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50 Years of God's Faithfulness: The History of the Biola University Department of Nursing (1966-2016)

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**50 Years of God's Faithfulness: The History of the Biola
University Department of Nursing (1966-2016)**

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Biola University Department of Nursing

September, 2018

Acknowledgements

An undertaking such as reviewing 50 years of history requires the help of so many. Thanks is given to:

Those who were willing to be interviewed, answer questions, write their stories and send them to the authors: Janet Adams, Colleen Balius, Joanne Beckwith, Rick Bee, Janelle Ching, Martha Corrick, Susan Elliott, Esther Enas, Mary Ewert, Yessenia Garcia, Kelsey Gaskins, Paula Hammond, Dave Johnson, Doris Johnson, Barbara Kartsman, Leta Kilander, Pat Kissell, Glenda Lord, Rosemary Mwangi, Linda Dean Peters, Donna Phillips, Colleen Sanchez, Annette Siemens, Sharon Soper, Paul Tiamzon, Rachel Van Niekerk, and Karen Wetther.

Those who took their precious time to read and give feedback on portions of the manuscript: Rogerlin Charbonneau, Cheryl Cole, Robert Crawford, Ruth Ebeling, Gwen Johnson, April Morrow and Martha Stephenson.

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Introduction

Unlike many written histories, this account is not composed of a chronology of events. It is an attempt to see the history of the Biola Department of Nursing through the eyes of those who were there, and experienced events first-hand. God's faithfulness is shown through the leaders who had vision and drive, the faculty who taught, the students who attended, and the resources provided. God has been faithful to bring the department through several crises, which could have caused its demise. He has been faithful in the many opportunities given through the ministry of nursing to reach beyond the Biola campus, and to impact the world for Christ.

Between the two authors, Anne Gewe and Becky Fleeger, the full 50 years from 1966 to 2016 were experienced. They lived the history and interacted with the individuals whose stories are told. Many interviews have been done, in addition to mining accreditation reports, faculty minutes, articles from the student newspaper, the *Chimes*, and other Biola documents to substantiate the memories. When all was completed, the authors found the story to be very similar to a quotation by Florence Nightingale, which can be seen on the wall outside of the nursing skills lab in the Alton and Lydia Lim Center for Science, Technology, and Health.

If I could give you information of my life, it would be to show how a woman of very ordinary ability has been led by God in strange and unaccustomed paths to do in His service what He has done in her. And if I could tell you all, you would see how God has done all and I nothing.

It is hoped that the reader will be able to see real people, ordinary people, people who have been led by God to accomplish his work. God has been faithful through these 50 years, and he will continue to be faithful to the nursing program in the future. Great is his faithfulness!

Part 1: God's Faithfulness with Leaders:

Timeline of Directors

1966-1975: Dr. Leonie V. Soubirou

1975-1976: Joyce Roberts, Interim Director

1976-1979: Dr. Pat Kissell

1979-2007: Dr. Rebekah Fleeger

2007-2008: Dr. Cheryl Zukerberg, Interim Director

2008-2014: Dr. Susan Elliott

2014-2016: Dr. Anne Gewe, Interim Director

Appointed 2016: Dr. Rachel Van Niekerk

Chapter 1: Dr. Leonie V. Soubirou (Director 1966-1975)

Leonie V. Soubirou wanted to be a missionary to China. The story is told that in 1937 she was actually at the dock in San Francisco with her bicycle when she got the news. Due to wartime conditions (the Sino-Japanese war had broken out) and because her French Catholic family disapproved of her going, she would not be allowed to sail.

Details of the story may be exaggerated, but the fact that she wanted to be a missionary is undisputable. She had been preparing for several years, starting with attending the Bible Institute of Los Angeles (BIOLA). As her diploma of (1928) stated, she had “completed the two years course of study of the Bible Institute of Los Angeles, passed satisfactory examinations, shown commendable zeal in Christian Work, and lived a consistent Christian life....” The verse she selected to accompany her picture in the *Biolan* (yearbook) of 1928 was II Sam 22:33, “God is my strength and power: and he maketh my way perfect” (King James Version).

God was obviously working in her life even before she attended Biola. The Biola newspaper *Chimes* tells the story of her spiritual journey. In an interview, Dr. Soubirou said her French father was studying to be a priest, but ran away from the monastery, came to America and married her mother. She was raised as a devout Catholic (Kramer, 1975, p. 6). In addition, she was a descendent of Saint Bernadette Soubirous of Lourdes, France (Fleeger, 1991, p. 4). The Virgin Mary is said to have appeared numerous times to 14-year-old Bernadette Soubirous and in one vision, Bernadette was instructed to dig a hole in the ground. From the hole, a spring of water emerged. In 1858, Catherine Latapie is recorded to have had a paralyzed arm. When she soaked it in the spring water, she was able to move it, the first recorded cure. Since then, the Catholic Church has recorded over 66 cures associated with the spring (Wright, 2003, p. 13). Concern for the body and the soul was part of her family legacy.

In high school, she grew in her concern for spiritual things. She was running for president of the Girls’ Self Government, and someone suggested she could win more votes if she attended various club meetings to get to know people. One of the clubs was the Euodia Club, a Bible club sponsored by BIOLA. The teacher, Emily Alexander, recognized her interest and encouraged her to study scripture. She began attending the Bible study regularly.

Leonie applied to UCLA for college, but Emily Alexander arranged for her to receive a scholarship to BIOLA. As a result of the scholarship and other factors in her life, Leonie felt God must be leading her to BIOLA (Soubirou, 1961, p. 14). When she arrived, she thought the many prayer meetings were “ridiculous.” There were dorm prayer meetings, corridor prayer meetings, missionary

prayer meetings, school prayer meetings and church prayer meetings. She finally asked someone what they prayed about and was shocked to find that they were praying for her. She sought out the Dean of Women, Ruth Walter Whipple, who told her she had a code of ethics and did good things, but was still a sinner and needed Christ as savior. Miss Soubirou later said, "I was very indignant when I left her [Ruth Whipple's] room and went up to my own room." She told God "I love you, Lord and I really want to please You. I've never asked You into my heart, but I confess that I've done what is wrong. And if You think I'm a sinner, then I'm a sinner" (Kramer, 1975, p. 6). After that day in 1926, she knew she had accepted Christ as Lord and Savior, and she began to understand the role of prayer in the life of a believer.

Graduating from Emanuel Hospital and Training School for Nurses in Portland, Oregon, in (1935), she applied with the China Inland Mission as a missionary, but was unable to go to China. However, God has a way of using our disappointments to his glory. Instead of working in China, Miss Soubirou obtained a B.A. from Albany College in Oregon (1937) and did some teaching for Multnomah School of the Bible in missions and health, as well as assisting the Dean of Women. She studied at the University of Oregon Medical School and obtained a certificate in public health nursing (1943), and then went on to obtain a master's degree from New York University's School of Education in (1945), without which she would not have been qualified to be the Director of a Program for Registered Nurses.

While she was studying in New York, Dr. Samuel Sutherland, Dean of BIOLA, began to be concerned about graduates going to the mission field without knowledge of health. In remote areas they might be called upon to give medical help to relieve suffering of colleagues and local peoples, as well as to care for family members and self ("Biola's School of Missionary Medicine," 1949, p. 6). He wrote to Miss Soubirou to tell her of his vision to develop a missionary medicine course. He needed someone "to head up the detail work involved, consulting with students, keeping in touch with the specialists who will be teaching classes, overseeing the clinical work, teaching certain of the classes, supervising the nurses' aid work and the school infirmary, etc." (Sutherland, 1944). Her response to this huge request was an emphatic "no." She needed to complete her studies before considering such a position.

Undeterred, he wrote again a few months later and in January 1945, as she was completing her thesis, she wrote back that she was convinced that it was the Lord's leading for her to join in the vision (Soubirou, 1945). Her two passions (a passion for missions and a passion for nursing), were the perfect background for starting this one-year post-graduate program.

In 1945 the School of Missionary Medicine opened its doors, and classes were held on the 10th floor of the BIOLA Campus in downtown Los Angeles. The program was for graduates of Bible schools, colleges and seminaries who definitely planned on missionary service. The curriculum focused on three areas: dentistry, tropical medicine and midwifery/nursing. It was approximately a year in length, and students spent about 17 hours in the clinical area each week in addition to the theory classes. The student newspaper, *Chimes*, details the program of the School of Missionary Medicine:

These students follow a varied, concentrated and nourishing diet, menued exclusively for the medical missionary. One of the students remarked that when “sluggish digestion” overtakes them the prescribed remedy is thirty hours a week of intensive “library calisthenics.” Besides their intensive course of study and class lectures, they are assigned several hours of practical work a day in some of the hospitals of Los Angeles or in the school infirmary. The habitat of this medical family is on the tenth floor of the Lyman Stewart Hall. Thanks to Mr. Smith, Mr. Pietsch, and Mr. Pio for giving these quarters a new coat of paint recently. (“Students representing eighteen schools,” 1948, p. 2)

Miss Soubirou wanted to create “community” and saw that students combined their studies with other activities. One such activity was Christmas caroling.

It was four-thirty on Christmas morn, and the Missionary “Meds” and the nursing staff enthusiastically aroused and arrayed themselves in their usual white. Soon they were on the bus, caroling merrily as they headed for the Angeles [Angelus] Hospital. Carrying lighted candles and equipped with Christmas tracts and greeting cards, they ascended the stairs and circled the corridors as their voices sang out the joyous Christmas carols. Every now and then someone tiptoed into a room to give a warm greeting and a tract to a sick person. One mother awakened when she heard the music. While weeping for joy she exclaimed, “I thought I was in heaven!” (“Christmas at the Angeles,” 1950, p. 3)

By December 1950, the students considered the custom to be a tradition. After caroling, everyone ate a Christmas dinner together which was prepared by the wives of the married students and the school staff, as well as Miss Soubirou, who was said to be a good cook. (“Christmas caroling,” 1950, p. 4)

Other means of creating community included departmental trips and retreats. On a visit to the Los Angeles County Fair, Miss Soubirou put on a set of Groucho Marx glasses with moustache and declared to a passer-by that the diminutive faculty member, Leta Kilander, was her daughter.

Although there was a feeling of camaraderie and Miss Soubirou had a great sense of humor, she also had some very definite standards. One of her common sayings was “A nurse is always on time.” She expected punctuality. In addition, she let faculty know there were two very important rules: never tell students how old you are, and never let students call you by your first name. Miss Kilander said she always obeyed! Miss Soubirou also was concerned that students be dressed appropriately in the clinical

area with hair up to prevent contamination in patient care. In enforcing the dress code, Miss Kilander even reminded students to wash their shoe laces (L. Kilander, personal communication, June 21, 2017).

Miss Soubirou, not only had very specific ideas about rules with students, but she further had distinct ideas about relationships with faculty. As a product of her times, she was formal and friendly, but not a friend. In the early years of the program Becky Fleeger, on the other hand, was learning all about group dynamics in her studies at the University of California, Los Angeles (UCLA). Hearing that placing chairs in a circle increased group participation, she arrived early at a faculty meeting one day and arranged all the chairs in a circle. She left for a few minutes and when she returned, one glance showed that Dr. Soubirou had changed everything back into the traditional classroom style with chairs in rows and her own position at the front of the room (R. Fleeger, personal communication, June 12, 2017).

In the School of Missionary Medicine, the students who completed the three semesters of nursing training were eligible to take the licensed vocational nurse (LVN) board exam and they did very well. With the October 1962 LVN exam results, Biola ranked as number one in the state, out of 47 schools (Soubirou, 1963). Today, most LVN's are working in long-term care under the supervision of RN's, but in that time, especially on the mission field, their level of knowledge was invaluable. Over the years of its existence, 561 students graduated from the School of Missionary Medicine (Soubirou, ca. 1967).

The *Biolan*, 1948, sums up the character of Miss Soubirou and the quality of her work. It states:

Her practical common sense, her straight-forward manner of speech, and her wit and humor make her a very refreshing person to be around. And the work she has done for God at Biola is of a quality which commands our respect and admiration. Young people who have trained under her go out well equipped for the Master's service. ("Director of School," p. 16.)

Graduates had a global impact as they travelled around the world as missionaries. Leon Dillinger and his wife, Lorraine, went to New Guinea. He was chosen to be on the cover of *Time Magazine* (1982), when this secular magazine focused on the impact of missions world-wide. They ministered among the Dani tribespeople in Indonesia who were animists, living in constant fear. The article stated, "The medical treatment and the Dillingers' radio seemed miracles to members of the Stone Age tribe" (Ostling et al. p. 55). After some years the Dani Bible Institute was established, graduating around 75 preachers a year. Dillinger's eventual goal was to work himself out of a job, having nationals take over all aspects of the ministry. In his story, Miss Soubirou was able to see some of the fruit of her labor.

Although the School of Missionary Medicine was doing well, Miss Soubirou felt that Biola should be offering a registered nurse program with a college degree. By December 1954, she had created a cooperative proposal to develop a collegiate nursing program within the School of Missionary Medicine

with the collaboration of Biola College (Soubirou, 1954). It was a 4-calendar-year, (49-month) program leading to a Bachelor of Science in Nursing. It included liberal education, professional education and Christian education. The plan called for an initial year on the campus of Biola College. Then students would move to the downtown Los Angeles Biola dormitory with students in the School of Missionary Medicine, taking nursing classes for two full years of four quarters each. The final year would be back on the Biola campus to complete general education requirements and take courses in Community Health and Sanitation. A final summer nursing internship at the hospital with 12 weeks of advanced medical and surgical experiences would complete the program to prepare students for the State Board Exam (RN licensure exam) in October.

There were many reasons why the program was not initiated at once. Other concerns took precedence over the inauguration of a new nursing program. From 1945-1949, the school enrollment jumped from approximately 400 to over 900 students, more than doubling the size. The acute need for finding property adequate for expansion consumed much time. Finally, La Mirada was selected, and the groundbreaking for the campus was on May 26, 1957. The Talbot Theological Seminary was established in 1952. Then, when Miss Soubirou contacted the Board of Nursing Education and Nurse Registration (BNENR) about starting the nursing program in 1959, she was notified that since Biola Bible College was a non-accredited college, it did not qualify to offer such a program (Soubirou, 1960). Achieving accreditation from the Western Association of Schools and Colleges (WASC) was a challenge, requiring money, an in-depth report and administrative “buy-in.” Expense of the program was also a factor as clinical placements required much smaller student/faculty ratios than the classes of other Biola majors.

Meanwhile, recognizing the importance of having data to support her vision, in the 1960’s Miss Soubirou took a survey of mission boards. The evidence was clear. Mission boards wanted nurses who had a collegiate education. They wanted professionals. Most foreign countries had schools whose programs were similar to LVN training, so individuals with college degrees who could be educators and leaders were definitely preferred.

Throughout the process of planning for a collegiate program, Dr. Sutherland had great enthusiasm and was personally supportive. As part of the move from Los Angeles to La Mirada, he saw to it that the first floor of the science building was constructed with an office for nursing as well as containing both biology and chemistry laboratories.

Dr. Crawford remembers that he was actively recruited in 1959 specifically to teach chemistry for the nursing program. In spring, 1960, he was employed full time at U.S. Borax Research Corp. in

Anaheim doing research in agricultural chemistry. Since the desire was to start pre-nursing courses in fall, 1960, he ordered all the chemistry supplies and equipment. Along with his wife and son he came to Biola in the evenings to open boxes, wash equipment and organize the lab. It was a “labor of love for the Lord,” and everything was in order for classes to begin, and to meet the requirements of WASC accreditation (R. Crawford, personal communication, May 2, 2018).

Initial WASC accreditation was achieved in 1961, and Miss Soubirou finally received the long-awaited message. A letter signed by Dr. Samuel H. Sutherland gave permission to begin the collegiate nursing program.

This letter will serve as an official statement of record as from the Board of Directors of The Bible Institute of Los Angeles, Inc., authorizing the formation of a school or department of nursing to be operated under the administration of BIOLA College. (Board of Directors, 1961)

Working out the financial aspects continued to be a challenge. In 1962, it was communicated to Dr. Sutherland that there was college support for the program, but the issue of expense was still a major barrier (Sutherland, 1962). The challenge was met in a unique way. UCLA’s Bachelor of Science in Nursing (BSN) program was one of the first in California, so the action-oriented Miss Soubirou felt the Dean of Nursing at UCLA should be an authority. She reported her plan:

...in an effort to get her [Dean of Nursing at UCLA] professional direction I enrolled in the summer seminar course in Administration Internship in Schools of Nursing. My laboratory work assignment requested was granted, so I am working at the Los Angeles County General Hospital School of Nursing and East Los Angeles College. Everyone is most cordial and I feel I am learning the new trends in professional nursing and gathering friends and facts to help us at Biola (Soubirou, 1963).

Her study led to an administrative credential and the networking, which made possible the RN program inaugurated in fall, 1964. The program was less expensive than the proposal of 1954. Miss Soubirou was the coordinator between Biola, the L.A. County General Hospital (LACGH), and East Los Angeles College (ELAC). It took five years to complete the 183 units, but resulted in eligibility to take the RN licensure exam and achievement of a baccalaureate degree in biology. Classes during the first and last years were taken on Biola’s campus while the middle years were spent at the L.A. County General Hospital (LACGH) School of Nursing. Dr Soubirou desired that students remain connected to Biola, so they were continuously enrolled in Biola, and took Bible classes while at LACGH which counted towards the 30 units required of every student. The nursing students continued with assigned Christian Service during their time away from campus. Some science and general education courses were taken at ELAC (Soubirou, 1964).

This was a beginning, but was not the desired ideal. Miss Soubirou wanted Biola to offer the BSN degree to equip nurses “to be a social force in the community as well as a spiritual, academic and professional leader both at home and abroad” (Biola College, 1966, p. 3).

Both qualified faculty and adequate educational facilities were necessary to carry out Miss Soubirou’s true vision. With her encouragement, Leta Kilander and Ruth Fuller, nursing instructors of the School of Missionary Medicine both enrolled in programs for a master’s degree, which began to solve the faculty issue. On campus, Miss Soubirou negotiated to hold nursing classes in a re-purposed biology laboratory with chairs placed in strategic spots to prevent anyone from tripping over the pipes which protruded through the floor. The nursing arts laboratory of the School of Missionary Medicine in downtown Los Angeles was available for students to practice skills. Excitement was high when approval was received from the BNENR in 1966, and the first students were accepted to begin in the fall semester.

It was still a 5-year program, but the original request for accreditation showed only 162 units required with 56 in nursing (Biola College, 1966, p.16). Miss Soubirou had made arrangements for the use of various clinical facilities: LACGH, Rancho Los Amigos, Metropolitan State Hospital, Shriners Children’s Hospital, and Washington Blvd. School of LA City Schools (Biola College, 1966, p.21). Biola was one of 16 approved BSN programs in California. The only other faith-based ones were Loma Linda and Mount St. Mary (BNENR, 1967).

Miss Soubirou often said that nurses are change agents. The term certainly applied to her. Her next goal was for recognition through accreditation by the National League for Nursing (NLN). Major roadblocks had to be overcome. She had challenges in obtaining administrative support and budget. She had challenges in writing the report. The first application in 1971 resulted in denial of accreditation. It was a major challenge to work with all the faculty (about 10 in number by that time), to create a conceptual framework and a new curriculum to go with it. Although the road to accreditation was not a straight and easy path, eventually all the barriers were removed and national accreditation was granted in December 1972.

The NLN, as well as the state of California, was very concerned with faculty and facilities. The manikins which resided in downtown Los Angeles had to take a trip in the back seat of a car on the 5 Freeway between Los Angeles and La Mirada in order to populate the nursing skills lab in the science building. As early as 1970, Miss Soubirou began to see the need for more dedicated space and started lobbying for a separate building to meet the needs of the total nursing program (Soubirou, 1981). A month-long series of radio broadcasts about the nursing program was aired. In the last one, Dr. Chase

interviewed Mr. John Isaacs of the stewardship department at Biola. Mr. Isaacs focused on how listeners could invest in student scholarships and a facility for nursing (“Dialogues in Nursing,” ca. 1970). After the Biola administration members moved from the Marshburn annex to Metzger Hall, the annex was renovated to become the nursing building. Completed in 1981, it was named, Soubirou Hall, and finally the nursing faculty felt they had sufficient room for faculty offices, classrooms, a nursing skills lab and conference rooms.

But, a building was only a part of her vision. In her speech for the dedication of Soubirou Hall, Dr. Soubirou anticipated a master’s program and hoped the nursing department might become a College of Nursing (Soubirou, 1981).

Throughout her tenure with the BSN program, Miss Soubirou showed the same humor, high standards, determination, action-orientation, boundless energy and caring for students like a family, which she exhibited in earlier years. She was the type of person of whom legends are told.

One night, Miss Soubirou was just too tired to go back home, so she decided to sleep in the nursing arts lab. In the middle of the night, a student janitor came in and was orienting a new worker. As he turned on the lights, he said to his fellow-worker, “Don’t worry, this room is just filled with dummies!” Waking up, Miss Soubirou sat up and said: “Yes, and this one talks.”

Many students recall her feelings about rules. She said that there must be a reason behind rules as to why they ought to be obeyed. She then admonished, if students feel they are inappropriate, they should take action, “get on a student body committee and change the rule, but meantime abide by it” (“Soubirou sees nursing,” 1974, p. 3). She felt there were reasons for the dress code, especially skirt lengths. She kept a 3X 5” card with her. If a skirt looked rather short, the student was asked to kneel to check if the hem was more than 3” above the knee. If yes, the student was asked to change clothes before returning to class.

Miss Soubirou travelled around the world in 1961, on a trip authorized by the Board of Trustees. She visited 24 countries and saw 110 of the graduates from the School of Missionary Medicine. The feedback from these graduates supported the fact that an RN/baccalaureate program would have enabled them to be more effective than the training they had received. This information was communicated to the Biola Board of Trustees. Each summer after that (1962-1974), she studied in different countries, Britain and Ireland, satellite countries of Russia, and Asia. In response to her travels, she wrote: “Having traveled makes you feel you could love every person in the world. Trouble is merely misunderstanding” (“Soubirou sees nursing,” 1974, p. 3).

In personal letters, as well as faculty minutes, Miss Soubirou demonstrated concern for “her students.” Minutes of the nursing department show that she initiated a conversation with a student who was struggling with emotional issues. The student had been depressed that her father died the previous summer, and she felt that faculty didn’t really care about her. During the discussion, another faculty member noted that a senior student was distressed about apparent lack of concern by faculty for her feelings of loneliness in the absence of her husband. The conclusion of the discussion was that faculty members should ask students if they would like disclosure to other faculty for the purposes of prayer (Nursing Faculty, 1972, p. 2).

Prayer was a driving force of her life. Requests and answers to prayer are noted again and again in the many letters she wrote to donors, alumni, students and faculty. She consistently prayed and depended upon God, and during the years of her retirement, she often sent notes that she was praying for the department. A frequent concern was that qualified nursing faculty would come to Biola.

Her sense of calling to serve at Biola, never wavered. In a letter to alumni of the School of Missionary Medicine she wrote:

Actually, I will have been at Biola 29 years come this August 1st. That is really quite a spell, as some people would say! I don’t feel much different as when I first came. I still feel that this is where the Lord has placed me. He has been giving me the strength day by day and the understanding to go along with the change and to meet this growing need here at Biola. (Soubirou, 1974)

Because of all her accomplishments, the Biola College Board of Trustees awarded her an honorary doctorate in 1973. This was two years before her final graduation ceremony in Spring, 1975.

Her sense of adventure had not waned. Upon retirement, she was given a title of Professor and Director Emeritus of the School of Baccalaureate Nursing, making her an “ambassador at large” for Biola. She travelled to Iran as a consultant to two nursing schools (Kramer, 1975, p. 6). The country of Iran was trying to upgrade hospitals by hiring U.S. nurses, and the government invited Dr. Soubirou to come and take part in seminars dealing with Iran’s two greatest health problems, maternal/child health and TB. According to Joyce Roberts, Dr. Soubirou was taken aback upon learning she had to take off Friday, which was the Muslim holy day and work on Sunday which was her identified holy day, but assessing the big picture as a nurse, she made the decision to adapt to Muslim culture (Briggs, 1976, p. 3).

Her influence at Biola continued long after she left. When Biola celebrated its 70th Anniversary in 1978, she was one of seven graduates to be recognized as “Distinctive Alumni.” Others were Dick Hillis, John MacArthur, Lorne Sanny, Josh McDowell, Earl Cotton and Nancy Woolnough (Colls, 1978,

p. 4). Long-time Senior Director of Alumni, Rick Bee, recalls that these alumni were selected based upon the “Kingdom Impact” each had. Their achievements led to the spread of the gospel, either nationally or internationally. Because of Dr. Soubirou’s vision, there were over 550 missionaries graduated with training in health care from the School of Missionary Medicine as well as many graduates from the BSN program, working both nationally and internationally (R. Bee, personal communication, March 19, 2018).

Ever the active person, at 80 years old, she wrote about working in her garden, a love she inherited from her father who was a horticulturalist and florist. “I still use the electric saw (I’m on my second one...the current one is a 12” electric) and from time to time use the axe to split kindling” (Soubirou, 1988).

Miss Soubirou had polio and meningitis when she was young, but the only continuing effects were a slight limp, photosensitivity and some shortness of breath. In her final days, she had a return of respiratory symptoms and was diagnosed with post-polio syndrome (Stevens, March? 1992). Her longtime friend Zada said that she made it a challenge not to let others know how sick she was. It was easier to control if others didn’t know. They even had a private joke that they were fooling their friends (Stevens, April 16, 1992). She died on March 20, 1992. Yet, the vision that she expressed at the dedication of Soubirou Hall lives on, and the nursing program remains “cutting edge” according to her definition of Biola College Baccalaureate Nursing with:

. . . Holistic nursing

. . . Reaching and caring for the whole person – the physical, psychological, social, intellectual and spiritual

. . . Not only are we dealing with spiritual death and dying in special terms – but also we are dealing with Life and Living – Eternally (Soubirou, 1981)

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Chapter 2: Dr. Pat Kissell (Director 1976-1979)

God's providence was clearly seen in bringing Dr. Patricia Kissell to Biola. She wrote an article in which she described all the reasons why she should not get a doctorate. They sound familiar to anyone who has struggled with that decision. Fortunately for Biola, God overcame her objections. The studies aroused curiosity in her about the academic world, her Christian life and her relationship with others. She realized she did not have the answers to all the philosophies which were opposed to Christianity, and that was all right because it was God's battle. She was assured that God was present with her, as she dug into studies to the best of her ability (Kissell, 1975). Upon reading the article in a Nurses Christian Fellowship (NCF) publication, Becky Fleeger felt immediately that this was someone who should be contacted as a possible successor to Dr. Soubirou. Dr. Soubirou soon made a call to New York University (NYU).

Late one afternoon at NYU, after almost everyone had gone home, Delores (Dee) Krieger (of "therapeutic touch" fame) answered the phone. "Pat, it's for you," she called. Dr. Soubirou was on the other end and extended an invitation to come to California for an interview. The interview time did not go smoothly. Her plane did not arrive until 1 or 2 am. Then she packed a lot of meetings and meals with various people into a short time. A few minutes after meeting her, Dr. Soubirou asked if she had her California nursing license. As Pat was leaving Biola, Dr. Soubirou asked if she was filled with the Holy Spirit. She didn't feel particularly welcomed by Dr. Soubirou, but on the other hand, she knew the director was departing, and she could think of a number of reasons why Dr. Soubirou might not feel entirely comfortable leaving the program in the hands of such a novice.

The nursing program had been Dr. Soubirou's labor of love to which she had given her life. She had just recently taken it through the national accreditation approval process, which was an enormous undertaking. Dr. Kissell had only just completed her education and obtained her doctorate. She had never shepherded a program through the rigorous requirements of accreditation. Dr. Soubirou had years of administrative experience. Dr. Kissell had none. Dr. Soubirou was formal, reserved and ready to retire. Dr. Kissell seemed informal, outgoing and looked very young.

Biola was not the only job offer she had, so why did she come to the West Coast when all of her family was east of the Mississippi? New York University (NYU) doctoral graduates were full of pride because it was the #1 nursing school in the U.S.A. They were socialized to feel they could take on anything. She knew she had a lot to learn but believed she could handle an administrative position. She had also absorbed her mother's philosophy that if someone else could do something, then she could do it

too. She had worked with NCF and was drawn to the idea of a Christian environment. At NYU, she could feel the spiritual darkness, and one of the research buildings had been burned by students the year before she attended. Classes were taught about Satanism, and she could sometimes sense demonic power on campus. Her family situation was stable and California sounded like an exciting adventure, like a place where there was always something to do. All the pieces seemed to fall together. It felt right. On the other hand, if she had to do it again, she would take every class she could find related to organizational psychology, business and handling people to learn how to be a better leader (P. Kissell, personal communication, July 4, 2018).

Upon arriving at Biola, one of the first issues to be determined was what she should be called. Pat was too informal. Students felt that Dr. Kissell seemed somewhat formal since she had just completed her doctorate and didn't look much older than some of them. Dr. Pat was selected as carrying a connotation of respect, acknowledging her advanced degree, but not being too formal.

In a letter to the editor of the *Chimes*, her perspective on nursing education was very clear. "One trains animals but one educates people" (Kissell, 1978 p.2). Education involves being well-rounded with knowledge in many areas. Students need to be able to relate to anyone. They need to be able to reason for themselves, to think critically and to be able to evaluate. "You shouldn't judge others, but it doesn't mean you can't be a fruit inspector" (P. Kissell, personal communication, July 4, 2018). Students need to recognize they can always learn from others, and they need to know what is happening in the world in general, beyond the "Biola bubble."

All these ideas were packed into the teaching strategies selected for use in the Conceptual Framework for Nursing course which she taught. It was a pre-requisite for clinical nursing. Students were required to read the newspaper and come to each class with a written comment about some current event. (A librarian remarked to Dr. Pat that she had never seen so many students reading the newspaper.) They were required to turn in a weekly "A!Ha!" card. On this, they jotted down some insight they learned during the week, a time when the "light went on." It was not restricted to nursing, but could be in any area of life. She often asked them to write short personal responses to questions like: What do you think about your body? What was your most embarrassing moment? or What do you think a nurse does? She accepted any and all answers because the purpose was to encourage reflection and self-awareness.

Chemistry professor, Dr. Crawford, told her that many students didn't seem to see the necessity of chemistry for nursing. So, five or six times during the semester, she made up scenarios, using the vocabulary to help with their critical thinking. Examples could be: a patient has severe burns. What kind

of IV fluids are running? Isotonic? Hypertonic? Hypotonic? or You are assigned to a diabetic patient. What does sugar do in the body and why shouldn't this person eat a lot of it?

To increase cultural awareness, she assigned them to small groups. The question was: "Guess who's coming to dinner with your family?" Each group was told that someone from another culture was coming to eat with them. They were to discuss how their family might react. They compared what they thought they and their family knew, with assigned readings which would accurately reflect cultural values.

She was trying to teach them observational skills, so she began class one day and then walked out. She had a student in the front row turn on the overhead projector with brief questions to answer. When she came back to the classroom she asked the students what had changed. One observant student noticed she had changed from blue shoes to red. She had made other changes like a scarf and earrings, but some of the students were oblivious and had noticed nothing. This led to a discussion of the need for observation. All of these educational approaches helped the students to increase in critical thinking and be aware of the world around them, skills necessary for the professional nurse.

Although Dr. Pat was familiar and comfortable with teaching upon coming to Biola, she lacked sufficient administrative experience to meet the California regulations for a program director. So, she began a one-year tenure as the Associate Chair of the Nursing Department, under the supportive leadership of Interim Chair, Joyce Roberts. Her responsibilities included: establishment of Affirmative Action Guidelines for Biola, plans for health examinations for students, development of faculty assignments 1976-1977, reallocation of library funds, faculty recruitment, interviewing and student advisement (Biola College Department of Baccalaureate Nursing, October 1977 p.11). In addition, she assisted in the teaching of 5 courses; Advanced Nursing, Adult Nursing, Community Mental Health, Nursing in the Community, and Conceptual Framework. This rigorous assignment gave her a good orientation to the curriculum and the clinical agencies.

Coming from New York, Dr. Pat was interested in how nursing education functioned in California. She wasted no time in contacting the chairs/deans of the only two other Christian nursing programs of which she was aware, Azusa Pacific and Point Loma, asking them to meet with her. Later Mount St. Mary's school wanted to join in the discussion. Dr. Pat initiated the Consortium of Private Nursing Colleges of Nursing with a meeting at Biola in December, 1975 (Burdick, 1976, p. 1). Four schools were represented: Azusa Pacific, Point Loma, Mount St. Mary's, and Biola. Marilyn Grafton, who was a nursing consultant for the California Board of Registered Nursing (BRN), also attended. The

Duffy Act, which required major changes in BSN curricula, and affirmative action were some of the first topics discussed (Consortium of Private Nursing Colleges, 1975, p.1). Gradually, more and more schools wanted to join, and the organization grew until it is currently a division of the California Association of Colleges of Nursing (CACN) called the Independent (Private) Colleges and Universities.

Completing the required year of administrative experience under Joyce Roberts, Dr. Pat became the Chair in fall, 1976. Reminiscing about her years as Chair, she stated that she wasn't particularly looking for power, but tried to influence others. She learned much about administration and felt working at Biola was fun, especially working with Dr. Norman, Assistant Dean. She would go to him with a major problem. He would listen and then ask her what she thought ought to be done. After she told him, he would ask how he could support her. He was always on time, so she was surprised one day when he was late. His story was that he was going to pick up a new car on that very day, but was driving the old one to Biola. On the way, a policeman stopped him and gave him a ticket because the car was too noisy! (P. Kissell, personal communication, July 4, 2018)

She learned early about the need for clear communication. She had a blackboard in the Chair's office and was trying to work on the budget. The blackboard provided lots of space for putting in all the details. Pleased what she had completed, she left for home, only to find the next morning that a diligent student janitor had carefully cleaned the whole board. This gave new meaning to the expression: Back to the drawing board!

