KENNESAW STATE UNIVERSITY ORAL HISTORY PROJECT

INTERVIEW WITH V. DOREEN WAGNER

CONDUCTED, EDITED, AND INDEXED BY THOMAS A. SCOTT

for the

KSU ORAL HISTORY SERIES, NO. 143

MONDAY, OCTOBER 30, 2017

Kennesaw State University Oral History Project
KSU Oral History Series, No. 143
Interview with V. Doreen Wagner
Conducted, edited, and indexed by Thomas A. Scott
Monday, October 30, 2017
Location: KSU Archives, Sturgis Library, Kennesaw State University

TS: The interview today is with Doreen Wagner who received the Outstanding Professional Service Award this year. Doreen, why don't you start with your background? I know that you got an associate's degree at Tallahassee Community College. Is that where you started your college experience?

DW: Yes. In my family, college was not something that was really discussed. We didn't really have any college graduates among my cousins. I think there were a couple that were talking about going when I was getting of age. So college wasn't in the works. I was always a decent student, but not pushed for college. I didn't really find myself being that scholarly in high school. I went to a technical school, and I was a dental assistant. I worked for a periodontist. Periodontists do gum surgery and do other types of oral surgery. Back then we didn't do a lot of surgeries in the office. That was in the 1970s, and we did it in the main hospital operating room. That's where I first really got my interest in nursing. I was interested in dental assisting. I wore braces for twelve years, and what I was exposed to I had an interest in. So I started talking with the nurses. In the operating rooms at that time, especially, most of them were diploma or associate degree trained nurses. They were saying, "Oh, go to Tallahassee Community College. That's the place to go." Not FSU [Florida State University] that is just down the road. My not knowing much about what college life was going to be like, I chose the associate's degree route. It was difficult because I had to work two jobs to be able to do it, plus I got some loans as well. I was an okay student. I was very much a technical nurse at that point. For ten years I worked as a nurse and started off on the surgical units. I enjoyed working with surgical patients in general. Then when I came to Atlanta one year after I graduated in 1984 from nursing school . . .

TS: Okay, so in 1985 you're in Atlanta?

DW: Yes. I graduated with my associate's degree in 1984, and I worked a year at Tallahassee Memorial Hospital as a staff nurse on a surgical step down unit. At that time it was real hard to get into the operating room unless you had operating room experience.

TS: But you had some at least as a dental assistant.

DW: I did. It was interesting. When I came to Atlanta, there was a huge nursing shortage going on. I could have worn curlers in my hair and smoked a cigarette while I was talking to them and gotten a job. It was really crazy.

TS: Why did you come to Atlanta?

DW: Well, I had gotten divorced. I was married when I was eighteen, divorced by the time I was twenty-one. That's how I got to Tallahassee because I grew up in North Carolina.

TS: So you really were paying your own way through college.

DW: I was, I was.

TS: There have been a lot of students where it affected their grades because they had to work so hard just to pay for their education.

DW: Yes, I worked two jobs to pay my bills while in nursing school. One of my jobs was a part-time job in a clothing store because I always had to buy new clothes [laughs]! That was not really important, but that's what I felt was important when I was in my early 20s. And then it took ten years to pay off my student loans.

TS: That could be dangerous working in a clothing store because you're tempted all the time by what's on the racks.

DW: That's pretty much what I spent that check on. Anyway, it was just the times, and for my family college wasn't important. I came to Atlanta because I said, "Tallahassee is nice, but my ex-husband's here, and I want to go to a big city. I've never lived in a big city, so I'm going to go to Atlanta and Dallas. I'm going to go to D.C., and I'm going to go to New York. I'm going to check them all out." I came to Atlanta first because it was closest. I brought a girlfriend with me because I was worried about being here by myself. I had never really been in a big city. I went ahead and interviewed while I was here and fell in love with Atlanta. I decided it's close to my parents in North Carolina, but it's far enough away, and it is a big city. I really liked it here, and I had a job offer at every hospital that I applied at. I chose Georgia Baptist Hospital, which is now Atlanta Medical [Center].

TS: Right, on Boulevard?

DW: Yes [between Boulevard and Parkway Drive in northeast Atlanta]. I was definitely downtown and got to know how to drive around downtown pretty quickly. I bought a new car within six months of getting here because it scared me that I had a really tiny Plymouth Arrow. You could press on it, and it would dent. It was like a little tin can. I said, "I need something a little sturdier." I was doing trauma and seeing all sorts of things coming through the hospital. Being a large trauma center, we saw lots of things coming through. I was hired as a charge nurse from 3:00 to 11:00 [pm] on a surgical unit. I wasn't in the OR [operating room] yet, but I knew I wanted to be in the OR. At six months I went down and talked to Ms. Comer [Barbara Jean Comer]. I actually interviewed her [later] for my master's thesis at Georgia State University, when I had to interview the older nurses that had lived through the time period that I was researching.

TS: By the way, you got an associate's degree at Tallahassee Community College, and you got a master's at Georgia State, so you obviously got a bachelor's in between.

DW: In some areas you don't have to actually get the piece of paper. Nursing is one where you can sometimes have an RN to MSN [registered nurse to master of science in nursing].

My daughter [Karla] at Georgia Tech is doing a bachelor's to a PhD, so this is a similar process. I did the coursework, but I never actually stopped [to receive the bachelor's degree]. But this was in the 1990s. I was a nurse for ten years before I went back to school. My brain exploded when I went back to school. I didn't know what I didn't know at all. So that was pretty neat.

But anyway, I went down, and I talked to Ms. Comer. At that time I did not know that she was well known around the state. She had a whip on her wall, and it was not for the staff; it was for the doctors. She got the surgeons in line, and she ran that OR like a tight ship. I got a job there. I was easily transferred in when she found out I had done four-handed dentistry, which is passing instruments [where the dental assistant's two hands complement the dentist's two hands]. So I started off scrubbing during cases, and I found it very easy. I just had to bone up on the instruments and stuff. At the end of the first week I'd been oriented by one nurse. We call them preceptors. She showed me the ropes and showed me around. I worked with her as the scrub in her room. She said, "Let's go to happy hour to celebrate your first week." I said, "Okay." She told me where; I mean, I had only been here six months, so I didn't know all the places to go. I said, "I guess this will be okay," but I took a girlfriend with me, always trying to be safe. And I actually met my husband that night because they were friends. So that was fun. I had been in town for six months, and I met my future husband at that time.

TS: What did he do?

DW: He was actually a PhD student at Tech at the time. He is a research scientist at Tech at Georgia Tech Research Institute. He is a principal research scientist there.

TS: That's in Cobb County, isn't it?

DW: He's down in midtown at Tech at the Baker Building on [the Georgia Tech] campus, however, he does go to Cobb County Division quite a bit and does more of his behind closed doors work there. They have a special room that he goes to because he has a real high security clearance.

TS: Well, how about that?

DW: Yes, so I don't know a lot about it. He's not allowed to talk about it.

TS: Well, we had probably better not put any more on tape then.

DW: Yes. I helped him with his dissertation, helping type it with a word processor then.

TS: Those were the old days.

DW: The old days, yes.

TS: What's his name?

DW: His name is Brent [K.] Wagner. We dated for five years before we got married.

TS: So, what was it about operating rooms that was so attractive to you?

DW: I liked the technology a lot. I liked that anything could happen. I did trauma quite a bit, and I found that very exciting. You had to think on your toes.

TS: It must be high pressure all the time.

