

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

*Bernice Jones*

Interview conducted March 24, 1999

by

Linda Weimer

## SUMMARY

Bernice Jones begins her interview at the very start of her nursing career: as an eighteen-year-old girl, she took a position as cook and cleaner for a physician at a small hospital in Toledo, Washington. That physician had interned at Emanuel Hospital in Portland, and he told Jones about the nursing school there. Realizing that she could afford the tuition, she enrolled at the Emanuel Hospital School of Nursing in 1937.

Jones talks about the curriculum at the nursing school during the thirties, and describes a typical day as a student. During that time, the Oregon State Board of Nursing made two important decisions about nursing education: student work hours had to be limited to forty-eight hours per week, and pediatric nursing had to be included in all curricula. Since Emanuel Hospital had very few pediatric patients, Jones and her classmates came to Doernbecher Memorial Hospital for their training. Jones relates some of her experiences at Doernbecher, where she developed her life-long interest in pediatric nursing.

Upon graduation from nursing school in May of 1940, Jones was married and moved with her new husband to Coulee Dam. She took a break from her nursing career to raise a family, but as soon as the children were old enough, she returned to work at Vancouver Memorial Hospital. It quickly became clear to her that the nurses' aides at Vancouver Memorial were in desperate need of additional training. The opportunity arose for Jones to teach practical nursing, and she established a one-year practical nursing program at Clark College—only the second such program in Washington State.

Throughout this time, Jones was furthering her own education: she obtained her baccalaureate degree in nursing from University of Oregon School of Nursing in 1967, and finished her master's degree in 1968. She then joined the faculty of the School of Nursing, and taught pediatric nursing until her retirement in 1980. She talks about the curriculum changes that took place during her tenure, and the emphasis on "total care" of the patient.

As a faculty member, Jones was instrumental in establishing a local chapter of the honorary nursing society Sigma Theta Tau and she discusses that approval process. She mentions early outreach efforts, which culminated in the creation of several branch campuses of the School of Nursing. She reminisces about Deans Jean Boyle and Carol Lindeman, describing the latter as "the dean in cowboy boots." Jones was also instrumental in starting a master's program in pediatric nursing at OHSU; she and Lucile Gregerson, a nurse at CDRC, wrote the initial grant to start the program in the 1970's.

The explosion of information and the growth of technology make Jones "feel sorry, almost, for students" today, and she recommends that nursing students find an area of specialization on which they can focus. Looking back on a career filled with accomplishments, Jones is proud that she has been able to help other women excel in nursing.

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Interview with Bernice Jones  
Interviewed by Linda Weimer  
March 24, 1999  
Site: Bernice Jones' home, Vancouver, Washington  
Begin Tape 1, Side 1

WEIMER: This is an oral history interview with Bernice Jones, in her home in Vancouver, Washington. The date is March 24, 1999, and my name is Linda Weimer.

We ask all our interviewees where they were born and raised.

JONES: I was born in [Daisy?], North Dakota, December 3, 1917, and lived in North Dakota until I was eight years old. After my father's death, my mother, my two brothers, and myself moved to Washington, and we lived with her father, then, for several years.

WEIMER: Did you go to school in Washington?

JONES: Yes. I was in the third grade when I came out, and I went to a country grade school and finished the eighth grade there. I had to write state examinations to pass. Then, by bus, we went to Toledo (Washington) High School, and I finished my four years down there at Toledo, Washington, and that's where my mother lived until her death. All my brothers, my two older brothers and, then, my three younger half brothers—all of us graduated from Toledo High School.

WEIMER: When did you decide to become a nurse?

JONES: Well, after I finished high school, first I worked just doing housework, and, I'm telling you, wages at that time were very low. Then I got a chance to work doing cleaning and cooking and things for a physician who was managing a very, very small hospital in Toledo, because his patients couldn't afford to go to St. Helen's Hospital in Chehalis. And while working there I decided that that's what I wanted to do, rather than to be a teacher, which I always thought I was going to do. My mother was very pleased, because she always wanted to be a nurse. So that was my decision at that time. I was probably about eighteen years old when that occurred. So the physician at the hospital had had his internship at Emanuel, and that was one of the reasons why I applied there, because he told me something of that hospital. And I found that I could afford to go there, so, then, I applied and was accepted and started at Emanuel Hospital School of Nursing in February of 1937.

WEIMER: And that's in the old North Portland area where it still is now, Emanuel?

JONES: Yes. The hospital is a lot larger, you know, but the original buildings, even, are still there, that were there when I started.