She distinctly remembers the day when Rafe Payne's rattlesnake got loose in the science building. Nursing was on the first floor and science on the second. She told him in no uncertain terms that he should keep his snake locked up. It didn't belong on the nursing floor.

One day she invited the full-time faculty to her one-bedroom apartment for lunch. The menu was a "build your own" chicken dish as each person started with cooked chicken and then added rice, gravy, coconut, pineapple, celery, etc. to taste. People kept coming, more than she had expected, and she had to climb up to get the seldom-used dishes from the top shelves. It was before microwaves and she was worried the food was going to run out. She didn't have enough dessert, so she cut all the oranges for dessert in half. She remembered an old cooking tip. You can use powdered sugar and a can of evaporated milk (not condensed) and whip them together to make whipped cream, which she did. If faculty wondered why dessert was so meager, no one said anything. It was only afterwards that she learned where all the unexpected guests came from. She had invited the full-time faculty who just

assumed that the part-timers were invited and brought them along. This was another reminder of the need for specific communication.

She was only at Biola four years, but with Dr. Norman's support and her leadership, nursing progressed in attracting better qualified faculty, revising curriculum, teaching with innovative strategies, and becoming an influence in the world of Christian nursing education. Here are her goals for the 1977-1978 school year. They demonstrate how she moved the department toward greater professionalism and influence.

1. Faculty preparation to teach physical assessment skills
 2. Hire only master's and doctoral prepared faculty
 3. Renovation of Marshburn Annex
 4. Establish master's program in nursing
 5. Establish center for continuing education for Christian nurses on the West Coast
 6. Provide leadership among nursing for the Christian Colleges in the U.S.A.
 7. Establish overseas experience for clinical component of Community Health Course
- (Biola College Department of Baccalaureate Nursing, October 1977 p.17)

She calculated funding needed to prepare faculty for teaching physical assessment and put it into the budget. The following chart shows progress in the area of hiring more qualified faculty.

Table 1: Faculty Educational Preparation

	October, 1977	October, 1978
Doctorate	1	1
Doctoral Student	1	1
Masters (Nursing)	8	10
Masters (Other Field)	1	1
BS with Graduate Credits in Nursing	2	4
BS (nursing) only	4	0

Note. Data from Biola College Department of Baccalaureate Nursing, 1978, p. 2.

Faculty minutes show progress on plans for the renovation of the Marshburn annex into a facility for the nursing major, but it was slow work. It was critical to increase facilities on the Biola campus as the students were having to travel to the downtown Los Angeles campus to practice skills when Dr. Pat first arrived. Administrative offices were housed in the Marshburn annex at the time. They had to move to the new administration building, Metzger Hall, which was completed in 1979, so that the nursing major

could move in. It was a domino effect. The makeover was not completed until after Dr. Pat left, but she had a significant part in the planning and shaping of the surroundings for nursing. Soubirou Hall, with classrooms, conference rooms, a nursing arts laboratory also known as a skills lab, and faculty offices was finally ready and dedicated in 1981.

Unfortunately for the development of the master's degree, when Dr. Chase was interviewed by the NLN visitors in 1977, he stated that there was no support for it by administration (NLN Report, 1977 p. 18). There were no master's degree programs in the college at the time, except within the Talbot Seminary. Nursing department minutes allude to a memo circulated a year later by Dr. Iwata, Dean. Biola faculty were asked to rank several named departments as to the priority each should be given for developing a master's program. The actual memo could not be found, but nursing faculty wrote a letter of protest, so it is assumed that the department of nursing was not on the list (Nursing Faculty, 1978, p. 3).

In the late 1970's, Dr. Crawford studied the California projections for decreased college enrollments in the 1980's due to the documented decrease in the college-aged population. An Institutional Plan, 1978 was being drafted. Each department head was asked to try to forecast the effects of an enrollment drop and to propose potential solutions. In Dr. Pat's reply, she wrote, "We can provide the leadership among evangelical Christian colleges with the FIRST masters in nursing" (Kissell, May 5, 1978, p. 3). She suggested that it be a Masters in Nursing with an emphasis on spiritual assessment, and theory and skills needed to work in cross-cultural settings. This could be very helpful to both missionary nurses and those at home working in increasingly cross-cultural settings.

Biola nursing did influence leadership of Christian nursing programs through the previously mentioned Consortium, and the department obtained certification from the state of California to offer continuing education units, effective January 1, 1977. Each provider was required to teach a minimum of three courses over the two-year approval period. Outlines had to be sent to, and approved by the BRN prior to implementation. Biola collaborated with NCF for many courses. There was a workshop, co-sponsored with NCF in San Francisco presenting a Christian perspective on mental health. In the second offering, "Persons in Crisis," nurses were taught to assess and intervene from a Christian perspective. A third workshop held at Pasadena City College dealt with nursing ethics (Continuing Education, 1977, p. 19). The following year, "The Nurse as a Whole Person: A Christian Perspective" was co-taught by Dr. Pat with Mary Berg from NCF, addressing the issue of burnout (Brochure for program, 1978). Other early courses included a travel-study tour to England, led by Joyce Roberts, an Introduction to EKG Interpretation taught by Kathie Barry (Sandoval) and Spiritual Assessment taught by Pat Kissell.

Dr. Pat was not able to establish an overseas component for the Community Health Course, but in Fall, 1976, an affiliation began with the Rural Clinical Nurse Placement (RCNP) Program which allowed students to work with various populations as migrant workers, Native Americans and patients in rural settings. Although this experience was in the USA, its existence required the creation of the necessary university structures which would later facilitate overseas placements. The year after Dr. Pat left, Biola sent out the first group of nursing students who received course credit for international experiences. They worked in refugee camps in Thailand under the auspices of Food for the Hungry. So, the goal was fulfilled.

During her tenure at Biola, Dr. Pat was involved in a research project with Western Interstate Commission for Higher Education in Nursing (WICHE/WICHN) called Predictive Criteria for Success in Nursing. However, limited time and resources for faculty research and publishing was an area of frustration. Due to the size and complexity of the nursing department along with accreditation requirements, precious time had to be prioritized into other areas. The WICHE project was to develop a tool for employers to evaluate new graduates from BSN programs. However, most employers were not familiar with the goals of baccalaureate nursing education and viewed graduates through the lens of the tasks to be accomplished, so it was not a great success. She did, however, facilitate the development of a new curriculum which included an introductory research course for students, taught by Cindy Westcott.

In terms of influencing the nursing world locally, through Dr. Pat's intervention, Biola was in on the ground floor as an early member of the current Orange County/Long Beach Consortium. She wished that Biola students would be able to have the opportunity to affiliate with the premier Children's Hospital of Orange County (CHOC), but it was very impacted with students. The CHOC affiliations coordinator suggested that the schools decide placements, so Dr. Pat volunteered, along with Lynn Jones, the new pediatric instructor, to coordinate the process. Together they contacted all the programs which wanted to use CHOC, including OR technicians, LVN's and other ancillary personnel. Dr. Pat and Lynn Jones worked over Thanksgiving vacation to map out everyone's requests. Then the program directors/chairs met in a room with a blackboard, and all the requests were put before them. They kept score. Programs had to give up something to get something. They worked for hours and came to an impasse. Dr. Pat declared they had a choice to make: stay and work it out, or come back another day. No one wanted to repeat the process again, and woman with an analytical mind came up with a possible solution. With further negotiation and good will they finally hammered out an agreement. Some decreased the length of their rotations slightly to make room for others, or took half semesters instead of full semesters. Hours were lengthened for some individual clinical days to decrease the number of overall days used. Biola

students ended up having to go to Saturday clinicals, but the experiences were worth it! Through the intervening years, the Orange County/Long Beach Consortium has grown in its school and agency membership, greatly expanding the clinical placement role. With computerization, thankfully, clinical placements take a good deal less time than in the past. The consortium, still in existence, has been a model for collaboration in clinical placements for the state of California.

But, all was not hard work as Dr. Pat has many other memories of her time at Biola. She loved arguing with Dr. Saucy, Talbot Bible professor, about women's roles in the church. She was assertive and did not back down from her carefully thought-out views. She was known, on occasion, to ride her bicycle into the lobby of the science building. She was very careful about what she wore as a new faculty member and wanted to be well-dressed. One day, she was wearing a new purple dress, but her secretary told her that her slip was just too long. So, she climbed on a chair. The secretary took a pair of scissors and sheared off the lower edge of the offending garment until it no longer showed. Problem solved!

When she came to California, she had several major personal objectives for herself. She felt that Christians should integrate faith and life. As Chair of the program, she felt her caring should apply to reaching out to new faculty members, especially those who were single and might not have the support system of a married person with a family. She wanted to live in a safe environment where she could have people enjoy her home. She saw the home as an extension of herself and the way to comfortably get to know others through hospitality. She emphasized fellowship with faculty members doing amusing things like potlucks where everyone was supposed to bring something related to their initials. Hers were "PDK," so she brought Pat's diet kabobs which consisted of various fruits on a skewer. Doris Haslam (DH) brought donut holes! She wanted not only to attend church, but to be fully involved, so she joined in the leadership of the singles ministry of the Evangelical Free Church of Fullerton under Chuck Swindoll. It was a very bright spot in her life. She may have been a little older, but she felt she fit in. She believed that Christians should be involved with the surrounding community, and she served in a variety of roles in the city of La Mirada. Family was important, so she kept in touch through telephone and notes, even when she was not able to be physically present.

She had gotten to know Sister Callista Roy from Mount St. Mary. Visiting her office, Dr. Pat was amazed that someone of her stature as a nursing theorist would not have enough room for her telephone. It resided on a waste paper basket turned upside down. They had many things in common.

They agreed that nursing administrators should keep up nursing skills. Dr. Roy would work in the intensive care unit (ICU) during summers, and Dr. Pat worked as a staff nurse at Kaiser Permanente

Medical Center, Bellflower in the summer of 1978. That summer, she felt that she was a real nurse putting together all the pieces of her education in caring for patients holistically: physically, emotionally, socially, spiritually, and even thinking about financial concerns. She particularly remembered an apprehensive young man who was going for surgery. She took time to pray with him and saw first-hand the difference that spiritual care made. She lost weight that summer with her active running around and caring for patients, but had great satisfaction. If giving advice today, she would still recommend that nursing administrators should stay current clinically (P. Kissell, personal communication, July 18, 2018).

She had wide interests, even as she advocated that students be well-rounded. In 1978, Dr. Pat was selected from 10 nominees to be named “The Outstanding Career Woman of the Year” by the La Mirada Business and Professional Women’s Club. A few of her activities cited in a press, release included being a member of the Friends of the Theater, an advisory group for the La Mirada Civic Theater, a member of La Mirada Community Hospital Advisory Committee, a member of the Bill Lock Chorale, chair of the Consortium of Private Schools of Nursing of California, and chair of the clinical facilities sub-committee of the Orange County/Long Beach Nursing Consortium Education Committee (Cross, 1978). The student newspaper, the *Chimes* added some interesting activities from a student viewpoint. She led a Biola Cadre student discussion group about the “blessings and burdens” of the single life, wrote to international pen pals, was an avid bird watcher, and was hoping to get a master’s degree in music. Receiving the award for “The Outstanding Career Woman of the Year,” she was quoted as saying:

I really enjoy being active. By being involved in the community we let the people around see we are real people. I also believe you don’t have to sit back as a Christian and let other people be the leader, you can be the leader. This award seemed like a gift from the Lord, an encouragement that my efforts haven’t been in vain. (Veale, 1978, p. 3)

Being active was a primary characteristic of Dr. Pat. She was a guest lecturer, not only for nursing courses, but also in the Marriage/Family Counseling (M.F.C.) program and in the Christian Education Department at Biola. She coordinated a survey of chairs to determine their major concerns. She designed a department chairperson evaluation tool. She initiated video tape self-evaluation of her classroom teaching. She instituted individual sessions with nursing faculty to support them in reaching personal, professional and departmental objectives. She started a nursing advisory committee of off-campus community members. She spoke at Biola and Talbot chapels on such topics as self-esteem and the single woman, and the synergism of love. She even sang a duet in chapel with Paul Poelstra. She directed the nursing gospel team, “His Healing Touch,” which sang for various occasions as pinning, recognition and outreach events. She made her own light blue denim jumper, even though she has done next to no sewing since. She played the flute and organized a “Nurse’s Christmas Musicale,” for at least two years (Nurses

musicale tonight, 1979, p. 2). A great test of her commitment to the Biola community came in the form of Donkey Basketball: faculty vs. AS Student Council. She was petrified, but the *Chimes* declared it “All in a typical Biola evening” and featured a picture of her making friends with her donkey. In the words of the newspaper, the AS Council “beat the faculty decisively” (p. 6).

Although she didn’t write the article *Intentional Encouragement* until 1995, she was living out her philosophy at Biola: “if it is something that would encourage you, do it for others” (Kissell, 1995, p. 30). She attempted to pray for faculty and family members by name. She kept a supply of various types of cards to be ready for any occasion. She baked. She went to plays with single faculty members. It was important to have a guest room in the house where visitors could stay. She entertained a number of interesting people in her home. She faithfully tried to encourage others.

Although she faced many challenges at Biola, there were two which caused more stress than any others. The first was developing the professional curriculum with the required 30 units of Bible. The Report of Visit for Accrediting Purposes, noted that requirements for graduation for other departments ranged from 128 to 144 units, but the Department of Nursing required 152 (National League for Nursing, 1971, p. 6). With difficulty, she was able to lead faculty in developing a proposed curriculum for 1979-1980 of 140 units. (1979-1980 Total Curriculum Plan). However, it remained, basically a 5-year curriculum in order to be able to meet both goals: to develop professional practitioners of excellence and to produce well-educated Bible students who had taken 30 units of Bible. The second challenge was finding and keeping qualified faculty who met the Biola standards of practice. Later in her career she met a faculty member who asked if Dr. Pat remembered that she had once applied to teach at Biola. Receiving a negative, the person said with some irony that she wasn’t a good enough Christian because she enjoyed an occasional glass of wine. Times have changed and this would no longer be a disqualifying factor, but it was of grave import in the 1970’s.

Although, Dr. Pat was at Biola only four years, she left an indelible mark. She had the same kind of drive and determination as Dr. Soubirou, but she helped the program develop in new ways. The atmosphere changed from one of a vocational missionary health program with a focus on skills, to one of a more professional character. The program continued to stress the spiritual aspects of nursing but also placed an emphasis on well-rounded students who could think critically and could relate to people in all walks of life. The curriculum was revised, research was added, and the department began development of a truly nursing conceptual framework, which was the basis for the curriculum for the next 30 years.

In 1978, she was asked to write “What I would like Biola to be” for input for the Institutional Plan. Her boundless enthusiasm and faith are evident.

Smallness and humbleness are not synonymous with godliness. I would like to see Biola assume leadership among Christian [sic] colleges and universities. There is no reason to predict that just because we get larger in number and space, offer broader programs, conduct significant research, become well published and known in our field that God is going to remove His hand from Biola. Why not operate on the assumption that we have a ministry that is unique and we need to push this ministry? (Kissell, 1978 p. 4)

She believed Biola nursing had a unique ministry and pushed to improve it. She was a professional role model for students and faculty, and her accomplishments show that she practiced what she preached.

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Chapter 3: Dr. Rebekah “Becky” Fleeger (Director 1979-2007, Acting Dean 1993-1997)

God has interesting ways of bringing faculty to Biola. For Becky Fleeger, it was definitely not a straight line. Becky wasn't even thinking of nursing when she was in high school. She thought she wanted to be a physical therapist and only started out in nursing because she thought that would take her on the career path to meet her objective. By the time she found she was on the wrong path, she decided she really liked nursing, and so completed the diploma hospital program at Jackson Memorial Hospital in Miami, Florida. When in OB, after being observed as she taught about bathing a baby, the instructor recommended that she think about teaching in the future.

After getting a year of experience in nursing, she went to Florida State University. At that time, diploma program graduates did not receive any college credit for courses. To get a bachelor's degree, in addition to the specialized nursing courses, she was required to take NLN exams to validate her level of nursing knowledge as well as general education courses. (This gave her sympathy later for the RN transfer students coming into Biola.) Registered nurses who wanted a bachelor's degree were required to have an educational focus, so her degree was a BSNE, which was a Bachelor of Science in Nursing Education. In addition to the usual public health and nursing research, she spent time doing practice teaching, which included writing lesson plans and being observed in the classroom.

She and her roommate had each decided someday to get a master's degree, but the roommate had a summer class to complete after Becky had completed her studies. No one would hire her for just six weeks so she did private duty nursing through a local district of the American Nurses Association (ANA). She said she would take any patient, so was assigned the most complex. She cared for several patients with cancer who died, and a burn patient. Things were different then. The patients wrote a check at the end of the shift and gave it to the nurse. She mainly ate, slept, washed her uniforms, and worked that summer for six weeks, but it gave her valuable experience.

The only master's program in Florida specialized in mental health. Since she didn't feel called to mental health, she looked for an alternative. Thinking of UCLA, she and her roommate moved to California. She had been part of a Nurses Christian Fellowship (NCF) group in nursing school and thought she might be able to get a teaching job and be an NCF advisor at the same time. Somehow, their applications to teach got lost until it was too late to be hired for fall, so they decided to take a road trip up the coast to see California schools and hospitals. On the way home, they pulled into a gas station, and at a whim she called a local hospital school in Santa Barbara to see if they had any openings. The diploma

program had two positions still open and they were hired “on the spot!” By the end of the year, each knew what she wanted to focus on at UCLA.

The National Commission for the Study of Nursing and Nursing Education completed a comprehensive study in the years 1968 and 1969. Part of it was a survey of nursing schools. Forty-seven percent of the schools identified a shortage of qualified nursing faculty as their most pressing problem (“*National Commission*,” 1970, p. 291). Congress had passed the Health Manpower Act providing loan forgiveness for nurses preparing to go into teaching. Knowing she wanted to teach, Becky applied. She received a monthly stipend, books and tuition. She could almost save money living frugally. She didn’t have to work to pay the bills, so was able to complete her master’s degree fairly easily and have time for other activities.

In Santa Barbara, through NCF, Becky became active in a very “live” church and began to grow spiritually, so she sought out ways to continue that growth at UCLA. She joined an Intersociety graduate group which led to her attendance at the Urbana missions conference not long before graduation. After attending, she was willing to go anywhere, but thought God might want to use her to be an NCF advisor. If that were the case, she felt she needed a better foundation in Bible. She thought of taking a survey course in Bible at Multnomah School of the Bible which was designed for people who already had a degree. However, she didn’t want to move to Oregon. At the same time, she was attending the Church of the Open Door where she met many people from Biola and Talbot, especially on Sunday evenings. Talbot Seminary’s tuition was less than Biola and Becky found she could be a special status student, take whatever courses she wanted, and would not have to work on a degree. It was appealing to her and her roommate too. At UCLA, she had met Leta Kilander who was teaching in the nursing department at Biola and was also completing a master’s degree. Leta says she strongly encouraged Becky to go to Talbot and was aware when she enrolled.

Miss Soubirou always let her needs for nursing faculty be known, and Miss Kilander made her aware that there were two nurses enrolled at Talbot. Also, Dr. Feinberg from Talbot came to Miss Soubirou’s office and said “you’ve got to get the girls” (L. Kilander, personal communication, July, 2018). No matter who was responsible, Leta Kilander or Dr. Feinberg, Miss Soubirou took action. One day as Becky opened her mailbox, she pulled out an application with a handwritten note. “Please fill this out and return it as soon as possible,” signed, LV Soubirou. She didn’t fill it out, but did talk with Miss Soubirou. The idea of teaching in a Christian school where there was no worry of offending anyone with Christianity was very attractive, and she felt she did have adequate clinical knowledge and skills. She began teaching at Biola in 1969.

Becky is known for her integration of faith and nursing. Her favorite verse which she has taken for her life verse is Col. 3.17, “And whatever you do in word or deed, do all in the name of the Lord Jesus, giving thanks to God the Father through Him” (New King James Version). She has lived out this verse both as a teacher and as director of the nursing program.

In her early years as a faculty member, she was interested in a nursing diagnosis system of classification being developed by nurses who wanted to better show the contribution of nursing to patient care through clinical judgments. She was elated when she saw an article discussing the first meeting of the group in the February 1974 *American Journal of Nursing (AJN)*, listing potential diagnoses. At the top of the list was “Alterations in Faith: In God, Self and Others.” Only later did she find out that it was first, not because of priority, but in alphabetical order.

At the second conference, this diagnosis was not accepted but designated “to be considered” because of the controversy surrounding it. Becky was invited to be on a regional task force organized by Sister Joyce Turnbull to talk about the concept of spirituality and how this diagnosis might be worded and implemented into the taxonomy. By the time the third conference occurred, she and other task force members were ready to jump into the conversation with well thought-out ideas. They recognized that the word “God” tends to be associated with Judeo-Christian thinking and wanted to allow for inclusion of needs of patients with other world views. So they replaced “Faith in God” with “Faith in matters related to spirituality.” Spirituality was defined as “...the life principle that pervades a person’s entire being—his volitional, emotional, moral-ethical, intellectual and physical dimensions” (Fleeger & Van Heukelem, 1977 p.1). After giving a definition, they suggested defining characteristics, and associated signs and symptoms. Then they requested that NCF members submit case studies related to spiritual issues which utilized the identified characteristics or further ideas not yet expressed.

The 3rd national convention took place in 1978, and the whole body of participating nurses was divided into smaller work groups of 15 or 20 nurses each. The task was to do the groundwork for various nursing diagnoses. Becky’s group was given a choice between several diagnoses to discuss. Because the task force members in the group were prepared and had brought copies of their previously completed work, it made sense for the group to build on the work done rather than start from scratch! The spirituality issue was selected as the diagnosis to be discussed. Philosophically, the group was split in half. Approximately half were Christians and half were not. After a day of hard work, they decided a continuum existed and named the diagnosis: “Matters of spirituality: spiritual concern, spiritual distress and spiritual despair”. On the second day all groups reconvened into the body of the whole and voted on which diagnoses were ready to be accepted and placed into the classification system. A 2/3 vote was

needed for acceptance. The vote related to acceptance of the “Matters of Spirituality” diagnosis was a nail-biter, since the outcome was far from assured. It got just enough votes to be added to the list of accepted diagnoses. The wording has since been changed, but it was an early step in the process to the currently-accepted thinking that every patient has the right to spiritual care.

About this time, Biola student Nancy Kramer was the editor of the *Range of Motion*, the quarterly newsletter of the Student Nurses’ Association of California (SNAC) and later she became president of the state organization. Nancy saw herself as a representative of the Christian viewpoint on the state board (Carpenter, 1976, p. 5). Through Nancy Kramer’s influence, Becky was given a place on the convention program for two semi-annual meetings: Dec. 1975 and February 1976. She spoke on spiritual assessment and intervention, and probably drew on the work done by NCF staff member, Ruth Stoll who published in the *AJN* on spiritual assessment. It was the first time this topic had ever been discussed at a convention of student nurses.

Becky never aspired to be the Director of the Nursing Department, and she doesn’t recall anyone pressuring her to get a doctorate degree. She did, however, feel led by the Lord to be better prepared as a faculty member. Nursing was becoming a profession in the 1970s and needed members with advanced degrees. University professors generally had doctoral degrees, so if she was going to be viewed as an equal she needed the doctorate, which she completed in 1986. Biola faculty member, Betty Neumann gave her some great advice. “Be sure God is calling you to this because when it gets difficult you can look back to that moment and see that God called you to it. So, if he called you to it, then you are going to be able to do it in his strength.” She had not yet finished her studies when Dr. Pat Kissell decided to leave Biola. When approached about being the Director, she insisted she was not yet prepared and she felt inadequate. A nation-wide search was instituted, but no suitable candidate was identified. So, Cindy Westcott volunteered to be the assistant Director if Becky would be the Director. They worked together for the majority of the time from then until Cindy retired in 2004.

Under Dr. Soubirou, students called Becky, Miss Fleeger. First names were not acceptable. Dr. Pat relaxed the formality a bit. Then, when Cindy and Becky started working together, they allowed students to call them by their first names. Becky felt it made students feel she was accessible, and as director, she wanted to be available to them. That was something that students valued about Becky. They felt she listened to them, and heard what they had to say.

Spiritual assessment was important for patients, but it was also important for students in a setting such as Biola’s nursing program. One of the first things which happened after Becky became the Director

was adding a spiritual assessment to the faculty guidelines for interviews of prospective students. Basic questions were included such as: How long have you been a Christian? Can you share with me your Christian experience? What does Jesus Christ mean to you? How do you feel the Lord has led you into nursing? (Admissions and Alumni Relations Committee, March 4, 1980, p. 1)

There were many other tasks to be done to continue to improve the Christian integration. Becky maintained her networking with NCF and other Christian deans and directors. She did hours of paperwork necessary for the summer mission experiences to happen, and later the required paperwork to facilitate the experiences with homeless clinics, and churches in the inner city. She taught specific lectures on spiritual assessment and intervention to the students, as well as for NCF workshops with CEU's for practicing nurses.

She supported faculty in the integration of Christianity in their courses. In fact, as early as 1981, she asked all faculty to read the book *Dilemma* which gave a Christian model for working through ethical issues and bringing scripture to bear on the issues. This began discussion on how to better integrate ethics into the curriculum (Curriculum Committee, May 11, 1981, p. 2). Further, Becky ordered copies of *Ethical Issues in Nursing Education* from the NLN for instructor use (Level Coordinators Committee, Oct. 26, 1981, p. 1).

Becky facilitated a special faculty meeting in 1983 in which the nursing department considered answers to a university questionnaire about departmental integration of faith and learning. It was satisfying to see how the integration of faith and learning was developing. Self-assessment revealed that the department had a thoroughly biblical philosophy. Long hours had been spent in discussion and refinement of a distinctively Christian philosophy of nursing which explicitly identified patients as individuals who are spiritual beings, made in the image of God. Faculty were purposefully acting as role models of Christian nursing. Students were intentionally taught how to assess spiritual needs and intervene appropriately. Christian perspectives were brought into the discussion when ethical issues arose. Students were asked to do values clarification. There were clear expectations that all of nursing was based on a scriptural, holistic view of humans. Some classes used scriptural lessons such as the book of Nehemiah to draw out leadership principles for students (Nursing Faculty, Jan 31, 1983. Addendum).

The seminal ideas of the conceptual framework, which began development during the time of Pat Kissell, took root and bore fruit under Becky. The conceptual framework grew from the ideas of the philosophy, and became the foundation for the curriculum, learning objectives and student evaluation. In the conceptual framework, life began at conception and was seen as infinite, incorporating the Christian

values of life at conception with eternal life. Under Becky's leadership, caring emerged as central to nursing in the official diagram. Caring was defined according to biblical principles in contrast to the work of Leininger and Watson, whose caring was definitely influenced by "New Age" thinking (Biola University Department of Baccalaureate Nursing, 1991, p.12). With more discussion, caring was explicitly designated "Christian caring" in the conceptual framework to make the difference even clearer. In 1995, faculty voted to use "Christian caring demonstrated through mission relevant service" as one of the departmental outcomes for the NLN accreditation report (Nursing Faculty, 1996, p.1). Students were required to document experiences in giving spiritual care so that faculty could better assess their strengths and weaknesses. In 2000, Christian caring was incorporated into the departmental mission statement. "The mission of the Department of Baccalaureate Nursing is to prepare students to be competent nursing professionals who integrate Christian caring into their nursing practice" (Nursing Faculty, 2000, p. 1).

Becky Fleeger, when interviewed (personal communication, 2007), said that she thought her major contribution to Biola's nursing program was to begin to help faculty work together to intentionally integrate faith and nursing practice, making the whole program distinctively Christian. While Dr. Soubirou was a woman of prayer who tried to show her Christianity through everything she did, Dr. Fleeger felt that there was a lack of intentional coordinated integration of Christian faith and nursing practice. Dr. Soubirou had patterned the Biola program after state schools and with "value added" Bible classes. Under Becky, biblical principles were firmly planted into the conceptual framework and the ideas branched throughout the program as faculty considered the implications.

In the 1990s, the idea of integration seminars became popular at Biola. An integration seminar was seen as a "capstone" course, generally taken in the senior year, and a faculty member from Talbot and one from a particular discipline would team-teach. The emphasis was on scriptural application to the discipline. Scott Rae, faculty member in Talbot School of Theology, who had participated on two hospital ethics committees, developed a course on health care ethics. He approached the Nursing Department for a faculty member to team-teach with him. Because Becky had done several lectures on ethics in nursing previously and had taken classes at Talbot Seminary, she was the logical choice. The course emphasized scriptural personhood, confidentiality, abortion, genetic engineering, placebo use, honesty, and end-of-life issues to name a few topics. For a time, it was required of all nursing majors. When Dr. Rae moved on to other projects, there were additional Talbot faculty who taught in the course, and after Becky retired, there were other nursing faculty who participated. It was open to students from a variety of disciplines who were interested in health care, but the nursing students were generally the only ones to have had clinical experience. They saw the complex nature of the issues. Students from other

disciplines merely perceived the dilemmas from an intellectual viewpoint. They had not seen gut-wrenching situations such as when a dying patient was in critical care and family members disagreed about treatment, or the family was being torn apart because of a baby who was born with multiple defects. The nursing students were able to add the real life dimension to the discussions.

Students saw the love of Jesus as Becky labored to get scholarships, helped assure that tutors were available, especially for the science pre-requisite courses, and showed students that they mattered. For a time, she was the faculty sponsor for the California Nursing Student's Association (CNSA). Her door was almost always open. She had an amazing ability to support faculty and yet listen to students so they knew that they had been heard whenever there was a student-faculty disagreement. She asked faculty to participate in chapel and not schedule student appointments or committee meetings during chapel time unless it was an emergency (Nursing Faculty, 1980 p. 6). She and Anne Gewe often sat in the bleachers of the first section from the front of the gymnasium across from where Biola President, Dr. Clyde Cook usually sat, so that their presence could easily be seen.

At the time she retired, Becky knew every graduate who had ever completed Biola's nursing program. She kept in touch with many alumni and took updated pictures whenever they visited the department. She had a very large rolodex where current contact information was kept. She clipped pictures and articles about alumni from local newspapers and saved the records of almost everything in the nursing department archives, without which this history would never have been as complete.

One of the most difficult challenges as director, was finding faculty who were not only Christians, but also willing to sign the Biola abstinence agreement which, at that time, prohibited drinking, dancing, playing cards and smoking. She was continually asking her Sunday school class to pray that faculty positions would be filled. Most of the last-minute hires were graduates whom she recruited for teaching clinicals, but they did not have the qualifications to become full-time faculty. However, they did a wonderful job in clinicals because they had expertise with patients and, being familiar with the program, they knew the expectations as well as how to integrate their Christian faith and nursing.

There were some very dramatic answers to prayer. In one case, it was the week before the semester began, and faculty were having the usual pre-semester workshop, a whole day where complex curriculum issues could be discussed and everyone could have a voice. The department still needed a faculty member to handle the senior team leading rotation at Rancho Los Amigos Hospital, probably because the person hired previously failed the agency math test which was required in order to supervise

students giving medications. At the morning break, administrative assistant Glenda Lord told Becky there was a woman in the department with whom she needed to talk. The woman was looking for a full-time position as a faculty member, and there were no full-time positions available. Not one to miss an opportunity, though, Becky told her of the position which was available for 24 hours a week, including an eight-hour shift on Tuesday afternoon and two day shifts on Thursday and Friday. The woman was delighted as she revealed another school had asked her to teach a Monday/Wednesday class, so she could do the needed hours and have pretty close to a full-time schedule. She was hired on the spot (pending the references, paperwork and necessary administrative approvals).

Pat Miersma was a Biola graduate and mental health specialist who travelled around the world doing counselling and crisis intervention with Wycliffe Bible Translators. Becky telephoned and gave her a Macedonian call to “come over and help us.” Pat was in bed with a fever and relapse of malaria when she got the call. She thought she was hallucinating, but with Becky’s follow-up persistence, she did come to Biola and taught for several years. She had served as an army nurse in a mobile army surgical hospital (M.A.S.H.) unit in Vietnam and had overcome post-traumatic stress disorder. From her first-hand knowledge, she was able to give the students a rich understanding of mental health issues.

Becky declares that sometimes it went right down to the last minute, but God always supplied the faculty. No classes were ever cancelled. She often said that when she got to heaven, she would ask God, “Why did it take so long to answer the prayers for faculty?” On the other hand, she thinks she knows the answer. It was God’s way to keep her dependent upon and trusting him.

In 1993, Dr. Sherwood Lingenfelter, Provost, approached her about being Acting Dean over a division of the school of Arts and Sciences along with Walt Stangl and Bill Shanebeck. She didn’t feel she was qualified but her women’s Bible study group was studying God’s call to Moses at the time. The application of the story of Moses was that, if God calls you to something, you are qualified to do it. She wrote out a list of pros and cons of taking the position. The day that she went to give Dr. Lingenfelter her answer, the campus marquee displayed II Cor. 12:9, “My grace is sufficient for you, for My strength is made perfect in weakness” (New King James Version). She told Dr. Lingenfelter about all her inadequacies, and he responded: “I appreciate your transparency. That will help me know how to work with you.” When they took the vote for faculty approval, she had only one opposing vote.

She was the first female to hold the position of Dean, and it was for a 2-year term (Johnson & Bunch, 1993, p. 1). She continued to act as nursing chair as well as Dean over music, art and communications, and she was a central contact for calls outside the university. She found it very

rewarding because she was mainly doing the same things that she had done for the nursing department, only on a bigger scale. The major difference, though, was that she had authority and could make things happen without having to go through channels to administration. She also felt that faculty identified with her and thought she was one of them, not just some administrator making pronouncements from a high position. Additionally, she felt the three Deans working together was a good fit because she never felt comfortable with numbers for budgets, but number crunching was a specialty of Walt Stangl who taught in the math department. One of her most unusual tasks involved the art department. She adjudicated appropriate nudity to prevent scandals from the display of student work! She continued for approximately four years and was offered the permanent position, but felt that nursing was really her calling.