DW: Yes, it was, but I liked it a lot. I liked the neurology cases and looking into the brain. I liked scrubbing a lot, but I also felt like the circulating role as the nurse in the room—that she basically runs the room or he runs the room because everybody else is sterile or in a very controlled area. The circulator is the one that can be moving around the room that's not.

TS: Not sterile?

DW: Correct, the circulator nurse is not in sterile garb. And the circulator is the person in the room that can gather things for you if you need them or monitor to make sure everybody is remaining in a sterile approach to what they are doing and is also the advocate for the patient. That's what a nurse is – the nurse is an advocate for your patient, no matter what role they're in. So we definitely want nurses in the operating room and not just popping in and out of the OR. They need to be in there to make sure that everything is going appropriately. So that's why I think it's important. I found as time went on that that's what I felt like there was more need for. The reason that I was concerned is because it was very difficult to get nurses to come into the operating room. If you didn't have experience, you couldn't get hired, but then they weren't giving you experiences in school. Some of the diploma nursing programs were starting to go away then. A lot of the associate degree programs would allow you to have an OR experience, but they were starting to dwindle. That was when I was in school, and that was in the 1980s.

I worked in the operating room, and quickly it seemed like people would always ask me to be a preceptor or to teach somebody else. So pretty soon after I started in the OR, I was working as a preceptor and teaching others about Georgia Baptist. After two years' time I decided I wanted to go to a smaller place. The big city and the trauma I think was actually starting to get to me a little bit. I was on trauma call, first call, second call, or heart call. I did open heart, which I found boring because it was the same thing all the time. I liked something different, and there were some opportunities out there. I was like, "I'm going to go and see what else there is." I actually took a position with an agency and started working in several different hospitals around to see which ones I liked. I had been doing a lot at Shallowford Hospital, which was [Emory] Dunwoody Medical [Center] after that. Now it's no more; it's gone. But at Shallowford Hospital I seemed to have done a lot there. I worked on the floor on the surgical unit, I supervised for the entire hospital, and I also worked in the operating room.

They wanted me to apply for their new educator position in the operating unit. I said, "I'm an agency nurse, and you want me to apply when all these other nurses have been on staff for a long time and have more experience?" I got the job. I was like, "Oh, my gosh." So I threw myself into that and discovered pretty quickly that to educate others I needed to be educated myself. That's when I started thinking about going back to school. I started looking into some things, and I actually came out here to KSU when it was a community college and took a few courses that were prerequisites to get into the RN to

MSN program at Georgia State. So I found the program to be amazing mainly because I didn't know nurses could do what they could do. I had a real narrow vision of what nursing was. I was passionate about it, but I didn't know anything. I was just so uneducated, and I didn't go and look for it myself. So when it was presented to me, I was just fascinated.

TS: You were probably here at Kennesaw about 1990 or the late 1980s, because you got your master's degree in 1993.

DW: I think I was here in 1989.

TS: Do you remember any of the faculty?

DW: No. The biggest thing I remember was I took an English class.

TS: Oh, you were taking regular classes?

DW: I was taking some core college classes.

TS: Okay, so not just nursing.

DW: No, no, this is part of the bachelor's criteria that you still have to meet in the RN to MSN program. This was just closer to home, coming here rather than going downtown to Georgia State.

TS: But you did get some general education courses out of the way in your associate's program didn't you?

DW: Some, yes.

TS: But not all?

DW: No, I took English, and I was thinking that maybe I needed to take some business courses. I was thinking maybe I need some management experience, and then I dropped that. I was like, "No, that's not for me." So I just focused on the courses that I needed for the RN to MSN program. But the thing I remember is that one of the English professors said that I wrote well, but I was quite turgid.

TS: That doesn't sound nice.

DW: No, I had to look that up.

TS: How many years did it take to go through the RN to MSN program once you got to Georgia State?

DW: In all it was about three years. The actual program was two years full time. I did summers as well. But I had gotten my prerequisites out of the way before that, so it might have been even three and a half years. I'd have to go back and look at transcripts.

TS: I know it was in Adult Health Nursing. What exactly does that mean?

DW: It means that I don't do kids [laughs]. I appreciate the adult care.

TS: Did you have any children of your own by this time?

DW: I have one daughter, but didn't have her until I was out of my master's program. What's funny is my husband graduated . . .

TS: What year did he graduate?

DW: In August 1991.

TS: Okay, while you were doing the master's program.

DW: I was just starting the actual master's program. He graduated with a PhD that summer, and I started that fall with my actual master's program where I was in the nursing part of it. He was like, "So I get out of school, and you're going back!"

TS: Okay, so you picked adult health because you didn't want to work with children?

DW: I never really had much experience working with kids. I mean, I had a little brother; I babysat. But I wasn't interested in doing the care of little ones because it kind of scared me. I was more familiar, I guess, [with adults]. I never had an urge to work with the babies. The only time I worked with babies as a nurse was when I would do a double shift. Sometimes if they needed some help, then I would work in the Well Baby Nursery. I would rock them and take them to their mothers to feed them, and that was basically all I did. I thought, "Wow, this is an easy job." But there's a lot more involved than that.

TS: I'm sure. Any mentors at Georgia State that stand out?

DW: Carolyn [C.] Kee was my master's thesis chair. We kept up with one another for a good while. She retired probably about ten years ago. She was pretty awesome. And then [D.] Patricia Gray. She is actually at Virginia Commonwealth University now [retired in May 2013].

TS: What was it about them that made them good mentors?

DW: They just helped me peel back my brain a little bit. Dr. Kee just let me study the OR, which was something that a lot of other professors that I talked to were like, "No, we don't care about the OR." It was like, "But I do, and this is what I want to do. It's really important to me. You're telling me in my classes that I should research something that is important to me, so that I'll keep at it and finish it. That's what I want to do." So she encouraged that and appreciated my passion and also helped me with publishing my first article. Then she encouraged me to do a thesis instead of just a project because I said, "I think I might want to go back to school for my PhD. I don't know." So she said, "We'll do the thesis." I really found out that I loved research. I've always been one to ask why. My mother said I used to drive her crazy asking questions why, why don't we do it this way. I wanted to find out if something would work better. She didn't like that. "Well, we're doing it this way because I say so."

TS: Right [laughs]. What was your master's thesis?

DW: My master's thesis was "The Decline of periOperative Clinical Experiences in Nursing Curricula." [MSN thesis, Georgia State University, 1993]

TS: Oh, the decline of it?

DW: Yes.

TS: Why was that?

DW: Well, I wanted to find out why because it was really a big issue with the Association of periOperative Registered Nurses. I was actually involved in a project with my activities in the association chapters in trying to get nursing schools to allow students in the operating room. They said, "It's not really nursing." And I said, "Yes, it is. I'm a nurse. I'm in there, and I think that it is nursing." I wanted to find out why it happened, why did people have this opinion of it. It's very technical. A lot of critical care nurses enjoy going to the operating room because they leave an area of very high technology and go to another area of high technology. The OR is a place of patient advocacy, a lot of risk management, and planning ahead to protect the patient.

TS: What did you find out? Why was it declining?

DW: Well, there were several things. During World War II is when medics started taking the place of nurses in the operating room. There was a lot of technology in the operating room that wasn't on the units where other care was being done. Intensive care units were just starting then, so they didn't have the high level of equipment and technology at that time. When you would open a book that was specific to OR nursing, it was very instrument and technology oriented. The "powers that be" that were over professionalizing nursing were also at that same time trying to make entry into nursing practice baccalaureate only. So they were trying to get rid of diploma programs. This was the National League for Nursing, the association [for nurse educators] making these professional changes. Most of the professors out of Teachers College [Columbia University] in New York were on that National League for Nursing board.

