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Joann Cross interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

JOANN CROSS

APRIL 25, 2002

CAROL HOLDCRAFT: Okay, It's April the twenty-fifth, 2002 and we're doing an interview for our College of Nursing and Health, Wright State University Oral History Project and today we have Joann Cross who's with us and we're going to interview Joann. Joann will you say a few words just so Donna can hear how it's coming through?

JOANN CROSS: Okay, I'm honored to be here and be interviewed for this Oral History and I feel I'm one of the first ones; actually I'm the first clinical faculty to be hired.

CH: Okay, well let's start with that. Tell us a little bit about what your background was before that time, before you came to be the first clinical faculty hired at Wright State College of Nursing.

JC: Well before I came to Wright State I lived in Colorado and Mobile, Alabama and in Colorado I was Nursing Director of a Public Health department for Larimer County. That was an interesting experience in the mountains. And then we moved to Mobile, Alabama and I taught there in a School of Nursing and then we came here to Dayton, Ohio. I thought we were going to stay two years when we began but here we are some years later.

CH: And so what brought you here to Dayton at that point?

JC: Well my husband got an academic position here. He was the chairperson in the Sociology Department here at Wright State.

CH: Okay.

JC: He had spoken to the new nursing dean at that time about the School that was about to start and if she needed faculty. He told her about me and she phoned me and I started part time in May of 1973.

CH: And who was that? Okay and who was that Dean in May of 1973 when you started? Don't remember her name?

JC: Um, I can't remember her name right now.

DONNA MILES CURRY: Is it Randolph?

JC: Randolph.

CH: Was that Randolph?

JC: It was Randolph.

CH: Okay.

JC: Do you want me to say anything else?

CH: Yeah, tell us a little bit about that period.

JC: Well it was an interesting kind of a situation. It was very relaxed and we sat around a table and I thought "let's get started." It was my intention to come and help them start the school and get the program off the ground. I didn't want to teach long term as a career. She had hired two new nurses who had just graduated from a BSN program from another state. Wanda Bledsoe and I believe Hilda Roundtree.

CH: Wanda Bledsoe and Hilda Roundtree and they just had bachelor degrees.

JC: They had just graduated.

CH: And had just graduated so they had no experience.

JC: Not in teaching

CH: What did you think about that?

JC: Of course I wondered about it. I thought it was just strange to hire two new nonexperienced [sic] people like this who had just graduated from school and also another nurse Marilyn Hagans who had an RN and a master's degree in English. She eventually stayed on and wrote up reports for accreditation, etc (Marilyn Hagans).

CH: I remember her.

JC: So she was the third person that was there. I was the first clinical instructor. And I had a very good background in a clinical specialty (psych nursing) and in curriculum development.

CH: So you had both a bachelor's degree and a master's degree.

JC: Right.

CH: And a clinical specialty in psych nursing as well as curriculum and teaching.

JC: Right and clinical psychiatric nursing and also teaching. The one who taught curriculum development, one who was a curriculum expert at that time was Dr. Heigerken.

CH: Okay.

JC: She was excellent. We had a good experience, I taught nursing in Washington DC- St. Elizabeth to nursing students so I had background there plus how to set up a curriculum.

CH: Okay, so you had a valid background coming into teaching.

JC: Right. And I know I kept asking about the curriculum and she kept saying "well, it'll be here. It'll flush out." I kept asking and this was two months or several weeks before school was going to start and we well of course signing up student nurses for classes, I realized that we had no curriculum!!

CH: Uh-huh. So what did you do at that point?

JC: By that time we were feeling, I was feeling a bit frustrated, I thought oh my god!

CH: A little bit panicked.

JC: Panic, yeah. By that time we had hired, I think Una Walker from St. Elizabeth, graduated from Fordham University.

CH: Okay.

JC: And I think maybe Agnes Bennett was on by then. I'm not sure. St. E's had closed and their faculty were looking for a job so they applied at WSU and Donna Dean was the other one also. I'm not sure what the dates were. One night we went Una's apartment. She hadn't quite moved in yet and there were lots of papers. We had papers all over the floor and we worked all night and we developed a curriculum.

CH: So a core group of faculty that really got concerned about the fact that there really wasn't a curriculum kind of did this in one night.

JC: Right. Yeah we did it in one night. Started the basic gist and brought the essence of it out as we went along. We set that thing up because we had to -- We did use guidelines for that.

CH: Would it have been the Marin Guidelines for a curriculum?

JC: Well we used some of that but there was another person.

CH: Okay.

JC: I can't think of her name either right now. It was kind of a pilot program.

CH: Uh-huh.

JC: And I probably still have that. I'm sure in my files, I rarely throw anything out. I probably have the first items of that curriculum somewhere.

CH: That would be something that would be very interesting if we could have that.

JC: I'll have to find that. Yeah. But we had students who were RN's and we had to give them a target date. We had a couple of ones who did not have RN's, who were beginners. We had to make that work out.

CH: So that was the first class.

JC: The first class.

CH: And so tell us a little about that first year with the students. What kinds of experiences did they do? What do you remember about it?

JC: We had, it was more of a group discussion type of classes. They were interesting. It was really good because we could get into discussion and everyone shared experiences. And with the various backgrounds of all the students it was really good and the ones that were not RN's gained much from the discussions. It was like a one room school in a sense. Really neat people because we had small number of students, it was really neat because we could give them some choices of clinical experiences such as working in crisis center at Good Samaritan Hospital.

