

KENNESAW STATE UNIVERSITY ORAL HISTORY PROJECT

INTERVIEW WITH DAVID N. BENNETT

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Interview with David N. Bennett  
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TS: David, why don't we just begin by asking you to talk a little bit about where you were born and when you were born and just a little bit about your background.

DB: Okay. I was born in Anniston, Alabama, in 1951. I grew up in the area and stayed in the area until the late '70s maybe. That's where my family had lived for many years and my wife's family as well. So we were native Alabamians, and we had pretty much all stayed in that area. Then my wife and I were not the first, but among the first, to leave that area and go other places.

TS: Nobody left?

DB: The family had been there for some time and now there are hardly any of us left there. It's really changed.

TS: Yes. Did you go to public schools?

DB: I went to public schools. I went to Eulaton Elementary School, a little, tiny community named after a lady name Eula, one of the families. Then I went to Walter Wellborn High school after that.

TS: Okay, so a product of public schools and then you went to Jacksonville State University [Jacksonville, Alabama].

DB: I did. I went to Jacksonville State and completed a degree in biology with a minor in history. After that, reality being what it is, it was difficult trying to find a job in those areas. It was a time of recession back in the early '70s.

TS: That was '73 that you graduated.

DB: Yes. So I moved right into nursing because I had picked up a part-time job at a hospital, and I really enjoyed the work with people and particularly in the emergency room. So I worked in the emergency room while I was in nursing school at Jacksonville State.

TS: So you got a Bachelor of Science in nursing then in '75.

DB: That's right.

TS: Jacksonville State was a pretty small place at that time, wasn't it?

DB: It was in the 4,000 or 5,000 student range—pretty comparable to Kennesaw when I came here.

TS: Did they have graduate programs then, or was it mainly four-year?

DB: It was predominately four-year. I think they may have had some master's programs, but mainly a four-year degree.

TS: Right. But it was, I guess, the local university?

DB: It was. It was in the county that we lived in, and it was a good university. It had been founded in the late 1800s as a teacher's college and evolved into a university. It was, I think, a good school. It was small enough that the professors generally knew your name.

TS: How big was the hospital that you were working in, in the emergency room?

DB: It was about a 200 or 300-bed community hospital that was evolving and growing at that time. It seems like there was recession in the early '70s and then after that, as that started to ease up, things started to prosper and grow in the area, and so the hospital grew significantly.

TS: One of the things we usually ask people is how they got interested in the discipline that they are in. Was it working in that emergency room that did it for you?

DB: I think that was it. I think it was the vision that you could be with people at some of the worst points of their life, as well as some of the best points in their lives, and that you can make a difference. That was intriguing to me. I wanted to get married and needed a steady job. Nursing has always been one of those jobs where you're fairly assured that you can go almost anywhere and find a position. My interest in helping human beings, I had a background with a degree in biology and anatomy and physiology and microbiology, and then also the pragmatic side of wanting a career so I could start to build a family.

TS: Right. Was your wife in nursing also?

DB: No, she basically has always had a business background. We married, and she was working. She didn't have a degree. Over the period of our marriage she's achieved a degree in business and a career herself and had children.

TS: What's her name?

DB: Her name's Patricia, Pat.

TS: How many children do you have?

- DB: We have three children. We have three boys. Two are biological children, and we adopted a child recently. It's probably the best part of our lives, I think.
- TS: Well, great. So you had your bachelor's, but then you went to UAB, University of Alabama at Birmingham, somewhere along the line. I guess you worked a few years and then went to UAB to get your master's? Is that how it worked?
- DB: I worked a few years in the emergency room—a short time actually—and then was offered a job as a nurse practitioner, which at that point in time was a fairly unknown animal in nursing. We didn't really know what nurse practitioners were back then. I didn't have a master's degree and quickly found out that I needed some more skills and education. I was sent to work in a small community called Wedowee, Alabama. It was a very small, rural community, and I commuted there every day, about forty-five minutes each way. It was a federally funded program to put nurse practitioners in community clinics in rural areas of Alabama. They basically couldn't find any master's prepared nurse practitioners, so they started hiring people with bachelor's degrees who had experience in emergency care or primary care. I quickly saw I needed some more education, so I started back to school to get my master's degree.
- TS: Were you ever thinking about teaching at that early date?
- DB: At that time, no, but as the project grant wound down I decided that I needed to go to school, more or less, full time. There was a job at Jacksonville State University, a temporary faculty position there, a clinical instructor basically. So I took that job so I could have some flexibility in my schedule and could go back to school and complete my master's degree. That really triggered the whole interest in teaching because I found out I enjoyed being with the students. I enjoyed teaching people who didn't know the skills and techniques that I did know—how to do those. I enjoyed seeing them grow professionally and personally.
- TS: One of the classes you still teach is how to do physical exams?
- DB: Exactly. I enjoy that. I've taught that class for many years, and I think that originated back when I was working as nurse practitioner. I would do ten, sometimes fifteen physical exams a day, so I got pretty proficient at it because we had to move quickly in that clinic. That became something that I was very interested in and it became a skill that I felt very comfortable with. So I've been teaching physical assessment probably since around the late '70s, I would say. But it's something that is constantly changing. The human body doesn't change, but our appreciation of it and our knowledge changes, so that's something that you can keep up-to-date in and you can really enjoy it. It's nice to have an area that you feel comfortable in, and the students enjoy hearing some of the war stories that illustrate the skills that you're teaching, so that they know how to apply them in their professional lives.
- TS: The war stories would be what went wrong in doing a physical exam?

- DB: Well, just basically patients that I've had—it's not so much doing a physical exam. Physical assessment of a patient is knowing what to look for in a patient, so you can anticipate problems to keep them from happening, so that you can plan to help this person get better. You're continually assessing and reviewing the patient's status throughout the day. This is a very fundamental skill for nurses, and it's something that you can really learn—to pick up very early signs that will prevent deterioration of the patient's status.
- TS: So you're teaching in a temporary position, you're practicing nursing, and how long did that last at Jacksonville State with the temporary position?
- DB: The temporary position, if I remember correctly, it's been awhile, was about a year and a half. Then I decided I needed to go to school full time to finish my master's degree. I received some federal funding to go to school, and my wife decided that that would be a good time for her to go to school, so we both quit our jobs [and] began school. I was working part-time as an RN at the same hospital that I had been working at on weekends to support us. It's amazing, you know, one of those stories of being in school and supporting yourself on nearly nothing. Then my wife immediately became pregnant with our oldest son, so that complicated the situation a little bit, but we plugged along and I finished my master's degree in '79.
- TS: Then what happens? It's '87 when you get your Ph.D. at the University of Mississippi. What happens between '79 and '87?
- DB: In '79 I took a job in Columbus, Mississippi, which was, as I indicated earlier, a big move for us; away from our parents, away from all of our support systems and everything with a one-year old child. But it was an interesting opportunity. It was a growing program, and I had a mentor there. The director of the program was a mentor to me. Her name is Joyce Thornton, and just being around her and observing the way she interacted with people and the way she developed her career was something that really helped me to see where I could change and could become better and continuously improve. I would say she was one of my early mentors.
- TS: What was her position at that time?
- DB: She was the director of the baccalaureate nursing program there at Mississippi University for Women. While we were in Mississippi, I taught, my wife worked and completed her degree at Mississippi University for Women and we had another son. It was a busy time. Teaching there was initially a real challenge because I thought I had the teaching skills, but I had to really develop over the time that I was there. I think Joyce Thornton saw potential in me and helped me to develop myself and then appointed me into a leadership position in the school of nursing as a coordinator for the junior level of the program. So that was sort of a combination of my first teaching and administrative assignments.
- TS: Yes. Why don't you say a little bit more about Joyce Thornton? What was it about her that appealed to you in terms of her professionalism or leadership skills or was it caring for people or what was it?