TS: When you say diploma programs, an associate's degree is not a diploma is it?

DW: No. A diploma is just a technical apprenticeship.

TS: But they're getting rid of the diplomas. What about the associate degrees?

DW: Well, it was in 1959 that the associate degree programs began. That was someone's dissertation project.

TS: I did an interview with Janice [M.] Long after she won KSU's 2006 Preston Community Leadership Award. She went through the RN to MSN program at Georgia State not long after you did. But she started her nursing career with a diploma program at a hospital in Temple, Texas in 1966 and talks in the interview about how associate programs were just coming to her area about the time she completed the diploma program and became a registered nurse. So I guess in Texas it was relatively new to have associate programs at that time.

DW: Yes, yes it was. It was very new everywhere, but they just proliferated like mad because we had a nursing shortage, and we needed nurses. It was set up through this person's dissertation. I can't remember her name. I would have to have my master's thesis to find it. But she wanted it to be the technical nurse, and that's pretty much how you were taught—more of the technique of nursing, not the overall understanding of what is nursing. You don't have research; you don't have community nursing; so it's not well rounded.

TS: So more a technical school program than a liberal arts program?

DW: Yes. That's pretty much what it is overall, although we did have some college content, of course. The associate's degree program is basically a two-year degree in nursing with three years of college. It took me three years and pretty much everybody three years. She set it up so that ADNs, the associate degree nurses, would be under the supervision of the baccalaureate nurse. But that never happened. When we started taking the same nationalized exams, the NCLEX (National Council Licensure Examination) that anybody that wants to be a registered nurse has to take—licensed practical nurses have the same thing but for LPNs—but when ADNs and BSNs were taking the same exam, why would you have different roles? That kind of happened unexpectedly, I guess. So what she had planned through her dissertation and her projects got away from her, and it turned into what it is now. I will say that there's still a push to have baccalaureate nurses as the entry into practice to professionalize it instead of making it more of the subservient role that physicians pretty much thought nurses were, or are—some physicians still do.

TS: Do you think that's a good trend then to require at least a bachelor's?

DW: I do because just going back to school and talking to students who go back to school to get their baccalaureate degree or their master's, it is something that you go, "Wow, I didn't know nurses could do all of that. I didn't know nurses were able to do that." That's what having an education is supposed to do is increase your level of practice so that you can help patients more.

TS: So, you got through that program in '93, and then it is 2007 before you get your PhD. So I guess a lot of practice in hospitals over the next decade?

DW: Yes, I ended up with my master's. While I was going to school I also worked part-time, so that I could go to school full-time for my master's. I determined that I really liked students more than staff [laughs] from an education perspective because the students wanted to know, and the staff just didn't care to listen to me.

TS: Really?

DW: Well, some did, but I knew they were like, "Hurry up, hurry up, hurry up. Tell me what I have to have, and that's all I want."

TS: Right.

DW: Some students will do that too, but not as a whole. I just really felt a connection with the students.

TS: So did you start doing some college teaching?

DW: When I graduated with my master's in 1993, I applied here, but was turned down. They were looking for doctorally prepared people at that time. I interviewed with David [N.] Bennett.

TS: I did an interview with him in 2006. [He was the 1992 recipient of KSU's Preston Community Leadership Award].

DW: Oh, yes? Then I went to Georgia Perimeter; it was DeKalb College then. I was hired, and so I started teaching as a master's prepared nurse, and I also worked as a periOperative clinical nurse specialist. My degree was adult health, but I was also a clinical nurse specialist. I had an extra track of cognitive education, so I was preparing to be an educator. That's why I went back to school to be an educator. While I was going through school, and I was doing clinicals with students and things like that, because of my education cognate, I worked with other professors that put me in the hospital with students. I also taught some classes and things like that. So they were teaching me how to be a teacher of nursing.

I really loved that part. The clinical nurse specialist part I actually spent time with adults—because adult health was my track, not pediatrics—in the operating room as a clinical nurse specialist. I was also educated that way, so I could have gone down that path being a clinical nurse specialist at the hospital. I actually did that for a year at DeKalb Medical Center on a part-time basis with a group of other clinical nurse specialists. We were consultants for a year there to help take care of some issues they were having with accreditation. And then after that I just focused directly on working at the college.

TS: How long were you at DeKalb College?

DW: I started there in 1993 and left there in 2000.

TS: What did you do then?

DW: Well, I had my daughter while I was at Georgia Perimeter College. I left there because my daughter was getting ready to start kindergarten. I lived in Marietta, and I was working at Georgia Perimeter College. That was a long way, and I was a little concerned that she might need me, and I wouldn't be able to get to her quick enough. My husband didn't have as much flexibility as I did at Georgia Perimeter College. It was still pretty tight. So I said, "All right, I'm just going to stay home and work part-time maybe. We'll see how it goes." Within a few weeks I figured out that she was fine, and she didn't need me. I'm thinking, "Oh, my gosh, I can only play so much tennis. I am not a stay at home mom." Now, when she was first born, I did stay home for about eighteen months. I did consulting work. But that was different; she was an infant then. I decided to get a part-time job, and so I went to WellStar, which is in my backyard, three miles from my house. I was hired as a part-time employee for risk management. OR nurses know risk management.

TS: I just did an interview this summer with Bernie Brown [Bernard L. Brown Jr.], the administrator of Kennestone Hospital [from 1971 to 2001], although he may have been gone by the time you got there.

DW: I was there from 2000 to 2001 as a risk management specialist.

TS: That's about when he was going out then.

DW: The reason that I left that position in 2001 is because I was hired as the Patient Safety Systems Improvement Coordinator.

TS: At WellStar?

DW: At WellStar; for the five hospitals of WellStar I was the first patient safety coordinator.

TS: What all did that entail?

DW: Well, basically trying to prepare everyone for the new approach. It was like a safety revolution that was going on at this time. The reason I was hired was because I was also very active in my Association of periOperative Registered Nurses. I was the first chair of a patient safety committee for a national professional organization. It tied hand in hand. Hospital systems were in the news. All sorts of things were starting to bubble up showing that we had too much error in hospital settings. Too many people were dying because of risk and resultant error. The errors weren't individual errors; it was system errors. What has now turned into a safety revolution in health care was beginning at this time.

WellStar got on the bandwagon as well. They knew that they had to have somebody to start looking at, "How can we start educating people about changes that need to happen?" We were doing root cause analyses and just trying to get rid of some of the old ways of thinking related to how safe we could be—not writing people up and making it to be a negative or punitive thing. We want to improve from what we've learned. We don't want to sweep it under the rug and punish people. Basically, I coordinated and facilitated patient safety initiatives for the five hospitals and also prepared for accreditation visits and just did different types of education projects. I was still doing education type work, teaching people about the new safety approaches that we were needing to do.

TS: Teaching staff?

DW: Staff, yes. I found the job to be very exciting on one hand and then very frustrating on the other hand. Because of the way administration was set up at WellStar, I was pretty much not allowed to talk to the CEO. I had to talk to the VP, so what I communicated to the VP would change when discussed with the CEO. It was almost like words were slipping through the cracks before it would get to him, and then it would be a miscommunication. I got very frustrated by that.

TS: I would guess so.

DW: It was just not for me. I only did it for a year, and I said, "I can't handle this." Plus, I also recognized that I was educating people, and I was missing the students. So I decided

that maybe I ought to start looking at going back to work at a college or university. Then I said, "You know what? Now is maybe the time to think about going back to school."