CH: Uh-huh. The Community Mental Health Center at Good Sam.

JC: We went there; it was really good at that time! And so we told them we could get into very specific good clinical experiences.

CH: So that was that first group that was going through which was a small group.

JC: A small group and almost all of them had gone on to masters degrees and have good positions in nursing.

CH: And stayed in nursing.

JC: There was one in there who sold medicines or drugs (drug salesman) and he went back to selling them because it was a better paying job than nursing was. (Laughs) It was a male student.

CH: Okay, so hopefully he was better at that job for having had the experience.

JC: Yeah, he may have gone back to nursing, eventually. There was a couple that went through nursing on weekends and kept their other jobs.

CH: What do you remember about your early days here at Wright State? The campus itself and so forth.

JC: Well we moved a lot. We moved our offices an awful lot. I think we were at every building on campus for a short time even in the gym up there on the hill. There were no tunnels we had to walk down through the mud in the rain. It was the fourth building in the quadrangle.

CH: I was wondering.

JC: So we were in Oleman then we were where the gymnasium is and then over to the other three buildings. So we moved around a lot.

CH: So you said that you started out and Dean Randall was the dean and so forth. What do you remember as far as the occurrences around her leaving and the next—?

JC: She had been here a year by the time I came. I didn't realize that and of course Miami Valley thought this was going to be their school. They were just going to move over here and this was going to be the Miami Valley Hospital school of nursing and that's the way they looked at it. That this would be their school and of course there were ideas that were not in accordance with the philosophy here. So we formed a committee of half the faculty there (Miami Valley hospital) and half the faculty here (WSU). But there came that time when they realized that this was not going to be their school and it was kind of a shock to them. It took awhile and much discussion, we had that committee going for about two years or more.

CH: And was that before Gert Torres came on as dean or was that after?

JC: I don't remember, I think Gert Torres came in here.

CH: Okay.

JC: I'm trying to put all that together in that first year because this Dean (Randall) didn't have an idea what curriculum she wanted to put out there. She was just kind of letting things happen and, I felt like she really didn't care what kind of a curriculum we had. She was building a house and she was more interested in what was going on with her house and we were helping her

choose wallpaper for her bathroom! and the consensus of faculty saying "Oh my god, we're going to be teaching in two months with no curriculum." So we just took things into our own hands.

CH: So the faculty really came together and got the first curriculum going.

JC: Yeah, we did.

CH: And then was there a sense at some point you needed some assistance with curriculum design?

JC: You know, well, that didn't happen until we felt that things were not going well with the dean and there began to be a lot of unrest among the faculty and they began to talk about not having her here as dean and getting rid of her. And at one point she wanted us to sign a loyalty oath to her.

CH: Tell us more about that.

JC: Which I thought was not good. She said if we really supported her she wanted us to sign that paper.

CH: And did faculty do that?

JC: I don't know about other faculty but I didn't.

CH: You didn't?

JC: I did not. It was a clearly uncomfortable break. There was just a lot of unrest and a lot of dissension, she felt that we were disloyal to her and it was coming out in the open slowly. I think faculty and others were talking to the president. And so she was removed in one day. They told her to move her belongings by that afternoon. I can't tell you exactly when all this happened but it was in that first year and somewhere in here they had a protest march.

CH: And so once she had been removed what happened?

JC: Well then they had to choose someone to help put the school together. It was really between Donna Deane and I and Donna was more administrative experienced. So she accepted

that position with the help of Andy Kuntzman (professor of anatomy and physiology). They put Andy Kuntzman in because we needed somebody with a PhD. So Andy came on board. However within that void, they brought in Grace Sills and McKenna. Grace from Columbus and McKenna from Kentucky.

CH: Okay, and they were experienced faculty and administrators from these colleges.

JC: Right, from these schools yeah, and knew administration and the curriculum.

CH: What was their role then? What did they do?

JC: We were told they were consultants and we could call them any time.

CH: Okay.

JC: They kind of oversaw everything. We had some curriculum meetings trying to name the curriculum and what kind of curriculum, basic concepts and contents, and how we were doing that. Before that we put it together in one night we really didn't have a whole lot of time to think about it. We just took the old Medical model but with some nursing concepts.

CH: Right. So took a method you were familiar with and tried to translate it.

JC: Yes.

CH: So what was that like during the time when you had these consultants from Ohio State, Grace Sills and who was the other person?

JC: Her last name was Dr. McKenna. I can't think of first name.

CH: McKenna? Okay, I hadn't heard of this before so I'm interested in examining it a little bit more. So they were like your consultants and they would come once a month and meet with faculty.

JC: Right. They were retained as consultants. They were really kind of responsible to make sure everything was going okay.

CH: Okay.

JC: And um--.

TAPE STOPS AND RESTARTS

CH: --lasted awhile.

JC: Yeah it lasted awhile. And Donna left to get her degree and I know Dr. Margaret Maloney came in there somewhere.

CH: I believe Gert Torres came in before Donna actually left to get her degree so I'm wondering if you remember Joann, about the process of interviewing to bring a new dean in. Do you remember anything about that?

JC: I can't remember the specifics except that she was pretty impressive.

CH: Pretty impressive?

JC: And she certainly knew what curriculum was and she had, I thought she had good vision of where nursing was going in the future and what the policies were going to be about.

CH: And did that seem to be what the faculty was seeking at that time and needing was someone with vision and know how about nursing curriculum?

