An Interview with Dee Hicks

An Oral History Conducted by Emily Powers

Heart to Heart Oral History Project

Oral History Research Center at UNLV
University Libraries
University of Nevada Las Vegas

Produced by:

The Oral History Research Center at UNLV – University Libraries
Directory: Claytee D. White
Editor: Gloria Homol
Transcriber: Kristin Hicks
Interviewers: Emily Powers, Lisa Gioria-Acres, Claytee D. White

These recorded interviews and transcripts have been made possible through the generosity of Dr. Harold Boyer and the Boyer Foundation. The Oral History Research Center enabled students and staff to work together with community members to generate this selection of first-person narratives. Participants in the Heart to Heart Oral History Project thank the university for the support given that allowed an idea of researching early health care in Las Vegas the opportunity to flourish.

All transcripts received minimal editing that included the elimination of fragments, false starts and repetitions in order to enhance the researcher's understanding of the material. All measures have been taken to preserve the style and language of the narrator. In several cases, photographic images accompany the collection and have been included in the bound edition of the interview.

Claytee D. White, Project Director
Director, Oral History Research Center
University of Nevada Las Vegas - University Libraries

Table of Contents

Dee Hicks, born December 17th, 1946, in Damascus, Arkansas; 10th of 13 children born to Guy and Augusta Goff; schooled in Damascus and Tulsa, Oklahoma; Bachelor's degree in nursing from Oklahoma Baptist University; married in 1969 and moved to Las Vegas, Nevada; hired as staff nurse at Sunrise Hospital; bachelor's degree in hospital administration and health care administration, 1982.....1-2

Critical care training; working intensive care and coronary care units for 13 years; advancing to charge nurse, house supervisor, adult critical care director, assistant director of nurses, and director of nurses; enrolled in master's program; hiring nurses for Sunrise and other hospitals; speaker at nurses' graduations, UNLV, and Clark County Community College; recruiting and training nurses.....3-6

Fond memories of Dr. Donald Christianson; working as critical care nurse with Dr. Harold Ficus, who started open-heart program at Sunrise; mention of Dr. Farinola, cardiologist, Shirley Bell, LPN, and Barbara Frasier, director of education at Sunrise Hospital; further mention of Dr. Ficus and the open-heart program at Sunrise; observing different surgeries; anecdote regarding making rounds and saving patient's life; transitioning from paper to computers.....7-10

Responsibilities as Chief Nurse; making rounds to keep nurses motivated; evolution in nurses' attire; importance of ongoing training; sitting on advisory board of two nurses' magazines; more on evolution of nurses' uniforms; opinions on male nurses and their possible impact on salaries; perception of Nevada's health care system.....11-15

Appointed by governor to State Board of Health; experiences while serving on nursing boards; serving church community by visiting sick parishioners; changes at Sunrise since retirement; mention of chief nurse Minta Albitz; opinions on future of health care in Las Vegas; honored by March of Dimes with Distinguished Nurse Award for over thirty years of service; getting bills passed, working with Street Teens, taking a course to serve as parish nurse; importance of making rounds on days off and weekends.....16-20

Preface

Dee Hicks was born in Damascus, Arkansas, in 1946. She was the tenth of 13 children born to Guy and Augusta Goff. Her father was a Baptist preacher and carpenter by trade, and her mother was a housewife.

Dee's decision to become a nurse became a focal point in her life in the tenth grade. She joined the Future Nurses' Club and geared her high school classes toward nursing. Later Dee went to Oklahoma Baptist University and graduated with a bachelor of science in nursing.

After marrying in 1969, Dee joined her husband in Las Vegas, who was stationed at Nellis Air Force Base. At the age of 22, she joined the staff at Sunrise Hospital. There were only 500 beds at that time, and over the course of her 35 years at that hospital, she saw it grow to 701 beds.

Dee's career included starting out as staff nurse, then becoming charge nurse, house supervisor, director of adult critical care, assistant director of nurses, and finally director of nurses. She shares how she honed her skills in various workshops and courses, observed various surgeries, and witnessed the evolution of nurses' uniforms from formal whites to colorful scrubs.

In addition to her nursing duties, Dee also served on the State Board of Health and on many nursing boards. She did volunteer work with Street Teens, helped pass a bill that allows LPNs to do IV interventions with patients, and took training to be a parish nurse so she could volunteer to help sick people in her congregation. She stands ready today to help her community in whatever way she can.

Good afternoon. I am in the home of Dee Hicks. It is May 4th, 2008. How are you doing today?

I'm doing great. How are you?

Great. Thank you. Thanks for being a part of this project. We're very excited to be talking to you today. Just to get a little bit of background about you, can you tell us when and where you were born?

I was born in Damascus, Arkansas, December 17th, 1946.

What were your parents' names and occupations there?

My dad was a Baptist preacher and a carpenter by trade. And his name was Guy Goff. My mom's name was Augusta -- that's A-U-G-U-S-T-A -- Goff. And she was a housewife all her life.

And did you have any siblings?

Oh, yes. There are 13 of us. There are 11 of us alive. And I'm the tenth. There are seven boys and six girls. So there are 11 of us alive. Two brothers are dead.

