I was also running the nurse managed center and the grant the other time. So now I just run grants.

KD: Mm hm.

KK: That's where my life is. So what do I think I am? I have public health nursing in my D N A.

KD: Uh huh.

KK: I think Jefferson gave me a foundation, but I think Jefferson also gave me the motivation to find who I was, but it took me a long time. It wasn't until I was in my forties that I really -- I didn't -- I got my Master's in my thirties.

KD: OK.

KK: My P H D in my forties, so I feel like I'm still catching up doing things. So, um, what can I remember -- I was going to bring you a picture of when I graduated as to what I look now, 'cause.

KD: Oh, that would have been fabulous!

KK: I can give it to you. I thought it would be interesting.

KD: That would be. I guess let's go back and scrape a little bit deeper and see if there's anything else there. So, um, your time at Jefferson here, do you have any other recollections or memories or things you want to bring up? Different professors or people you knew? Or living in Philadelphia at that time? Or just being on campus?

KK: I would have to look at the yearbook. I think I've sort of blurred that. In all fairness the only one I probably remember, who was the Chair of the school, um. Oh gosh I can't think of her name right now, I should think of her name. Um, she was here for a very long time, and she prob-, she gave her life to Jefferson and to the diploma school.

KD: Mm hm.

KK: Um, but it, but it also had a cost. I think it had a cost probably to her and it had a cost to many of the students who probably would have felt a little bit more liberated and a little bit more encouraged, and also I think, I think things should have changed. I mean, I became a member of the alumni association, but not because anyone said, "You should do it," just because it wasn't that expensive and. But the diploma school alumna have been very, very loyal.



KD: They have.

KK: I mean they, for all they have, they've had, they felt it was a good foundation and maybe a lot of them thought that they found something for themselves that they would not have found in another part of their lives. Like, Jefferson, they were nurses that could do something. A lot of them are still working on something or volunteering. Um, I'm not one, um, but I can't, I really can't say I could remember their names right now. Miss Pease, I remember her because she was in fundamentals. But some of the names just don't, I just don't recall any of them right now. I'd have to look them up in the yearbook. And I really haven't stayed, I mean I stayed connected with a lot of the friends I made.

KD: Mm hm.

KK: But we have sort of drifted apart. People who move apart, whose spouses have different interests, we've sort of drifted apart. One friend I had, um, died two years ago, and she was the one who said, "Go back to the reunion." I said, "Only if you go." Because I really wanted to have someone that I knew a little bit better.

KD: Yeah.

KK: Um, but the um, I, my friends, more are, are, that I've maintained, are more in my other school experiences.

KD: Mm hm.

KK: They, they just sort of have survived with me.

KD: Yeah. So this is something you've touched on before, but could you talk about how Jefferson has influenced your career over the years, and your decisions? And I guess the foundation?

KK: Well, I think I had the foundation. But I also knew it was, was not complete. Although, unlike perhaps other nurses who, or other people who had come here, who felt that their education and their work was complete. Um, or that they felt that they were going to work for a few years and then get married and have children and make another choice, another life choice, whereas I grew up in a family that my mother always worked.

KD: Mm hm.

KK: And my grandmother always worked, either on the farm or in the store, so it wasn't something that I felt that I could do easily, stay home. I think I would have driven everybody crazy, including myself. Um, that doesn't mean my children wouldn't have wanted me to be around a little bit more. And my husband had crazy hours so I always really wanted to find something that I could do that was more stable for the children, but not necessarily that I would want, that that would be my goal to stay home. Um, I just felt that for me that I knew what I wanted to learn was incomplete. And maybe that's a good thing to have out of school, that you don't rest on what you've done, or that you don't define yourself. I don't, I've never defined myself by age, so that's gotten me into a lot of trouble because people ask me,