DB: I think mainly she was a very kind, gentle person. She had high expectations. She helped you to achieve her expectations, and she gently nudged you in the way that you should go. She just was the kind of person that you could look up to and you could respect, and you wanted to emulate that, so that some day somebody would look up to you and respect you. She was just a dynamic person, a planner, she could get things done, but she got it done in a very gentle, collegial way. She made hard decisions, but you understood the hard decisions that she made. I think that helped me develop my leadership style. I've always believed strongly in some of the principles that I learned from Joyce.

TS: How big was the nursing faculty at Mississippi University for Women?

DB: It was small. It was probably twelve people or less. It was fairly early in the history of their baccalaureate program there, so it was small and growing. Students came from all over the place, from all over the state of Mississippi or even outside of Mississippi. They were an interesting group of students, just like always, all groups of students are interesting when you come down to it. That's the fun thing about teaching is to meet all these different people and help them achieve their goals and help them get to where they want to be.

TS: At least you had a diverse group, Mississippi-wise, at any rate.

DB: We did. To a certain extent we had a diverse group, but a lot of these kids came from families that had never had someone attend college, and then others came from families with a long history of college education—similar to Kennesaw when I first came here in the mid '80s.

TS: Did you have a preference which group you preferred to work with?

DB: I learn something from every student I work with, and I just learn the value of people and what you can learn from people. I don't think I have a preference. I obviously like to work with people who are interested in what they're doing and people who have goals and really want to achieve.

TS: That dozen that you had on your faculty there, I was looking at our list of nursing faculty members yesterday, and it looked like the list went on and on forever, in our faculty now.

DB: When I came here our faculty for the baccalaureate program was very small. I think we only had six or seven maybe. The program was in its second year.

TS: We still had that Associate Degree program.

DB: We had the Associate Degree program, which had a larger faculty, but they were just developing the BSN faculty here, so it was very small, and we were a very cohesive group. We got a lot done. It was amazing. Now we have, I think the last count was

thirty-eight full-time nursing faculty, and probably I think somewhere in the mid-twenties of part-time faculty.

TS: Wow. And I guess it's going to grow even more if we get that new building.

DB: I think so. I think it will. There are a lot of plans. We've expanded into graduate programs, and hopefully we're going to go into doctoral programs. It's exciting to grow. It will wear you down sometimes, but it's very exciting.

TS: Well, you're in an administrative position in Mississippi. Is that when you decided to go for your Ph.D.?

DB: It was. I think the thing that I realized every time I went back to school was that I needed something more to be more effective and to get where I needed to be. The Ph.D. would give me an ability to not only learn more about what I'm doing about teaching, but also it was a credential that you had to have to progress in the profession. I did go to a program that was a Ph.D. in higher education. I chose an emphasis in administration, and it was at the University of Mississippi in Oxford. At that time in nursing we didn't have a lot of nursing doctoral programs. The only one that we really had in the region was at University of Alabama, Birmingham. With small children, the only thing that I could see that I could do would be to go to this program because it offered weekend and evening classes. So I could maintain a full-time job and go to this program maybe every other weekend. It was hard, but I don't think it was as hard as pulling up our roots and moving back to Birmingham.

TS: Yes. I've got an interview with Judy [Julia L.] Perkins that I was just reading through the other day. She went to UAB and commuted from Kennesaw to go over there and stayed in the dorm a couple of days a week, I guess.

DB: I used to do the same thing. I'll never forget my nights in the dorm at Ole Miss. Ole Miss was always seen as a party school, and I can verify that. Those students were having a good time, and here I was a married man and living in the dorm for one or two nights and every other weekend. They didn't quite know what I was or what to do with me, but it was a part of getting the degree.

TS: It sounds to me like a very interesting degree that you must have been able to tailor to your interests, because you had an emphasis on diabetes and endocrinology as part of it.

DB: Well, that was my master's degree. In my master's program I had an emphasis in adult health and nursing education. When you have an emphasis in adult health you had to pick an area of interest, whether it be pulmonary diseases . . . I had an uncle for many years who had diabetes, and there was a diabetes research hospital in Birmingham, still is, at that time, and I never really understood the disease. I had studied it in my nursing program, and I knew the basics, but I really wanted to know more about it. My uncle had been to that hospital. So I decided that I would do my clinical in that hospital and really

focus on diabetes with some endocrinology, but mostly diabetes. So I learned a lot about diabetic care in that hospital and learned just a tremendous amount.

TS: What did you do your dissertation on?

DB: My dissertation was on attitudes toward computer use in nursing education [David Nolen Bennett, "Attitudes toward Computer-Assisted Instruction among Faculty of Baccalaureate Degree Nursing Programs" (Ph.D., diss., University of Mississippi, 1987)]. Back at that time, and this was in the mid-'80s, the use of computer-assisted instruction was just in its infancy, and you saw some nursing faculty who were very resistant to it. You saw others who were very accepting and were the leaders. So I decided what are the attitudes of nurse educators? What does this look like? What do our nurse educators look like in terms of their attitudes toward computer-assisted instruction? I was trying to find this out to determine, okay, where do we have to go to get them to be more accepting of computer-assisted instruction, because I saw a lot of potential there. Who would have ever predicted where this has gone with the Internet and the DVD technology, even CD technology and all the different technologies that we have now, but back then we just had a PC and these little primitive programs.

TS: I'm thinking back to the '80s and as far as history, I didn't even remotely think about it as something to use in the classroom. I thought maybe I could learn how to do word processing for myself.

DB: Well, I didn't even have a desktop computer until I came to Kennesaw. I got a desktop computer here, and it took me awhile to appreciate word processing, but now think how far we've come.

TS: Let me ask you what brought you to Kennesaw because you came here in '86, which is the year before you finished your doctorate in Mississippi. I believe that was '87, so what pulled you here out of Mississippi?

DB: Well, I'll never forget, my mentor, Joyce Thornton telling me that there was a program in Georgia. A friend of hers had done some consultation on the development of the program, and she said, "This sounds like a really good opportunity in a really up and coming university." I heard that, but I didn't do anything about it. Then I looked in *The Chronicle of Higher Education* and saw an ad for Kennesaw; and that, in combination with some things that were happening in Mississippi at that time in higher education—Mississippi is a poor state. There had always been budget cuts. Every year there was a debate about whether faculty members would get raises. We had had no raises for three years. This was closer to my family in Alabama. I had a brother living here in Atlanta. It seemed like things were falling into place. So I decided to apply for a job at Kennesaw and finish the degree—I was in dissertation phase at that point, so I finished the degree long distance in terms of dissertation. But I'll never forget that random comment about Kennesaw State and the fact that this seemed to be a great program and an up and coming university.