WEIMER: This was the time of the Great Depression.

JONES: Oh, yes.

WEIMER: Money was scarce. How did that work out?

JONES: The year of 1936, the full year, there, that I worked for this physician, at the end of the year I could account for every penny that I had earned. And I had saved everything that I possibly could to go, and so I had enough money to pay for my tuition and books and uniforms. And the hospital, of course, furnished board and room, so as far as I was concerned, that was all the money I needed [laughter]. Some way I got through.

WEIMER: Can you go through a typical day as a nursing student in the thirties?

JONES: Well, I might say, first of all, that at the beginning we were working fifty-four hours a week. Of course, we went through first a preliminary period of about four to six months when we were taught bed making and bathing and the first skills that we needed, such as temperature and blood pressure and all of those things, before we went to the wards, and then we started on the wards.

Our typical day was one that generally we worked from seven in the morning until seven at night and had three hours off in the middle of the day. We were working fifty-four hours a week then on the wards, and our classes were on top of that. I know on Monday we would get up and go over and have our breakfast, be on the ward, and generally have from 10:30 in the morning until two in the afternoon as a break, and we would have class from 10:30 to 12:30, and then we had dinner from 12:30 till one and then class one to two, and back on the wards from two until seven o'clock, and then class from seven to eight one year. I remember that because there was no break all day long. We had time off, 5:30 until six we had dinner in the evening before—but that was not always that way. We didn't always have quite that many, but we were having four hours of classes and eight hours on the ward for most of our junior year.

So our time—then the state said they were working us too many hours, some place in there, I don't know when—so we ended up having two afternoons off a week, where we would get off at eleven o'clock. We only had to work from seven until eleven and then had two afternoons, and that worked out to forty-eight hours only on the wards [laughter]. We didn't have days off at all.

And when we had afternoons, or evenings, which we would do for a month at a time, we had no days off that month; or if you were on nights, you had no nights off. The worst shift that you could get would be if you went to work at seven and got off at seven in the morning and you had three hours off in the middle of the night. And they had places you could lay down and sleep, and you'd just barely get to sleep, maybe, and it was time to get up and you had to go up and work on the wards. We were off from something like one to four, or something like that, when the wards were quiet. I hated nights. I still hate nights.

WEIMER: That's understandable. Now, how long was the nursing program?

JONES: The nursing program was three years. And if you were sick or missed any days, you made them up at the end. I know I missed two or three days because of illness during my three years, and at the end, instead of graduating on the third of February, I finished I think on the fifth or the sixth, something like that.

WEIMER: So they kept track of the hours.

JONES: Oh, yes, they kept track. Everything was kept track of very close. We had changes—everybody didn't change every week, but there were some of them that were being moved to different places, different wards, different kinds of patients, and those changes came out, I think it was, Sunday evening, and the next morning you went to someplace else. If this was the week—you knew that you were going to be changing after a certain number of weeks in one, and you were rotated through all of the departments the school had.

The hospital did not have anything in pediatrics. We had a few, not many, pediatricians that brought patients there, but there was just one single patient here or there in the hospital, depending on what was wrong with them. That's when the State Board of Nursing stepped in and said, "You must have pediatric nursing," and then we were sent up to Doernbecher for pediatric nursing.

WEIMER: This was the State Board of Nursing that said you needed these requirements?

JONES: And I know that it occurred sometime around 1939, '38. There were some students that were sent over first to Shriners—and Shriners was out on 82<sup>nd</sup> and Sandy where it was originally. But that did not satisfy the State Board of Nursing—well, it was all orthopedics and it wasn't the variety of conditions, so then we'd have to come up to Doernbecher.

I don't remember how many students came at a time, and they were always the students that were close to their senior year or senior students by the time they came up in our three-year program. But they rotated us through, and I don't even remember how many came at a time. It seemed like there was about eight or ten of us each quarter or each three months. We got to stay for three months at Doernbecher.

WEIMER: Did this affect other schools, other nursing schools at that time?

JONES: [Laughing] It must have. When I got up there I found students from Good Samaritan School of Nursing, St. Vincent's School of Nursing, Portland Adventist School of Nursing. There was a hospital in Astoria, St. Mary's, and Pendleton, and there probably were some others, but those are the ones I can remember.

WEIMER: There were more nursing schools in that time than I realized.

JONES: Oh, yes. Well, there were many hospital schools of nursing—and Multnomah County Hospital. By that time they had a baccalaureate program, I believe. I can't remember or don't know that I could even say when the date was that the baccalaureate program started, but it seemed to me that the women from the Hill, there, were all in a baccalaureate program at that time. It might have changed during the war years, again, because they were trying to get nurses through quicker.