“Well how old is that person?” And I say, “I can’t, that’s not my occupation, that’s not my business . I never think of that.” I have collea-, you know, the staff I work with now, they’re young, they’re my age. I just don’t think of it that way. Um, I think Jefferson’s grown in many, many ways, but if I’d have my druthers I wish Jefferson would have more of an active undergraduate program that would engage students to think about going on in other programs. I think that’s something that um, would have enabled other people to think about coming to Jefferson because now it’s still, it’s still considered more of a specialty school. So I would think that that would have been helpful, um, for me, maybe, to be able to take more diverse courses that weren’t open to us. We were -- it was very prescriptive. And prescriptive means it’s what you do and this is how you do it. And, and we also worked a lot. I mean, we were the students who worked, held the hospitals together at the time. Which meant you were working nights or evenings or, or you were working a night and then your classes started at eight o’clock in the morning and they went to four. And then you had to figure out how to get some rest before you went to work at eleven to seven. So, it was just a different kind of environment with which to survive school. So I think I, I learned some survival skills. Um, but I would tell people to come to Jefferson. It wouldn’t be that I would not tell them to come to Jefferson, but I think the decision to close the diploma school was a realistic, sad but realistic decision. And probably a lot of nurses didn’t understand that. But now you have to have a degree.

KD: Mm hm.

KK: Um, Jefferson’s really changed. The campus has changed. There used to be a tobacco factory here. And Dean can tell you all of this other stuff too. Used to be a bar across the corner. What was it called? Mm, can’t remember it now. It’s where they had a shoot-out one day.

KD: Oh wow.

KK: I mean, our community was sort of, you know. We were here, but South Street was really. It was um, a lot of Jewish merchants who had come over here from the Holocaust. I think probably more I remember counseling the patients and the people that I met when I was working than perhaps even the faculty, ‘cause I learned a so much from them. Um, we had a home health, health aide who used to work on the respiratory floor I worked on and her name was Butsy, and she came from the south somewhere. So she never had pierce- -- she had pierced ears but she had straw in her pierced ears. But she was a great, a great person to really work with but she wasn’t, some people would have looked down on her and they should have never. She, she had not only a heart of gold but she was really a good person to work with in her capacity. Um, I remember some of the, some of the patients who would tell you their life stories, and you’d say, but, you would not know that unless they decided to share it, and then you realized how, how humble you should be.

KD: Mm hm.

KK: They’re not even talking about their illness, they’re just talking about how they got to America or why they wanted to be here, etcetera. And Jefferson had it -- and I remember some of the physicians that were here who were really, um, um, exceptional. Dr. Erslev, um, Sokoloff,uh, Rakoff. Some of those physicians I remember more than I remember the nursing supervisors, even when I worked, because

they had a different dynamic about them, and they were um, and they respected nurses. You know, we were supposed to stand up when physicians came in, and um, and not supposed to um, ask questions if they prescribed the wrong medicine or prescribed the wrong dosage. Um, that was sort of what you were not to do. So you had to figure it out in a different way. Um, and I always wasn't very tactful about that {LG}. Hospitals change, but sometimes dynamics haven't changed. So. Anything else there?

KD: Yeah. How have you seen nursing change over the years?

KK: Oh heavens, it's changed a lot.

KD: Yeah.

KK: I mean now it's much more accepting of diversity, meaning diverse undergraduate education. Bringing a second degree in. Like, I could sail through Jefferson now or Drexel in nine months with a second degree. It wouldn't have to be in nursing. Um, there was a change though I think in the students perhaps, not all of the students, but more of a, a me-ism, it's more, mm, I don't know, everyone needs to get an A, but sometimes you learn better when you get a C rather than an A. Uh, more self-gratification, more instant-gratification versus you have to work. I mean, I saw that with my husband too. You were expected to go into the service. You finished your residency, your internship, you're going to go into the service. You had no choice. You were drafted. And um, now the physicians who come out do not have to give any sort of service. Their military career is, you know, they didn't have to do that so there's sort of a sense that they should be coming right out into practice and earning a lot more money than someone who's coming, than just coming into practice and earning your, and earning as you work.

KD: Mm hm.

KK: Rather than -- I should -- I know they have lots of loans, but I still think there's a dynamic that's very different and much more, um, limited. And I also would think that there's got to be a way that schools can instill philanthropy in everyone who's there. And it's not necessarily, um, done. And I'm not saying it has to be something you do. Like, you don't have to, you can give time, you can give five dollars, but there are a lot of good causes that you could decide that you should be involved in or know about, and I have, my observation has been that some nurses are less philanthropic, perhaps, than they could be, for a variety of reasons I think maybe have to do with how they grew up, what they see as an investment for themselves and for their future. And I just think there should be a way of um, instilling that. Educating people more, that it's your choice but you should think about all of the opportunities for you to give back in a way that would enrich not only your community but society. And the other thing that I would do if I could go back and teach, it would have to be an elective, is the work environment. I think the work environment for the most part is so important to convey to who you are as an employee, about the value you have, and, for the most part, you get used to your work environment and you don't begin to question why you're working in a space with no windows, or a leaky roof, or plastic over the windows.