She had a lot of interesting memories of various graduations. For a number of years, it was a tradition to give her a “gift” after she read each student’s name at graduation. Probably the most beautiful was the year that the first student gave her a green vase, and each of the following students added a long-stemmed rose. More prosaic gifts were disposable stethoscopes. One year she was covered with band-aids featuring personalized messages, stuck to her cap and gown, nose, cheeks, etc. Another prank was when the first student gave her a red biohazardous waste container. Each student had a syringe filled with water which was squirted toward the audience and then placed in the container. One year, she received a public health bag, and each student helped to fill it with bandages, a “urine” sample, gloves and other items that might be in a nurse’s public health bag. She had a suspicion that Cindy Westcott and Chery Zukerberg were behind all this, as they seemed to know what was going on, but she could never prove it.

Through a visit to a friend in the hospital, she was motivated to start memorizing scripture passages. The day after surgery, Becky visited and asked if she could read scripture. The friend picked Philippians and said for Becky to read a verse and then she would say the next one. She had memorized a large portion of the book and died the week she was working on the verse Philippians 3:20, “For our citizenship is in heaven, from which also we eagerly wait for a Savior, the Lord Jesus Christ” (New King James Version). Inspired, Becky started to memorize one verse a week, and each week reviewed the passages with a partner. In spite of her busy schedule, she memorized all of Philippians, Colossians, Psalms 103 and 139, James and I Corinthians 13.

After being director for a number of years, she often declared she would be unsafe in the clinical area. However, she loved supervising the first year students giving free “flu shots” at the homeless clinic. It made her feel like she was back in clinical again. Although she may not have specifically kept up with all the latest advances, she encouraged faculty to do so.

Under her leadership, during her last year at Biola, the first human patient simulator, more popularly known as a computerized manikin or SimMan, was obtained for the nursing program. It breathed on its own, creating an eerie sensation the first time someone walked into the room and observed it. It had pulses, a blood pressure, bowel sounds and lung sounds. It could even talk. In commenting on it, Becky said, “If they had said this would have been possible in the future when I was in nursing school, I would have said they were kidding” (Draper, 2007, A3).

A lot changed at Biola during the years that she was present. The school developed from a Bible college to a university. She went from faculty to chair/director to dean and back. She was in the department when it was the largest major at Biola with over 300 students and also experienced its shrinking until in 1991 there were only 13 graduates. By the time she retired, the program had stabilized to 30/class, and the faculty was thinking about possible expansion again. She participated in a number of curriculum changes and worked with many different faculty members with varying interests and personalities, both in the nursing department and within the university as a whole. She received many awards, but two stand out. In 1997, as she transitioned out of the dean’s role, she earned the Robert B. Fischer award for Faculty Excellence which is given for exceptional achievement, and in 2007 she was honored to be Biola’s recipient of the “Career Achievement in Leadership” Award.

Knowing that Becky was going to retire, a committee formed in 2002 to look for a new Director. With her achievement in mind, the following were set up as the requirements for the new person.

- be a visionary (for setting 5/10 year goals)
- administrative skills
- ability to network
- experience in program implementation
- good interpersonal skills
- flexible
- experience with accreditations
- Christian maturity in personal life
- ability to discern spiritual issues in others
- experience in support of faculty and staff when under pressure from higher administration
(Nursing Leadership Team Search Committee, May 13, 2002, p.1)

Finding someone to fill her position was a difficult job, and the committee searched from 2002 until 2008 before the next director was appointed. Glenda Lord, a staff member who worked with Becky

for many years, noted that from her work it was obvious that she loved God, she believed he was her Father, she wanted to be a good daughter, and she wanted to treat the students like her own children! (personal communication, 2007). She will always be remembered as a woman who clearly demonstrated her Christian faith by her actions.

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Chapter 4: Dr. Susan Elliott (Director 2008-2014)

The following is an excerpt from the letter to the Dean, indicating the faculty's choice of Dr. Susan Elliott for successor to Dr. Becky Fleeger.

In reviewing her resume' and interviewing her, we felt that she demonstrates a broad range of experiences which would be helpful for the position. She has done teaching both at the undergraduate and graduate level. She has had administrative experience and was able to develop and direct a master's program which would be an asset to our department as we are considering the development of a possible master's program. She has done grant writing and successfully obtained funding for a nursing program. She has done missionary nursing in several countries which shows a compatibility with our mission of serving the poor and underserved of the world. She has done research and has publications to her credit, so faculty feel that she could serve as a role model in this area.

As we talked with her, she seemed confident, articulate and able to "think on her feet" about various potential scenarios related to the types of situations which she might encounter as a department Chair. She appeared to be visionary in terms of what the department could become in the days ahead, stating both short and long term goals which seemed to be reachable. She had new suggestions for faculty development. Since the department is planning to grow in the near future, it was felt that she could give guidance and creative ideas to supplement the broad outlines which have currently been proposed. Her letters of recommendation characterized her as a team player and we are hopeful of sharing a solid collaborative relationship with her as together, we build the nursing department of the future. (Gewe, 2008)

Dr. Susan Elliott was acquainted with Dr. Becky Fleeger through NCF, and was even a little embarrassed that she was with her faculty boss when Becky asked her to apply for the position of chair of the nursing department at Biola. She did apply, and faculty members were very positive. She had a previous engagement to go to Africa in fall 2007, so for one year, Dr. Cheryl Zukerberg was the acting chair. Dr. Elliott began her tenure in May 2008.

Her basic education started with a BSN degree, and she was very good clinically, but struggled with theory, which was helpful when talking with students who had similar difficulties. A trip to Africa a few years after graduation gave her familiarity with the advanced practice role long before the title became a standard within the profession, and she became convinced of the need to get those advanced skills. In Swaziland, she received midwifery training. Upon her return to the U.S.A., she completed the requirements for certification as a women's health nurse practitioner (WHNP). Later she earned the Master of Science Degree and family nurse practitioner (FNP) certification. The skills were essential for effective nursing in foreign countries.

Susan was raised in a Christian home and heard the exciting stories of missionary guests as they dined around the table. By the time she came to Biola, she had served as a nurse on six continents, but didn't feel that God was calling her into full-time missionary service. She had addressed specific short-

term needs like disaster nursing after Hurricane Katrina in the U.S.A. or supervision of nursing students in various countries.

Obtaining a Ph.D. in nursing from the University of San Diego, she became a faculty member at California State University, Los Angeles (CSULA), and started the first International Health Family Nurse Practitioner program in the United States. Subsequently, she served on faculty and in administrative positions at other universities before applying to Biola. She kept praying about Biola and asked God to swing the door so widely open that she wouldn't miss it if He wanted her there. He opened the door, and she felt Biola was definitely where she was called to serve for a season, until she had fulfilled God's purposes for her. She knew Biola graduates had a stellar reputation with employers, but felt that her gifts and skills could serve to increase the professional demeanor of graduates even more. That became her theme: "let's raise the bar."

An early action to raise the bar was helping faculty identify a short pithy vision statement to which they could all agree. The faculty approved: "Excellence in Professional Nursing: Called to Model Christ" (Nursing Faculty, 2008, p. 5). This was the beginning of the faculty project to streamline the 41-page conceptual framework document. Three years later, there was a concise 1-page mission, vision and values statement. It retained the heart of the conceptual framework yet reflected industry standards, since many hospitals at this time were using the mission, vision and values as an organizing principle to attain magnet status. Agency personnel understood the new format far more clearly than they had the old.

Another area in which the bar was raised was in the nursing skills lab. When she arrived, students shared kits for sterile procedures and re-wrapped the kits for the next person. Some of the equipment, like the IV pump was old. True, the principles for IV pumps have remained constant, but she felt that students could be better prepared for hospital settings if they practiced on current equipment. The first task was to obtain increased funding for updated equipment. Once this was accomplished, packages started arriving until the storage room was stuffed! Remodeling of the nursing building classrooms was done so that the skills lab could be just that—a skills lab and no longer used for lectures. She increased student perception of the clinical importance of skills practice by requiring lab jackets or uniforms to be worn. She envisioned a half-time position of a skills lab coordinator and succeeded in working with administration to make it happen. Shannon Gramatky, the coordinator, quickly took ownership of the equipment and experiences. Services were more organized, and increased hours of availability for practice were made available. Skills practice within the context of clinical scenarios was begun, and critical thinking exercises were developed where the students had to identify incorrect set-ups such as foley catheter tubing on the floor.

Will Livemore, the first computerized manikin for simulation, predated Dr. Elliott with his welcome reception being held on May 24, 2007. However, she worked with administration for funding and with hospitals to donate further equipment to enhance simulation experiences. A coordinator of simulation, Annette Browning, was appointed. Within three years, the university funded over \$100,000.00 for improvements in the nursing program from remodeling facilities to upgrading medical equipment with more computerization, to adding a dedicated maternal/child simulation lab (Biola University Department of Nursing, 2013 p. 16). Local hospitals donated a newborn warmer, newer beds and ventilator. Starting with a lone computerized manikin and non-interactive manikins in the skills lab in 2007, by 2013 the department had expanded to:

1 high-fidelity manikin with ventilator and cardiac monitoring in an intensive care lab, a Noelle with birthing bed and external fetal monitoring and a newborn with warmer in the OB lab, a child manikin, and 2 low fidelity and 2 non-interactive manikins in our main skills lab. (Biola University Department of Nursing, 2013, p. 44)

In addition, a program was begun where Level 3 students were mentored by the skills lab and simulation coordinators to teach the first year (Level 1) students.

Although it probably made students nervous, Dr. Elliott made rounds at clinical agencies and visited the students on the units. This fostered communication so that when she talked with various agency representatives, they were willing to share concerns. They knew her. One concern was that new graduates tended to be weak, although they progressed quickly in developing critical thinking skills. This led to a requirement for seniors in their last semester to spend time practicing skills and scenarios to help prepare them for jobs. The program evaluation questionnaire, sent approximately six to eight months post-graduation to graduates of 2013, showed that alumni viewed this time positively. Ninety-seven percent said that they would recommend or strongly recommend the continued use of this activity for job preparation (Pernesh & Manzano, 2014, p. 9).

Another part of raising the bar was to help faculty think in terms of their own currency of knowledge and teaching strategies. In 2010, brown-bag lunch discussions of the book, *Educating Nurses for Radical Transformation*, the first large, credible study of nursing education done for 40 years, led to reflection on educational practices. The following year, she introduced concepts from the Institute of Medicine's (IOM) Report, *The Future of Nursing*. These helped Biola faculty engage with professional faculty across the country and become familiar with nursing education beyond the walls of Biola. An outgrowth of the discussion was reinforcement of the need to use active methods of learning like simulation and case studies, so that no student experienced death by powerpoint!

She helped faculty recognize their own needs for currency and relevancy, and facilitated obtaining faculty approval for geriatrics from the BRN for all of the medical/surgical faculty. As a vast number of medical-surgical patients are older adults, the California BRN was concerned that all medical-surgical faculty have expertise to enable students to care for elderly patients appropriately. So, faculty members spent time in a CEU class or with required readings, and at least 20 hours in a skilled nursing facility or other geriatric setting doing mini-mental assessments and completing a Hospital Admission Risk Profile (which was graded by Dr. Cheryl Zukerberg, gerontology content expert). Some discovered that doing the assessment with elders whose minds continually wandered was not nearly as easy as the book made it sound. They also found it is always good to be reminded of what it is like to be a student learner.

An early challenge came from the BRN consultant. She told Dr. Elliott that all clinical experiences had to take place in California, a policy which would immediately end the rich international missionary experiences which the Biola nursing program offered. It is an understatement to say that faculty were upset and vocal about their feelings. Focusing on the underserved had long been a value underlying Biola's curriculum. In trying to understand the whole picture, she became aware that Biola's courses actually had more hours than California regulations required for licensure and public health certification. So, she was able to argue that all the requirements from the California BRN were met and the hours for these experiences were over and above. Thus, she had the opportunity to join the students on one of the trips to Rwanda to see first-hand the effectiveness of one of the mission experiences.

After participating on a nursing team in Rwanda, raising the bar for the mission experience led to a proposal by Dr. Elliott to work on an interdisciplinary team to investigate student learning experiences for students of other disciplines. The nursing students had been able to "catch babies, provide care in a hospital and in a large refugee camp, tour schools and worship in various denominational churches" (Elliott, 2010). In addition, she perceived that there were opportunities for many disciplines as computer science, communication disorders, psychology, art, business and education to name a few.

Applying her skills in grant-writing, she convinced the Butterfield Foundation to award Biola a grant of \$50,000, used to send students to Rwanda. The grant helped to defray the cost for a number of students who otherwise might not have been able to participate. Some even returned to serve again after graduation.

Another part of raising the bar was to put Biola on the map, to become known. Local health care agencies were very familiar with Biola, but the program was almost unknown in other parts of the

country, except in NCF circles. Dr. Elliott served on the executive board for the California Association of Colleges of Nursing (CACN). At the American Association of Colleges of Nursing (AACN) in Washington, DC, she was the small school's facilitator, and had an up-front task at each of the nursing conventions. Each semester, as she gave a report, she could stand up and say, "I'm Susan Elliott from Biola University." Her reports reflected that Biola, although a small Christian school, was relevant and current in thinking. She gave voice to Christian schools. She presented on the topic of biblical gender equality at the Oxford Roundtable in England, showing that Christians share social concerns with those of different faiths or no faith. Afterwards there was debate in which she was able to share the gospel and biblical themes through the lens of gender equality, and to show that the Bible is relevant to today's world. She was invited to speak at the National Press Conference in Washington DC, in favor of HR 940, the Healthcare Conscience Rights Act. It was intended to prevent agencies from discriminating against any nurse who would refuse to aid with abortion or assisted suicide. Further, during her tenure, the nursing department had to write both a BRN self-report for accreditation and a CCNE self-report. The nursing program received full accreditation from both agencies with no recommendations. Dr. Elliott felt that these were all ways of showing that Biola is an excellent Christian nursing program which unapologetically holds to Christian values and is actively integrating Christianity and nursing practice (personal communication, July 24, 2018).

Biola's faculty rank structure is not like that of many other universities which require high level research for publication to obtain promotions. Biola values teaching, integration of faith and one's discipline and mentoring of students. Points may be earned for research, teaching and service although a minimum must be accomplished in each area. Since very little publication and professional presentation had been done in recent years, Dr. Elliott's encouragement of faculty was to think of doctoral studies, apply to do poster presentations and to take opportunities to work together to publish in those areas already familiar. For example, the unique mission program sponsored by the department for students going to Rwanda was a topic she suggested.

In addition to raising the bar for quality of the nursing graduate, Dr. Elliott was at Biola at a time of rapid growth. In fall 2009, 10 additional students were admitted to the program. For three years, the department grew by 10 students per year, from 90 to 120 total, a 33% growth.

The expansion created challenges, and the bar had to be raised in many areas. Some in administration did not understand nursing and felt that growth was adding 10 more chairs in the classroom. But, even this was a challenge as some of the nursing classrooms had an occupancy limit below 40. Besides larger classrooms, a new clinical faculty member was needed for each 10 students.

However, it couldn't be just any nurse. Rather new faculty members had to be approved by the BRN for the specific area in which they would be teaching. In addition, the CCNE had already expressed concerns over the small number of faculty with doctorates. Recruitment and salaries would need money. New faculty meant the need for more office space. New agencies were needed as clinical sites. More administrative help would be needed.

Although an earlier proposal for growth identified some major needs for the expansion, a proposal written five years prior to the final implementation could never anticipate everything as conditions changed ("Proposal," 2007). Dr. Elliott had to strongly advocate for a larger budget and more resources, including a half-time position for student advisement and a peer advisor program under the direction of Shannon Gramatky. She received the reputation for being an excellent money manager, as one year she amazed everyone by spending within \$100 of the allocated nursing budget.

Throughout her time, the development and launching of the MSN program was a goal, and it was a personal regret not to see it happen. She developed a core curriculum outline and then engaged various faculty in the process of program development. The purpose was to engage them in the growth of Biola nursing and to grant them the opportunity to learn the processes of curriculum building, marketing, university approval, and meeting the national accreditation standards of CCNE.

She feels that Biola lost ground in the Christian educational community by not launching in a timely manner. Almost all the other faith-based schools in close proximity to Biola have master's and/or doctoral studies in place. Many of the graduate programs in the Christian universities no longer have a unit requirement for associated biblical studies. They have lost much of their integration of Christian faith. Her plan was that the very first course would be "The Theology of Nursing" where every graduate student would be faced with the implications of a Christian heritage for practice. The planned master's program focused on teaching and administration, and would also have helped to solve one of the biggest problems with which Biola's nursing program has struggled through the years: finding Christian nurses who fit in the Biola faculty family. All the living past directors of the program have identified faculty recruitment as one of the most difficult challenges of the role of director. The launch date for the master's degree program is set for fall 2019 but if it had been started when Dr. Elliott was at Biola, by 2019, there would already have been a nucleus of strong Christian graduates ready to educate future generations.

As she started at Biola believing that God was leading her to join for a season, she left Biola because one day God clearly revealed to her that her time was over, and she needed to write a letter of resignation. During her season of service, she attempted to fulfill God's purposes and, in doing so, she

accomplished much. Working with faculty, the bar was raised in many areas to enable nursing students to fulfill the mission of the nursing department and become “competent nursing professionals who integrate Christian caring into their nursing practice.”

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Chapter 5: Dr. Rachel Van Niekerk (Director 2016 -

Rachel Van Niekerk came to California in 2001 after having graduated with both a BSN and MSN from the University of Rochester, New York. She was a pediatric nurse practitioner (PNP), and was looking for a fresh start in a supportive environment after having lost her husband to cancer. Working at St Joseph's Home Health as a nursing educator and home health nurse, she heard about Biola University from a friend who claimed they were looking for clinical instructors. She had worked with students from several disciplines at the Medical Center in Rochester and enjoyed this role of mentoring and interaction. She interviewed for an adjunct clinical position, and Cindy Westcott, who had high regard for the University of Rochester, said she should definitely be hired! Upon seeing her PNP background, Cheryl Zukerberg was convinced that she could take over the Physical Assessment course. (R. Van Niekerk, personal communication, August 16, 2018). She started as adjunct in 2003 and by 2005 was thoroughly hooked on nursing education, specifically with the Biola emphasis of the integration of faith and nursing practice. She joined the full-time faculty in spring of 2005 and was able to teach in a variety of courses including her true passion, pediatric nursing.

She took advantage of tuition help and release time that Biola offered, as well as governmental funding to help alleviate the shortage of nursing faculty, and began doctoral study at San Diego University. Along with colleague Annette Browning, she rode the train to San Diego one day a week while the two formed a "mini support group" for study and encouragement. They both obtained the coveted Ph.D. in nursing in 2011.

After earning the Ph.D., she continued coordinating physical assessment for the department and focusing on the coordination of the pediatric course. She experimented with new learning strategies including the use of simulation and online resources for physical assessment. She opened a Facebook account for Paulie O'Vaccine, a young mother with two small children who had numerous questions about how to bring up children. Students were given the challenge of posting evidence-based answers to her questions that were expressed in lay terminology. Many students took the challenge very seriously and with enthusiasm which enhanced learning.

As Rachel began being interested in taking on more leadership roles in the department, she was made a member of the leadership team. Then, as associate director, she spearheaded the continued development of the master's degree program and started learning some of the intricacies of program evaluation.

Since Dr. Anne Gewe, the interim director, wanted to retire, a search was done both within and without the university. In 2016, the nursing faculty voted unanimously to recommend Dr. Rachel Van Niekerk for the position of Director of the Nursing Department. Faculty approval focused particularly on her “people skills” and servant leadership. They gave examples of her ability to give criticism and feedback on how to change without making the individual feel demeaned or embarrassed. They felt like she had their best interests in mind. Faculty said they were able to confront her with positive results because they felt heard. They characterized her as flexible, approachable and sensitive to the feelings of others. What she says and what she does are congruent. They were convinced that her personal faith in Christ impacts her actions, decisions and interactions. All of these factors led faculty to feel a sense of trust in Dr. Van Niekerk. They felt she cares about people and has demonstrated success in personalized interactions with faculty, students and staff.

She has only started her tenure, but already the nursing department has received continuing program approval from the California Board of Registered Nursing (BRN), based upon the department’s self-study. A report for continuing accreditation to the Commission on Collegiate Nursing Education (CCNE) has also been completed. The MSN program is slated to open in fall 2019, with a focus on nursing education. The undergraduate program has increased from admitting 40 students per year to admitting 30 each semester for a total of 60 annually. Under her leadership, the curriculum has been shortened to a 4.5-year program of 132.5 units, decreasing cost and yet maintaining quality by decreasing redundancy, making use of current online resources and designating critical care as an elective.

There will be challenges. She is the first Director to be married with small children and may have to work harder to develop a life-work balance than all the Directors before her who were single, but God is the same yesterday, today, and forever. As he has been faithful for the last 50 years, he will continue to be faithful to her and the Biola University Nursing Department in the future.

Part 2: God's Faithfulness with Faculty

Around 250 faculty members have taken part in the education of Biola nursing students in the past 50 years. Space does not allow for remembering all, but four have been selected because their tenure spans the entire 50 years, and each had a major impact on the development, excellence and innovation of the program. The personal excellence of each is undeniable, as demonstrated by the number of awards garnered. Leta Kilander was given faculty emerita status. Cheryl Zukerberg and Cindy Westcott earned the Robert B. Fischer Faculty Award for Excellence which is the highest award given to one faculty member annually at Biola. Anne Gewe was honored with a Biola Career Leadership Award. A consistent "thread" tying their stories together was that they were convinced they were doing what God wanted. They had a sense of calling. Teaching nursing was their ministry.

Chapter 6: Miss Leta Kilander (1953-1989)

Leta Kilander was a small ball of energy, standing only 5-foot-1-inch tall with her shoes on. Almost everyone else was taller than she. (In fact, alumna Donna Phillips says that her only claim to fame was being shorter than Miss Kilander.) In her early years of teaching, Miss Kilander told Miss Soubirou that the school should take out insurance for teachers. The following story illustrates why. One day, a 6-foot tall student was preparing an old-fashioned enema which he lifted too high. The pressure caused the tube to separate from the container, so Miss Kilander was showered with enema solution, although no long-term damage was done.

She characterizes the School of Missionary Medicine as a place where faculty and student lines were somewhat blurred. She had students both older and younger than she. There was a lot of teasing and joking between faculty and students. In the skills lab, the faces of the manikins were completely covered with a hand towel when not in use. This prevented the sun's rays coming in through the window, from fading the painted faces to a greenish hue. In a student prank, one enterprising student hid under the bedclothes in the nursing arts (skills) lab, pretending to be a manikin. Something seemed a little strange about the student-led opening prayer, but Miss Kilander couldn't identify just what it was. She removed the towel, recognized the face that was gasping for air and said loudly "I dare you to stay there." The skills practice for the day was administering enemas (L. Kilander, personal communication, June 30, 2018).

She still remembers how Miss Soubirou's reputation preceded their initial meeting. Miss Soubirou's pithy admonishment, "Use your head for something besides a hat rack" was shared with Leta by a friend in her Christian Endeavor group who had met Miss Soubirou at Multnomah Bible School. Miss Kilander and Miss Soubirou also had a friend in common, Ruth Walters, who introduced them.

As a senior in nursing school, Miss Kilander joined the U.S. Cadet Nurse Corps and proudly wore her gray uniform. The purpose of this program was to increase the number of nurses at home and abroad during World War II. As part of the program, she was mentored to become the instructor of the skills lab. Miss Soubirou had worked at the same hospital a number of years earlier and made a visit to Ruth Walters in 1945. The purpose of the visit was to invite Miss Kilander to teach in the School of Missionary Medicine as soon as she graduated with her RN in 1945. Family circumstances did not allow Miss Kilander to leave home at the time, but she continued to receive letters from Miss Soubirou until 1953 when her life circumstances were stable and she joined the staff of the School of Missionary

Medicine. She came with a missionary attitude, not sure where she would live or what kind of salary she would have, but with assurance that God was calling her and he would take care of everything.

The men in the School of Missionary Medicine wore a white uniform with a bow tie. The bow tie was used rather than a long tie to prevent disturbed patients from using the tie to gain a potential choke hold. The women wore a light gray pinafore with a pink blouse, so one year, Miss Kilander got the idea of making matching pink bow ties for all the men. They were not popular. When the students went to L.A. County General Hospital, Miss Kilander pointed out an intern who wore a pink bow tie, but attitudes did not change. The pink tie never reappeared after that year.

Miss Soubirou was very particular about appearances of students and required faculty to supervise the students in this area. Miss Kilander felt badly when she had to tell one student to do something about her shabby shoes. On Monday, however, the student couldn't wait to talk to Miss Kilander. In church the lady sitting next to her asked for her shoe size. Upon hearing the reply, the woman said she had a brand new pair of nursing shoes which she couldn't use and she wanted to give away. Miss Kilander, identifying this "teachable" moment, felt God was reminding the student that if God could provide needed shoes, He could provide for her for the rest of her life.

In 1959, she completed her studies for the BSN degree. When Miss Soubirou proposed the baccalaureate program, the need for faculty with the MSN degree became apparent. So, Miss Kilander went back to school and completed further education at UCLA in 1968, prior to the time when the first class of the Biola BSN program started in-hospital clinicals. However, she drew the line there. A few years later, when Miss Soubirou was concerned about who would take over the directorship of the program, she approached Miss Kilander to ask her about interest in pursuing a doctorate. "Over my dead body" was the response, and Leta Kilander never became director, nor did she work on a doctorate.

She loved teaching in skills lab and worked hard to save money while giving the students realistic experiences. She would refold all the procedure kits between labs, so that each student would have to unfold everything correctly in order to do sterile procedure practice. Since the hospital used incontinent pads under the patients, she got out her sewing machine and cut up old blankets, layering them into either 3'x 3' or 4'x 4' squares. In the early years of the program, before the advent of Velcro, the scultetus binder was used daily, especially on surgical and obstetrical (OB) units. It had a solid backing of heavy material with many "tails," usually made of flannel which crisscrossed the abdomen and attached at the side. These were firmly overlapped and pinned. To hold abdominal bandages they were laced and pinned from the bottom up, and gave support to the incision when the patient coughed. In OB, they were

pinned from the top down to keep the uterus correctly positioned and to help the mother regain her shapely proportions. Miss Kilander made them from flannel and students practiced placing them correctly on each other. She also made breast binders. In addition to handling all the supplies, she washed the linens for the beds and kept the manikins spotlessly clean.

She credits her work in the skills lab for giving current professor Glenn Styffe his start in teaching. She felt overburdened one day, so asked him to teach male catheterizations to the rest of the students. He did a great job of teaching, which evoked a sense of satisfaction. He affirms her opinion, and says this experience led to the knowledge that he would like to be a teacher someday.

Probably everyone who had Miss Kilander for a teacher remembers that she did not allow students to practice giving injections to oranges. She explained: A newly diagnosed diabetic patient would need insulin and was taught how to give injections. The patient carefully measured the medication and practiced injection technique on an orange. Post-discharge, she returned for a follow-up visit with the doctor. Her blood sugars had been very erratic, but she insisted she was taking insulin daily as ordered. Finally, a nurse asked her to demonstrate her injection technique. She carefully measured the insulin, wiped an orange with alcohol, injected the orange, popped the slices into her mouth and ate them. Biola nurses will never be party to that kind of mistake!

For many years, Miss Kilander wanted to be a missionary to China. Every summer during high school she attended the Firs, a Christian conference center. In the outdoor amphitheater where you could sit, look up and see the tips of the fir trees high above you, she heard a number of missionary speakers. The founder of the Firs had been in China to build hospitals. One missionary told a vivid story about how she had all her possessions on a barge which ran aground on a sandbar in China during the war. It was a tense situation when Chinese soldiers boarded and examined luggage for knives, forks and spoons which were viewed as indications of wealth and imperialism. Finding none, they shoved the barge back into the water to continue on its way. Another nurse friend had been born in China. While she was working for the public health department, waiting to go to Saudi Arabia she took Leta on local public health visits to test water bacterial levels and view other public health functions. At the School of Missionary Medicine, a colleague, Dr. Jesse MacDonald taught anatomy and physiology. She had been a missionary to China for 40 years.

Finally, in 1973, her dream of becoming a missionary came true. Betty Neumann, who had previously been a missionary nurse educator in Nigeria was going to South Sudan for the summer to be a consultant for the Africa Committee for Rehabilitation of South Sudan (ACROSS). She recruited Leta

Kilander and Ruth Fuller who were excited to go with her. Their purpose was to fill in for more permanent missionary nurses in Sudan, allowing them a chance to take vacations (Instructors work as Sudan nurses, 1973, p.1).

It wasn't exactly what they expected. At times, Miss Kilander and Miss Fuller felt incompetent with no knowledge of the prevalent diseases. In many cases, the people they were supposed to be helping had more knowledge than they. The heat was oppressive and some of the young missionaries with whom they were working went swimming in the contaminated river. This resulted in schistosomiasis, an infection due to a parasite which lives in fresh-water snails. They were sent home for treatment, leaving less workers.

Miss Kilander visited the living quarters of a number of people who had become blind because of schistosomiasis infection, and saw an attendant making bread by rolling it on the dirt floor. She prayed that she would not be offered any. She and Ruth made their own bread, which they did not knead on the floor, and they insisted that anyone who wanted to help them must wash their hands thoroughly. To teach the other nationals the reality of the worm infection, she made "skin snips." Using a small scalpel, she lifted off a section of skin, so superficial that there was no bleeding, and placed it under a low-power microscope. The reality of the wriggling worms gave a clear picture to the local people so that they could begin to understand the problem.

Her creative problem solving and "American" ways generated some conflict. She made rubber bands out of a tire inner tube to hold covers on pots to keep things clean and sanitary. She cut strips from the rubber to tie up the fence to prevent small antelopes from coming in at night and feasting on the garden. She soaked coals in kerosene, which started the cooking fire easily, but was seen as a "waste" of kerosene by the missionaries. She came home knowing that Biola was her niche in life.

During a 1985 sabbatical she took a course on ostomy care from University of Southern California (USC) with clinical observations at Children's Hospital of LA, and USC-Norris cancer center. It was a challenge to figure out how to cut ostomy bags to fit correctly. One had to think of a mirror image, which was something she could teach the students. After taking the class, as an ostomy nurse, she began to receive samples of all the latest supplies. This was an example of the networking she did with local hospitals and vendors throughout her life, a practice which led to generous provision of equipment and supplies to Biola and the skills lab.

At one time, there were over 70 students in the first year course and skills lab hours spread from early morning to late at night. It was very tiring, but it was something she loved to do. She served Biola

for 36 years and as she was getting ready to retire, a Biola reporter asked her what she planned to do with retirement? Her reply was “Sleep in. It will be so good to just lay there in the morning, roll over and go back to sleep” (“Celebration of a career”, 1989, p. 1).

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Chapter 7: Cindy Westcott (1977-2005)

Cindy Westcott was a “behind the scenes” person, and yet she had a profound impact on the nursing department through her many imaginative and inventive ideas. Her nursing specialty was mental health and she was famous for the “laying on of words.” She never stopped learning and obtained her Ph.D. in Education from Claremont Graduate University at the age of 61, a time in life when many would be thinking about retirement. While Dr. Soubirou was very formal and insisted that faculty never tell students their first names, Cindy came from the field of mental health which, in the 1970s, was becoming informal and democratic. For the therapeutic encounter, first names were encouraged. So, in the department, to faculty and students, she was always Cindy, even after she obtained her doctorate. She led a trend where, for many years, most full-time faculty allowed students to address them on a first-name basis.

She grew up in New York, the youngest of four children, and began her college career at 16, obtaining her B.S.N. at the State University of New York, Plattsburgh. After graduation, she moved to California and worked in various hospitals until she finished her M.N. (Master of Nursing) degree at the University of California, Los Angeles, CA with a clinical specialty in community mental health nursing and a functional role in research. She loved research! She began teaching at UCLA and was nominated for teacher of the year.

With her research background, she was the ideal person, along with Evelyn Guilbert, to develop the beginning of the first real coordinated program evaluation plan for the nursing department, which was necessary for the 1980 BRN Progress Report. She liked statistics, determining how to measure outcomes, and keeping track of details about the curriculum, students and faculty. Faculty loved to let her do it! She was essentially the primary author for several of the self-studies for accreditation, presenting evidence that the Biola nursing program met the stated criteria. She found research fascinating and tried to share her love with the undergraduate students with varying degrees of success. It was not a particularly popular class, especially since students continually complained that they couldn't see the relevance to clinical nursing. It was the kind of class that called for faculty to teach who could handle delayed gratification. Students at five or 10 years after graduation came back with stories about how the understanding of research had helped them, especially when studying to get a master's degree. They would find that they knew so much more than peers.

Her dissertation looked at the variables for student success in nursing school, and faculty were impressed by her understanding and usage of such higher level statistics as multiple regression to explain

her findings. In practical terms, her research led to improvements in the admission decision making process for the nursing department. She completed her doctorate in 1997, and the graduating class of 1997-1998 which was admitted before her work was completed had a retention rate of only 73% (Biola University Department of Baccalaureate Nursing, 2000, p. 40). The graduating classes of the next five years showed dramatic improvement, with a retention rate averaging 91%, although it must be acknowledged that the pool of applicants was larger and class sizes were larger. The change of requirements may not have been the only causative factor (Biola University Department of Baccalaureate Nursing, 2006, Sec. 4.13). Since 2009, the retention rate average has remained above 90%.

At Biola, she often led the way with innovations in nursing education. Shortly after her arrival, she began exploring the possibilities for nursing students to get course credit for summer mission experiences. She headed up the first trip, working with Food for the Hungry in the country of Thailand. It was the time when Cambodia was plagued by civil war, and inhabitants were fleeing by the thousands to a safer place in Thailand. However, as refugees they found their living conditions dismal, and she and the Biola students were able to make a difference in the lives of many in the refugee camps. With her usual creativity, Cindy Westcott led a team with Lynn Jones and Leslie Van Benschoten to develop a “nutritional/physical assessment” which was “observation oriented” and could be done in about 15 minutes without having to have a very extensive vocabulary in the local language (Cross, p. 1).