WEIMER: Right.

Now, you were living at Emanuel Hospital as a nursing student, and, then, when they sent you up for the three months for Doernbecher did you still live at Emanuel?

JONES: Oh, yes. We traveled back and forth [laughter].

WEIMER: And tell me how that worked out.

JONES: Well, in the morning we ran down the hill from Emanuel and caught the Minnesota streetcar. I particularly remember that, because some of the girls wouldn't get their hair up, you know, and long hair was never allowed. You had to have your hair up. And, here, this one beautiful, tall girl I particularly am fond of, [laughing] she'd always be the last one running down the hill to catch the streetcar, and the streetcar, the fellow—we'd see her coming, and we'd have him wait until she got there. And, then, downtown we switched to the Sam Jackson bus and went up on the Hill. It cost a nickel to ride the streetcar. We got a transfer, so we only had to pay a nickel. And, then, in the evening there were a lot of us that were trying to save that nickel, so we would walk home. I wasn't the only one that was walking home; it was with a group.

And we finished up at Doernbecher at about two in the afternoon. And they didn't—they never put us on evenings or nights. We were always there from seven in the morning till two in the afternoon. And, then, we'd be home over to Emanuel for our dinner by 5:30 in the evening. And that went on for those three months, all the way through.

WEIMER: So you not only walked down from Marquam Hill to downtown Portland, then you had to walk from downtown Portland to Emanuel.

JONES: Oh, yes. We walked over the Broadway Bridge. I saw some beautiful schools of fish once, I remember, when we went over the bridge. There was this huge number of fish that were traveling up the river. And we weren't alone. There was always a group of us that did this. It took the rest of the afternoon [laughter].

WEIMER: I can imagine. That's a nice, long walk.

Can you tell me what Doernbecher was like at that time?

JONES: Well, we had so long in the diet kitchen, I can remember that. We made the formulas for the babies, we got that experience, and they moved us around so that—well, the old Doernbecher at that time was in—at least when I was up there teaching, where the lab is, that was the old Doernbecher Hospital. University South wasn't built at all.

WEIMER: Not until the fifties.

JONES: The adult patients were all in Multnomah County Hospital; and Doernbecher Hospital has become the lab, or at least it was during the time I was up there teaching.

They had separated the children by age, I think more by age than by disease. I remember a particular a little blind girl—I can't remember what was wrong with her—but we would take the patients, and I can't remember if we took them just by wheelchair or how we got them to the roof, but we would take them up to the roof, and this little blind girl became so aware of sounds, and she heard the leaves rustling, and all of a sudden I thought to myself, I absolutely was not aware of those sounds until she pointed them out to me. I particularly remember that little girl. And, then, I remember the little girl that had leukemia that we couldn't do anything for, really, at that time. There wasn't any cure, you might say, for leukemia, and they didn't survive like they do now to get well.

I remember especially the diet kitchen as a special place to go. I don't think that all of the students were so pleased to go down there and make formula [laughter], but we did. And I think I enjoyed the wards where the children were, oh, from three to five years old or something like that. I think those were the ones I enjoyed the most.

And there were a lot of different kinds of conditions that they had. You know, they can do much more about them. I remember this one doctor who—he really was the dean of the pediatricians for the city, Dr. Bilderback. And I remember how disturbed he was about the cost of something, because he was dealing with people who didn't have much money, and he wanted everything for his patients, any patient that Dr. Bilderback was seeing. He may have been over the residents and interns, I don't know; but I met Dr. Bilderback for the first time there. Later on, I worked at the Children's Clinic, and Dr. Bil was the dean of that group of pediatricians. So I had a high regard for him, and still carry that.

WEIMER: How long did the children usually stay? How long was a hospital stay then, do you remember?

JONES: Well, it was much longer than now, and there were many more restrictions about visiting hours for parents. There wasn't the freedom that we see now. And I think that there was more trauma associated with being so separated from their parents. I think we had more of that to deal with, because visiting hours, as I recall, were Sunday. Sunday afternoon the parents could see their children.



WEIMER: And that was it?

JONES: And that was about it, yeah. There may have been—you know, for children that were really terminal there may have been less restriction, but I wasn't aware of it. But the children stayed in the hospital a long time. They came from all over. I mean, from the state. It wasn't that they were just from Portland, they were from other places, and there was no place for the parents to stay, except, you know, in a hotel or something like that, and I don't think that they could afford to stay. That was a factor also. Money was really a factor for everyone.