So what was that like growing up with such a large family?

Oh God, it was awesome. It was wonderful. The best lessons in life are really what you learn in your family from mom and dad and from sisters and brothers. Of course, all ages range from -- my older sisters are twins and they're 71. And my youngest is a brother and he is 53. So there were many generations that I had to learn from. So it was great. It was great growing up.

Quite a range.

Quite a range. A lot of love. They were our best friends.

And where do they all live now?

I have three sisters who live in Tulsa, Oklahoma. I have a sister and a brother who live in Kansas City, Missouri, a brother in California, a brother in Arkansas, a sister in Arkansas, and a brother in Washington.

So everyone's spread out.

Spread all out.

But that's nice if you want to visit anywhere in the country --

It's wonderful.

-- you have someone there.

That's right. And we get together often, about every two to three years, family reunion.

Can you tell us a little bit about your education in Arkansas and the schools you went to and your college education?

Okay. I went to grade school in Damascus, Arkansas. That's where I was born. And, of course, Arkansas in the 60s -- I was born in '46. So the 60s I experienced as a youngster in grade school, growing up with segregation and the movement of blacks in the South. And then my parents moved to Tulsa, Oklahoma, where I entered the tenth grade. So my high school -- I went to Booker T. Washington High School.

And then I decided in high school that I wanted to become a nurse. So in the tenth grade I joined the Future Nurses' Club and went to different hospitals and nursing homes in high school to get an idea of what nursing would be like. So my prerequisites in high school were all geared for my career in nursing. And that was really a wonderful, wonderful experience.

So because I'm a daughter of a Baptist minister, in Oklahoma you received monies if you applied for them if you went to Oklahoma Baptist University. It's a four-year college, but it had a great nursing program. So I decided to capitalize on the monies and go to that school. And that's where I got my nursing degree. I graduated with a bachelor of science in nursing.

Then I got married in '69 and moved to Las Vegas and started working at Sunrise Hospital. Then I decided to go back to school to get my master's degree. And I went to school part-time and worked full-time to receive a bachelor's in hospital administration, health care administration, and finished that in 1982.

So how did you decide to move to Las Vegas together?

Well, my husband and I were high school sweethearts. So when I graduated from college, from Oklahoma Baptist University, I worked a year in Oklahoma. He was a military guy and he was stationed here at Nellis. So we got married June 29th, 1969, and I joined him here in Las Vegas. So that's how I came up being in Las Vegas. He was already stationed at Nellis Air Force Base in 1967. So in '69 I moved here after we got married.

And was that a big transition for you from Oklahoma to Las Vegas?

Actually, it was not really bad. I found that Las Vegas was kind of a melting pot of people from all over the world more than in Oklahoma or even Arkansas. And I found the transition very

positive, very positive.

That's good. What about the differences between Arkansas and Oklahoma? Once you moved to Oklahoma, did you see a big difference in attitudes?

Oh, yeah. Actually, in Arkansas -- Arkansas is considered really the Deep South and Oklahoma is Midwestern. So the Midwesterners, again, had more people from all over the world. And so their minds were more open regarding interfacing with all different kinds of people. And I did not have very much trouble in Oklahoma. I had one experience when I was in college when I was looking for an apartment, but it really worked out okay. It really worked out okay.

And in terms of your job, it was all positive?

Oh, my job was all positive. In the health care I faced no discrimination. You know, I was pretty much the only black in my nursing class. So that was an experience. But it was mainly people that had never worked or been in a community where there were blacks. So I was always quizzed about how it was where I came from, but they were very open. In fact, in college in Oklahoma the class gave me the honor of being Ms. Congeniality because I answered all their questions. You know, coming from Arkansas it was a different attitude and I was really very positive about the exposure that they did not have regarding the races and their attitudes in asking questions and learning. So I found that very positive in, obviously, my answers and it didn't bother me. It was a good experience for them and it was really a good experience for me.

Great. Well, did you always know that you wanted to go into nursing or was that just a thing in high school that you kind of decided was for you?

It was in high school that I got interested in nursing. It was really being a part of the Future Nurses' Club, which gave an introduction to what nursing was all about. I did not know a nurse when I was growing up, but I got interested. I did have a positive experience with one nurse when my mom had her gallbladder out when I was young. And I stayed with her in the room because my mom was afraid to be in a room by herself. Obviously, having 13 kids she was never alone. And so I observed nurses caring for her and they were very positive and they knew what they were doing. It seemed like they loved their jobs and I was encouraged by just observing them to go into that.

So you moved to Las Vegas in 1969. And what did it look like when you first arrived here?

What did the city seem like to you?

Well, it was a lot of desert and a lot of tumbleweeds. And you could see the mountains clearly. I thought it was beautiful. Coming from Oklahoma and Arkansas where it is just so green and trees everywhere, the desert had its own beauty.

Actually, when I started to work at Sunrise Hospital, the hospital was 500 beds. And when I retired 35 years later, it's 701. So I've seen a lot of growth in hospitals, the numbers of hospitals, in the size of hospitals and just the city. The Strip, the hotels are just like a resort in their own. So I've seen it grow in almost the 39 years that I've been here.

