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2013

Stanley, Sharon interview for the Miami Valley College of Nursing and Health Oral History Project

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Repository Citation

Curry, D. M., & Stanley, S. (2013). Stanley, Sharon interview for the Miami Valley College of Nursing and Health Oral History Project. .

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**ORAL HISTORY INTERVIEW FOR DR. SHARON STANLEY
FOR WSU COLLEGE OF NURSING AND HEALTH**

DC: Present is Dr. Donna Miles-Curry, as the interviewer and thank you Sharon for agreeing to this interview as an alumni of Wright State. We really value your input and sharing with us about your time at Wright State. Would you start off Sharon and give us a little bit of your background and how did you happen to come to Wright State.

SS: Well, Donna, thank you for having me as a part of this project first of all. I came to Wright State as a newly released Army nurse. I had gone to Walter Reed Institute of Nursing on an Army scholarship. It wasn't ROTC, but it was an Army scholarship and I then was obligated to pay back three (3) years. I did my three years in a small Army Hospital at Kenner Army Hospital and it was at Ft. Lee, VA in Petersburg. My husband and I made the decision during that time (we had actually started our family toward the end of that tour) that we would not remain with the Army on active duty (he was civilian), but that we would move back to Ohio and he would then look for a job, which we did and we ended up in the Dayton, Ohio, area because he found his first job at Wright Patterson Air Force Base. I had a year-old son and I had the GI Bill. I was looking to get out of the Hospital setting which, had never really satisfied me as a nurse. I knew that the love of my heart was in the community. I wasn't calling it Public Health at that time, but I certainly knew that I needed to be a community-based nurse and I looked at all of the programs around the area that were doable both geographically and lifestyle-wise and I was the most amazed to find out that Wright State University School of Nursing was offering the Master of Science in Nursing with a community element base.

DC: Very good, so what do you remember when you started about your earliest experience while you were in the program at Wright State.

SS: I started in what was spring quarter at that time.

DC: Right.

SS: Spring quarter of 1981. I remember an evening theory class. I had never been exposed to nurse theory in the way that this graduate program did for me. I had heard about self-care back in my undergrad but I was – there was a whole array of nurse theory and basically scientist and I got the hook in a very different way in my thoughts about nursing as a profession and what nursing could be. That was my first memory.

DC: Right

SS: I remember it was an evening class, I think I went at 6. I remember essentially Mark would come in the door from work, I'd say here is Ben and off I would go. You know.

DC: Right.

SS: To my evening classes.

DC: Do you remember who your faculty member was for that.

SS: I want to say her name was Jean or maybe Gretchen.

DC: Wow, I'm not sure who that one was.

SS: Gretchen Glasgow was around that period of time and there was a Jean.

DC: Okay.

SS: I want to say it was Jean that actually taught that course. You know, I will tell you right from the beginning here, my grasp of names are fuzzy.

DC: Sure.

SS: If I was provided a list I could probably pull them out

DC: I know exactly what you mean.

SS: I can still picture them in my mind.

DC: Great, very good. Yes – that is a challenge. Very good. So, what did you find were your challenges when you were as a student at Wright State.

SS: Apart from the student, new-mom and I was going to go on and get pregnant again.

DC: Sure.

SS: It increases lifestyle challenges. In terms of the curriculum, in terms of the course work and what I was doing in my first graduate experience, by the way, nothing but a Mecca. This was my time to think, be away from the 24/7 child care piece. This was to me a freedom. I've always loved school. It was absolutely, I remember it being such a positive experience. So the only challenges I would probably say related to fitting everything in – in that new-mom lifestyle.

DC: Right. Very good. Did you have a favorite class when you were in the program?

SS: The Community portion that I made focus so the deal is that at the undergraduate level, I had found my nitch not only knowing that it was community.

DC: Correct.

SS: I was absolutely wanting to work in the geriatric/gerontology field. So when I came to Wright State I started mixing my community experience and clinical with that geriatric field. So as I was learning (we didn't call it that at the time) but certainly we would say now it is population based practice.

