

N=Norma  
S=Sue

Interview with: Norma McQuaide  
Interviewed by: Sue Murphy  
Date: April 20, 1988

TAPE I, SIDE I BEGINS:

S: This is Sue Murphy and I'm interviewing Norma McQuaide. We are on South Campus, University of Lowell, Weed 100, and today's date is April 20th, 1988.

Okay Norma, basically where I'd like to start the interview is to ask you a little bit about your background. Now where were you born?

N: I was born in Lowell, Massachusetts on August 8, 1920.

S: And what kind of a family did you grow up in?

N: Well I have one brother, no sisters. My mother was a graduate of the Normal School here. My Dad was a sheet metal worker and did alot of traveling all over the country. He was in charge of erecting very large sheet metal type of ah... I don't know, apparatus in mills. And so many many times he was only home with us on weekends. He did alot of traveling all over the country, even down south.

S: I see. And did Mom work?

N: No no, she stayed at home and took care of the family.

S: Umhm, umhm. Where did you fall, are you the oldest, the youngest?

N: No, I'm the youngest (S: you're the youngest) of the two.

S: So your brother was older. (N: umhm) And um, did you go to public schools?

N: Yes I went to public school all through school. And ah, the Bartlett Junior High School and Lowell High School.

S: Umhm. And ah, your brother as well?

N: My brother unfortunately had a learning disability, so he just went through the sixth grade and he didn't go to school after that. He was wonderful though with the... had the mechanical ability that my Dad had

and did, you know, could do anything with his hands. And he went to work after um, you know, when he was old enough, with my Dad.'

S: Umhm. How were you in school? How did you...?

N: I was very, a good student. (S: aha) Ya, I liked school.

S: What were the...were the expectations at home for you?

N: Yes, my mother was quite ah, you know, she required that we meet expectations...that I meet expectations in relation to school. And was strict about the fact that I obtain at least you know, a B average at all times. (S: umhm) Which I really didn't have too much of a problem doing.

S: Did you like school?

N: Oh ya, I liked school, I liked it very much. And it really wasn't too much. The only problem I had was I'm not good in math. (laughs) I'm not a good math student. You know, I kinda struggle with math, but other than that I did okay, I did fine.

S: You said your mother graduated from the Normal School, was she a teacher?

N: Yes, she taught. When my mother and Dad you know, were first married he was working as a sheet metal worker down at the New England Dress ( ) and Wool, ( ) something like that company in Boston anyway, and she I think it was in Somerville that she taught for a few years. I guess until she became pregnant with my brother.

S: In the primary grades, is that what she taught?

N: Yes, yes with the lower grades, right. And then after that she didn't work anymore.

S: So she never taught again?

N: No.

S: You were good in school. When did you start thinking on what you wanted to do after high school?

N: Well, I don't think I really gave that an awful lot of serious thought until you know, probably the beginnings of high school. And right up until ah, oh I guess right up until a year before I even, maybe six months before I graduated I had always had in mind that I was going to be a teacher. And then all of a sudden, don't ask me why, I can't even remember as to what changed my mind, but all of a sudden I decided that I wanted to be a nurse.'

S: And you can't recall being ( ) or anything like that?

N: No, I just can't remember that there was anybody in particular as a role model or anything like that that influenced me, because there were no nurses ...I had a cousin that was a nurse, but we weren't you know, close to her. (S: umhm) And so I'm sure it wasn't her, it didn't have



anything to do with that you know.

Needless to say my father was quite resistant about being a nurse. He felt... at that time I guess they didn't look on nursing as the proper thing to do for young ladies (laughs). So he really was very adamant, he didn't want me to go into nursing. But ah, my mother sort of supported me as long as you know, she said as long as you do well in what you want. And ah, we had...our family doctor at the time was Dr. Tabor and he was on the medical staff at the Lowell General Hospital. And ah, he...my mother spoke to him of course when I mentioned that I wanted to go into nursing. And he advised her to send me down to Saint Joseph's Hospital, because he felt that that was where I would get the best training as he put it, at Saint Joseph's under Sister Normand who was the Director of the nurses at the time. So of course that's where I went.

S: You went there. (N: ya, right) And you didn't apply to any other schools?

N: No I didn't. Actually there wasn't you know...at that time I guess we didn't know enough about doing any such thing as that. I mean there was no question of going to a collegiate program, that didn't even come into ah...although I think you know, financially I think my parents could have afforded it and everything if anybody had ever suggested it (laughing), but I didn't of course know enough to think along those terms. You know, there was just no talk of it so I went to Saint Joseph's.

S: Umhm. Did you live at home or...?

N: Oh yes, well not during training. Once we had to stay at the nursing home, nurses home once we were in training. But I hallmarked it, because it was only like ah... I could walk home if I wished to. It was only like ten minutes or five minutes from the hospital to home, you know, so I was home alot.

S: Did you get Dad to support you after...?

N: Oh after awhile he yes, he came around and he you know...I think today after I graduated and all I think he was quite proud of the fact you know, I had graduated and so forth. But ah, at first he was very much against it. (S: umhm) I guess quite a few people in those days were against you know, nurses and young girls going into nursing. It didn't have a good reputation actually at that time.

S: Tell me a little bit about your feelings as you entered nursing school? What was it like in the beginning of your training?

N: Ah, well it was...when I look back on it it was very rigid. I mean when they were very very strict, you know, everything was regemented. You got up at a certain time. After you bathed and got ready to go on duty you went to breakfast. And then after breakfast you went to chapel. And after chapel the Director of Nursing stood there as we all filed out one by one. And she would you know, look us over and make sure that our hair was neat and our shoes were cleaned and that our uniforms were cleaned and all that kind of thing. I mean it was quite a strict you know, routine that we went into. But I didn't mind it. I didn't have any problems with it. I settled into it I think quite well. And um, I really didn't have



any real big problems at all going through training. We had different people for instructors and that made it interesting. Some of the doctors taught and we also had some people who were BS degree people. One of them...two of them I believe came from St. John's Hospital. And another one was not a nurse, she taught us sciences. And she was a very excellent teacher and you know, really could get you motivated and was very very keen on us knowing exactly what she felt we needed to know in order to get through you know. (S: I see) So she was a nice person.

S: How did it work? Did you study in the classroom, or when did you find yourself in the hospital setting?

N: Oh we studied...well we had classes, yes, we did have classes you know, like maybe two, three hours a day I guess we had classes, but the rest of the time was in hospital work. (S: umhm) But we also had homework that we had to do, but that was after you got off duty on your own time. You know, you had your homework and your assignments to do and so forth.

S: What did you do in the hospitals at first?

N: Well when we first went in...you mean the beginning before we got to do very much? Well I guess we did kind of menial things like dusting and keeping the bedside tables clean. And just learning to do little things for the patients and to you know, have rapport with the patients, but actually there wasn't any real stress on dynamics of interpersonal relationships like they are today. You were pretty much left on your own to accomplish these things you know. (S: umhm) There was nothing at all in relation to nurse/patient relationships as we know it today. More the emphasis was on doing what you were supposed to do, carrying out your assignments and doing them well, and making sure that nothing was left undone you know. (S: umhm)

For instance, I remember a big emphasis was on housekeeping duties. You know, after we finished our baths and so forth around 10:00 in the morning, then that was when we had to you know, the dusting and each patient's bed table had to be cleaned and straightened and you know, their unit and all that kind of thing had to be very well done. Then we had to get drinks for all the patients and those kinds of things. And the chart. And they were quite... there was more emphasis I think placed on charting at that time than there was today. In other words you know, they would be very much reviewed what we put down on the charts and so forth. (S: umhm) And if they weren't right you had to re-copy a whole page rather than you know, they wouldn't allow you to bracket anything and say delete. You had to copy that whole page if you made a mistake in any way. (S: I see) So they were quite strict.

S: How did you feel about that?

N: Well I guess I just accepted it because I didn't know any better, you know, I didn't know any other way as far as that was concerned. It was just everybody else was doing the same thing and you know, I really didn't have any problem with that. It just seemed as though what we should do and we did it.

S: Did you go anywhere besides St. Joseph's? Were there any outside rotations?