So when you first arrived you worked at Sunrise Hospital?

That's the only hospital where I've worked.

Okay. The whole career.

The whole 35 years. It was the biggest hospital in the state, the largest in the state. And I decided that I would apply for a job in a hospital that was the largest so that if I wanted to work and diversify, I could stay there and do many things in that hospital. And that's exactly what I did during my 35-year career. It was a great choice. It's like deciding on the kind of husband you want and sticking with that husband. It's like a family. You make a good decision and you can go your whole career in one place if it offers you what you need.

Right. So can you tell us about some of the different responsibilities that you've had at Sunrise over the years and how you started out and evolved?

Yes. I started out as -- I was 22 years old, just a newlywed of about six weeks when I started at Sunrise. That was the only hospital that I applied to and I was hired on the spot. I decided that I would see what all of the hospital departments were like. So I worked as a staff nurse, which is the entry level into nursing, and I worked on the medical-surgical floors. Those are floors where people come in that are not really critically ill and they have their gallbladder out or their appendix or they have their babies. And so I worked in every area of the hospital as a staff nurse for about two years.

And then I decided I wanted to take care of the critically ill patients. So I took a critical care course and trained to be a critical care nurse. And I worked the intensive care and the coronary care unit.

And where did you take that course?

It was offered at the hospital. And one of the nice things about working at that hospital -- and I'm sure most hospitals did it -- but our hospital offered training. If you wanted to do anything different, they would train you and you would get paid for learning. And so that was a very good thing. And so cardiologists taught us a critical care course. And we had mentors or preceptors to help us learn the new specialty. And that's how it's done even today, courses and mentors.

How long did you work in critical care?

I worked critical care for 13 years. And I was a staff nurse there and then I was a charge nurse. Then I was a house supervisor governing care and people in the whole hospital. And then I became the director of the adult critical care. That's what I loved to do more, the adult versus pediatrics. And from the adult critical director, I became the assistant to the director of nurses and worked as the assistant director of nurses for like eight years and then became the director of nurses.

And what year did you become director?

I became director in 1982.

And that's when you got your degree in hospital administration?

Actually, I became director of nurses in 1980. I got my degree in '82. I was enrolled in the master's program. And that position requires a master's degree in nursing or health care administration, but a master's is required. So I was already enrolled in the program when I became director. And the position changed its titles over the years. It became then the vice president of patient care services and chief nursing officer. So when I retired in November of 2004, I was the chief nursing officer.

In a hospital there are four chiefs. There's a chief executive officer, who is the boss over everybody in the whole hospital. And there's a chief financial officer, who governs all of the finances. There's a chief operating officer, who governs ancillary departments and steps in for the chief executive officer. And then there is a chief nursing officer. Nursing departments represent the largest in any hospital. So that is one of the corporate officers, and those four people kind of run the hospital.

And how many nurses did you oversee by the time you were --

There were about 1300 nurses. And the hospital went from 500 beds to 701. It's now a major trauma center. Oh, I opened new departments. It was exciting. I actually loved it very much. We expanded the hospital while I was there, opened brand-new critical care units, brand-new maternal/ child units.

And it was exciting staying at Sunrise for that long because I also helped to build other hospitals and hire chief nurses for those hospitals. Like Mountain View Hospital, I hired the chief nurse for that hospital. And then Southern Hills, I hired the chief nurse for that hospital. So it was exciting being a part of a hospital system that grows other hospitals.

And I was always hiring nurses because nurses would go to smaller hospitals. The other hospitals are all smaller. So I was constantly recruiting nurses. One of the things that I did a lot while I was the chief nurse for 16 years was speaking at nurses' graduations. I was a guest speaker often at UNLV and now what we call the College of Southern Nevada, which was then Clark County Community College. So it was wonderful. I was always recruiting nurses and training nurses. So it was great.

It sounds like you were very involved in the whole process.

Always very involved, yeah.

That's great. Can you tell us about some of the people that you worked with at Sunrise over the years, some of the doctors that stick out in your mind or some of the nurses who have been around awhile and a little bit about what it was working with them?

Oh, yeah. It was wonderful. As a chief nursing officer, you are on doctor committees because you govern all of nursing. The doctors will talk to you about any care issues.

One of the doctors that really sticks out in my mind is Dr. Donald Christianson. He was a chief of staff at the hospital during my time. He is no longer alive. But he was a wonderful, charismatic, kind, caring doctor. He was a Mormon doctor and had a strong religious faith and was always so kind to the nurses.

And I worked with -- another one that sticks out in my mind -- as a critical care nurse, Dr. Harold Ficus. He was the doctor at Sunrise Hospital that started the open-heart program. I worked with him as a critical care nurse during the first ten open-hearts. That was really exciting. He is no longer alive. He died at a very young age.

Dr. Farinola was a cardiologist. He is no longer alive. I spoke at his funeral. He was a kind, caring cardiologist that was just a wonderful role model for doctors. I could go on and on. There were many that stand out as not only great doctors, but gentlemen, caring doctors. And they had a faith and they treated people like they wanted to be treated. And nurses were regarded as colleagues. So there were a lot of those doctors.