- TS: So she wasn't trying to hold you at Mississippi?
- DB: She wasn't. I think that's characteristic of a good mentor. Here I was nearing the completion of my doctorate, and it would have been great to have another Ph.D. on that faculty. She was willing to tell me that if I ever thought about moving this would be a good opportunity, and I think probably pragmatically she saw that Mississippi was having problems. As a matter of fact, she left not long after I left to come here. So good mentors are good mentors—they give you good direction.
- TS: Did you have any mentors at University of Mississippi in particular?
- DB: There was a faculty member, Dr. David Cox. I'd say he was my dissertation chairman and he gave me a lot of support. That's saying a lot for only seeing him every other weekend for a short period of time, but he was a good man. I won't say that he was that involved except that he did give me some pointers on becoming a better faculty member and how to strategize my career in academe.
- TS: Okay. Who interviewed you when you came to Kennesaw? Did we have a search committee at that time?
- DB: We had a search committee. Marie [N.] Bremner was my contact person, and she is still on the faculty. I don't know if you know Marie, but she's just a great person. As I said, the Kennesaw faculty was very small, and Marie was the head of the search committee. Judy Perkins was the head of the department, and so I came and met with Marie and—I can't even remember the other people on the committee—but I met with Marie. Then I remember meeting with Judy Perkins and it was almost as if I knew her already. I can't explain it, but we both felt that we knew each other. Possibly our paths may have crossed in the past—nursing is a small community—but I just really liked what she had to say and what her leadership style was.
- TS: She's a Georgia girl, so not that much difference in Georgia and Alabama.
- DB: No. We came from similar backgrounds, I think, but I'd say she became another mentor to me because she is that kind of person. She wants to see people grow and do well, and initially she was a mentor. Then I think we became—we were always colleagues, but we became more collegial over the years.
- TS: Right. In '86 did they still take you to see the president when you came for an interview?
- DB: I didn't meet the president, but I did meet the vice president for Academic Affairs, who was Dr. Jim [James W.] Kolka.
- TS: Oh, Kolka was still here then?
- DB: And Dr. Deborah [S.] Wallace was in on the interview because I think she was either interning with him or something.

TS: That's right. She did do an internship.

DB: So I got to meet her, and, of course, Dr. Herb [Herbert L.] Davis was the dean of Science and Nursing.

TS: I think it was Science and Math.

DB: But the Nursing was included in that college at that time. It was an interesting interview. I felt at home. I'll never forget, though, coming on the campus and thinking I was shocked. It was a very modern campus; the buildings were more of a modern style. I was coming from Mississippi University for Women that had been there for maybe 150 years by that point, and all the buildings were old, but they were historic buildings, and coming over here everything was new.

TS: Yes. We didn't have the new Science building at that time, so everything was in what today is the Nursing building.

DB: Nursing was actually housed in the library. We were on the second floor of the library.

TS: Oh really? I had forgotten that.

DB: Yes, we were on the second floor of the library. I think there had been several position changes and location changes for the school of Nursing. It was only a department then, but I was sort of taken aback because everything seemed more modern and more new and a little raw around the edges. But, then, when I met the people, that's what made the difference. And, of course, we've seen Kennesaw grow and become such an inviting campus over the years.

TS: And your mentor had already said that it was a developing, potential campus.

DB: Exactly, a developing university that was going places.

TS: You basically had to see what the future looked like, not necessarily what the present looked like.

DB: Exactly. It was in '86 probably, I need to look back, 4,000 or 5,000 students maybe?

TS: Somewhere in that range [6,807 in Fall Quarter, 1986].

DB: So that was the beginning of the boom. It's always good to get in on the ground floor. I was the second year of the program. We were graduating our first class the year I came.

TS: Is that right? I didn't realize we were that late creating the bachelor's program.

- DB: The bachelor's program began in '85, and, I believe, we graduated our first class in the spring of '87. It was a small class, but a good class. I was involved in that. I'll never forget because I was used to teaching in one hospital over in Mississippi—we basically have one hospital in the town. And, here, I went to maybe three or four hospitals the first year I was here, and I had to orient to every hospital and get used to different personalities and get used to supervising students in different locations. It was a challenge.
- TS: I guess so. Were these all Cobb County hospitals? [WellStar] Kennestone and Cobb General were two of them?
- DB: I never went to Kennestone, but Cobb Hospital was the first hospital that I went to and then Piedmont Hospital and Shepherd Spinal Center.
- TS: So you did have to do a little motoring back and forth.
- DB: I did, and that was different too. The traffic was heavy, but Town Center Mall had just been built the year that I interviewed and just opened right after I interviewed, so this area up around Kennesaw was just beginning to blossom.
- TS: I-575 was pretty new at that time, too.
- DB: It was, and I-75 was fairly—I won't say narrow—but it was smaller than it is now. Of course, Barrett Parkway was just a small, undeveloped strip.
- TS: Yes, didn't have the traffic.
- DB: No traffic.
- TS: Okay. So you came here in '86 and you're attracted by the faculty, by the potential of the institution. Did you come in strictly a teaching position or did you have administrative responsibility when you arrived?
- DB: It was strictly a teaching position. I was on a teaching team each semester, and then I went to the hospitals and taught the students in the hospitals as well. No administrative responsibilities, per se, when I came.
- TS: One of the things that we've asking everybody is about the intellectual life on campus both then and now, how it's changed. When you came in '86 how would you describe the intellectual climate at Kennesaw?
- DB: That's a good question. We were smaller then, and I felt that we had more of a community with other people, other disciplines on campus, particularly being located in the College of Science and Math. We got to interact with our colleagues in Science and Math, but you also got to know other people on campus because we were a small faculty, say around 200 maybe at that time, if that many [203 full-time faculty members in Fall

Quarter, 1986]. It wasn't very large, so you really knew everybody, and it was very interesting to talk to people from other disciplines and get their perspectives, to share Nursing's perspective. There was more of a sense of community, and that would be natural, of course. It's hard to say how it was, but you felt you were almost a member here.

TS: One thing that allowed people to come together across disciplines was Leadership Kennesaw that started about that time. Did you go through Leadership Kennesaw?

DB: I did. Don't ask me the year I went through, but I did go through that, and that made a big difference. You identified a peer group from other disciplines, and no matter where you went on campus, there was someone there that you knew and that you could speak to and maybe talk about potential projects together. I remember those people still today we see each other, and we know we were special because we were part of that group.

TS: Right.

DB: I remember Dave [David J.] Evans in the library here, particularly. Then Ken [Kenneth P.] Gilliam over in business and just a number of people—just great people to know. You felt even more connected after having that. And, of course, you got to know the president better. She was very committed to Leadership Kennesaw. It was a good experience.

TS: In terms of intellectual climate, you had experience teaching before you came here. How would you describe the students? Where were they intellectually?

DB: Kennesaw students have always been a little more mature, but that doesn't necessarily mean that they had had college experience before. So you still had a lot of students that they were the first generation college students, first generation in their family, and they were the first people to adapt to college. But then coming into nursing is like learning a new culture and a new language because the language is different, the language of healthcare. But also the fact that you have to take what you learn in other classes and bring it all together and apply it to a situation. It's a very demanding skill that students have to establish, and it's hard sometimes. This group was no different from any group of students. They had to be brought into the culture of nursing, and they had to learn to realize the importance of what they were doing in the big picture of health care for a patient. I think the students at Kennesaw that get into the nursing program have always been somewhat a step above. You'll have other faculty members say, "I know this is a nursing student because they are so committed and they're so interested." Back then, it wasn't as competitive to get in, but it was beginning to be that way, so we got some of the best and brightest.

TS: I guess in Mississippi you had pretty much a traditional-aged student body?

DB: Much more traditional-aged, living in dorms; it was a dorm campus with some commuters. And then the transition to an exclusively commuter campus was a little

different because you had in Mississippi a campus culture that developed, and it was all women. There were only women on the campus for much of the time I was there. They did integrate the nursing program in later years, but that was a big switch from that campus culture. They had clubs. They knew each other, with a few mature commuters thrown in. You come here and you do have some traditional-aged students, but you also have a lot of people, maybe second career, maybe women who had had a family and decided it was time to go to school, or people who were in the middle of raising a family, and so the students' outside demands I'd say were stronger here.

TS: It sounds like from the Judy Perkins interview there were a good many, also, that maybe were going through a divorce or thinking about it and decided they needed a career.

