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Donna Miles-Curry Interview, Professor Emeritus, College of Nursing and Health, Wright State University

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WRIGHT STATE UNIVERSITY
Retiree Association Oral History Project

Interview date: 01/04/2018

Interviewer: Gary Barlow (GB)
Professor Emeritus, College of Education and Human Services

Interviewee: Donna Miles-Curry (DM)
Professor Emeritus, College of Nursing and Health

Gary Barlow: This is Gary Barlow, Professor Emeritus, from the College of Education and Human Services, and current member of the Wright State University Retiree's Association. Today is Thursday, January 4, 2018, and it is my pleasure to be interviewing Donna Miles-Curry, Professor Emeritus, from the College of Nursing and Health, as part of the retiree association's oral history project. Donna, thanks for joining us today. I look forward to this interview. Donna, tell us, to get started, a little about your background. Where you came from to the university, where you studied, any previous work experience.

Donna Miles-Curry: Sure. Great. I went out of high school into, I had a four year scholarship to Maryville University in St. Louis in nursing, and actually they only had a two year program at the time. So I did two years there, and then they said if you want to become a professional nurse you need to go on for a baccalaureate degree, and so I transferred then to St. Louis University, where I did my baccalaureate degree in Nursing. During that period of time I was already an RN, so I was working at Cardinal Glennon Hospital for Children, so I'm a pediatric nursing background. I went for a masters then, as a Certified Pediatric Clinical Nurse Specialist, and I got a masters in Pediatric Nursing from St. Louis University. Around that time, clinical nurse specialist positions were very new, hard to get funded, you know, first time you have a budget cut, that's what they cut. So the position that I'd worked for they cut, and I was looking around the country for CNS positions, but then also looking at teaching, because if all else, you teach. A friend of mine from St. Louis University was from Dayton, Ohio, and she had come back and was teaching at Wright State. And a former instructor of mine from St. Louis University, her husband had been a resident, they were from Springfield and they were back here, and in her Christmas card to me, she said, "I am teaching at the most exciting place in the country, I have never worked anyplace more exciting", it was Pat Earhart, and she said, "If you ever want to teach, this is the place to come". So I get a phone call from Dean Gertrude Torres, and she had said, "I heard that you were looking for a job. We would like you to come for an interview". And I was shocked at the time because in nursing, I had looked at jobs all around and in nursing they might invite you to interview but no one paid your way to go to any of these things, and Wright State paid to fly me into Dayton and I had this extensive interview with all of these nationally famous people; Peggy Chinn, JoAnn Ashley, beside Dr. Torres, Marge Stanton. At the end of this exhaustive

day, I go into Dean Torres' office and she said "We would like to offer you a job" and I said oh, wow.

GB: What year was this when this happened?

DM: 1979. So, I came spring quarter, we were still on quarters in 1979. My contract was 13,500 dollars and I was considered an instructor rank because I had a Master's degree. I left as a staff, or a nursing position, at a hospital where I was making 16,500 dollars. So you do take a pay cut when you go into education and you leave the hospital. I did come here and my first year here was just a mind-blowing year.

GB: In what way do you mean?

DM: Okay, so during this year, this would mean I was employed by Wright State three times, so this would have been my first time of employment from 1979 through 1980. During that year, Gertrude Torres was the most dynamic person. The first dean was fairly ineffective and in fact the faculty complained and one day they came in and she's totally gone. They did a national search and at that time the only accrediting body for nursing education was the National League for Nursing. They went to the National League for Nursing and Gertrude Torres was their curriculum expert, she has been in other schools in the New York area, she's originally from New York, and she said "Sure, I'd love to take you on" and she was hired to come as this curriculum expert and she implemented a creative cutting edge curriculum that was called the Integrated Curriculum. Which no one at the time in the country were doing, we were twenty years ahead of everybody. And so it was very exciting. She had a policy that Friday's, no meetings, no classes, those are your professional day to work on your research, to do practice, and they would do these little in-house workshops for us young faculty. I'd have a day where she would talk about the book she had written about nursing education curriculum. Even though I had a second Master's in Nursing Education, I learned more from her on how to write a curriculum, how to design a course, how to deliver a course, and I still quote her books.

GB: I remember Gert, but somehow I was thinking she was the first dean.

DM: No, she was the second dean.