WEIMER: When did you graduate?

JONES: Well, first I graduated from Emanuel in May of 1940.

WEIMER: And what kind of nursing did you decide you wanted to do?

JONES: Well, of course, at that time I really was more interested in working in surgery than anyplace else, and I did get some awards from Emanuel. I got an award in surgery and one in scholarship when I finished. But I also had a boyfriend, and so in August 1940 I was married. He was working at Coulee Dam, so we lived at Coulee Dam, then, for a couple of years from 1940 till '42, and by then I was having a baby. And the war was on, and the nucleus of men from Coulee Dam—we stayed there until the water went through the spillway, I remember. Then we moved back to Portland, and he worked in the shipyards. He worked at Swan Island all during the war years.

WEIMER: Because they were shipbuilding at that time, were they not?

JONES: Yes. And the men from the—Kaiser was the contractor, and he was the main contractor at Coulee Dam. There was a group called Consolidated Builders, but Kaiser was the main one that seemed to be in that group. Kaiser had the shipyards at Swan Island, and also one over in Vancouver, and I don't know if there was a third shipyard. I can't remember if there was a third shipyard in Portland. But my husband worked at Swan Island.

WEIMER: So you were a homemaker during this time, raising a family?

JONES: That was the beginning of my family, yes. I worked at Coulee Dam. When we went up there I worked in the hospital there that they had at Coulee Dam. It was better than a year, I think, that I worked there.

WEIMER: When did you get back into nursing?

JONES: Well, I went into private duty nursing after my son was born, and I did private duty nursing. Well, then, my husband had to have back surgery and was off work, so I did private duty nursing for a year or so, and then I started part-time at Emanuel, and I was helping one of the instructors sort of with the students up on the wards, and then I got pregnant and had another child.

Then we moved out to Battle Ground to a farm, and we were going to run this farm. Well, it didn't really work out so well, and I found myself back nursing at the hospitals in Vancouver, at Vancouver Memorial Hospital.

And I worked there for several years while time was going along. And, then, in 1949, at that hospital we had a nursing supervisor on each floor, in each division—or a head nurse they were called, and maybe an assistant head nurse or a nurse that did medicine and treatment, and the rest were nurse aides.

There was no training for these aides. And I particularly remember one day that we'd had a heavy surgery load, and this one young woman—her surgery wasn't a heavy kind that I was concerned about her, and I had seen her around noon. I hadn't personally seen her since noon. I was head nurse on that ward. And when the three o'clock nurse aide came on, who was an older, experienced nurse, she came out to the desk. That patient's blood pressure was—I forget where, down around seventy, which was low, and I realized that the aide that was taking care of her didn't know or understand—she was a lovely young woman, but she had no experience, you might say, and she just did not realize that this patient wasn't doing as well as she should. And it really drove home to me the idea that we needed better training for these nurses.

Well, the opportunity for me came to teach practical nursing and to have a practical nursing course, and it was started at the Clark College, the two-year college here in Vancouver. So I applied for the position and got the position of teaching over there. So we started a one-year practical nurse program. And at first the hospital didn't know whether they were very enthused about taking students in or not, but we finally got them all placed.

And there was another nurse, who also had only a diploma from Good Samaritan, and the two of us put together this program. It was the second in the state of Washington. Seattle Vocational had one, and we were the second school to have a school of practical nursing. It definitely was a success, and the first thing you knew the hospitals were having only licensed practical nurses to care for the patients, along with the RNs. And so I worked there for several years.

In between this I was always trying to stay home with my family, and the money was never there to stay home with my family. But the children got along, and they went through school; and the older two were out of high school and my oldest son was in the Army, and so mama goes back to school. So I picked up all the credits I could. Earlier, right out of high school, I had had one semester at University—it's now University. It was College of Puget Sound in Tacoma at that time, and I picked up the rest of my non-nursing kinds of credits, first at—what I could get from Clark, and then I went over to Portland State and picked up what else I needed. And in the fall of about 1965, I think, I started at what is now Oregon Health Sciences University, and finished there—it took me a year, then, up on the Hill to get my baccalaureate degree.

I finished in the summer of '67—I finished my work, but we did not graduate until the class graduated, and it wasn't until the next spring, or something like that. Anyway, the fall of '67 I went to Seattle to pick up my master's, and I worked for six months up there at Children's, and by that time I had decided that pediatric nursing was what I really loved and wanted. It took me four quarters to get my master's, and when I finished my master's, then I came back and started teaching.