DB: Exactly. That was always a part of the population.

TS: I know you've done some research on men in nursing. Were there many men in the nursing program at that time?

DB: No, not initially. I think we had one man in the second class. Usually, it has always wavered around 5 to 10 percent. Rarely will it go much higher than that.

TS: So it hasn't changed much today.

DB: It hasn't changed much over the years. Of course, with the size of classes we have there are more men around, but you can typically count on it being 5 to 10 percent.

TS: That's interesting. I would have thought there would be more today.

DB: Our research shows that men tend to come to nursing later in life, I think. You do get some students who are fairly sure of themselves early on, and they're not worried about the stigma of nursing being a woman's profession. But I think it takes a little bit more maturity to deal with your peers when you go into nursing as a man. Hopefully, I think I've seen that change a good bit over the years. Last year I was talking to a young man, and his dad was a nurse, so that struck me as being—we've reached a point here where some of my colleagues were second-generation men in nursing.

TS: When you went into nursing, you were a traditional-aged student pretty much, just right out of a bachelor's degree.

DB: Pretty much. I had finished my bachelor's in biology.

TS: So you must have been pretty—what's the term? I don't want to say sure of yourself, but sure of who you were, I guess, when you went into that program. Mature? Would that be a good word?

DB: I hope. I certainly wasn't as mature as I should have been, probably, but what I think made a difference back then was the Vietnam War was winding down. I was in college

from '69, and that's the time when Vietnam was at its height. Luckily, when the lottery came around, my number was very high—325, I believe, was my number.

TS: I guess number 365 was the highest you could get.

DB: Yes, I was pretty high, so it was unlikely that I was going to go into Vietnam. But my point was some of the guys were coming back that had been medics in Vietnam or had been in Vietnam as corpsmen. So we had some guys in our class that had some life experience. We also had several guys that were my age and were establishing their family and decided to come into nursing. So I remember having good colleagues, other men in nursing. Of course, in nursing you have a tremendous number of women in the class, and you make some really good friendships with the women. That's something that I think is stereotypically difficult for a man and a woman to be friends, sometimes in our culture, but we had gone through the torture, sometimes, of nursing school together, and survived some of those classes, so we were strong friends.

TS: Great. In terms of intellectual climate at Kennesaw, when you came in, what did they tell you about their expectations in terms of teaching and service and scholarship?

DB: There wasn't very much emphasis on scholarship at that time. I think that there was some emphasis, but it's nothing like what we have today. I think today the emphasis has just really . . . as the university has grown and started to develop and has developed the resources to support scholarship to a certain level. We just didn't have that back then, but the university has grown now. But it was hard for them to encourage too much scholarship from the standpoint of not being able to support you. We didn't have a lot of travel money back then. We had very little support for anything other than copying. If you wanted to do a questionnaire, they would let you have the copying costs, but beyond that—and the library was helpful from the standpoint of being able to get articles, copies of articles through inter-library loans. But it was hard, it was cumbersome, and you didn't have the support. We did have SPSS, which was sort of relatively new and I forget how we would run the SPSS, but it seems like it was difficult to get your program run. I think you had to carry it over to another building and give your diskette to someone and have them run it, and then you had to take the bugs out of your printout.

TS: I remember using SPSS, which is Statistical Package for the Social Sciences, I think, is what it stands for, even before we had diskettes to do them with.

DB: When I was doing my master's research we had the punch cards, and I remember having a big deck of punch cards. Then I remember going to the large diskettes, and gradually they became smaller. But it was hard back then because there weren't a lot of people that even knew how to use SPSS here at Kennesaw. You were sort of an odd animal if you were able to do it.

TS: I did a statistical study on my dissertation. I've still got this great big disk. I did it at University of Tennessee, and the computers were all in the Business building. You had

to take it in there and they had to take it back somewhere and put it on a machine. Then you ran all those punch cards through something and you got your statistical results out.

DB: I remember when microcomputers first came out. I took a course in basic programming because I just felt like I needed to increase my knowledge of computers. I'll never forget taking that diskette and you'd give it to people, and then hours later you'd come back and find out that you had left out one thing in your program. It wouldn't run, so you had to correct that, give it back, and wait some more.

TS: Pretty cumbersome. So your point is the administration couldn't demand scholarship because there wasn't any support to do it at that point.

DB: Very little support. They encouraged it, but there wasn't, I don't believe, the demand that we have today.

TS: So they basically tell you we want you to do a lot of teaching and some service.

DB: And the service was around program development on campus, developing the nursing program and also getting the program accredited. We had to have one class graduate and had to have that class through the licensing exam before we could really get approved by the state board of nursing and before we could get accredited nationally. So there was a lot of work to be done, and that was the emphasis. But I also found that within the department I could really shine if I was on a very difficult committee, and did a lot of work on that committee. It was appreciated; the work was rewarded. I felt that all the work I did was appreciated at that point.

TS: How many classes were you teaching, or how many hours?

DB: Nursing has always been hard to quantify, but I would team-teach a lecture course that would involve three hours a week of lecture, but then I would be spending twelve to sixteen hours a week in the hospital teaching students in clinical. Then I might pick up another smaller class that would be two to three hours a week of teaching. So it was a fairly heavy teaching load.

TS: Not to mention travel time going to the Shepherd Spinal Clinic.

DB: Travel time. You had to go the day before to prepare, to pick out the patients and be sure that there were patients there that the students could learn something from, and then match the student with that patient, and then get up the next morning and go in. You had to be there at 6:30 to welcome the students and problem solve if there were any changes in the assignment. So it was quite a job.

TS: I guess so, so two-thirds of your time teaching, maybe, and one-third service?

DB: I'd say two-thirds and one-third would be a pretty accurate reflection, and very little time to do much more than that.

- TS: Well, let's see, '86 you're here at Kennesaw. I believe it was '94 before we got the School of Nursing?
- DB: We have been through so many iterations. We were a department within the College of Math and Science. Then we transitioned out of that into the department of Nursing, I guess it was, we were taken out of that college.
- TS: Oh, you weren't part of that college? I guess it wasn't even a college at that time, it was a school. I mean we didn't have colleges until '96.
- DB: Right, so we were taken out of that school and sort of on our own. I think that might have been one time that we had the School of Nursing. We've changed so much it's hard to remember the dates and times. We've been through the departments. We split the School of Nursing and became two departments. We merged it back together and became one. We developed the graduate program and dissolved the associate degree program. It's just been a continuous series of changes, which have been good in the long run for us.
- TS: Maybe a better question is when did your administrative responsibilities start to grow?
- DB: I believe it was probably 1988-89.
- TS: Your third year here?
- DB: Yes, and I'm trying to remember the whole sequence, but Judy Perkins went on sabbatical for a year.
- TS: She went to Wyoming didn't she?
- DB: She went to Wyoming, and I was one of the only doctorally prepared faculty members that they had at that time. The two directors of the program didn't have their doctorates yet. One of them was working on her doctorate, but we were going up for National League for Nursing Accreditation for the first time. So we had to go to New York, and everything had to be in order. The perception was it had to be in order, and it did. And so they wanted someone with a doctorate, and Judy was one of the only people with a doctorate in the department. Then I got my doctorate in '87, and when this came about it just sort of fell to me to be whatever we were at that point, program head of Nursing for the bachelor's program. Actually, I was head of both programs at that time, associate degree and bachelor's degree. I took Judy's position while she was in Wyoming for the year. Then when Judy came back the head of the bachelor's program left and I was appointed to that position, so that began the whole sequence of things. I think that was '89 or '90, somewhere in that range of time.
- TS: So you're director of the baccalaureate program and in time, then that becomes chair?