It sounds like you had a good working relationship.

Oh, I did. I loved it. And I made rounds every day and saw the doctors, saw the nurses. Some of the nurses that helped me to become the nurse that I became were not all RNs. Some of them were nurse's aides. And those are nurses who do the baths and they do more activities of daily living for the patients. And then there were licensed practical nurses. You had to go to school a bit longer to be an LPN. And then as an RN you could go to school two years or four years -- two or three or four.

So there was one nurse who was an LPN when I first started ICU. Her name is Shirley Bell. She is now retired. But she was a wonderful role model as an LPN and she helped to orient me to ICU. So I still hear from her. I get Christmas cards. She retired many years ago. But she was a great role model for nurses and wonderful. And she sticks out in my mind.

And then there is a nurse who is still working. Her name is Barbara Frasier. She is now the director of education at Sunrise Hospital. But she helped me a great deal. She was a director of med-surg. She is another good role model for nurses. And I'm really happy she's still working. I consult with her often now even though I'm retired. And she is a person that if she has the time would be a great person to talk to.

That would be wonderful.

And even though Shirley Bell is retired, she worked at Sunrise all of her career and she would be a great one to talk to. One is an LPN, Shirley was, but she went to school to become an RN. And then Barb was always an RN.

You mentioned something about being a part of the first ten open-heart surgeries. Can you tell me more about that?

Dr. Ficus started the program. In fact, Sunrise Hospital was the first hospital to start an open-heart program in the valley. And he was a young surgeon who obviously got lots of training. And I

was a charge nurse in the critical care unit. So I was very young. In those days the techniques of the surgery was not as perfected. I remember pushing patients back to surgery to stop the bleeding with Dr. Ficus. He would push the bed and I would be right behind him. And the director of the lab and everyone -- it was a smaller hospital then -- knew that you must immediately take patients back to surgery if they were bleeding. So those were exciting days. And many patients' lives were saved.

I had a good experience about ten years ago. One of those patients, one of the first ten open-heart patients that I took care of, came back to Sunrise to get a redo of his heart. So that heart had lasted a good 20 years. And he had a different kind of name. So he looked for me. He wanted to know if I was still there. And, of course, I was the chief nurse and I came to see him. That was a wonderful experience. He looked the same. And he said I did too. Of course, he had gained a little weight and I had also. But that was so exciting. And he asked about Dr. Ficus. And, of course, Dr. Ficus had died already. I told him. He wanted to know how the hospital had grown. So that was a bit of history. And he is the only patient out of the first ten that I did that came back to the hospital to get his heart redone. I'm sure many others had because they were only good for about ten years and his lasted a long time. So that was very exciting. I can see his face now. It was so good. We hugged and we kissed. It was just like old times.

And he was happy to see that I had stayed in nursing. He told me what I great nurse I was and how I took care of him and how he remembered me. And he was happy to see that my career had taken me to where I was so that I could instill in other nurses my passion for nursing. That kept him going when he was very scared. But he did well. I was so happy. That was wonderful.

That must be nice to have a patient --

Yeah, it was.

What other surgeries did you take part in over the years? Are there new others that stuck out to you or patients?

Well, I assisted when I was doing my rotation -- I never really worked in surgery. But because I was a critical care nurse, I saw the open-heart and I observed in surgery. You could on your own time go and observe surgery. So I have observed gallbladders being taken out and appendixes being taken out and thyroidectomies, goiters taken out of your neck.

But I focused on open-heart because I spent most of my career in critical care. My experience was with patients that had heart attacks right before your eyes, followed by open-heart surgery. And as a supervisor before becoming chief nurse when I made rounds, another exciting thing happened as I was making rounds one day in the coronary care unit. There was a patient -- you can see the monitors as you're walking by -- who was in a life-threatening arrhythmia. And because of my training, even though I was a supervisor, I immediately ran into the room and got the defibrillator paddles and defibrillated him to get his heart back to normal. That was another exciting moment in my history.

That man was very tall -- his feet hung almost to the edge on the foot of the bed -- red-headed, freckles. And when he woke up I was standing over him with the paddles and he remembered me. And every year until he died at Christmastime, because it was during the holiday season, he would bring a box of See's candy to me to say thank you for saving my life. And when he died that year, his daughter came and told me that he had died, but she wanted to see me and to give me the box of See's candy. So as a patient he sticks out in my mind.

And actually it just -- you know, for nurses who go into nursing to take care of the patient, no matter if you become the director or the chief nurse, those are still things that really kind of make your heart beat faster. And it sticks out in my mind.

It sounds like you had a lot of special relationships with your patients.

Oh, I did. I loved -- well, coming from a family of 13, you grow up in a family and it is about extension of relationships. So the patients and the staff were like my extended family.

What do you think were the differences between Sunrise Hospital and the other hospitals in Las Vegas at the time that you arrived and throughout the years that you worked there? Do you think it operated differently?