I first came to work for the summer in '68. I worked at University Hospital, because—I already had my position to start teaching the fall of '68, but I wanted to become acquainted with the Doernbecher unit, so the hospital was most obliging, and they gave me time on two of the wards. I worked on 14-A, which was school age, and on 13-A, which had toddlers and preschoolers, so that I had a feeling for the hospital before I started teaching. And, then, from the fall of 1968 until January of 1980 I taught.

WEIMER: That's a nice, long tenure.

JONES: Well, it wasn't—in some ways it wasn't as long as it might have been, but my husband wasn't in good health, and I really wanted to go home and take care of him.

WEIMER: And what was your teaching specialty?

JONES: Pediatric nursing. Always.

WEIMER: When did that become a specialty in the nursing profession?

JONES: Well, by the time I went up to University of Washington, it was a specialty at that time. It wasn't necessarily—up there you took maternal child nursing, I think was what they called it, and pediatrics and OB was in one department. But my interest all the time was peds, and so my interest wasn't in OB, per se. So I spent all of my practicum that I could—I had worked there at Children's for six months before, Children's Hospital, and so my teaching experience was all with students over at Children's.

WEIMER: How did the curriculum change during the time you were a teacher?

JONES: Well, certainly, at the beginning of my experience in teaching there was certainly no accent whatsoever on research—and I don't think we were so interested in any of that at the beginning, and even for me with the students.

One of the problems I had all the way through was that what you wanted to teach was about ten times as much as you could possibly fit in. And this decision, what is important and what is not, has always been—I think if I were teaching today I'd still have that problem deciding what is essential content and what is just more good knowledge for people.

But I think there's been much more accent on research. I remember some of the things that students did that I thought were so interesting. I remember there were some senior

students—the title of their research was “Toying with Infection.” And they went into the playroom, there, on 13-A and took samples some way. What they did was I think they took sterile wet applicators and ran it over different toys and then they cultured it, and they found a lot of staph on most all of those toys. And I think that there was a little bit of change in cleaning some of those toys, which probably might have been in some way related to what they were doing. But I thought that was an outstanding piece of work that those women did.

And I think that certainly one of the things that became apparent the longer you teach is the importance for learning, for the student to really come to the wards prepared for whatever they were going to do at that time: that they had a good understanding and background of what was wrong, what disease the child had, the reasons for the medications and how the medications were going to affect, and what the side effects might be, and what they were looking for.

And they did—when I was teaching; I don’t know if they do that now—they did total care. They took complete care of the patient, gave the patient his meds and did everything that that patient was needing at the time, which is much different than on the ward; often, you know, on a ward, generally, one nurse does all the medications for the entire ward, and somebody else might be doing treatments, but the student did everything.

[End of Tape 1, Side 1/Begin Tape 1, Side 2]

WEIMER: We’re on side two of tape one, of the interview with Bernice Jones.

We were just talking about student nurses on the wards and that they had to do everything, but they had fewer patients, if you could just repeat that, since we may have lost that last couple of seconds, there.

JONES: I liked the concept. They could only take care of a few patients, rather than try to do three or four or more, but I think that they were seeing that patient for their learning experience. They were seeing the total patient and seeing everything, and they had to be aware of what might happen.

I have one particular memory with one little girl and the student who was taking care of her. For some reason I had gone in to see them, and I said to the student, I said—you know, lunch was divided, and some went to first and some second, and I told her that she was to go to first lunch but I told her who would be aware of taking care of the patient while she was gone. And I said, “Finish your play with the student,” because the student and the child were really involved. And she had a doll, and they had taped an IV up to the doll, you know. I think they used a straw, and what have you, and it was quite a thing. This little girl, of course, was getting IVs, and I thought it was very good, and I was really pleased with what the student was doing. But this little girl looks up to me, and she says to me, “I’m not playing, I’m working” [laughter]. I just loved it. I thought, well, she’s really getting it across to this little girl. Since the doll was having an IV, she was accepting hers.

And I think the students were seeing the total care necessary for the patient, and I think they had that opportunity so that as graduates they would be seeing the patients in that light. I can't forget that. I can still see this little toddler, and the look she gave me was a look of disgust [laughter].

WEIMER: So it sounds like when you were teaching in the nursing school, you were also doing floor work with the wards.

JONES: Well, in the School of Nursing you have so many hours—I think it still is that way. You have what we call our theory class, where you're teaching in the classroom, and what you are trying to teach is what they're also doing on the ward.