- DB: Department chair, and then after that I was—I guess it was still chair of the School of Nursing, and that continued until this year. Then I became assistant dean for Special Projects in the [WellStar] College of Health and Human Services, so I'm working more broadly across the college. It's been a tremendous evolution with the program and with the administrative responsibilities over these years.
- TS: Somehow or other I didn't realize until recently that there actually was a school of Nursing inside the WellStar College of Health and Human Services.
- DB: I never will forget when they started using the term "sea-change" at Kennesaw. That seemed to be one the phrases that sort of stuck when we were having tremendous changes, and Ed [Edwin A.] Rugg and Betty Siegel were at the helm of the ship. We were just seeing these huge waves of change. So that's sort of been the ride at Kennesaw. There's always change.
- TS: Kennesaw is a good place in the sense that you don't have to go somewhere else to be somewhere that's different. Just wait long enough and it's a different institution.
- DB: Exactly. That is so true.
- TS: Well, you were obviously doing a tremendous amount of institutional service. When did you start getting out in the community and doing things that would be what you would call community service?
- DB: Judy Perkins had appointed me to explore the possibility of establishing a health clinic for students and faculty here on campus. I believe that was in '88. At that time, there wasn't a lot of interest in that. We had a commuter campus, and I believe the perception was that the students could get their healthcare in their local community and that there were resources out there. So that assignment began to morph into, "Okay, if we can't do a clinic here on campus, can we do a clinic in the community, so we can establish a place where students and faculty can actually practice with the population?" So that evolution occurred. I started meeting with people that I never had known before in the community, people that were heads of social service agencies, the head of the health department.
- TS: Was that Dr. Galvin?
- DB: Virginia [G.] Galvin. So we all came together and started to look at the problem of homelessness in the area because we were seeing a growth in the homeless population at that time that was unprecedented in Cobb. Nothing was being done to help these people. I remember the old Elizabeth School was a shelter. It was not a very nice shelter. It was just basically a roof and warmth. So we were very concerned and we formed teams and we did an assessment of what can we do in terms of the health of the homeless people. We went into this shelter, and we did assessments, but we also provided services. We had social workers, we had people from the health department, we had Kennesaw State students, we had Kennesaw State faculty members, and I was sort of the liaison for Kennesaw. I had to keep this all organized. When we did an assessment, we found out

that it was almost non-existent—healthcare for the homeless, healthcare to prevent them from winding up in the hospital acutely ill because what was happening is they would be living in the woods around Kennestone, around Highway 41.

TS: Or near the railroad tracks.

DB: Near the railroad tracks. There would be people living outside, exposed to the elements, and they would have minor problems that turned into major problems, eventually.

TS: Right.

DB: So we came together and formed Cobb Human Services Coalition, and we developed a strategic plan. We went up to the mountains of north Georgia one weekend and just had a meeting, and we developed a plan. Dr. Galvin and I sat down and wrote the health plan one afternoon. Then all this started coming into a reality of, okay, can we start a clinic for the homeless? We started that at MUST Ministries in 1989. We opened the doors in September of '89 and started seeing patients.

TS: Was MUST in the Elizabeth Methodist Church at that time?

DB: It was. It was in the same structure that it's in now, and they happened to have two mobile units, or trailers, in the back. They gave us one of those to start the clinic in. It's been remodeled, but we're still in that same trailer with some additions to it. That was exciting because you were actually seeing a change. You were making a difference in someone's life when they were at their lowest.

TS: It really saves society a lot of money if you just look at it financially, if you get to them before they become an emergency room situation.

DB: Exactly. And we did some studies that showed how much money we were actually saving in the emergency rooms. Actually, WellStar had been funding Kennesaw for faculty positions for some time. They were very early, but they weren't WellStar then, they were Promina. So they actually started giving us some money to help with medications and equipment.

TS: Did students get paid any for doing this?

DB: No.

TS: Totally voluntary.

DB: Totally voluntary.

TS: For college credit, maybe?

DB: They would do it as a part of their course work. They would receive clinical credit for it. Some of them just did it on their own time. They got really involved in it, and the faculty got involved. It was very exciting because we were making up our own clinic, and it was staffed by nurses. We would bring volunteer physicians in, and we would treat these people and do the best that we could at that point for them. People would give medication samples, or donate a little bit of money for a prescription, and we would find resources in the community to help these people buy the prescriptions. You could really tangibly see that you were making a difference with people.

TS: Any recurring health problems that were characteristic of this population?

DB: The main thing that we saw was pneumonias because of the exposure and the failure to treat minor respiratory illnesses. Then we also saw a lot of skin problems and particularly foot problems because they were walking a lot. I'll never forget a young man that came in in his twenties, and he had horrible blisters and sores on his feet because he had been arrested, his car had been impounded, and he had been forced to walk up and down Highway 41 to try to find his car. When he got to the impound lot they wouldn't let him have it without a certain amount of money, so he had to walk back up 41, and he wound up in the Elizabeth Shelter. His feet were just the worst thing I've ever seen. They were horribly infected. So we had a lot of foot problems initially.

TS: I still see a lot of people walking up and down 41.

DB: It's still a concern. The population has trended over the years away from homelessness to the Latino immigrant population.

TS: You got involved in that very early too, didn't you?

DB: I did. It's one of those things, Tom, that you don't know why it happens, but it's got to be fate, and it's got to be something. My parents told me when I was eleven years old that I had to take Spanish in high school. In rural Alabama at that point that was something that was unheard of. So I wound up in this classroom in seventh grade with a Cuban refugee, and she spoke hardly any English at all. I don't know how they got her in there or why they hired her at that point, but we were learning Spanish.

TS: She was learning English, and you were learning Spanish.

DB: And then the next thing we knew we had another Cuban refugee. At that point the refugees were the wealthy—they were the people who were escaping Castro, so they came here with nothing. This lady had been very wealthy in Cuba, and she was here teaching high school students Spanish. I remember having three Spanish teachers in high school, and then I think the pathways were established. But I went to college and I took two more years of Spanish in college and then basically forgot it. Suddenly I got in my doctoral program and had to prove that I had a foreign language. So I brushed up my Spanish and passed the tests that I had to take. So I think that reinforcement over the years has brought me to the point that I took the Spanish for Health Professionals here

and went to Mexico with Carol [S.] Holtz one of the first times that they went very early on in her experience down there, and from then I've become fairly fluent. I hired a Colombian man to be my tutor at one point, and we met every week for strictly conversation

TS: Explain who Carol Holtz is.

DB: Dr. Carol Holtz began the nursing program in Oaxaca [Mexico]. We had had programs in other colleges before, but she began that probably eleven years ago, so I would say mid-'90s, sometime in the mid-'90s she began that program. It's been a very successful program. Once I started learning my Spanish, I went down there to improve my Spanish and became a part of that program.

TS: That was done probably about the time that Alan [V.] LeBaron and others were taking classes down there to get history credit and so on.

DB: Exactly. I think June [K.] Laval in foreign language fostered Carol Holtz into the process and helped her to get the program established. Then after June went a couple of times when we were down there to help with the program and the translation, Carol and I became proficient enough, I think, to handle the Spanish and the communication that you had to do. It was exciting. When we started seeing the Latino population grow in the clinics, that's really what stimulated my desire to brush up my Spanish and get better because I was still working in the clinic, and I knew the basic phrases, but I needed more.

TS: Right, right. I'll never forget, I had some hand surgery back in 1999, and Dr. [John G.] Seiler [III] down at Piedmont was walking around with a dictionary in his back pocket and it was an English-Spanish medical dictionary. I guess everybody was trying to learn Spanish by that time!