KD: Mm hm.

KK: And a lot of the nurses have done things like that, particularly in public health because the spaces they've, the buildings, the organizations have had modest means.

KD: Mm hm.

KK: But there is always something to be said about, you can do something with very little to have a good, a positive work environment. And sometimes that's the people too. It's how you work with people, or how you want to respect people. And I think sometimes you walk into a place where you get a sense that it's not user-friendly for either the staff or probably the patients. Or you just want to tear it up and start all over again, but you'd have to, you'd have to -- my, my husband just broke his wrist, OK. We went to Cooper. It was a great place for a trauma center, but the E R is busy, it's not clean, and it's just like, as a nurse you say, "You know, you could die from something from what you got admitted for!"

KD: Uh huh.

KK: And um, the communication skills were just a little off, um, from some of the providers. And so I said, you know, "They're just being nice to you because they know you're a doc, and you can pay." Um, but they're not so nice to other people who are not. They don't know as much about them and they're going to treat them in a different way. So, but nursing's really changed. I think they're becoming much more, um, open to ideas, but I, I don't think nursing should stand alone. I'm, I'm much more for collaboration.

KD: Mm hm.

KK: I mean we should be on, if not equal footings, at least footings where you know where you are. Um, I think sometimes physicians and nurses can work well together and be respectful and sometimes I think it's, it's the old-boy network that still, lingers.

[Recording paused]

KK: Um, you couldn't have anything in your dorm room of your own.

KD: Oh, I didn't know that.

KK: You couldn't bring, you couldn't bring like a stool. You couldn't bring a chair. You could only have what they gave you. Um, which, again, felt confining.

KD: Yeah. And so, were you in Martin yet or still was it on Spruce?

KK: Martin. Martin.

KD: OK.

KK: Yeah. I think we were the first or second class that came to Martin. I was on the seventh floor facing, facing the tobacco factory. The cigar factory. And, I didn't like, I know what I didn't like about Jefferson was, because I grew up in a place where you could, you were free. You walked into a house. I didn't like coming to a place, getting in the elevator, and just having room after room after room. That felt very, it felt like I was, for me, it felt like I was in a prison.

KD: Mm hm.

KK: I felt like once you came in they closed the doors behind you and you really, you were there.

KD: Yeah. I mean, you did have a number of rules and regulations, right?

KK: Yeah.

KD: About when you could leave, who could come visit.

KK: Yup. Mm hm. Mm hm. So really, when you could make a telephone call, and you had to go downstairs to the coin phone. It was like, it was hard. Now you, now you can't do that. So for me I felt like that was really, um, probably one of the reasons that maybe I felt like I needed to escape, do other things. Mm, let's see what else I remember about Jeff. The cap, that was, that was ridiculous. Interesting. I always said that we should frame our caps and just put them someplace. I don't know, I don't think my sister has her cap. I'd have to ask her. But, and the pin. We always had the, you know, we always had the Caldwell pin, that we would wear. Um, I lost my first one, and I bought a second one from Caldwell when it was still in town. I think I just lost it in the washing machine, 'cause you always had to wash your uniforms, you were just. I always did get reprimanded when I was in school though for not polishing my shoes enough.

KD: Hm.

KK: Or uh, that I wore a blue sweater instead of a white sweater, or wore what sweater, I didn't have the right color sweater on one time.

KD: Uh huh.

KK: And I, that's why I said, that's what, "That's not what you should be saying to me. You should be saying I did a good thing or you need to learn this a little better." So those were sort of the things that I can resurrect as part of -- you know, you always remember the things that were sort of negative more than you remember the other stuff.

KD: Yeah.

KK: So. That's the way it goes.

KD: Mm hm.

KK: Um. Doris. Her name was Doris Bowman.

KD: Oh yes, I know that name.

KK: That was, that was. She asked, she asked me to come back and teach one year, but I was pregnant and I had to write and tell her that I couldn't do that. That was when I was thinking about leaving school health and doing that and I said, "No, I'm not ready. I'm not ready for teaching."