TS: So why the University of South Florida?

DW: I worked for a good while, and then when I started thinking about going back to school, my daughter was at a decent age. I thought, "I need to go someplace that is going to let me do research in a perioperative area. Nobody around here was going to let me do that. They wanted you to work with somebody that already had their research going on, and you would do a piece of their research. I was like, "That's fine, but that's not for me." I also wanted to look at temperature and the stress of temperature on patients because I had done some other temperature studies just as a consultant doing it on my own and then publishing the research results.

I was doing quite a few presentations, and I was working as a consultant when I was also employed at WellStar and then had the break. I had been hired as a legal nurse consultant on a really bad burn case, people misusing warming equipment on patients and burning them severely. So I went on the road talking to people about using the equipment appropriately, and I wrote a lot of articles. It all tied in with the work that I did with the Association of periOperative Registered Nurses. I wanted to do research related to that, so I found a professor that was doing psychoneuroimmunology work, which is very stress oriented. She was at the University of Tennessee. Her name is Maureen [W.] Groer.

TS: At the University of Tennessee in Knoxville?

DW: Yes, I started there.

TS: That's where I got my degree.

DW: Oh, yes?

TS: Yes.

DW: She accepted an endowed chair position at the University of South Florida. I said, "Now what am I going to do?" She took her lab and everything. I was working in her lab, and I was looking at the acute phase response of surgical patients during preoperative warming and things like that. She said, "Come with me." So I said, "Okay." My husband said "Go for it, it will be two year's time . . ."

TS: So you had an apartment in Knoxville?

DW: I stayed with her [in Tampa]. I flew there once a week. To Knoxville I drove, and I would stay in a hotel.

TS: Okay, so you just had to go one day a week?

DW: I spent two days. There were students coming from Alabama, students coming from here, students coming from . . .

TS: You put a lot of miles on your automobile, I guess. I was teaching here and I was doing my dissertation up there, so I'm familiar with that.

DW: I flew to Tampa. Flights were really cheap; round trip was usually $100. I was her research assistant down there. I did not have that at UT. I'm still paying off my loans from UT.

TS: Is that right?

DW: I had $60,000 plus of loans from UT. I had no loans; I didn't owe a cent at USF.

TS: I think you made the right choice to go to USF.

DW: Also from a nursing research perspective it was tenfold what I was getting at UT. A lot of the stuff that I was trying to learn I had to go to the vet lab because she didn't really have the equipment in her lab at the school of nursing at UT. But at USF we had everything. I was also able to go the Shriners [Hospitals for Children—Tampa]. I was in all sorts of different labs. I was her research assistant. I was driving all over Tampa. I had to get my license down there again. I shouldn't have let it go since I had a Florida license before, but it was easy to get it back. I would fly down there, and I would spend two or three days depending on what was happening down there. I learned a lot from Maureen Groer.

TS: Great. I noticed that your dissertation was dedicated to Brent and Karla, so now I know who Brent is, and Karla must be the daughter.

DW: Yes, she is. She's twenty-two now and in the PhD program at Tech.

TS: Is that right?

DW: Yes, materials science engineering. She and my husband fill up pages with formulas and such.

TS: I looked at your dissertation; it's online: "Effect of a PreOperative Warming Intervention on the Acute Phase Response of Surgical Stress." I guess my first question is what is a forced-air warming [FAW] device?

DW: Well, it is one of the devices that was misused and caused the burns to people. I don't know if you ever saw a sister or your mother use a hair dryer; they put a bonnet on their head, and it had a hose hooked to it, and it would blow warm air on the curlers. Do you remember seeing that?

TS: No.

DW: No, not really?

TS: But I get the idea.

DW: Well, the bonnets would have little tiny pinholes in them, so that the air would be dispersed. If you just hold a blow dryer or a hose to blow hot air on your head, you will burn yourself. You can't hold it there very long. It hurts, and it will burn you.

Dispersing the air doesn't burn you. You know wind chill; this is wind warm. It is just blowing the air over you. It helps with the conductive loss of air. It keeps warmth from leaving and makes the air warm, so your skin temperature stays warm. It makes you more comfortable, but it also will impact on the disregulation that occurs during anesthesia that makes your peripheral temperature impact your core temperature when normally it doesn't do that. So warming patients with these warming devices involves a disbursement of air through the use of a special warming blanket. It just impacts the temperature pretty much to decrease the amount of hypothermia during surgery.

If you have surgery with any type of anesthesia—spinal, epidural, or general anesthesia, within forty-five minutes you will start becoming hypothermic. The thinner you are the more hypothermic you will become. It does level out at a certain point in time, but you can get quite cold if you do not use warming devices. So warming is a nursing intervention where we can impact patients and their surgical outcome. When you become hypothermic, you have a number of complications that can occur: increased bleeding; increased infections; you're going to have problems with healing; it messes around with your electrolytes; and you'll have lots of problems from hypothermia. It is also uncomfortable. When you wake up in a cold state, it increases your pain. It can also cause shivering, and that increases oxygen consumption. There have been cardiac issues and respiratory issues related to the hypothermia. Those are the unplanned hypothermia events that happen with surgery.

So when you warm patients, it actually decreases that hypothermia event. You can warm up faster if you don't get a deep hypothermia event. The warming blankets—there are different types. The types that are found research-wise to be most effective are the forced-air warming devices, and that is what I used in my dissertation. Those are also the devices, if they aren't used appropriately, that can burn people. If you don't connect the hose to the disbursement mat, then you just put the hose there, and it's like with the blow dryer.

TS: I read the abstract and the conclusion of your dissertation, and it sounded like you didn't find a whole lot of association between FAW devices and different endocrine or inflammatory responses. Is that a fair assumption?

DW: From a statistical standpoint, yes. The thing that was pointed out was the anxiety piece during preoperative time frames. An interesting finding that came up is that we saw an increase in proinflammatory markers that you normally don't see until you have been cut on or having your surgery.

TS: But the device is creating anxiety?

DW: No. People that are having surgery are going to have anxiety. That's normal reaction. I had done a study before that I published. It was on preoperative anxiety and that warming preoperatively decreased their anxiety. With my dissertation study, I was just looking at how warming impacted them physiologically. Did it make a change in their acute phase response and proinflammatory cytokines? Statistically, we didn't see much change there, but I did not look into the anxiety part. There was anxiety because we saw an increase in proinflammatory cytokines preoperatively, not just intraoperatively. So

that was the interesting piece that came up. I found things clinically important from a temperature perspective, but from an acute phase response looking at the cytokines, it wasn't statistically significant.

TS: Have you continued to do any research on this?

DW: It took me some time to get the laboratory going over in our new building, Prillaman Hall [Health Sciences Building, opened 2010]. When I came here the new building was being planned, and Dr. Richard [L.] Sowell [dean of the WellStar College of Health and Human Services, 2001-2014] let me design the laboratory. So I have a psychoneuroimmunology laboratory over there. That was my start up funding, but having the lab was one thing, and then you have to outfit the lab. It took a good five years to get it outfitted, so there's half my time here. Right now I just received a grant on looking at hypothermia in postoperative delirium. I do think that there is an inflammatory marker or those proinflammatory cytokines involved in that. We're looking at it from a chart review right now, but I also want to pull in the physiology piece later because we don't know enough about those things. I'm just now at a place in the last couple of years where I can start doing that.

TS: Great. Well, we're at the point now where you join the faculty at KSU. I have 2007, and it looks like you were actually on the faculty before you completed your PhD.