Well, you know, having never worked at another hospital in the city, I can't really say exactly. But I know what drew me to Sunrise was its reputation. So before I started to work there, I asked people in the community if you were sick where would you want to go as a patient? So nine out of ten people said they would go to Sunrise Hospital in 1969. That's why I chose that hospital. First of all, it was the largest. And, second of all, it was perceived to be the very best hospital. And as a nurse I wanted to work in a hospital that I would also be able to go as a patient if I

needed health care and to be able to refer my friends.

I know that what kept me there for 35 years was that Sunrise was always on the cutting edge, always wanted to be the first to do everything, wanted to be the first to do the open-hearts. And so they would recruit doctors to do that program. They were the first to do the -- now it's the robotic surgery that can take out cancer, prosthetic. In fact, my husband had surgery, which is why I retired, with a robotic. And so they were big on high-tech, on the newest technology and doing the first of everything, which kept nurses learning and growing.

Recently, before I retired it was the first private hospital to do trauma. UMC, which is the county hospital, was the only trauma center up until about five years ago or four years ago. So it really is on the cutting edge and that kept me there for its quality and for all of the kinds of people and doctors that it attracted. And it was a great place to work. It was always a great place to work.

What was it like getting the nurses used to the new technology and all the changes going on? Was it hard for some to adapt?

Oh, yeah, it was hard. And I think that a lot of the older nurses who were more in my generation -- and I'll be 62 this year -- so for those that were my age it was difficult to go to all computers, no paper, all computer at the bedside. But sometimes some needed a little bit extra training or a little bit extra time. But telling them why it needed to be done and keeping up, I don't think I lost anyone because of the technology. It just was a different -- I mean you had to listen to a lot of whining about it first.

And I think that's in any industry.

I think so. But they're troopers. They're troopers.

That's great. So what were your other responsibilities supervising and just overseeing that many nurses? What was that experience like? How did you handle all that?

Well, it is not one person. I hired and developed a management team of about I want to say 40 or 50 managers, directors, who did the day-to-day operations. The chief nursing job was to recruit and hire nurses, as well as other leaders, because just like I retired you want to make sure in a hospital, whether it's a ten-bed hospital or a 700-bed hospital, that if I should have had a heart attack or died, that place would run just as well if I was there. So my goal and my job was to

recruit and oversee nursing practice. But in doing so, I had to make sure we had very good supervisors.

So the first level supervisor was the charge nurse. I was one of those people. So I knew how that operated. And a manager, a nurse manager, who oversaw many charge nurses and many units. And then directors who could plan with the nurses and give them information and communicate and help oversee their training.

And, of course, you couldn't do anything without a director of education. So hiring a great director of education was really the catalyst to help make it all happen because no one becomes great without knowledge. Knowledge is power. And you must train everyone who touches the patient to have the best knowledge and to know how to assimilate that knowledge in actual outcome. So that was the biggest job.

Keeping nurses motivated I found -- my philosophy was making rounds and letting the nurses and the people who are caring for the patients see you. And one of my legacies was being a kind of hands-on, meaning going out, catching nurses doing things right, watching them do things, talking to the patients and their families, treating them just like I wanted to be treated. I was fortunate to be hired by Julia Long, who was a wonderful chief nurse. In those days they called you director of nurses, but today you're a chief nurse. So she was out and about.

And when I started in nursing, I wore a white uniform, white hose and white shoes. That's what the chief nurse wore. And that's what nurses wore. I've seen the evolution of nurses not wanting to get those things dirty, but wanting to get in scrubs to make it easier. And getting rid of the caps was one of the things. I always liked the caps because patients could see who the RN was or who the LPN was by the stripes on their caps and all of that. And so we had to do a bit more education with the patients as to whom you were. The nametags had to be bigger and what your status was had to be more plainly observed because they couldn't tell anymore by who wore the caps and who wore the white. So that was an education. I went through that. I was a part of the era that got rid of the caps and the white uniform, even though my preference was that. But the nurses all have to have a say on how their environment is. And so they voted to, you know, wear color scrubs and to be comfortable and look prettier according to them and to have matching everything. And the strobe white went out the window.

But their ability to care for the patients and learn and be technologically savvy has been good. That is an ongoing process. Education is required to get your license renewed. So every two years you have to have so much education. And most nurses get the education in the field that they're in. So if you're a medical-surgical nurse that takes care of the patients that are not as sick as critical care, you would get your education in treating those kinds of patients. If you're a critical care nurse, you would go to a critical care symposium and you would get it in the field that you're in. If you're an OB nurse, you would go and get the latest technology. So it's really quite good for how they can do it. And they are responsible for keeping their education up.

But the chief nurse is the overseer. And the accreditation of hospitals, the joint commission of accreditation of hospitals surveys the hospital randomly as well as every -- I think it's two years. And they look at that in nurses' files. They come unannounced and they give you your -- how do you say -- your gold star by making sure that all of your personnel is up-to-date. So you really can't have nurses or any employees whose credentials aren't up-to-date because your hospital can get a citation for that.

So did Sunrise have a certain number of courses you'd have to take within two years?