KD: Yeah. And when you.

KK: I'm not ready for the hospital teaching.

KD: Mm hm. When you did come to teach at Jefferson later, was that in the diploma program or the baccalaureate program?

KK: No, baccalaureate program with Mary Naylor when she was here. Um, and um, we, we -- someone was going out for pregnancy, and she wanted, she just wanted part-time, for public health. So that's when I job shared with my friend for, to teach public health. And then, then I came here and taught public health. And in fact I, one of my staff, she, she was here in the eighties, and she got her B S N, and she said, "I remember you!"

KD: Oh wow.

KK: And to this day, I kept saying, "Lois, I wish I remembered you as much as you remembered me." I just.

KD: Yeah.

KK: I never say that to her, um, you know, I remember that. And you know I have colleagues from LaSalle, too, that I still stay in touch with. But, I'm happy I moved on. Anything else on that thing I need to answer?

KD: Yeah, a couple more things. Um, do you have any advice for people going into nursing, or current nurses?

KK: Um, it's hard to say. I guess know your heart. Know what you want to do. Um, probably most nurses will probably stay. I mean I have a lot of colleagues who are going to be staying until they're seventy-five or eighty. I know one dean who just graduated -- just, quote, advanced when she was eighty. I, I think there, I think lives are going to change for women, still, because of the economy, and what the technology is these days. I don't think nurses have to always -- I think nurses can build on a nursing career, and I would not want them to ever say, "I used to be a nurse." But I think that they can do a lot of other things too, and they shouldn't stifle themselves by thinking they can't go get a degree in business, that they can't move on if they were thinking about medical school, would they do medical school, or if they don't want to do medical school, it's just, that in itself is a different career. But I think the foundation in nursing is a good one, but they -- you should never be defined by it in a way that would not allow you to explore every opportunity you would have. I would go back, I would go back to

get a business degree. I went to Wharton when I was at Penn, before, but you could just take courses there. And I kept saying, these cookies need to have some ground work experience.

KD: Yeah.

KK: Before they go to school . Because. And that's what I kept saying. Take time and work. You don't have to -- I know they're offering you these wonderful scholarships now just to move on, but it really doesn't help you discover what you may or may not want to do. And it's not stepping out, it's really about defining your choice later on in a different way. What you aspire for now might not be what you aspire for in five or ten years. Um, I would say my spouse has been very supportive. Frustrated but very supportive. We were married twenty-five years when I got my P H D. So I got to say that all of my family was in school at the same time. But that was the way it was.

KD: Mm hm.

KK: It wasn't done, it wasn't like it is now. And sometimes I think it's good to have it like it is now and sometimes I think, you know, life, life can be short, but life can be long, and I, I would think that it would be helpful to sometimes just explore other options.

KD: Mm hm.

KK: And be more creative. Um, I think, we're talking, we're doing a project at work right now because they wanted to find a culture of our community. These are two of the nurses that are, I mean they're going to be stars, rock stars in their own right, um, but they went on for some more education for this model we provide. And um, they came back and, "You know this place is really different. We've got to figure out what makes it really different. I talked to other nurses in other places, and they have nurse family partnerships, but this place just seems different. So we want to do something." I said, "Well, define what it is you think it is." I was sitting there thinking about this and saying, "Oh my, I've got a rebellion here." {LG}.

KD: {LG}

KK: So now we decided to try some art, to try to express ourselves, artistically, about what you feel about work or what you think about it. And they're all -- and so I brought these canvases in, and they're all looking like, "OK, we talked about it, but now we have to do it, so what do we do?" And I keep saying, you know like, "Remember when you were a kid and you finger painted? And no one complained. No one, everyone thought it was beautiful. You just did it. Then you got a coloring book and you had to think you had to color in the lines, and then all of a sudden you didn't think you were good at all, 'cause everyone was critiquing what you did." And so arts, not necessarily are the arts always nurtured in nursing in a way that they should be. I mean, and I think some of the nurses who've been the artsiest kind, that have been the poets and the authors who write things, have been -- have walked the same direction but not the same pace. And I think other nurses look at them as being a little. Different. So if there was a way that we could encourage the arts and really have a business course that made them

really think about it, business. Because I said I've always been in the art, science, and business of nursing.

KD: Mm.