GB: She was the second dean, okay.

DM: Right, because between her and the first dean, Donna Dean was an interim Dean but she didn't have a doctorate degree, so Andy Kuntzman, who was from Anatomy, and he had to be the official Interim Dean because he had a PhD. So then Dr. Torres, she and Peggy Chinn and JoAnn Ashley, were what I would call radical militant feminists. They truly were, and this was Dayton, Ohio. One of my earth shattering things, I'd come from St. Louis to Dayton, and thought "I'm moving east, it's going to be more progressive!" Because in some ways St. Louis was kind of back-woods, in my humble opinion. I came to Dayton and was shocked at how archaic, like, "Seriously, this is the way they do things?" For example, I would work on my professional day often at Dayton's Children's

and I would be like in the neonatal ICU, I'd be sitting there at the nurses station doing some charting, and this physician would come in and [*makes a noise like someone clearing their throat*] and I would be like, "Yes?", and he'd expect me to get up and give him my chair. I was expected to carry charts and follow him around like his little hand maiden, and I never realized that's the way it used to be. Because in St. Louis it wasn't that way. We were much more collegial, so even though I thought St. Louis was in the dark ages, Dayton was in the dark ages. So, it was that mindset of the health care community that Dayton was in. Wright State was, at that time- I didn't realize it when I came in '79, the nursing program had started in 1973, it was the first baccalaureate program in the region.

GB: Now let me interrupt a minute. 1973 was when the first dean was hired, and the school opened then.

DM: Correct. So they graduated their first class in '75 [*cell phone rings*], Let me turn this off, because we love these things, don't we. In 1975 we graduated our first class. These would be people who were already registered nurses and they were finishing a baccalaureate degree. The first traditional class, meaning students who went all the way through to get their baccalaureate degree, they graduated in the 1976. So I recently did a paper on some of the experiences of some of those students, because they did a reunion a year ago back here in Dayton. About seven or eight of them got back together of the class of 1976, a really exciting, dynamic group of people. So as kind of the self-appointed college historian I get to know all these people.

GB: Donna is the self-appointed historian in a way. What do you think was the driving force behind their creation of the nursing school? I mean, what made that important to identify and develop here?

DM: Well, it was critical because in 1966 the Lysaught Report came out, indicating that all nursing education should be done at the baccalaureate level [*Correction by Donna: In 1965 the American Nurses Association put forward a position statement stating that all professional nursing education should be at the baccalaureate level. The Lysaught Report, which came out in 1970, also touched on this point*]. It is now the year 2018, and we still don't have that implemented. We still have... our highest percentage of our graduates in nursing are from an associate's degree programs, and that's a debate we won't go into today. So, because of that, the need for having baccalaureate education, the closest to Dayton would have been the University of Cincinnati or Ohio State, and so there was a critical need in the Dayton area for a baccalaureate program. In fact, over the 80's, most of the diploma programs, meaning hospital based schools of nursing, which was the original style of nursing, where hospitals would create their own educational programs, you would go there for two to three years and get a diploma. So, in Dayton at the time, there was St. Elizabeth, Miami Valley, and Good Samaritan were traditional hospital based nursing programs. When they opened Sinclair Community College they closed the program at St. E's, and they closed the program at Good Samaritan. Miami Valley was the last holdout of diploma programs in Dayton, they closed in 1985 through a collaborative agreement with Wright State, transferring all their faculty to us, and they

still to this day have a contract with us and they provide money, like the budget they would have had for their nursing program, they provide to the School of Nursing, now the College of Nursing. Hence if you really hear our official name it's the Wright State – Miami Valley College of Nursing and Health, and it is part of the contract with Miami Valley hospital that the word “Miami Valley” is in our name. Sometimes when we shorten it, we just kind of drop that.

GB: Yeah, I think you've answered my next question, At Wright State we don't have a university hospital, which I imagine a lot of schools don't have, but what relationships were we able to form with hospitals in the community for practical training for nursing students? I think you've answered that.

DM: Well, we had a wonderful relationship with Miami Valley Hospital and Premier, in the sense that part of that first contract in 1985, which is referred to as the collaborative agreement, that it guaranteed us first dibs, I call it, on access to clinical sites. That is no longer the case.

GB: We don't still have that?

DM: We don't still have that, but we get money from them so we're still happy in that case.