JC: Right and some know how. I think they were pretty pleased with that. She brought her own people in. Marge Stanton and eventually Peggy Chinn came too.

CH: What was that like?

JC: We were getting used to this process, just adjusting to the whole thing, just getting used to Gert. Gert Tones. I like Gert. I really thought she had a lot of zest; she may have been too much for Dayton altogether because she told it like it was and I think the Valley did not like her too much. It was a hard time. That did work out though eventually - the thing with the Valley. We hung on to those committees long enough so everyone would feel comfortable. At times things could be terribly erratic however, Gert Torres started to have "think tank" meetings.

CH: And what was a think tank meeting like?

JC: They were great.

CH: Describe what it would be like.

JC: We could talk about ideas and vision and teaching- and what teaching should be and ability needed. I thought it was just super!

CH: Sounds like an exciting time.

JC: It was an exciting time! She brought people "up" where they needed to be I think. And she pushed the faculty. She really pushed a lot.

CH: In what way did she push the faculty?

JC: Well, how she pushed the faculty, well I can remember Sue Fitzsimons going in one time and came out crying. She said, "She told me it was going to be hard." (Laughs) But she said, "I'll show her." And she would push people. And I think she only did it when she knew she could. She pushed people to realize their potential such as getting a PhD degree in education. So she did. Sue was successful in education and has certainly been successful in her work.

CH: Right. So that span of time really went from having a faculty that most didn't have a doctoral degree when you first started to one where that was more the expectation and people were being influenced in that direction.

JC: Right. And I think part of her thinking at that time was that master's degree faculty carried the BSN program. They were the teacher and they would carry the curriculum. We needed a good stable group of master's degree people to do this. So everyone doesn't need a PhD and the PhD people, I won't put it the way she put it would spend their time on research project which needs to be done also. We need to be doing research. That was the way she put it at that time. So it was not a big thing to have to go and get your degree in the beginning. I think down the line it did become critical of people although they still don't have to have a PhD. But it was an exciting time. She did confront people. She could directly confront you but you could go in and confront

her also, she would not hold it against you. If you believed in something and defended it in the curriculum meetings and she let the faculty do something she really didn't want done- thought it was a bad idea- she said if we go on and do it we were responsible for it. It was the faculty's curriculum- go ahead, do it. She really respected the faculty and let them go ahead with their thinking and their ideas and go along with it either to find out it wasn't going to work or it did work and it would surprise her if it did work. She thought the nursing process was overbearing and that we did too much with it. "it's too big and too long."

CH: That's interesting.

JC: Yeah. Which was true.

CH: It was true.

JC: Because I would stay up until two, three in the morning correcting these long papers. She said you'll be sorry and indeed we were. And she let us do it because we thought we needed to do that. It was good. It was a good learning experience for us. The students were extremely well prepared. They were easily accepted

CH: A good time. What are some of the challenges you faced in fulfilling your role at Wright State in that early time?

JC: I think that at times we had to do, go into clinical areas that maybe we weren't quite prepared for.

CH: Give us an example of that.

JC: I took students to the emergency room.

CH: And your background is psychiatric nursing.

JC: Yeah. Right. And I almost froze on some of that. On the other hand she didn't really put you into areas where you would get into trouble. I just think taking students to the emergency room was not going to work. I would take half to the library and half to the emergency room. I

would take a certain number and kept rotating them. I learned a lot. I learned a lot between these events and Gert Torres. At one time I really got kind of angry with her and some faculty (Ph.D.) and I think I felt like I had enough. She really was putting down the medical doctors a whole lot and I was tired of hearing this. I agreed with her a good part of the time but on the other hand it was just over and over again and so I left for a year in there.

CH: Okay.

JC: I just thought I can't do this forever.

CH: So you resigned for a year?

JC: I resigned for a year and then I came back. She took me back I guess I should say or whatever. She thought I left because I hadn't gotten a promotion. That wasn't the real reason and when I came back I was promoted but no raise, but I did have the title of Assistant Professor.

CH: So you left and when you were rehired you were rehired as Assistant Professor.

JC: Yeah. She said we were functioning at Assistant Professor level anyway. She knew that.

CH: So what went in to your decision to come back?

JC: I think my father dying. When my father died, when my parents died, during that year off I didn't just go home, I worked on another degree. I knew that I wasn't always going to be the housewife that just wasn't going to work for me. I needed my career. So I came back and Gert said come back and you're going to teach in all the classes and every class all the way up the curriculum.

CH: And was that something that you wanted to do?

JC: On the other hand I thought I could start my whole school of nursing by the time I get finished with this because I will know it all. And she still didn't put anyone into a place where you absolutely couldn't do it. I felt it was worth it.

CH: But that was just another example of the way she would challenge people.

JC: Right. And I felt that I could, I'll know this whole thing. I think the other challenge with her was how we did the curriculum planning and how we did the conceptual framework. I thought was just absolutely fantastic and I still do.

CH: Tell us about that.

JC: We would have you know the curriculum meetings were something. If we ever went into where we were developing or thinking it we would have everything, know where every piece of information, every piece of the curriculum, every concept, every piece of contents they were all there. And I thought that was really good plus the fact that each class had to report what they were doing and it had to fit into the curriculum. This avoided a curriculum drift which can happen easily.

CH: Curriculum drift means that things fly.

JC: Fly or they disappear all of the sudden. No, it wasn't purposeful but it just flew out. Those are some of the good things that I thought we did. She ran a tight ship in a sense but she also let you make the decisions and she made you stick to it.