Well, the State Board of Nursing regulates how many you need to get your license renewed. And it was 30 contact hours. But all of the education was free. I mean there was education every month. And nurses would need to go to it over a two year period. And it's done on-duty time and off-duty time. So some nurses would come if they have an hour free. And it's done -- some home studies are prepared. In fact, if you're able to talk to Barbara Frasier at the hospital, she would go into all of that. But there really are a lot of opportunities. And you have classes that are good for the night nurses as well as the evening nurses and day nurses. Of course, 12-hour shifts, most all of the nurses want 12-hour shifts. So they would attend training at seven in the morning or when they get off duty.

So education is a really big part. And you really never stop. I'm retired. I've been retired almost four years, but I keep my license. I have to take classes or do home studies to keep my license renewed. And I do that just because I want to. I don't plan to go back to work, but --

Just in case.

Yeah. And it's good. It's good to know what's going on.

It is.

Well, and I love the profession. So whatever I learn is still -- and I pay attention to what goes on in the news. And I still am on nursing boards.

What boards are you on?

I am on the executive advisory board of NurseWeek and Spectrum, which is a magazine for nurses. I'm one of two retired people on that board. But I intermingle with other chief nurses who are still practicing, which is really good because the magazine board decides what articles -- and you can read articles and learn -- would be good for nurses who are working. So that board meets a couple times a year. I just got back from Phoenix for a board meeting a couple weeks ago. So that's excellent.

I was on -- up until June of last year -- the State Board of Health. Being retired I try to limit the number of boards, but probably I'll always be involved in at least one board that brings me in contact with nursing.

But the magazine, is that a national board?

It's national, uh-huh.

Does the magazine go out to just nurses or anybody?

It goes out to just nurses. Right. Just nurses.

I was going to ask, too, about the evolution of the nurse's uniform. I found that very interesting. I interviewed an old-time nurse who had it. And she showed me her white cap and how she'd still starch and iron it. And I was wondering what year that you really saw the change from the classic white uniform to the scrubs and what you think brought about that change?

It was during the time when I was the assistant director of nurses. So that was probably 1980 -- I was not the chief nurse. And the chief nurse decided to let the nurses go with the colored uniforms, scrubs. So that was about 1980.

The evolution of that, however -- there are many magazines that demonstrated how nurses looked in other parts of the country. Actually, Nevada was probably slower in coming around to changing that. And I think what stimulated it is nurses wanted to have more of a voice in something. And so you start with how you look. And it's a hospital policy, a dress code policy.

And I think that was just the introduction to nurses wanting to get more involved in their workplace. They had to go to class. They had to take some courses for technology. So they didn't have a lot of say in that because if you're going to operate a machine, you've got to know. I think it was birthed out of wanting to have some say, more say.

Many patients that come back over and over again still tell you they prefer the white uniform. There are surveys that are done. But still, the nurses are the ones giving the care. And if their care is still excellent, no matter what color dress or pantsuit they wear, then it really has not as much significance to the overall profession of nursing as it does in letting the nurse feel really good about how they look and what they're doing.

So as a chief nurse and as the director of nurses who allowed that, we said, you know, it's important that we maintain high quality. So that's not a battle we want to fight even though we both wanted to have the distinguished look because actually some of the scrubs look -- you can't tell a lab technician from a housekeeper from a nurse because of the many multi colors that are there. But it is not a big deal except in the minds of those who make them wear certain things as long as they're clean.

Another thing I noticed in a lot of the old nursing classes, it was mostly women. And over recent years you've seen more men get involved in the nursing field.

Oh, yeah. Yes.

And I was wondering when you were hiring and supervising how you saw a bit of a gender shift in the nursing field and what impacts that had on nursing?

That has been a wonderful, wonderful -- nursing has evolved to be a profession -- it's still predominately females. But it is recruiting and attracting males. And I've seen -- at Sunrise I think about 10 percent of the nurses are males. Males gravitated in the hiring to surgery and the emergency department and critical care. There are more male nurses in those areas because it seems to be more exciting. I think the patients like having -- at least a lot of them -- like having men around because they appear to be stronger in lifting and all of that.

I think it has impacted the change in salaries. I think traditionally men go into professions where they can make more money. And nursing typically is a profession -- like teachers were not the highest paid. So as more men have gotten into the profession, I think it has raised the level of

salaries. I think it has been one of the impetuses to do a higher salary.

But it's all been good because you take care of men and women and I think there are some men that prefer male nurses. And I know there are many women that prefer female nurses because of how they were raised. So that makes it very easy. And I would hope that males in nursing would continue to grow because it's a good -- well, it's a good field for anyone.

Right. You mentioned also that Nevada was a bit behind in terms of adapting to the uniform. I was wondering if you saw any regional differences with our hospitals in Nevada or whether or not we were behind or ahead of other states in terms of health care. What do you perceive Nevada's health care system to be?

Well, I have family, of course, in many other states. And so I've had the opportunity to visit hospitals in other states. I think that Nevada is ahead of the curve in many things. I never found that Nevada was behind in the health care. As I said when I started at Sunrise, open-heart surgery was going on in other parts of the country. But Sunrise, which is the only hospital that I've worked, was ahead of the curve in bringing it there. And I think that because Sunrise and the hospitals here -- this is a tourist town. You want to be on the cutting edge. I think that the fact that we are the biggest gaming center -- I mean even bigger than Atlantic City, New Jersey -- that the hospital system wanted to be on the cutting edge. And I think all of the hospitals, from what I observed when I was working, tried to get in on the newest technology. So I don't think that we are behind.