N: No, not at that time. There weren't any outside rotations at all.



S: So you spent your grammar school and Junior High, High and nursing right in Lowell?

N: In Lowell, umhm, that's right.

S: Really hadn't ventured anywhere from (N: no, no) that area. How was the social life in training? Was that pretty rigid as well as...?

N: Well we didn't have much...we were allowed out from I believe it was 7:00 when we got off duty to 9:00, those two hours. We were allowed out and you know, we had to be in at 9:00. And I think lights were out at ten. Then they use to come around and make sure the lights were out, (laughs) and all that kind of thing. You know, if you wanted to sneak a few extra 1/2 hours or so trying to study, you'd have to be pretty sneaky about it, (laughs) not really get caught at it, because they were very strict about it.

S: How about weekends?

N: Oh we worked... it was a seven day week affair. One afternoon off I guess, it was so long ago. One afternoon off a week, but other than that it was like a six and 1/2 day that you worked.

S: I see. And did you mind this at all? Was that a problem for you?

N: No! No, I really liked nursing and I guess if you like something real well it doesn't you know, it doesn't seem as though it's a big problem to you at all. No, I didn't see any...

S: How about finances? Did you try to obtain a scholarship for your schooling, or did your parents pay?

N: No, the parents paid. There was no... of course I don't even remember the cost, but I know it was very very minimal compared to what it is today you know. (S: umhm) There was no question of... In fact I don't think anybody that was in the program you know, had any kind of scholarship aid or any of that kind of thing in those days. It was just if you went your parents or you worked, or whatever. I don't know how they could do that though, but I mean there was no scholarship monies involved, (S: umhm) none at all.

S: I see. How about rotations? Now did you have several different types of rotations in different specialties? How did that ( )?

N: Oh yes, oh yes. We went ah...it was a medical oriented curriculum of course, but we did, we did so much time in med-surge and then we had to rotate to pediatrics and maternity. Um, that was it. There wasn't any such thing as critical care units, or Urological units, or any of that kind of thing. I mean whatever was wrong with patients, if it was medical-surgical it was you know...if it was even neurological or anything like that they would be in the medical--surgical unit. There was pediatrics, of course that was pediatrics and the other was OBS and that was it.

S: Was there a psyche?

N: No, no psyche, no. We had psyche, you know, the basic psyche diseases

and problems in vary, but there really wasn't any application of it. (S: I see) After, shortly after that they did begin to rotate to Danvers, but it was not during my... (S: I see)

S: What year was this in about that you were in nursing school?

N: Ah, 1941.

S: And graduated in 43?

N: Ah, I went in in 38 and graduated in 41.

S: Graduated in 41, I see. What was going on in the world when you were in training?

N: Oh (laughs) that's a long time ago to try to keep in track of that?

S: Was this depression time, or post depression, post war?

N: Ah, let's see, it was... I'm trying to remember. The depression I believe was before. I was younger when that you know...

S: Do you remember anything in the world that impacted directly on you personally in your nursing, or in nursing in general, or health care?

N: You mean during the time that I was...

S: During the time you were in training?

N: No, not really. I can't recall anything that was ah... Our big concerns were getting through, passing state boards and you know, that kind of thing. And then of course considering what we were going to do after. And at that time private duty was big. (S: umhm) You know, alot of... you either did hospital work or you did private duty. There really wasn't very much else that was available actually. Industrial nursing really wasn't big or anything at that time you know. And public health wasn't part of the curriculum at all, I mean that just wasn't even mentioned.

No, wait a minute, let me take that back! I'm wrong on that. Yes we did, we did go and I forgot about that. We did go, we did have a I think it was a one month rotation at the VNA. Yes we did. Ya, I forgot all about that. And when you did go, you would go out with an old you know, VNA nurse. Ah, one time during this period one of the ah, Head ones would go with you alone after you'd been with the VNA nurse for some time, you would go and probably make a well, baby visit to a new born baby and mother, you know. And I always remember the time that I went. That was one thing that did impact on me. I was appauled at the conditions of the place that we went to. You know it was so bad that you wouldn't believe it would be like that. And we went in. I went in with Miss (Raoul?) her name was, and first thing we couldn't even get in the door, cause the door know was missing. (Laughs) We had to figure out you know, how we're gonna get in the door. And then when we go in there they had this big old fashion sink. It was the biggest sink I think I ever saw. And it was piled half way to the ceiling with dirty dishes. (laughing) It was terrible! And then the other thing that struck me was that apparently they'd just take the diapers off the baby and drop them, and you have to kind of step over the diapers. And oh it was terrible! I couldn't believe it. In fact it was so that Miss (Raoul) told them point blank. And there were alot of



people around there laughing and talking. You know, it wasn't just like a mother and a baby. And she told them to get that place cleaned up and that we wouldn't be back until it was cleaned up. So she really was quite strict about the whole situation. But that is the only affiliation that we did have.

S: Do you remember any positive experiences that might have directed your choice into what you did later on in nursing, or any role models that you remember? Faculty members that really....?

N: Well yes. We had a Miss Bilodeau who was a BS graduate. She was very, not only very tall and attractive blonde lady, she was very professional, very stately in the way she carried herself and so forth. She did become a role model for me. And after graduation I did private duty for awhile. And then I went to Brighton Marine Hospital and worked there as a staff nurse. It was the U.S. Public Health Service then. It is an armed service today, and they wear a uniform and all, but at that time it was the U.S. Public Health Service.

And after I came back, well I met my husband there and we married. And then after I came back to Lowell and so forth, that was when I decided that I would begin to...well first of all they kept calling me to come to work, because they were like now, there was a big nursing shortage at the time and they really needed help. And I really didn't want to work at that time, but they kept pestering me to come back to work. And I did, because my son was just a small infant. And I kept coming back, because they kept pestering me. And finally I decided that I would do staff duty.

And then after, I can't remember dates, but after awhile I became Assistant Head Nurse and then Head Nurse. It was during the time that I became Head Nurse, they were just beginning to start pushing a little bit to have people you know, go on to school and acquire credits. It wasn't at this point in time, there wasn't emphasis on having a degree as a Head Nurse, but only on having credits to help you to do a better job at Head Nurse and leadership and so forth. And so that's what we did at the time. But there wasn't any like today, it isn't you must have a BS or anything like that. It was just, we would like you to you know, go and get credits. (S: I see) At that time there was no paying for what you...you know, you did it on your own.

S: I see. Now you mentioned that you graduated in 1943 was that?  
(N: 41 from a program) 41. Did you go right into your private duty nursing at that time?

N: Yes, after I graduated I did private duty nursing until I heard from my R.N. (S: aha) And then once I got my R.N. I went to the U.S. Public Health Service.

S: What was your motivation for that?

N: Well at that point, I mentioned earlier on that I had a cousin who was a nurse. (S: aha) Okay. My cousin was at the Brighton Marine Hospital and she had invited me to you know, come and see the place and see what it was all about and everything. And I was quite impressed with it. It was a very... you know, set upon a hill and it had a very pretty setting and the care seemed to be good. You know, they were service men of course, Coast Guard, mostly Coast Guard men that were there. And I just got impressed with it and I applied and got accepted. So I took it.

S: Umhm. And you say you met your husband there? (N: yes) Was he a service man?

N: He was a service man.

S: I see. And how long did you court?

N: Ah, oh I'd say about eight months.

S: And you married this fellow? (N: umhm) And did you stay all that time, did you still work at the Brighton Marine Hospital?

N: Yes, yes. I worked at the Brighton Marine Hospital until his ship got sent out and they went to Portland. And what he worked on was a what they called a (bowing tender), which is something to do with minding the harbors or netting the harbors or something of that nature. And so when he would be transfered, he would be transfered to another harbor, okay. This is not across the ocean or something. And it was Portland Harbor that the boat was stationed at.

So he wanted me to see if I could transfer to the Portland Marine Hospital at that time. And I told him, I said you know, they'll never transfer me. Because there was an Assistant Chief Nurse who had a husband who was a merchant marine person, and he wanted her to be you know, be near Portland Harbor too, because he was sent out of there. And she applied and got refused. So I said well, it would probably be just as well just to get out all together and you know, probably do private duty or staff duty (S: umhm), or something of that nature at Portland rather than, you know, if that's what we want to do.