DW: Yes. It's one of those things that was a hard decision. If I wouldn't have started that fall semester of 2007, which was my final semester when I was defending [my dissertation]—in fact, tomorrow is ten years since I defended! Halloween!

TS: We don't forget those dates, do we?

DW: No, we don't. Yes, Halloween. I came and interviewed, and it was a toss between getting the lab or waiting until December and being associate professor. They would not hire me as associate because I hadn't defended yet and did not have my PhD.

TS: Right.

DW: I talked to my husband, and he was like, "Well, you might still get your lab if you wait until December. Maybe you could talk to them." I said, "Yes, but they're talking to other people." So I went for the lab, and I had to be an assistant professor another five years.

TS: Oh.

DW: Yes, I had to be here for five, and I'm just now going up for full this year. I feel like I'm five years behind with all of that, but I got the lab out of it, I suppose. It may not have been the right way to go, but that's what I did.

TS: It sounds like a good way to go to me. Who was chair of the search committee?

DW: David Bennett was, I think. Richard Sowell was dean at that time. Tommie [P.] Nelms, who was our past chair, was involved in the search, and also Jane Brannan. Then, of course, I met a lot of the faculty at my interview process.

TS: I guess it makes sense, since you were living in Marietta, to apply to Kennesaw State.

DW: Yes. I also talked to people at Emory, and I talked to people at Georgia State. The lab being offered as something that could be built to my specifications—that was why I ultimately chose KSU.

TS: What was your impression of KSU at that time? Of course, you had taken a class or two here before.

DW: That was a long time prior. It was very different from the community college when I was taking classes in the late 1980s.

TS: I'm trying to think. What year did we start the doctorate of nursing science? That was a couple of years after you joined the faculty [approved by the Board of Regents on February 10, 2009].

DW: Kennesaw was growing. I could see that the university was actually developing quickly, and I could see that it was on track for moving down the path of research becoming a bit more important, even though I still feel like my main focus is the student. That *is* a problem when you are trying to do research sometimes, in the sense of time, not a problem in other ways. Our students don't seem to feel that they have time to get too involved in research from an undergraduate perspective. Most of my undergrad research assistants are psychology students. I have had a few nursing students that were very interested in research. We've had SALT [Student Assistance for Leadership in Teaching] funding to help them along with that too in different projects. That always was nice to entice the nursing students, specifically.

TS: Were you hired to teach entirely undergraduates or what?

DW: I was hired basically for undergrad, and that's what I like most, the undergraduate students, because I think they are very motivating. I'm graduate faculty as well. I've chaired and have been on committees for master's students. There hasn't been a doctoral student interested in my line of work research-wise, so I haven't had any doctoral students. I've had a couple come talk to me, but they decided to not go down that route. The master's students have been perioperative students, so that was the connection. There haven't been any doctoral students that were perioperative.

TS: What courses have you been teaching at KSU?

DW: Pathophysiology [BIOL 3317] was the one that I taught the most, and that was twenty-three times.

TS: Is that what they hired you to teach primarily?

DW: No, I don't think they really hired me to teach anything, specifically. They just knew that I was adult health. That's the largest part of our nursing program anyway is adult health. We had just a small portion of pediatric health. It's just one semester of care. Then I've taught Adult Health [NURS 3313], which is a medical, surgical type course, and did that fifteen times. Since I came I've wanted to teach research. It's only been since last year

that I was assigned to teach research, and I love it. It is so much fun, and I actually get the students excited about it, I think.

TS: Is it a methodology class?

DW: No, it's basically an introduction to what is research, and how to use evidence in nursing practice. That's where they're at. As baccalaureate nurses, it's just knowing that there's evidence that helps support the types of practice that we do. It also shares with them the beginnings of what is research, so that they can understand what they're reading. I think the master's level is where we actually talk about research and conducting research. I will be teaching a master's level class in research in the spring.

TS: So they don't actually do a research project in that class?

DW: They do an evidence-based practice project in class. So they have to understand how to read a research article, and they use research evidence to support their findings and decision-making on a question that they have developed. They have a PICO [or PECO] question [Patient, Intervention/Exposure, Comparison, Outcome question].

TS: So this year you're going to do your first graduate research class?

DW: Yes, and then I have a Psychoneuroimmunology elective [NURS 4431] that I teach. I've taught that eight times. I developed it with my research partner, Sharon Pearcey, [associate professor] from the Psychology Department. That's a lot of fun. We teach the students as a team. It's a cross-listed class, so we have psychology and nursing students together, and that's fun. One of the things I'm really excited about—you remember my master's thesis was "The Decline of periOperative Clinical Experiences in Nursing Curricula"; well, I developed a perioperative clinical elective [NURS 4490]. So the students are actually spending class time learning about the operating room and the care of patients in the operating room. I have them going into operating rooms for clinical time. It allows them to have it as a practicum experience, which is their capstone [Practicum-Clinical Faculty, NURS 4417]. Clinical is 172 hours actually being in the OR, which has never happened here. It was a little bit of a fight, but "Yay!" It's almost like I've actualized what I was wondering about during my master's thesis work.

TS: Can you talk about your philosophy of teaching?

DW: It's been great doing that. That's been a partnership with WellStar. I've been very active in the Association of PeriOperative Registered Nurses [AORN] since the early 1980s. I know pretty much most of the OR nurses around. I can talk with people and get things done, so that's exciting.

TS: Is part of your philosophy of teaching to get students involved with community groups?

DW: My philosophy of teaching—I think that I want to have them experience things. Even if it is through case study or projects or whatever, if they can be in the actual setting, I think that that's the highlight of what experiential learning is.

TS: There are two big things I want to ask about: first all the research you have done since you got here, but also your service because you are KSU's 2017 recipient of the Outstanding Professional Service Award. I think the two are definitely integrated together, as I understand it. Why don't we start talking about what you did to actually get the service award this year? You mentioned the Association of PeriOperative Registered Nurses. What all have you done with them?

DW: I've done a lot with them. I have a whole page [in my vita] that's related to what I've done with the Association of PeriOperative Registered Nurses or AORN. I guess I started when I got into the OR finally as a nurse back with Ms. Comer at Georgia Baptist. I wasn't introduced to AORN then, but when I went to Shallowford Hospital two years later that's when I was introduced to the Suburban Atlanta Chapter of AORN. It was because there were several people in that operating room that were active in that small chapter of perioperative Nurses, OR nurses. I started going to those meetings. It was just once a month, and it was a networking activity. I started getting involved and being on some committees and other activities.

By 1990 I was a nominating committee member. Then I was involved with that Project Alpha committee I was telling you about. AORN as a national organization was wondering, "Why don't we have OR nursing in our programs of nursing schools any more, and what can we do about it?" That spurred me on, being involved in that and then doing my master's thesis. So then I shared that, published it, and it was also cited in a white paper and also in a position statement [of AORN]. It was discussed, and my research was cited for that. So that was exciting as a master's student, my first real project, and that was done. Then I got involved, since I had my master's then, on the research committee. I was chair of that and then a member of the board of directors. I was doing the newsletter for a while, and I was on the education committee.

TS: This is for the local chapter?

DW: Yes, the Suburban Atlanta Chapter.

TS: Is it for all of suburban Atlanta?