For many years Cindy was the Associate Chair, although she was an acting chair for one year while Becky Fleeger was finishing her doctoral studies. She and Becky made a balanced team. Cindy was an “ideas” person who was creative, able to visualize the future, able to see the big picture, a wizard at figuring out potential schedules, and could see things from multiple perspectives. At the same time, Becky’s strengths were in detail orientation, management and follow-through. Together, they planned for the future of the nursing department.

Cindy helped faculty in the leadership/management course experiment with the use of hospital preceptorships for seniors in about 1981, long before this became an accepted practice. She did this through the Long Beach/Orange County Consortium of which she was a member. The Consortium, comprised of both hospital directors and directors of nursing programs, was a cutting-edge group and was seeing the participation of clinical experts as a viable means of educating students. The Children’s Hospital of Orange County (CHOC) was eager to work with Biola. Three or four high-achieving students were selected for the privilege of being the first to have this experience. It was a success, and the program was expanded through the years. Today, it is an accepted part of nursing education, and all seniors have at least one preceptorship during their education at Biola.

As Associate Chair, Cindy always made sure that faculty had plenty to eat during workshops, caring for faculty's physical as well as psycho-social needs. She made sure that staff took break times too, especially if they felt they were too busy. She reminded them that the work would always be there. In addition, in the break room she insisted on sitting closest to the telephone so that she could answer it, truly giving staff a "break."

She was also a great encourager, especially when it came to encouraging faculty to do advanced study. She would start with some statement such as, "You are really a great critical thinker. I think you would be just the kind of person who would enjoy doctoral studies."

She mentored many of the nursing department faculty as they began. Anne Gewe got mentoring as they carpooled together. Janet Freeman (Adams) was mentored as they worked together in the mental health course. Both of them remember that she never made them feel inferior as new faculty, but they were treated as equals and valuable members of the team.

Cindy had an open door policy. She was concerned about personal as well as professional lives, and when a person walked into her office at any moment, she would stop what she was doing, pull out a chair and listen to concerns or answer questions. Even when under pressure of deadlines, she never made faculty members feel like she was in a hurry.

She took the same care of nursing students who were struggling in the program. When some made the decision to give up on the major, she worked her magic on other departments to facilitate transfers. For example, she might help the intercultural department understand how much the nursing curriculum emphasized culture and help the student get credit for a course in the major so that the student could graduate as soon as or even sooner than he/she would have graduated from nursing.

She worked together with people and was instrumental in the development of the Queen of Angels/Hollywood Presbyterian Partnership Parish Nurse Program. This program provided clinical learning experiences in inner-city Los Angeles. Under her direction with Chery Zukerberg, the students formed the "Caring in Action" team, caring for culturally diverse and low income as well as homeless people in the summer of 1993. The two of them camped out in the basement of the church that summer with the students.

Cindy and Chery worked together in a number of locations in the inner city and helped students understand some important things about survival around gang culture, such as: never wear black, red or blue. The student tee shirt worn with jeans was a drab gray color with a large red cross on the back. She was affectionately given the name "nutcracker" by the students who worked with her in the "hood."

She was active in her church in Los Angeles for many years and subsequently in the La Habra Hills Presbyterian Church. She started a parish nurse program at the latter. She enlisted the help of other nurses, monitoring blood pressures for those who wanted it, as well as giving advice and referrals to those who needed assistance. She went to Cerro Azul, Mexico with the La Habra Hills church group in the mid-1990's to hold a health care clinic. She assessed it as being a good place for student learning and soon began to work with Cheryl Zukerberg to make it a clinical experience. Always practical, Cindy relished introducing the uninitiated to the toilet facilities there with the ditty: "If it's yellow, let it mellow; if it's brown, flush it down" (D. Johnson, personal communication, July 29, 2018).

Because of their teaching community health together and working together on so many projects, Cindy and Chery became known sometimes as the "Dynamic Duo". Chery was the one who tended to worry more (which she attributed to her Jewish heritage), and Cindy was the rock solid one who was occasionally brash. Chery was concerned about taking nursing students to Mexico in their new RAV4. Cindy was heard to say that the car and everything they had belonged to God, and He would take care of his property, so she wasn't concerned.

Cindy was very interested in the ways women learn, and from her study focused on using teaching strategies which the research showed to be effective such as, discussion, group activities and experiential learning. She held problem solving discussions and was continually probing to get the students to look at the problem from multiple perspectives, asking such questions as, "Have you thought of...?" or, "What would happen if...?" She was not beyond arguing that something should be done, which she didn't believe, in order to get the students thinking critically and verbalizing effective arguments. She showed feature-length current films in class and recommended students see some because of their relevance to mental health or community health. They could help the students become better nurses. They put problems in context and allowed for complexity, which a linear lecture could never accomplish. She sent students into the community with a brief survey on attitudes toward mental health to get opinions from the persons on the street, not just the sanitized view shown by research and in the textbook.

When Janet Adams was working with her, Cindy encouraged Janet to do likewise. Janet came up with alternate assignments such as attending a mental health court hearing, visiting a board and care facility, participating in a 12-step support group or viewing a National Alliance on Mental Illness (NAMI) support group. These allowed them to experience some of the realities of conservatorship, competency or resources which they were talking about in class.

From the beginning she was interested in connecting mental health and spiritual health. She presented a workshop with NCF on Crisis Intervention and published her Mental Health Nursing course material integrating spiritual care and biblical principles for mental health in the book, *Teaching Spiritual Care* (Madison, WI: InterVarsity Christian Fellowship). She presented on the topic of “Spiritual care of clients with mental health problems” for Azusa-Pacific University in 1982. In 1985, she also did a workshop presentation for Cooperative Nursing Education of Orange County, CA. entitled, “The integration of spiritual care into nursing practice” (Westcott, 2006).

Outside of Biola, Cindy did nursing for individuals she loved, her friend Norberta Brown and Chery Zukerberg’s mother who both had long battles with cancer. She cared for Chery Zukerberg when she had surgery more than once, and in her final days.

She was never self-seeking and sometimes was the brains behind ideas while giving the credit for their development to others. She did not seek recognition but did receive the Robert B. Fischer Award for Faculty Excellence in 2002. She continued to volunteer in the nursing department, to help in any way she could, for several years after she retired. However, in everything, teaching, mentoring, student development, missions, and with her church, she chose to serve others rather than to be served.

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Chapter 8: Cheryl “Chery” Zukerberg, also known as Caltabiano & Crear (1982-2010)

Dr. Cheryl Zukerberg was a faculty member for 28 years and had an amazing breadth of knowledge. She and Dr. Anne Gewe often felt like they were holding the nursing program together, and one day they sat down to figure out their contributions. Between them, they had taught in every course in the Biola nursing curriculum except mental health. (Of course, mental health was Cindy Westcott’s specialty. No one could outdo Cindy in the “laying on of words!”)

Chery found humor in most situations. When discouraged with the work at Biola, she would show off job offers she received with a much higher salary, but she would end the conversations with, “I know God called me to Biola and he hasn’t uncalled me yet!” When faculty members would begin to get emotional, expressing frustrations, she’d laughingly say, “Now, let’s not get hysterical.” She would tell funny stories and didn’t mind pointing out her own weaknesses. For example, she volunteered to fix lasagna for a large Christmas family gathering. Unfortunately, the noodles never softened during the baking!

Chery came by her love of nursing naturally, since her mother, Evelyn Zukerberg, was a director of nurses. She revealed that her mother had a plaque on her desk that said, “God, let’s do rounds together.” Her father was a proud member of the U.S. Air Force, and the family moved often, giving Chery wide experiences at a young age. She was the middle child with two sisters, Rene and Candy. Recent research shows middle children to be great team players, innovators who think “out of the box,” empathetic, negotiators, concerned about principles and more likely to effect change than children in any other birth order (Griffin, 2012). These characteristics, along with her sense of calling from God, made her an effective faculty member and leader at Biola.

One of her first assignments was to teach physical assessment, which was part of the advanced medical-surgical course (NURS 420). A problem with having physical assessment integrated into another course was that the clinical application of the skills learned was not consistent. Several part-time clinical instructors were utilized. In the 1982-1983 school year Chery taught a workshop for Biola nursing faculty members to try to help with consistency: “Strategies for Teaching Physical Assessment to Nursing Students” (Biola University Department of Baccalaureate Nursing, 1983, p. 77), but this still didn’t reach all the part-time adjunct members.

Eventually faculty proposed that a separate physical assessment course should be developed, giving it more importance and consistency within the curriculum. It was included in a major curriculum revision for the 1994-1995 school year. As a GNP (geriatric nurse practitioner), she had spent hours

honing these assessment skills, and she was prepared to enable the students not only to be effective in the hospital, but outside as well, in school nursing, in the community, or in other countries.

She had a heart for global missions and went to India in 1988 on a summer mission experience with Cindy Westcott, supervising students in giving care. The nursing team was accompanied by a number of students from other majors. Cindy and Chery were responsible for the health of everyone. Chery was not worried about anyone harming her, but she was afraid that she might lose the various needed nursing supplies that could be sold on the black market for a good price. With the flowing Indian clothing, she carried all kinds of things like passport, money, bandages, scissors, stethoscope, and various other supplies under her attire, even if it did make her look a little heavier. When she came home, she declared she had eaten enough curry to last her for the rest of her life.

When enrollments decreased in 1993, she and Cindy Westcott instituted the Caring in Action summer school program in which the students lived in downtown Los Angeles rather than going to a foreign country. They made signs in English, Spanish, Korean, and Armenian to advertise the clinic, and Chery was the nurse practitioner to whom the students looked when needing specialized knowledge. They truly had a cross-cultural immersion experience that summer.

She was full of Christ's compassion for the needy and concerned about the principles of social justice and mercy. She and Cindy developed the concept of a "homeless clinic" which had different locations from year to year, from MacArthur Park in Downtown LA to the Civic Center area of Santa Ana. In 1998, they opened a clinic in the Sunday school classrooms of a Buena Park church, using their own time and money. The focus was to treat whomever came through the door. Care was given to many homeless who had few resources. Chery was a nurse practitioner (NP) and had arrangements with a Christian doctor who would handle patients with severe problems outside of her scope of practice. She asked students to pray for each patient by name, and noted, "When people are ill it's not the time to tell them that they are sinners. Instead, we show them love through our actions and try to build a rapport with the patients" (Henshaw, 2001, p.7). Carol Taylor, Vice Provost for Undergraduate Education, visited one evening and wrote:

To see the way in which you and the students worked with these marginalized patients brought me to tears as I drove home. All I could think of was Christ's words, "When you have done it unto the least of these, you have done it unto me."(Taylor, 2007)

The students focused on teaching about self-care and maintaining health, focusing on prevention. After completing their time at Biola, graduates could walk into any community, assess it for health care needs and set up a clinic, valuable knowledge for many who later practiced nursing in rural areas or in other

countries. A similar clinic was set up on weekends in Mexico, and students had the opportunity for cross-cultural experiences there as well.

A nomination for Elsevier's Faculty Award for Nursing Excellence, expresses one student's perspective:

...the thing that makes Dr. Zukerberg most worthy of this award is her service to the communities surrounding our school. She moves us beyond the normal clinical settings to areas of underserved populations. Under her leadership, we have set up clinics for the elderly, the homeless, and even traveled beyond the American border to set up clinics in Mexico. Yes, Dr. Zukerberg is a professor, but she is also the healthcare professional whom many turn to when they do not know where else to go. She maintains these clinics long-term and she brings us as often as she can. In this way, we are not simply Dr. Zukerberg's students but fellow nurses working alongside of her. We care for these populations with her; assessing patients, solving problems, and accessing community resources. She has empowered us to bring out nursing skills to those who need it most. We are so grateful that she believes in us enough to let us work at her side. (Spears, 2006)

With this nomination, Cheryl became a 2006 Regional Prize winner of The Elsevier "Excellence in Nursing" Awards for Nursing Faculty. The honor was well-deserved.

Graduating from CSULB, she earned her geriatric nurse practitioner degree, and she obtained certification as a Gerontological Nurse through the American Nurses Credentialing Center of the ANA in 1993. About this time, there was much concern over the aging population of the U.S.A. and the need for nurses to have expertise in the care of the elderly. Responding to this concern, faculty proposed a separate gerontology course, and Cheryl developed the curriculum, in addition to integrating content and experiences throughout the program.

She was innovative in developing non-traditional learning experiences for students. Anyone who sat in her class knows that she used movies and games to advantage, and no one could forget the Aging Game where students had to cope with various disabilities of mobility, hearing and vision. As the students began to understand the needs and frustrations of the elderly, she felt it helped to create empathy for all those who had to deal with disabilities on a day-to-day basis. Biola student Heidi Luman was assigned to be deaf for a day. She said it made her feel "totally out of control. I had no idea about what was going on; I felt left out" (Cain, 1992, p. 14). Feelings like this were the basis for discussion and led to new ways of thinking about the elderly.

Students read *The Greatest Generation* by Tom Brokaw (1988, New York; Random House) and participated in "The Greatest Generation Project." To begin to understand the values and actions of seniors, especially as related to World War II, each student had to interview a senior about the concepts in

the book. During the project, the students made an outline of “their older adult’s hand” with the name, age, and one personal contribution made to society which that person thought was significant. The hand tracings were joined together to make a collage showing contributions of the oldest generation to life and dreams of the generations succeeding them. There was a great focus on the well elderly, and, to help students gain perspective, they attended aerobic exercise, line dancing and cooking classes. For this curriculum, Chery won the National award for Baccalaureate Education in Geriatric Nursing, *Infusing Geriatrics into the Baccalaureate Curriculum*, presented by the Hartford Institute for Geriatric Nursing/American Association of Colleges of Nursing (AACN) in 2003.

One of the geriatric clinical experiences she started was the “Ask a Nurse Program” at the La Mirada Activities Center (LMAC). To help keep it going, she even obtained a grant for equipment from the American Medical Association (AMA) in 2008. In bestowing the grant, it was noted that students helped the seniors to “understand medications...take responsibility for lifestyle through knowledge and teaching” and even to be able to save some money (Evans & Cowles, 2008). In 2006, Chery received a “Volunteers in Action” award from the city of La Mirada for compassion and dedication shown in the implementation of the program. In typical fashion, since she wasn’t expecting the award, at first she ignored the calls from the city of La Mirada telling her about it.

Haley Pratt, a Biola nursing student, expressed the opinion of many students about the “Ask a Nurse Program.”

We’re making a huge difference for [clinic patients] physically by doing health screening and catching potential health problems early.... We also do a lot of education for them about various topics that they choose; we’re able to help them learn and get physical care. You can tell they really enjoy that we are there by the smiles on their faces and the various things that they say to us. (Pearsey, October 26, 2006, p. A1)

This health project for seniors has been expanded to include more services, and it continues to enhance the wellness of older adults. Patients may get a neck massage or manicure, or listen to some of the musical talents of Biola students. Current Biola students obtain valuable clinical experiences during their time interacting with the well elderly.

Through committee work, Chery demonstrated leadership skills and helped to establish the reputation of the nursing department as a scholarly group with concern for the entire university. She was chair of the Protection of Human Rights in Research Committee (PHRRC) in its early years when it was developing ethical guidelines for faculty research. She served as chair of a task force for a health sciences major. This work eventually morphed into development of a baccalaureate degree in public health, which is scheduled to begin classes in fall, 2019. She was the chair of the University Town Hall Steering

Committee, which determined the agenda for faculty meetings, and was instrumental in addressing faculty governance at Biola. She was Acting Chair of the nursing department for a year. She was the first faculty member in the Department of Nursing to earn the rank of full professor with an earned doctorate.

She shared her Jewish heritage with the members of the nursing department, teaching faculty how to make “Haman’s hat” cookies for an annual Purim Celebration. She taught faculty the proper way to spell “Chanukah” as she often did a devotional in December and lit the menorah. Faculty bet on which of the candles would remain lit the longest, but it was Biola, so no money changed hands. She loved chocolate, but was a milk chocolate person, so would share the dark chocolate with anyone else.

Her compassion and concern went beyond faculty, students and patients. April Morrow, who worked with her for many years as a departmental administrator, tells of a time when she was very worried and upset to the point of tears. Chery invited herself to share break time and delved into the problem getting to the crux of the concern. April’s son was going to Samoa by himself and would be all alone, so Chery immediately said, “Let’s pray that he gets friends on the trip.” Her prayer was answered directly. April’s son made friends everywhere he went: with other travelers, the local people in town and even those in remote areas. The answer was a demonstration of God’s faithfulness (A. Morrow, personal communication, August 8, 2018).

Chery’s nursing influence went beyond Biola to impact nursing students throughout the United States. She used the widely-accepted text, Matteson and McConnell’s *Gerontological Nursing*. When an updated edition was needed, she wrote two chapters. Dr Carol Taylor commented:

I vividly recall our morning at an SAS [School of Arts and Sciences] Steering Committee meeting immediately after you had received the published text, *Gerontological Nursing: Concepts to Practice*, 3rd edition. It was an enormous textbook and it was such a delight to share that moment of opening to the index to find your chapters listed and to then turn and see your work in print. What struck me about this work is how beautifully it reflects your commitment to go from theory to effective practice and application of knowledge.... Knowing that this will be a major text used in nursing programs throughout the country only underscores the significance of your work and influence in the larger arena of nursing education programs at a national level. (Taylor, 2007)

In addition to the awards already mentioned, the creativity, innovation and excellence of her work won other awards, like the Fischer Faculty Award for Excellence (1993). A very special honor was given to her not long before she retired. It was the Biola University Student Selection Award of “Professor of the Year,” an accolade which usually is given to someone who teaches general education classes rather than specialty courses in the major. (Those teaching general education classes are acquainted with more

students.) However, she had wide influence felt beyond the department, and the nursing students worked hard to let others know how worthy they felt she was.

Her imprint on the Biola nursing program and nation-wide will be felt for a long time. She effected change through her scholarship, ingenuity in class and clinicals, concern for the poor, and desire to serve Christ.

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Chapter 9: Anne Gewe (1979-2018), also known as Dr. Anne

Anne Gewe (pronounced like gravey without the letter r) was happily working full time as a registered nurse on the evening shift in a community hospital when she received a Macedonian call from Dr. Soubirou in 1974: “Please come over and help us.” A faculty member was having surgery and Biola needed a substitute pediatric instructor for a clinical rotation at Los Angeles County General Hospital (LACGH) for just two weeks. Having been a Sunday school and Child Evangelism teacher for many years, she thought she could probably be adequate teaching nursing students at her alma mater. Additionally, she was very comfortable with the clinical setting, having spent two and a half years there. So, although she sacrificed some precious time for sleep, she consented to do it and enjoyed the experience. After two weeks, she was told that the faculty member was not healing as well as expected, and she was asked to complete the semester, which she did. The next step was to share a clinical group with Becky Fleeger, supervising students during the morning hours at Rancho Los Amigos while Becky was in class for her doctorate. After that semester, Dr. Soubirou asked if she would take a full clinical group. Then, she was told that Biola was interested in having her teach full time, if she would go back to school and get a master’s degree. She continued teaching part-time for Biola while completing the M.S.N. degree. Finally, in fall 1979, she was a bona fide, full-time faculty member of Biola’s nursing department, knowing that God had called her and led her every step of the way to get there.

His guidance did not stop with her being hired, and there were many surprises in store. In fall 1983, Cindy Westcott was making plans to lead a group of nursing students on a summer mission experience in the Dominican Republic when a family crisis intervened. Anne was the only faculty member who did not have a prior engagement, and ended up leading the nursing team in conjunction with Ann Garland (Hamilton). A total of 42 students and faculty from nursing and other majors were on the team. Dr. Peter Kurtz, who taught physics, and his wife, Opal, led the non-nursing group based at the San Salvador orphanage. Nate Aanderud, a Student Missionary Union (SMU) officer, was the student leader who spoke Spanish fluently and handled logistical issues for both groups. Working with the Dominican Christian Medical and Dental Society on a project related to malaria and sickle cell anemia, Anne quickly found they had different expectations for faculty than she had for herself. Unable to attend the orientation to the project, the following day she asked some Dominican students how to prepare the necessary blood smear slides as everyone was getting ready to go to the communities and collect the samples. The students were very vague and replied that she probably knew how to do it. One even said at a later time that teachers are supposed to know everything about classes and assignments, and that some Dominican teachers will lie rather than admit they don’t know something. From an American perspective, this was

very stressful: to be in charge, not to know important aspects of the project, and to be unable to get help. Upon coming home, she expressed her frustrations to Dr. Judy Lingenfelter from the Intercultural Studies Department (ICS) at a faculty workshop, and Judy suggested she take some classes to learn more about cultures in other countries.

Each class added more to her knowledge and she didn't have to wait until she got back to the Dominican Republic to put this knowledge into use. Her clinical assignment was White Memorial Hospital in downtown Los Angeles, a hospital which served a very multi-cultural clientele and had a multi-cultural staff. She had been puzzled about a particular unit. The students were doing team leading, and worked closely with the nurse leaders. Some students seemed to do very well, and others, somehow, seemed to always have friction. She had felt incompetent in helping them to improve the situation, and had assumed it must be related to their personalities. Studying the situation from her new perspective, she realized that all the nurses on the unit in question were from the Philippines and most had been educated there. In contrast to what the Biola students were being taught in class, these nurses had different priorities for what was most important for the patients. They had different cultural values in terms of interpersonal relationships than the middle-class white norms that most of the students had experienced previously. Once the light dawned, she was able to help students think about the differences as something outside of themselves, and not a personality problem. The problem became more objective and was no longer a personal issue, so it was far easier to find effective ways to remove the barriers and create a more harmonious working relationship.

Cindy Westcott was continually telling her that she ought to get a doctoral degree, but she wasn't interested in making the commitment or taking the time. One day, Dr. Marvin Mayers, Dean of the School of Intercultural Studies (SICS) called her in to see him. He said he had enjoyed having her in class, and he wondered if she was interested in obtaining a doctorate. Of course, she said "no". Then he explained if she enrolled in the doctoral program, she could drop out at any time. On the other hand, if she just kept taking classes and someday changed her mind, the classes might be too old to receive credit. That sounded reasonable, so she threw up another argument. The criteria for the ICS degree included having to speak a second language and, although she had enough command of Spanish to ask: "Do you have pain?" or "Where is the bathroom?" she had no intent of seriously studying it. His reply astounded her. "You speak the language of nursing!"

Seeing that he was serious about facilitating her studies, she enrolled. Working full-time and taking just one class at a time, she graduated thirteen years after the first class, with a Ph.D. in

Intercultural Education. Shortly after she graduated, the School of Intercultural Studies instituted a policy that students must complete within seven years!

Her studies about culture, especially as related to nursing, led to an invitation to speak at a California Nursing Students' Association (CNSA) convention about basic cultural values. The conflict between cultures was something which she had experienced first-hand. For example, in the Dominican Republic, the clash between the American view of being "on time" and the Dominican view of "showing up sometime" led to asking: Are we planning to meet on "American time" or "Dominican time"? She also learned of a wonderful example of adaptation to cultural differences from alumna Donna Phillips who worked in Thailand with a hot/cold system. Pregnancy was a "hot" condition. The iron tablets for anemia were dark green/black, and were definitely considered "cold." So, Donna contacted the pharmaceutical company to get red/orange iron pills, matching a "hot condition" with a "hot treatment."

The focus of Dr. Anne's dissertation study was to see how Christian students integrate their faith with their nursing skills. Interviews with 33 students showed that 30 of them had been asked about Biola when they were wearing their uniform, as patients noticed the Biola logo patch on the sleeve. As a result, she encouraged first year students to develop a 30-second answer about the nature of Biola or why they had chosen the school, which could open up a conversation to spiritual things if the patient so desired.

Her interest in this integration led to being asked to make a presentation for the Christian Heritage Lecture Series in 2001. The series was sponsored by a task force of faculty which was concerned that Biola students understand the Christian roots of university education, especially related the arts, music and drama. Nursing is considered both an art and a science, and was included in the series. The plan called for faculty to write papers, create presentations and have panel discussions of the content. Barry Krammes from the art department gave the first address in spring, 2000, talking about how Christian thinking had affected the visual arts (Sunukjian, February 10, 2000, p. 3). In fall, 2000, Walt Russell spoke on the Biola doctrinal statement and its importance to Biola (Lewis, February 24, 2000, p. 3).

Dr. Anne's focus was on health care within the Christian community. She stressed that "the vast majority of people will be involved with a health care crisis during their lifetime. Christians are especially able to use such times to make a difference in the lives of others" (Evans, 2001, p. 1). The presentation was followed by a panel discussion featuring various faculty members and students who had suffered health problems such as cancer or chronic disease, or were caregivers for family members. They gave practical ways to care during a health crisis. It was fascinating that the majors of art and nursing, which had been given low priority in the mid-1980s (for further discussion, see chapter 13: Decreased

Enrollments), were among the first to be recognized about 15 years later in the Christian Heritage Lecture.

Dr. Anne was famous for her emphasis on critical thinking. One year, the students gave her a critical thinking award, a cap with light bulb on the top! Her father had always admonished her to “use your brain for something besides holding your ears apart,” and she tried hard to live up to this maxim. It required broad assessment, asking for help from others, creativity in developing possibilities for action, and in-depth analysis to utilize the best solution for each situation. With a desire to help the students learn to do the same, she designed various activities. After having so many clear-cut, or right/wrong situations in medical/surgical studies, it was a challenge getting students to understand that there are often multiple solutions and not just one right answer when exercising leadership. She tried new things. For many years, one activity was “Triage Day” where students did active learning. They were required to evacuate individuals with disabilities from the 2nd floor of Soubirou Hall after a supposed earthquake. If they carefully assessed the room, there were various items like a blanket which could aid them in the task, but few took the time to check it out. The elevator wasn’t working. One person was blind, another deaf and a third was quadriplegic. Time was running out. The clock was ticking....

Sometimes, her creative teaching strategies “backfired.” She once tried holding a political rally with Karen Adams who was doing student teaching. Naturally, there were banners, food, and speeches. In the context of the campaign, they made statements about nursing issues and policy which they did not believe, but sounded good. They hoped the students would see past the rhetoric to the fallacies in logic. Unfortunately, they ran out of time to debrief properly. On the essay test, several students repeated back the poorly thought out ideas that had been presented in debate. The weaknesses were not obvious.

The first time she tried supervising a simulation scenario, the “patient” creatively changed the script a bit and was showing symptoms beyond what had been studied in class. She felt very badly when two student nurses ended up in tears, suffering from a sense total failure in not knowing what to do. Asking forgiveness, she continued developing her skills until comfortable with scenarios, and the feedback was that the students both enjoyed the experience and learned a lot.

She felt that her greatest contribution to the department was in the ability to mentor others. As a faculty member, she not only mentored senior students, but RN’s, preceptors, course team members, students in master’s programs and new faculty. Rosemary Mwangi already had her RN when she came to Biola. To gain new experiences, she did her leadership rotation with Dr. Anne, learning about teaching,

as well as the favorite topic—critical thinking. She later obtained a doctorate, taught in another nursing program and replicated many of the things she had learned. She wrote to Dr. Anne:

...it was during this time and process that I would observe and learn from you, not only the art of a good critical thinker but also how to implement critical thinking in teaching and learning with others in my team in the clinical setting. Despite the time and patience it took to learn the process, shortcuts were not an option which demonstrated the attributes of integrity and truth. I believe learning to implement critical thinking in clinical practice was a key distinguishing factor in the quality of nurses we became. Asking the question ‘why’ before just doing became a hallmark in clinical and nursing practice, and in life as a whole. (R. Mwangi, personal communication, April 3, 2018)

A new faculty member also commented on her mentoring:

I consider myself extremely fortunate to have met her and welcomed under her tutelage way back in 1987 as I became a clinical instructor for critical care at PIH [Presbyterian Intercommunity Hospital] for the Biola Nursing Program...We were co-teachers for the Fundamentals Course, the beginning nursing students. It was a learning curve for me, and I will always recognize Anne’s curly clear handwriting and notes for me. I cannot ever remember judgement or condemnation at Biola, which spurred me on to offer grace to others as well. Anne...was able to teach me how to be a good teacher, all the while she was teaching her many students. I would think, “What would Anne do in this situation?”...Truly I learned more from what is ‘caught and not taught’ as she is a role model. (Mary Ewert, personal communication, March 13, 2018)

Dr. Anne filled the role of director of the nursing department for two long years after Dr. Elliott left. She had opportunities previously to be the director, but always said she didn’t want the stress. However, when the need arose and she was the only one qualified with the necessary skills and knowledge to fill the position, she took her inspiration from a phrase in the book of Esther, “for such a time as this.” God had been preparing her, and gave her wisdom to keep the department functioning well. She helped to mentor others to be leaders and aided in the establishment of the foundation for future leadership of the department. Her many leadership roles were recognized through a Biola Career Leadership Award in 2017.

Throughout her career, she tried to keep a balance between work and the rest of her life, which was often difficult as she cared for a sister with brain cancer and aging parents. She taught Sunday school, played the organ and piano for church, and led the handbell choir. She was involved with an international student ministry for college students.

In talking with students about work-life balance, she borrowed a question from a friend: Who wants to be the richest corpse in the graveyard? Having taught at Biola for most of her life, she definitely will not be the richest financially, but her life has been enormously rich in her relationship with God and family, friendships, and countless varied and amazing experiences.

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Part 3: God's Faithfulness in Crises

Over the 50 years, there have been times of crisis. Four major ones have been selected to show God's faithfulness. Without national accreditation, Biola graduates would not have been able to enter most graduate programs in nursing, and the program could not have offered eligibility to get Public Health Certification. Affirmative action affected clinical placements. The Duffy Act required major revision of the courses. The decreased enrollments and concurrent pressures could have led to the demise of the program altogether. Through each time of difficulty, God protected the program from harm, and looking back, one can see the positive good which emerged.

Chapter 10: Accreditation

Although Biola had an arrangement with Los Angeles County Medical Center to teach registered nurses who could afterwards complete a college degree in a related field, Miss Soubirou felt that the profession of nursing would be better served through a baccalaureate nursing program (BSN). After convincing the Board of Trustees, the BSN program was approved in January 1966 and the Board took action to make certain budget was available (Biola College, February 23, p. 5).

After obtaining state accreditation, and having successfully launched the BSN program, Miss Soubirou's next step was getting recognition through national accreditation. However, when she first approached Dr. Chase, with the request for additional funds for accreditation by the National League for Nursing (NLN), she was told that Biola couldn't afford it. Although the faculty perception was that administration was unsupportive, the reality was that the 1960s were a time of growth for Biola. In 1961, Biola was accredited by the Western Association of Schools and Colleges (WASC) as a liberal arts college. Earlier, the education department gained accreditation from the California Commission for Teacher Preparation and Licensing (1960) and they also desired to be accredited by the Association of Christian Schools International (ACSI) which they obtained in 1970. The music department wanted accreditation from the National Association of Schools of Music at the same time. The nursing program already had accreditation from the State of California (1966) and was asking for further accreditation from the National League for Nursing. Each accreditation meant continuing costs as there were initial fees as well as periodic re-accreditation fees, requiring further ongoing budget for maintenance. In addition, sometimes, professional accreditation had conflicting requirements with the educational organizations as WASC, which could have created controversy going forward. The administration wanted to carefully evaluate all the potential implications before giving approval (R. Crawford, personal communication, May 4, 2018).

Becky Fleeger, taking classes for her master's degree at UCLA at that time was learning about the importance of accreditation to professional nursing education. When Miss Soubirou told her that it didn't look like the nursing department would receive the needed funding, Becky said "Well we might as well close our doors, because our graduates won't be able to get into graduate school or get a public health nursing certificate" (personal communication, June, 12, 2017). Becky added that most master's programs were not accepting students who did not graduate with a baccalaureate degree from a professionally accredited school. In addition, graduation from a nationally accredited school was one of the requirements for gaining the public health nursing certification from the state of California. Armed

with this newly-discovered knowledge and taking Becky Fleegeer with her, Miss Soubirou marched into the president's office on a crusade to change his perspective.

Once permission was obtained, Miss Soubirou started the process of report-writing in preparation for an accreditation visit. The School of Nursing received that airmail special delivery letter which granted "reasonable assurance" of accreditation by the Nation League for Nursing on January 31, 1969. Accreditation for a baccalaureate program could not be achieved until students had completed or nearly completed the nursing program, so the target date for the review was 1971 when the first cohort with the BSN degree would graduate (National League for Nursing, 1968, p. 11).

Comprehensive self-evaluation study needed to be completed by all the faculty and had to include:

- (1) A thorough exploration of the philosophy and purposes underlying the unit's educational offerings and services
- (2) An assessment of the validity of these purposes in terms of the trends and needs in nursing education
- (3) An evaluation of the extent to which the unit is attaining its purposes, based on an intensive analysis of all its activities
- (4) A careful consideration of various ways and means by which the attainment of the purposes might be improved (National League for Nursing, 1968 p. 12).

All was ready for the initial NLN visit February 9-11, 1971. It was agreed to coordinate their visit with that of the California State Board of Nursing Education and Nurse Registration. At 6 am, on February 9th, the 6.6 magnitude San Fernando Earthquake rocked Los Angeles County. The visitors were housed at the Biltmore Hotel in downtown Los Angeles and the quake disabled the elevator. Becky Fleegeer reported that she was in a maternity clinical that day, and all the mothers wanted to do was to take their babies and go home! Dr. Helen Grossman, NLN visitor from the East coast wanted to do the same, but to her credit, she remained through the aftershocks and completed the visit.

There was good news and bad news which came out of the visit. The good part was the letter from the state of California which said the department "at this time meets the minimum requirements of the criteria for accreditation for the California Board of Nursing Education and Nurse Registration" (Board of Nursing Education and Nurse Registration, 1971?, p. 1). While the report from the NLN was very complimentary in light of support and commitment of administration, the college as a whole, and the type of students who were attracted to the program, the bad news was there were major perceived gaps between departmental functioning and the standards set up by the NLN. The program did not obtain approval. Major reasons with supporting comments are outlined in the table below and all page numbers are from the same report, unless otherwise noted.