DB: Not everybody! But I think people who saw the population trend and, you know, it started with the Olympics and bringing in large numbers of the Latino immigrant population to help complete the buildings because we were behind on the buildings for the Olympics, and they had to get those venues built. That's how it was explained to me by one of the Mexican consuls at the consulate. At that point in time we were scrambling to know Spanish.

TS: Right. But by the time of the Olympics you're already going down to Oaxaca?

DB: I think it's after that. I went for about six years and skipped a year, here and there, but I went for about six years.

TS: How long would you stay down there?

DB: Two weeks. We would spend two weeks and work in a hospital, the Hospital Civil, which was a civil general hospital. We would go down there and work in that hospital with the Mexican nurses and Mexican patients and live with a Mexican family [and] take

Spanish lessons. That has just been a great experience and we've developed strong links and strong friendships down there. Now there's a lot of strife down in Oaxaca because of trying to oust their governor.

TS: I've been seeing that in the newspaper.

DB: We've been seeing that build, but I hope it doesn't impact the program because there is a tremendous amount of unrest down there right now.

TS: Yes. Well, you also got involved with Latino population and clinics in Cobb County about the same time.

DB: Yes we did. That's what stimulated my interest in Spanish again, I think, was just the helpless feeling working with Latino clients. I knew just enough to probably be dangerous, and I wanted to know more.

TS: Is the only clinic still the one at MUST Ministries, or is this a different clinic you have with the Latinos?

DB: We have one at the MUST Ministries, but we also have one over at the St. Stephen [United] Methodist Church, over on Roswell Street. We do that on Monday nights, and then we have the clinic at MUST, and we also have worked down at Sweetwater Camp down in Mableton, and we had a clinic at the YWCA for a while. We were also invited into a clinic to do health fairs at Hickory Lakes Apartment complex in Smyrna and have done a series of health fairs down there in the summertime for women and children. Our nurse practitioner students and our undergrad students work in those health fairs to try to get that population some of the help that they need.

TS: Right.

DB: They often feel very isolated from healthcare resources, so we're trying to get them into the mainstream.

TS: Do you charge them for their health care?

DB: It's always been free. We did start charging for medications just because of the volume, and so we had a gratuity of about \$3.00 to \$5.00 a prescription for the patients. Most patients that we see have that small amount of money, and if they didn't have the money we'd just give the prescription to them.

TS: So is it WellStar still that's backing all of this, paying the bills?

DB: WellStar backed it for some time and then when they gave us the endowment, Dr. [Richard L.] Sowell designated an annual figure of that endowment to support putting a nurse practitioner down there in that clinic and some of the medication and supply costs. So they in essence still do contribute to that.

- TS: Did St. Stephen's give you a designated place that's only a clinic and you can lock the doors?
- DB: The basement of the church, there's a separate entrance down there, and we let people in there. There's a room we use as an exam room, and there's a room that we use as an intake room.
- TS: That's great. So you've got four or five different locations?
- DB: Well, right now two. We have varied over the years, but our goal with that, and I think this is where I've tried to bring scholarship and service and teaching together; I had a vision that we would open these clinics and we would have faculty members working there to maintain their clinical practice. We'd have students there learning from our faculty members and from the volunteer staff, and that we would do research in that clinic. So it was a three-pronged approach. I think we've had more of the service and less of the scholarship, probably, but more of the service and teaching there. But we're starting to see a real rise in scholarship in terms of diabetes in the Latino population and one of the faculty members in the school of nursing has done a tremendous amount of work—Janice Long, who was a recipient this year of the [Philip] Preston [Community Leadership] Award.
- TS: Yes. So that's her bailiwick, the diabetes?
- DB: Diabetes in the Latino population. She and Dr. Astrid [Rozo]-Rivera, who is on our staff, and actually I think her position is somehow funded as a joint appointment. She's a Colombian physician who does a lot of work with Latinos, the communication parts of Janice's project.
- TS: Well, you've done some publications, too, haven't you, on the clinics and healthcare?
- DB: I've done a tremendous amount of presentations on that, and we're working on publications. My areas of publication have been in men and nursing. Also now, we're working on our accelerated program in nursing where we take students with degrees in other fields, who want to become nurses and Dr. Marie Bremner and I are doing some research on what the characteristics are of those students, what their incoming critical thinking scores are and then their exiting critical thinking scores, and then comparing that to the traditional students to look at the success of that program and some of the differences in characteristics between the two.
- TS: What have you found?
- DB: Well, we found that the people with the degrees come into us with a higher critical thinking score than the traditional students. But traditional students come close to having the same mean score when they graduate, so we see a rise in both groups by graduation. The traditional students tend to catch up, but not achieve that same level. That was an

interesting find. We've had a lot of success with that program, and we had a lot of fear going into it because it's four semesters and they finish their BSN. Typically, it takes five semesters and there's a summer in-between the years.

TS: You're saying five semesters beyond the general education courses?

DB: The general education, yes. So what we're doing is we're putting the accelerated students with degrees in other fields through in four semesters, and one of those is a summer.

TS: So it's less than two years then?

DB: It is. They begin in September and they graduate the next December.

TS: That's great.

DB: It's meeting the need for the nursing shortage that we have, and it's giving people some career mobility, so it's a win-win situation.

TS: Well, you've also done something with the University of Leeds [Leeds, England] in the United Kingdom that has to do with healthcare?

DB: We did. It was in '96. Judy Perkins and I and Genie [Regina B.] Dorman presented papers in Finland. Some people from the United Kingdom were there, and since we were on jet lag and completely disoriented in terms of time because of the seven-hour difference there, we met a lot of people from the UK just casually talking in the lobby of the hotel and became good friends with some of them. We went over and visited them and established this program. Genie Dorman and I put through a proposal for us to attend the International Congress of Nursing in London. While we were there we went up to Leeds and started working with them to establish an exchange program. We hoped that we were going to eventually have British students coming over. I think their system is a little more rigid than ours, but we were able to take a group of ten students over there. I can't remember, I think it was in '97 or '98, we took a group over and toured London, took them up to Leeds, stayed there for a week and a half, and then went back to London. It was during the May-mester term. They learned a tremendous amount from those nurses and nurse educators up there about healthcare in England and the differences under managed care and socialized medicine. They were able to visit hospitals and learn about how nursing care was provided in the hospitals, and also how it was provided in some private-pay hospitals over there.

TS: Private pay—if you don't like the socialized medicine care, you can pay for it?

DB: Well, for example, if you want to have a knee replacement, and you're going to have to wait a year, then, the way they explained it to us, instead of taking a vacation in the summertime you take that money and you buy a knee replacement in a private hospital. It was an interesting concept for the students.