And, then, the students have so many hours of practicum per week, and that has been a variable thing. Say if they have sixteen hours of practicum, they'd have two, eight-hour days, or something like that. And there's a nurse right with them. You have so many students per faculty member. I think that one of the things that I've seen is a reduction in the number of students that you are responsible for watching. Whether they still do it that way or not, I don't know, because it's been twenty years since I've been there.

But we tried as much as we could to give the students the opportunity to learn about things. But, naturally, they might be working on a ward, and in the classroom we might be talking about something related to growth and development. But nonetheless, I think with the preparation that was asked of the student, that they came to the wards prepared for whatever kind of a patient they were going to be caring for, because—at least when I was teaching, they selected their patients the day before, and, then, that gave them until the next morning.

I didn't like it when the students tried to come to the ward in the morning and they weren't prepared. They needed to get the medications, and they needed to look up the medications. And they generally had a little card in their pocket that they had all of the meds written out and what the side effects were and what the medicine was for, so that they were prepared to administer the treatments that the child was to get, and, then, the child's age so that they were looking at developmental abilities of a child at that age.

WEIMER: I know one of the things we talked about is that you were very instrumental in establishing a nursing honorary society chapter at the University of Oregon. Could you tell me about that?

JONES: All right. Well, when I was at the University of Washington, I was asked to join Sigma Theta Tau, which now is the international honorary society for nursing. It is open to schools of nursing that award baccalaureate degrees; it's not open to diploma students and it's not open to associate degree students. It's for baccalaureate women. The society was started at Indiana University in 1922, and most all of your different disciplines do have their own honorary societies.

Well, when I came down to the University of Oregon, there wasn't a chapter down

here, and I felt like, well, this university should have a chapter too. Now, this was 1968. At that time one of the requirements was that all schools with—I don't want to say schools, but divisions within a school of nursing must be accredited, and at that time our master's program at Oregon was not yet accredited by the National League of Nursing, so we weren't eligible to have a school of nursing. They had a chapter called Alpha Tau Delta that was a service organization at that time, but they did not have an honorary.

It would be 1973 that our master's program was accredited, and when that happened I went to the dean and asked about us establishing a chapter, and so she appointed me sort of chair, and I circulated, at one of our faculty meetings, a questionnaire asking how many faculty would be interested in that. The result was a unanimous kind of a decision. So when she asked me to chair this, I selected from the faculty members of Sigma Theta Tau that were from other chapters. And one of the questions on the questionnaire was, "Are you a member of Sigma Theta Tau, other chapter?" So I asked all of them to help.

Well, we wrote to the national organization and asked about requirements, and one of the things that was required was an honor society in the school. Well, we didn't have an honor society in our school, so we started in to get an honor society. We went back through the graduates from the past five years—there was no reason for this, except we had to have a starting place. There were enough faculty within that group that had been there for the last five years and knew students, so that we were selecting students that had high character and scholarship. We made our level high enough so that there would be no question as far as the national association was concerned. And so we put together an honor society. And, then, the fall of '75, I think, along in the fall, they had the biennial convention, and our application was all ready.

Now, there were several nurses—we had to have our own bylaws written. Naomi Ballard, who has just retired recently, was really the one that did the bylaws and got that ready. Barbara Gaines had worked in the school previously and been there for a while, and she knew enough about where we could get some money. So she took care of that. I think it was a development fund; probably that's where it was from. Anyway, we got enough funds that we could meet the financial requirements.

So anyway, our application was approved, and—oh, from this honor society, anyone that joined, we told them that they would automatically be included in the charter members. And so in the spring of '76, Maureen Niland, who was the chairman of the national organization, came down from Seattle and installed our chapter. So we started out rather small, but we had our goals, and the chapter has grown.

At some time in there, Dean Lindeman came, and I think she came about 1975. I'm not sure, but I think it was about then. She was elected president of the international group some time after that. I can't remember what year that was, either. Anyway, we felt very good about that.

WEIMER: And that continues to this day?

JONES: Oh, yes, and the chapter's thriving. I don't know how many members we have by now.

WEIMER: It's an accomplishment you can be very proud of, to get that started.

JONES: Well, I thought it was a necessary thing. I think that scholarship is an important thing. It's always been very important in my life, that one doesn't just try to get by in education, but that you strive and you do your very best.

WEIMER: You first mentioned when you approached the Dean of the School of Nursing about this, but you didn't give me a name.

JONES: It was Dean Boyle at that time.

WEIMER: Jean Boyle?

JONES: Jean Boyle. Now, then, when I started teaching in 1968, Jean Boyle was the Director of the School of Nursing. We didn't have a dean. Sometime before her retirement there was a switch, and she was named Dean of the school.