CH: What do you think that you were trying to accomplish when you were here at Wright State? What was your mission and goals?

JC: My mission was to get things settled. I thought I'll leave when it settles. (Laughs)

CH: And how long were you here?

JC: Twenty some years. (Laughs)

CH: Took you awhile to accomplish it.

JC: I thought I was never going to teach and here it is and I did it. I do enjoy teaching. It's not always fun. Teaching is hard.

CH: What aspect of the teaching part did you enjoy?

JC: Bringing out talents in students. Just bringing out what they already knew and watching them learn. Watching that "ah-ha" experience on their face when they finally got it. That was just good, and bringing out the specific talents of each student and bringing out their creativeness. This was critical to teaching. Also the developing of the whole health and wellness aspect of nursing. The concept of holistic nursing.

CH: Talk a little bit more about that.

JC: Probably in 1982 we started, somewhere in the early eighties which wellness and health really was just beginning to become popular but it was my feeling and my own vision that the discipline of nursing was really all about the prevention aspect of health and healing. And as a nurse looking at the whole idea of not just sick people but well people- where was the wellness aspect? What we were working for was not just to get over the illness but to be well which is the other end of the health-illness continuum.

CH: And that hadn't been as much part of nursing before that time.

JC: No, not really.

CH: And what were some of the things that you did?

JC: I developed a course on health and wellness which concentrated on a five point area about stress management, nutrition, exercise, environmental health and self responsibility. Within the five areas, spirituality was central to these concepts. Spirituality was sane. I was encouraged that the other authors also came to the same conclusion at the same time such as Don Ardell who we did a lot of work on wellness. It was a good thing. I just knew it had to work. The only

problem was where to place it in the curriculum- I thought at the beginning. The hard part of this was convincing faculty.

CH: Why was that?

JC: Because they only could see illness and we were all taught illness. And the students didn't want to buy it at first either because they thought they wouldn't get a job if they got people well. It was really surprising that they would think this way.

CH: So what decision did you come to about the wellness? At the beginning or the end?

JC: Oh, I thought this was what we needed. This was absolutely the foundation where it should be. I'm still not sure that it shouldn't, or part of it should be at the end because I think it's a hard concept to get across and as I said even the faculty didn't understand. I can remember when Celeste was teaching one morning in a course on nursing process and holistic concepts and those two concepts at variance because one is very reductionistic and the other is holistic; two concepts. So in getting those two concepts together was an oxymoron in a sense. And I can remember Celeste coming in and giving a lecture on wellness and she started talking about piggybacking IV's. She didn't realize the dichotomy, and then all of a sudden it dawned on her that doesn't belong in there. It was interesting.

CH: So faculty grew and changed a lot with the ideas as well.

JC: Yeah, they grew with it. And I've known Celeste since she was assigned to me to teach that course then. At break time I would take students for a walk on campus- exercise component. We walked around. It was not just to walk around but to experience the benefits of walking/exercise, but when they came back to the classroom weren't falling asleep they were wide-awake. They exercised and I wanted them to experience that. I can remember Celeste walking behind me saying, " I hate this, I hate this, I hate it, having to do this again." (Laughs) And now she's one of the best teachers of health and wellness.

CH: She has come to be the guru, the person who—.

JC: Right. It was interesting to watch just the change but in the beginning she balked at all of it. It was just fun to watch this. It was good. It was, and even I when I was teaching it I thought maybe I'm not right, maybe this really doesn't belong here. I just think we need to get through this. We required them to also contract for a grade, which surprised the students. They thought this would be easy and it wasn't.

CH: So describe what contracting for a grade was like.

JC: Well they could contract for A, B, or C and they contracted what they used for that grade and they had to complete that. They had to accomplish that. So they thought it was easy, and the testing was open book. And they could get an A if they wanted to. But some of them contracted for a C and that was okay if that's what they wanted to do but at the end they 'oh my God this course is hard." It wasn't as easy as it looked.

CH: Put a lot of responsibility back on them.

JC: Yes it did. And "self-responsibility" was the other part of the course objectives.

CH: Oh, the other part.

JC: Yes, that's how we accomplished this when did that and when we first got an evaluation that first time it wasn't quite, it was different. It was just so different. And after the students had taken that course they could think "I can see what this all means now," it was really very helpful to them in all that they were doing. It was an interesting time!

CH: It was a new wellness idea (idea of "wellness and health" in nursing) in the curriculum and you got to develop it.

JC: Yes.

CH: Let's talk a little bit and switch gears. Describe some of your interactions with administration here at Wright State.

JC: Well, (Pause), what can I say? Because of the way we started out.

CH: Dean Randall.

JC: Dean Randall, yes, that was not a comfortable situation to be in. Not good. We had a lot of administrators in there and with Gert, as I said before she really gave the faculty a lot of leeway. If they made a choice and it was a big choice they stayed with it. And of course all the things that happened in 1980, '79 and '80 where the faculty all left was kind of heartbreaking, I didn't leave. I had already resigned twice before so I didn't think the third time was going to work too well. But I believed in what they were doing.

CH: Tell us a little bit about the 1980 experience from your perspective. Kind of describe what you thought about it.

JC: Well when Dalton put an ad in the paper and said he was going to start his own nursing school; it was inappropriate. He did that I think to annoy Gert leading to a battle between the nursing and medical colleges.

CH: So it felt like a battle?