Table 2: NLN visitor's critique

Areas of problem	Supporting data (with page numbers from report)
1. Insufficient total faculty "buy-in" of the philosophy, purpose, and objectives in light of the published characteristics of baccalaureate education published by the NLN.	1. "There was no evidence in the minutes of the faculty meetings from September, 1969 to the present that the faculty had reviewed or considered the philosophy and purposes of the program." "The faculty did not seem to be acquainted with the characteristics of baccalaureate education in nursing published by NLN" (p. 2).
2. Lack of a distinct framework which reflected the philosophy, purpose and objectives and served as a guide for curriculum development.	2. "In May, 1969, the faculty developed a 'schematic representation of tentative plans for the development of the nursing education program in Biola College'...In a meeting with the visitors, it did not appear that all faculty had the same degree of understanding of the schema" (p. 7).
3. Insufficient evidence that all faculty members were involved in curriculum planning, development, and evaluation.	3. "From the visitors meeting with total faculty, meetings with individual faculty members, review of course materials, and visits to lectures and clinical areas, little evidence was found that faculty were involved as a group working together in curriculum development, implementation and evaluation" (p. 7). "A systematic method of evaluation of the program has not been devised" (p. 18).
4. Lack of student involvement in curriculum evaluation.	4. "Students are not represented at nursing faculty meetings and there seems to be limited evaluation of program or individual progress by students" (p. 17).
5. Faculty utilization did not sufficiently match educational and professional preparation.	5. Faculty member for maternal/child health had "masters preparation ...in medical-surgical nursing and she had a year's experience in pediatrics and obstetrics" (p. 11). Miss Charlotte Dunlap's master's degree was in maternity nursing and she was teaching psychiatric nursing (Biola College Department of Nursing, 1971, p. 7).

(All page numbers are taken from "National League for Nursing Department of Baccalaureate and Higher Degree Programs," 1971, unless otherwise noted.)

The official document, *Comments and Recommendations of the Board of Review* dated April 23, 1971, which was based upon the visitor's report was very specific in terms of deficits. To meet the requirements entailed hours of extra faculty work. The deadline for the special report was September 15, 1972. An extensive literature search as the basis of the new conceptual framework was begun.

Subcommittees were organized on Theories of Learning, Goals, Nature and Definition of Nursing, Roles and Expected Functions in Nursing, and Nursing in a Democratic Society.

The special report dated September 1, 1972 outlines their heroic efforts to improve the program. Faculty utilized help from the Advisory Committee, which consisted of faculty from other departments of Biola: sociology, psychology, science, Bible, and the Dean of Students Office. They worked with a community-based Steering Committee which included nurses, physicians, parents, community-civic leaders, and ministers. They completed the major literature review previously mentioned and participated in at least seven workshops lasting multiple days from May 1971 to June 1972. Students joined with faculty members to visit other schools of nursing. They established a Biola chapter of the Student Nurses Association of California (SNAC) which was active in state events. Student representatives were elected to serve on nursing departmental committees. Dr. Marjorie Dunlap, Dean of UCSF School of Nursing was hired as a consultant. The result was a document containing a refined philosophy, purpose and objectives, a new conceptual framework, a proposed curriculum built upon the model, defined levels of achievement for clinical grades and robust evaluation forms for faculty, students, graduates and employers of the graduates to evaluate program outcomes. All of this took place while faculty continued working full-time, updating and teaching theory courses, supervising in the clinical setting, evaluating nursing students, doing advisement, interviewing prospective nursing applicants and completing other tasks as assigned.

The philosophy, purposes and objectives expanded from about one and a half pages in the original report to seven pages with two additional pages, containing an extensive bibliography. It was distinctly Christian in its foundation, including a "...Christian philosophy of the love of God for man in his depravity, the human dignity of man, and the recognition of the spiritual potential of man" (Biola College Nursing, September 1, 1972, p. 4). It addressed five areas:

1. Man, the Recipient
2. The Goals, Nature, and Definition of Nursing
3. Nursing in a Democratic Society
4. Theories of Learning
5. Roles and Expected Functions of the Baccalaureate Nurse

Themes which came through very clearly were: the role of the nurse in promotion of health; using the nursing process to help move the patient toward "high level wellness" taking into account physical, cognitive, emotional, socio-cultural and spiritual variables; and the nurse as a change agent. Although the philosophy has gone through a number of revisions since, these concepts are still central.

Clarity of the conceptual framework led to revision of the curriculum, with plans to teach the whole curriculum in the last three years at Biola instead of beginning in semester four of the sophomore year. This facilitated the acceptance of transfer students. One of the things mentioned in the NLN report was that other undergraduate programs at Biola ranged from 128 to 144 units, but nursing was 152 (National League for Nursing Department of Baccalaureate and Higher Degree Programs, 1971 p. 6). The curriculum revision moved the units downward to 149. The College Curriculum Committee worked with nursing further so that by the 73-74 school year, with reductions in required Bible, psychology and sociology units, the total required for the nursing major was 143. In 2017, through careful elimination of redundancy, use of changed teaching strategies such as the “flipped classroom,” use of computer resources such as concentrated clinical simulations, focus on baccalaureate essentials and designation of critical care as an elective, faculty were convinced that the number of units could be further decreased while maintaining quality. The program currently requires 132.5 units and may be completed in 4.5 years. The NICHE (2018) Best Colleges for Nursing in California ranked Biola’s program #6, based upon key statistics and student reviews using data from the U.S. Department of Education.

Other exciting developments enumerated in the 1972 report included the hiring of two new faculty members and the promise of two more, so that workloads were decreased and no faculty member was assigned more than 18 contact hours. Faculty were hired with degrees from different educational institutions to expand thinking about nursing education. Assignments were shifted. The administration expanded the budget to permit the nursing director to have a full calendar-year contract instead of the traditional 2 semester contract and to hire additional secretarial assistance. In 1972, the president of Biola signed a Health Education and Welfare document authorizing the admission of male students into the program. In addition, the college launched a multi-million dollar building campaign with plans for the nursing department to have its own building (Biola College Department of Nursing, September 1, 1972, p. 58).

There was much excitement in December 1972, when the nursing department received word of NLN approval for accreditation. Miss Soubirou wrote a letter of thanks to students, graduates, college family and friends:

As we begin a new year as a Nationally Accredited Baccalaureate Nursing Program in Biola College, it is with heartfelt gratitude to you for your part and a deep sense of God’s goodness...Many of you have participated in prayer and others have evidenced faith and sacrificial support. We are grateful that this has not been in vain...The faculty of the Department of Nursing has cooperated and worked over and beyond in study and service on curriculum development. The Administration of the College has recognized the Department of Nursing as a professional school of nursing and has given strong support to the development. (Soubirou, 1972)

There was a time of celebration, but as mentioned previously, accreditation is not a once-forever proposition. It must be maintained. Dr. Soubirou had shepherded the program through the initial process, but one of the challenges faced by Joyce Roberts, chair of the department for one year after Dr. Soubirou's retirement, and Pat Kissell, the subsequent chair, was continuing accreditation. October 1977 was the date of the second visit. This time, representatives from WASC joined the group.

Various accomplishments were completed between the initial and second accreditation. The department of nursing was more formally organized and developed Faculty Bylaws. An ad hoc committee was formed to study and revise the transfer process for LVN's and RN's. Two additional faculty positions were allocated for the 1977-1978 school year because of growth in the program. The department chair had faculty members write goals each semester and met with them to support the realization of those goals. Dorothy Johnson, author of the Johnson Behavioral Systems Model (conceptual framework) held a workshop to help faculty utilize a truly nursing perspective for the development of the conceptual framework and a revised curriculum. Dr. Pat Kissel initiated collaboration with several schools to develop the Consortium of Private Schools of Nursing of California which has expanded in scope and become a division of the California Association of Colleges of Nursing (CACN) called the Independent (Private) Colleges and Universities. There was an increased emphasis on research and scholarly writing for faculty, The department chair was involved with a research project for the Western Interstate Commission for Higher Education (WICHE) (Biola College Department of Baccalaureate Nursing, 1977).

Although this was not the beginning of the concern for students to understand research, the new curriculum included a nursing research course for seniors. Previously, they were expected to relate research findings to their patients. During the 1975-76 school year, 45 senior students in Community Mental Health Nursing assisted with data collection for a federally-funded research project designed by Dr. Ellen Davis, Manpower Evaluation and Research Coordinator, Orange County Department of Mental Health on role diffusion in community mental health nursing (Biola College Department of Baccalaureate Nursing, 1977 p. 47). The resulting report was later published in the American Journal of Nursing (AJN) Feb. 1979, pp. 298-299.

NLN granted re-accreditation in 1977, but made some strong recommendations. They considered the number of qualified faculty as minimal, and encouraged the hire of additional faculty so there could be more time for scholarly pursuits. They wrote that the program should consider increased electives, especially for seniors. A more systematic program evaluation plan was needed. Facilities for offices and

secretarial services were vital to program well-being. Finally, they advocated for students to have voting privileges, as well as verbal input into the curriculum and policies (Board of Review, 1977).

This time it was the Board of Registered Nursing which was not satisfied. In January, 1978, it granted continued accreditation to Biola College Nursing, but with the provision that a progress report be submitted by October 1978. They wanted data to show that the department was actually implementing their recommendations.

The recommendations which were made and addressed in the report were:

1. An adequate number of qualified full-time faculty should be employed.
 2. The faculty needed to re-examine and harmonize the philosophy, conceptual framework, and curriculum.
 3. The accepted nursing model should be evident in the implementation of the curriculum and in providing nursing care.
 4. The Department must provide in-service education to enable faculty to teach mental health concepts and demonstrate their application to nursing in the area of their expertise.
 5. Students needed psychiatric nursing clinical experience concurrent with theory.
 6. Faculty were required to develop a plan whereby staff nurses teaching any clinical component were made aware of the students' objectives for that experience.
- (Biola College Department of Baccalaureate Nursing, 1978)

The progress report was accepted, and an additional interim report was required to be written two years later to ensure that gains were continuing. They did continue, but for a time faculty felt like all they were doing was writing reports. The department has maintained continuous California approval since that time. The national accreditation has also been continuous, although in 2005, faculty voted to change the accreditation body to the Commission on Collegiate Nursing Education (CCNE), the accreditation arm of the American Association of Colleges of Nursing (AACN).

The rationale for changing from NLN to CCNE included that the NLN is an "umbrella" organization representing nurses from one-year vocational programs to baccalaureate and higher degree nurses. With this diverse membership, it has not always taken a strong stand on issues such as the beginning level professional nurse having at least a baccalaureate degree. As a result, AACN was recognized as the "national voice for America's baccalaureate and higher-degree nursing education programs" by 2005 (Fleeger, 2005). CCNE was viewed as more collegial and less prescriptive than NLN. Of 31 baccalaureate and higher degree programs in California, 27 (87%) had already moved to CCNE accreditation, including all the private nursing programs. CCNE utilized a 10-year cycle of accreditation and NLN's cycle was eight years. The cost for CCNE accreditation was somewhat higher, but collegiality and quality increased. Faculty voted to strongly consider change in Jan 26, 2005 workshop. The University concurred with the decision.

Both the California BRN and the CCNE currently view program evaluation and program improvement based upon these data as crucial to maintaining approval/accreditation. In the late 1970s and early 1980s, Cindy Westcott and Evelyn Guilbert developed a robust program evaluation plan which has been strengthened through the years. The nursing program has been flexible with improvements keeping up-to-date with student needs, community desires and professional trends, based upon the comprehensive data collected through program evaluation. A measure of its excellence is that in 2012, the department earned accreditation for a full 10 years with no recommendations from CCNE. BRN approval in 2013 was also for the full time frame with no recommendations (Elliott, 2013, p.1). During the 2013 visit, the BRN evaluators commented on the strength of the program evaluation plan and felt it would be a good model for other schools to follow.

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Chapter 11: Affirmative Action

The physical cornerstone for the Bible Institute of Los Angeles (BIOLA) was laid on May 31, 1913, long before the 1964 Civil Rights Act. In his accompanying speech, Lyman Steward affirmed the purpose of Biola "...For the teaching of the truths for which the Institute stands, its doors are to be open every day in the year, and all people, without reference to race, color, class, creed or previous condition, will ever be welcome to its privileges" (Henry, 1973, pp. 21-22). The board of directors stuck to this vision in 1924 when representatives of a local chapter of the Ku Klux Klan asked for use of the auditorium. The answer was a definite "no" which was a clear message that Biola would not be involved with racism (Should universities be colorblind? 2008, section 2, para 1).

Although all were welcomed by policy, there were at least three main reasons why Biola might appeal mainly to Caucasian students from families of middle class or higher economic status, at least after the nursing program was instituted.

1. Cost of Biola was above community colleges and state university programs in the surrounding communities, so socio-economic status could be a factor in attending Biola.
2. College coursework was seen as challenging and many minority students came from disadvantaged schools and backgrounds.
3. Often parents of minority students had not been to college and did not see a need for it, leading to lack of a student support system for study at Biola.

In planning for the first national accreditation in 1971, the nursing program had to write to the standards in *Criteria for the Appraisal of Baccalaureate and Higher Degree Programs in Nursing*. These clearly included the Students: Standard II, "Qualified applicants are admitted without regard to race or ethnic origin" (National League for Nursing, 1969, p. 10).

This was consistent with the 1964 Civil Rights Act. It stated "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance" (Civil Rights Act of 1964, Title VI, §2000d).

"Programs and activities" included both education and business. (Title VII was more specific in relationship to business.) Businesses were required to demonstrate affirmative action in order to end discrimination in employment. So, although Biola accepted no federal funding for projects or buildings, and was not required to demonstrate affirmative action at that time, the nursing department had agreements with clinical facilities, which were supported by, or accepted governmental funding and were included under the business regulations.

When the law was first passed, it was ambiguous and no clear definition of affirmative action or standards to demonstrate compliance were stated. According to Kelly & Dobbin (1998), around 1970, only about 20% of employers even had affirmative action and equal employment opportunity policies (p. 964).

From the void, various organizations emerged with regulatory powers to develop standards and clarify the intent of the law. Included were: Equal Employment Opportunity Commission (EEOC), Office for Civil Rights (OCR), US Department of Health, Education, and Welfare (HEW), and office of Federal contract Compliance (OFCC) (Graham, 1998, p. 414).

In the early 1970s, the Equal Employment Opportunity Act of 1972 began to put some “teeth” into enforcement by giving the EEOC the power of litigation. Educational institutions, state and local governments and the federal government were now all clearly included in the civil rights legislation (Equal Employment Opportunity Commission, 2000, para 2). Shortly afterward, Congress began to appropriate better funding. The result was that organizations started developing ethnic quotas to demonstrate that affirmative action and equal opportunity had been implemented.

In California, historic legislation was signed in 1974 by Reagan. It required the State Personnel Board to be responsible to evaluate progress toward affirmative action goals in state civil service. Although organizations had begun to take steps toward demonstration of affirmative action, a 1977 law states, "Each agency and department [in state government] shall establish goals and timetables designed to overcome any identified under-utilization of minorities and women in their respective organizations" (California State Capitol Museum, Historic California legislation, 1974). This was another impetus towards development of quotas.

As the state was trying to implement affirmative action, cities and counties followed suit. An idea utilized in Los Angeles County was to set up quotas that would reflect the ethnic distribution of the county.

From the beginning of Biola's nursing program, clinical sites in Los Angeles were utilized. Los Angeles County-USC Medical Center (LAC-USC) was one of the earliest, but in 1975, that agency delivered a wake-up call to the nursing program demonstrating the reality of affirmative action. Evelyn Hamil, Director of Nursing Services & Education (1975) wrote "...the possibility of your contract being extended beyond July 1 is very remote." The primary reason given was that Biola did "not meet the affirmative action goals established by the county" (Hamil, 1975). In response Dr. Soubirou asserted, "Our department has vowed we should just wait and see what is going to happen because we don't

believe that the County of Los Angeles is going to totally discriminate against all white people, particularly white people that would like to serve in the community where we find ourselves” (Soubirou, 1975). These two positions seem to reflect major opposing viewpoints of the time. What constitutes discrimination and what is “reverse discrimination”?

When Miss Hamil retired, the hospital newsletter described the importance she placed on affirmative action. “She points with pride to her successful campaigns to bring more minorities and men into the nursing profession...and to the affirmative action plan instituted and implemented throughout the nursing department long before the County focused attention to the issue” (LAC+USC Medical Center HEADLINER as cited in Mieding, 2000, p. 200).

The Nursing Compliance Report for U.S. Department of Health, Education and Welfare (HEW) for the 74-75 school year showed 5.4% minority students in the nursing major (Carden, 1975), confirming the allegation that the program did not meet the desired affirmative action goals. In contrast, the minority population at for Los Angeles County was over 30%. The discrepancy was too big to ignore, the contract was not renewed, and clinical placements at LAC-USC Medical Center were terminated.

Although the nursing department did not consciously engage in discrimination and students did not think they were particularly biased, a vignette from Karen Wetther in the Class of 1971 serves to illustrate the ethos and thinking of the many of the nursing students in the 1960’s and early 1970’s. Most were middle class white women and quite sheltered. Karen and her clinical partner were given an appointment with the director of a drug abuse clinic in Los Angeles. They arrived early in their Biola dress uniforms and observed the clientele, feeling like they didn’t fit. As a man walked by, dressed very casually, hair in dreadlocks and carrying a man’s purse, she said under her breath, “Ooooh, check that one out!” He turned out to be the director who had a doctorate from UCLA and was from Jamaica. She learned a lot about unconscious bias and discriminatory attitudes that day as he had a wealth of information to share and facilitated her clinical experience. She realized he was probably far more effective in his position than if he had been dressed according to her middle-class standards with a suit and tie (personal communication, July 29, 2018).

Exact ethnic statistics for the nursing major are difficult to determine because discrepancies occur between official written reports (to HEW, NLN, CCNE) vs. letters written to agencies and internal reports. Reports may also have been done at different times within the school year, leading to small variations. However, the statistics are close enough to demonstrate general trends.

The next blow came from Kaiser, another valued clinical placement site. Nursing department administrators were requested to meet with Mrs. Helen Robinson, Director of Nursing at Kaiser, Bellflower to discuss affirmative action in November 1975. They learned that unless Biola could present a plan of action for a significant increase in the number of minority students in the nursing program by Sept. 1, 1976, Kaiser would no longer provide clinical facilities. Kaiser was receiving pressure to hire more minority graduates, and unless the nursing programs had more minority students, it would be hard for Kaiser to get more minority graduates. Kaiser was concerned that, being a large facility, they would become a “test case” for affirmative action. Exact quotas were not specified, but for a goal, they pointed faculty to the 1970 census for L.A. county which showed a minority population of 32.9% (Dated entry and running log form, 1976, pp. 1-2).

Wasting no time, the nursing department took action. Within a week, a nursing department minority recruitment committee was appointed. The committee members, in turn, contacted nine staff and faculty members of color at Biola, asking for help in recruitment of minority students. Attempts were made to have representation from variety of disciplines from music to history, Bible, athletics, and sociology. George Moore, an African American shared that students in Black churches had recently been the focus of attention in recruitment attempts for affirmative action. Many were suspicious of all the overtures from other races, especially since Biola was perceived as a “white school”. He offered to talk with Dr. Vince Morris, the Dean of the Student Affairs Office about the possibility of release time in which he could do recruitment (Nursing Faculty, 1975, p. 2).

The perception of Biola as a “white school” was a reality for many minority students attending in the 1970s as reflected by an interview in the student newspaper, *Chimes*. Sherry McNight an African American co-ed from Watts felt everything was “white-oriented” and other students were especially prejudiced when it came to her personal relationships. They objected to her dating white men. While she felt that some of the comments she found offensive were not intended to be taken that way, she still felt pressure to “fit in” with the majority culture (Olsen, 1972, p. 3).

Taking into account, the major potential obstacles of finances, inadequate preparation, and lack of support which could face these students, by mid-December, a preliminary proposal for recruitment of minority students was presented to Dr. Robert Crawford, Academic Dean. The idea of increasing minority students was consistent with Biola’s vision and he suggested a positive approach to get Biola personnel motivated to become involved with achieving the results required by Affirmative Action, although some might not appreciate the political methods in vogue:

...Biola has had a long desire to assist and to encourage and to further develop opportunities for students who are educationally disadvantaged which logically does include minority students. If, as we communicate, we can be as positive as possible about the potential opportunity for Biola to expand its ministry to those who are educationally handicapped, regardless of race, then this may have a tendency to come across better to those internally who will need to be involved
(Crawford, 1975)

Portions of the preliminary plan were initiated and a month later Dr. Pat Kissell had developed positive written guidelines, *Biola College and Minority Student Recruitment*. The introduction stated:

The present trends in society have made us aware at Biola of our need to provide adequate educational opportunities for minority students. Our objective is to help the minority students appreciate their heritage and maintain a high level of personal dignity in preparing for their chosen profession. In addition to Biola reaffirming its position to serve the public in a non-discriminatory manner, the college is taking positive steps toward identifying, recruiting and helping minority students reach their vocational and academic goals. (Kissell, January 28, 1976, p. 1)

The plan delineated specific strategies designed to overcome the three main obstacles of minority students in attending Biola: cost, inadequate preparation in study skills, and lack of social support. Various scholarships, grants and loans were listed which were available for low-income students. Academic tutorial services, funded by the school were made available for minority students. Mr. Moore was appointed to serve as "counselor-at-large" to identify and offer assistance for academic, cultural, social and personal problems of minority and international students. It was envisioned that he would also help the white community to better understand, and be more tolerant of the differences of others. In addition, a number of recruitment strategies targeting minority groups were outlined (Kissell, January 28, 1976).

Proposed actions also included taking the initiative to present Biola nursing where minorities might be present such as the Health Symposium at East Los Angeles College. To better understand the issues, the topic of minority recruitment was discussed with the Consortium of Private Colleges of Nursing in Southern California, a minority representative of Western Commission on Higher Education in Nursing (WCHEN), and a Black nurse consultant from LA Southwest College. Publications were ordered for the library to broaden understanding of minority populations and issues. Potentially qualified minority members were contacted for an open faculty position. A plan was developed to work with junior high and high schools, and minority churches to establish career days. There was a conscious effort to reflect opportunities for minorities in preparation of brochures. Other contacts included the Black Council of Nurses and Black Nurses Association, the National Black Christian Students Conference sponsored by the National Black Evangelical Association and student outreach being done by Biola students in Watts. A Biola student tutoring ministry to Ramona Gardens was a way to reach the Hispanic community, as well as working with minority pastors and other contacts of Talbot Seminary.

The nursing department could not make all the necessary changes alone, so concurrently, the Director of Admissions and Registration, Dr. William Carden drafted a policy: *Biola College and Affirmative Action* which commented on actions taken by the University as a whole in the past, and goals for the future. A concern of Biola which was important in the development of any minority recruitment plan was clearly articulated in this document, "The institution and the individual student must be suitable for each other" (Carden, 1976, p. 2). Thus a two-directional challenge was framed: to recruit minority students and to create a collegial environment which would be welcoming for them.

Fortified with the various documents, Dr. Kissell and Joyce Roberts, the nursing administrators, went with Dr. Ed Norman Assistant Dean of Biola and met in February 1976 with the Kaiser administrators who were unsatisfied with the progress. They wanted to see a specific 5-year plan giving data as to how Biola nursing was going to move toward increasing minority enrollment with numbers and dollar figures for financial commitment (Norman, February 3, 1976).

Nursing faculty renewed their efforts. A very ambitious 5-year plan was developed, but even it would not get to a minority enrollment of 30% or more. The beginning level was a 6.3% minority enrollment in the overall nursing program and 6.6% in clinical nursing for Spring 1975 (Kissell, January 28, 1976, p. 1). The plan called for a 24% minority enrollment by 1980, adding increments of 3-4% annually (Kissell, October 15, 1976). To show how it could be achieved, faculty did a statistical analysis of graduating students, probable attrition and needed recruitment numbers. Fortunately for Biola, the administrators of Kaiser were gracious and recognized that an increase to 24% was probably the best Biola could do under the constraints that existed. They contented themselves by asking that all minority students in the program be assigned to Kaiser for clinical placements (Norman, February 16, 1976).

The student relations committee for the 1976-1977 school year identified resources for minority students: (1) Bafee Lu, nursing department faculty member, was appointed to counsel and work with minority nursing students, (2) George Moore, Director of Minority Affairs was available for support and counseling, (3) advisement was intended to help with early identification of academic problems, (4) tutorial services were available, and (5) the counseling center had general counseling services (Student relations committee, 1976, p. 1).

So how did the nursing department do in meeting minority enrollment goals? The department had increased to 12.1% minority students by spring 1977, which was a great beginning (Biola College Department of Baccalaureate Nursing, 1977, p. 17).

The nursing department became the catalyst to stimulate minority student recruitment and Affirmative Action across the campus. Little emphasis was being placed on advertising and recruitment for Biola College, as a whole during the 1970's. Dr. Crawford indicated: "Those were very much growth years in the student body and recruitment was not a priority since applications exceeded our ability to keep up with that growth. Hiring new faculty and building dorms and new buildings to keep up with that growth was the priority" (R. Crawford, personal communication, March 31 2018).

An article in the *Chimes*, gives a student perspective on the school wide minority issue. It noted that Biola was moving in the direction of becoming more attractive to minority groups, with the nursing department being the stimulus for increased involvement. The Nursing program was only one required to carry out "minority equality", but Dr. J. Vincent Morris, Dean of Student Affairs was quoted as saying, "We are earnestly endeavoring to change the image of Biola as a school only for middle-upper-class whites. We are taking modest but concrete steps" (Jewell, 1976, p.1).

These steps included a meeting with 20 or more minority/international students to talk about progress and bring "minority grievances out into the open." Students brought up barriers to being comfortable in the Biola environment: reminders from other students that they were minority students, intentional or unintentional slurs, and stereotyping.

Other steps toward improvement included allocation of funds for scholarships, loans, and grants, and monies to support recruitment. The English Department was developing a project to aid international students with language acquisition and tutorial services were initiated. Morris said the goal was to make minority students "accepted, welcomed, and helped to succeed as anyone might have the opportunity to succeed" (Jewell, 1976, p. 3). A student committee for fact-finding on the minority situation was established by the associated student body (AS) Council and Steve Rutenbar, the chair, noted that there were no minority students on the AS Council. Steps had been taken but there was still much more to do.

In fall, 1977, Cindy Westcott was appointed as the nursing faculty member responsible for ethnic affairs. She was accountable for monitoring the minority recruitment and retention in the nursing dept. She calculated numbers of student admissions needed to keep the department on track to meet goals for Kaiser. She wrote:

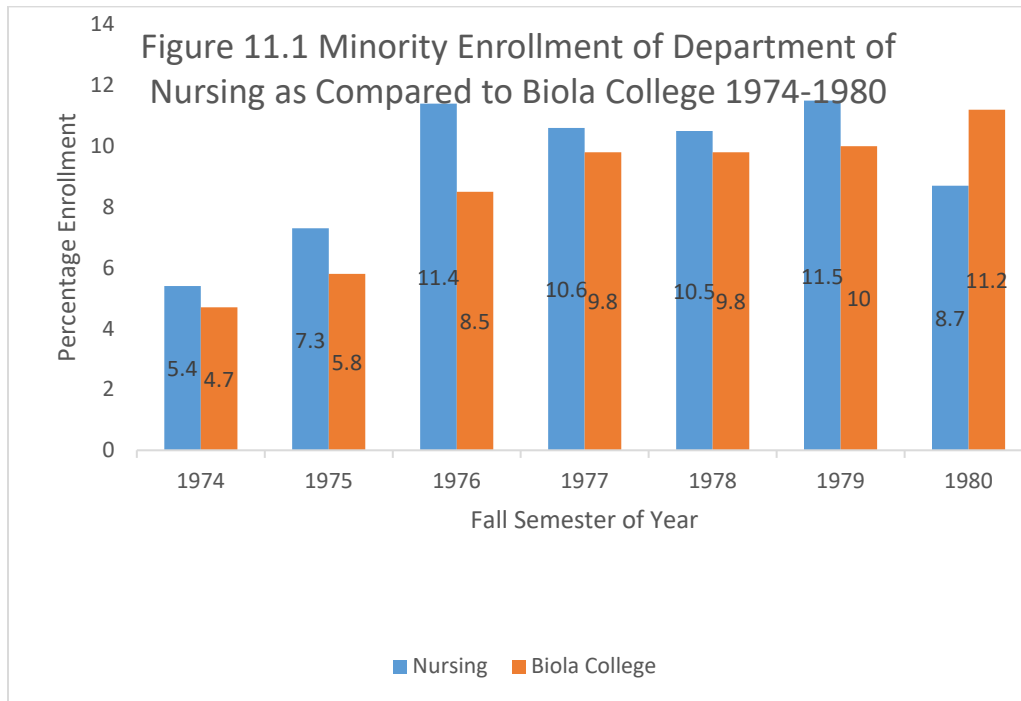
It is important to recognize that we are not establishing a quota, but rather are dealing with a minimum acceptable ethnic composition. This 25% level has been established based on Los Angeles area population ratios. We feel to graduate nurses prepared to serve culturally diverse people, our students need to experience people of diverse ethnic and cultural backgrounds in their educational process. In addition, clinical agencies utilized for educational experiences are

mandating that we include students of diverse ethnic and cultural backgrounds in our program. (Westcott, 1977)

At this time, the nursing department proposed a Policy for Academic Counseling of Ethnic Nursing Students Receiving Financial Aid, designed for student success. It was determined that students having a cumulative grade point average below 2.6 or a semester grade point average of 2.5 (C+) or below were to see a nursing faculty advisor three times in the semester to discuss strategies for success and to follow-up on progress (“Proposed Policy for Academic Counseling”, 1977).

The University funded a Learning Assistance Program which debuted at this time also. It started small, in room 10 of the Infirmary Building and offered assessment of learning needs, individual academic counseling and personalized instruction, as well as study skills courses in such things as exam preparation and test taking techniques, note-taking, and textbook reading. Student tutors with at least a 3.5 GPA for the subject in which they were tutoring were also utilized (“Introducing Biola’s learning assistance program,” 1978).

With the increased scholarships and grants, early identification of academic difficulties and advisement for success, the learning assistance center, and the appointment of George Moore as Director of Minority Affairs as well as “counsellor at large,” Biola made good on the promises to support minority students. Figure 11.1 demonstrates the growth in minority students, based upon statistics found in department documents for both Biola as a whole and the nursing department (including both pre-nursing and nursing) during these years of the late 1970s.



Note: Sources for nursing department statistics: 1974 (Carden, A. May 30, 1975); 75-76 (Kissell, P. October 22, 1976); 1977 through 1980 (Ethnic Student Enrollment, 2/82) ccs; Sources for University Undergraduate for 1974-1975 (Biola College, Inc. percent minority enrollment 1972-1975); 1976 -1980 (Biola College Comparative Ethnic Enrollment for fall semesters p. 2)

Although the school trended upward in minority enrollment overall, spring 1977, which is not shown on the chart, represented the peak for minority enrollment in nursing for that decade with 12.1%. By 1980, the nursing program had fallen to an 8.7% minority enrollment. However, by 1980, other issues had emerged which affected the push for minority students. A major influence was the Bakke case.

Bakke was a white applicant who had been denied admission to the University of California, Davis medical school for two years, although his credentials were superior to many of the minority students who were admitted to meet a quota. The Supreme Court argued that it was reverse discrimination against him and he should be admitted. The case's major effect on education according to Dr. J. Vincent Morris, Dean of Student Affairs, for schools was that "...ethnicity can be an admissions factor so long as it is tempered by other equally significant factors and so long as it is in fact an effort to remediate a history of inequality of opportunity" (1978). This, in effect, prohibited schools from solely looking at quotas for admission of minority ethnic students.

A prevailing sentiment in 1980 was expressed by Ronald Reagan who said "We must not allow the noble concept of equal opportunity to be distorted into federal guidelines or quotas which require race, ethnicity, or sex – rather than ability and qualifications – to be the principle factor in hiring or education"

(Graham, 1998, p. 416). As this attitude began to dominate the political climate of the United States, although affirmative action was not abolished, the pressure for quotas faded. Skrentny characterized the progress, writing that Civil Rights was separated from quotas and gradually the philosophy has evolved from a more narrow affirmative action to the more expansive concept of diversity. This promotes an image of “public good” for everyone, rather than giving a “break” to particular ethnic groups, which the quotas of affirmative action seemed to do (Skrentny, 1996, p. 228).

Along with the change in political climate, there were changes in hospital personnel. Miss Hamil, Director of Nursing Services & Education, retired from the Los Angeles County General Hospital. Dr. Pat Kissell visited the new Director of Nurses, and it was reported in 1978 that Biola would once again be able to utilize the L.A. County General Hospital which was now called Los Angeles County-USC Medical Center (Nursing Faculty, 1978, p. 4).

The original Kaiser Foundation Hospital in Bellflower contract was dated January 3, 1969. It stated that either party could rescind the contract with proper notice. In 1978, while concern for affirmative action was strong, Kaiser added an addendum to allow for periodic meetings between the school and agency, and a requirement that Biola have both State Board accreditation and accreditation by NLN. There is no evidence that Biola student placements were ever denied by Kaiser because of affirmative action.

Although there have been ups and downs, the general trend for the nursing department and Biola University has been an increase in ethnic students, as Biola has made a focused effort both to recruit and to create an accepting environment as seen in the University Diversity Statement, approved by the Board of Trustees in 1997.

We believe it is our purpose, therefore, to create an environment in which all believers, regardless of race, color, national origin, gender, age, economic status, or physical ability, can pursue knowledge and personal development as they strive to become all God intends them to be.

In order to maximize the learning of students and expose them to the diversity that exists in the culture at large, we seek to foster an understanding and appreciation of those elements in every culture, which enhances human dignity and is consistent with scriptural teaching.

We are dedicated to expanding opportunities for Christians of all cultures and ethnic backgrounds to attend Biola, to be employed here, and to participate in the fellowship and mission to which we are called, always keeping in mind our desire to pursue excellence in all we do. (Diversity Statement 2017, sec. 2.34)

Although the nursing department provided impetus for the movement, by the year 2000 most of recruitment was done by the University Office of Admissions. They had achieved diversity in recruitment of staff including Asian, African, African-American, Hispanic, and Caucasian counselors.