GB: Do we have anything like that?

DM: No, and that's the biggest challenge, because the university will say “Hey, you have maybe one hundred people applying that are qualified for nursing, and we are only taking fifty. Why?” Well, we will tell them it's because we have to run them through clinical sites and there's a state law that the maximum number of students in a group is ten. Pedagogically we know that ten is not good, and we have philosophically tried to keep the number at eight. A ratio of one faculty member to eight students, and so that means we need more groups, which means we need more sites. So, it's been very difficult and one of the biggest challenges in the program is having enough clinical sites because like I said, even though those other programs closed, Sinclair exists. Sinclair is an excellent program and they use a lot of sites as well. Kettering College of Medical Arts developed in the 1960's and it started there. Their nursing program there was an associate's degree to begin with, so that's why I don't classify them with the hospital based programs in the region.

GB: How do you meet that challenge and still remain viable?

DM: It's a challenge, you just have to negotiate and wheel and deal, and it's so different from the European system. In Europe, all the education is done by the agencies themselves, the clinical education, through a contract with the institution. It's just run a little differently. So, it's just a challenge to find the spots.

GB: Can you, in meeting this challenge, can you go outside of this geographic area?

DM: Believe me, we have.

GB: To maybe Toledo or to Cincinnati?

DM: Cincinnati. I mean, Cincinnati Children's. For example, pediatrics, Dayton Children's Hospital, a wonder hospital, average daily patients, 55 patients in-house. If you've got three or four schools of nursing wanting to bring groups of eight to ten students, you would say, "Oh my gosh", but is every patient suitable for a student's activities? No. So, Dayton Children's cannot meet the needs of the academic institutions in our region. Oh, and also, the other thing I was going to say is that Miami University at Middletown started an associate's degree program in the 90's and now also has a baccalaureate program in nursing. So they're in our same geographical area, so we do compete with all of these people for these sites. We had one faculty member who was from Cincinnati Children's Hospital and she would take clinical students there. The students would have the best clinical experience, but the students would complain up and down because they had to drive to Cincinnati. Right? Silly people. So, we have gone really far at times. At times we've used, like, we've gone over to Reid in Indiana, which is very complicated because of state licensure. It's a different state. So, nurses have to be licensed, the faculty member has to be licensed, in that state. So, it's very complicated.

GB: So, it's not that easy then, to send to Reid Hospital because of their requirements there.

DM: The state of Indiana, right. When we did use that, we had two or three faculty members who actually lived in Indiana, just over the border, because it's not that hateful of a drive to commute to Dayton, so they already had licensure in that state.

GB: What were some of the initial challenges in developing the program and the challenges as the program matured? I think you've hit on that, too, but-

DM: We've had lots of challenges. Well, the first challenge was curriculum, because the first dean, if you listen to the oral histories that I've collected from JoAnn Cross and Donna Dean. They were two of the original faculty, and they were hired for this college of nursing, and they looked around and realized that it's a week until the classes are going to start and the dean has not given them any curriculum. So they thought, "Oh my gosh, what are we going to do?" So they sat down in JoAnn or Donna's office, took sheets of paper- because this is before computers- and they kind of wrote up a curriculum, made it up on sheets of paper, and they came up with it. Now, they did the best that they could, but it really wasn't that great. So Gert Torres came in and wrote this cutting edge integrated curriculum, very heavy on theory. Her idea was that if you're a baccalaureate prepared person, and I give you all these theories, I can drop you with a parachute in any setting and even if you've never had any experience in that setting, based on the theory base that you've been educated in, you can do your job. The challenge in the rest of the community is that when we sent out our students to these clinical sites, they'd go, "Okay, here's a patient that has a tracheostomy. Suction it".

Well, they had never suctioned or they didn't know how to suction. "Well, you're an idiot. Didn't your program teach you how to do that?" Now, if you quizzed these students inside and out about airway management and all the pros and cons of this, they could knock your socks off. But because the majority of the hospital community was the diploma educated people who were educated under the old medical model, they found that our students were not what they should be. So they would complain that they felt that our students weren't prepared. It would take too much work then to orient them when they are new hires. So when they complained, one of the complaints went to the president of the university, Dr. Keggereis, and then Dr. Beljan, who was president of the med school. "Not a problem, we'll take care of you, we'll start out own school of nursing under the school of medicine." This was in 1980, and in addition so they brought forth the potential proposal to move the School of Nursing underneath the School of Medicine.