When I visited a hospital in Kansas City about three years ago, it was a small hospital. It was a trauma center. I mean we have everything. I mean it is -- I would not leave here for better health care. I would have my open-heart surgery here. Obviously, my husband has had his surgery here. And I would just be very comfortable with any family member taking them to Sunrise to have whatever. Of course, they do manage to get sick while they're here and I've had that experience.

It sounds like as the city grows, the hospital grows with it.

Well, and that's one of the reasons why having another trauma center a few years ago -- research had shown that we needed more than one trauma center. Now, I was retired when the trauma center opened, but I was a part of developing it. And I was sitting on the State Board of Health at

the time that the trauma center got approved. And I listened to the arguments of why it was necessary and why the only trauma center, which was UMC, did not really want it to open because its competition. But there's no competition when your city is over a million people. You know, if you get in a trauma in the valley, Paradise Valley, you don't want to have to go miles and miles away. I'm so happy that was passed and that there are other hospitals equipped to treat trauma now.

So I see it as a very wonderful state that has been on the cutting edge. Again, I've only worked at one hospital and I know that the philosophy of the hospital administration in my 35 years was if you hear about something or you read about something, doctors say, well, can we have this piece of equipment? Can we do this here? And the nurses are flown off to get training. And then it becomes a reality. So I think it's a very good system. And with any system you're constantly improving and looking. But I think it's very good.

Well, you've been on so many state and national boards regarding health care. And I wanted to talk a little bit about your civic participation in general in the community because you've been involved with so many different groups and your church. And I'd like to know a little bit more about that, too, just what else you've been involved with in the city.

Okay. Let's see. I shared with you that I was on the State Board of Health. It was an appointment by governor -- for two terms, for eight years I was on that board. I got a lot of experience with looking at all the health issues that face the state of Nevada, not just hospitals and laboratories, but sewage problems. It was just an amazing eight years of seeing what the state health is responsible for.

And then I have been on boards of nursing. In fact, one of the task forces has been looking at the shortage of nurses while I worked with many committees made up of civic people as well as health care administrators to deal with the shortage. There is a projection in 2010 that we're going to be very short because baby boomers like me will have already retired or will be ready to retire. And so the health care industry will face a huge shortage in 2010. So what we did on the boards was encourage baby boomers not to retire, making a shorter, you know, flexed hours and making it easier to work certain shifts if you're taking care of elderly parents, trying to look at flexibility in the shifts to encourage -- people who are going to be primary care for their parents or for children

who still live at home -- trying to encourage them to stay in the workforce.

So we looked at issues with the projection of the nurse shortage and how hospitals are run, making it an environment where we listen to many patients who really want it to be more homelike. So as you're adding on, building new hospitals, you'll see that many people wanted to have a private room. If you're not really sick, you don't really want to be in a room with someone who is dying. So hospitals, due to the boards and to the community input from consumers, have gone to more private rooms. If you'll notice the newer hospitals, all are private rooms versus the older hospitals have more semi. But when they add on they're like private.

So it's been wonderful to sit on boards with consumers. And we're all consumers because we're all -- we were born in a hospital and we've all been to a hospital and had some care. And I think just making sure that on boards where there are consumers that they understand what goes on in hospitals as far as like washing your hands. The infection rates in hospitals are often time due to just hand washing. I've been on boards and I've been a part of going out to schools to talk about how important it is when you come to visit someone to wash your hands. Hand washing is in every room and it's outside so doctors can wash their hands before they enter. So that's been something that I've seen develop as a result to community awareness in education and the changes.

Are there any other groups that you're still active with right now, not just in terms of health care, but in the community at large?

Oh, I am, of course, a member of University United Methodist Church. Being a retired nurse I visit patients, members of our congregation, as well as my friends of course, in hospitals or wherever they are. My health care background has helped me to focus on that. We've had people in the church that have had heart attacks and they get sick while they're there and I'm calling 911 or taking them to a hospital. So I find that even though I'm retired I'm still very -- there is not a month that I don't visit a hospital or someone that I know. Of course, over 35 years I developed a lot of friends and friends of friends.

And so I'm always in hospital and focused on what is new. And I currently get the magazine, of course, NurseWeek. And the Nevada Nurses' Association publishes a magazine, which keeps you up to date on everything. Bio-terrorism, with the event of 9/11, that's a required education, bio-terrorism, for all nurses. And even retired nurses need to take that course because

if there is a terrorist attack, we're all activated, not just other community leaders, but retired nurses and people that have been a part of helping, you know, if you're Job Corps or a medic. So that's the other reason that I want to make sure that I keep my license and keep up; so that I can be a part of helping the community if there is a disaster. We're already in a state that needs a lot more health care, some doctors and nurses. So it motivates me to keep up.

Well, how has Sunrise changed since you retire? And what do you think the future of health care in Las Vegas will look like?