DW: Well, there are a number of chapters around Atlanta. This one just happened to be over by Dunwoody Medical where I was working. Our meetings were held at Kimberly-Clark [Corporation, Roswell, Georgia]. They usually would provide us food and all of that as well. I used to live in Roswell, and then I moved to Marietta when I got married. I stayed with the Suburban Atlanta Chapter until 2000 and was vice-president, president-elect, and president. Six years after we moved here to Marietta, I was just getting tired of driving over to Roswell for meetings. Then I joined the more local chapter, which is the Northwest Atlanta Chapter. That was also around the time I started getting involved at the state level as well as national. I was the chair-elect and then chair of the Georgia Council, the state organization for perioperative registered nurses that brings all the chapters of the state together. I enjoyed that a lot.

TS: Did you have a state conference each year?

DW: We did. In fact, our state conference when I was chair was one of the bigger ones that we'd had in quite some time, so that was exciting. I promoted and I guess helped make some changes that are still going on now, such as engaging one of the chapters in the annual state conference or seminar that we would do. It's a moneymaker for both the council and the chapter. To keep our progress going, we'd make a little bit of money. So we would share profit with the chapter. Both would benefit, and then we could also increase our work on the seminar. We did it all ourselves, and sometimes you have to pay for speakers and things like that. That's still going on, which is nice. Then I was on the Recommended Practices Committee from national perspective, and that's how I got started in the national arena.

TS: Best practices?

DW: Yes. There was actually a big book. This recommended practices book is now a national clearinghouse guidelines book [*Guidelines for Perioperative Practice*], but it started out as recommended practices. There was a lot of tradition in the book, not just evidence. So we had to move down that path. Then I chaired that committee. This was around the same time that I was also the patient safety person at WellStar. I was being recognized for different things, and then I was on the Presidential Commission on Patient Safety and was the chair of that. I stayed on the committee for a while, until 2006. Then I got back on Recommended Practices again, and this is when we started working on bringing evidence in stronger. I was on an evidence rating task force, so that we could move towards our recommended practices becoming guidelines and having the backing of the national clearinghouse of guidelines. That was exciting. During this time I was also a peer-reviewer for the *AORN Journal* for the association, and since 2013 I've been on the editorial board for the journal.

TS: So you have to read a lot of articles then if you're on the editorial board.

DW: Yes, and I'm also a peer-reviewer. It's mainly from a strategy direction that the editorial board does things, and we're all peer-reviewers as well. I've been nominated probably five times to run for national office, and I have not had support from KSU to run for national office because I'm a research track person. That would take too much away from my research time. I still feel like I have not enough time to do my research sometimes because I have some overload with courses sometimes. It's a fine line, but I said, "Okay."

TS: What's your teaching load?

DW: It's supposed to be 9-6 [nine hours one semester, six the other]. Most of the time it's 9-9.

TS: That's the research track?

DW: Yes.

TS: Doesn't sound like much course release to me.

DW: It's not. And I'm involved with the students. I was very involved with the Student Nurses Association. I was also the Georgia Association of Nursing Students faculty

consultant for a long time, for six years. Students chose you to do that, so it was a great honor. I also was honored by a national award by the students.

TS: You got a national award?

DW: I've gotten several national awards, but from the student perspective I was the 2012 National Student Nurses Association Leader of Leaders [for being the state consultant to the Georgia Association of Nursing Students]. That's a student lifting you up, saying that they believe you to be a leader, and that they learned how to be a leader from you. That was what being the faculty consultant was to me. Even the Golden O's Award and things like that—I was nominated and was first runner up. I didn't win that year, but it was the [Dr. George H. Beggs] Guiding Star of the Year [advisor of the year], which is again a recognition of the leadership I provided the nursing student leaders.

While I was in Italy two weeks ago, I was called by AORN and am the recipient of the 2018 Award for Excellence in Perioperative Nursing. That's the highest honor given to anybody in AORN. That's a huge honor for me. I'll be receiving that in March at the annual AORN conference. I've also gotten a research award as well as educator award from AORN from the national perspective [National AORN Awards for Outstanding Achievement in Perioperative Nursing Research and Perioperative Academic Nursing Education].

TS: Research award for something in particular?

DW: Well, it's because my research and all my publications are all pretty much perioperative, so I think that's where it came from.

TS: What year did you get the research award?

DW: It was in April 2005, so it was before I came here. Then the AORN Award for Outstanding Achievement in Perioperative Academic Nursing Education was in March 2009. So that was also exciting.

TS: You've got about every award they've got to give, don't you?

DW: I don't know about that, but, yes, I was very proud of my years of work culminating in the AORN Excellence in Perioperative Nursing award. That was pretty exciting.

TS: You are a member of the American Nurses Association.

DW: Yes.

TS: Any leadership roles with them?

DW: I have been. I've been a member since I was in my master's program, and I actually have gone to a number of American Nurses Association activities. But mainly my professional service has been at the state and local level with GNA, the Georgia Nurses Association, which is more of the state under the national umbrella. I was treasurer back in 2013-2014, and I was on the Foundation Board of Trustees. I was a delegate to the House Delegates.

TS: You've been pretty busy.

DW: I was involved with that. From 2004 to 2014 I was in some sort of state involved seat. Before that, in 2002 to 2012, I was at the Northwest chapter in some sort of role as chair, newsletter or something. I also did a pretty good stint of things for the Georgia Association for Nursing Education. I was on the board of directors for five years and bylaws committee for a couple of years. Then a long time ago I was with Sigma Theta Tau [International Honor Society of Nursing]. I did stuff with them for about five years, mainly newsletter. So with my local chapter at that time I did things.

TS: You've been busy.

DW: I have been, and I have community service activities, but they have been scattered, mainly with HOSA [Health Occupations Students of America]. Are you familiar with that? I focused with the nursing piece of it for a few years. I was an advisory committee member. HOSA teaches high schoolers about what types of occupations are out there. My focus was healthcare, but there are lots of focuses because there are lots of occupations out there.

TS: For being on a research track you've done a lot of service.

DW: Yes. That's why a lot of it has been dwindling over the last few years because my lab is finally up and running. I did have some grants that I was working on. I'm going to maintain my editorial work. I go to my meetings and things like that, but I have cut back tremendously. I'm not with the Student Nurses Association any more. It hurts my heart that I don't do some of those things. I was with them for a while as KSU faculty advisor and with the state for six years.

TS: Is there more service that we haven't talked about?

DW: No, I think that was it besides the things I do here [at KSU].

TS: Committees and all that?

DW: Yes, but that's normal; everybody has that.

TS: Talk then about your research now that you've got you lab up and running. Are there any papers that you want to talk about?

DW: Getting papers published is one of the things that I need to work more on. We've got three that we're still trying to write. Sharon and I are, I think, way too much alike. We have presented a lot, but our papers have been slow to put together. For our pilot study we got an OVPR [Office of the Vice President of Research] grant here at KSU, a $10,000 grant on surgical stress, perioperative temperature and post-op delirium. [V. Doreen Wagner and Sharon Pearcey, Office of Vice President of Research Grant (OVPR Internal Grant 2014-2016 with extension), *Surgical Stress, Perioperative Temperature, and Postoperative Delirium: A Pilot Study*, $10,000 grant received with $3000 in kind from WellStar School of Nursing].

It was a feasibility study to see if we could do a clinical study at Wellstar with the perioperative journey of patients starting in the pre-admission type of work. That's where we recruited. We had a staff nurse that we worked with. She was like our recruiter. Then we would go in and consent patients. We would go the day of their surgery. The nurses preoperatively that worked with them and then intraoperatively and then postoperatively in the recovery room—we had nurses in each of these areas and also on the orthopedic floor because we were focused on patients having total hips. We were gathering blood at all these different time points. Then we were also gathering information about their cognitive state as well and temperatures because we were looking at temperature along the way. I really think that there's a possible connection with unintended hypothermia that occurs with anesthesia and the occurrence of delirium postoperatively. I think that's a shame. We ought to be able to decrease the amount of that. It happens way too frequently.