But anyway, in order to get out I thought well, I better... I'll apply and then they'll refuse me and I'll get out. So that will be the easiest way out. So low and behold didn't I get the transfer, but of course I didn't stop to think I suppose, this other person was an Assistant Chief and they probably didn't have a need for an Assistant Chief nurse at the time. (S: aha) Whereas staff nurses I suppose they always need, you know. (S: ya)

So I did apply and it was quite a let down that Portland Marine Hospital. It was not run efficiently or you know, it was just not what I wanted or what I expected. So it took me another eight months before I got out all together. (laughs)

S: When you say get out, were you in the service?

N: No, but it was Portland Public Health Service. (S: right) So it was kind of runned like a military. I mean the people and the doctors all wore uniforms and all that, you know. Not the nurses, but the doctors did. And it was like the Chief Nurse, and the Assistant Chief (S: I see) and all that kind of names you know, that they had. So it was kind of runned like a service even though it wasn't really an armed service at that time. It is today they tell me.

S: What type of nursing was being given then? Do you remember? Was there a change, or do you remember any things that happened in nursing during the time you were younger?

N: No, actually... well in the beginning when you were in training it was more total patient care in a way, when you stop and think back on it. I



mean, what's that one that I'm trying to think of? The one where you're just assigned tasks. Tasks, and I can't think of the name of it now. But anyway, you really did your whole total patient. Like you were usually assigned six patients in the beginning when I first went in training. And you did everything for those six. Their baths, their you know, whatever they needed. If they had to have medication, you gave them medications. You know, you did all for the number of patients that you were assigned to.

It was after that...Now isn't it strange that I can't think of the name of the approach that I'm trying to think of. It went from that to the task oriented you know...(S: team nursing?) Not team nursing, um... Team nursing was really an attempt to get back at total patient care in a different way. But this was ah... Oh it had a name, I can't think of it. You know, when one person would do all the meds somebody else would be assigned to you know, do maybe all the cleaning, or get all the patients up and so forth. (S: aha) It will come to me before the end of the interview. (S: ya) But that was, that came in to being after I had gotten through school, you know. (S: I see)

And then after that kind of didn't go over to well and alot of complaints about that, because the patients complained that they didn't know who was really responsible for them and so forth, and they didn't like it. Then it went to team nursing. We did quite a bit...I did quite a bit with team nursing at St. Joseph's, in that I set up a team and try tried it on one floor. This was actually though when I got to be Director of Nursing Service, and had it running very...quite well I would say. But my experience with team nursing was, it was suppose to require less personnel, but actually it didn't. It required...if you wanted to run it well and do it right, the right way, and you know, make sure that you had people to relieve and your people had time for their team conferences which was an important...the backbone actually of team nursing was your team conference where everybody sat down and discussed what they had encountered as far as problems that day and you know, solutions were arrived at and so forth. I found that if it was well done, it really was a superior approach I thought to nursing. But it didn't, you know, it didn't take because it really required more help instead of less. And that other word that I was trying to find was functional. (S: functional) Funtional nursing, where everybody did something, an assigned task.

S: When you were in Portland, eight months after that you left. Where? Did you move, did your husband also...?

N: Oh, okay, I came home because I was pregnant then. I came home and didn't really do any nursing until after my son was born. Okay, and then that was when they began to call me and pester me to do staff duty because they were terribly short, you know.

S: Who was they?

N: Oh, the people at St. Joseph's. And actually I did do a little bit of private duty on the weekends, and that's how you know, they got a hold of me again you know, and wanted me to come back. And finally I just decided I would. My grandmother minded my son during the day and I went back to work.

S: Where was your husband?

N: He stayed in the service. He stayed in the service for you know, quite awhile, about a year and a half I guess, until the war was over. And then he you know, he came out and he went to work at the same shop that my father, you know, the Newton's where my father worked. He got um, what do you call it, some kind of a subsidy, I can't remember the exact name of it, there was a word for it, but an apprenticeship type thing to let him learn a trade. And he learned, you know, began to learn the sheet metal trade.

S: Was that a logical sequence for him, or was it convenient because your Dad did it, or it was his choice?

N: It was more convenient I guess than anything else. And there were alot of people looking for work at the time, because the war was over now and all these service men were returning you know, and he got... it was very ah... I can't remember the exact amount, but the financial end of it was good. You know, because that was when my Dad begin to build our house, you know, with all our help of course. And the financial, the stipend or whatever it was that my husband got from being apprentice was very helpful towards putting it towards the house to get the house going and underway, you know.

S: So you built your own house?

N: Yup. (S: Your Dad...) My Dad and my husband and my brother. My father has... well he's built about eight or ten houses. (S: umhm) As I said, he's a... he can do anything with his hands. He can do plumbing, he can do electricity, he just does any... well now he can't of course cause he's too elderly, but he did for years and years. And they you know, would buy a piece of land and then build a house on it, and then sell it for profit.

S: I see. And that was kind of on the side, besides he traveling?

N: Yes, oh yes. Oh yes that was on the side. As he got a little older he began to cut down some on the amount of traveling that he did so that he was home more. When he began to be interested in building, he didn't you know, he didn't travel as much and he was home more.

S: Now once your son was born you went back to St. Joseph's at their request as a staff nurse?

N: Yes, right.

S: Full time.

N: Not a first. No. I kind of gradually got forced into that, because I went back on a part time basis, like two days a week and then it gradually became three and finally it was full time. And as I said, the Assistant Head Nurse left and I was promoted to take over her job. I guess that's when probably I became full time. And then became Head Nurse. And that was when I started taking some courses at...  
(Tape fades out)

END OF TAPE I, SIDE I ENDS



TAPE I, SIDE II BEGINS

S: This is Sue Murphy and I'm interviewing Norma McQuaide, Weed 100, South Campus and today's date is April 20th, 1988. And we were just discussing your employment at St. Joseph's and you were part time. And a position for Assistant Head Nurse opened up and you went (N: umhm, I took that) you applied for that full time. And your grandmother was the caretaker for your son. (N: for my son, right) And what type of nursing were you doing?

N: Well up until...regular staff nursing up until the time that I took the Assistant Head Nursing ah... Actually in those days the Assistant Head Nurse really did staff nursing except when the Head Nurse was off, and then she really you know, took over as the Head Nurse. But other than that her position was pretty much that of a staff nurse also.

S: Adult care?

N: Oh yes. I was always on Med-Surge. I was always interested in Medical-Surgical. I didn't... I liked the delivery room, but I did not like the maternity floor. I found it dull. And pediatrics, I don't know, I always... sick children always bothered me. They were so sick and so forth. Especially after I had my own, you know. Although one of the pediatricians told me that the nurse who really felt that way made the best pediatric nurse, you know, but anyway. But that's all through my professional life had been med-surge.

S: With adults. And you said that it was not really a pressure situation, but you began taking some courses at Boston, (N: Boston College) um, Boston College Professors? (N: yes) What did they do, come...?

N: Yes, they would come to Lowell and they would offer a course. And then when that was completed another course would be offered. And that went on for you know, quite a few years. I think I accrued something like um, if I remember rightly, between 25 and 30 credits.

S: Wasn't that rather innovative for that time, for a hospital to do that?

N: Yes, yes. It wasn't...I'm not sure you know, I wasn't in a leadership role at the time, so I'm not sure whether there was a joint effort of the three hospitals, there probably was. Because at that time there was also... I remember there was also some pressure you know, to gain a better remuneration for nurses. (S: umhm) And I think that probably was part of it. But at any rate I have an idea that the three hospitals kind of cooperated and brought the person you know, who was influential in getting Boston College to send teachers to us. Because it wasn't just St. Joseph's nurses, it was people from the Lowell General and St. John's (S: I see) also that attended these classes.

S: Did you pay for the classes?

N: Oh yes! Yes, whatever the credit was, oh yes they...

S: You paid for that individually, the hospitals didn't pay.

N: No, no. Oh no, there was never any question of the hospitals paying for it. And you know, we got our regular student's report each time you completed the class with what you, you know, the grades you earned and so forth.

