

D=Dr. Dubrule  
S=Sue Murphy

Interview with: Dr. Marian Dubrule  
Interviewed by: Sue Murphy  
Date: 4/5/88

TAPE I, SIDE I BEGINS:

S: This is Sue Murphy. I am interviewing Dr. Marian Dubrule at the University of Lowell. We're on South Campus, Weed Hall, 105. Today's date is April 5th, 1988.

To start with I would like to ask you a little bit about your background. Your family, your growing up period, things of that nature.

D: It makes quite a long story that I'm a middle westerner from Ames, Iowa almost geographically in the middle of the United States. I'm the middle member of a middle class family, how middle can you get, that had five brothers and one sister. Two brothers older and three brothers younger. Ah, we're as I said, a middle class family. I'm third generation college educated, having graduated from Iowa State that is in the hometown, in 1939, after pretty ordinary childhood through the depression and so on.

From ah, Iowa State... at Iowa State I had majored in pre-medical work expecting to be a physician. But World War II broke out in Europe just as I was finishing in 1939. So I changed my career goal to nursing, because I come of a family where we have soldiers in every war that the country has fought from the Revolution on to now. So I quickly decided to apply to collegiate schools requiring a Bachelors degree for entrance. At that time there were really only two. And ah, (Western?) Reserve and Yale, whereas Vanderbilt had had one, but had been discontinued temporarily I guess. So I entered Yale University, School of Nursing in 1939, the Fall of 1939.

S: Let me go back just a moment here. Now you said that your family, there were six siblings in all (D: yes), or seven of you?

D: Seven of us total.

S: Seven in total. And you were slap dab in the middle?

D: Yes, exactly.

S: Okay. And you talked a little bit about being middle class. What type of an occupation did your parents have, or did your father work and your mother stayed home and rare the children, or how did that work?

D: The family was typical early 1900's. My father was a Civil Engineer, Chief in Construction Engineer, the Iowa Highway Commission. And mother had always quote, "stayed home". Worked hard to bring up seven children on I would say, careful budgeting. (S: umhm) We had known from the time we were children, when we moved to Ames, that we would all go to college. I had known from the time I was three that we would, because our parents had both graduated from Iowa State. Mother in what was then called Home Economics, Domestic Science or Home Economics, and Daddy was a Civil Engineer in the ROTC of course and had been in World War I just after I was born, 1917. So he had gone to France and had come home.

S: Did they meet at school?

D: Yes.

S: At Iowa State (D: yes) where you also went. (D: ya) And ah, what type of a religious background? Was there any religious influence regarding the choice of nursing some had?

D: I'm sure it was perhaps subconscious. As a child I had wanted to be a missionary. I was an ardent follower of my religious faith. One of the prominent Protestant groups, which in middle west are most prominent. (S: umhm) I was a Methodist and still remain that in name. And um, I'm sure that the fact that I had I think four missionary families for relatives, children from one family coming from South Africa in throughout our childhood on their sabbaticals and that they stayed with us, our cousins did. (S: aha) And the ones from India, ones from Burma, ones from China, so that I had contacts almost like all over the world. So in college I had made being a member of the Cosmopolitan Club one of my very great interests, and had dated people of I suppose almost every, not every country in the world, but China, Africa and so on. (S: umhm, umhm) Sometimes other missionary's children, or people that had...that were physicians, or in fact Iowa State has a Veterinary school, so it was medicine, some of it.

S: Umhm, umhm. Were there any other prominent people outside of these missionaries that were your relatives? Um, any nurses or physicians that had a key impact in your choice to go into Health Care?

D: Yes, my mother had one brother who was a doctor and he married a physician. My father's sister was trained as a physician, though she didn't practice. So there was quite a good deal of contact in that direction.

S: More medicine than nursing actually.

D: Yes, definitely.

S: Now Iowa State was kind of a pre-chosen, you just kind of went to, everybody in the family? Is that what I...?

D: Everybody was expected to go. It was financial, because our tuition was something like ah, twenty-five dollars per um, we were on a quarter system, that is trimester as you would say now. And it was twenty-five dollars per trimester, that would be seventy-five dollars a year when I was starting (S: wow!) in 1935.



S: That's interesting. How about your grades in primary school and secondary schools? Were you always inclined academically, or...?

D: Yes, I guess I should have to say that I had a good deal of pressure in that direction from I suppose all sources, and was expected to be a professional of some sort. It didn't matter too much to people what I did, but it was going to be something that was related to a college education for it and that it would probably be service oriented. It was that...unspoken, but implied.

S: From the parents?

D: From everybody. Aunts, uncles, cousins, sisters, (S: aha) brothers, whoever it was. It was nothing forceful, but it was just accepted. For one thing that my grades were I guess outstanding from the time of childhood. (S: umhm) That I helped my brothers, some of my brothers with their written work particularly. (S: umhm) And that on the other hand I was helped by my oldest brother on sciences, chemistry and physics particularly of which I wasn't very...as able as I was in the more literary arts.

S: I see. Now you went to Iowa State and received a Bachelors in pre-med, is that...?

D: No, a Bachelors in Science, (S: umhm) major. (S: umhm) You had to choose a Science major and mines was (Zoology?), all the human anatomy courses.

S: I see, and then you went into the professional program at Yale?  
(D: yes) To obtain a Masters and a Nursing degree too?

D: A Masters in Nursing. (S: okay) My first Degree is an MN, after Bachelors.

S: I see. So you were able to sit for licensure and also had obtained your Masters. (D: yes) That was quite innovative at that period of time wasn't it?

D: Yes, there was two schools in the country, (S: aha) or in the world who did that at that time.

S: Tell me a little bit about your experience at Yale?

D: Well I went in with an opened mind I think and was verbally welcomed by people on faculty who knew the background that I had had as an undergrad student. Meaning that I was more... had things other people didn't have in my peers in classes. For example, I was sort of drafted to be an assistant in a laboratory in Diet Department. (S: umhm) I knew nothing about diet except what I had been learning on the home front from the mother whose education was that. But then I had alot of home skills that other people didn't have too. Whereas the one that I was more interested in being like a lab assistant if you call it that, was Histology. Particularly dissection, because we had human bodies to dissect and I had never had that experience as an undergrad. (S: umhm) These were the same

ones the medical students used and we could explore parts that they hadn't explored thoroughly. So we had almost what you'd call original work to do in the field. Plus at the time I was dating a medical student who was a surgeon, going to be a surgeon and has become one and he taught me other things that I hadn't know before. (S: umhm) So I had both the skill orginally built in as well as alot of help in getting extra things on that line.

S: Umhm. How did you get to Yale outside of the fact that there are only two schools to choose from? Now that's quite a geografical distance for you to travel?

D: Rather easy. I had been active in the Health Council at Iowa State and had been the secretary of it to be exact. And the Advisor was a nurse who had been either a teacher or had a classmate who went to Yale. And so that I got information about it in very short order when I needed it, and ah, was accepted again as I say, rather readily because of recommendations.

S: I see. Did you have financial support (D: no) to go?

D: No financial support accept from the family. But remembering that this was thirty-nine to forty-two that I was in nursing school and that Yale was heavily supported with Rockerfeller money, so that my tuition for the three years ahead of time was planned to be just under a thousand dollars. Something like 1942.

S: How about accomodations and...?