GB: That was my next question, can you tell us about the relationship between the then School of Nursing and the School of Medicine.

DM: Right, and this is what always irks me to the grave. I love the School of Medicine, the current faculty and staff are phenomenal. When I was over there one day, I was looking at some of their former deans and I said "Excuse me, I have to puke when I go by this man's picture", because he was an ass, there's no other word for it. He sat there in a conference room like this one and said "Well, the community says you're all incompetent". I am a nationally board certified pediatric nurse. No one says that when I take the students to Dayton's Children's and provide clinical experience for them I was not as qualified as the staff nurses there, if not more qualified than them. I just personally resented it. So, anyway, the affront of this, Dean Torres, Marge Stanton, all of the administratives, all of the deans and associate deans, put in letters of resignation. This was in April of 1980, and then we'd sit in these faculty meetings-

GB: Why did they put in the letters of resignation?

DM: In protest to this proposed change in the school.

GB: To go into the School of Medicine.

DM: Correct, and then the majority, seventy five percent of us on faculty also resigned. What's interesting is the change never happened. Some theories are, is that Dr. Torres was such a pain in the side of the upper administration because let's face it, we were all feminists. Was she getting paid the same as male deans on the rest of campus? No. So she was always badgering them on this. We're working on an innovative curriculum. The medical community, which was archaic, as I've shared with you- because she came from New York City, you know, we were butting heads in that way. So, she was quite a rebel rouser, is more the appropriate term. I think in some ways they were doing what they did, no one has ever shared this with me, but one theory is that they wanted to get rid of her. They didn't realize how dynamic she was and what a loyal following she had from the majority of the faculty, and it potentially was going to destroy the School of Nursing, because the faculty would leave. So, the School of Nursing was on a very shaky ground,

they brought in a woman from Kentucky to be an interim dean for a month or two, and then Julie George was an interim dean for a month or two, and then finally they hired Dean Maloney- a very interesting woman, whose area of expertise was leadership- to kind of re-stabilize the curriculum.

GB: So Dean Torres followed through and left?

DM: Oh, she did leave, and I left also. I went then to work at Dayton Children's Hospital and became Assistant Director of Nursing. So apparently I'm really incompetent, that Dayton Children's felt like they couldn't hire me, but they did. Anyway, so some of the impact of that happening was that there was phenomenally educated people who had been at the university who are now... "We need a job!" So they're all out there in the community working. Bonnie Summerville came to Dayton Children's also, and she eventually became Director of Nursing there. I left because I was having babies, and then came back to teach at Wright State. So, you know, there are a lot of movers and shakers that ended up at the agencies within Dayton because of that. So that was the good part of it.

GB: I'm going to move back to the beginning time, and I'd like to know what you feel about, was there a lot of interest from perspective students to go into nursing? Was it kind of a hot topic at that time, or a hot profession? Or were their other areas competing?

DB: Back when the program started in the seventies, we were still in that era to an extent where for woman there's two jobs to go into, nursing or education. Because you will always find a job in nursing, and you can work part time, even get married and have kids, and so nursing has always had a high appeal for women in that sense. So, we have had that in fact. Now the challenge we have with the STEM school initiative. For example. I won the St. Louis Post Dispatch Science Fair my senior year of high school, I had a cutting edge research project where someone would say "Why aren't you going into biomedical bench research?" And I worked as a candy striper, though, and I'm a people person, and when I would play in the labs when I was doing this research project, I would get firm looks that apparently my vibrant behavior was not accepted here, whereas my exciting, vibrant behavior in a pediatric ward is welcome. My Peter Pan/I won't grow up syndrome has its place, and that's where I found it, I found my niche but not in the lab coated, stern people of a laboratory.

GB: It just occurred to me, something you said about the women coming into nursing. We see a lot more men entering nursing, when did that begin? How did that begin?