S: Do you remember what year we're in at all?

N: Ah, let's see, I can probably...

S: Assistant Head Nurse...

N: Let's see, I can probably put ah...well it would probably go back between 41 when I graduated, say oh, I'd say ah...

S: When was your son born?

N: My son was born in 1950. So it was you know, I'd say probably during the later part of 1948.

S: Okay. What was your salary like for the nurses?

N: Oh heavens! I think it was something like ah... oh it was ridiculous, and I can't even remember. But it was so small and he wouldn't even... (laughing) it would be like a stipend today. (S: really!) It was ridiculous! (S: really!) They only ones... I guess that was why private duty... I think private duty if I remember rightly was four dollars a day, for private duty.

S: Did you have to work financially, or...?

N: Ah...ya, I think at the beginning. (S: you did) Like alot of young couples it was ah...we were building a house (S: aha) and we didn't take any mortgage on the house. It was whatever you know, whatever we could afford to put into it at the time each week is what went into it. And yes, I would say based on the fact that we were building and so forth, yes I needed to work to get that done. (S: I see) Because we didn't want to go into a mortgage and having to be paying big payments each month out on a mortgage. And where we had the capabilities within the family to build the home, that's what we did.

After that transfer of the person who was Director of Nursing Service, they did appoint another sister as Director of ah... let's see, what was she? She was assistant...she was assistant in service and she had another job. I can't remember now just what else she was doing, but she was you know, she was really in charge of nursing service, okay. But the other job that she had, I can't remember... Oh I know what it was. The sister who was in charge, Director, got sick. And so this sister was trying to fill in the two places. And she wasn't really doing a very good job, because she was more involved with the total administration. So that she really needed somebody to take over the nursing service. And I did this, but it was very bad. The situation, the nursing...the staffing was terrible, absolutely terrible! And in the meantime it was vacation time for this person who was like my boss. And she went off on vacation. And the situation was so bad that everything I would suggest to improve the situation, they'd always say to me, well wait till Sr. Thibodeau gets back. Wait till Sr. Thibodeau gets back. And I said...You know, finally I really kind of blew



up I guess and I said look, we can't wait any longer. This is a crisis situation, you've got to take some kind of action. So I was told, well go get Sr. Thibodeau then.

At that time they had a summer house like, which was Lakeview, wasn't very far away. And so I went out and told Sr. Thibodeau (laughing) that I was sent to take her back, and she wasn't a bit happy about that. She didn't want anymore to do with nursing services, other than in chain of command, but she wasn't gonna be responsible for ( ) of it other than just to report to her, but that was it. So that was how that came about.

S: That you got that position.

N: Um, um, right.

S: When you went back to Rivier College, did you leave St. Joseph's?  
(N: um, no) You worked full time at St. Joseph's?

N: No, I'm trying to think now. Ah, let me think for a minute. I did leave, yes I did. I worked part time, no, worked full time and went to school part time up to the time within the last year. You know, and then at the last year I took a leave of absence. And that's when I came back... I didn't come back as Head Nurse, I came back as Med-Surge (S: supervisor) supervisor, right.

S: Did you get support from the hospital to do this, other than the approval for the leave of absence? Was there financial remunerations?

N: Oh no, no no, but they would like you to, because they really didn't have at that point in time the nuns weren't prepared, they didn't have degrees or anything. Um, Sr. Thibodeau who was the one that was my boss actually didn't have any degree at all. She went after I came back, she went to school, but she did...none of them had degrees at that point in time. And the joint accreditation was beginning to make noises about pushing to have people in the higher echelons you know, with at least a BSN. And so that was part of the reason for that.

S: I see, I see. When you came back you were the supervisor and then you kind of fell into the (N: into the Director of Nursing Service, right) Director of Nursing Service. About what year did you take over that position, Director of Nursing Service at St. Joe's?

N: Ah, let's see. Ah, 1958 I think it says here.

S: Still one child at home?

N: No, by this time I had another little girl.

S: Where did you fit that in?

N: Ah, let's see. Linda was um, well she's thirty-two now, so how old would she be?

S: That was in 46...56?

N: 56, ya, that's right.

S: 56 she was born. And were you going to school at the time?

N: I was going to school at the time. (S: aha) Yes, when ah...  
Ya, I was.

S: And same day care provided?

N: Yes, yes, my grandmother also took....(S: I see, the grandmother  
had the two of them) Right.

S: Your son must have been in school by this time?

N: But he was in school by this time. She was six years difference.

S: Aha. And still support at home for your career?

N: Yes, yes, oh yes. My husband was excellent. He was very helpful.  
I couldn't have done it if he wasn't, you know.

S: Well it seems to me, like you said, you were full time employed,  
part time student and mother of two. (N: well) Well mother of one at  
that time.

N: Right, but when... Ya, mother of one. And then when I went full time  
to school I was not working, I took a leave yes, you know.

S: I see. And that's the year your daughter was born?

N: Ya, right, right.

S: Wow, you were busy!

N: Um, um.

S: How long did you stay at St. Joe's in the Director's position?

N: Till 1968.

S: So quite a few years right?

N: Ten years I think it was, just about.

S: Ya. How did nursing progress then and were there any milestones  
that happened, or...?

N: Well yes. Nursing education came in to that period. Up to this  
point in time the only stress actually on nursing education was you know,  
for you to go out and prepare yourself. You know, but there wasn't  
much being done in relation to inservice education. You know, as far as  
helping the people that were already employed to you know, to gain more  
knowledge and to do a better job. So that became really part of my  
responsibility, probably more because I assumed it than anything else.  
Course I felt the need for the staff nurses to have you know, on going  
ah....first of all an orientation program was established. And then  
we also had on going inservice education you know, that was being given



for the nurses. And that was probably the biggest thing.

And then I guess during that period also total nursing care, you know, team nursing kind of fell down in popularity. And then they began to have some emphasis on total nursing care, and of course emphasis on education for nurses in relation to a BSN for anybody who was to be a Head nurse or above. That became quite evident through the joint accreditation, they would definitely stress the fact that you needed to have people in your key positions who were Baccalaureate prepared. So those were...

S: Did you remain Baccalaureate prepared until 68, or had you started taking courses again for the Masters?

N: Ah, let's see. No, I started my Masters while I was Director.  
(S: I see) Yup, yup. Ah, let's see, I got the BSN in 55 from Rivier. Then I got my Masters in 1959.

S: So you were Director of Nursing at the time. (N: right)  
Did you have to take a leave of absence for that?

N: No, no.

S: You went part time?

N: I went part time.

S: Where did you go for your Masters?

N: Boston University.

S: BU. And what is your Masters in?

N: In Nursing Service Administration with a minor in Med-Surge.

S: I see. And your first teaching was In-Service education. (N: yes, yes, right) That was your first teaching when seeds were planted?  
(N: right, right)

And then what happened to you? Why did you leave your position in 68?

N: Okay. What happened was Dr. Barker from the University of Lowell, Nursing Department, came over to interview with me in relation to you know, the placement of students from the university at St. Joseph's okay, in the clinical areas. And with talking to her and everything, I got the idea that I might like to make a change. I'd been there for a long time and some how or other academia seemed kind of attractive. So I talked to her about that possibility and I was told that I was too old. And so of course I dropped that and didn't think anymore about it. And then um,...I'm trying to think. At the time I can't think of any major dissatisfactions that came along. Oh, I know what it is! Again it was the whole total problem of staffing. Staffing when you're in charge of service is a terrible, terrible headache. And I found myself more than once not doing staff duty, but doing head nursing, I mean supervising to try to relieve supervisors so that some floor could be filled at that last minute. You know, so I got kind of tired of that situation and decided that I was going to go and see what the possibility of getting into academia at Northern Essex was.

So I did that. And the same day that I went there they wanted to hire me right away. And I said, well I wanted to go back and talk to the people at the hospital, because they had been good to me and I didn't want to leave them flat and everything like that. But anyway, I didn't know it, but they did call and I was yes, I was quite put out about that. And I was you know...They were nice about it, but I think they were very disappointed too, you know, especially to hear it that way. I was kind of angry about it.

But anyway, I did accept the job as an Associate Professor at Northern Essex.