D: Dormitory space adjacent to the hospital by tunnel and near by. So that that and food were included in our ah, with our tuition. We didn't pay anything except our books and our own expenses.

S: Umhm. And again your choice for nursing was more...you had mentioned that instead of medicine you went into nursing and what was the reason for that?

D: The biggest one was getting into the service of the country when Poland was being attacked, all Europe was aflame as one saw in not television of course in those days, but in movies and that it was accepted that we would be at war before long. And that I had five brothers and a father who was volunteering for anything that they would take him for, so that I was just... I was in the normal for my family that everybody was expected to do what they could.

S: Umhm. I see. And this was a full two year...it sounds like a two year program?

D: No, a full three year (S: three year program), three academic years (S: I see) with one month for vacation in the first two summers.

S: In the summers. What was nursing like then?

D: I suspect for the time it was...where I was being educated was probably very very forward thinking. I base that judgement on the fact that many of the things that I learned were not yet being done, even environs as far as the outer reaches of New England, which I'll go into if you want me to.



But the fact that I had learned things as say in Public Health, that when I...ten years after I was married and the things that had intervened, I was instituting these as a visiting nurse and they were not, they had not been thought of by the staff of the agency where I was working in a small town...not a small town, a mill town here in northern New England.

S: I see.

D: So that Yale's nursing program was based on the belief and it was told to us verbally, that there are many things that the students would know that they were to share with one another. And that if one knew something about something, that we were to be willing to share it, and that other people would share other experience or knowledge with us. (S: aha) So that this business of my having helped with the labs was strictly because I had been helping people with labs ever since I had been a sophomore at Iowa State. But that there were things about say bacteriology that I didn't know, because I hadn't taken it. And that my peers helped me with that, with those things as I was helping them.

S: I see. How many of you were in the class?

D: Forty-two...forty-five.

S: All women?

D: All women.

S: What was the social structure then? You lived in a dorm, did you have to be in, did you have strict curfews?

D: No, we had no curfews, because we were considered to be adult women with our own judgements of how we would spend our time. Social things were of course quite frequently and I might say heavily shared with the medical students at Yale. And there activities were both formal and informal. All the ah...such things as formal dances and teas every afternoon after duty, or whenever one could get there anytime in the afternoon. And the evenings or other times were as I say quite...more social than I had been familiar with, because I had come from a very heavily dedicated scientific school, where Yale had much more the idea of the liberal aspects of cultural education came to the fore. Such things as having not part of a student fee, but tickets to every musical and chamber music, solo, violins. I remember hearing very famous people. (S: umhm) Whereas in my undergrad days that had been strictly you did it because it was well part of student government offering. (S: umhm)

S: Are your memories positive?

D: All positive without exception I would say.

S: Any professional negative things happen to you during any rotations that helped to form what might have been your specialty area later on, your areas of practice?

D: No, because we went in with the idea that we could specialize in anything we wanted to do. And our program was varied and had extensive clinical experience in each field. Such as for example, I use the example



since I'm teaching in psychiatric nursing now, that I was in a specialized hospital, Butler in Providence, Rhode Island for three months. And because of the extensive time there we got a very good experience in-house psyche, not any community psyche at all. And ah, but the experience was such that when I went in I said, I will never do this. And when I went out as was frequent in our experiences, because I've checked it with other grads, that when we were expecially acceptable in a field we were invited back. As graduates why don't you come back, was a way of recruiting us. And I was asked that in Community Health and in Pediatric Nursing at the Yale New Haven. And at that time I would not have done anyone of those three. (S: umhm) They were things that didn't interest me, because partly because I suppose I was so into the medical-surgical field. I was convinced that I wanted to be first an OR Supervisor, because I knew though I liked the handwork and the skills involved and had spent something like three months I think in the OR, and had gotten tremendous experience with sixteen hour days, days and weeks on end because there were no other students there at the time, and I guess I was known as an eager beaver, that I got tremendous things that maybe other people didn't get, and because I liked it I took it as seriously. But already had made my mind up by the time I was a senior that it was OR Supervision I would do and not the handing the instruments.

S: I see. How about any other rotations that you had, or when you went away, that have any specific memories that...

D: No. The psyche one was the only one we did away from our home base, the Yale New Haven. The ah, formerly, before my time students had gone to a tuberculosis sanitorium, but in my time it was an integrated program, (S: it was?) and we got that in the clinics in the hospital. (S: I see, aha) They... (S: go ahead) You asked if there were other areas that I felt strongly about. One was, I guess I felt strongly about OB. That I had been assigned by reason of an illness of a graduate nurse, in the area.. on the floor of evenings or nights, or something like that. And it was my first evenings or nights which ever it was. Maybe I was doing one after another. Not continuous but I mean extra experience. Found that the RN who was assigned in the labor and delivery room did not respond when I asserted that a patient was about to deliver. And she sighted the fact that resident had said it would be a couple of days, because the person though she had ah...this was a second pregnancy, it had been five years before. And I assessed the fact that yes a delivery was imminent and took the strong position of moving the patient into the delivery room myself, as I might just say so that it was the event of the delivery occured in the delivery room. And I felt by making that decision, naturally I was questioned about it the next day. But a couple of weeks later the RN who should have taken that responsibility where I was an undergrad, was not there and I was still there. So that is indicated to me that being assertive was acceptable, particularly of course if it came out correctly.

S: Positively. That's interesting. What happened to you after school, after graduation? What were your plans?

D: My plans had been of course to join the army. And I did in fact volunteer at the Yale unit. For which I was, I didn't get the paperwork from the government. It turned out weeks, months later that they had been left or lost because I was a resident of a different district of the army's findings. And my paperwork had been lost in Omaha or somewhere.



But the rest of the Yale unit went down to Camp Edwards on Cape Cod, which is now Otis Airforce Base. And I was not called and not called. So many questions of whether the fact that I had broken a big toe made a difference, or anything else. But I began... believed that I would not be called and so had decided to marry the person that I had fallen in love with. And got married intending to go inspite of the fact if I were called. And indeed I was, very late in August of 1942.

S: Umhm. Now you said the Yale Unit um, was this a group that had joined the army from that area?

D: That exactly. That the chief and the chief nurse and the primary... all the officers of the unit were Yale people. Some nurses were not. And I had two classmates who volunteered when I did, but they too had been called well ahead of me.

S: And this was a post graduate decision, yet it had not subsidized your education?

D: No, army had nothing to do with it. I felt a patriotic duty to go and the Yale unit looked like it'd be people I'd be willing and able to work with. (S: umhm) And I had volunteered in something like May, graduating in June, taking State Boards in July and passing them, and was as I say, not called and not called. (S: umhm) So it was sort of discouraging.

And the an...remember that Pearl Harbor had happened just the December before, so the world was in almost chaotic as far as thinking how things would be when one graduated, to graduate into a profession and expect to be in a somewhat stable environment with a unit of people I knew and not being called, I guess I felt like I wanted to take on what would be some kind of security for myself. And I married on the 3rd of July in 42.

S: In 42, and were called the following (D: September) September.  
(D: two months later) The person that you married was a schoolmate?

D: No, he was a defense worker in the city of New Haven. (S: umhm)  
And we had met sort of by inter-....almost by accident through mutual friends.

S: Umhm. Was he a Connecticut person?

D: No, he is and was a native of the Merrimack Valley. (S: umhm, umhm)  
And I had visited with his family. They were a druggist family here in Lowell.