DC: Right.

SS: I started picking clinicals that those population bases were with elders who were experiencing chronicity, but they were still living independently.

DC: Yes.

SS: The first time I got into that clinical coursework was at the Maria Joseph Living Care Center.

DC: Excellent. Yes.

SS: At Maria Joseph was so ahead of its time. You know, if you talk about a suite of living options now in 2013, everybody goes yes, yes, yes but in 1981 Maria Joseph Living Care Center had independent apartments and step-levels into their community, clear up through a lock-down Alzheimer's unit and I, at some point, in my clinical went through that whole realm.

DC: Wow.

SS: and so that memorable experience, that blending of that population-based practice in that geriatric practice was a wonderful opportunity.

DC: At the time you were there, did they have the daycare on site where they would bring the children in with the residents?

SS: They had daycare. I am not sure about the inner-generational arrangement. I have seen that since that time and certainly participated in that, but my memory is fuzzy as whether I participated in that for the first time at Maria Joseph or whether it was somewhere else.

DC: You go ahead

SS: The one piece that really, when I got to the other end of that continuum and I got into Alzheimer's dementia and actually into that locked unit, I was amazed at the conceptive care that they were using. Again, ahead of their time. They had paired up with Naomi Childs and her validation therapy in Alzheimer's care and so they were one of the few of Alzheimer's treatment areas I had seen that were using validation and not Reality therapy.

DC: Wow.

SS: I had heard much about Reality therapy and knew it and had practiced it here and there during my student years (undergrad), but now they were actually putting it into play and going with the patient's perception of who they were, where they were, and not trying to interrupt that cycle, instead using the nurse as a therapeutic agent, and actually that **millu ??** in that area as a peer that everybody was helping the patient (and I will say patient as they were in that lock-down unit) on a daily basis.

DC: Sure.

SS: It was so different and really has served me well in dementia care. I went on to do other things in this field so I've been teaching this practice and, of course, those elements of validation therapy, not so much the psychotherapeutic pieces but the deep **dive** that Naomi did but a lot of her other thinking in terms of accepting that patient where they are, taking that client and allowing them to be a person up where their brain was functioning today and working through that with them, that was very very innovative at the time and Wright State, of course, allowed me that opportunity.

DC: Great. So what would you have said that your goal was while you were at Wright State? What did you think you wanted to do when you finished your degree?

SS: I started a pattern at Wright State that I have replayed very much in my career and that is when I choose to do something different and in this case it was moving from the hospital to a community setting.

DC: Sure.

SSs: I think that I go back and I validate that choice by picking an education piece that I think is going to stick which allows me to get the latest and greatest in the field and also allows me some downtime to think through what that next practice would be. So, I started out with that degree and in my mind I was going to go out and get a job, if you will, somehow in a community sector. I'm not sure if I was thinking of the Public Health Department at the time.

DC: Sure.

SS: But I knew that I was definitely making that transfer from a hospital to community, and probably be in geriatrics.

DC: Did you have any least favorite class that you had when you were there? Something that you would never have wanted to ever take again?

SS: I am not much on, I know it is a necessary piece, but research design and methodology is just not chicken soup for my soul.

DC: Right.

SS: It never has been, but I get through it and I move through it and I'm like okay, take a few more steps.

DC: That's good. Very good. Great. So would you like to describe for us, perhaps some interactions that you had with any of the faculty in the college, any particular faculty that you have any memories about?

SS: I think towards the, because I took the education track as there were different options and frankly I can't remember what all the options were, but for some reason, if there were administrative options, it probably didn't appeal to me because I still wanted to be very patient-based at the time.

DC: Right.

SS: But for some reason, and of course there was no advanced practice.

DC: Not yet.

SS: At that time.

DC: Correct.

SS: So I turned to the education tract. I figured, I knew that I wanted to be in the community, at least doing health education, so I needed to know the rudiments for that. So along with that education tract came Dr. Susan Pager.