DM: Well, historically if you really want to go all the way back, the earliest documented nurses were male nurses through the religious orders in medieval times. So we really didn't start having a predominance of female nurses until what we might call the development of modern age of nursing, which is Florence Nightingale and the former schools that started in the post-Civil War in the United States era, and the post Crimean War in England. So then, they thought the best person to be a nurse- and it's so funny when you read these things- is that you had to be an older nurse of good health and

morals. You can't be married, and ugly. They really like it if you're ugly. Because they don't want the patients to be distracted. [Laughs] You know, they didn't use the word "ugly" but they talked about your appearance. They didn't want any really buxom girls in there flaunting themselves.

GB: Well, I remember way back in nursing, in the nursing "school" then. When did this become a college?

DM: We became a college under Jane Swart in the late 1990s. Jane Swart came in the '90s and her goal was to expand our college and include physical therapy, occupational therapy. Unfortunately, Jane Swart within a year or so of her coming, like Dr. Flack, Dr. Flack had come down with pancreatic cancer and died very quickly. Jane had been very sickly, and the day after his funeral she said "Okay, I'm going to go to the doctor". Low and behold, she was also diagnosed with pancreatic cancer and died within less than a year. So a lot of the initiatives that Jane did, you know, every dean has their expertise and if Jane had stayed I think we would have started some of these other programs. Our next dean was Pat Martin, who came to us as a former nursing researcher, so her big emphasis was research. A wonderful College of Nursing research department, working to get grants and collaborate with agencies on research. Unfortunately, we didn't really grow the College of Nursing to the "and Health" part. Now, there's been talk about, in a revision now at the university level, of putting some of these programs underneath the College of Nursing and Health umbrella, or another name. But that's another story.

GB: Well, just to come back, I remember in the early days when it was the School of Nursing, from my perspective and I suppose others, there was maybe one male in a class, and maybe another couple. I never thought off this until talking to you, but I wonder did you and the faculty and the administration do something to attract more men into nursing?

DM: I don't know that we did anything, but I think a lot of it- and it's not to be stereotypic, I try not to be stereotypic- when I first saw men go into nursing was post-Vietnam. They were medics, they had GI Bill, and they wanted to do things like fly the choppers in Illinois. You can't fly a rescue chopper unless you have an RN. In my nursing program, in the very first year I was in Maryville and it was the very first year they had male students, and they were all non-Vets, so we began to have that period. So, there was periods of times where we actually have a grant right now for the federal government for Vets to come in, and if they've been in the military and done medic type duties, they get some preliminary nursing course kind of waived, and there is an accelerated kind of program for them because of their healthcare experience that they came with.

GB: That's good. Do we work with the Air Force base here?

DM: Correct, we do. We always have. Now, in the Air Force base you have to have a baccalaureate degree to be employed there. So, we don't have many people who are coming from there, because if they're a nurse, they are already there. Though we'll have

some of their family members, etc. We have a lot of faculty who are, you know how you can retire in twenty years in the Air Force. We have a lot of our faculty who when they do retire, they love Dayton. So then they came to be faculty after they served their twenty something plus years, and they're excellent.

GB: I really enjoy hearing from you about other individuals or about the individuals. The deans and the faculty who had an impact on you in terms of the nursing program. But I'm going to ask how has the College of Nursing changed and evolved over the years, what are some of the school's primary innovations and strengths?

DM: That's a very interesting comment. So like I said, Jean Swart, one of the things... even though she wanted to expand, she did expand our graduate program as a dean. Under Gert Torres, we did start our first Master's initiative which was a degree in community health nursing. Then, we added a Master's in nursing education and a Master's in nursing administration. When Gert came, it was kind of the nurse practitioner, major nurse practitioner movement. So with Margaret Clark Graham, at the time, they wrote several federal grants to start the family nurse practitioner program here, which at one time, I really do feel was nationally ranked, actually, in US News & World Report, as far as an online program, it was ranked way up higher than Ohio State.

GB: Do we still have that program?

DM: We still have the family nurse practitioner program, that's probably one of the most popular. Then Dr. Kris Scordo came, whose background was critical care, and she started our acute care, and I think they added gero to that, so it's an acute care gerontology nursing nurse practitioner program, and that program is nationally recognized. At the last check they still have a one hundred percent pass rate on their certification exam. It's such a vigorous program, and Dr. Scordo is begged and invited to speak all over the country, and actually to serve as a consultant in the places where they've started other acute care nurse practitioner programs. If you went to Ohio State or Miami Valley, and actually when I walk into my cardiology practice, the nurse practitioner that sees me is a Wright State graduate from Kris' program.