S: Umhm. Did you have a long courtship?

D: Nine months exactly (S: aha) almost to the day.

S: I see. Now...and you were married for only a short period of time before you went into the service?

D: Yes, that's right.

S: Aha, and where did...what happened to your husband? Did he stay home?

D: He expected to be, to either sign up or be drafted, so he enlisted in the Coast Guard. He had a long childhood on the East Coast with very good memories of the ocean and boats and some knowledge of these things. So he was ah...as I was enlisted in May, he enlisted in the summer. And I was called in September and he was not called until November, almost Christmas.

S: Umhm, umhm. And how long and what happened during your service?

D: Well the services at Otis, I was, or what was then Camp Edwards, as expected one was put in charge of a unit. Luckily my undergrad work had prepared me somewhat for charge nursing and I was able to handle it. Although the few emergencies, and I mean true emergencies in the sense that the hospital would have, would enter a great number of men who had been out on (bib wacking?). Had either food or boats capsizing and things of that nature. So these were units...I remember being in charge of two units concurrently on three to eleven. But one of the units were people being discharged for various medical reasons, and the unit that was more severe I remember again, I suppose you would call it shock, of being ordered by a physician to give...this was I think in the instance of these people who were...who had had food poisoning, giving morphine to every patient in the unit without even knowing their name, their history or anything else. And it was just really literally a professional shock to me.

S: Now that seemed like a negative experience.

D: In the army, ya.

S: In the army. How many years did you spend in the army?

D: I did not spend years. I spent only the time from when I was drafted... called in September, until December because I had found out that I was pregnant. (S: oh! (giggles) And in that time the army, first for not letting you out if you were married, would not let you out unless you were pregnant. So it was an overnight change of ruling.

S: And then what happened to you?

D: So I was discharged (S: aha) and came back to live at my family-in-law in Lawrence, because they had room and it would be near to where Louie might be assigned because he was in the Coast Guard.

S: I see, and did you work?

D: Ah, I didn't until oh...Let's say I did while pregnant, because I taught the local red cross home nursing care of the sick, mother and baby care from...well let's see. I was out of the army in December and teaching in January.

S: Oh, 43?

D: Yes this would be 43. The baby was born in Mary of 43, so I taught until I guess maybe a week..., well maybe it was probably as much as a month before she was born.

S: And was your husband home or was he away?

D: He had been called in the service and he had been floating around at



various what do you call it, boot camp, Manhattan Beach, Long Island I believe. And he was in Washington. He had been sent to Texas at one point. These were short things, sea trips, shake down cruise it's called. (S: umhm) And the kind of thing that I gather the services think adjust people to this. He had gone to a radio technician school, which eventually decided where they would assign him, was that he had done apparently fairly well, but not the best in the class. The people the best in his class got sent to Alaska, and Louie got sent to the coast of Maine to take care of the radio beacons.

S: I see.

D: So we spent the final two and a half years of the war in defense housing in South Portland, Maine.

S: I see, I see, and with one child?

D: One child.

S: With one child. And did you work?

D: Not in Maine. I might be said to be the unassigned village visiting nurse, because I did a great deal of consulting, advising and taking of temperatures, but I was not being paid.

S: This was a volunteer type of service that you provided?

D: Volunteer because I was asked too. (Both laugh)

S: I see, but you weren't paid?

D: No. And there was a real shortage of physicians and nurses such that for what the population of this village was probably not more than oh maybe a couple of hundred, a hundred and fifty perhaps, people, but were many little babies and people who didn't have direct medical and nursing advice.

S: I see. So outside of the army you spent a short period of time, during the time you were pregnant with your first child teaching, actually doing para-teaching, and the like, and did not work for (D: pay) pay so to speak, but did remain active in your nursing skills.

D: Yes, ya.

S: And then spent two and a half years in Portland while your husband was in the service, until he was discharged. And then what happened to you?

D: Oh, well almost immediately with that we were discharged, I say we were because I felt as if we were both in this, we were discharged in December of 1946. And came back to live in the Merrimack Valley with ah... first with my parent's family, because housing was very short. (S: you husband's family) I mean my husband's family. And then buying a house that was in possession of the family and living in half that duplex house.

S: Umhm, I see. And ah, daughter was about three at this time?

D: Three, and I began to teach again right away at ah, in this instance it was for the Red Cross again. And what I was teaching was more of the mother and baby care, but by this time I was a training supervisor for the Red Cross in the Merrimack Valley. And had taught here in Lowell with two groups of blind people, teaching home nursing and care of the sick. And had taught several, well almost constantly courses...

END OF TAPE I, SIDE A  
TAPE I, SIDE B BEGINS

S: This is Sue Murphy continuing on side II, tape number I, interview with Dr. Marian Dubrule, 4/5/88.

And Dr. Dubrule we were discussing you had again, coming back from Portland after the army experience, you were employed again by the Red Cross. You were doing some public health teaching with mothers and young children. Could you expand again on that teaching supervision you were doing?

D: Well I suppose it would be of use to know why I chose to be involved in community teaching. Because when pregnant here in...prior to ah... ya, prior to the finding of a physician, I had asked and asked, my family-in-law had not told me the name of a doctor. And finally I almost had to be insistant. And my mother-in-law said very softly, we hesitate to tell you Marian, because people in this area often choose doctors who do not give you an examination before the baby is born. And this was such a professional shock to me, that I felt as if my early wishes to be a missionary could be fulfilled right here and helping teach people I would say modern care of mothers and babies. So that I did a great deal of mother and baby teaching as well as general home nursing care of the sick. (S: I see)

And then as I mentioned that I was assigned because of being a training supervisor that I taught RN's who wish to teach for Red Cross. I was not involved in either emergency, that is to say first aid. I wasn't involved in any of the you know, the other courses that Red Cross taught, but home nursing care of the sick, mother and baby care were mine.

S: Was this a full time position?

D: No, it was strictly part time and upon call, and when a number of people had signed up and wanted the course.

S: Umhm, I see. So you were able to conduct your family life and work at the same time. You didn't feel ( ) in a nine to five job?

D: I was not... No, I was not doing what you call office work, except in connection with the teaching.

S: I see. And how long did that last?

D: I was employed or got into it in 1947, I did it until 1953.



S: So almost about six years?

D: Ya.

S: And where did you go from there?

D: At this point my daughter was ten years old. It was known that she would not have any siblings. So I chose to go into public health because I would be sure of being off duty when Diane would be at home and she would not be without supervision. So I went into the um...into the um, Visiting Nursing Association of Haverhill (S: umhm) at 1953 and I stayed there.

S: Because of your community health experience, is that it?

D: Yes, that's right.

S: And how long did you work in Haverhill?

D: Just two years.

S: How was your experience?

D: Enlightening. Again it followed the fact that I had found that there was in the community a great deal of need for trained and educated persons in the public health aspect of nursing. That there didn't seem to be a crossover between say, hospitals and what the public knew, or could apply. (S: umhm) So there's a tremendous amount of family teaching, family work in all sorts of... It was really a general service. And one did a district and had a load of so many patients. And I happened to be I guess again, interested enough to enter a number of new patients. So that my load got heavier and heavier, that when I left the job they hired two people to cover the tasks that I had been doing.

S: I see. And you left in 1955?

D: Yes.

S: And what was the impetus to your leaving?