KK: You can't do the two without the third. You've got to think about, who's paying your salary, 'cause it's not your salary. You grouse about your salary, but what about your benefit package? What, what's happening, you know? Are you, are you, and that's part of the negativity about being a nurse in a hospital, because they're, they're not the drivers of the money coming in, per say. And that makes it hard because then they don't necessarily think that they have the influence by which to say, "We can save money here, or we can." They become, I just don't think that their investment is there. And some people don't want to do that anyway, but.

KD: Mm hm.

KK: I would, I would think that nurses who come into the field now, a lot of the ones that I'm working with now are second degrees. They have degrees that are very different. They went to Brown, they went to Cornell, they went, and they went to Hopkins, and then all of a sudden they came out and said, "I want to do public health, or I want to do nursing." The problem with those second degree students is that they have a lot of loans.

KD: Sure.

KK: Because they can't get the same help they did when they were in undergraduate school. But one came out, she was a textile designer, um, one who came out with history, and another geography. Those are their undergraduate degrees.

KD: Yeah.

KK: But then they, now they're back in the field although their skills now, skill set is different., they still have the basis for something that is really unique. So I would encourage -- and I think technology, I think women need to be more techie. And I think they need to invent more things.

KD: Mm hm.

KK: So that's my advice. I would like, I would like you to invent things. I don't like the word uh, transformation so much, and I certainly am tired of innovation and disruptive innovation. Um, that's like a parrot, you know, it's like innovation is probably just rediscovering the same thing with putting a different name on it sometimes, I think, and um. And I just think it's, mm, it's a buzzword, and it doesn't really at the end of the day, um, help people be creative. They, they, there, it may be stopping them from being creative or innovative in a way, or they compare themselves to someone else. Um, just thought of something else, but now I can't think of it. Something about innovation. Oh, and there are two other things I would say for nurses. They need to belong to at least one professional organization. At least one.



KD: Mm hm.

KK: That they think they can gain value from. Um, for me, I belong to several. Uh, but, and they should probably read the lay press as much as they'd read professional journals. Um, I get the Harvard Business Review. That's not something some nurses would get, but I think it really has a lot to do with where I am at. Um, so I think people should not be away from reading about health care or health articles from popular press, because that's where the public informs their opinion. And I also think nurses need to shine off their, shine themselves off, shine up or shine off, because they don't -- we're too humble.

KD: Mm hm.

KK: Sometimes. And we're, we're, and actually you just need to have someone else brag about you.

KD: Sure.

KK: You don't have to brag about yourself. You just have to have someone talk about you in a way that would um, that they would know about nurses. So often we solicit other people to talk about nurse family partnership and not us. It's not um, I should send you this. There's a guy by the name of Jack Calhoun, or his name is John Calhoun. I can send you a blog by him. He's writing a third book around, on public policy and around preventing crime, or, he's very interested in how to prevent crime, typically with juveniles, and he's looking at a lot of programs that have prevention programs in public health. He's a very interesting person, and visited us about three weeks ago. Now, admittedly, I did not know Jack Calhoun. I wasn't following him at all, so. And he, he's, as he says, "I failed retirement twice."

KD: {LG}

KK: He's come out of retirement twice. "Oh, I just love you. I think that's great." For that idea. 'Cause I don't think anyone should ever think about retiring 'cause it sounds like you're going backwards. I think everyone should advance into a new part of their life.

KD: Sure.

KK: So nurses should just advance and never think about retiring, because people come up to my husband and I and they say, "When are you going to retire?" And so I just had a conversation with someone else, and I said, "You know, I'm just going to advance, but it will be, it will feel right when it's done. It won't be artificial. It won't be because someone's defined you by age or. It will be the right thing to do at that point in your life. Um, but he came, and about, I guess we had two mothers who were involved in the program who came and wanted to share their experiences and we had about ten to twelve nurses who dropped in and out. And what he did was help all the nurses. He was so, uh, reflective, and positive about the work that they did. From a person that was really not involved in their work, that it made them realize that they don't appreciate themselves in that way.

KD: Yeah.

KK: And even if I were to say it to them, it's very different to have someone who is a stranger to them recognize the value of it within a very short period of time. So, and I, I always wanted to write a book about the class of sixty-three. I always felt it would be interesting to find out if people would be interested in writing a one or two page summary about their lives.

[End of recording]