GB: I'm glad you mentioned these because we do have innovations and we do have strengths that are known nationally, if not internationally. Do you have any international connections?

DM: We've done some international initiatives, but again, all the deans from Pat Martin through Rosalie Mainous have tried to be connected with other universities, like the university as a whole. I set up a collaborative relationship with Universidad des Arrollo in Santiago, Chile, so we had students from there come. From in England, University of... I'm going to go blank here, an English university, Central Lancashire. They've sent students here for experiences, and we've sent a student there, we've done an exchange of students. And then Ubei University in China, we brought over two or three visiting professors from there. Unfortunately, not many of our faculty want to go and live in a place where very few people speak that much English. We have not had anybody that has

wanted to go over there, and of course now with the finances and stuff. But then what's really outstanding is that Dr. Rosemary Eustace, both her and her husband are originally from Tanzania, and Rosemary did her Master's in community nursing with us. Rosemary takes students every year to Tanzania for a global health program, where they'll go out and work with the clinics and they'll visit the hospitals and initiatives with orphanages there. Whenever you have a time to listen to her stories, you'll find it fascinating, it is a whole different world there. I've gone over there with her and we've had other faculty go over as well as many of our students. So if I take students to the UK, but UK is very civilized, but their healthcare system is so radically different and that's what I educate them on. This is the pros and cons of socialized healthcare.

GB: That's very interesting. Listen, I'd like to ask you a few general questions about Wright State, not specifically nursing, but just kind of general to move toward the end of this interview. So many long time faculty and staff has such a strong connection and fond memories of Wright State, the highs and the lows and all of that. What do you think makes Wright State distinctive and special to so many people?

DM: I think for many of us, it was a place of opportunity. If you came and you wanted to do something, we had so many initiatives from the research council, we would have these research incentive grants, the different Provosts office would have these initiatives. I'm not sure, you were more like Liberal Arts, I'm not sure if they had similar kinds of things. If you wanted to get seed money to start programs or to start a program of research, you could do it. The Dayton area, the community, has always wanted to collaborate on things. We did the Center For- now I'm going to go blank on it- through the School of Medicine, but it was also through nursing and with Sinclair, we had a community partners where we all collaborated. It's through them and the initiative that I wrote with a group of people, I had a 1.5 million dollar grant from the Department of Education to work with educators and school nurses in the Dayton Public Schools to integrate health, meaning health promotional content, through their whole curriculum. Again, that integrated curriculum piece, so, for example, if you wanted to learn about temperature and how to manage a fever, well, let's put that in science or math where we're talking about thermometers and converting centigrades to Fahrenheit. You're using math principals, kids have to learn the math. Oh, by the way, indirectly they're learning about fever management, which everybody should know how to do in your own home. And obviously, nutrition, counting calories, and so we had all of this curriculum that I didn't write, but a person in the Dayton Public Schools had written this curriculum, but I had the grant to help educate all of the faculty and I made them give me lesson plans for an entire year where you can integrate all of this into your curriculum. We also gave them huge boxes- again, the money from the federal grant- of resources to teach, like, models of the brain and stuff like that.

GB: I think you're right in terms of collaboration in the beginning years and onward. In our work with arts and disabilities, we work with the office for the handicapped and the disabled, so this is a nursing education. That's what made it really interesting. Listen, in your opinion, Donna, how has Wright State changed over the years? Both positive and even some negatives. If you want to throw this out-