D: (Long pause) I had ah... I guess I felt partly that I had learned all that I wanted to, or needed to know and wanted to be more... I had still the interest in being in operating room or at least where more ah.. not more challenging, because public health was challenging enough, it was something that I would find more stimulating. (S: umhm)

S: And where did you go?

D: I applied at the Lawrence General, it had a School of Nursing. I applied however, strictly for nursing service supervision. My teaching background was made use of because they wanted somebody to be instructor and supervisor auxiliary personnel. They had never had a cadre of nursing assistants of any kind. Nurses aides or otherwise were those people that literally that I had trained there during the war. When I was speaking of teaching mothers and babies, nurses aides I had also taught. And that some of those were people that I had helped train and had supervised in

in the hospital while I was really employed by Red Cross.

S: I see. So you had an introduction of Lowell General at that time?

D: Lawrence General.

S: Lawrence General, I'm sorry.

D: They had been somewhat ah...ya, they had been quite interested in having employees of their own, rather than volunteers be on staff.

S: Was this a full time position?

D: This was fulltime, yes.

S: Okay. So this was really the first time that you were working full time again, outside of the consulting work (D: and the army) and teaching that you were doing. And the army of course. And how long did you stay at Lowell General on the capacity of this ( )?

D: Lawrence General. I was...

S: Why do I keep saying Lowell, I mean Lawrence. (laughs)

D: Lawrence General. They're very very much similar (S: aha) institutions, I was there for five years. First year in the nursing service supervision of the personnel as I mentioned, but that they were trying for accreditation, needed someone with my academic qualifications in the School of Nursing. So I went over to the school in September of 1956.

S: And taught at what level?

D: First year...yup, first year level, um...um...fundamentals of nursing. The old time nursing arts courses as (S: I see) the...before my time.

S: And this was a diploma program (D: diploma program), three year program.

D: It had existed since 1875, was one of the off shoot schools of the nightengale schools, which there were about ten in this country which had come...that people from nightengale school had come over here to found. And this school had as I say been founded in 1875. Had never been governmentally approved, but had had students constantly from 1925 till I went there in 1955, 56.

S: First accredited in 19...?

D: About 50, we didn't get it accredited the first year. So it should have been about 1957 or 8 it became accredited.

S: What was nursing like then?

D: Very proceedurely oriented. (S: umhm) When I was doing the teaching of the fundamental's course it was almost indicated to me that I would base my activities on the teaching of how you do so and so. The care of the dieting patient; the care of a person who had any number of proceedures



including what I had to go to the books to learn. Things like mustard plasters, because that hadn't even been taught when I was learning it, but they were still being used there when I went into nursing arts teaching.

S: A little bit behind perhaps?

D: I felt they were behind in the sense that the reasoning behind things was not emphasized at least until I got there. And that it was not expected that people would know a why of, or certainly not to question anything. And this I was questioning to the extent that when people told me, or when it was necessary to teach such things as sterile wet packs, that I went to the laboratory and asked, this is pathology laboratory people, to make test of the various wrappings that were done with sterile packs, because I didn't feel that they were being sterilized all the way through. So putting in the testing devices into the center of the packs we found yes, that some of them were, or were not sterilized because of the thickness of the wrappings or the content of the packs. And that people didn't seem to question this. Although as a result of that episode if you want to call it, that I was put on the safety committee, the Safety and Sepsis Committee of the hospital. (S: I see, I see)

Whereas before that I had been Chair Person of the Proceedure Committee. (S: umhm) And so that I was combining my own background and interests in making things as up to date as possible. At the same time we were seeking help from other accredited schools. Getting the school accredited was quite a task, because there was a lack of grasp of what accreditation... why it would be good and also how you went about it.

S: I see. Did you lead that (D: committee) accreditation process?

D: Yes, I would say I did. The person I was working with was the educational director, was not yet working on her masters. And she and I did almost a dual push for this accreditation process. And indeed it had been applied for under a previous director, from the one with whom I worked more fully, and was even denied a visit. But the following year when my colleague and I were working so heavily, we got it on the first visit. And the statement that was made to us, we can see that a lot of work has been done here , and it had been.

S: And that year was?

D: 1959 I guess it would have been.

S: Up until this point, were there any individuals, any significant nursing role models that you can remember as being very important to you?

D: In this area? (S: ya) Well of course one looks naturally to the ah, Director of Nursing of the hospital that you're in, but I was much more inclined to look to people at Mass General (S: aha) for role model of the various things that I had been doing. So either people that had been peers of mine as an undergrad at Yale, or people who were their directors were mine. ( Sounds like someone is whispering)

S: I'm sorry. But you kept in contact with many of your nursing colleagues in school?



D: Yes, partly because when we'd need a speaker, or we would need advice those were the people that I would go to.

S: So those were the people who helped you in accreditation?

D: Accreditation we were on our own. So few places were accredited that we couldn't um... I remember the director of nursing at the Salem Hospital was a person who had been known. And she did come up on a consultation visit. We also had a consultation from the librarian at Boston College. And she was very helpful in telling us what we could and should try for, because she was very interested in nursing library. And we had a tremendous library to offer the students.

You see, there was no other at this time. We're talking the early 1950's. There was not another medical or nursing theory or book resource in the community. The other hospital in the Lawrence area had not been built, or was just being built, the Bon Secour, and it was not thought of as a teaching hospital, did not have library books or people on whom we could depend. (S: umhm) So we sought out those who... Salem Hospital had been accredited, that is the Salem Hospital, School of Nursing had been accredited for a number of years before Lawrence General was even trying.

S: And that was a Baccalaureate level program?

D: No, it was a hospital school, but it was known to... it had a good reputation, it was known to be interested in education of nurses. (S: I see) In those years too it was only becoming, that we were becoming active, our students becoming active in the Student Nurse Association in Essex County, which doesn't include Lowell, but merely includes the North Shore. That there were only five schools of nursing, Salem Hospital, Lawrence General, Melrose and Malden Melrose was one I believe at the time. And Lynn had a school of nursing, and there was one more. So that there was only five in the whole of Essex County for our students to interact with, to be students with when they went to say Danvers State Hospital for their psychiatric nursing, and to get to know as peers, students. (S: umhm)

S: And how long did you stay at Lawrence General?

D: Five years.

S: So you left in ah...that would make it sixty-one?

D: Well actually the spring of sixty-two, ya.

S: Aha. And where did you go after that?

D: I had the vision that three year schools were not going to be sufficient. And had urged in fact one year when I was Acting Director of the School that we seek and get a um...some type of an agreement with either a local college, which at the time would have been Merrimack College, or a little later on when we saw that the ( ) schools were coming on that it might have been Northern Essex. But in both instances the Board of Trustees told me that we have a school of nursing, why do we need an educational connection? And I pointed out the advantages of classes, laboratories and so on, being taught in the general education system. But that was not acceptable or accepted. (S: umhm)



The students were small in number. We had something like ninety in the entire school and it was roughly divided evenly. So there were thirty per class and they lived within the dormitories, were required to do so. Had I guess what would have been classic, but was not familiar to me, such things as dormitory rules and curfews and the like. And this was ah... I guess I could say I was seeing that it would be a change. (S: umhm) That I would need a broader field for myself. That I had kind of a mental rule that in five years you do what you can for an agency and they do what they can for you. Unless you move up or laterally there is not much more to be changed after five years. (S: aha)

And I had gone ahead and gotten a second Masters by this time in Counseling and Guidance at Boston University, part-time work, while I was either directing or working with the director of the school.