DC: Oh yes.

SS: I do remember that name and Susan was, I think at the time, from my perspective (I was maybe 25 or 26) definitely one of the younger faculty members.

DC: Correct.

SS: Also Susan was a very different faculty member in terms of she lived in Yellow Springs for petesake.

DC: yes.

SS: And I hadn't had a lot of exposure to that way of thinking. Susan was eccentric and she was her own person and I'm sure that she remains that way to this day.

DC: Yes.

SS: and I loved it. Because I was from that military, type A, think of it this way, had been born and bred in the Army, if you will, for both my education and my career. Actually looking and working with a professor like Susan was an amazing opportunity and she very much sticks out in my mind.

DC: Great. Did you have any interaction with any of the Dean's at all at the time when you were here.

SS: Yes, I remember there was a fluster or a flurry around the Deanship at that time.

DC: Yes.

SS: The person we had, and I cannot remember her name.

DC: Sure.

SS: Was – I swear she had been a nun.

DC: Margaret Maloney.

SS: Yes, that's it. That's it. Margaret Maloney. And I think she transferred out during that time and I had the sense that there was some flurry around that but it certainly didn't impact me as a student.

DC: That's good.

SS: There was also a Martha. Was there a Martha faculty member?

DC: We had Mary Lou Jacobs.

SS: Mary Lou?

DC: Yes Mary Lou was an interim and Julie (the theory book) George. Yes Julie George and then

SS: Yes, Julie George that is – okay, yes.

DC: and then Margaret Maloney and then after Margaret was Jeanette Lancaster, who you would know from community.

SS: Yes. She was after my time but I certainly am familiar with her community tactics by the way I was introduced to and it was like a whole world opening.

DC: Exactly.

SS: I have used that text ever since. I have frankly written for that text.

DC: Excellent.

SS: I've been offered to write the disaster chapter for that text. I forget what edition it is in, maybe the 10th. Anyway when I had that opportunity with Sue Hashmiller, just a couple of years ago, I remember thinking "Oh my gosh, I get to write for Stanhope and Lancaster". So, yes.

DC: Great.

SS: But going back to Julie, Julie George.

DC: Yes.

SS: That is the faculty member on that nurse theory course.

DC: Excellent. She is the editor of the book. Right. The faculty wrote the book, right, and it is still.

SS: Not Jean, but a J name – Julie.

DC: Yes, so that book is in its 6th edition and is still being used in the curriculum; so you were there when it was born.

SS: Yes.

DC: Literally the book was born. That is very exciting. You were part of that. Friends, colleagues, students. Did you have, probably with your balancing family life, but did you have any chance to develop or have any memories of interactions with fellow students at all?

SS: yes – we were tight-knit in those groups. I remember feeling well cared for and forming a bond. Now, I have since then done masters where they throw you into seminars and throw you into groups with the intent/purpose of building that camaraderie, but I felt like we had that because it was such a small group and we were taking many of the same classes which would have had that. Margaret Graham, do you remember.

DC: Excellent.

SS: She went on and actually, I think, she is at Ohio State now.

DC: Exactly.

SS: She was one of those students that I remember so there were relationships definitely made during this time. I'm fuzzy again on the name of an individual and actually I met her again when I was doing some Wright State work this year. I'll have to think about her name but yes, there were students I don't remember them by name. We didn't go on and forever stay in touch but I remember feeling a warm sense of there was this internal community of shared experiences as we were moving through that graduate cohort.

DC: Did you guys have a chance to socialize at all together or basically talk over lunch or something?

SS: I don't remember that.

DC: Sure.

SS: I remember a lot of evening sessions. I remember working with different people on projects where we would meet during the day. I do remember one social event now that you say that and it just tripped off a memory of Rose **R????**. Rosemary.