- TS: Do they have health insurance like we do?
- DB: They have their . . . .
- TS: I know they've got their socialized medicine, but I was thinking if somebody wanted to go to a private hospital, could you buy an insurance policy?
- DB: I'm sure anything is possible these days, but back then if you wanted to do that you could buy your healthcare, or sometimes companies would allow their employees to choose private care.
- TS: How would you compare the quality of their care to our care?
- DB: I think the quality of care over there was excellent. I think it was a little bit slow in terms of Americans want things quickly and when something is wrong with them they want it addressed quickly. In England, I think, they have learned to cope with the system and wait sometimes. Emergency care is very good in both places. But they're happy with their system. They have some complaints, but overall they seemed happy.
- TS: So is this a program we're going to continue to do?
- DB: We only did that one year. We had hoped that we would do it another year, but it turned out that some of the people in Leeds changed positions and went to different institutions. They had a budget crunch over there, so it just never happened again, but we're still in contact with the people.
- TS: Right. Explain what you're doing with your new position now that you're not the head of the Nursing school or not chair any more, but what exactly are you doing for the College of Health and Human Services?
- DB: It's a very interesting position, and I'm excited about it because it allows me to be a little more creative. I always say I loved my job, but evaluating thirty-eight faculty members and staff members and the tremendous growth that we've experienced and winding up with the all the student problems was really a hard thing to continue to do. So what I did was Dr. Sowell appointed me as assistant dean and gave me some specific initiatives, one of them being I'm the chairman of the committee that works with the architects for the new [Health Sciences] building. I will be working with a team from the college to be sure that the building that's built is what we need. The building is already planned, but there are going to be times when they have questions about some of the implementation of it. The other thing that I'm doing is trying to recruit nursing faculty with doctorates, which is a challenge because there just aren't that many out there. We have a faculty shortage in nursing, so I'm devoting some of my time to that. I'm also working with Appalachian Tech [Technical College] in Jasper to establish a Kennesaw satellite campus there, and right now we've put the proposal through to Dr. [Lendley C.] Black and Dr. [Daniel S.] Papp to establish a satellite for nursing in Jasper at Appalachian Tech. The



next step would be to get approval from the Board of Regents and approval from the Board of Nursing.

TS: This would be for the same degrees we offer here?

DB: For the same degrees. We're also looking at a mobility program. Appalachian Tech produces licensed practical nurses, and so we're looking at how can we offer a mobility program in that area for a licensed practical nurse to become a registered nurse with a bachelor's degree. That's the long-term project. The short-term project is to take our accelerated program and put that up on that Jasper campus and provide opportunities for people in Cherokee and some of the counties that go up toward the Tennessee line through that valley.

TS: With all the retirees and older folks that are moving up that way I would think that there would be a huge demand.

DB: There is a huge demand up in that area for nurses and healthcare, and it's just beginning. So we would like to offer them opportunities to become nurses and increase the population in that area.

TS: Did Chattahoochee Tech [Technical College] and North Metro [Technical College] do anything in nursing?

DB: Chatahoochee does a licensed practical nursing program, and I think that they are trying to do an associate degree program. But right now there is a moratorium on programs in the state until we can address the faculty shortage issue. North Metro Tech has a campus of Georgia Highlands College. They offer classes from Georgia Highlands for an associate degree in nursing program. We do have an accelerated campus that Dr. Bremner and I helped developed up on the Georgia Highlands campus in Rome, and we're offering classes up there, as well. So it would be a natural progression to go up the I-575 corridor and try to put a program up there as well, so doing that and chairing some search committees for a department chair in HPSS [Health, Physical Education and Sport Science]. We're also evaluating our strategic plan for the college. So it's been my responsibility to review the plan and make recommendations. I'm staying busy.

TS: It sounds like it. Is the building a done deal? Is it definitely going to be built?

DB: My understanding is that we've been approved for \$42.5 million. The building that we would like to have is \$60 million. Kennesaw is going to have to raise the difference. I understand that Wes [Wesley K.] Wicker is working feverishly to find donors to help us raise that money. I'm very hopeful that we'll have that, and that we'll break ground next July. I think that's the timetable.

TS: So you're planning for a \$60 million building.

- DB: We are and we need it. We've completely outgrown the building that we're in right now. One thing that the school of Nursing has always done is we've moved all over this campus. We were actually off campus in Chastain Center for a while; we've been in the library. We've been in what used to be the Administrative Annex. So, finally, we got the old Science building and really remodeled it just like we wanted it and immediately outgrew it. No offices available, we have faculty scattered all over campus and the school of Nursing is growing and we need an adequate space. With the changes in healthcare and the explosion of healthcare and the need for registered nurses, we have to have a building that's going to have labs to support the development of the students. It's got to happen.
- TS: That's really exciting to have that plan under way.
- DB: It is. I never dreamed we'd be at this point. I had always hoped. With all the change sometimes you can't see the big picture; you're so focused on change, change, change. Hopefully this is a plan that's going to allow us to have the space enough to really grow and do it well. All too often, I think, at Kennesaw we've grown and grown, but we haven't had the resources and we haven't had the space to do the job that we need to do. I hope, and I'm feeling like now, the campus is reaching a point where we do have some of the resources we need. I'm hopeful.
- TS: Well, we're going to be moving in to our new Social Sciences building in another month.
- DB: It looks huge.
- TS: It does, but I think we've already just about filled up all the office space, so if we grow any more, which we're going to, it's not going to be long before we've got people scattered across campus.
- DB: You just can't keep up with the growth.
- TS: How much of the new building will Nursing get?
- DB: The vast majority of the building is Nursing because that's where our need is right now, but we'll also have some labs for science and we'll also have a lab that we'll share with Health, Physical Education, and Sport Science. That bio-mechanics lab could be a real important part in any future healthcare majors that we put in because there are some other majors and there are some other need areas in Georgia. We're hoping that we'll have another department.
- TS: Great, great. The shortage, of course, I know Dan Papp's talked about this a lot already with focusing our campus on critical needs in the area, and certainly shortage of nursing is one of those needs. I guess we will greatly increased the number of students we have here with those facilities.

- DB: With these facilities we hope to increase the number. We're under mandate to increase the number incrementally over the next few years and hopefully having this space is going to allow us to do that. Right now we're very, very cramped, and we're relying on our Georgia Highlands campus and our Jasper campus to possibly take a little bit of the stress and strain off, but we've got to have it.
- TS: Well, this may be a flippant comment, but if there is a shortage of nurses, why don't they pay them more?
- DB: Well, the interesting thing is they are paying nurses more. The roadblock right now seems to be the education of nurses. Some of our faculty salaries are at or below what our new grads are making. It's a terrible situation. We're seeing our new graduates get out of school making in the upper forties to the fifty thousand dollar range.
- TS: That's more than new faculty coming in.
- DB: It's more than new faculty coming in with a doctorate sometimes, or at least master's education. Then sometimes, anecdotally, we've heard of nurses who are making in the eighties and ninety thousand dollars in clinical practice, and as you get more education you make more money. It's hard for these nurses to say, "Oh, I think I'm going to go teach." Because it would be a great job, but you take a forty thousand dollar salary cut. Here at Kennesaw now we're turning away probably ten students, maybe more, for every one that we take.
- TS: Ten for every one?
- DB: We'll have an application pool from anywhere from 800 to 1,200 students, and we'll only take out of that pool maybe 75 students.
- TS: Wow. And most of these are people that would be qualified to be in a program?
- DB: The vast majority are people who are qualified. Of course, people are applying at other schools to try to cover themselves to be sure that they are accepted somewhere, but they're having trouble getting in anywhere. While that assures us that we'll have an excellent group of students, it's just criminal not to be able to accommodate the need when there is such a shortage out there.
- TS: In the Coles College of Business, they get paid a whole lot more than everybody else and the argument has always been because they're in demand. Why isn't that happening in nursing too?
- DB: I think it's starting to happen. It's taken a long time. You know as well as I do that things like that do take time, but I think there is some recognition finally on the state level, and there is going to be some salary increases for nursing faculty. There's a commission that the Board of Regents put together to look at the nursing shortage and the faculty issues that cause the nursing shortage. This commission is made up of nursing

administrators from colleges as well as from the hospitals. What they're trying to do is determine ways they can streamline the whole process so that they can get more students into the hospitals to provide clinical experiences for them, as well as recruit more faculty members and pay the faculty members more. I know we've all said the same thing that you see some disciplines that are highly paid because of demand, but there's tremendous demand here, and there has for a very long time been a lack of recognition that there is a need to increase salaries. That's one of the base problems.