S: Okay, I need then to go back a moment. When you entered in 1956 and were teaching fundamentals, you must have then taught other areas and sounds like you had some managerial experience in administration.

D: Yes, but it was on a (happen stance?) basis. I wasn't... I would have been thought to be the Assistant Director of the School, but there was no such category. So that I was doing... So that when the Director needed sabbatical or leave of absence for schooling, I was the Director of the school for one year.

S: Umhm. What was the decision and how did it come about to obtaining a second Masters degree?

D: Quite flatly that so poor was our work in guidance and counseling for the student body, it was such a very evident need to me that I felt that since I was teaching that a second degree, having a Masters already, that a second degree in education and choosing counseling and guidance because that was the need, that the two fitted ideally.

S: Umhm, umhm. And you went to Boston University part time for that? (D: yes) You were a commuting student? (D: yes, that's right) Aha. And um, when did you finish that program?

D: 1961

S: And left Lawrence General a year later?

D: Yes.

S: And where...Did you seek employment or did someone seek you out, or how did...?

D: I sought employment, interviewed, because I thought that I should go back to nursing service for further experience in the field. (S: umhm) That I sought employment at various places within commuting distance of my home.

S: Umhm, and where did you end up ( )?

D: Oh where did I end up? I ended up at St. Anslim's College in Manchester.

S: Aha, I see. And you started in at St. Anslim's in 1962?

D: That's correct.

S: And this is a four year (D: program) program, Baccalaureate in Nursing?  
(D: umhm) And this is what you were seeking?

D: Teaching Medical-Surgical nursing, ya.

S: Right. And you entered at what level?

D: As an assistant.

S: As an assistant professor, umhm. And teaching what, med-surge?  
(D: med-surge) And how long did you teach at that level?

D: Oh well I taught med-surge for I guess it was a year and a half. And then there was a vacancy teaching a course that was called Leadership. And that I felt for some reason that I was capable of teaching that. And did some extra work in coaching and supervision kinds of things to prepare myself for it. But I taught...remembering that about this time team nursing was coming in, so that I did extra work in that. Teaching it in hospitals for example, at the Bon Secour and ( ) General and some other hospitals. So it was the basis for the course, Leadership. (S: I see) And the students learned team nursing as the mode of providing nursing care.

S: And you mentioned team nursing. What was nursing like at St. Anslim's at this time.

D: It was (far removing?) I was very pleased that I had selected it, because the experiences that the students had were in various institutions including the VA Hospital in Manchester as well as the Bon Secour down in Methuen, which was of course nearer my home...but the Elliott Hospital in Manchester and out in the community too. So there were a number of places that students could go. And that I usually assigned myself to supervise them in of course a medical-surgical setting, but the fact that we could go to different places was to me a plus.

S : Umhm, I see.

D: You asked what nursing was like? I think it was a real move forward for the professional nurse at that time. And remember these were four year graduates, or would be four year graduates, and that they were seniors when I was teaching them. That they began to conceive themselves as directing the work of a group of people. Usually lesser qualified people, because primary nursing has not been either thought of, or at least talked about or published about. But that team nursing said it would make the best use possible of the available personnel and that the Registered Professional nurse would direct the work. Would make the care plans, would in fact be almost an expert in making care plans. So this was a heavy area of teaching that I was doing, as well as inter-personal relationships which I had sort of secured for myself with my work in Counseling and Guidance group work, interviewing and that kind of thing. Where it became second nature to me and were reinforced by teaching it to both active groups in the clinical areas made us of staff members of the various hospitals. Because I was asked in as a paid consultant to



to teach courses. And then the students would practice within similar settings, including...

S: And this is outside of what your work was at St. Anslim's. You were also doing consulting and teaching team nursing.

D: Consulting and teaching, ya.

S: And how long did you...?

D: We did this for ah... I stayed at St. Anslim's for ten years, because I was advanced to being the coordinator of the senior teaching team. We were also integrating the curriculum there and getting the school reaccredited with the integrated program.

S: You were a pro at that accreditation process?

D: Well not so much a pro. The area that I was doing, the senior teaching team...the senior level teachers were I guess I would say either schooled or had accepted that both working together as a team and teaching team, were all areas that we could coordinate well and that would work well for both students and ourselves.

S: And you were accredited?

D: Yes of course.

S: Umhm. And you were accredited with an integrated curriculum? (D: yes) What was your experience working with an integrated curriculum?

D: I thought it was a plus. The fact that it was new; and it had to do with studying the literature related to that; and also to get acceptance through people who had quite varied backgrounds. Some people just working on Masters at that point. Not anyone at the beginning at least, when I had been there roughly five years and we were doing this, that people were just beginning to see that there would be a need for further education on the part of instructors who had first had Bachelors that were not working on Masters degrees. And that concurrently I was seeing that a Doctorate was going to be needed. And I had been only maybe six or seven years before I'd figured that out. And that it wasn't going to be practical to keep on teaching the integrated program and not have a Doctorate.

S: Did anyone have a Doctorate?

D: One person and I were working together on the integrated program, integrated curriculum, and she took a leave of absence and went to New York U, and so she had her Doctorate in her hand before I...about the time I left St. Anslim's, which was 1972.

S: And your reason for leaving at that time was to pursue Doctoral education?

D: Absolutely! I had decided that Doctorate was an absolute must if you were going to teach at a college level. And that of course I couldn't commute all the way from...44 miles each way from my home to St. Anslim's and home again, and another 30 miles into Boston would make an impossible assignment.

S: You had been accepted into a Doctoral program at this time?

D: No, I had not. I had been doing work toward it, like taking research courses and other heavy things in the summers. (S: Umhm) But I had ah... when I came down to Lowell in 1972 I had already been accepted.

S: Where? (D: for a Doctorate) Where? (D: at...) BU? (D: at BU) Boston University? (D: ya) Now you said you came down to Lowell. Why did you come down to Lowell?

D: Commuting distance to...from Boston.

S: So the family moved?

D: Yes. (S: umhm) I had lived in Methuen and Lowell was a near place to teach. (S: I see) It also had just started its four year program. The Baccalaureate Nursing Program at Lowell had...was graduated its first class the year I came. (S: okay) That is I came in 72 in the Fall and they graduated in 73.

S: So if they graduated in 73 the program began in 69?

D: Ya, sixty...four years earlier.

S: Okay, that would be 69 I believe, or it might have been September of 68. (D: 68) Okay. What I was trying to get at, you came to the University, well actually it would have been a Lowell State College. (D: yes) You left St. Anselm's, you moved into Lowell to take a position at the Lowell State University, which would have allowed you to commute to BU. Is that where I'm...

D: Yes, that's exactly right.

S: Okay. Did you take a full time position (D:yes) at University...at Lowell State? And what was your level?

D: I was an assistant.

S: Assistant Professor at that time. And you pursued a Doctorate and taught full time? (D: yes) And what was your area of study for your Doctorate?

D: I had chosen a Doctor in Humanistic and Behavioral Ed. (S: umhm) But having come in just as Lowell was attempting to get accredited, this as I say was 19...could not apply for accre...could apply for accreditation, but could not be accredited until it had graduated its first class, which as I say was 1973. So that we were going through accreditation process the year that I came.