JC: Oh, it was a battle. Yes, it was a battle and I can remember the faculty went over to the medical school to teach the medical students the "bedside manner."

CH: No, I never heard about that. Describe that.

JC: We were to teach the students how to do "bedside manner" and we took them out clinically and had them go in and do this.

CH: How to talk to patients.

JC: How to talk to patients. How to behave towards them and I can remember my student came up to me and said "you guys play dirty." He was referring to the battle that was going on between medicine and nursing. He said the way we were getting back at them. He was upset with what was going on and didn't really know much about it. We all attended the lecture with them

and heard the other side of bedside manner this was where the doctor lecturer said you don't have time to talk to your patients. Time is money. You don't need to do that. This was tough to hear. Of course Dr. Eilers was let go; I think because he backed us and the nursing school. He had Kathy Eilers (nursing faculty), was our ally over there in medical school. That was such a stressful time I can remember when most of faculty were leaving. It was awful. It was a very hard time. I can still see down the hall after everybody left, it was empty and papers littered on the floor. It was just hollow.

CH: A hollow feeling?

JC: Yes, it was just a sick feeling but I knew it had to go. It had to be done. It was hard.

CH: It was a hard decision for you to stay at that point?

JC: Yes.

CH: What went into that decision?

JC: Well I had already, you know, resigned twice before and I didn't have the option of moving out. I needed to work at that point. I was kind of on the line with it but I thought they were right in what they were doing it needs to be done. It was just thirty faculty marched out the door. That was something. It gives a message.

CH: What did you think would happen at that point?

JC: Not sure. I thought we would take the summer off and could start all over again but that's not what happened.

CH: What did happen?

JC: They carried on anyway and Janet Griffith carried on and someone else stayed on. There were a few faculty that stayed.

CH: Julia George?

JC: Julia George came in afterwards.

CH: Paula Christenson.

JC: Paula Christenson stayed on. She told them she could run it for the summer and I thought if we could just not do the summer we could get this thing back on it's feet and having the summer classes was just killing all of us. And I think if she hadn't done that, administration was afraid of the school going down or being sued by the students because of not being able to go on. So they had to keep it going, she did take that 311 that summer. So we did go through with it and then we hired people as best as we could. Not such a good thing that we did hire some of the people that we did. And then Dr. Andy Kuntzman, Andy was on board by then too and he did not know much about nursing at this time but they needed a PhD to run the program. That was the first part of summer, we held on together and then Julia George came back I think and Joanne Ashley.

CH: Ashley, Joanne Ashley?

JC: Joanne Ashley. Joanne Ashley offered to come back but they didn't take her back. And she talked me into staying.

CH: How did she do that?

JC: She didn't share at this time. She didn't share everything with me. She said, "This school needs to go on. It's not to go down. It shouldn't go down. It needs to go on." And she said, "I'll do everything I can to help you stay. Get your tenure or whatever." And at that point she came to dinner, I got to know her a little bit better which I hadn't before. She called me one night and said, "I know why this (battle between medicine and nursing) all happened." And she had written about it and then she died before she finished her writing- she died quickly from cancer.

CH: So she didn't share that with you?

JC: She didn't share it with me. There was no time. She said she had it written down. She had it in her papers and she would share it with me later and she was so excited. She said "I realize now what really happened." I don't know what it was.

CH: Remains a mystery.

JC: Yes. It was in her notes and writing. Someone had taken them from her apartment.

DMC: The University of Pennsylvania has them all in their archives.

JC: Oh do they have their notes?

DMC: Because there's a book called Notes on Nursing by Ashley. A student did her dissertation on it.

JC: About the things that happened here?

DMC: It's mostly reflections on her letters and speeches she gave.

JC: Okay. When all that was happening Peggy Chinn offered a "no confidence vote" in the administration.

CH: No confidence vote!

JC: We did get close to it- signatures from general faculty in the university.

CH: And no confidence votes in administration.

JC: Yes. We went around and got votes, I got signatures from faculty- university faculty.

CH: So there were more people that were involved in this than just the faculty from Wright State.

JC: Right. Right. I know I'm kind of going back and forth with this but parts of it come back to memory.

CH: That's okay. It doesn't have to be a chronological piece. It can be stories.

JC: You can take it out and kind of put it in place.

CH: Yeah.

JC: It was an exciting time.

CH: And there were some good products that came out of the school at that time. Do you want to tell us about that?

JC: Yes, the students were very accomplished; we really had a fantastic curriculum. I don't know how we did it all now that I think of it. The students carried a family for a year and it made sense to carry them all year. The first quarter they were just getting to know them, the second quarter they were identifying the problems and the third quarter they did an intervention. It took that long. It was complex but thorough. I just don't know how we did it all. The nursing process. I can remember that one summer that Jeanne and I taught 311 Nursing Process and eleven failed, they were just not ready. The students returned and were stronger.

CH: It took them twice.

JC: Yes, it took them twice to do that.

CH: How about the books that were written by the faculty during that time? Tell us about that.

JC: We had a lot of good things came out of this. We wrote the nursing theories book, we did this with drama. The faculty took a theory and then put on a skit addressing that whole theory. It was really neat. And that's how we started to do that and getting the thought and the philosophy behind it. It was good. Then after we did that for a while we began to write it up.

CH: And which theorist did you write?

JC: I took Betty Newman. Which was good I think because I got to meet her. We didn't always hit it off over some of it. In my article or my chapter I said she wasn't holistic and that really didn't settle too well with her. I liked her theory, thought it was good. She really wrote it for counseling and she applied it to nursing.