And, then, when Dr. Lindeman came, of course, she was our dean, and she brought in so many good ideas and did so much. She was so instrumental in trying to take in the whole of the state of Oregon, the starting of the branch campuses. I particularly remember I made one trip over to La Grande before I retired. I was a little concerned about meeting the requirements of pediatric nursing in a small community, but I visited some doctors that had I don't know what all then. I left before—I really don't know how they manage pediatric nursing. I thought maybe it would be nice if they'd come over to Portland for three months, but that idea didn't fly with a lot of others [laughter]. They weren't pediatric nurses [laughter].

So I don't know how they have been doing, but I know that our goal was to educate women to stay in the community and to deal with whatever they had in their community, and I think that was a very worthy goal.

WEIMER: Were you part of the buildup of each of these campuses?

JONES: No, that mostly took place after I retired. The only one that we were working on—we had students, I think, in La Grande in the program by the time I retired, but that was the only place that we were doing anything. But I know that, with my contacts through the years since, that there are a lot of places now in the state that are attached, you might say, to our school.

WEIMER: Right. Can you tell me about Jean Boyle, director, first, of the School of Nursing, and then dean?

JONES: Jean was from the old school. I guess I might put it that way. I sometimes feel that each era, each generation, builds on what went before, and all you had to do was to look back at what might have been before, and you recognize that Jean was doing many things for the school. Sometimes her ideas weren't liked, but she was wholeheartedly doing everything she could to help the program go forward.

WEIMER: What kind of administrator was she?

JONES: She was a—I can't think of the right words to say, exactly. I think her expectations were along certain lines, and she wanted things that way. Perhaps not as flexible. And things followed more or less the pattern of what was going on, and that was it. But I found her a person that was easy to work with when you didn't try to instigate a lot of things that perhaps there weren't funds for or anything else like this. I had no quarrel with Jean Boyle, but I think that perhaps she had not kept as current as she might have.

WEIMER: What was the relationship between the School of Nursing and the School of Medicine? Or were you aware of that?

JONES: Well, I think we were beginning to get away from the idea that the doctor was the captain of the ship [laughter]. We were just beginning to get away from it. I recall that when I had students in the outpatient department, some of the students would become aware that some of their education—particularly in interpersonal relationships with families, that the student was being given much more understanding than the physician had at that point. What I tried to do sometimes when they were in outpatient was to pair a medical student and a student nurse so that they worked together a little bit as a team, you know. I thought that was good for both of them.

WEIMER: Dean Carol Lindeman, Dr. Lindeman, came in the seventies, and you just mentioned that she brought in some new ideas. Perhaps we could explore that a little bit.

JONES: Well, I think one of the first things that she did was that she toured the state. And, in fact, she got sort of a reputation as being the dean in cowboy boots [laughter].

WEIMER: Did she actually wear cowboy boots?

JONES: [Laughing] Yes, she really did someplace.

Anyway, I think that that was one of the first things that was opening up the school, so that we would have a feeling of being not just a local little school, but that we were trying to meet the needs of the state of Oregon. The school in La Grande—Eastern Oregon College of Education I think is the name of it, something like that—was there. And so anyway, that was the first place that we started; and the first thing you knew, we had a branch campus over there. The faculty was part of the faculty over at Oregon. And then in came the things where—the business of being able to transmit a class by satellite, or whatever we had about



then, so that classes could be taught here that were being heard over there, and there was that kind of communication that went on.

Not only was Carol instrumental in starting to look at the entire state, another thing was her interest in research. And I think it carried over into all of the classes. They began looking at that as being something that nurses should be interested in. We had only the baccalaureate and the master's program before she came, and the master's program was really increased.

Before Carol came, even, we had the nurses from both associate degrees and from diploma programs that were coming back and getting their baccalaureate, and that was something. That's the way I came in: I came as a diploma nurse and met all the requirements. And you graduated—you didn't get much credit for your three years. I got the equivalent of one year's credit for my three years of...

WEIMER: Of a nursing diploma.

JONES: So by the time you totaled it up, instead—I don't know how many credits you should have when you finish. Anyway, I was way over it. What's it take, 180 credits to graduate?

WEIMER: I think approximately, right.

JONES: And I think I had 235 [laughter].

WEIMER: Oh, yes, quite a bit over, even if you fudge that 180 a little bit.

JONES: Yeah. But in order to meet all the requirements, we didn't get very much credit for what we already had, but we did get a little bit.

WEIMER: You mentioned the use of satellites for teaching for the La Grande campus. How did technology change the nursing profession from when you started in the late 1930s to when you retired?