S: Umhm. And what were you teaching? You were Assistant Professor, what was your area of instru...where were you instructing?

D: Leadership again.

S: Leadership, okay. When you came to um...is that what they really hired you for? Was that the area that interested them? (D: yup) And were many changes taking place at Lowell State because of this accreditation process?



D: Yes, a terrific number. The school at that time was housed in a small cottage at 100 Wilder Street that first Fall. It was sort of a picture in itself. The situation was so poor as far as faculty housing, that is offices and seating and so on, that there literally was not enough room for the people needed for the students, student body that had already or was being accepted. (S: umhm) So that... well it moved... in the face of accreditors coming that the then Chairperson of the department said that we really needed to be in the new building that we were slated to go into, which was Weed Hall. Because it had been completed, but had not yet been I guess officially accepted. But we were moved into it at the middle of the semester, middle of the year over the December to January period of the 1972, 1973 year.

S: Okay, okay. So you personally were not in the cottage...

D: Yes I was.

S: environment for a long period?

D: Not long. From September until Christmas.

S: And the school itself was in that particular location for the first almost four years of its existence?

D: No, it had been originally in Concordia Hall, the Office of the Dean. And the teaching of the first nursing courses I was told had taken place in what was either a lounge area or some rooms of Concordia, (S: I see) by the dormitory, the women's dormitory.

S: Who was the Chair...was it a chairperson, or was it a Dean?

D: Yes, Dr. Gertrude Barker was the Chairperson.

S: I see. And there was no Dean of College and Health Profession then?

D: No. No, because there was not a College of Health Professions. It was simply a Department of Nursing of a College, Lowell State College.

S: And had Dr. Barker been there since the outset of the program? She was the first Chairperson?

D: Yes she had. Yes, she had been, because I had interviewed...

TAPE I, SIDE B ENDS

TAPE II, SIDE A BEGINS

S: This is Sue Murphy interviewing Dr. Marian Dubrule, Tape II, side I on 4/5/88.

And we were just discussing that when you came Dr. Barker was the Dean and there was a Department...

D: She was a Chairperson.

S: Chairperson. There was no Dean, there was no College. It was a

Department of Nursing at that time. How many students did you have?

D: There was somewhere in the realm of 30 seniors.

S: Umhm, and this was a total undergraduate program. (D: yes) Okay. And um, you were going through accreditation at that time. Who else was here besides Dr. Barker and yourself?

D: Some people had left, but Norma McQuade was here in Medical-Surgical Nursing. Ah, two or three other people or six other people...five other people including myself of making six had come in new that year. Ellie Taboularis was new, Janet Lewis was...Joan Lewis was new, ah, some people that left there after and I can't remember all of new (S: umhm), but there were six of us who came on staff at the same time.

S: I see. And you were teaching (D: Leadership) Leadership.

D: Oh Betty Mullett came on with us.

S: Aha, I see. And ah, there was accreditation...How involved...Now you had come with an experience in integrating curriculum, was there an integrated curriculum in the University, ah Lowell State?

D: No, there was not. There was not even plans at that time. And I think it was almost two years, three years, the next accreditation before we planned the ah...before it was considered a necessity here. (S: I see) The program was the standard separated courses. And one instructor or possible two depending on the number of students would be involved. Such... Betty Mullett and I were teaching Leadership.

S: Umhm, and...

D: And Norma McQuade was teaching Medical-Surgical, but I don't remember who she was teaching with. But she had other...There were other people that the specialties, the usually medical specialties were considered...Leadership was kind of a out of the beaten path, but it was considered a necessity for a four year program to have a course called Leadership. (S: umhm) And it's experience for the students in it, because team nursing was so prominent.

S: And when you first became accredited what was the year? Was it shortly after you came?

D: Oh, it was ah... the accreditation was with um, recommendations for the following...It was ah, not...well let's see...The visitors came in the Spring of the year, I think it was February of 1973. And we did not have a firm commitment, or at least a list of recommendation of things that needed to be done until during that year. And until those things were completed accreditation was only promisory as it were.

S: I see. Do you remember what any of those recommendations were?

D: Yes, I could remember most of them, because the first one that was most prominent was the fact aht not enough faculty has Masters degrees in the specialty to which they were assigned. And if you recall that I said that mine was a Masters in Nursing and a Masters in Education which was Guidance



and Counseling. That the accreditor made the remark that what good does it do to have a Masters in Guidance and Counseling if you're teaching Leadership. This was in the report to the College at large.

So it indicated that I had to go back for another Masters, and so did other people had to get Masters or show that they had sufficient background in the area they were teaching, because this was a league requirement. National League for Nursing was being quite firm as is well known, that they are authoratative and demanding with new schools, schools seeking accreditation for the first time. (S: aha) And this was the state of things at Lowell State. (S: I see) It had never been accredited before. (S: umhm, right) So the requirement that every faculty meet his one that I just stated meant that people either resigned or took a sabbatical. There were six of us to whom this applied. And they either took a sabbatical or did part time work, and that's what I accepted to do. To get a third Masters in, in my instance into Psychiatric Nursing. Other people took things like either Medical-Surgical or whatever they were in.

S: Were you not also studying for your doctoral at that time?

D: Ah, as soon as I was informed that I needed to make this change, I withdrew from the... not withdrew, but completed the courses that I was taking in the Doctorate and went over to the School of Nursing to take the courses required of me.

S: Was there any bitterness or any ah, oh let's say not so much bitterness, that's not the word...upheaval within the faculty because of this?

D: Yes, quite a bit (S: aha), because people had to take different assignments. Like one faculty member became the technician in the laboratory. And as I say other faculty members simply resigned. (S: I see) They were not...

S: Who came on? Who did you replace? Was there any faculty members that were...there were some faculty members that left, who replaced them? Which faculty members? You can't remember?

D: The time is now what, fifteen years and I don't recall who replaced who. I know some people took different assignments too within the ah...

S: And went to school the same as you did.

D: Ya, ya, similarly.

S: And you did ultimately obtain accreditation?

D: The accreditors approved the changes and the revisions that came dut to these added qualifications about a year later. A year, maybe a year and...

S: Probably 1974 then?

D: About, ya.

S: And for how many years, do you remember?

D: Oh, I believe it was only for five years the first time around.  
(S: Okay) It might have been six.



S: And we still just have an undergraduate program at this time. And we still have Lowell State as a separate unit, (D: yes that's right) with a separate Department of Nursing. (D: yes) And Dr. Barker is still (D: Chair) the Chairperson. (D: ya)

When did the graduate program come about? Do you recall? Was there a specific....?

D: I'm getting ready for it! (S: aha) I think that probably a bigger milestone in my mind was the acceptance of the idea that we needed to have an integrated program. Because we spent not the summer of 73, but the summer of 74 on integrating, working on the integrated program. And I mean spent the summer. We were here in this room and in other very uncomfortable areas of the university. We would go to whatever building was said to have the best breezes that day. And we spent hours and hours of the summertime working on the material.

S: Who directed that?

D: The person that I remember most strongly is the now Dr. Shalhoup. (S: umhm) Eleanor Shalhoup was Chairman of curriculum. And with some assistance from the Chairperson of the department, Dr. Barker. We had as I say, many many long sessions in which we had good consultants because they were made available to us people from Boston University, Boston College. And I don't remember anybody from other institutions, though there may have from universities or schools of nursing which already were doing integrated teaching.