DM: Oh, you really want to get me going. There's been several changes, one of the changes, from the faculty perspective, was the evolution of the union, the AAUP here. I am not a union lover. I could sit and give you chapter and verse where unions had their place and time, and we don't need them now because we have existing labor laws to protect our rights. People will say, "Most people aren't knowledgeable of the law". Well, ignorance of the law has never been an excuse. Don't get me going, but you can tell. So, with that being said, when AAUP was voted in as to be our representative, I got involved because if they're going to represent me I want to be sitting at the table. So as a faculty member, I was involved with two of the contract negotiations which was a very educational procedure. Very beneficial for me, because then I became an Associate Dean in my college, and having sat on one side of the table, and now sitting on the other side of the table, I had a very good understanding of where people were coming from. The one benefit of the AAUP, in my opinion, was related to tenure. I was on the tenure committee at a time when if people just didn't like you, they could vote and not tenure you. You could have very nebulous reasons and criteria for not tenuring a person. It's not right. Nowadays I could sue for wrongful firing and all of this stuff, but again, I know the law. One of the biggest benefits I think of the union has been the creation of formal bylaws that are reasonable and understandable, so that you know when you come in and you're hired and the expectations are X, Y, and Z, if you do X, Y, and Z, you should be tenured, and you shouldn't be worrying about the fact that you're not best buddies with everybody in the college, but you've done your job and do it well and you've done what it takes. I think that's one of the strengths of it. So the union has had a significant impact I think on the dynamics from an administrative standpoint. There's been just a wealth of things at the administrative level that are kind of good and bad. It's like, why do we need offices for- I don't know what the name of it is, exactly- diversity? I guess it's because I came from a Catholic background and Catholic schools, and respect for all human beings is something that should be understood and never denied, and I'm like, "Really? We have to have a whole office for this?" But apparently we do, because so many people will tell me situations where they feel like that office has been necessary and good. So it's interesting how some of these things have evolved and stuff like that.

GB: In looking back, give me one or two of your most memorable experiences at Wright State? Can you pick one out?

DM: I have so many, but I'll share with you one or two now. I have loved working with my doctoral students and graduate students. I have had over a hundred master's students and eight doctoral students. A lot of these people, these are nurses, and if you're sick and they're at your bedside, you are getting the most outstanding care. They are brilliant nurses. But they've decided in their career to go on for an advanced degree, and in an advanced degree you have to write, and that's something that twenty years at the bedside that they've never been asked to write in complete sentences, and to write a paragraph. And so now having to generate pieces of scholarship, like an article suitable for publication, and working with them and translating their wondering expertise. I know one woman who has risen through the ranks in this one healthcare system. But truthfully, her ability to write when she first starting working with me was... but working with them and

seeing what they've done, and then they go on and say, "Well, will you help me with this article?" and I'd say, "Well sure". My name is at the end of the article and I didn't do the work, I just helped them write the article, and to get their works published and recognized, and one girl's work was recognized by a national think tank, and stuff like that. Those are my babies, you know? You're so proud of your children.

GB: Well, and your enthusiasm, Donna, and support are so necessary in this field to help them move forward like that. If you were to go back and do it all over, is there something at Wright State that you would have done differently?

DM: My only could've, would've, should've is that I wish Dayton Children's would've established a joint appointment with Wright State in the area of nursing research. I did a lot of work with them and collaborated on research with them, but I would have liked to have had a more formal position set up with them. That's probably my only regret, and they've said if I endowed a chair for three million dollars, this, too, could happen, and I have to laugh because I don't know where they think a faculty member- I don't know about you, Gary, but I don't have that much money sitting in an account anywhere.

GB: Was that cooperative venture ever proposed?

DM: Another faculty member and I were constantly advocating for that, because we have had other joint appointments with other agencies, like Miami Valley Hospital, and so it's not an alien concept in the Dayton community, and definitely nationwide it's not alienated.

GB: Perhaps you don't want to get into this but it sounds like a good idea. Why... was it dropped, or-

DM: I don't know whether, at the time, whether it was financially doable?

GB: Probably so.

DM: It has to be financially doable on both sides. Money always seems to be the root of good and bad.

GB: Yeah. If you were asked to describe Wright State University then, in the early days, in one word, what would it be?

DM: Wright State University versus the college/ the School of Nursing, back then. I don't know, I guess I'd use the word adolescent. Because we were. We were.

GB: We were adolescent. I was also kind of thinking... well, let me ask the other question. If you were asked to describe Wright State now, in one word what would it be?

DM: Well, in contrast to that, we're now middle aged. [*Laughs*] We're seasoned. Well seasoned.

GB: I like your earlier responses, like “cooperative venture”. Well, that’s two words. Cooperation, and so on and so forth.

DM: Yeah, well, you know, if I had to say what would be my developmental theory that I feel guides all of my work, it’s that I’m a developmental theorist. Everything is always developing, which is meaning it is increasing in complexity. So when we first came, we were very rudimentary. We were just starting, and laying the groundwork in all the departments. We were just laying the groundwork. I didn’t come in its infancy, but when I first came it was in their adolescence, and we had lots of growing pains. I watched- one or two times I’ve seen faculty meetings where we did votes of no confidence against presidents, and that was fascinating. When Jim Sayer and I get together we have many fond remembrances of the faculty senate. But you know, I think we’ve grown up now.