If nurses can make a difference by just warming people or maintaining [their temperature], then that would be something that is important, and we should do. We found out that we definitely can do that type of study. It was the first one done that way there. Most of the research that's done at the hospital seems to be chart review or qualitative type things. This was the first one. Sharon and I were the first WellStar Scholars that were going through the new process that they have set up there. So that opened some doors for research to happen from a clinical perspective.

TS: The audio recording didn't pick up the body language, but you were putting that in quotes, "WellStar Scholars."

DW: That's the label they gave us, Wellstar Scholars. I was like, "Okay, we're researchers, but that's fine; scholar is another term that we can use."

TS: What was WellStar's involvement?

DW: You have to go through their process to be allowed to go and do research there. So you basically have to ask for privileges. We had a background check. We had to go and pee in a cup for drug testing. We didn't get fingerprinted, but that could have been next. We basically had to do what I have to do every semester to take clinical students into hospital settings, but Dr. Pearcey had never done that before. So she was rather alarmed that she was having to do all of that. But we have to make sure that patients are protected. That was what it was for. They're just getting their processes formalized there, so we just happened to be the first ones. It took a long time to do it, but we did.

We finished the study and presented it, but we didn't have any significant findings of note in the feasibility study. We only had thirty-six patients, so from a statistical standpoint we weren't expecting to see a lot. But the other thing was we had lessons learned, and that's what the feasibility study did for us. Instead of gathering our own data as we went, we were going to use the charted data. So that piece was a little retrospective, but they were pulling it that day. We found that the nurses just don't chart that much, so we had some missing temperature data, and we had no data on delirium.

TS: Is it because they're so busy doing other things that they don't have time to write it down?

DW: Some of the temperature data was supposed to be done by anesthesia personnel, and they were involved in the study. We just learned that if we're going to do this and have tight control over it, we're going to need to gather the data ourselves. I figured that would be the case, but we were trying it this way since we had ten nurses along the path of the patient going down the surgical path. We learned a lot, and I think that it excited them. We did have some significant findings with inflammatory markers, but people are having surgery, so you're expecting to see that.

The grant that I just received was from the American Society of Perianesthesia Nurses [ASPAN]. I'm going to be doing a large chart review to just see is there a correlation. We have really good data from Mission Health [System] in Asheville [North Carolina]. One of my perianesthesia colleagues does and has done hypothermia research in the past. We've known each other a long time. She's an editor for the recovery room nurses journal [*Journal of PeriAnesthesia Nursing*].

TS: What's her name?

DW: Vallire [D.] Hooper. [V. Doreen Wagner and Vallire D. Hooper, American Society of Perianesthesia Nurses (ASPAN) Grant (2017), *An Exploration of Postoperative Delirium and Unplanned Perioperative Hypothermia in Surgical Patients*, $10,000 grant]. She and I put our heads together a couple of years ago talking about this. Then finally I was like, "You know what? We've got to do a chart review." I can't do it at WellStar because they don't chart on delirium. They don't document it because they don't know that much about delirium, which is another issue that I could explore, but I want to stick to my lab stuff. So we decided to do this, and we have access to over 50,000 patient charts and good documentation on temperature and good documentation on delirium. That's been something that Mission Health has been working on for the past five years. We're hoping that we will finally have at least a direction—is there something to see or not—before we go any further with it. That will be exciting. That was just a $10,000 grant as well. That's mainly going to be paying the analyst that's going to be doing the statistical work and pulling the data, and for me going to Asheville a few times to go over data.

[Sharon Pearcey and I] also have looked at salivary biomarkers of stress in student nurses in their simulated clinic skills performances. We got funded to do that as well—just a CETL grant to try to do some things in the laboratory while we were still trying to build the laboratory. [V. Doreen Wagner and Sharon Pearcey, CETL FY 2013 Incentive Funding Awards for Scholarship and Creative Activity, *Salivary Biomarkers of Stress in Student Nurses Engaged in Pass/Fail Simulated Clinical Skills Performances*, $7988 grant].

TS: I think it stands to reason that student nurses are going to be under stress.

DW: Yes. The thing that we found though that was interesting and we need to look at is that there is stress, but stress can be good. You need stress, to be challenged, right? We want that kind of stress in our students to be challenged. But the students undergoing this pass/fail simulated clinical skills performance didn't feel challenged; they felt threatened. That's not good. So that was the big finding from that. Their salivary biomarkers certainly showed it as well. If you keep doing those types of things, and they're feeling

threatened, then you're actually setting them up for burning out before they even get out of school. There is some Australian research showing pretty strongly that students that do have burn out by the end of their nursing program don't stay in nursing longer than two to three years.

TS: I would think not.

DW: Yes, it's commonsensical when you think about all of that. Just because we did things a certain way a long time ago doesn't mean that we need to continue to do that.

TS: So you can measure with these salivary biomarkers whether they feel threatened or whether it is just plain stress?

DW: No, that was a self-report, but we were also seeing that their cortisol levels were extremely high and didn't go down like you would normally see.

TS: Cortisol?

DW: It is a stress hormone that comes from your adrenal glands, but normally when you have a stressor like a test event or something like that, you're going to have your cortisol go up. Then it should come down after the event. Theirs didn't come down; it stayed high. If you keep having these types of events where they are staying high, that's when you start seeing inflammatory problems occur. Just anecdotally, a number of our students gain thirty to forty pounds during their nursing program. They had anxiety attacks. They had psychological stress. We need to do something about that, and we are starting to try and do things about that. The students have actually put together Staying Healthy in Nursing School or SHINS, and I'm involved in trying to help them do that.

TS: That's great.

DW: Yes, and then we have another faculty-supported group, Nursing Empowerment and Engagement Team or NEET. That's for the nursing student basically, and we're trying to put those two together—SHINS and NEET. We are going to actually have the students turn it into another student association separate from the Student Nurses Association. So it's just trying to be more of that role model for health for the students instead of stressing out all the time. Stressing out is not healthy. That's basically what psychoneuro-immunology is. The research that I look at is related to stress. Is it a stress from temperature or is it a stress from something psychological that you're dealing with? That's what I'm interested in, and that's what the lab is for—is to look at the stress hormones. There's also another neuroscientist out of the Psychology Department, Ebony [M.] Glover, that I've connected with. We have another laboratory. My piece is very small with it, but the collaboration is pretty big. We are looking at fear-potentiation and emotional dysregulation.

TS: Fear-potentiation? I don't understand what that means.

DW: Well, basically, we have a startle chamber in this other lab that we have on the nursing floor in the department. We have the patients show us fear response through a startle induced in the chamber and then we teach them through behavior modification types of

techniques to let go of their fear. We're finding that emotional dysregulation related to hormones is involved in this. Specifically, women have higher levels of anxiety and stress disorders compared to men. We hypothesize that estrogen, female hormones, were involved with that. We are finding that, yes, we are seeing the difference, and there is other science that Ebony Glover has done for quite some time.