CH: She didn't like you pointing that out to her.

JC: I think not.

CH: Didn't agree with you.

JC: She did allow me do other changes, which I had to get permission from her to do. But it was interesting when we got the different theorists and from time to time we would have them here and it was good! It was interesting, and we wrote the nursing process book which we put together and that was also good. At that time it was a good duo.

CH: Was that actually the first book that was written on the nursing process?

JC: I think it was.

CH: That really described the whole process?

JC: With case studies to show how to use it.

CH: Uh-huh.

JC: I think, I think it was because that was the book everybody was using for a while.

CH: And what part did you have in that?

JC: I did the family nursing and another part. It was an interesting way to do it. As I said before, we made it too complex. We actually did carry out the nursing process; other schools weren't willing to go through that whole thing. In time we had to taper it down and we learned from it. But the students learned from it. When they came out of WSU they were not only ready for a master's program they were probably half way through it. They were so well prepared that our students were always accepted to university masters program. They knew their nursing theories and they knew nursing.

CH: That's something to be proud of.

JC: Yes. There's a lot of things to be proud of here.

CH: Oh yeah.

JC: When I go back to over them (nursing process), some of mine, I have almost all of them from the beginning. They were good. The concepts were very put together. I have kept some of them.

CH: Maybe we can add some of those to the archives. That would be a way that you wouldn't feel you were throwing them out. They could be preserved.

DMC: Bring them here and we'll have a student worker categorize it.

JC: Okay.

DMC: I'll come help you dig them out.

JC: Oh, anyone looks in the basement and they go oh, when are you going to give this up. I said oh, maybe I'll go back and teach some time. I know I'm not but that's the way. You think you will. There's just some good things in it. I think it would be good to use today. Even when new faculty came in, we really mentored them.

CH: Tell us about that.

JC: You know we were assigned to one of the faculty and we also had a program set up that was very specific in easing them into our curriculum and to a new job or even helping them if they had not taught before this. Yes, we were going to do that too and that was good.

CH: Really developed the faculty.

JC: Yes we really developed them and in that first year I think they were pretty much mentored because our faculty ratio has always been low.

CH: More students per faculty.

JC: Right than other universities

CH: Describe Joann some of your interactions with the wider Wright State campus community, some other departments.

JC: Some of the other departments that we were in, well our nursing faculty took part, we all had to serve on one of the university's faculty or committees. It may be more than one. That was something that Gert always insisted on. That was a hard thing to do because frequently they would refer to us as "the girls." The girls over there in the school, which we really didn't like, and Gert certainly didn't like it. She wouldn't put up with that but it was a good experience because we had to not just be in the nursing school without the academia behind us but we had to have the knowledge of the academic process in the university setting which was different. But it was good to be on those committees and to understand the politics and how it functioned and what you needed to do to function.

CH: For instance?

JC: Well I can't remember all of them. The one faculty, she was always late for meetings but I was the one who put her on that committee so I got trimmed down. I needed to get our faculty members initiated into the committee process. I also found that sometimes they "general faculty" met not here but somewhere else "an all boys club" and then they would come in with a decision all made. I found this was happening from time to time. Not all of them but on occasion we did find this.

CH: And so from a male/female perspective that the School of Nursing has a predominance of female faculty and were there many female faculty across campus in other departments?

JC: There was probably a fair number of female faculty.

CH: A fair number of women then?

JC: Yes because I was more familiar with the liberal arts especially sociology. There was a fair number of women in sociology, anthropology and social work.

CH: Tell me about relationships with community institutions such as hospitals or agencies.

JC: I think that our relationship with the community frequently set on some of their committees and we helped certainly place some of the students. We had to compete with other academic institutions such as Sinclair to make sure our students got a fair share of patient load and clinical experience. The Miami Valley Hospital (MVH) was very closely linked up with us. There was a committee of our faculty and MVH facility working together. There was a book published about this collaboration.

CH: Right. A collaborative effort.

JC: Yeah, collaborative. So we had closer relationships, linked up with them and we were on some of their committees and that was a good thing. I think it was easy for them to give some of theirs up by knowing who we were and what we were about. They didn't have a whole lot of respect for the university community. Let's just put it that way. But I think they were more supportive than Good Sam. Good Sam was never quite supportive of BSN, they were more supportive of the two-year degree I guess.

END OF SIDE A

START OF SIDE B

JC: I think reaching out towards that.

CH: And did you get involved with community-based kinds of organizations as part of your role?

JC: Schools and in clinics-especially free clinics.

CH: Schools.

JC: We did sit in on schools. () So we sat in on that. We were involved with the Free clinic. We took the student there. It was a really good experience.

CH: What did they get to do there?

JC: Oh, all kinds of things. It was an experience to remember. We ran the clinic several nights a week and the doctors would volunteer their time. It was a good camaraderie between disciplines, the doctors and the nurses. They got to do a lot of things; help with physical exams, birth control teaching, as well as health care and learning triage concepts. It was just a really good experience on the free clinics.

CH: A real cross section of Dayton came together there.

JC: Right. It was a good thing for the whole community.

CH: I think Misty McDowell was involved with that and she was one of our graduates.

JC: Yes, she was. Misty was excellent as supervisor. She ran the clinic. She did a nice job.

CH: It was a free clinic.