S: And what year was that?

N: Let's see... It must have been... Yup, 1968-69.

S: And this was your first formal teaching position?

N: Yes, that's right.

S: And you had received your Masters then. And ah, we didn't get into your motivation to continue your education? Why did you decide to go on for a Masters degree when you were...?

N: Well, because I wanted it to help me in what I was doing. You know, it was Masters in Nursing Service Administration, and I wanted more background information and knowledge and leadership, and those type of roles. An I was you know, as Director of Nursing Service we had an organization that all the Directors in the Merrimack Valley and so forth, belonged to. And everybody was going to school. All those people that we would meet with monthly were going to school. It was quite a motivation to go on and to be prepared in the area that I was actually functioning in.

S: Was there pressure from the hospital?

N: No, no, that was from my own.

S: Or was it more peers?

N: No, there was no pressure from the hospital at all. I just decided that I wanted to do it myself.

S: And financially did you pay ( )?

N: No, I applied for and got a traineeship. And that more than amply paid tuition, books, even excess, you know. I always felt that it was too bad in a way that those traineeships didn't pay... of course some people needed it, but in that time in my own situation I could have done nicely with the traineeship as far as tuition and books and not a stipend along with it, you know? (S: umhm) I could have managed then on my own. But that was the condition, you know.

S: You were working full time too?

N: Ah, yup. When I was going for my masters.

S: So you were having full time salary as well as the ( )?



S: So you were having full time salary as well as the ( )?

N: Ya, that's right, Right, right.

S: And you found yourself at Northern Essex as an Associate Professor teaching in what responsibility?

N: Med Surge.

S: Med-surge. And how long did you stay there?

N: Just about a year. I'm pretty sure it was only about a year. Because then, that was 69, and then I came to Lowell State College in seventy. So probably a year, year and a half.

And the reason why I left, I liked Northern Essex very very much. It was a nice atmosphere. There was you know, there wasn't a lot of pressure put on you as an instructor, other than, as long as you carried out your responsibilities. You know, like you could come and go if you didn't have teaching responsibilities and you were ready to go home at 1:00 in the afternoon, you could go home and there'd be no questions asked at all. That was a big let down when I came here. Although we didn't punch a clock, it was practically the same thing. You had to be at your desk for eight hours a day, you know, which was a big big difference. But yet Dr. ( ), she wasn't a doctor then, but she is now, was very adamant if you had responsibilities. Like if it was test time, we got together and all the tests were made as a group, you know, and the questions were submitted. And if you had responsibilities you know, you very well better had carried them out. But other than that it was much freer.

The only reason why I decided to make a change was that they had clinical placements way down at um, what do I want to say...Anna Jacques hospital. (S: umhm, Northern Essex did?) Yes, right. And I had one experience of trying to get to Northern Essex in a bad snow storm and I didn't like that experience. In fact, tried to call in and because everything you know, on the radios and everything. And I didn't have teaching that day myself, you know? And I called and said you know, it was very bad. And the answer I got was, well I got here. So in other words, you better get here was my thinking, you know? So I did and so forth. But I didn't like it. And the Anna Jacques this was that everybody had to take a turn going to Anna Jacques, because nobody really wanted that clinical affiliation. In order to cover it you know, she said everybody had to go. And I just felt that going from Lowell to Ann Jacques in snowstorms was just too much, you know. (S: umhm)

So in the meantime what happened was that Dr. Barker and a Mr. George (Karem?) who took over In-Service Education at St. Joe's after I left and myself, they were trying to write a grant in relation to... I don't know what it was really now, something to do with audio-visual materials and so forth. And somehow or other I got asked to sit in on that. And as a result of that association with Dr. Barker and Mr. Karem, she sent word through Mr. Karem that she would be interested in having me on the faculty. And as a result of the fact that I was not happy about the fact that I knew my turn was coming up to you know, travel to Anna Jacques the following year, I decided that I would apply and did, (S: I see) and was accepted.

S: I see, what year was that?

N: Ah, that was in 1970? Yup.

S: And how was Lowell State College Nursing Program at that time?

N: I believe it started in 68, I believe.

S: So a class had not yet graduated when you arrived?

N: No.

S: A matter of fact, had the classes gotten into their nursing courses at that time?

N: Oh ya, ya they were (S: they had?) because they did a medical model at that time. (S: I see) And they learned nursing. I began immediate to teach.

S: What was your status ( )?

N: I was instructor in Medical-Surgical Medicine.

S: So you took a demotion?

N: Yes, definitely, definitely, right.

S: How about the salary? What was the salary range?

N: The salary was more. I can't remember, but not....

S: Aha, but in comparison Northern Essex was smaller.

N: Yes, it was somewhat more. I think at the time if I had held out, and I didn't have the experience to do that in academia, I think that Dr. O'Leary would have given me the next higher rank, because he mentioned the fact that I was you know, taking a demotion. But Dr. Barker said, oh she'll have plenty of time to advance, or some words to that. And I just let it go you know, but there was some question raised about that.

S: I see. So you interviewed with Dr. Barker and Dr. O'Leary?

N: And Dr. O'Leary, right.

S: Now who is Dr. O'Leary?

N: Dr. O'Leary was the president of Lowell State at that time.

S: Lowell State at that time. I see. Where was the School of Nursing located? Was it here?

N: (Laughs) No. It was located in a little bungalow, a little white bungalow that was across the street from the building that's behind us, right across the street. And it was quite interesting. All the rooms were made into offices. And they maintained a kitchen, and there were two bathrooms. One was downstairs that everybody used, and Dr. Barker



had her own office and an adjoining bath.

S: I see. And where were your classes held?

N: The classes were held, mostly at that time they were held in the old Coburn and also in, what's that one over there? (S: Mahoney?) Mahoney ya, right.

S: And what was Lowell State like at that time? What was the nursing program like? (Sentence unclear)

N: Well it was as I said, it was a medical model. It was strictly med-surge, disease entities that you taught. There were two of us teaching it. Marie Kelleher, I couldn't think of her name, last name, but it's Kelleher. She was here before me and obviously like the ah.. We didn't do team teaching, but it was like a group of people that would do you know, like Marie and I were the team that did Med-Surge. And then Mary Wheeler was alone I believe at first doing Professional, ah... fundamentals of nursing it was called at that time. And then of course Eleanor was in Community Health. And I believe at that time Pat Tyler was doing psyche, instruction in psyche. And then you know, they had their clinicals that coincided. They would either be in med-surge orientation or... and there was a maternity person, I think it was Claudette (Wreckel?) that taught maternity at that time. And they would either be in Medical-Surgical, or OF, or Peds you know, as far as their clinical placements were concerned.

They also in the beginning went to um, Danvers for their psyche. And it was each little team like did their own thing. They did their lectures. The content was ah...of course outlines were developed, and it was divided up amongst the number of people that would be doing that particular phase of the instruction; and you each carried an equal share.

You prepared your examinations you know, like your team of two, or whatever would prepare the examinations, give the exams, correct it, get it back to the students and you know, so forth.

S: So you had classroom and clinical responsibilities?

N: Yes, oh yes.

S: What hospitals did you use?

N: At that time we used St. Joseph's, St. John's, the Lowell General and Danvers State.

S: I see. So they were all placed in Lowell except for the psychiatric experience.

N: Right, and I think... Oh they also used, in the beginning they used the VNA for their community....

S: Oh, so they did community ( )?

N: Yes, they did, right. Eleanor was always strong in community.

S: What was the power structure of the Department at that time? Dr. Barker was....?

N: She was the Dean. I guess she wasn't a Dean then though. I'm trying to remember what she was called. Maybe she was. But anyways she was in charge, the Head. And then there was Eleanor and Mary Wheeler. They were the real strongies, you know, they carried alot of clout. And then there was as I said, Mary, I mean Marie Kelleher who was kind of a more quiet reserved type of a person. In fact I think that I was a little bit more forward than she was. (Laughs) And then Pat Tyler.

Now Mary and Pat and Eleanor were quite cohesive, that little click, okay. (S: aha) And Marie and I brought up the (rear?) so to speak, okay? (S: umhm) And there was always some...Well Trudy of course was in charge, there was no question about that. But I mean there was always some power struggle I think, between Trudy and Eleanor right from the beginning, you know.