GB: Now refresh my memory again, I know we hit this right at the beginning. You came here first-

DM: In 1979 and 1980.

GB: ’79 and ’80, okay.

DM: And then in 1982, after I’d had my first child, my son. I’d left Dayton Children’s- I’ll be honest, I was a pretty high administrator, it was a very intense job, twelve hour days, seven day weeks, and on call all the time. I was going to be the perfect mother, I was going to stay home. Well, within three months I was climbing the walls, and my friends back here at Wright State found out and they called me up, “We could use a pediatric instructor”, and I said “When do you need me?” And so I went back to teaching at Wright State, Donna Dean was an interim Dean at the time because Dean Maloney had left and she said to me, “If you want to stay in nursing education, you need to get your PhD.” So, I started the seven year commute to Ohio State, and so during the next seven years I had two more children and a PhD. I left Wright State from that position in 1985, from 1982 to 1985 I worked here, because I needed to do my... what do you call it, the year you have to go full time during your PhD?

GB: Residency.

DM: Yeah, I had to do my residency, and I was having another baby, baby number three. A small thing. [*Laughs*], and so then I came back in 1989, one year before I finished my PhD. I finished my dissertation while I was here. I came back in 1989 full time, and I worked from ‘89 until I retired in 2015. **Edits stopped here**

GB: Of all the Deans, I noticed, I recall, that you haven’t mentioned Dean Lancaster. Were you here when she was here?

DM: Oh, yeah. She was in the mid 80’s, so remember, I’m in and out in the mid 80’s, and she was integral in that collaborative agreement set up with Miami Valley Hospital,

when Miami Valley closed their program. And I have a theory, and I give credit to Dr. Holcraft. Carol Holcraft collaborated with me on the nursing history project for several years and we have a theory of cycles of leadership. At the time that Torres left, relationships with the community weren't very harmonious, let's put it that way. One of the greatest gifts of Jeanette Lancaster was building those bridges with the community. The woman, if you've met her, southern charm. Just gracious to the nth degree. Left us to become Dean of Nursing at University of Virginia, and they named buildings after her there, and she just was a phenomenal woman. She's come back to do a speaker series for us, she's very delightful. So, I think that's the big initiative that I would say that I give her credit for, is making us now accepted and desired by the community. Good Job, Jeanette!

GB: Well, I really appreciate your responses to the questions today, you have a lot of historical input there that you gave and we appreciate that. But I'm going to ask you one more, Is there anything that I did not ask you that you'd like to share, or do you have any additional unique perspectives regarding Wright State?

DM: I should have thought this one out. I think I'm working on that now, because as I've mentioned to you, I am writing a monograph on the history of the college, and I am trying to come up with that. Some thread, other than the cycles of leadership, because leadership is just one aspect of the college. What is it with the sparse students, and I think we have peppered the community, if you go into an agency now, Wright State has a significant presence as alumni, and I'm pretty proud of that. I used to walk around Dayton Children's, I'd come in with a new group of students, and on every floor nurses were saying, "Hi Donna", and I'd go, "Yes, I had this one". Then an instructor would come by with a group of students from Sinclair, and go, "Don't tell me", "Yes, I was her instructor too".

GB: You know, Donna, you are kind of moving into the Archives here in a different door, where you're building archival information on the School of Nursing and the people in the School of Nursing, which is very good, that's what we needed.

DM: Right. I started this with Carol Holcraft in... gosh, it's been twenty something years ago. When we got the word that Marge Stanton had died, Marge had been an associate dean under Dr. Torres, and I thought, "Oh, how sad. Her story is lost." So, Carol and I started interviewing faculty staff, administrators from the university, and any people from the community who had been affiliated with the school from day one. And so I have an interview set up with Sue Fitzsimmons, who was faculty but then went be director- the last director- of the nursing program at Miami Valley, and then chief nurse officer at Miami Valley Hospital, and she just retired from being chief nurse officer of Yale Medical Center. So, we've had a lot of movers and shakers that came out of the program. So I am quite proud to be affiliated with these people.

GB: Well, thank you for all of the information today. Thank you a lot, Donna.