JONES: Oh. You sort of felt like you had nursing in the palm of your hand when I graduated in 1940. Now my feeling, for me personally, is that I just can't begin to absorb as much as I want of the body of knowledge. Now, I feel so out of it. My family has always come to me about every medicine they ever took. And they wanted to know about it. Well, now I don't even know the names of them, there's so much more [laughter]. It has just gotten so much bigger, and there's so much more to know.

I feel sorry, almost, for students. I wonder how they can absorb all that they need to know to practice. It's greater. But our body of knowledge in all fields is that way. It's not just for nursing, it's for all. And the computer coming in and the amount of information that you get, just me turning on the Internet. There's just loads of things on that thing I haven't even looked into. So the body of knowledge is just expanding so much that it's hard.

I think there is the importance of being able to zero in on a field that you're interested in and trying to learn enough about that so that you can feel like you can do something in that particular area. You just can't know it all anymore.

WEIMER: You mentioned Dr. Bilderback, and, of course, we've just talked about Jean Boyle and Carol Lindeman. Were there other people that were mentors or who you were very impressed with at the University of Oregon?

JONES: You know, Lucile Gregerson was the—I don't know what her title was, but she certainly was the backbone of the master's program when it started. She was the one that was keeping it going, you might say, and I know that it was a sort of a small program. It certainly has increased—the number of graduates now are so many more and the fields are so much bigger. We didn't have a master's program in the nursing of children.

Doris Julian and I wrote a grant that started the master's program in the nursing of children. I forget what year we finished. Sometime in the seventies [laughter].

WEIMER: And did you get your money?

JONES: Oh, yes, we did; oh, yes, we got the money.

Doris was particularly interested in—she had been over at CDRC, and she was interested in those children. And it didn't really evolve quite that way. It evolved more into a pediatric nursing program on the master's level. But our interests, when we started looking at funds, were in nursing for children that had developmental disabilities. And some nurses did look at it that way in what subjects they chose.

They expanded the school that much, you know, to add that; and, of course, since that time, the number of fields that the master's women enter are—I don't know how many now. But when I started teaching there, the only thing there was, was medical surgical nursing as a field, and that's the way it was put. And I'm sure that it's broken down. Women's health care has become an area, and we've got some very fine nurses in that now, and mental health nursing and on and on.

WEIMER: What are you the most proud of in your nursing career?

JONES: [Laughing] They asked me what I wanted on my tombstone, and I told them I wanted "I tried" [laughter].

I don't know, really. I'm glad I took nursing—I'd hate to have a job that I had to do in order to survive, and nursing was never that way. There were never enough hours to get everything done, I never felt like I knew as much as I should. I always wanted more. There was that thirst for knowledge that continues to this day, not always on nursing now.

But I suppose the outstanding things would be my feeling—I'm hoping I helped a lot of women along the way, and I'm proud of the establishment of Sigma Theta Tau. And I am glad that we have the master's program in pediatric nursing started. Those two things were the accomplishments, I think.

WEIMER: Those sound like fine accomplishments.

JONES: Well, I tried [laughter].

WEIMER: Is there anything that you'd like to add that I haven't asked?

JONES: Gee. This is the most talking I've done about this in my life [laughter].

No, I just don't know what I might—there probably are other things I'll think of after you leave. That's always the way it is.

WEIMER: Well, in that case, I'd like to say thank very much.

JONES: Oh, thank you.

There's just one thing I thought about, and that was, after I retired, I worked with the alumni association, and I had the opportunity to meet some of the older women; and that I found interesting because they went back. This one nurse—I can't think of her name. Anyway, she told about what they had to bring when they came to the School of Nursing, you know, in the way of clothing, like so many black stockings and so on and so forth. And there's one nurse, and I can't think of her name, who still is coming up to the school some, and she graduated in 1934 and has been very interested in the school. I talked to her quite a little. And I think that some of those contacts were interesting to me.

My purpose in working with the alumni was more in fund-raising than in doing this, the idea of getting a chance to talk to some of these older women. I used to get a kick out of some older grads that would be working at the same time I was working, you know, and they didn't have much sympathy with the fact that we only had the eight-hour days. They remembered about the twelve-hour days [laughter]. And they did, they worked twelve hours.

WEIMER: I'm glad it's more manageable now.

JONES: It's much more manageable.

WEIMER: Well, I want to thank you. It's been an enjoyable interview.

JONES: Well, thank you. It's been nice to sit and talk with you, I should say.

[End of interview]

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