Nursing faculty participation was more limited to meeting with individuals or groups who visited campus at various times during the year (Biola University Department of Nursing, 2000, p. 46).

Through the years, many strategies to enhance diversity have been supported by Biola University. The office of Multi-ethnic Programs & Development was established to provide co-curricular programs and services to meet cultural, social and spiritual needs of students of color. In 1996, the director, Glen Kinoshita started an annual Student Congress on Racial Reconciliation (SCORR), which is still active and attended by students and faculty from other schools. A scholarship fund *Students of Under-Represented Groups of Ethnicity* (SURGE) became a significant source of funding.

In 2001, it was decided to do a major assessment of the success of these programs in terms of university diversity. The study identified some continued areas of challenge. “Though the students of color represented a significant percentage of the total campus population (33%), they reported discomfort and difficulty associated with fitting into the majority culture and with expressions of cultural insensitivity” (Biola University, 2005, pp. 26-27). One result in 2004, was the creation of the Office of Diversity Leadership with an associated Provost position, demonstrating the importance given to this issue.

The current University Plan 2012-2022 continues to support the goals of diversity. One of the aspirations is to “Build a Cross-Cultural Community.”

Biola will attract and advance a community of cross-cultural, globally aware Christians learning from one another so that the University will reflect the breadth and grace of God’s kingdom. As a result, our La Mirada campus community will more closely reflect the demographics of our geographic region. We will also prepare our students to be intellectually and experientially cross-cultural Christians, effectively able to live out the gospel in diverse settings and provide servant leadership across the world. (Biola University, 2012)

As of October 15, 2017, 119 students were enrolled in clinical nursing. The break-down is shown below:

Table 3: Fall 2017 Nursing Department Student Ethnicity in Comparison to Biola University

Ethnicity	Nursing Department		Biola University
	Number	Percentage	Percentage
Minority/International	56	47.0%	50.9%
White/Caucasian	61	51.3%	45.9%
Unknown	2	1.7%	3.2%
Total	119	100%	100%

Note: Data for nursing taken from BRN annual school survey, 2016-2017, p36; Data for the University taken from Institutional Research, 2018).

The desire for an integrated community, celebrating diversity within a unity is expressed through the current campaign slogan, “All as One”. What began as a crisis in the threat of loss of essential clinical

placements, ended up being a positive good for all Biola as the nursing program and school better reflect the diversity of the body of Christ. This has expanded the ability to impact the world for Christ in diverse settings. The vocabulary and specific challenges have changed through the years, but the goal of obtaining diversity has remained constant and the university has consistently grown in this area.

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Chapter 12: The Duffy Act (AB 2878)

The field of nursing is never exempt from influences of the larger context in which it finds itself. In 1972, affirmative action was taking root in the job market, but Bullough analyzed another important influence shaping the workforce: There were not enough jobs for unskilled workers. One major cause was due to what was happening in the field of agriculture. In 1900, approximately 40% of the workforce was engaged in agriculture. By 1970, that percentage had fallen to 4% as the farms were mechanized. The unskilled individuals, no longer needed on the farm, moved to the cities to find jobs. However, they found that manufacturing and other industries had experienced the same effects from mechanization. Therefore, they weren't needed. The net result was an increase in unemployment and poverty.

Bullough asserts that social scientists and government officials began to look at the health care industry as a place where unskilled workers could find entry-level jobs. Positions such as an aide or orderly required minimal training. Unfortunately, just supplying a poor person with an entry level position does not solve the problem of poverty. Without methods to improve salaries or create opportunities for upward mobility, the worker may remain below the poverty level. Thus, she concluded that in the early 1970s many health care organizations and states in the U.S. were under pressure to propose career ladders to ease economic impoverishment. Upward mobility became a "buzz word" for many in the field of nursing (Bullough, 1972, p. 2).

In 1970, the National Commission for the Study of Nursing and Nurse Education reported their findings from a major study with a single focus: what is needed for "better care for all people" (p. 284). It called for development of "appropriate levels of general and specialized learning for the different types of education" (1970, p. 291), and articulation agreements so that there would be an easy transition from a junior/community college education to a baccalaureate program. This would facilitate career mobility. Many conceptions of a so-called open-curriculum came from this general recommendation. An open curriculum includes ideas such as credit for experience, challenge exams and reduction of curricular redundancy, all tied to specific learning objectives to be mastered. In 1973 and 1974, the National League for Nursing held forums to advocate for such a curriculum (Grippando, 1977, p. 356). While the 1970 report contented itself with pointing out the major controversy in nursing between advocates for the hospital schools of nursing and those who believed nursing education should be in institutions of higher education, the more detailed report three years later crystalized its position. It stated that one of the major priorities for better health care was to improve the nursing educational system and place it within the collegiate system ("National Commission", 1973, p. 143).

Into this climate Gordon W. Duffy, chair of the Health Manpower Committee, introduced the so-called "Duffy Bill" of California. AB 2878 changed the Business and Professions Code Section 2786.5 that dealt with nursing education. It was a creative attempt to deal with a chronic nursing shortage in the state of California, as well as a way to enhance career mobility. Part of the thinking was that if a junior college could prepare an RN with one year of pre-requisites and two years of clinical nursing for a total of three years, a baccalaureate program should be able to do so as well. Baccalaureate programs should be able to produce someone who was ready to take the state board exam within 36 months of matriculation. It all seemed reasonable to legislators. If the baccalaureate programs were structured this way, then it was further hypothesized that career mobility would be aided, as the courses for the baccalaureate degree would be concentrated in a final year, simplifying progression from one type of program (associate degree) to another (baccalaureate). Students from a baccalaureate program could enter the workforce as soon as the content required for licensure was completed and then they could finish the college degree at some time in the future. Associate degree nurses could be assured that it would only take one year of further education to complete the university bachelor's degree. In theory, this should facilitate the licensing of more nurses in a shorter period of time, thus mitigating the problem of the nursing shortage in California, as well as creating the formation of a smooth articulation process for RN's from junior colleges to colleges and universities, creating a win-win situation for all.

The law, quoted by Finn, (1976) and slated to be effective September 1976 read:

The board shall deny accreditation to any school of nursing which does not offer all the courses required by the board for licensure as a registered nurse within the first 36 months of full-time training, or first six academic semesters, or the first nine academic quarters, whichever is lesser. (p. 2)

Biola nursing faculty expressed consternation upon hearing the news. It had the potential for creating a number of problems, especially since the initial interpretation was that it referred to three years from the time of matriculation into the school. At this time, Biola nursing was a five-year program including the 30 units of Bible, with clinical nursing courses all taken in the last three years. A major change in sequencing the curriculum was the only possible way to meet the requirement, and the Bible courses were not of concern to the state of California. Clinical nursing courses would have to be taken in the sophomore year to meet the 36-month mandate. Another implication was that some of the general education and Bible requirements would have to be completed after clinical nursing courses, affecting the curriculum's logical flow. This was inconsistent with the curriculum model of having a strong foundation of pre-nursing courses before the professional ones. The penalty for non-compliance was withdrawal of state approval of the nursing program, which would mean its closure.

Attrition was considered a potential problem. Students could drop out of Biola after completing the junior year and successfully taking the RN exam to obtain a license. These individuals would not have a degree, but could enter the workforce. Once they started working, it might be hard to come back to Biola for the additional nursing courses in leadership and the content required for a public health credential, especially if they had not yet completed Bible and general education requirements for the degree (Roberts & Kissell, 1975).

A further concern for Biola was financial. Some students would be completing the program under the established curriculum prior to 1976 with clinicals in the last three years, while others were starting the new mandated curriculum with required clinicals beginning at least a year earlier. This could double the number of students involved in clinical assignments for 3 years. Financial consequences of doubling clinicals would be serious, as ratios of faculty to students in the clinical area must be much lower than ratios for other types of classroom teaching throughout Biola. Finding clinical placements, hospitals where the students could affiliate, would be another challenge as well as finding at least three additional clinical faculty members for three years. All of this would require a major financial investment. Thus, a law intended to increase the nursing workforce, and to enhance upward mobility threatened to cause a nightmare for Biola.

Legal clarification of the bill, confirming when “full-time training” for the nurse begins, was sought by the University of California at San Francisco (UCSF) School of Nursing. At the time, students were required to complete two years of general education in another school, not at the UCSF campus, prior to admission into the school of nursing. Therefore, students were juniors when all the pre-requisites were completed. As a result, it was critical for their school of nursing to know when the 36-month clock started ticking. Was it when students entered their college experience as freshmen, or when they were enrolled in the school of nursing as juniors? Richard Finn, Deputy Attorney General issued a legal opinion, based upon previous case law that the “full-time training” did not begin until the individual was enrolled in the nursing school. Thus, any school which had a two-year nursing curriculum would meet the requirements of the law (1976, p. 5).

This ruling allowed Biola faculty members to breathe more easily. When the nursing major was initiated, students entered in the freshman year. The first nursing course, NUR101: Nursing Philosophy, was taught in the very first semester. It served, not only as a didactic course about the nature of nursing, but provided counseling for students who were unsure of their educational direction. After the course, about 50% of the students dropped the nursing major. This was perceived to be an unacceptable rate of attrition (Biola College Department of Baccalaureate Nursing, 1972, p. 62). Taking all the above

information into account, and failing to receive NLN accreditation in 1971, a number of curricular revisions were proposed. Important among them was delaying the introductory nursing course until the 4th semester of college, so that students would not enter the Department of Nursing so early. By 1975, the course was made a pre-requisite to entering clinical nursing (Nursing Faculty, 1971, p. 3).

Following the legal opinion that pre-requisites plus two years of nursing would meet the demands of the new law, an alternative curriculum was proposed for implementation by fall 1976. It integrated mental health concepts (essential content for the licensure exam) into the first two years of clinical nursing courses instead of having a separate course in the senior year (Roberts, 1976). Although there were some other changes, especially due to moving content around in the program, the pre-licensure clinicals were all scheduled for the third and fourth years of the program. The final year then consisted of three courses, each lasting 10 weeks: advanced nursing (team leading), community mental health, and public health. These courses were not required for licensure, but were essential to obtain the public health nursing (PHN) credential and baccalaureate (B.S.N.) degree. The feared major economic disruption to the program (having to find new clinical placements and new faculty members) never materialized.

An incidental issue for students was caused by the law. In 1976, a student at California State University, Chico, did a survey of state boards of nursing (including Guam, Puerto Rico, the Virgin Islands and District of Columbia) to find out how students who elected to get early licensure would be affected if they desired to practice elsewhere. The questionnaire asked if reciprocity would be granted to a graduate of a 4-year baccalaureate program who successfully passed the exam at the end of the third year and then completed the curriculum a year later. Approximately half of the responses (24 of 49) were “NO” and even those who would grant reciprocity would not let the licensee practice in their state without first finishing the program (Senior Nursing Student, 1976).

The following year, 1977, showed improvement in the problem for graduates, but it was not completely resolved. Cindy Westcott did a study and reported that 13 states still did not accept RN licensure if obtained before graduation (Nursing Faculty, 1977, p. 5).

The law was repealed after 10 years, effective 1987. A number of students benefited by being able to take the licensing exam early. They were able to begin to work as an RN in their last year of nursing at Biola, which helped to pay for tuition and expenses. This was especially helpful to those who received governmental funding, as it was usually limited to four years (the normal length of time to complete a college degree.) It was also helpful to the curriculum as it led to the development of a more focused leadership course beyond the original advanced nursing. In addition, this course allowed for a

clinical elective at the senior year. The lack of electives had been noted as a weakness as early as 1977 when the NLN recommended that Biola make “provision for students to take electives, particularly at the upper division level (Board of Review, p. 1).

Some downsides were also discovered. A minor amusing one was seen in the clinical area. Upon receiving her license, a student proudly had RN inscribed on her student ID badge. In the team leading setting, a doctor started asking her some very pointed questions about her patient which she couldn't answer. She quickly told him she was only a student, to which he replied that her name tag had RN on it. The next clinical day the RN was covered with adhesive tape and SN was written in ink!

More serious was an incident which happened to a student who went to another state to get her dream job. She had received her RN license prior to graduation, started working in California, and then completed the program. In the new state, she was not given credit for all the years she actually worked in California and was declared ineligible for the coveted position. Heartbroken, she wrote to the nursing department asking to make her story public so that no other Biola student would suffer in the same way.

Only a handful of students did not complete the program after getting early licensure, so that attrition fear was unrealized. However, something that was not anticipated was that the pass rate for the licensing exam for Biola students went down over this period of time. In July 1985, the first time pass rate slipped to 86% and in February 1986, it was down to 80% (“State Board Exam Pass Rate”, 1987, p. 2). Faculty became very concerned when students who failed said that they weren't studying for the exam. They were just taking it for practice. If they passed, it would be great, but if they failed, they would be more comfortable because they understood the testing procedure. They felt they would be more focused in studying for a second try, and still be able to get the license in plenty of time to snag a desired job upon graduation. Once this became apparent, vigorous education was undertaken by faculty so that students would clearly know the potential problems associated with early exam-taking. By July, 1986, the passing rate was back up to 95% (Nursing Faculty, 1986, p. 6).

In 1986, faculty learned that Duffy's Law was to be rescinded, effective 1987, as mentioned previously. Keeping in mind the negatives, especially the decreased pass rate on the licensing exam, they voted that students must complete the B.S.N. degree before taking the licensing exam (Nursing Faculty, 1986, p. 1). This allowed for the development of a curriculum more satisfying to faculty as pre-licensure material could be placed in the senior courses if it seemed to have a better fit, rather than squeezing it into the already full first two years. For example, concepts related to abuse, as well as communicable diseases such as tuberculosis, which was a major community health issue, could be covered in the community

health course. Leadership content could be handled with introductory concepts in Level 2 and much more in-depth study in the final year. The curriculum was again revised, and the Duffy Act became only a memory that faded with time.

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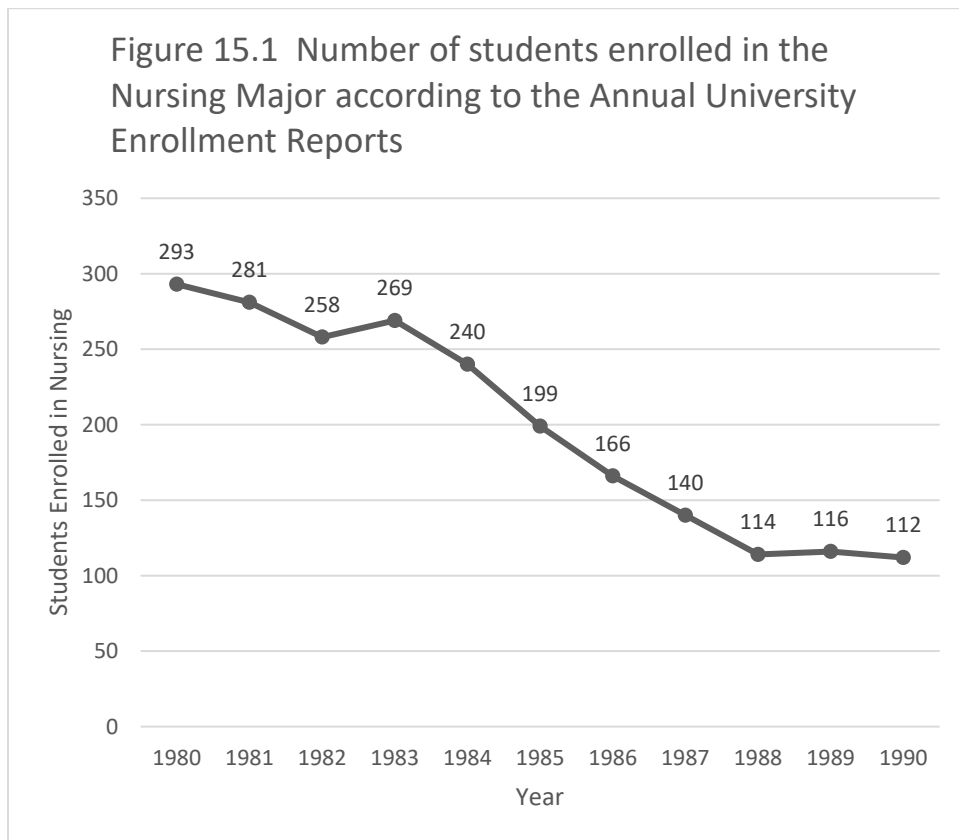
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Chapter 13: Decreased Enrollments

The nursing major, from the beginning was a popular major in spite of the heavy coursework and five-year program. Minutes from 1976 show that more than 90 students had applied for the fall for clinical nursing which was much more than the school could handle (Nursing Faculty, 1976, p.1). Nursing quickly became the largest major in Biola College, lasting until spring 1982 (Biola University, 1988, p. UG-9). In fall 1983, it dropped in rank to #2, with Business Administration moving up to first place. That year began a slide in enrollments (as shown in Figure 13.1) until the department was nearly cut due to decreased enrollments in nursing, expenses in maintaining low student/faculty ratios, economic stresses of decreased enrollments throughout the whole university and the university prioritization plan pushed by Provost and Senior Vice President, Dr. Robert Fischer, who felt Biola should return to its earlier emphasis on the Bible and liberal arts.



The decreased popularity of the nursing major was an issue throughout the 1980's. A number of factors came into play. Kalisch and Kalisch (1986) wrote that an Institute of Medicine (IOM) report for 1983 basically concluded that the supply of generalist RN's and LVN's should keep pace with the demands for the foreseeable future, although there might be shortages of nurses with advanced education

(p. 724). Carlson, Cowart and Speake quote several sources in the early 1980's which went further and spoke of nursing layoffs and an over-supply of nurses (1992, p. 224). As students heard of the possibility of fewer jobs available, it was only natural that they and their parents would consider other options for study. In addition, there were events specifically affecting health care as uncertainty developed surrounding the AIDS epidemic. Social and political influences were evident by the changing federal health-care related funding and hospital conditions, including the closure of 340 U.S. hospitals with 49,085 beds between 1980-1985 (Mullner and McNeil, 1986). It was a time of expansion of other vocational opportunities for women. General trends in American society affected nursing enrollments, such as the decreasing number of college-age students in the United States, since the post-war baby boom was over.

Early in that decade, 1981 to be specific, the first cases of a strange pneumonia associated with a severe immune deficiency in five gay men were identified, and by the end of the year, 270 cases had been reported. It was not until two years later that the cause of Acquired-Immune-Deficiency-Syndrome (AIDS) was discovered. Because of the lack of information about the disease, including how it was transmitted and how contagious it was, plus the fact that there was no known cure, panic prevailed in many quarters. Building owners tried to evict a doctor who was treating AIDS patients. Ryan White, a young hemophiliac with AIDS in Indiana was prevented from attending middle school due to parental fear that their children would be exposed. Three hemophiliac brothers, Ricky, Robert and Randy Ray were removed from school in Florida. After a judge reinstated the children, local parents refused to allow their own children to attend, and someone set fire to the Ray's house and destroyed it. Even as late as 1990, it was reported that there was a possible HIV transmission to a patient from a dental procedure done by an HIV+ dentist, causing much dismay among health care professionals ("A timeline", 2016). AIDS was thought to be always fatal with no known cure. Is it any wonder that parents and students were fearful of going into the health care professions with all the unknowns of the AIDS epidemic and fearing for their own lives if they had to care for patients with AIDS?

Additionally, there were other careers opening up to women. In the 1960's, most women who wanted a career became a secretary, nurse or teacher. However, by the 1980's the scope of possibilities had widened dramatically. From 1972-1985, the women's portion of management-type jobs grew from 20% to 36% which was close to double (Guilder, 1986). Opportunities in engineering, law and accounting opened. In 1970, about 9% of medical students were women; by 1980, that percentage increased to around 28% (Relman, 1980, p. 1252). Testimony before a Senate Hearing in 1987, noted

that as the numbers of women enrolling in engineering, law, medicine, accounting, and business were skyrocketing, enrollments in nursing were taking a tumble (Nurse Shortages, 1987, p. 26).

Statistics showed BSN programs nation-wide had a 4.5% drop in enrollment in the 1985-1986 school year. The following academic year, 86-87, was worse with a 12.6% drop, the largest percentage decline for several decades (Nurse Shortages, 1987, p. 26). A comprehensive study of 276 schools with baccalaureate nursing programs from 1984-1989 showed a 36% drop in enrollment of full time nursing students in generic programs (AACN, 1989, p. 14).

Suddenly, by the second half of the decade, the country was facing a severe nursing shortage. The United States Senate Hearing on Nurse Shortages in 1987, convened by Senator George J. Mitchell brought together representatives from major health care organizations, the American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American Hospital Association (AHA), American Academy of Colleges of Nursing (AACN), National League for Nursing (NLN), and the National Association for Home Care (NAHC). These groups reported various reasons for the nursing shortage, many of which could affect the motivation to select nursing as a career.

1. DRG system of reimbursement for Medicare expenses began in 1983, leading to prospective payment rather than reimbursement for expenses with the net result of less money for hospitals, making it more difficult to raise wages
2. Sicker patients with more complex conditions than in the past
3. Increased patient/nurse ratios
4. Hospitals trying to go toward a greater mix of nurses in staffing, meaning that RN's were decreased and ancillary personnel were increased
5. Wages not commensurate with the amount of responsibility for RN's
6. Lack of career mobility with wages peaking after 5-7 years
7. Limited authority over clinical practice
8. Lack of nursing involvement with managerial decisions (Nurse Shortages, 1987)

In California, a senate bill was passed to study the RN shortage, but Siddall (1988) program director for the rural clinical nurse placement center bluntly stated: "The 1980's collegiate, high achieving female and male, are not interested in nursing careers" (1988, p.1). However, she proposed a recruitment study be conducted to discover how to attract others in society into nursing in the face of the shortage. All of these factors led to shrinking interest in nursing as a vocation. As a result, there were major challenges for the nursing department as Biola was affected by these national trends.

As early as 1983, the registrar of Biola, Wayne Chute wrote of a declining undergraduate enrollment. There was a smaller pool of college students and more competition. In the 81-82 and 82-83 school years, enrollment at Biola was down by 2.2-2.3% each year. Statistics from the National Independent Schools showed an average of 10% reduction in enrollment for member schools for Fall

1982 and the Christian College Coalition was down 7.5% on average for their schools (Chute, 1983). Dr. Clyde Cook had just become president of Biola University in 1982 and was faced with major challenges, as Biola enrollment dropped from 3,181 in 1980 to 2566 in 1989, an almost 20% decline (Ireland, 2008, p. 2).

Becky Fleegeer discussed budget projections for the 1983-84 school year with nursing faculty and reviewed the recent past. The 1982-1983 university budget had been too optimistic as donations were down 24% from the previous year and enrollment was also down. Salaries were frozen and there were cuts in departmental funding across the university (Nursing Faculty, 1983, p. 4).

An Ad Hoc Committee on Community Outreach was formed as a response to the challenges of decreased enrollment. Trying to think where potential nursing students for Biola might be, faculty identified churches with families as a source. Churches might also want to give financial support to Biola. To reach out to churches, the committee developed an assessment questionnaire, which asked about selected health care and educational needs that faculty and current students could meet. The outreach was a way to locate youth and families who were interested in health care, and to create a positive image of Biola's nursing department. The questionnaire was distributed to five churches. Two were particularly interested in cardio-pulmonary resuscitation (CPR), so faculty and students taught CPR classes at these churches. Students who participated received credit for community hours, which were a part of clinical experiences. The churches expressed appreciation, but goals for recruitment and/or funding were not affected.

About the same time, volunteer faculty were recruited to call prospective students, a project which was continued in various forms for about a decade. This was consistent with the Biola promotional phrase coined in 1984, "Biola University is big enough to give you choices, but personal enough to help you make them" (Rogers, 1984, p. 3B).

By fall 1986, nursing enrollment had plummeted from close to 300 students in 1980 to 166, falling by nearly half its previous size. An additional factor related to the nursing major was the growth of nearby Christian nursing programs. Point Loma Nazarene University began a nursing program in 1973, and Azusa-Pacific started theirs in 1975. The university budget for the 1986-1987 school year was cut by \$1.3 million. At the same time, a further factor led nursing faculty to begin fearing the possible demise of the major.

A Working Document for an Academic Master Plan for Biola University was first presented to faculty in November, 1986. In this document, Provost Robert Fischer differentiated between "essential"

and “applied” programs. He defined the essential programs this way: “if we didn’t have something of these...we probably shouldn’t call ourselves a Christian university” (Sawyers, 1986, p. 1). The essentials included Biblical studies, theology, intercultural studies, English literature, fine arts, history, math, natural sciences, philosophy of Christian thought, and psychology or sociology. Fischer further delineated three levels of prioritization depending upon four criteria. These were used to determine the relative importance of majors that were seen as good, but not necessary to the Christian university. The criteria were: (1) relevance of the program to the mission of the university, (2) relative demand on the part of students/prospective students, (3) demand in society, and (4) availability of sufficient resources within the university to ensure that the program continue to be of high quality.

Utilizing these criteria, he placed applied programs into the following priorities for retention:

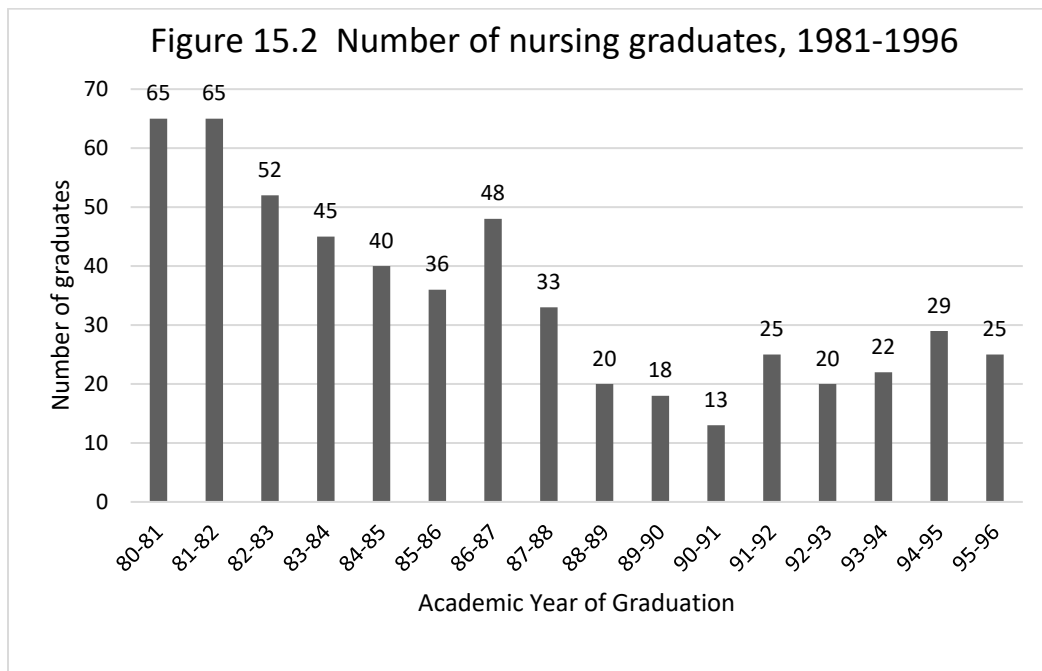
- 1st priority: Christian education, education, business administration & computer science
- 2nd priority: nursing and physical education
- 3rd priority: art, public administration, and recreation and camp administration (Biola University, 1987, p. A23-A24)

The camping and recreation major was already shaky. By this time, it had been reviewed for 3 years. In 1986, the major had only 23 students and one full-time faculty member. It was phased out.

The public administration program had an even lower enrollment with a total of 12 students. It was determined that anyone desiring to study in that area could acquire the basic knowledge and skills electing a concentration of public administration within the political science major. This would accomplish basically the same goal. The public administration major was soon gone.

With two majors in the bottom priority phased out, nursing faculty became more nervous about continued survival, and saw a crisis looming with dropping enrollments, decreased funding and a perceived lack of administrative support to maintain a quality program. A special faculty meeting was called to discuss the Academic Master Plan, and to begin working on arguments to demonstrate how the major fulfilled the mission of the institution, supplied a societal need for nurses, and generated revenue for the institution through all the general education courses which the nursing students were required to take (Nursing Faculty, November 17, 1986 p. 1). When Becky presented the arguments in a university faculty meeting, she remembers being met with the affirmative response, “Preach it, Sister.” The facts that nursing could easily demonstrate Christian faith through works, that there was a critical need for nurses, and that Biola nursing alumni were getting jobs easily in local hospitals, all argued for long-term viability of the program.

Figure 15.2 shows the nursing graduating classes for this time period. Because it is a five-year program, in the 1986-1987 school year, Biola admitted what turned out to be the smallest nursing graduating class ever. Only 13 students graduated in the 1990-1991 school year. However, in spite of the downturn in nursing, in 1987, it was still ranked third in size out of the top ten majors (Biola University, 1988, p. UG9).



Faculty called for more aggressive recruitment and retention efforts. Suggestions were made to develop advertising brochures, utilize alumni as speakers about the program, hire a nurse recruiter to go to schools in the area, take out advertisements in Christian magazines, speak to church groups, attend career days in local high schools and community colleges, obtain spot announcements on Christian radio, investigate articulation agreements with community colleges, and contact Christian schools without nursing programs (Nursing Faculty, September 15, 1986, pp. 2-3).

Over a period of several years, most of these ideas were implemented, concurrently with fervent faculty prayer as reflected in departmental minutes (Nursing Faculty, Nov. 16, 1987 p. 2). It was a demonstration of faith and works! In 1987, the department requested funds to develop a brochure specifically for Biola. The same year, Julie White was invited by the Youth Director at the Church of the Open Door to talk to a high school group about AIDS. She felt it was very valuable to interact with the teens (Nursing Faculty, November 16, 1987 p. 2). Greg Vaughan, Director of Admissions for the University presented a seminar on telemarketing, and faculty adapted his materials for use when calling

prospective nursing students. Anne Gewe developed a visual presentation for use at junior high or high school career days and visited local campuses. At about the same time, faculty concern for retention of students led to the development of a student support group led by Juanita Ryan, "Care for the Caregiver." It included concepts such as risking self-disclosure, being needy, receiving care, being angry, saying "No" to over-commitment and having fun (Nursing Faculty, Dec. 14, 1987, addendum).

Around this time the department was able to hire Julie White as a nursing department recruiter (Nursing Faculty, 1988, p. 1). She visited 15 schools in one year, presenting Biola's program and developed posters which could be utilized for churches. Cindy Westcott developed a brochure specifically for Biola: **Build Innovative Opportunities and a Lifetime of Advantages**. In 1988, the Association of Independent California Colleges and Universities (AICCU) developed a generic nursing recruitment brochure, which was sent to high school counselors in California. It featured a picture of a Biola nursing student on the cover. Faculty approved a new four-year plan which included summer school, thinking that students might be attracted to attend if completion took less time. It would also be cheaper since the cost of taking classes during interterm and summer school was less than during the semester.

Trying to think "outside of the box", faculty looked for more ideas which could lead to recruitment, although not all of them were successful. Advertisements were taken out in the *Journal of Christian Nursing* to recruit students. Teaching projects which nursing students could do for course credit were sought. One such project was teaching sex education. Another idea was to conduct a seminar on the nurse's role in spiritual care, presented in conjunction with NCF at Pierce College. Once again course credit was given to students (Kerr, April 29, 1988, p. 2). These were intended to enhance name recognition for the university and allow for networking. Community colleges, such as Pierce, could be a pool for RN to BSN students. A master's program in intercultural studies with a health care emphasis was proposed. It targeted a different pool of potential nursing students, graduates rather than undergraduates. It was later approved and offered, but no one ever enrolled in it. Nursing faculty, with a focus on retention, reached out more strongly to pre-nursing students to help them to utilize resources and successfully navigate the science courses needed to be accepted into clinical nursing.

Things began to change for Biola, sooner than for the nursing department. After a year of austerity measures for the 86-87 school year, the *Chimes* announced that applications were up by 9%. (Sawyers, May 8, 1987, p. A1) and Biola ended the year with a surplus! Three reasons were given: there was a single property gift worth \$375,000; estate donations increased to \$350,000 for the year; and as everyone worked together to decrease costs, the operations account ended up \$500,000 under budget

(Sawyers, September 11, 1987, p. 1). In addition, the fall 1987 first time freshmen class was the second largest in Biola's history (Sawyers, September 11, 1987, p. 1).

The same semester, Dr. Fischer began looking toward a new role as professor-at-large. In announcing the change, Dr Cook said: "He's one of the best conceptual thinkers I've ever met...Moving into this other role will give him time to do this conceptual thinking and writing" (Sawyers, September 4, 1987, p. 1). He would fill an advisory role to the president. Unfortunately, he had to retire shortly afterward due to ill health. Without him pushing his priority plan, it died a natural death due to a lack of university-wide support.

Although nursing faculty no longer feared for the existence of the department, it was still discouraging as enrollments continued to decrease, even though it was consistent with trends in the rest of the United States. The NLN accreditation report for 1991 shows that the nursing major hit rock bottom in 1989 with only 99 students, which is even fewer than the number shown in the annual university enrollment report for the same time frame (Biola University Department of Baccalaureate Nursing, 1991, p. 7). (The reason for the discrepancy is unknown, although nursing statistics were usually based on the number of students seen for advisement. It sometimes took time for the "change of major" forms to work their way through the system. The nursing department numbers are probably more accurate.)

Decreased enrollments caused other changes. Until 1988, Level 2 and Level 3 courses were offered each semester, allowing faculty members to specialize. However, with the decreased enrollment, courses began to be offered only once each year. Fortunately, at the time two faculty members were ready to retire and one resigned to enter private practice, so although the faculty size was decreased, it was by natural attrition. Remaining faculty found that teaching new courses was painful at the beginning, especially because of the time to needed absorb new material and facilitate new clinical placements. One faculty member admitted that she was finishing preparation of her overhead transparencies for the lecture while the students were taking a quiz. On the other hand, she smiled and said that she was still ahead of the students.