JC: Right. What else did we do? Churches, I brought them over to St. Agnes church where they had Dustin House which was an interesting place for mental patients. They interacted with all the residents and that was a good experience. Sometimes they were a bit stressful but they were learning experiences, all of them!

CH: And Dustin House was people who had been discharged from mental hospitals.

JC: They were living in the boarding home and would come to Dustin House once a week and that was their recreation place. There was a good cross section of patients to interact with. So the students really got a chance to interact with them. I can remember the one time when patients took their car keys from coat pockets. That was a very explosive situation.

CH: Students were pretty upset.

JC: Students were upset. I was upset. The patients were upset because we had to question them. Someone had the keys and the next day we did find the keys.

CH: Stretching the boundaries a little bit.

JC: You know how can you have a contract with the neighborhood.

CH: With the boardinghouse.

JC: Yeah, with that kind of a situation. They were learning a lot. It was good clinical area-chronically mentally ill patients.

CH: You had a lot of interesting rhetorical.

JC: If there was a place, if I thought of how it could be done I took them to it.

CH: Sounds like you had a philosophy that you really thought nurses should go among the needy, among the poor, among the outcasts of society.

JC: They needed to know that everyone didn't get insurance and didn't have health care and didn't eat. They can't function when they can't eat or drink. In the hospital the experiences were limited. It was hard to give them a good experience within the hospital. So I tried to give them something out in the community besides that. They had some experience in the hospital, the average length of stay was three days.

CH: People were there only in crisis and as soon as they were out of the crises they were discharged.

JC: Right. Yeah or to get their medicines regulated or whatever. So they really didn't get a chance to work with them for any length of time. Plus a couple of the places when we went in were uncooperative like Upper Valley Hospital. The sooner we got out of there the better. They were giving university students a hard time. They didn't mind the three-year students. Anyway it was all of that, having to plow through that. It was hard at times.

CH: Joann, how did your experiences at Wright State affect your career as a whole since that, since early days at Wright State?

JC: Well, I think it led me into the concept of holistic nursing. It led me to realize that nursing as being holistic, it needs to be holistic. It can't be divided as it has been; it's going that way now with going to alternative care. The whole insurance problems are not working out and

more and more people are seeking alternatives. I'm certain we're on the right track with that. But you need the other part of it (allopathic contributions). Massage therapy has helped me to integrate care- to give holistic care to clients. I think it's an integrative approach you need to use both.

CH: Both traditional medicine as well allopathic. So you've been a massage therapist for how long now?

JC: Ten years.

CH: And you have your own practice.

JC: I have my own practice and I pull all of it together; {{spiritually}} psycho and social, I have my doctorate in ministry. My focus there was nursing spiritual care of patients. They let me kind of do my own program. Plus the mental health, which is different than psychiatric nursing and then the psych part of it and so, it pulls it all together. In where some of these other message therapists can't do these other things, I can.

CH: You can do it all.

JC: Yeah because you're usually certified in one or the other but in part of my practices it's been an asset. It is a holistic approach.

TAPE STOPS AND RESTARTS

CH: Therapeutic touch also?

JC: Therapeutic touch- healing touch.

CH: Tell us about therapeutic touch.

JC: I think you probably need to know a little about that because it was in the '70's, late '70's the first time that Kreager gave a workshop at the ANA convention and I thought it would be filled. I thought everybody will be going to this hear this well they weren't. I thought this is what nurses need to do. When I saw it happen it was phenomenal. I attended three sessions. I was really

convinced that this was what we needed to do, came back to work and I was so excited about it. I really didn't have anybody to talk about it with at Wright State and I kind of let it drop a while but I kept bringing it back "to look at it." And eventually incorporated it into the wellness portion of curriculum if students are ready for it. I did that and then another nurse, a healer started a program called "Healing Touch" where she integrated her work with Kreager and we used several different methods and were just good. It's a natural for nurses to do it. They do it automatically half the time and they don't even know they're practicing it because we're using therapeutic touch when we work with people. When you're touching them you can feel them. I still think that's a wonderful way to know your patient or giving them a back rub when you have an opportunity to.

CH: Foot massage or hand massage.

JC: Foot or hand, using your hands. And I found out that I felt energy even when I was doing a massage as when we worked with each other as soon as I put my hands on someone () So I felt that this is what I needed to do. This was my work. Not mine alone but certainly for me what I needed to do.

CH: That was really something that sort of came out of your career here as well. Is there anything that I didn't ask you that you would like to talk about or share?

JC: I think that this has been an energy vortex here in the School of Nursing. I'd like to see that energy concept still prevalent in nursing care.

CH: What do you think we should do with that energy concept or how do you think we should increase it?

JC: It's effective that your pulling this historical view back together again might be a good way of looking it over, going back over things like old people do with their history. And I think we need to do that from time to time. And also at curriculum-how we lose parts of it and how it becomes eroded.

CH: Reflection.

JC: Yes, remember where we came from. When I go through my papers and some of them I just oh, didn't just have a good school. It was a great school. It was just so good. And I thought it was kind of a fluke that I got into that whole program. I think the experience with Gert was a phenomenal thing. There were times when I was at odds with her. She challenged the faculty members. But there were still some people who think she was harsh on them. She did it for a reason. {{I think the school here was lows as turn pole has taken such a harsh turnover. Look at this building! We planned this for years and then {{they}} would dump it! We finally got a space of our own!

CH: It's an important recognition; a place to call home, a place to stay.

JC: It took a long time just to do that.