Well, how has Sunrise changed? Since I retired, in four years it has renovated and made more beautiful. The old facility has a brand-new neonatal unit. I mean it looks like the new hospital that you build from the ground up. So when I walk in there to visit friends, it is just a real perk because it looks very beautiful. They are constantly under construction and they're beautiful, the construction. They've spent a bazillion dollars in construction.

I really can't attest, other than in visiting with the nurses -- I mean their primary focus is still taking care of the patients. The technology was pretty high-tech when I left, all computers in the rooms and everything. So I don't know if there's a lot of difference that I see when I go in from just basically taking care of the patient. But it is a more beautiful environment.

I have not met the new CEO. But the chief nurse at the hospital, Minta Albitz, I hired her as head of the children's hospital to help build that hospital. So I am very pleased that she became the chief nurse. She was not the immediate chief nurse after I retired, but she is the second chief nurse since I retired in four years. I hope she loves it as much as I did and can stay around to help it grow because she had been at the hospital a long time and I hired her. In fact, most of the nurses there that are my age or ten or fifteen years younger I hired. So it's a real pleasure to go back and see many of them still there. And from time to time I do talk to some of them.

Future of health care -- I see the city of Las Vegas still growing. And I see more and more hospitals needing to be built to accommodate just the far-reaching people. And not only is the city growing, but more and more tourists -- and I know we're in somewhat of an economic recession. But I find that there are still loads of people that come to Las Vegas regardless of gas prices and the airline tickets. And I see that health care is very promising.

In fact, I am always talking to people who ask me, well, what did you do? And I am

encouraging them to go into health care because I would do it all over again. It's really like choosing a mate as I said earlier. It is really a great profession and it's one that you feel in your heart until you die.

I lived in this neighborhood for 38, almost 39 years. Everybody in the neighborhood knows that I'm a nurse either because they used to see me going to work in my white uniform and then in suits and then they call upon me. And so health care will always be kept alive by retired people like myself who stay active, who read, who are not afraid to get involved with church and health screening and volunteer on boards. So it's promising and I'm happy for those who intend to die here.

It sounds like it's a lifelong commitment.

It is a lifelong commitment. It's wonderful. It really is.

What do you think your greatest legacy in Las Vegas? Is it being a nurse and what you've brought to this community?

Well, the year before I retired I was honored with the Distinguished Nurse Award by the March of Dimes. And that award is given to nurses who've been in the community for at least 30 years and have been in nursing. And it's an honor that -- I was very surprised. Of course, I was nominated for it a lot of years by people. And I got that award the year before I retired. When someone nominates you, you have to do your little -- you have to give them your resume and then you have to write out what you've contributed.

And so I think I was remembered when I got that award for the work that I did helping to get a bill passed to allow LPNs to do some I.V. interventions with patients with training, passed a law that started the LPNs being able to irrigate certain tubes that they can do in hospice and in acute care and also for helping to train the paramedics. When I started out as a director, in order to be a paramedic you had to get some hospital training. You had to be a part of it. So our hospital was a part of that. And paramedics would help us in ICU to get training on how you start I.V.s really quickly.

I think also I did a lot of work -- I volunteered to work with the Street Teens. That's an organization that still is going on now. That's runaway teens. You meet with them. You give them clothes and things to survive because these are kids that leave sometimes not so good homes,

abusive homes. So working with the Street Teens was a part of my volunteerism.

I took a course to be a parish nurse. It was sponsored by St. Rose Hospital some years ago. In fact, they sponsored me. They gave me a scholarship to go to a three week course on being a parish nurse. You work with whatever church you belong to, which is a community, and see how you can help them and how you can go out and see the people that are sick in your congregation. So that was a really great experience. I had that.

I think my biggest legacy is -- I know that many chief nurses and officers make walking rounds. But part of my legacy is that I could always take my briefcase home at night with papers to look at and things to sign off, but you couldn't take the nurses and the people who helped the nurses take care of patients or the doctors. So I made it a real point a couple hours a day every day and then on days off and on weekends and off hours to go into the hospital unannounced and make rounds. And I think that's one of the greatest things that you can do for the patient and the staff. They like to see you. And they know that you care about them when you take your private time to do that because as a chief nurse you're in meetings all the time. And it's so easy to sit behind the desk and just have meeting after meeting. But the real reason that you go into nursing is to really care for the patient. And so when you become the chief nurse you want to make sure that people are caring for the patients still. And the only way you can know that is by making rounds.

So I think my greatest legacy is that I operated by making rounds and seeing what was going on and encouraging the people on the spot, catching somebody doing good, like the one -- I don't know if you've ever read the *One Minute Manager*. But the philosophy is take the time to let people know they're doing a good job and they'll work hard for you. They will really do their best. So I think that's probably it. I never miss an opportunity to help somebody. And, again, in my neighborhood I've gone over and taken people to the hospital who have had heart attacks or blood clots. I just try to always still be a nurse that's up on things and stopping what I'm doing to help people because that's what I went into it for. It doesn't matter what position you have. You still basically want to make a life better.

Well, you've contributed so much to this community. And I really appreciate you taking the time out of your schedule. You're still so involved with everyone and everything. So it was really my pleasure to interview you. Thank you so much.

Thank you. You're welcome. I was happy to do it.