S: Really?

N: Eleanor is a very strong person right throughout, you know. And some people you know, had difficulty. I didn't have difficulty with Eleanor. I always said what was on my mind. If I didn't like something you know, I said it. I think I said it lady-like, in the proper way, but I think she respected that. I found that Eleanor was the type I think, that if you you know, that if you don't agree and you disagree, but you do it in a right way, but stick up for your rights, I think she respects that. So I didn't really ever have any problem.

S: Was there a great deal of conflict, (N: no) or was there really not? You know, (it seemed to work out?).

N: No, there really wasn't. It was there, but it was subtle you know, (S: aha) it wasn't right out front all the time. You know, you probably felt it. Like for instance one little example. Marie and I had the office which was the parlor downstairs in the front of this little bungalow. And Mary Wheeler and Eleanor had offices upstairs, Trudy, Eleanor and Mary and so forth. And it was an open staircase like a house, you know? And so this day I was at my desk and I could hear Trudy and Mary Wheeler discussing something about our course, the Med-Surge. They were not happy, didn't think we were doing the right thing, or whatever. I can't remember the details of it now, but I know I was very upset about the fact that ah... you know. And so pretty soon Trudy comes trotting down the stairs and starts telling me all of the things that Mary had just told her. Well I really blew up. And I said, look it, you go back up there and you tell Mary Wheeler that if she has anything to say about my teaching, or the way I teach my protion of the course, to come down here and face me as any lady would do, and not go behing my back to do it. So pretty soon Mary came down. And after that we really were good friends. (S: good friends) And we cleared the air and we got it out of our systems.

END OF TAPE I, SIDE II  
BEGIN TAPE II, SIDE A

S: Hold that thought.

This is Sue Murphy continuing on tape II, side I interview with Norma McQuaide, Weed 100, University of Lowell, South Campus, April 20th, 1988. We were just kind of getting into how things were in the beginning of Lowell State Nursing Program. Could you for me, tell me a little bit about the curriculum?



N: Okay, at that time, as I said earlier, it was a medical model. There was you know, just the regular medical subjects were taught, medical-surgical nursing, pediatrics nursing, obstetrical nursing, and psychiatric nursing. That was the mainstay of all the curriculum. And clinical experiences were planned according to as much as possible to correlate with where the student was at the time. If she were in med-surge, she would be getting a med-surge experience, and so forth.

S: Okay. And when did this begin to change? I understand that an integrated curriculum was established.

N: Well I think it began to be thought about probably, I can't tell you the exact period, date probably, but as we began to think in terms of the fact that it was coming time to think about creditation, National League Accreditation. And all the literature at that time, you know, was stressing the fact that the integrated curriculum was the way to go for nursing you know, departments or Schools of Nursing. And so we began to think in terms of you know, what we had to do and should do in order to have an integrated curriculum. And I think that was the impetus as I remember for... (S: the accreditation) right, to seek accreditation. We felt as though that was the way everybody was going. And in order to gain accreditation we too probably would have to come up with an integrated curriculum.

And I remember in preparation for that, the faculty, Marlene Kramer, Dr. Kramer was going to be in New Hampshire, I think it was Manchester, I'm not sure of the exact city. And she...somebody... I don't know whether it was Dr. Barker or Eleanor, probably Barker, had arranged for the faculty to meet with Dr. Kramer for a period like an hour and a half or something like this. And for her to talk to us about the integrated curriculum and what it meant, and the implications and so forth. And it was... We were to meet here like around 7:00 in a motel in Manchester. And it was the worse snowy night you ever saw in all your life. But of course nobody dared not to show up, because it was you know, all pre-planned and all that. So we traveled there, and we got back safely and everything. But we had our hour and a half for discussion with Dr. Kramer. I was quite new on the faculty at that time and also in academia so I really listened more than I took part at that particular time, because...

Frankly I've always felt that one of my weaknesses was curriculum. I should probably have had a better... I did have a course, but you know, the requirement and all that, but you know, it takes alot I think to really understand curriculum, and I guess probably to really be convinced that you know, the integrated approach is the best way to go. But anyway, that's what we did.

S: Who was the leader in that integrated curriculum? Leaders or...?

N: I would say probably Mary and Eleanor.

S: Mary Wheeler and Eleanor Shalhoup?

N: Well let's say Eleanor and Mary Wheeler. Eleanor was the real push I think behind most of our changes and our innovations.

S: When did that start, do you remember when the freshman class then was...?

N: Ya,um... No I can't really say. I can't really put a date on it, but I



it was probably like a couple of years after I was here. So probably somewhere around 71 or 72, in through there I think.

S: And when were you accredited?

N: We were accredited... We applied 7 years after the school was started, and that was 68. So that would ah...75 was it? Somewhere in there. And the first time we were visited and so forth, but we were turned down, not permanent, it was a provisional accreditation, for the reason, the big reason... there were others too, but one of the big reasons was that the faculty... In the reports they said that the faculty was not prepared in the areas in which they were teaching. And that was one of their big reasons. And then another one was, that first visit, was the fact that at the time, believe it or not, when they came we did not have an instructor in obstetrics. Because they had hired this girl, I can't remember her nationality but she was like South of the boarder anyway; and she commuted everyday from Boston to come here, to be on the faculty. And just about the time we were doing final preparations for the accreditation visit, a great big railroad strike came into being. And I guess to commute by bus was just horrendous for her. It was like twelve hours to get here and get back home, you know, and all that. And so she resigned and left us with an awful big hole, so to speak, and really didn't go over too well. But that was another big problem.

So what the faculty was told you know, that they were not prepared in the areas that they were teaching. And so several of them had to go back and um...

S: Who? Do you remember?

N: Well I know Jan Stecchi was one.

S: She come in the interim?

N: Yes, she had come in the interim and she... I guess Jan and Mary taught together for quite awhile. And then um...concepts. And then Mary eventually left and Jan you know, took charge of that.

But anyway, yes, that's what they said. Cause I remember saying to them when they were... We had the job of (ferrying) them around to the different hospitals, to the clinicals and so forth. And it was over lunch, or right after lunch that one of them made the statement that you know, people weren't prepared in the areas they were teaching. And I said, well I guess that... I remember so distinctly, I guess that applies to me, you know. And ah, the visitor said, oh no. You had... Your degree first of all in nursing, as Nursing Service Administration and you have a minor in the area that you're teaching in, so you're okay. Which surprised me, I mean because that was just pure luck I suppose that I had that med-surge minor you know? But Jan had to go back, and I believe Marian DuBrule had to go back also.

S: She she had come also...?

N: She had come in the interim. I think Pat left and Marian came on board. And she had to go back, because she had um,... I think she had one of those degrees where it's a BS and Masters combined in Counseling, or something of that nature. And so she had to go back and get another degree.

S: ( Unclear question)



N: No, surprisingly enough... See Jan and I had already started into our CA, to earn a CAGS, because at that point in time at Lowell State, you had to have 30 credits beyond your masters in order to stay on. You had to you know, that was the requirement, 30 credits beyond. So we had, both of us had enrolled together in a CAGS program in adult education. And so she just switched over into a med-surge program, you know. No, there didn't seem to be a great deal, probably because people were motivated to go on to school anyway, you know. So they really didn't seem to be a great deal of resentment about the fact that they had to go back to school. I think those were the only two. Of course we didn't anybody in um, um...

Oh, I think what happened was when we couldn't get um... when that person who was doing maternity, OBS left, they took Claudette (Recco?). Now Claudette didn't have... her qualifications weren't like they should be also, but we were stuck, we couldn't get anybody. So that was what happened at that time. Ans so she was another one, but she didn't stay. She went to... she took a position at the Vocational School, rather than go back to school.

S: And then did you get accredited?

N: Yes, then we met the provisions. I can't remember... I know one, cause I guess everybody was so shocked I guess, that was outstanding was the fact that...well also the fact that we didn't have proper coverage for the OBS and the fact that the people weren't all prepared in the areas that they were teaching. Other than that, I think they were things that could be taken care of, and adjustments made, and nothing really, really serious.