As hard as it was, God used the change to benefit the program. Faculty acquired a broader perspective of the curriculum. This knowledge allowed for changes in the first year to build a stronger foundation and better prepare students for the higher level courses. Redundancy was decreased as faculty noted similarities in assignments and content between courses. Areas of integration were improved for curriculum threads such as community health, cultural aspects of health care, physical assessment, leadership, and pharmacology. Faculty held students more responsible for content that they knew they

had taught previously (Biola University Department of Baccalaureate Nursing, 1991, p. 7). A student's excuse, "We've never had that before" just didn't hold, when the faculty member knew he or she had taught the material in a previous course!

The investigation of the possibility of articulation agreements with other schools was begun in 1990. Fresno Pacific and Westmont were two schools that did not have nursing programs at the time and could possibly have students interested in nursing (Nursing Faculty, 1990, p. 3). It was thought that perhaps, students could take pre-requisites at those schools and then transfer to Biola for nursing. Later Master's College was approached, but such agreements never materialized.

Enrollments began to increase in the 1990's. After the rock-bottom year with only 13 graduates, the number remained steady at 20 or higher every year during the rest of the decade. University administration was generally perceived to be pro-nursing, especially as Becky Fleeger became the acting dean in 1993. Strategies for retention were strengthened as faculty tried to be more actively involved with students. Cindy Westcott advocated the use of student study groups, especially to enhance learning experiences for some ethnic backgrounds and students with non-traditional learning styles. Smaller study groups could help students feel more a part of the campus community, as well as increasing academic performance. Becky supported this with studies presented at a joint conference of California Associate Degree Nursing/California Association of Colleges of Nursing (CADN/CACN) that showed a high degree of correlation between student retention and the use of study groups (Nursing Faculty, November 13, 1989, p. 3). Various forms of study groups were implemented.

Retention remained an issue, but the great drive for recruitment slacked off. In 1993, Level 1 students responded to a questionnaire which asked if their decision to come to Biola was influenced by phone contact with a faculty member. Although they were influenced by friends and family who had recommended Biola, they indicated that a faculty member's call was not important in the decision! (Nursing Faculty, 1993, p.2) So, the major faculty calling campaign was discontinued.

As time went on, other concerns took precedence over recruitment, Enrollment grew gradually and by the turn-of-the century, 30 became the targeted size for each class. Since that time, the program has been on a track for growth.

An interesting sidelight to this story was pointed out by Dr. Robert Crawford. Biola University, as a whole, also benefitted from this time of declining enrollments. The local elementary and junior high school districts had a decline in the number of younger students. Schools were closed. One of them was McNally Junior High School, located directly next door to the existing Biola campus. Biola was able to

purchase the property for \$4 million, and it provided an additional 22-acres of space. The Science, Technology and Health Building which houses nursing, now stands on the old McNally property! (personal communication, June 11, 2018)

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Part 4: God's Faithfulness in Other Ways

God has done more than just providing dynamic leaders, and strong faculty members through the last 50 years. He has also led students with amazing abilities to come to the program, guided in the development of clinical experiences that enhance the focus on service to minorities and the underserved, and arranged many ways in which the buildings, equipment, supplies, and financial needs of the program, faculty and students have been met. There are current challenges and, as he has been faithful in the past, the department can be assured that he will be faithful in the future.

Chapter 14: Students

The very first NLN visitor's report from 1971 commented on the quality of students attracted to Biola's nursing program, and the observation was very true. God has always brought amazing Christian students to Biola with enthusiasm to impact the world for Christ through many venues. Impact has been felt through witness to parents and friends in planning and staging of events as commissioning and pinning. Christian nursing organizations like Nurses Christian Fellowship (NCF) and the Nursing Gospel teams have influenced others. Students have demonstrated their faith through secular student organizations like the California Nursing Students' Association (CNSA) or its forerunner the Student Nurses' Association of California (SNAC) in affecting education and the profession. Within Biola, they have gone beyond the field of nursing to work on committees or within the Student Missionary Union (SMU). Some have developed their own individual ministries like outreach to the homeless or latchkey children. One thing Miss Soubirou said of nurses was certainly true of the student groups: "The professional nurse should be an effective *change agent* constituting a major social force..." (Soubirou, 1975, p. 11). The story of each of these groups is full of God's faithfulness as they became change agents in impacting the world.

Capping

The nursing program is book-ended by two ceremonial events. The first has been variously called, capping, recognition, commitment, and commissioning. The final ceremony is pinning. Capping for the first class was Oct. 23, 1968. It was the beginning of the third year when the students had completed one semester in nursing. Dr. Samuel Sutherland challenged the students that they had a dual calling to serve humanity and to present Christ.

An anonymous Junior Nursing Student wrote a letter to Miss Soubirou which encapsulates how many students have felt through the years as they have participated in this traditional tie with the past.

What exactly is the importance of that square piece of cloth? What makes the nurse (and why should I) place such a high value on it? I can't say it adds any real beauty, in fact, on some it even looks a little awkward. Nor, can I say that it actually sets one apart – now, everyone from a Candy Striper to an LVN wears a cap of some sort. What then is its value?

Well I can't speak for others, but this is what that little square of white means to me. It is a symbol. It stands for hours and events which will always be a permanent and special part of me. That first injection when my knees were shaking so hard I could scarcely get the cover off the needle; the first day on the wards, when I was supposed to say "Good afternoon, my name is Miss____ and I'm going to be your nurse today," and all I could squeak out was a weak "hi"; that morning when THE doctor on the ward looked at my name plate and said "Biola, what's that?" These are the materials my cap is composed of. The man who, with tears in his eyes from an

especially painful treatment, looked up, managed a smile, and said “don’t worry it didn’t hurt, much” or the little lady who caught my hand as I was leaving after rubbing her back and said “you students are so wonderful, don’t ever change”; these are the things it represents. It stands for long hours of study and little sleep, A’s and D’s, life and death.

In short, that funny white piece of cloth soon to be perched on my head represents my world and me; my hopes, my dreams, my joys and sorrows, and the secret longings of my heart as a nurse. It is what I have been, what I am, and what I hope to be – a nurse and a woman approved of God and unashamed to stand tall before men. (Junior Nursing Student, 1969)

Through the years, the ceremony changed in name, timing, content, and speakers, but the purpose remained the same: to recognize student accomplishments, and to act as a ceremony of initiation into the profession of nursing. From “Capping” it became “Recognition” in 1974 as a result of having two men in the program. They received pins rather than caps, but the women continued to receive caps. Many remember the year some time later when a creative male student came to the ceremony with a white golf cap perched on his head. In 1979, the name was changed to “Commitment” to focus on the student attitude of promising to commit to the hard work necessary to prepare for professional nursing.

The current name is “Commissioning.” No person can accomplish greatness alone. The church through the years has sent out missionaries to do the work of Christ. Why shouldn’t families, friends and other nurses send out students to minister in the hospital and other health care agencies? Why should they have to wait until they actually have a degree or license to begin caring for those who are needy and hurting? The current service includes traditional elements, as well as a time of prayer to send students out to minister to the many sick and hurting around them, to be salt and light in the earth.

The cap became a symbol of nursing. Many schools used black velvet ribbons in remembrance of Florence Nightingale and her contribution to nursing. The Biola tradition evolved into a plain cap for Level 1 students, a black stripe for level 2’s and a red stripe representing the blood of Jesus Christ to be added for Level 3 (Biola University Department of Nursing, 2000, p.47). It was the students who requested that the red stripe be closest to the brim, above the black stripe. Males were not left out and were given stripes for ceremonial dress on the left arm, to be placed diagonally under the patch with the high end toward the heart, red on top and black on the bottom (Nursing Faculty, 2003, p. 3). By the turn of the century, caps were only for ceremonial dress since no one wore them in clinicals. Faculty tried to remove them altogether several times, but students insisted that they had an image of the professional nurse with a cap, and they wanted to keep that image for families to enjoy on those special occasions. Even in recent years, students have rejected wearing the collegiate cap and gown in favor of a traditional white uniform for the pinning ceremony at the end of the program.

Class of 1971: The Beginning

The Class of 1971 was the pioneer class and very cohesive, although they had many challenges. In fact, during the 50th Reunion Celebration in 2017, other graduates learned that through the years, the 21 graduates have consistently kept in touch, and, about every five years, they have sent around a group newsletter edited by Sue Paris. Remembering the early days, Karen Wetther wrote:

Miss Soubirou consistently told us throughout the program that we were pioneers – and spoke of it as if it was a good thing. I recall thinking by about the third year that I never wanted to be a pioneer again! Her comment was relative to the many changes to the program we had to adjust to (K. Wetther, personal communicaton, July, 28, 2018).

The Class of 1971 met with Miss Soubirou on April 17, 1970 with a number of questions: Why were some hours decreased? Why couldn't students have input on the white pinafore with pink blouse uniform and the pin? Why couldn't clinical hours be decreased? etc. Miss Soubirou had an answer for everything and wrote to the students: "In conclusion, may I say that I have appreciated how difficult it must have been to make the frank statements at our meeting, although I deeply regret the spirit in which some of them were presented" (Soubirou, 1970, p. 3).

Regarding the uniform – we wanted a uniform which would be simple to care for, as well as attractive. Since there were so many nursing groups affiliating at the Los Angeles County-University of Southern California Medical Center, where we do a large portion of our affiliation, it was recommended by my faculty and Miss Hamil that we select the uniform we now wear. It is different in color and distinctive for our college. We feel we have followed all the guidelines in the use of the present uniform. However, in the future years it may be that another uniform (even paper uniforms!) will be available that will meet our requirements better. (Soubirou, 1970, p. 3)

Everyone agreed that the uniform was different! Nevertheless, before Miss Soubirou left, change was initiated through the student efforts and the Uniform Committee of Student Nurses' Association - Biola Chapter (SNAB). One hundred sixty-eight students voted to change to an all-white uniform. Results were announced in March 1974 (Nursing Faculty, 1974, p. 1).

Nurses Christian Fellowship (NCF)

Although the students were questioning at times, an example of the character and quality of the early students is found in a letter written to Miss Soubirou by the Executive Council of Nurses Christian Fellowship (NCF) at Biola in 1971. The nursing department was having difficulty in finding a public health instructor for the semester:

We wanted to express to you our prayer support in this situation. We believe God answers prayer, and for this reason we have suggested to fellow nursing students that this Tuesday be a

twenty-four hour prayer day for you, the other nursing professors, and the new Public Health professor. (NCF Executive Council, 1971)

NCF was the first distinctly nursing student group organized at Biola. Its objectives coincided with distinctives of Biola's nursing program; concern for the spiritual growth of the nursing student and giving spiritual care to patients. NCF sponsored the Nursing Gospel teams, singing groups, which ministered to churches. The 1970 *Biolan* described the new club under their picture. The purpose was to hold Bible studies and to pray weekly over problems in nursing. They instituted various projects such as dressing up for Halloween and giving treats to sick children at different hospitals. For Christmas, they provided toys for the children's unit of the L.A. County General Hospital. They also scheduled gatherings with missionaries and specialists in the health care fields.

There were several NCF gospel teams in the early years. When Dr. Pat was the Director, she encouraged students to sing whether or not they had time to join one of these groups. Donna Phillips remembered joining the team called, His Healing Touch for which Dr. Pat was director. Students had to audition, and they made their own jumpers which were blue denim, accessorized with red scarves. They performed about twice a month for churches, banquets and luncheons, and for special events including a Christmas Musicale.

Student Nurses' Association of California (SNAC) and California Nursing Students' Association (CNSA)

One of the early recommendations of the National League for Nursing (1971) was that "the faculty provide for student participation in program development and evaluation" (Board of Review, p. 3). Although many of the students were involved with NCF in 1970, they were not particularly involved with issues associated with the program and its development, or the professionalism of nursing. So, in 1971, Miss Soubirou began encouraging the students to think about organizing a chapter of the Student Nurses' Association of California (SNAC). An old mimeographed handout states, "A well-attended excellent meeting was held on Friday, October 17, 1972. The students moved and unanimously passed on the motion of organizing the Student Nurses' Association of Biola which is to be a chapter of the Student Nurses' Association of California (The professional nursing organization for students)" (Associated Student Body, 1972). Thus, the Student Nurses' Association of Biola (SNAB) was born. The *Chimes* reported the "birth" and stated that all 165 nursing students automatically became members (although not all paid dues). The purposes reported were for interaction between nursing students and to promote health on campus. A strong tie between NCF and SNAB existed, and Mary Thompson, a state NCF leader, was the first workshop speaker for SNAB, addressing the topic of "spiritual care" ("New Biola organization," 1972, p. 3).

They were a remarkably active group that first year with Amy Threatt as president. They reflected the SNAC philosophy “to promote the optimum development of the student nurse, as a person as well as a member of our profession” (*Range of Motion*, September 1972 p. 3). In one semester alone, they offered a first aid class taught by SNAB members, and planned a nutrition course. They held a workshop at Orange Coast College with five Biola students teaching Bible Seminars. They sponsored a special meeting with Marge Van der Puy whose first husband, Nate Saint, died a martyr in Ecuador. They also sent a group to the state-wide SNAC convention which touted a luncheon with Dr. Elizabeth Kubler-Ross! (SNAB, 1973). NCF became a part of the SNAB with the NCF president as one of the SNAB officers.

The activities of each year were as varied as the presidents. In fall 1975, SNAB under the direction of Colleen “Coke” Rehnberg (Baluis) held a weekend retreat at Campus by the Sea, Catalina Island. It was exciting and adventurous, and, at the same time, dusty and dirty with no hot water for showers. The dorms were on stilts and open to the air. At night, the wild pigs and goats could be heard rummaging around underneath. Sixty-three nursing students from sophomores to seniors and seven nursing instructors attended. Dr. Pat led the singing. Various seminars were offered including “The Nurse and Self-Esteem,” “Caring in Crisis,” “Enjoying Singleness as a Nurse,” “The Role of the Christian Nurse in Work Relationships,” and “Assessing and Meeting Spiritual Needs of the Patient” (Warren, 1975, p.1). Colleen noted, “We got to know one another pretty quickly that weekend, plus we learned what it was like to be 'without', to be a bit uncomfortable, to wonder how to be 'clean' in dirty surroundings” (personal communication, June 26, 2018). Dr. Pat remembered that someone brought a birthday cake, and in the morning it had definite paw prints on the top (Kissell, personal communication, July 4, 2018).

Banquets, retreats, worship services for nursing student conventions and nursing chapels were a few of the many activities planned by SNAB, which later became part of the California Nursing Students’ Association, simply calling themselves CNSA. The theme for the 1989-1990 school year was “Secret to Success,” which emphasized spiritual aspects of development and nursing. President Cassie Prow wanted to make sure that the uninitiated understood the business sessions of CNSA. Around 2008, prior to the state CNSA convention, she helped students organize a presentation of a mock resolution to the House of Delegates so that all would become familiar with the vocabulary, etiquette, and procedure. When Esther Enas (Class of 2014) was president, she thought back to her first days in the nursing program. She had only a shadowy idea of what nursing was really like. She couldn’t visualize a hospital setting because she had never been in one. So, she and her team started an orientation for the new clinical nursing students

with two major purposes; to help the students bond together and to help them have a better understanding of what nursing is. They had an inspirational speaker, Amanda Wilkman, and a panel discussion with upper level students sharing experiences and giving an opportunity for questions. There was a scavenger hunt on campus and small group activities to give students opportunities to know one another better. They had a hilarious relay race. Each team had a “patient,” and the rest of the team members had to do things for the patient such as dressing in a hospital gown, feeding, making the bed and ambulating, all activities from a typical nurse’s day. The program was a resounding success, based upon the feedback of the students involved (E. Enas, personal communication, September 29, 2018).

Nancy Kramer (Class of 1979) was concerned about the spiritual aspects of patients. In 1978, she and Suzanne Besler of UCSF drafted a resolution to present to the SNAC Convention on February 29, 1978: “The Right of the Patient to Spiritual Care.” Including a whole page of bibliographic sources that described humans as bio-psychosocial-spiritual beings, they argued for spiritual care for every patient. In addition, they noticed a problem in that nursing programs placed a “negligible emphasis on teaching concerning spiritual needs and intervention, especially in contrast with the emphasis on physiological and psychosocial health teaching...” (Besler & Kramer, 1978/2). To deal with that, they further resolved that spiritual care should be part of every nursing curriculum. In addition, they included “minimum criteria” for adequate curriculum content, as well as an interview guide for determining spiritual needs. The resolution passed.

In 1980, an abbreviated version of this resolution was presented to the NSNA convention. Wendy Blakely wrote about its reception. Arguments against it were that Maslow’s hierarchy of needs covered spiritual care sufficiently, and there was no need for further development of assessment tools. Some felt it was “insulting” to think nursing students “needed to be taught how to care for the whole person” and to be genuinely caring (Blakely, 1980). The students sponsoring the bill took advantage of the Iranian hostage crisis, which was then taking place, to illustrate how much the spiritual dimension impacts the whole being, and they observed that the nursing profession continually called for research to improve every aspect of care giving. The NSNA House of Delegates passed the resolution.

About a decade later, Karen Laursen and Joy Gamble authored a further document, “The Right of the Patient to Spiritual Care,” to strengthen the ideas passed in the 1980 convention. At the CNSA convention in February 1989, their resolution also received a majority vote.

Keeping up with the times in 2005, Josh Abetti, Emily Ardill, and Angela Granados submitted a resolution to encourage nursing programs to put a greater priority on health information technology. The

focus was to help students become more familiar with aspects of the electronic health record so that, as graduates, they would be more knowledgeable.

Communication is key in getting ideas across to others, and some Biola students have emphasized the written word. Tracy Dugan in 1992 was editor of the state CNSA *Range of Motion* newsletter, which won first place for “most outstanding newsletter” at the NSNA Convention (Nursing Faculty, April 27, 1992, p. 1). In 2017, Bethany Smith and Janelle Ching published findings from a small research study in the NSNA magazine, *Imprint*. The topic was CNSA participation. They found that activities were organized around four main areas: networking, community outreach, fund-raising and professional development (Smith & Ching, 2017). All had some effect on levels of student participation.

Other Activities

Through the years, many students have been leaders with CNSA both locally and on the state level, but many other students have expanded activities to outside the nursing arena. Several were very active with the Biola Student Missionary Union (SMU). In the 2005-2006 school year, nursing student Katie Peterson was the president of SMU. She recruited other nursing students to help with the annual Biola Missions Conference, one of the largest student-organized missions conferences in the U.S.A. Joy Lewis was one of the directors, and Jessica Rodriguez was responsible for the Prayer & Worship Team.

In the 2006-2007 school year, nursing student Kyle Compaan became SMU president. His vision was to help students find their personal role in completing the “Great Commission,” whether at home or abroad.

Desire daily rises in me to commit my life to something great, something simple, something eternal. I look at Christ’s work on the cross, the propitiation of the sins of all mankind, and realize He’s already paid for the sins of those who’ve never heard His “good news.” This means our work is quite simply (in theory) to unveil, to declare, to testify of His mercy and grace to those who’ve never heard. God paid it, and He is the only one by the power of His Spirit who is able to bring them to the kingdom. I no longer see the completion of the Great Commission as a task to be started and finished, but a completion of that which God has already provided the means to the end, which again is the revelation of this all gentile inclusive gospel. (“Becoming globally minded,” 2006, p. 3)

Nursing student, Alissa Rounsevell, SMU Senior Director of Long Term Missions, did not believe that the goal of SMU was to turn every student into a missionary. She wrote:

My desire is to see a campus of global Christians. I really don’t think the Lord is calling every single student here to go overseas. However, he is calling us to have a passion for the nations and seeing disciples made of all nations, because that is His passion. (“Becoming globally minded,” 2006, p. 3).

Another project where nursing students took the lead was in the Social Justice Ministry's Food Salvage program. Pre-clinical nursing student Rebecca Hadley, and clinical nursing student Susanna Smith were concerned about how much food was thrown away at the Biola cafeteria. They helped to organize a small group of volunteers to prepare left-overs to take to the Salvation Army, Bell Shelter. The cafeteria manager, Steve Rall, estimated that they were able to salvage at least 200 pounds of food per trip to the shelter, and the students estimated that the food fed around 200 people. It complemented what the Salvation Army was able to provide (Patches, 2008?, pp, A1, A2).

The Class of 2010 wanted to be known as the "class that prayed its way through the program" (Wright, 2010, p. B4). She described her class this way:

They have loved and supported one another. These nursing students have gone through a cancer diagnoses and treatment, grandparents becoming ill, grandparents' healing, a triplet pregnancy, weddings, surgeries, family tragedy and difficulty within the church. This is to name only some of the most recent events that have taken place in their lives. (p. B4)

She wrote that the students had prayer before class and throughout the day. She assured the readers who might be future patients that these nurses would be praying for them also!

Nursing students can be invaluable resources for one another. Building upon this thought, Shannon Gramatky began a program of peer advisement in fall 2012. Kelsey Gaskins (Class of 2013) was the first senior selected to be a peer mentor. She had previously relied on older nursing students to help her succeed in the program, as they gave her input about how to structure her time and study effectively. She had informally done the same for younger students. For these reasons, it was exciting to counsel formally and get paid. Her role was advising and attending special events with prospective students to help parents and students understand about Biola nursing. She recalls that parents wanted to know if their child was going to be employable upon graduation. Students were more interested in knowing how hard the program was and whether or not it was easy to find friends. She was able to assure them that faculty were there to help them succeed, not to fail them out, and that they would not be just a number. Faculty would get to know them personally. She recalls a struggling student for whom she was able to recommend resources as tutoring and using the writing center. It was a great feeling to see the progress the student made from semester to semester. That student eventually graduated from the nursing program. The time and effort were definitely worthwhile (K. Gaskins, personal communication, July 23, 2018).

Men in the Biola Nursing Program

On May 11, 1972 when the United States Congress was passing legislation to make sure the women and minorities had equal opportunity in education and employment, the president of Biola signed a Health Education and Welfare document authorizing the admission of male students into the program of nursing (Nursing program hopes for National standing, 1972, p. 3). Men in nursing were definitely a minority in the field.

Shortly afterward, the *Chimes* announced that interested males could apply for the nursing major and they would have to meet the same requirements as the females. It was noted that there were no male instructors at the time, but positions were open equally to males and females who were interested in teaching (New major in nursing to be offered male students, 1972, p. 1).

Shortly afterward, two men enrolled in the major, Gary Corrick and Joel Portugal. They both saw nursing as a way to minister to other people, and Portugal further said: "There's a spiritual potential in every person and if you can help them out by being a nurse in a hospital they'll see a difference in your life, if you are Spirit-filled and Christ-centered" (Men students enroll in Biola nursing program, 1974, p. 2). Their interest had been stimulated by different means: Joel through a hospital job as an orderly, and Gary through being a patient. As of the spring, 1974 semester, neither had yet been accepted into clinical nursing, but both felt respected rather than laughed at when others heard of their choice of major. Corrick described his feelings as that of being a pioneer.

By fall, 1974, two more men had joined the pre-clinical nursing major. Unfortunately, from those four, only two graduated: Gary Corrick in 1977 and Scott Warren in 1978. In an article for the *Chimes*, Corrick was quoted as saying that, if a man wanted to be a nurse, he would have to learn to relate well with women because "you're going to have to work with them for the rest of your life" (Kramer, 1974, p. 4). He must have related well with women because he met and married his wife while in the nursing program. They were in a group of students which still used the Biola facilities in downtown, Los Angeles, and "they fell in love as they rode the bus back and forth between L.A. and the La Mirada campus" (Alumni, 1977, p. 7).

Three more men graduated in 1979, bringing the total number of male graduates to five out of 159 graduates or 3.1%. Interestingly, Miller (1989) wrote that the percentage of male nurses in the United States in 1989 was only 3.1% (p. 14), so Biola's enrollment was about average for the country. It can be noted that, in the early years of the Biola nursing program, all the advertisements targeted young women. In the 1980's that began to change with a university brochure that featured a male nursing

student on the cover, but there still was no major recruitment effort made for males. In the 1990's faculty began to be aware of things in the department that were overtly female, such as the class bulletin boards done in pink ribbons and bows, and they began to make an effort to create a more neutral appearance.

The largest percentage of men in a single class prior to 2018 was the Class of 2012 with 6 out of 37 graduates, or 16%. They prided themselves because they started Biola, the same year that Dr. Corey started as president of the university. He spoke at the pinning ceremony and was front and center in the class picture.

Through the years, the field of nursing has increased its appeal to men. Although men in the nursing workforce have increased in absolute numbers in the last few years, analysis shows that the percentage has remained steady at 11% for the five years from 2011 to 2016. The entire labor force of nurses has increased, so their growth has been proportional to the whole picture (Center for Interdisciplinary Health Workforce Studies, 2017). At the moment, Biola is well ahead of the curve with six men out of a class of 30 for the fall enrollment. That is 20%. As for faculty, in fall 2018, there will be four men teaching, all Biola graduates: Glenn Styffe, Lance Lewis, Joe Rosales, and Chris Santos. With more role models, it is hoped that men will continue to be interested in joining the Biola nursing students and faculty.

Pinning

As mentioned previously, the clinical nursing program is bookended by two ceremonies: the Capping / Recognition / Commitment / Commissioning Ceremony at the beginning, and the Pinning Ceremony at the end, signifying completion. Tradition says that the practice of giving nurses a pin to signify accomplishment originated from the time of Florence Nightingale. In 1855, Queen Victoria gave her a brooch in recognition of her work with the British soldiers in the Crimea (Herrmann, 2005. p. 4).

Every nursing program has its own distinctive pin. Each year, the meaning of the nursing pin is printed on the back of the program.

The shape of the pin is a circle mounted upon the Maltese cross: The circle which has no beginning or end represents eternity. The red background represents the blood of Jesus Christ, and is one of Biola's colors. The Maltese cross is an emblem of Christianity and was the design chosen by the Knights of Malta in the early history of our Church. The Maltese cross is also known as the Cross of the Beatitudes, its eight points indicating the Christian way of life taught by Jesus in the Sermon on the Mount. The gold color and precious metal represents heaven, our precious and blessed hope as Christians.

The rest of the detail was designed by former faculty member, Leta Kilander, who joined the faculty of the School of Missionary Medicine in 1953. Dr. Soubirou had designed its graduation pin.

Since it was missionary medicine, the center of the pin contained the caduceus, symbol of the medical profession with its winged rod and two snakes. It always bothered Miss Kilander that the pin had snakes on it, and the caduceus came from mythology, which had nothing to do with Christianity. So, she advocated replacing the caduceus with the cross of Christ and the Bible. The cross indicates the Christian's identity in Christ and represents his love. It's the only hope of salvation, and it is the cross which gives hope to all peoples of the earth. The love of Christ enables Christian nurses to care for others. The distinctive nursing pin of the department of nursing debuted in 1996. As of the May 2018 graduation, 1615 nurses have completed the Biola nursing program and are now impacting the world for Christ.

Many things about nursing have changed through the years, but some remain the same. A brochure advertising the Biola College Registered Nursing Program in 1964 shows much that has endured. The brochure recommended asking the following 12 questions to reveal if one possessed the traits needed to be successful and happy as a nurse (Soubirou, 1964, p. 4):

- 1) Are you reliable?
- 2) Do you possess a good sense of humor?
- 3) Are you responsible?
- 4) Are you tolerant of others?
- 5) Are you a discreet student?
- 6) Are you in good health?
- 7) Do you possess an inquiring mind?
- 8) Are you adaptable?
- 9) Are you responsible to discipline?
- 10) Are you patient?
- 11) Do you have compassion for the sick (sympathy)?
- 12) Are you attentive to important details?

The questions could still apply. The students God has brought to Biola's nursing program have certainly evidenced these traits in their many activities during the first 50 years of its existence, and there is every expectation that students will continue to do so.

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Chapter 15: Cross-cultural Experiences

Obviously, the subject of “missions” was of essential importance to the School of Missionary Medicine, but, as the nursing program became more professional and part of a Bible college, new thought in that area was needed. A faculty workshop held June 6, 1974 asked the question “How does Biola meet the objective of being global in missionary outlook?” (Nursing Faculty, 1974, p. 1) Then a corollary question was raised: “Are we [the nursing department] global in our approach?” (Nursing Faculty, 1974, p. 2) Ideas to increase global concern included providing continuing education units (CEU’s) for missionary nurses, developing a class on international nursing, teaching a seminar or course with a missionary nurse orientation, initiating a general education course on health and illness for all Biola students, and continuing to hire former missionaries on faculty. At that time, missionary nurses on the faculty included Betty Neumann, who had taught nursing in Egbe, Nigeria at the Nurses Training School, and Doris Haslam who had been a nurse in Brazil. Joyce Roberts, who had grown up in China and taught nursing in India, was hired for fall, 1974. The CEU provider number was obtained in 1977 and a course, Nursing in Developing Countries, was proposed for Intersession 1979 (Nursing Faculty, 1978, p. 4).

Rural Clinical Nurse Placement

Meanwhile, the department looked for clinicals that focused on needs of cross-cultural and underserved populations. For several years, students and faculty served at the Union Rescue Mission. Another project with minority and underserved groups became available in 1975, the Rural Clinical Nurse Placement, also known as Rural California Nursing Preceptorships (R.C.N.P.) Project. It was first funded through the U.S. Department of Health, Education and Welfare (HEW) for two years and started as a proposal to enable California nursing students to experience “rural nursing” in an effort to enhance recruitment in northeastern California. Students had experiences working with Native Americans, migrant workers and low-income families.

Twelve counties were involved: Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou Sutter, Tehama, Trinity and Yuba. Statistics for 1974 showed one nurse for every 223 people in northeastern California. The state of California had a ratio of 1:183, and the rest of the nation was 1:116 (Lipson, 1974, p. 49). Students were assigned to qualified preceptors to guide them as they experienced the unique lifestyle and ways of giving care in northeastern California. This involvement could broaden their thinking about possible options for practice as a graduate nurse. They wrote personal objectives, were supervised appropriately, and received course credit for clinical hours. Eight Biola students participated in the first group, fall 1976.

An excerpt from a personal letter to family explained some of the cultural differences:

Making home visits in Trinity County is different from the city. We travel so much that we spent about 5 hours and saw 2 patients. One of the patients was really a character. His doctor told him that he would just have to stop smoking tobacco, so now his wife grinds up comfrey (an herb) and makes cigarettes from that. Oh, I forgot! He adds alfalfa too because otherwise it packs down too hard and he can't get it to burn. It smells abominably. He further extolled the virtues of comfrey saying that his wife had a boil, applied a comfrey poultice and it disappeared. He said it's also supposed to be good for respiratory problems. I can tell you one thing. I'm sure it could clear the sinuses! (Gewe, 1976)

The other patient was 95 years old and had cats everywhere. She lived with a 75-year old caregiver. The location was on an old mining claim in a wood house with a wide porch and numerous beer bottles strewn about. The area was isolated, the house was situated off a dirt road, and there was no telephone. The preceptor asked the caregiver about the patient's medications. There was a bottle of digoxin, which should have been close to empty, based upon the date the prescription was filled. Only a few pills were gone, and the caregiver reported that he faithfully gave her one tablet every time she had chest pain. In response, the preceptor then demonstrated some very specific and careful teaching. To make these needed visits called for some creativity as, strictly speaking, the patient wasn't really sick enough to need the services of a nurse, but from a professional vantage point, she obviously needed follow-up.

At that time, all of Trinity County had only one acute care hospital with 29 beds and only one convalescent care facility with 42 beds. The state wanted to close down the acute care altogether, and make it a first-aid station from which to airlift sicker patients to Redding (located in another county). The reason? It was to save money. So, the rural nursing preceptorship not only gave first-hand experience with a different lifestyle and culture, there were additional lessons on how economics and politics affect nursing.

From 1976 through 1987, Biola sent approximately two dozen participants. In the late 1980s and early 1990s, nursing enrollments fell to their lowest ebb, faculty who had been involved with the R.C.N.P. left Biola, and new projects such as the Caring in Action Team were proposed. The original funding expired, but the organization still continues through the California State University, Chico Research Foundation. Preceptorships can still be arranged for nursing students, but the interests of the Biola Department of Nursing turned beyond California to global nursing.

Summer Missions: Thailand/Cambodia

For many years, the student-led Biola Student Missionary Union (SMU), which was founded in 1923, has arranged for annual summer ministries in needy areas of the U.S.A. and/or developing

countries. Nursing students have been involved. In summer 1976, eight nursing students participated in the SMU projects; two in Africa, one in South America, and five in Taiwan (Biola College Department of Baccalaureate Nursing, 1977, p. 34).

In the 1979-1980 school year, Cindy Westcott worked with Food for the Hungry to plan a large-scale nursing mission experience which would give credit in the community health course to Level II nursing students. Other levels of students or non-nursing students could get anthropology elective credit. Recent graduates were welcomed. Larry Ward, president of Food for the Hungry, characterized this effort as the first of its kind by a Christian college in the United States (Cross, 1979, p. 1).

According to Dwight Vogt, the SMU summer mission coordinator, one of the greatest challenges for the nurses was to give brief, but thorough physical assessments “without the benefit of a common language in which to communicate!” Many in the refugee camps only tried to get help when physical problems became severe, so the student nurses would be helping through early problem identification and preventive health. Cindy Westcott, Lynn Jones and Leslie Van Benschoten, Biola faculty, were creative in developing a “nutritional/physical assessment,” which was “observation oriented” and could be done in about 15 minutes (Cross, June 11, 1980, p. 1).

Advice from the *Orientation Manual* seems to apply to many of the mission projects from Thailand to the Dominican Republic, Philippines, Rwanda and Ecuador.

The hospital and clinic environments will be far from the sterile hospital settings you are accustomed to in the States. Try to understand that great sacrifices have and are being made by many to accomplish what is presently being done in the camps. View these as “field hospitals” set up in response to crisis medical conditions and do your part to make conditions just a little better than they were when you arrived. By all means, be cooperative with and understanding of those in authority. Your purpose for being there is to make their work lighter. Never be critical. (Food for the Hungry, 1980, p. 3)

The final team consisted of 54 Biola College students, both nursing majors and non-nursing majors, and four professors who were stationed at eight different refugee camps, ranging in size from 6000 to 23,000 refugees. A recollection of Paula Hammond reflected the tenacious attitude of the people. Most did not speak English or understand what the words were saying, but a number had “ghetto blasters” and walked around the camp playing the BeeGees song, “Stayin’ Alive” (personal communication, July 12, 2018).