We also had some interesting findings that women that take oral contraceptives are able to keep their estrogen levels on an even keel, except for one week, whereas for women that don't take contraceptives it has a cyclical type of movement. When you have the lowest level of estrogen in your system is when you have higher levels of anxiety and higher levels of fear. So having the highest point of the estrogen hormone during that cycle that a woman naturally has makes them able to deal with fear and stress better. So women that take contraceptives are actually setting themselves up to have more anxiety production moments. Women that are menopausal don't have any hormones going on, and they are at highest risk. So that's an area that I find fascinating. I'm looking at more of the stress paradigm, not the fear paradigm. The fear paradigm is related to different parts of the brain. But that's a neat connection. We're doing pilot work right now. I've been working with a lot of the psychology students. They're down my hall, so I see them a lot. That's been fun.

We went to NCUR, the National Conference on Undergraduate Research. The students had some good projects off of our work that they presented. We had the *Effects of Menstrual Cycle Phase, Sex Hormone Levels, and Contraceptive Use on Emotion Regulation* [by L. O. Scienza, N. Nguyen, B. Wyman, J. Edmond, J. Williams, R. Fallin, T. Britton, J. Miller, S. Pearcey, V. D. Wagner, and E. Glover, undergraduate student presentation, National Conference on Undergraduate Research, Memphis, Tennessee, April 2017]. That was a podium presentation, and then we had some posters that the students did that were pretty interesting.

TS: Have you been involved with CETL [Center for Excellence in Teaching and Learning] and Amy [M.] Buddie, and what they're doing with undergraduate research?

DW: Yes, and now she's over in the Office of Research. She's one of the directors over there. We spent time with Amy at NCUR, the National Conference on Undergraduate Research, when we went with a number of the students. Then I've had the SALT projects with the students, and that's been fun. The article that Sharon and I are trying to write on salivary biomarkers of stress in students has been presented, and we did a poster as well. We've just got to get the paper time. We thought we could do it this summer, and we didn't. It's bad [laughs].

Then we also have done the salivary biomarkers for the Reiki study with Dr. Marie [N.] Bremner and Dr. Barbara [J.] Blake [*Evaluating the Effect of Reiki on Stress, Anxiety, Pain and Depression among Persons Living with HIV*, American Holistic Nurses Association 35th Annual Conference, Branson, Missouri, June 2015]. That was exciting. We actually had contact from another journal editor wanting to see if we had any other work and had some questions that we have to respond back to. So there was interest with that article. I guess the stress is the biggest thing, and clinically it's temperature with the

connections to postoperative delirium. Then I'm always going to be interested in how we can make things better for student stress.

TS: I have just a few concluding questions about KSU itself. I wonder if you could talk about how you have seen Kennesaw State change in the ten years that you've been here?

DW: Well, I think that the campus feels more traditional. When I first came here [as a faculty member] it seemed there were a lot of transitory type students coming and going. Just walking on campus, everybody's young. It's not that I'm ten years older. We're looking at the eighteen to twenty-year olds that are on campus.

TS: The average student age has come down. [Editor's note: According to University System of Georgia enrollment reports, the average undergraduate age at KSU in fall 2017 was 22.6, considerably lower than the fall 2007 mean of 24.9 for both KSU and SPSU. Average ages of undergraduates have been falling for a long time. In fall 1997 the mean was 26.2 at KSU and 25.5 at SPSU].

DW: Yes, it really has, and it's been fun to see—very exciting.

TS: Is that true in the nursing program too?

DW: Yes, it is.

TS: Do we have fewer nontraditional students or just a lot more traditional-aged students?

DW: We're always going to have some of the older students in nursing in the undergrad program because it still is more of a female-oriented profession. A lot of women wait until after they've had their children to go back to school. So we are going to have that slice of our student population. But it's changed pretty drastically, I think, with the changes in the entire university that we do see more of the traditional students. Even with our accelerated program that is set up for students that already have a degree, a lot of those students are students that just graduated with their bachelor's degree in biology or something else. They are only twenty-two, so they're still very young. That's the biggest thing that I've noticed.

TS: The campus is a lot more diverse now than it was ten years ago. Have you seen it in the nursing program as much as in other programs on campus?

DW: I will say that our nursing program has had quite a bit of diversity since [I've been here]. It has always had students from everywhere. We also had the foreign physician program going on when they were coming through our undergrad program as well.

TS: The foreign physician program?

DW: Yes, it's no more anymore. I think we have one more physician to finish up, and we're not doing it anymore.

TS: Why are they coming through the program?

DW: To become nurses because they cannot get a medical license here, like physicians from Honduras and third world countries, basically. They find the nursing program to be very difficult. They usually try to do the master's program at the same time or back-to-back because they want to be nurse practitioners, which is more in line with the medical model. They find the master's program easier than they do the undergrad program because they already think on a medical model: "This is wrong, so I do this," versus thinking a little bit more globally and holistically with patients. They find that difficult.

But we've been diverse from the get-go. Our problem is we don't have a diverse faculty. That can be something that we can improve on, and we've been trying to do that, even just having more men on our faculty and people of color. We have progressed some, as our chair is actually an African American woman [Yvonne Eaves, director of the WellStar School of Nursing]. That's a change, so hopefully that will help us go down a path of increasing diversity in other arenas as well. But our student population has always been diverse, I think, in nursing.

TS: What about the intellectual climate on campus? Do you feel like research is being supported? Is there a community of scholars or not? Or how would you describe it?

DW: I think among the university it has been exciting to see that research is being more accepted. Moving to an R3 Carnegie classification [doctoral university—moderate research activity] has helped that happen. Research is still not primary, and that's fine. However, if you're trying to do a research track, you have to have 10 percent service, 40 percent research, and 50 percent teaching. That's not a priority for research.

TS: Are you saying that's the way the School of Nursing defines it?

DW: Yes, if I'm on research track that's the basic.

TS: With all the things we've talked about today, you're doing far more than 10 percent service.

DW: Yes, now this year I'd say I'm probably at 10 percent service. It has taken a little bit of time to get there [laughs]. I've been fighting to do it because I really see service as part of what nursing is. Teaching is service in many ways. So it's hard to get away from it. Then if you want to be a leader in it, you take on more. So trying to step out of that has been difficult, but it has given me more time to do the research. We've also had things happen in the department. The reason I'm teaching research in the master's program is because one of our colleagues' cancer came back, and she's taking a medical leave. I'm not doing it because I'm so awesome at research. It's because there's a need. It has increased my load, but that's okay. I'll do what I need to do.

TS: But you're still seeing that campus-wide, at least, we may be an R3, but do you think we're moving toward being an R1?

DW: I think that the philosophy is there. I just don't think it's been actualized yet. My husband works at Georgia Tech. I have friends at Emory. We are not anywhere close to thinking that research is a priority. It's not a priority, and that's okay.

TS: Dan Papp [former president Daniel S. Papp] used to talk about how much external funding Georgia Tech had compared to Kennesaw, and Tech would be able to attract fifty or sixty times more external dollars.

DW: It won't be in my lifetime that KSU will be an R1, but I have seen that it is talked about. It's important. I felt when I came here ten years ago that we were going down that path, and I wanted to be on the path. I have started down the path of research here at KSU. I think that it is more important, but it's not quite at a high priority yet. It's not, and that's okay; I enjoy the students. That's why I like undergrads so much. I think, intellectually, I would have more exciting conversations maybe with the doctoral students or the master's students. But I have some great conversations and some pretty great aha moments that are exciting with the undergraduate students all the time.

TS: Sure. We don't all have to be an Emory or a Georgia Tech.

DW: No. I would have to move down right next door to Emory and go there everyday. I would not want to deal with that traffic!

TS: What have we not talked about that you think should be in the interview?

DW: I don't know. I think I've talked a lot!

TS: That's wonderful.

DW: Well, thank you very much. That was fun.

TS: Thank you.

INDEX