So then after we submitted another...you know, after those things had been taken care of and we submitted another report, then we got accredited, (S: umhm, I see) we went through two accreditations while I was there.

S: Aha. There was also a merger that took place that made this the University of Lowell now. Do you know when that occurred?

N: I was trying to think about that and look back, but I didn't seem to come up with anything in relation to the exact dates that the merger took place. I have an idea just from memory that it was around 1978. I don't know, I'm not sure if that's exact. (S: umhm)

S: And did that do anything to the department of nursing in regards to structure?

N: Well yes it did, because then we became you know, each...at that time to become a university everybody had to kind of consolidate their holdings so to speak. And I remember very distinctly we then branched out and Trudy brought in the people in Physical Education as part of the ah... We became the College of Health Professions I believe. We had to be a college in order to do that. And so she brought in Physical Education, and then there was a department of Health Education, which I guess caused some ( ) in relation to other schools, because that was more of a masters type program in other schools. And that was going I guess that route now.

But ah, yes, there was all this jocking I guess you would say for people to bring in other departments to be able to consider themselves as a college of whatever, you know. This was Health Services. There was... the big change was... because then once that took place we had to learn



to share our resources, and that didn't come easy at first. You know, because now instead of so much being allocated for the Department of Nursing, this much had to be allocated for the College of Health Professions. And some of the things that we wanted for our nursing department, you know, we had to give up to help somebody else along that needed it more than we. Some of these other departments that needed it more, because they were just being established. So in that respect, yes it did make quite a difference, you know.

And then too, like when you'd have meetings we were use to being just nursing, and always probably thinking pretty much along the same kinds of lines, because we were all in the same profession. But now you began to have other people coming in and these people you know, had their own ideas and so forth, and that caused some frictions. And then we had to learn how to get along and be graceful, gracious with these new people who are also entitled to a say in what was going on, you know. So that that was...it was quite an adjustment, yes.

S: I can see that! Now what about the power structure? Did the merger bring about any change in the power structure of your particular, then I believe you said it was the College of Health Professions? Who were the people in charge of this?

N: Okay. Well let's see now. Um, of course Trudy was the Dean and she was in charge of the College of Health Professions. Then there was um...there was no Assistant Dean at that time, like there is now. There was not an Assistant Dean. But then we had these other professions, other members of the College of Health Professions. For instance Physical Education, you know, there were Chairpersons appointed.

S: I see, under the Dean.

N: Under the Dean okay. And Eleanor was appointed as the first Chairperson of the Department of Nursing.

S: By whom was she appointed?

N: It was faculty.

S: The faculty voted her in. So it was a faculty...

(N=begins to speak at same time, rest of "S" comment unclear)

N: Yes, it's always been a faculty decision as to who the Chairperson was. (S: I see) And the same for the other departments. I'm not as familiar with ah... I'm trying to think um...you know, who was some of the other ah...I know whose the Chairperson of them now, but to remember back then as to ah... you know, I really can't think in terms of who they were those other people...Well I know for awhile Claire...can't think of her last name. She was Chairperson of the Physical Education Dept. And Karen, was Chair of the Education, Health Education. But each one of them you know, they were all elected within their own group by a faculty vote. (S: I see)

But then when we had our College of Health Professions meeting, then we all had to try to get along together and give and take in relation to whatever was being discussed and views that were being presented, because then they were quite different in diversion, broader and so forth than what we had been use to confined to our own little profession.



and this was not always easy in the beginning. We use to have some good hot meetings I guess (laughing) you would say. But I think it's resolved now.

S: Was there anybody else that was influential in this? Who was the president of the University?

N: The president was Everett Olsen.

S: Everett Olsen was the president of the university?

N: He was the president of...at the time of the merger Everett Olsen was the president of Lowell Tech, and Dr. O'Leary was the president of you know, Lowell State College at the time of the merger.

S: And what happened then?

N: Well then there was some talk about who was going to be the one person, and Dr. Everett Olsen was the one appointed. (S: I see) And then after ah...Dr. O'Leary really didn't...once the merger had taken affect and so forth, he didn't stay very long. I think probably if I recall, you know, without looking at anything to tell me specifically, I say probably a year if that, and then he retired. And then after, shortly after, it wasn't too long after Dr. Olsen retired, and that was when Dr. John Duff came in as president.

S: Now what about you personally, had you climbed?

N: Yes. At this time let's see, I was ah...I became an instructor and then an Assistant Professor. I made Assistant Professor, in 1974 I was promoted to Assistant Professor, and that was from 74-81. And then in 1981 I was given a promotion and tenure to Associate Professor.

S: So it was a steady incline?

N: Umhm, profession.

S: Did you have any difficulty with that?

N: No, actually I didn't. The only difficulty, I wouldn't call it difficulty, but I didn't have a Doctorate obviously. So up to assistant professor I had no problem at all, you know, as far as that was concerned. The step from Assistant to Associate, actually I was more or less invited to submit a request for consideration for Associate Professor by Dr. Barker.

What happened was that Claire Chamberlain... I couldn't think of her last name a minute ago...There was a clause in the faculty contract, they were unionized by this time, saying that you could either get promotion to an Associate Professor, or a full Professor by you know, meeting certain criteria. And for Associate Professor it was of course to be a Doctor, to have a Doctorate in publishing, whatever. And then there was another approach and that was if you, you know, did an excessive amount of community service, this could be considered in lieu of your Doctorate. And Claire Chamberlain had been promoted to Associate Professor. And Dr. Barker felt that I had really...in fact told me quite frankly that she felt that I should have been the one that would have received that, you know, And wanted me to submit my credentials, which I did without any problem at all

as far as I know, I was promoted and given tenure. So that that was as you know, that was how that came about.

S: I see. A couple of things that I want to just um, ask you about your recollections of before we stop. What about the graduate program? When did that start?

N: Ah...to my best recollection I would say the first graduate program started I think in 1978, but I'm not 100% sure of that date. I know that it was after the merger. Oh, maybe before, before that, because it wasn't very long after I came here, Mary Wheeler and Dr. Futrell, and Eleanor of course, were working on you know, a grant. And that was of course the first practitioner program. And that summer I volunteered, not that I felt I was...I was so new, but I volunteered to do anything I could to help with that. And what I ended up doing was taking notes and you know, being sort of a secretary for that. Course I'm sure that it wasn't...the grant wasn't you know, didn't get funded immediately. I'm not really sure. I guess it was...the nearer I could say, is that between 75 and 78, somewhere in there... the graduate, the first graduate program started. And then after that the Nurse Practitioner Program. Then the other two programs were developed rather quickly you know, after that, because they were both in place by 1982 when I left.

S: I see. And you mentioned three names. You mentioned Mary Wheeler, Dean Shalhoup, Eleanor Shalhoup, and May Futrell. Who heralded this? Were these the three people who were really responsible for the graduate program developments?

N: Yes. I have a feeling that... (long pause) It's funny, I should say that it was Dr. Futrell, but I have a feeling that Eleanor was the person who really was the stimulus behind the writing of the grant, first grant. And then after that Dr. Futrell wrote the grants for the ah...

S: So she had been here quite awhile, Dr. Futrell?

N: She came the same time I did, within ah...I can't remember which of us came first, but within a short period of each other, in the same year we both came.

S: In the undergraduate program did she teach?

N: Yes. Dr. Futrell when she came was also in med-surge, and she had a clinical group at the Lowell General.

S: I see. When did Dr. Barker leave?

N: Let's see...Dr. Barker left...(long pause) maybe 19...either 1979 or 1980 I think, because it was shortly after Eleanor came back from her dissertation...(S: Doctorate) from her earning her Doctorate.

S: I see. And um, when she came back, then she became Dean? Is that how ( )?

N: Yes, there was a search, a national search and all that, but Eleanor did receive the promotion to dean.

S: I see. And then the faculty elected...?



N: Then the faculty elected...when Eleanor who had the Chairperson you know, when she left...I mean when she became dean, then the faculty elected Dr. Futrell.

S: And was that kind of a unanimous thing, or were there other faculty that were equally interested?

N: No, no that was quite, quite unanimous, right, right.