TS: So one issue is salaries and the other issue is just creating more positions to begin with, I guess.

DB: Creating more positions to begin with. The other thing is the whole balancing of trying to find doctorally prepared nursing faculty because we just aren't preparing many doctorally prepared nurses. In Georgia we graduated, I believe, four doctorally prepared nurses last year in the whole state.

TS: Four—in the state of Georgia?

DB: In the whole state.

TS: Where are they coming from?

DB: Georgia State [University] and the Medical College [of Georgia, Augusta]. So you can see the tremendous backlog that we have. There are programs to put faculty members through a doctorate quicker, but we have concerns about that from the standpoint of a quality issue.

TS: Sure.

DB: So it's a multi-faceted problem. And just throwing money or inventing new programs is not going to be the only answer.

TS: But you're saying part of our strategic planning is to have a doctoral program here?

DB: We hope to, in the future, have a doctoral program. I think it's really important in light of the fact that the other programs are not producing very many doctorally prepared faculty members. Kennesaw has some really bright faculty members already. We do a great job with our master's programs, and I believe we're ready to step up to that next level and have a doctoral program. To do that we're going to have to recruit more faculty members, and part of my role is to try to do that. But, yes, I think that's our long-term goal.

TS: So you're trying to recruit the faculty first and then be able to say, we've got them, we can offer the program.

- DB: Well, what we're trying to do is augment what we already have. We have some positions now that are temporary positions that we would like to hire doctorally prepared people in. In the state system it's really hard for you to say we're going to hire five faculty members and they're going to start our doctoral program. That's almost impossible. But if you do have enough faculty to start a doctoral program, and then you can see that it's going to work, then you can add more people on. So what we would like to do is try to push our faculty preparation more toward the doctoral level so that we're ready. That's where we're going.
- TS: I guess with the new building it's probably going to make it a little easier to get a program.
- DB: Well, we're using that. We see that as a real attractive possibility. The new building is an attraction for faculty. We can use it to advertise that Kennesaw is an up and coming place, and this would be a good place to be, so that's what we hope.
- TS: I know in areas like music that are pretty competitive too with auditions and all that stuff; they've got a lot of scholarship money. Is there an adequate amount of scholarship money for nursing students?
- DB: I don't think there ever is an adequate amount, but the problem that we see now, particularly with our accelerated program, which is one of our best programs, these students have degrees in other fields, and so they're not eligible for the HOPE Scholarship. So any scholarships that they get have to be almost funded through a hospital, and it's really hard to get a hospital to fund a student unless they're admitted to the program. Once they're admitted to the program they may have some possibilities, but there has never been enough money out there for the nurses that we need.
- TS: Were you involved in the WellStar grant that led to the naming of the college?
- DB: Not at all, really, very limited involvement. It was one of the things that occurred at a higher level, at least the dean's level and above. I had some input once we received the endowment to what we would use that money for. There was some input there, but it happened at a higher level.
- TS: Do you do active fund-raising or are you involved in that at all?
- DB: I'm probably going to be involved in fund-raising. Dr. Bremner, and I have raised a significant amount of money through the Intellectual Capital Partnership Program, the ICAP program, at the Board of Regents, and we've been funded probably over two million dollars over the last three or four years to implement that accelerated program.
- TS: This is money that the Board of Regents provides that you have to compete for?

- DB: You have to compete for it, and we have been able to apply for that and get that money and really do some good things with it. Part of that is getting people to commit money from hospitals in the community, to match what we're putting in as a university, and then the state puts their money in. We've had some good luck doing that. I imagine with this new building and having to raise some money that there would be some involvement in fund-raising.
- TS: Is the money going to come from the hospitals, do you think, that extra money?
- DB: I have no idea. I would think some hospital and perhaps some individuals, perhaps some corporations who do business with the hospitals. We haven't started that, or I haven't been involved in that.
- TS: Well, I asked you earlier about the intellectual life of the campus when you got here. How would you describe it now?
- DB: I would say that in terms of the ability to cross disciplines, I think, it's a little more difficult, but I think entities like CETL and some people are paying attention to getting that cross-disciplinary interaction going. But I think in terms of the expectations for scholarship and the level of scholarship and the level of commitment to support scholarship—it has just far outstripped what was when I first came. The support is there, the people are there to do the scholarship, there are people to stimulate scholarship, so, hopefully, this is going to be the beginning of a new age at Kennesaw in terms of scholarship and intellectual creativity. I think CETL really contributes to that. I really see that they are a core area. Then, of course, the Office of Sponsored Programs work with them, and then the deans have built some infrastructure to support the development of faculty. I know in our college we have faculty working together—for example, we have a huge AIDS project in Georgia to assess, where are the gaps in AIDS care in Georgia? And what can be done to address those gaps? That has brought several faculty members together. We've got a faculty member working with a faculty member from biology to look at breast cancer in women and some of the genetic markers. So I think the intellectual life of the campus in terms of the college has increased dramatically.
- TS: And nursing is a great area for the research to be applied research, I would think.
- DB: It is. Most of nursing research is applied research. It's clinically based.
- TS: Research that grows out of the patients that you're seeing?
- DB: And issues. Dr. Lois [R.] Robley, for example, has done a tremendous amount of work with ethics in healthcare, and she's done a lot of research in the death and dying experience. That's information that can be used to just really bolster the care that people are getting. We have a term in nursing that we call evidence-based practice, and what that refers to is that you are practicing using a base of solid research evidence to guide you. It's not just, "Well, this is the way that we've always done it," which, to a certain extent, is the way many disciplines operate, but now we're really looking at what are the

best ways to provide a patient with a good healthcare experience, a safe healthcare experience.

TS: Right. I think it's implied in all that you've said, but what has kept you at Kennesaw for twenty years? Have you ever thought about going elsewhere?

DB: I have, but I think the thing that keeps me here is the constant stimulation and the constant looking at, "Okay, what's next?" The constant planning—when you're in the midst of a lot of projects it's hard for you to think about looking around, and let's be honest, Kennesaw has been a good place to be and still is. It's one of the top universities in the state, I think, the top university in the state. It's starting to get recognized as such, and anywhere you go, you've got to wonder if you're going to have the resources and the support that you have here. I'm trying not to be a cheerleader here, but it's what I believe.

TS: That's fine. What are you proudest of in your career at Kennesaw?

DB: My career at Kennesaw. I think I'm proudest of the development of the clinics in terms of service; but in terms of teaching, I am proudest of the students that we've put out. Everywhere I go in the hospitals, I see students that are achieving beyond probably their wildest dreams and going on to master's and doctoral work. They always see me and they say, I remember something you told me. And often I don't remember telling them that, but it's made a difference in their lives [laughter]. That strikes me because that's why I'm in the education field, to make a difference in their lives, but sometimes you just don't realize how a kindness or a phrase that you say to somebody is going to make that big of a difference in their lives. I think that's the great thing about teaching. I'm sure you've had that experience. Somebody comes up to you twenty years later, and says, "I'll never forget . . ." And I've forgotten!

TS: I wonder, would I have said that [laughter]?

DB: Perhaps it's warped over the years! It certainly sounds professorial or caring.

TS: Well, what have we left out that we should have talked about?

DB: I can't think of anything. I've talked more about myself today than I have in years! I think the thing that makes it all possible is the family and your support. I'll never forget my parents pushing me to get an education. I'll never forget the mentors pushing me and my wife working through all those levels of education with me. The only thing I regret is the time away from my children. My youngest son is sixteen now, and I've committed to spending more time with him in this phase of my professional career.

TS: Good. Well, I've certainly enjoyed talking to you today.

DB: I've enjoyed talking to you.

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