S: This was the way to go at this time, (D: ya, it was, definitely) advancing education and also in preparation for accreditation again, was that...?

D: No, it was more expected that it would be... She had probably set up the original curriculum, but that revisions of it were when needed, were very much under direction.

S: I see. So she had a great impact on the curriculum.

D: In influencing how it would go, ya.

S: And you also worked on that committee? (D: yes) So that's why you said a milestone, you were involved in this process as well?

D: Milestone, because it was to me. It said that Lowell was going to move and not be the old time you know, separate courses, separate medical tracks, thinking, the kind of education that makes nursing a profession verses being a shadow of the medical curriculum.

S: I see. What other milestone do you recall as being quite impressive in the development of Lowell State Nursing School?

D: I think that a big one was the change that came when the two campuses, two college level schools in Lowell were to be merged. This was through action of the, of course the general court and the Board of Regents. But that two somewhat small and limited schools, limited by resources, by geography and by other things. When Lowell Technological Institute was formed in the north part of Lowell in 1890, I believe it was probably about roughly 1892 or 4, Lowell State you may not have in the history, was first the Lowell State



Normal School, and was what it has been, we have been referring to as Lowell State. But it was state supported and had a primary goal of educating usually women, for teaching positions throughout the locality as well as of course the state.

And because the two schools... It was so small, Lowell State Normal School, that it became eventually Lowell State Teachers College and then Lowell State College. By the time Lowell State College had been in existence long enough to have gone through yes, World War II and some other things, but here we're talking now the 1960's, 70's and 80's period. And I believe that the view that the state had that education should be...that higher education, beyond high school should be available to every citizen within 45 minutes of public transportation and 30 minutes of personal transportation; said that the need to make, to let's say join two schools as, both different yes, but having goals that were citizen oriented, such as unifying Lowell State College and Lowell Technological Institute, made it a wise choice on the part of the Board of Regents to make this a school that could potentially at least become university level in the eastern region of the Commonwealth. Because Massachusetts had yes, University of Massachusetts Amherst and by this time of course it had Southern Massachusetts University as a mew, but it did not have anything fo those qualities in the northeast region. And geografically the north shore, the Merrimack Valley are north of Boston, and it's not that available to the citizens of this area; as well as not having anything of university level that people could choose to go to school at university quality education.

S: Do you remember about when this merger took place? I know you probably can't remember exact date, but whereabouts? Was it the early eighties or...?

D: It was the early eighties.

S: Was the early eighties. And what impact did that have on the Department of Nursing...?

D: When we say early eighties, I believe that it would have been late seventies that the planning was being done.

S: Right, I see, I see. What impact did that have on the Department of Nursing? And did the Department of Nursing have any play in the organization?

D: I suspect we were very much like other schools, in the other parts of the two schools. There was a very great uneasiness. It was noticeable at faculty meetings; noticeable when faculty got together for anything. That the ah... what would the merger mean to me, to me or to my department? Will I move geografically? And several of the Science Department moved to north campus for example. (S: aha) And people felt as I say, uneasy. Accepted assignments on various committees. I was on the faculty committee regarding faculty responsibility. But what it seemed to me more was the uneasiness that people felt about their turf being disturbed. Will I be able to teach what I've been teaching? Will I of course get the same salary I did, or a better one? Would it matter...Would the actual arrangements for faculty employment be different?

And as far as the education of nurses, I was not in anyway aware... I felt as if we were going on in a forward direction with Dr. Shalhoup's help, toward an integrated curriculum that was getting more and more integrated as we went along. And I think better teaching was going on.



Our graduates were gaining reputations in the professional field. Such that, not that they were being sought out as for being recruited, but rather that they were getting the jobs they wanted, or working up to them after.... as when they were graduates. It was gratifying to know that in those years the students in my specialty area now being on Psychiatric Nursing were getting consistently 100 percentile in the state boards, and that the other areas were steadily improving also. Such that we didn't have a disturbing record for state board passing grades.

S: That's wonderful! When this merger took place I understand that there were some changes in the bureaucratic structure of the different schools. This became the College of Health. Do you remember any of that?

D: (Laughing) Yes, yes, the College of Health. It's name was not the College of Health Professions at first. In fact I suppose the furor that was going on underneath was indicated by the fact that it wasn't clear to all of us what the name of our now college would be. It was not at first clear from either the Board of Trustees or the Board of Regents how exactly what the organization would be. In that a university has colleges, it consists of various colleges. Within those colleges each can have different specialties. And so it was logical to put in the College of Health Professions the by then Health Education area; the Physical Therapy which had come on strongly because there isn't another school available for that, and that those fitted with nursing, but nursing was both the oldest and the largest of all the schools in the College of Health Professions. And that the Physical Therapy had... I mean, ya, Physical Therapy had come on as part of the field of Health, but the Physical Education was placed with the Department of Health Professions, I mean the College of Health Professions. And it seemed at first, not too good a fit, but as it has turned out over the years I believe it has been a wise move.

S: Umhm. Was it ever thought that it would be the College of Nursing?

D: Yes, that was strongly recommended especially by nursing. (S: umhm) That nursing should be a separate college was the thought that many people had.

S: Who are the power figures within the College of Health Professions? How did that evolve into a Dean, a Chairperson, the like?

D: These were appointments strictly as far as we knew at the faculty level. They were not anything in which we were either asked to have any input, or that an informal input was not listened to.

S: They were not voted on like we vote on them?

D: No.

S: Like you vote on them now, the Chairperson?

D: No.

S: And who became the Dean of the...?

D: Dr. Barker.



S: Who was the Chairperson?

D: Who had been the Chairperson became the first Dean of the College of Health Professions.

S: And who filled her position as Chairperson?

D: It was logical to have the by now Dr. Shalhoup as the person who having been so instrumental in curriculum, that she become Chairperson of the department.

S: I see. I see how that came about. I want to go back and get a few more pieces of data about your personal professional development. When did you get, or when did you procure that third Masters degree in Psyche? And where?

D: 1974, Boston University School of Nursing.

S: That was also B.U.. And then did you continue to pursue the Doctorate afterwards?

D: The day I handed in my thesis for the Masters I walked over to the School of Education and said, I have completed my Masters, when and how do I re-enter. And my advisor said, you are re-entered in the Doctoral program.

S: I see. And when did you procure the Doctoral Degree, your terminal degree?

D: 1976.

S: And your field of study at that time was...?

D: Humanistic and Behavioral Education.

S: I see, so your Doctorate is in Education?

D: Yes.

S: I see. And we didn't trace much forward or vertical movement. We started as an Assistant Professor, when did you become a Full Professor?

D: Eleven years after I came to this school I made a Full Professor, I mean Associate Professor.

S: Associate Professor. When did you become Full Professor?

D: I'm not Full Professor.

S: You're not Full Professor?

D: No, I'm Associate.

S: Why did I think you were? Okay. And tenure?

D: I came in with tenure. (S: I see) Within that year, I shouldn't say came in with...I received it in that first year, due to the distress and disturbance that was caused by the accreditation, not having been accepted full fledged when it was first reviewed by the National League for

Nursing. And the statement being made that a faculty who did not have a Masters Degree in the specialty in which they were assigned, would have to either resign or get another Degree. I was told by the then Chairperson that I could have a choice between tenure and associate professor. And obviously looking at what my own educational plans were, I chose the tenure. In that I already knew that I wanted further education, knew that I was qualified for teaching at a collegiate level, and so that I felt that this was the most logical thing to pursue.