S: I see. Were there any others in the university, other than the faculty of the Department of Nursing, others influential in the development of this?

N: I'd have to say Dr. Foye, Dr. Robert Foye. He was really ah...from the time that I came on the faculty he was truly a friend of the Department of Nursing and was very very supportive of anything and everything that we wanted to do to you know, to get ahead and to ah...He was very receptive to anything we felt was going to be in the best interest of the Department of Nursing. Ya, he really was an excellent ally to us.

S: We didn't talk much about the students, which brings us here I suppose. What were the nursing students like on a whole? What was the flavor that you have gotten from your students? Do you remember any particular students that...?

N: Well yes. A couple of outstanding ones were John Catalano. No, that's not his name. I should know it. John...it will come to me in a few minutes. But anyway he was a ( ) service and then you know, came into our program and he was really a very, very good student and was highly motivated. In fact after he left here went on to Medical school and is now a practicing Urologist. And he went to UMass Medical School. He ah..during the time that he was my student I kind of got interested in preparing the students to function in a Code 99, or to be able to do something more than just stand and watch.

So I decided that I was going to you know, put on a demonstration for the students, and that I was gonna have the students act as the team leader and code resuscitation and all that kind of thing. And I happen to mention this to...I had been given a monitor by St. Joe's, I paid a dollar for it. It would you know, displace strips and all, but you couldn't use it on a person, because it was loosing energy as far as pacing and things like that. But anyway, it was fine for what I wanted. And I happened to mention to John one day that I would like to somehow be able to set this up so...it had another panel with nothing in it, you know, beside the monitoring device. And I said, I'd love to just be able to make believe, simulate defibrillated paddles and so forth, you know? And said, gee, I think I could help you with that. Before I came into nursing I was a student in electronic engineering here at the university. And he said, let me see what I can do with it.

And so he thought about it and everything, and he submitted some ideas and everything. And he said, of course you'd need to purchase you know, some paddles. And I said ya, well that would be okay. So I talked to Trudy and she agreed with that.

So anyway he set up the little monitor and defibrillator that we have now. Of course it doesn't actually defibrillate a person, but it goes through all the motions of doing it and everything else. And he used that... Oh he had, you know, did beautiful diagrams of the electrical set up and everything. And he used that as part of what he...I guess they had to show



some project that they were involved in and he used that as part of his project to be considered for application to the University of Massachusetts. And he got in you know, ya, ya.

S: That's very good.

N: So he was really one of the so highly motivated and interested, and so forth. And really felt that nursing had prepared him, had given him so many more insights into Doctor/Nurse relationship...Doctor/patient relationship than he would have ever gotten just by going through medical school, which I'm sure is correct, you know. So he was one.

And then Kelly McMahon who at the present time retiring president of the (Sigma ? ? ), was another one of my outstanding students I thought. Ya, she was really a very smart, keen student. Excellent student. She could function in an intensive care unit just as well, almost as well as a you know, young staff nurse that was...she really was a very highly motivated student. Those were the two outstanding.

Then I had one that was Alan Solomont who is on the Board of Directors of the college now, and so forth. Alan and I didn't always see eye to eye, but nevertheless we got along pretty well. He's another one that really you know, had high motivations and of course he succeeded quite well in his career. Those were probably the three outstanding ones.

S: I understand that you were quite involved in...We'll make this the last ( ) with establishing an evening RN Program?

N: Yes.

S: Could you just kind of...?

N: Well what happened there, I was really involved primarily because at the time I was Chairperson of the Department, because Eleanor was on sabbatical. And at the time I was voted in as Chairperson, there were other people like Dr. Futrell and some of the others that were actually more qualified in that they had their Doctorate and so forth, or were working on their Doctorate I guess really at the time, but really didn't have the time to devote to being Chairperson, okay? So when the vote came there was one other person on the faculty who really wanted it very badly, but the faculty chose me to relieve Eleanor. It was just a temporary thing while she was away, you know? And so that was really how I got involved in you know, in the union program.

What happened was that Northern Essex had joined forces with Merrimack College and had decided that in combination they were going to offer an evening Baccalaureate Program. And somehow or another...for R.N.'s. And somehow, oh by letter I guess, the president of Northern Essex communicated this in a letter to Dr. Duff. And he was quite upset about that, because he felt that Northern Essex you know, was not a Baccalaureate College. And where we did have a Baccalaureate Nursing Program in place here, that if anybody was going to offer a you know, an evening program it should be the University of Lowell.

So he immediately called Dr. Barker and discussed this with her, and I guess pretty adamantly told him that he wanted very much. That we would go ahead with this and you know, develop a program at the University of Lowell. It was more or less cut and dry at that level if you will, you know, that this was decided. Dr. Barker then called me and she and I presented it to the faculty.

(Tape II, side I fades out)



TAPE II, SIDE II BEGINS.

S: Wait, let me just introduce this. Sue Murphy continuing interview, side II, tape II, with Norma McQuaide, April 20th, 1988.

And you were saying about the...?

N: So then it was presented to the faculty to vote because it was a faculty decision. It had to be a faculty decision. And they voted yes, go ahead with developing a program. So therefore since I was Chairperson it fell upon me to develop what would be the curriculum you know, of this program. In my you might say inexperience in continuing education, I thought it would be more or less like the day program where they would go probably six hours or something in the evening. And when I went over with what I had outlined to Dave Pfeister, who was the Associate Director of In-Service of Continuing Education, he was horrified. He said, you can't expect people to go all day, work all day and then come you know, this many hours.

So then he and I together arranged what he felt was a feasible approach. It was not changed. The curriculum was not changed at all. It was just really arranged in a feasible way that people could attain without actually trying to kill themselves in achieving it. As it stood, as it was outlined as it is today for this last class, it would take six years to complete the evening RN Program if you successfully passed your challenge examinations in the ah... you know, those subjects that were challengeable.

S: Umhm. How long did that program last?

N: It started in 78, and it's finishing May, this May, May 88.

S: And how many graduated?

N: I would say roughly about 100. Our classes for the most part ranged about ten each year.

S: Was it a satisfying experience?

N: For me or for the students?

S: For you and for the university ( )?

N: I think for the students it was frustrating, because it was so long you know, it was a long program. And in the beginning we didn't do too much about encouraging them to you know, take clep examinations. And then also the program itself became more liberal. For instance they were not allowed to clep certain things. Concepts was one. They were not allowed to clep pathophysiology. Those were two that later on they were allowed to take clep examinations, and plus the usual liberal arts, such as General Psyche and Soc. And now alot of them are even clepping Biology and picking up six credits, elective credits that way.

So that as the thing evolved it you know became a little bit more satisfying to the students, but still the long period of six years was very frustrating for them.

S: Do you recall an outstanding student in your RN Evening Program that has gone on, or has contributed somehow to the community at large, or the profession?

N: Oh, I'm sure there's several of them that have, but one was the Kramer... I can't think of her first name. Pat Kramer I think. She has gone on and done quite a bit. Um, another one was David um...if I didn't want to think of it... I just saw him. He just took an ACLS course at St. Joseph's last week with me. He's doing emergency, you know, room work, and he's advancing quite nicely I would say in his profession. Vera McEnespie is the Head Nurse in the emergency room at St. John's. She's doing you know, quite well. I'm sure that there are others too that are in some administrative positions. Um, there's a student named Chasse, Marsha Chasse, she has gone into In-Service Education at Northern Essex. So they are...they are beginning... I'm sure there's more too, but I can't you know, off the top of my head think of just where they are. One is ah...I can't think of her name at the moment, but she went into ah...What I understand is doing very well financially. She went into you know, being the nurse promoter for a drug company in relation to all kinds of children, pediatric type of supplies and equipment and so forth. And I understand she's doing very well financially for herself. Which is different (S: differently) right, right.

S: Especially in nursing. Um, in closing is there anything else that didn't come up in our interview, or milestones, or any event or person that we haven't mentioned, that really belongs in this history tape?

N: Well just that I would like to say in closing I think that both Dr. Shalhoup and Dr. Futrell have really really contributed a great deal to the progress of this nursing program. I think that they have both been highly motivated and you know, true leaders in having us be a successful program.

S: Okay!