CH: Out in the community, Joann, do you find that there are lots of Wright State nursing graduates who know you because of your teaching and who you come into contact with?

JC: Yeah, for a while there it was everybody hi, Mrs. Cross and I met one not to long ago. When I went over because I was getting or Larry was getting it and this nurse came in and she had a big grin on her face and she said, "Who are you?" And I thought and she said, "I know who you are! you're Mrs. Cross." And she grinned and as soon as she said it I knew who she was. She was one of my psych students from at the Valley and I can't remember the hospital up there.

DMC: Dartmouth.

JC: Dartmouth, no, that's not it.

CH: No, Detmer.

JC: Detmer. And I remember her specifically and what she did with me. I said I know who you were. (Laughs) She was a student and I would never tell a student to do this ever but she knew the time and she had been a member of royalty from Kenya before coming here and she was

very well bred and very well raised. She was a really neat person. She was frank, open and honest- very direct, caring and focused. She took that kid and she trimmed him down. He seemed amazed. She did it at the right time and when he needed to have this done. She remembered it and I did. The other day we both remembered the incident, it was good to see her, she was grinning from ear to ear. She's doing home health care nursing now and is very effective in her approach.

CH: Yeah, it's neat.

JC: It's neat! I had a couple of other instances. I had surgery and former student nurses come in and it's strange having one of your students come in to take care of you. It makes them nervous.

CH: It does make them nervous but do you find that they have fond, kind of fond memories sometimes of their experiences?

JC: Yes, they do. It's not that bad. In fact I live next door to one of our former students who for a long time she was angry with us with the whole thing! There were a lot of graduates that were angry with us for awhile and I think some of it is dissipating but I think some of that's dissipating. For a while there I felt defensive even saying I was from Wright State because of the "walk-out", etc.

CH: There were some negative feelings.

JC: I don't get that as much anymore. Even the older ones, they were alumni! And somehow there was so much going on here we really didn't have much of a chance. We were just in crisis all the time! We didn't have a chance to give them the attention they probably needed, your alumni is an important piece. And then I saw Dorothy Crider whom I work with. She has an office in the same building that I have on the third door, three days a week. She also works for Hospice.

CH: She does massages for them?

JC: Yes.

CH: That's nice.

JC: She does good work.

CH: We certainly have lots of alumni to be proud of.

JC: Oh yes.

CH: Who are doing just amazing things and have gone on to very happy careers.

JC: And then there's Barbara who runs Harmony Farm in Tipp City.

CH: Now what's Harmony Farms?

JC: It's not a health spa but it's a health and an educational center- some spa treatments are available there.

CH: Is it a retreat?

JC: It's like a retreat. Judy Davis and I were planning a workshop, we were looking for a place to present that and Barb Brewer happened down the hall at the time and said you can come to my place at the farm. So I dressed for a farm. It's more like an estate because it has twenty acres. It has a lake, horses, tennis court, etc, a beautiful place. We did give a workshop there and Barbara decided at that point in time that's what she wanted to do - to promote health and wellness. That is one of our alumni who took the wellness concept and went on with it. She went into massage herself and now she does no charge except in an emergency. She developed arthritis and gave up practice full time. It's a beautiful setting there. Barb could use a few prayers. She just diagnosed with cancer. She is using alternative measures- they seem to be effective.

TAPE STOPS AND RESTARTS

JC: It's been interesting. It's a huge success, there are others too. They are all over including the state board.

CH: Right. I was at the state board the other day and there were three of our alumni who were staff members at the Ohio Board of Nursing.

DMC: You're kidding.

JC: Isn't that something. I know they're all over and they're ready because we made them ready. You know the way we put the program together. When you think of it it's a phenomenon!

CH: Well, it's an amazing thing, I think, to take a high school student and to you know four years later turn them into a professional who is able to deal with life and death and health and wellness and illness and everything in between.

JC: Yes

JC: And I'm not sure whether some of those wellness concepts should be put at the end or maybe give another course at the end, a different now advanced one. I think it's a little bit much to expect of beginning students. It's easier for them to give shots and get it over with in the beginning and then focus on health concepts.

CH: Get in all the skills, yeah.

JC: Now where are we going with all of this? They do learn it. I think it's great to see how it turned out. You know some of them even stayed in nursing because they learned the concepts in relationship to themselves. We got to do massage, which we don't do any more. You know it's just not taught anymore because there's so much other material to teach. However I think it should be. I still think it should be taught. Somehow touching people is an essential part of nursing. We have the evidence and knowledge to do so. One thing that I found out in wellness class was some students that didn't want to touch anybody or each other or didn't want to be touched

CH: Right.

JC: And that was kind of a revelation.

CH: Well we've had the whole grunt in this same era, the whole AIDS, HIV that came through and of course initially people were so afraid of that disease and control and touching. You know, put gloves and masks between them and their patients and then of course we've learned that we don't have to be that concerned with touching but I think our country as a whole has become less willing to touch other people.

JC: Plus all the accusations that come up.

CH: Right.

TAPE STOPS AND RESTARTS

CH: --doing that still because I know that one of the issues when we first teach the assessment course, I think, is touching because of course they do have to learn assessment off each other. Well, Joann I really thank you for coming in and sharing all this with us today.

JC: Well, you're most welcome. I am sure I've forgotten a good part of it. It reminded me as we talked of different things, a flashback.

CH: I've had an opportunity to have some of your--.

TAPE STOPS

END OF INTERVIEW