S: I see.

D: I made that judgement in at a very strongly urged...that we had to make it.

S: Aha. Are you happy with those judgements that you made at that time?

D: I have mixed feelings at various times. (S: aha) But I think that Associate Professor with two Masters degrees and a Doctorate would have been a logical speedier reward for the work I had put in and the work I was doing.

S: I see, I see. To go back to the merger now, did this merger, did this change in the structure of the program, or did this change anything in the nursing program?

D: Not visibly. And I speak of having thought that through, because it seemed to us that we were moving with the times in nursing. And that what was going on around us in the university, while it might change... it would have changed our...oh perhaps some ways of operating if we had been a College of Nursing separate from the other ones that were joined with us. That it still did not specifically change how we were teaching nursing. If I make it clear that those were considered to be administrative problems that we were prepared to answer from a point of view of nursing education. And that we felt we were moving in the right direction in teaching integrated program, in improving the kind of teaching we were doing with students, in broadening the placements that students could be put in for clinical experience I mean, and at the same time making I guess I'd say revisions at a lower level then. We're not requiring a faculty even vote on most of them. (S: I see) Because we felt that what we were doing, if either of the team, there was Senior team and Junior team, that these were done within the team. And that if a new placement was sought, or a different arrangement of when or where something was done, it was up to the person's teaching to do that.

S: I see. Do you recall since the merger, do you recall any other milestones that have changed the program or directed the program to what we see today?

D: I think of it as a really firm commitment to improving our educational goals for students and ourselves. That we've accepted (Sigma...?) and the need to have the University of Lowell Honor Society prior to that, because that's how the National Nursing Honorary (Sigma...?) is committed to furtherence of education and research particularly. And that because as an under-graduate program at the time that among the things that we would need if we were going to have or seek a graduate program was the importance of having an Honor Society. And so those of us who had not already been accepted or elected to membership, sought it. Like I had been asked if I wanted to be a member at Yale, and went in with many 160 famous other people who went



in as community leaders who were elected to membership in (Sigma...?); and who then of course in many instances were educators who wanted to have chapters in their own institutions. (S: aha) And each institution has to have so many members on its faculty before it can seek to have its Chapter, its Honor Society accepted as a Chapter of the National Honor Society. Now International, (Sigma...?) International is worldwide.

S: Umhm. Do you know when that took place? Was it after the merger?

D: Yes, almost.

S: Oh I see. Do you recall another faculty um, through the...no, no, 74 you came right?

D: 72 I came to Lowell.

S: 72, so that you've been here sixteen years. (D: ya) Do you recall any other faculty that contributed an enormous amount. You had mentioned Dr. Shalhoup, you had mentioned Dr. Barker. Any other faculty, and when they came and why they were brought here?

D: Without question the third person that was instrumental in the formation of the College has been Dr. May Futrell. She was on sabbatical or I should say leave of absence for her work toward her Doctorate the year that I came. And she was already well known in the field of education and gerontology. That she was if not a world known figure was getting nationally known as a specialist in this area. And because she saw the importance of gerontology as a future field for nursing that she's been instrumental in gearing this faculty to thinking of it as a strong factor, element in the education of every nurse. Even whether or not the person is specifically interested in taking the gerontological specialty, which the Masters in gerontology at Lowell is either the first in the country, or one of the first very few select number. And I would attribute that to Dr. Futrell's leadership and constant alerting people to the importance of the field.

S: Do you remember when that program came into...was it before the merger or after the merger?

D: After the merger. After the merger, because until we were a college of ourselves, separate from the University at large, one does not think of Masters level work as being done without an entire college. To build up to the Masters requires a firm Bachelors foundation.

S: I see. I hear talk now of a Doctorate in nursing. When did that begin to become a topic of conversation.

D: I would say it was probably brought forth about 1984 or 5 as a possibility. Actually as soon as the merger had firmed up, and we were a College of Health Professions, the assumption would be that it could be. That having a Masters by then in which the Master Science in Nursing has three tracks in the program at present, but it could have more (S: umhm) if the faculty were available. And the faculty with Doctorates available to be thesis advisors, but also to teach at the Doctoral level. And this is one of the great shortages nursing has, is not having enough people who are prepared to teach on ah...teach a Doctorate. Having doc....(tape fades out)



TAPE II, SIDE I ENDS

TAPE II, SIDE II BEGINS.

S: This is Sue Murphy on side II, tape II, Dr. Marian Dubrulle on April 5th, 1988.

Now we were discussing the Doctoral program. And I think we had completed the statement you had stated that it was talked about after the merger, and with the back up of the three tracks that had been established and were working in the graduate program.

Um, I guess I would like to end this interview with a couple of questions. First to ask you, is there any other areas that you think are vital to this interview that we have not addressed?

D: I think one of the concerns that many of us have had is that Lowell, the university exists in a community in which there is not a known medical center. In that when we're looking for placements for students we have to look to outside of our own, the university's community, immediate community. This as both good and bad of course, means that we get students from large number variety of source for potential students, but it also says that we have to evaluate very specifically and with some concern about whether the education that our students will get at particularly their Masters level will be satisfactory to the faculty. As we try to teach theory here in the classroom and seeing that the ah...as we already identified, the need for community education in the area of health in not getting less as time goes on, it's just getting different. That to me the increase and the improvement in the type of education offered at the University of Lowell and the College of Health Profession, says that we have a need to keep on reseraching if not by the faculty, by students with faculty guidan@. And that through such a center we'd be able to increase our service to the population, to the people. Through having educated people who see the scientific approach to nursing and the related health professions as an important area of the bread...the important area of overall goals. The future as you might say. Thinking where nursing can go with what it's had in the past, and we've gone through a great deal of that, that there is a large future we don't know yet and we can't really predict; but that we can contribute to it in a step by step method till each of us attempts to do what he or she can.

S: So you see a bright future?

D: I see that the future is always brighter for people who take a responsible view of what is and knowing what's reality, and what can be accomplished. That if you look at the Merrimack Valley and that it has done a great many steps from being without any kind of collegiate education as it was when I came here to the valley in 1942, to 1988 which is 46 years later, that you could almost say half century, that in a half century you can get an overall view of that things are changing and that they will continue to change. That if we learn to contribute to the process of change, we have then some influence over the direction that it goes in.

And what I see is happening here is that we're not just accepting our little region. We will expect we hope, to get students in the Doctoral program from if not worldwide, countrywide. We would go about seeking those people who have something to offer as faculty, as students, for a Doctoral program that can be of influence in particularly such things as occupational health.



The area of industrial services of nurses has not been typically very heavily researched. But we have industries all around us in which students can research the problems that rise. Faculty could be their resource people. We could be a world known center for such things as, as I say, occupational health, community in general. We could decide that we will or we won't make this or that specialty an area of choice for us. And if we make the offering attractive enough, we'll get qualified people for the faculty. And when we have those people aboard they will feed into the system their original creative ideas that will make nursing in general different. I won't have to be hung up on the past, which is oh, I suppose it's maybe a dreamer's idea; but it seems to me that people who dream are the ones that make a difference in the world.

END OF TAPE II, SIDE II