DC: Yes

SS: Anyway she was teaching here at the time, she had been brought in as a guest lecturer and it was sort of like **Warsan's theory**. She was there doing her person becoming or whatever and we were exposed to her for a whole quarter and talk about getting out of the box. There was another faculty member that absolutely pulled and tugged at us to move beyond the known comfort levels. I remember when we did a presentation for her. I was doing recordings of music, to intersperse in the section and all these silly avant-garde of teaching methodology that would slide into the way she taught the theory and I remember that we closed that session with a wine-tasting hors d'ourves session and I never in my life, in a college setting, attended anything like that. Being from southern Ohio, frankly I had never had attended anything like that anyway so it was just – one of the memories there of a social matter.

DC: Very good. So, you did mention your experiences with Community Institutions like with Maria Joseph. Where there any other community agencies that you had interactions with that you remember?

SS: I ended up moving elsewhere, like at the Lutheran Village.

DC: Yes, sure.

SS: They were in place at the time and they had a, really it was more of an internal, I don't think there was a bunch of assisted living with it, but there was leveling in the village. I remember that and I remember other houses in Dayton that we would go to, or I went to as part of my clinical in poor populations. A lot of wellness theory and that whole concept of the wellness continuum, I had never been exposed to that before.

DC: yea

SS: Really it's where I got my feet wet into that along with the help from these models in all that great community theory and foundation that I have used and built on over the years.

DC: Great. So, I know you have talked about this in some other ways, but how do you think your experiences, if you could sum of it up, at Wright State has affected your career?

SS: I think that it really was the nucleus of my prior instincts about public health and community and I certainly have built on that since that time. The core elements of how I think about community and population based practice for nursing were ignited at Wright State University.

DC: So you say that the four elements? Is that what you said?

SS: No the core elements.

DC: Core elements – thank you. Yes, very good. So, I've asked you pretty much most of the questions that I like to ask. Is there anything else you would like to share with us?

SS: Let me look here. I will say that, you know, lately I've had a lot of interaction again with Wright State.

DC: Very good, yes. Please share with us that.

SS: Yes. In my current position as chief nurse at the American Red Cross, I was able, I started that in 2009, and just last summer in 2012, I was able to negotiate an agreement where I could work from Ohio. So I am back in Ohio again. When I looked around to think about what academic connections then do I want to make since I'm working out of this Ohio base and since Red Cross has a community practice, where would I go. You know there are many MPH programs around the Ohio base area now.

DC: Yes.

SS: and I thought about that because obviously in-between Wright State and Red Cross I have worked at local public health departments and I have worked at the Ohio Department House and I know about the MPH program and I've worked at Ohio State and I knew about their MPH program; but you know something when I started to think about, well let's see what is going on at Wright State, it was at Wright State and because of that connection with what is now the College of Nursing, that I wanted to go back.

DC: Cool. Well, we are glad that you did. So briefly could you talk about, I think you have two projects that you are working with individuals at Wright State on. This is kind of current history.

SS: So, one of the projects involves Calamityville and the Disaster Preparedness Center and while I was at Wright State, on a current trip to process information, that a certificate path for nursing would be a desire of and it was very new in the chart process also at nursing and also at Calamityville as a partner and so actually we have been looking at a nurse disaster certificate also at Wright State. We've actually even partnered with a couple of other institutions and it just didn't turn out. They didn't have the focus on true disaster preparedness and they wanted to sort of make it **icing** instead of making it a central key of what they wanted it to be. So when I did that we started out and we've been working on getting this disaster up and out through the nursing research center and working with great partners at Calamityville at Wright State and now we have pulled in the Medical Reserve Core. This has been a great thing and possibility.

DC: Great!!! Very good. Okay. I think that is probably everything then, unless there is anything else that you would like to add.

SS: Not at this time.

DC: Not at this time. I can let you know – if you ever want to have us interview you again, I would love to do that because I think our archive is a growing piece of nursing experiences and I just think it is a nice thing, hopefully. We will let you know when your interview can be posted and stuff and share with everyone.

SS: Okay.

DC: So I am going to stop the recording right now.