The nursing majors wanted to minister to both bodies and souls. Sharon Soper worked as a volunteer for Gospel Recordings for her Biola Christian Service Assignment and knew Joy Riderhoff, the founder. Their purpose was to make recordings of scripture in many languages. Joy had originally

figured out how to make records which could be played without electricity. A pencil was positioned in the hole in the center of the record and rotated. By the time Sharon was involved, they had developed cassette players with tapes that could be played by means of a hand crank. Sharon wanted each team to have a cassette in at least one language. She and other students researched the languages/dialects which would be spoken in Thailand and Cambodia. Gospel Recordings had some translated scripture portions in over 4000 languages, and the dialects they wanted were found.

The students didn't know how they would distribute the cassettes or who would get them, but they felt they should take them. In one camp, Sharon saw the little children each day, and they loved playing the cassettes because it was a novelty. Then she visited the Khao I Dang border camp where the people were mainly Khmer Rouge. She and her teammates met some refugees who were Christians, and they introduced their leader. He was excited to receive the tape she had brought because he recognized his brother's voice. His brother had escaped and was helping to read scriptures and to preach!

Donna Phillips (Class of 1978) gave some further history about the relief efforts in the area. She spent eight years after graduation working as a Refugee Relief Nurse with a Christian organization under the umbrella of the United Nations. She was assigned to the border camps of "no man's land" on Thai soil. Khao I Dang was a Holding Center for Khmer refugees who might possibly go to another country. The volunteers were strictly prohibited from "proselytizing" or bringing in items for the Khmer to sell on the black market. A priest was accused and expelled from the camp. The Christian organization led the way in designing an accountability system for medications in the clinics. The United Nations Border Relief Operations was so impressed that it adopted the system for use in other camps, leading to a noticeable decrease in corruption. With a required minimum of a one-year commitment to work among the Khmer people for the Christian organization, there was better continuity in providing services such as vaccinations. Humanitarian organizations would also provide services such as vaccinations but, due to changes in personnel every 3 months, the Khmer children would receive multiple unnecessary vaccinations for the same conditions. Although "doing" was a focus of the Christians, a greater priority was placed on spending time with, and developing the people, rather than the tasks the group was accomplishing. The Christian world view made a definite difference (personal communication, August 20, 2018).

The camp to which Paula Hammond was assigned was near the border with Laos, where most of the people were waiting to be sent to the Philippines, Europe or the United States, areas which were accepting refugees. The church was built of bamboo, and most of the members had become Christians only after they came to the camp, less than a year previously. The gospel story was all new to them, so

the Biola team acted out the whole Christmas story in the sweltering heat of mid-July. Years later, as a midwife working for Kaiser, Paula met a Laotian couple who had been children in the same camp during the time she was there (personal communication, July 12, 2018).

Helen Yeatts summed up the feelings of many, and illustrated Dwight Vogt's comment that the contributions of the students would only be half of the benefit of the mission trip. The other half was how God would change perspectives and impact the lives of the participants (Cross, June 11, 1980, p. 3). Helen noted, "one of the major things that surprised me was that I went to love and give myself, but I received so much more—'tenfold' in return" (Cross, October 9, 1980 p. 6).

Summer Missions: Philippines

The second mission trip for course credit which Cindy Westcott led was to the Philippines in 1982. Everyone stayed on the second floor of a nursing school in a town about five hours north of Manila. It was built in traditional style with open space between the top of the walls and the roof. The students slept under their mosquito nets on wooden bunk beds without mattresses. They had cold showers and toilets that were flushed with pails of water. They said grace over the food with their eyes open to swat at the flies and keep their food protected. The students were sent out in small groups each day via jeepneys to rural villages (known as the barangay). Every little community was different, but the first order of business for the students was to get permission from the head (mayor) to work there. Janet Freeman (Adams) worked with a midwife in a small clinic that handled many generalized health care problems in conjunction with the public health department. The students did community assessments, taught dental care and hygiene in the schools, made visits to bamboo homes on stilts, gave vaccinations, cared for wounds and held Bible studies for women in the church next to the clinic. Their orientation took place in an inner city, low-income, high-density part of Manila. They were given money to go out and buy their own meals, which helped prepare them for the assertive skills needed in the villages. One village had a large black ant infestation, and the students tied up their sack lunches in the tree branches to make sure that they, and not the ants, ate the cheese sandwiches. It was typhoon season, and they experienced storms from about 10 typhoons while there. It rained so much and there was so much flooding that most of the students bought matching footwear, royal blue boots from the local market (J. Adams, personal communication, August 9, 2018).

Summer Missions: Dominican Republic

In the summers of 1984 and 1986, there were two nursing teams sent to the Dominican Republic led by Anne Gewe. Students worked with the Dominican Branch of the Christian Medical & Dental

Society, doing a nutritional study, a project associated with malaria, a burn unit feasibility study, health care teaching at an orphanage, and even working on the maternity floor of a local hospital. They quickly learned that hospital nurses in the Dominican Republic had no status and were seen on the level with house cleaners. They also learned that with their knowledge, they could really make a difference! The less educated people felt that a “shot” was the best treatment for almost everything, and injectable antibiotics and vitamins were readily available in the local pharmacies. They were able to teach that a healthy diet was far more advantageous than giving vitamins (intramuscularly) IM, but it was difficult because giving injections gave status.

During the two years, much was learned about both the good, and the bad, of short-term missions. A Dominican host talked about American doctors who came for two weeks and each paid approximately \$2000 for the privilege. They performed up-to-date procedures, but good nursing care and follow-up might be lacking. On the other hand, he estimated that, in Santo Domingo alone, there were at least 6000 unemployed doctors whose salary would normally be around \$300-400 per month. If the money were given to an out-of-work, Dominican doctor, he or she could work for about six months, know the patients, speak the language, treat the patient, and give follow-up care, focusing on the primary health care needs rather than the exotic and unusual.

The burn-unit feasibility study was a unique project completed by the team in 1986. It involved doing a full community assessment of resources available while learning about the health care system of the Dominican Republic in both the governmental and private sectors. The most common burns in adult males between the ages of 20 and 40 were electrical burns resulting from the need for electricity. Young men would attempt to hook up their home electrical lines to the electric company’s trunk lines as a free energy source. Unfortunately, many were injured in the process (Gewe, August 1986, p. 17). Anne Gewe rapidly learned to introduce herself as a university professor rather than a nurse because of the associated social status. Students utilized many of the data collection skills taught in the research class such as tool development, interviewing with open-ended questions, and statistical data collection. They all learned persistence and patience in cross-cultural interactions in a face-to-face culture as expressed in this excerpt from a letter:

The Dominican Republic doesn’t operate like America where you call someone to make an appointment and then just drive down to see them. No one makes appointments by phone. You just have to drop by. Of course, the person you want to see is not there on your first visit, so you try to find someone who might know something about his or her schedule. Receiving a suggestion as to a “good time to catch him,” you prepare to return somewhere near the suggested hour. Hopefully, you’ll find the person you were looking for, but he rarely has time for more than a “hello” and introductions. After the introduction, an appointment can be made, and, if all

goes well, you'll get your first chance to talk about your project on the 3rd visit. Knowing who is the MOST correct person to meet your need is also a challenge. At one hospital, we needed permission to gather some statistics. We got someone's permission and began gathering data in relation to patients with burns. About 2 visits later, we were told we didn't have permission from the RIGHT person. Getting that involved talking with at least 4 more people. In the end, it took us 10 visits to get the interviews and data we needed! The good news was that we became very proficient at getting around in that part of town, and the final report which we submitted was very complete. (Gewe, December 1986, p. 2)

It was a disappointment that the prospective donor lost funding and was unable to complete the project. The burn unit was not built.

Tricia Tubbs, one of the student participants for a Dominican Republic mission trip wrote, "Ode to a Summer Worker." It is used by permission and encapsulates the experiences of many....

So send I you:
 to ants in the sugar bowl
 to things that fly, creep, & crawl into the house
 to uncertain water, sporadic electricity
 to long hours, sweltering heat, exhausting days
 to uncomfortable vehicles, crowded jeeps, smelly buses
 to noisy early, EARLY mornings
 to live with missionaries, share their lives, their family, their house
 to be asked a thousand questions by their children
 to no privacy
 to rice, rice, and more rice
 to poverty you didn't believe existed
 to masses of people like you have never seen
 to know and work with people who have never known comfort
 So send I you and I expect you to adjust.

So send I you:
 to people who will give to you from their poverty
 to friends who will embarrass you with their generosity
 to pastors who will entertain you from their lack, with bounty
 to hungry, receptive questioning people who want to know God
 to study, to teach, to learn from your study & teaching
 to probe your own motives, values & beliefs
 to learn about yourself and the culture that has reared you
 To know God & understand more deeply dependence on Him.

So send I you
 Are you going? I'll go with you all the way. (Tubbs, 1984)

Summer Missions: India

The last of the departmental summer mission trips for an extended stay was to India with 32 students from a variety of majors. Two faculty members, Cindy Westcott and Cheryl Zukerberg worked with G.V. Mathai and the India Evangelical Mission to facilitate the experiences. G.V. Mathai was a

graduate of the School of Missionary Medicine and Talbot School of Theology. He felt called to minister to his own people when he realized that the country of India was passing a law that foreign missionaries would no longer be allowed to preach in India. As well as preaching, he encouraged short-term mission experiences (Mathai, G.V., 2012). “Many India Bounders fondly recall national believers sharing with tears in their eyes how much the team’s visit meant to the church there” recalled student leader, Wes Wasson, upon his return home (1988, p. 8).

The nursing students had the unusual experience of ministering in Kerala in the largest leper colony in Asia. They did intricate dressings for the wounds which many patients had as a result of a lack of sensation in their hands and feet. More importantly, they showed acceptance of the lepers. During their time there, several lepers committed their lives to Christ and began holding worship meetings (Wasson, 1988, p. 8).

As enrollments in the nursing department shrank in the late 1980s and early 1990s, it became more difficult to have the resources to plan and execute trips with large groups of students and faculty going to foreign countries. Other methods to keep the missions focus were designed. There were still some summer mission experiences, but they focused on cross-cultural mission in Inner City Los Angeles or Mexico, which was not as distant.

Summer Mission Experience: Inner city, Los Angeles

In 1993, the “Caring in Action” project began. The focus was Inner City Los Angeles, and students received community health nursing credit. They camped out in the basement of the South Hollywood Presbyterian Church, a church that wanted to reach out to the neighborhood with the love of Christ. The students made brochures in English, Armenian, Spanish, and Korean to advertise the church clinic in which they were working. The emphasis was on spiritual care, health education and preventive health care for homeless and low-income individuals and families who might not otherwise have access to health care. They placed flyers under freeways, which were gathering places for the homeless, and in local businesses including liquor stores, laundromats and drug stores.

In their “spare time,” they compiled data and wrote a Report to the Greater Hollywood Health Partnership. The partnership consisted of the Queen of Angels/Hollywood Presbyterian Medical Center and 13 churches in Los Angeles and Hollywood. Their findings about the health of the community and possible ways to establish a useful referral system for health care problems were detailed in the report. They had first thought they would be most concerned with the homeless, but their experience showed that the greatest problem was low-income families, most of whom had no insurance and who did not qualify

for Medi-Cal or Medi-Care. They were able to assemble a list of various agencies in the area that had low-cost or no-cost service and would be appropriate for referral. Los Angeles was ideal for a cross-cultural experience, and the summer program was continued for several years with various churches and a variety of activities (Caring in Action Team, 1993).

Summer Missions: Mexico

Cindy Westcott had first gone to Cerro Azul, Mexico with her church in 1996, and then decided it would make a good place for students to have a cross-cultural community health experience. In 1999, the summer school experience expanded to include both Los Angeles and Cerro Azul, Mexico. (Every course offering credit for a cross-cultural experience had to have sufficient clinical hours within the boundaries of California to meet the requirements of the California BRN for licensure and the Public Health Certificate.) Cerro Azul eventually provided both weekend and summer experiences for students in all three years of the nursing program. It became an opportunity for the nursing students to join with individuals from the La Habra Hills Presbyterian Church, students from other disciplines, and even family members to serve the Mexican community. There were opportunities for translation, food preparation, and care for physical, mental, emotional and spiritual needs. There were always children who would come and enjoy the day's festivities, playing games and interacting with the Americans. Even pre-clinical students could come and participate, observing the nurse's role.

The students learned how to assess community needs and set up a clinic where none existed previously. They monitored vital signs and taught diabetics about self-care. Cheryl Zukerberg had obtained all the medical coverage necessary for her to function as a nurse practitioner. Students did physical assessment and then discussed their findings and recommendations with her, sharpening critical thinking skills. Doris Johnson, a nurse midwife, often went. She usually had one or two students with her and would do assessment of any gynecological problems, as well as examining pregnant or post-partum women. She had an emergency childbirth kit with her but never got to use it!

Many drove private cars in Mexico and stopped at the border to get insurance coverage that they hoped they would never need. Others parked on the San Diego side of the border, walked across and caught the bus for the 6-mile ride to Cerro Azul. Dave Johnson, who was Doris' husband was one of the drivers of a van on Saturday, November 22, 2008. After lunch, he decided to drive into Tecate to see if he could get his asthma medication cheaper there than at home. With the sun in his eyes, he suddenly encountered a stopped truck, and he heard the loud crunch as the front of the van was creased and the hood folded up. Three cars were involved, and at least one person had injuries. He didn't know the last

name of his Mexican friends at the church, and he didn't have their telephone number. It turned out that the insurance clerk at the border had written out a policy for the wrong car. The net result was that he was locked up at the courthouse jail.

When he hadn't returned to the church by 5 p.m., his friends knew something had happened, and on the way into town, they heard the news. Three Biola students and Doris now had no transportation home and one had left her backpack with her passport in the van. There was space for all except two in the cars going back to Biola from Cerro Azul. Those two were shuttled to the border where they walked across to meet Katelyn Carey, the student leader whose car had been left in San Diego. She saw that they returned safely to Biola. With much prayer going up on both sides of the border, and after the \$3000 bail was posted, Dave was finally released on Sunday evening. Everyone made it home and rejoiced that even the passport, which could have been stolen, remained untouched (Doris Johnson, personal communication, August 16, 2018). A final irony to the story was that the Johnson's California car insurance policy actually covered up to 50 miles inside of Mexico. If they had read the policy, they could have had their own insurance company deal with the issue immediately and saved a lot of time, expense and emotional stress!

Preceptorship Experiences: Alaska

Millie Ressler, MSN, RN with Send Mission and Crossroad Medical Center in Alaska wanted to teach nursing. It was too far to commute, so she and Anne Gewe worked together to set up a preceptorship experience for the leadership course. She was the preceptor, and the course was organized so that students could be gone during the last few weeks of the semester. In 1993, Marcy Dryden explained Glennallen this way: "There was a gas station; there was a market, one church and a school" (Buchanan, 1993). There was an ambulance which covered a 100-mile radius, and most roads were unpaved. Marcy recalled:

I was on call one day...and a lady went into labor at 22 or 26 weeks. The baby was really early because of fetal alcohol syndrome. So the doctor and one of the nurses went out on the ambulance. They delivered the baby and tried to save it with CPR, but it was just too premature and it died. The mom wanted to see the baby when she got to the hospital, so we cleaned it up and showed it to her. It was really a sad situation.

One thing that I really thought about up there...is that wherever you go the Lord is with you. In the jungles of Africa or up in the Arctic circle, nothing is different with Him. He was there with us. We were a thousand miles from home but we didn't move an inch away from Him. (Buchanan, 1993)

Millie Ressler retired as the Director of Nurses of Crossroad Medical Center, but continues to facilitate student experiences. In 2017, three male students were able to participate in this ministry, along with the

women who went. They heard stories of moose attacks and deaths. In addition to caring for the usual things in the emergency department as dog bites, chest pain, respiratory infections, and broken bones, they saw first-hand the ravages of alcoholism and drug abuse. They cared for a man who had painful withdrawal symptoms and chest pain every time he tried to quit drinking and for a teen who had to be air lifted to Anchorage because of a suicide attempt by drug overdose. In the villages, many of the Native American males their age were alcoholics and abusive. Drug-use along with physical and sexual abuse was rampant. Working with children, they were told not to ask about relationships or parents. Many of the fathers of children whom they saw were either dead or in jail. They were able to have a unique role in the community, demonstrating that young men can be strong as well as compassionate and caring (P. Tiamzon, personal communication, August 6, 2018).

Preceptor Experiences: Quito, Ecuador

Many Biola alumni have been involved with teaching students as clinical faculty or preceptors. Another in-semester option was to work with Mission HCJB in Quito, Ecuador, with preceptor Beth Gray (Kinzel), Class of 1982. The students learned much about missionary nursing in Hospital Voz Andes. Due to a shortage of supplies, rubber gloves for sterile procedures were re-sterilized and reused until they fell apart. Each morning the students rushed up two flights of stairs to bring down hot water for baths. They made their own cotton balls and gauze pads for bandaging. Pediatric equipment had to be used for many of the Ecuadorian Indian adult patients because they were so tiny. There were no narcotic medications so each patient coming out of a major surgery was given two extra-strength Tylenol tablets every eight hours for pain.

One of the things the students appreciated was the emphasis on spiritual concerns. They had freedom to pray for and with patients on a regular basis, since patients were eager to discuss spiritual issues. Student Ellen Sachs described the Sunday worship service, church in the “corridor” by the nurses station:

It was quite a sight to see and hear: the patients, dressed in their best Sunday hospital gowns, sporting the latest in sterile gauze bandages and toting their wheelchairs and IV poles. With the corridor blocked the nurses could not get anything constructive done, so we just dropped everything and joined in the singing and worship. (Sachs, 1991 p. 3)

Homeless Clinic

As has been mentioned several times previously, clinics for the homeless have been held in a variety of locations, starting with Buena Park. Reporting to the Crean Foundation, which helped to fund the clinic, Cheryl Zukerberg noted that in the 2009-2010 school year alone, the homeless clinic had 672

visits. While not every story had a happy ending, there were many successes. Some of the students also went to a Los Angeles/Orange County event where a week of free health care was provided for the uninsured. As one student was helping with intake and handing out number bracelets, she looked up and asked the man in front of her if they had met. He seemed familiar. Watching her, he said, "You took care of me in the Santa Ana Thursday afternoon clinics when I was on the streets last year. You are from Biola and you were one of those Biola angels. I am off the street now, have an apartment and a job. Thank you for helping me" (Zukerberg, 2010).

In the 2012-2013 school year, the nursing department made a decision to collaborate with the Lighthouse Church of Costa Mesa. They already offered some services such as food, shelter, and a work/community service program. Thus, Biola students were able to expand their offerings. Since the church was an already established group, this arrangement had the advantage of being able to maintain relationships with the homeless of Orange County, even during the months when the students could not be present.

Common services provided are taking vital signs, checking blood pressure, helping patients monitor blood sugar, assessing injuries and dressing minor wounds. Students teach about hypertension, diabetes, stress, injury, nutrition, and substance abuse, as well as making referrals to other levels of care. To gain rapport, they have instituted foot washing, after which the person receives a new pair of clean white socks. This practice, along with back and neck massage and non-judgmental listening, often breaks down barriers. Students offer to pray with each individual for whom they care. After working a shift at the homeless clinic, some who start with negative attitudes about the homeless begin to realize that the homeless, like themselves, are people with families, hopes and dreams.

Rwanda

Glenn Styffe has worked in conjunction with Saddleback Church (Lake Forest, California) and the P.E.A.C.E. project to send students to Rwanda. The acronym P.E.A.C.E. stands for 1) Promote Reconciliation, 2) Equip Servant Leaders, 3) Assist the Poor, 4) Care for the Sick, and 5) Educate the Next Generation (Elliott, 2010). As of 2017, he had led 12 trips, and 95 students participated. Some of the activities have included training pastors and health workers to give preventive and basic health care through the local church, giving immunizations in schools, joining Rwandan nurses and doctors in a local hospital, assessing a community for health needs, doing care in a large refugee camp and visiting AIDS widows.

After joining a team of students, Dr. Susan Elliott was proud to say it was not just Americans going in to teach the Rwandans, but a dialogue where the students learned much from the Rwandans as well. In the hospital, students had to learn to use assessment and critical thinking skills where they couldn't depend upon the charge nurse or physician, x-rays, lab tests, etc. They learned to give quality and safe care with altered resources. One of Dr. Elliott's favorite memories was showing staff how to get a mother about to deliver in a squatting position rather than being on her back, which causes blood vessel compression and other problems. The next day, one of the first-year students who had not yet had the OB class was present when a mom was about to deliver and "caught" the baby, utilizing what she had learned the day before (S Elliott, personal communication, July 24, 2018).

Several alumni have chosen to return as registered nurses, to work again with friends and to mentor current students. However, the students are not the only ones who have been changed. Glenn Styffe and his wife decided to adopt three Rwandan orphans. In 2009, President Kagame of Rwanda who has been involved with the P.E.A.C.E. project, came to California to take part in Saddleback Church's Civil Forum. Many of the Biola students met him. Glenn Styffe described the occasion:

When His Excellency, President Kagame of Rwanda stood surrounded by Biola students, faculty and staff, I felt overwhelming pride that we would have such access to one of the great leaders of our time, but I also felt overwhelming humility and a sense of destiny...aware of the stewardship God wants from us...to use this opportunity to bring Him glory. (Velasco, 2009)

Bringing God glory is what these cross-cultural experiences are all about. Yes, they give students the chance to see how nurses serve in other contexts and cultures, but as the interactions take place, God's kingdom is also furthered with eternal results.

Philippines: Shalom Birthing Center

Time is not sufficient to tell of all the other global learning experiences that have been made available to the students through the years. Donell Campbell facilitated the arrangements for the last example that will be recounted here. Pami Ellis did not want to be a missionary. She attended Biola and graduated with a degree in music because she didn't see how that could be useful on the mission field. God, however, is in the business of changing people, and later he gave her a desire to become a nurse midwife. She is currently with Action International Ministries and is the co-director of the Shalom Birthing Center located in a slum area of Manila, Philippines. It's a maternity center which sees around 400 women each week, but it's also part of a holistic ministry with an evangelical outreach. Janelle Ching (Class of 2017) was one of the students who was recently privileged to spend time there. Her diary

entry is an exemplar which reveals the heart of so many of the nursing students and their mentors for mission experiences:

When we got back to Shalom, I heard that Helen [another student] caught 2 babies! Honestly, I was a bit jealous and discouraged that no deliveries were happening on my shifts (but instead, so many *almost* deliveries, where the moms either went home because they weren't ready yet or to the hospital instead of at Shalom). But I was reminded of why I'm really here. I most likely won't be catching babies in the future, so it's not like I'm missing out on quality practice... but I'm here to glorify God and point others to Him in every and any way possible, which isn't something that can be done with a jealous and complaining heart. And right after that time of reflection and prayer, lo and behold, Helen walks in the room and she so graciously encourages me. Out of all the things she could've said about her two deliveries, the first things she said were words of encouragement-- that I would see deliveries soon because a lot of moms were nearing their due date. Thank you Helen! And praise God for His gentle reminders, amazing grace, and perfect orchestration of everything. (J. Ching, personal communication, August 28, 2018)

A survey of Biola nursing graduates from 2011-2014, showed 21% had been involved with either long-term or short-term missions in the one-and-a-half or two years since graduation (Marin, 1917, p. 4). A small convenience sample of 55 alumni from all five decades of the program's existence, showed 43.6% had been involved with some mission experiences since graduation (Gewe, 2018). On a wall in the nursing department in the Lim Science Center is a very large world map. Colored pins have been placed within the border of various countries to commemorate the many alumni who have served the Lord in global settings. The form of ministry may have changed as Christians are involved with short-term missions more than in the past, but it is obvious that the emphasis on missions from the School of Missionary Medicine has not been lost in the 50 years of the B.S.N. program!

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Chapter 16: Provision of Resources

Zerubbabel

The longest-enduring teaching assistant in the nursing program is Zerubbabel, the human skeleton who has made his home in the skills lab for over 50 years. Due to the condition of the sutures in his cranium and the shape of his pelvis, Ruth Ebeling, anatomist extraordinaire, declares him to be a fairly young male, maybe in his twenties. When he came to Biola is unknown, but he (or at least someone who looks identical to him) can be seen in pictures from the School of Missionary Medicine. Tradition has it that Cheryl Zukerberg gave him his current name sometime in the 1980's, although alumni of an earlier time may recall him as Mr. Bones. Why the name Zerubbabel was selected is unknown, but it has an onomatopoeia of which Edgar Allen Poe would be proud, the sound of hollow bones hitting each other. He has clearly illustrated proper posture and structure to generations of nursing students. He also received notice in faculty minutes as the art department wanted to "borrow" him for sketching purposes. Noting that he was practically irreplaceable, there was concern that he be given the dignity due him (Nursing Faculty, 1998, p.2).

Mrs. Chase

The Instructions for use of Chase Hospital Doll are stamped with the date of May, 2, 1952 when the first Mrs. Chase must have arrived in the school of missionary medicine. The accompanying brochure tells of her virtues, declaring her to be "an adult size mechanical substitute for a human subject in the teaching of techniques and procedures for the care and treatment of patients" ("Instructions for use", 1952, p. 1). Mrs. Chase was conceived in the brain of Lauder Sutherland, principal of the Hartford Hospital Training School in Connecticut. She contacted the M.J. Chase Company of Rhode Island, and the doll maker, Mrs. Chase, consulted her husband who was a physician about how the doll should be designed. The first Mrs. Chase went to the Hartford Hospital in 1911 (Herrmann, 1981, p.1836). In the intervening years, her skin has been made more durable and natural-looking, and a variety of orifices were added so that catheterization, bladder irrigations, enemas, colonic irrigations and injections could all be done. General care for Mrs. Chase concludes: "By giving your Chase Hospital Doll the same kindly consideration that you would a human patient, it will reward you by many years of efficient service" ("Instructions for use", 1952 p. 8). As the program increased, so did the number of "Mrs. Chases" needed for everyone to have ample time to practice nursing skills. In the Nursing Department Archive, an old black and white photo shows Miss Soubirou surrounded by six "Mrs. Chases." It is labelled, "in Nursing

Arts Laboratory, Biola College.” Her name was changed for a time when Dr. J. Richard Chase was president of Biola, but her service remained constant for at least 30 years.

Bob

Another long-time teacher’s aide was Bob who was known for his beautiful muscles, veins and arteries. He not only taught nursing students but students from other majors as KHPE, art and biological sciences. While any cadaver is being studied, Ruth Ebeling, professor of anatomy asks students to pray for the family, healing of loss from their loved ones, their salvation, and to give thanks for the person’s and family’s decision to donate the body to science (“A Special Retirement,” 2006, p. 2). So, Bob’s family also received prayer.

At Bob’s retirement party after 25 years, he received accolades from Ron Mooradian of Human Resources:

Bob was the perfect employee. He never complained, and never missed a day of work in 25 years. While some felt he was cold, he would always open himself up to our students. Yes, you always knew what was going on inside Bob. Many of us also can attest to another attribute...Bob was a great listener. While most men interrupt you and try to solve your problems for you, Bob would simply lend a listening ear. Men everywhere should aspire to be as sensitive as Bob. (Mooradian, 2006)

He also received a certificate of appreciation and a personal letter from Clyde Cook, university president.

Anna Belle and I want to wish you God’s best and personally express our appreciation for 25 years of faithful service at Biola. It has been a pleasure to have you as a part of the Biola family.

Bob, what I really appreciate about you is that in your 25 years here at Biola I have never heard one word of complaint from you of how you have been treated. I can’t imagine being cut, prodded, poked and stuffed in a plastic bag and taking it so stoically.

In your silent and strong way you have had a tremendous impact on countless numbers of students from a diversity of majors, including many pre-nursing students. (Cook, 2006)

He was a unique teacher who will be forever remembered by many students.

Nadine

An unusual nursing experience which many students shared was making home visits to Nadine. She was an RN, who was born in Jamaica and moved to the US around 1995. She loved working in pediatric oncology until she began showing symptoms of a rare disease, polymyocitis. Her auto-immune symptoms progressed rapidly until she was ventilator-dependent. Level 1 clinical students made home visits and learned much about how Christians deal with pain and suffering in light of God’s sovereignty. Some days were good and some were hard, but in spite of circumstances she said “You never know why

He does the things He does, but the most important is His heart is in the right place” (Brown, 2009, p.37). They learned about nursing care outside of the hospital. They learned about cost and insurance. She often quizzed them to make sure they understood medications and why they were giving them. Her smile was infectious, and since she was an RN, she let them “experiment” with her, guiding them each step of the way in procedures. She joked that allowing students to bathe her and help her care for her body made it serve “some purpose other than just being worm food when I’m done with this life” (p. 39).

Equipment and Supplies

At the time of the first accreditation visit, the department boasted of study carrels with state-of-the-art Trainex filmstrips and records. Students could learn independently, making progress at their own rate of speed. The musical tone at the end of each section allowed the viewer to know when to change the slide. Next, Trainex developed Super-8 film loops for self-study. In addition to these study aids, an Accreditation Report for WASC, included another important asset of the nursing department, “A Chevy-Van for clinic class transportation to near-by hospitals for instruction in up-to-date facilities” (Soubirou, 1969, p. 10).

In the early years, students traveled to downtown Biola. Colleen Rehnberg (Balius), Class of 1977 shared some memories:

Another strong memory from 1974, our first year in the Nursing Program, was getting up at 4:30 to grab breakfast in the Caf and a brown-bag-lunch before boarding a school bus that took us all to the downtown Biola campus on Sixth & Hope Streets. Our "Skills Lab" was on the 3rd floor, complete with metal hospital beds that cranked up and down. To raise the head of the bed, a metal rod was adjusted under the mattress. We practiced changing linens, making 'hospital' corners using 2 flat sheets, as fitted bottom sheets were not known back then. We learning turning patients on those beds, propping with pillows. We learned log-rolling back surgery patients there. We learned how to place NG tubes and connect to low suction (Gomco machines) as we did it on each other. How strange to see the small bits of cereal we had just eaten collect in those glass containers! We boarded the bus again by 2PM to be back on campus by 3PM with mixed feelings of exhaustion and exhilaration as we knew God was building our skill set brick by brick. (personal communication, June 26, 2018)

However, by the mid-1970s it was agreed that the nursing department needed physical facilities to grow. Sending students to Los Angeles to practice skills was not efficient use of the time for either faculty or students. After the Biola administration members moved from the Marshburn annex to Metzger Hall, the annex was renovated to become the nursing building. Completed in 1981, it was named, Soubirou Hall, in honor of the founding director of the baccalaureate nursing program. It provided sufficient room for faculty offices and conference rooms upstairs, and classrooms and a nursing skills lab on the bottom floor.

Through the years, God provided equipment and supplies for the building and student learning, both in common and in uncommon ways.

Through the networking efforts of various faculty members, local hospitals have donated everything from newer electrical beds to replace the old hand-cranked ones, to IV bags and supplies, to a working ventilator and a crash cart. In more recent years, a baby warmer for the maternity simulation lab was donated. The Crean Foundation supplied funds for the homeless clinics and the Carrico Foundation has paid for cameras to enhance simulation experiences.

As simulation was becoming popular in the early 2000's, the Biola nursing department wanted to keep up with the times and get a simulator, but they were very expensive and budgets were tight. Faculty visited the Long Beach Memorial Medical Center for a demonstration of patient care simulators in 2005. They were amazed at the capabilities. Next, they visited a simulation lab when it was being utilized by nursing students. That did it! They all knew they wanted one for Biola.

At about this time a friend of five years, Barbara Kartsman, had moved in with Becky Fleeger. Both helped with the care of Barbara's father. Barbara had been praying for her Jewish cantankerous, atrocious father to receive Christ for some time but had pretty much given up because of his hardness of heart. Then, he suddenly experienced a stroke. Before the ambulance arrived Becky helped him understand what was happening. She told him he had experienced a stroke which was serious and he could get well or he could die. The major question was: Are you ready for heaven? Becky had talked with him recently and had given him the "Four Spiritual Laws" booklet put out by Campus Crusade. He said he had read it, so not knowing how much time she had, she went to the prayer at the back of the book. Becky told him if he wanted to be sure of going to heaven he could repeat the prayer after her and he did. He broke down and wept as he confessed that he needed Jesus and said that he received him as Savior. Right after that, the transport team came. Within twenty-four hours his stroke extended and he was placed in a medically induced coma. He lived in that coma for eleven days and then passed into his eternal home. Barbara had the assurance that she would see him again in heaven. She had written in the Bible Becky had given him for Christmas, "Daddy-O, you're always saying 'Don't you know Jesus is one of our boys.' May you now say 'I'm one of *His* boys'" (personal communication, August 21, 2018). After his death, Barbara was so grateful that Becky had been instrumental in bringing her father to Christ. In heartfelt awe, Barbara told Becky, "How can you *ever pay* or *repay* for salvation? (someone's love in leading him to Christ and eternal life.)" She gave Becky a check and said, "Place this where it is needed most" (August 21, 2018).

Part of it went toward the purchase of the desired simulator (SimMan) with the remodeling of a conference room to look like an intensive care unit. Annette Browning, who had done most of the price comparisons and shopping for the best deals, found a stuffed chocolate-colored Labrador puppy doll, and “Sim Doggie” was presented to Barbara Kartsman.

The dedication of the Kartsman Simulation Laboratory was on September 25, 2007. The SimMan was named by the students, Will Livemore in honor of his ability to be resuscitated, no matter how sick he became. As of 2017, he was continuing to function, although newer models had been added. Noelle simulated the continuum of pregnancy, delivery and post-partum, even though at the beginning of her time at Biola, the baby got stuck in the canal due to technical difficulties. Computer capabilities allow fetal heart tones to be monitored. Since that time, further simulators have been acquired, now with wireless capabilities. With the help of grants, the nursing department put in remote access video feed so students don’t all have to crowd in the room where the action is. Needless to say, everything that happens in the simulation lab, stays in the simulation lab.

The Alton and Lydia Lim Center for Science, Technology and Health

Early in 2008, the whole science department was excited by the news that the Board of Trustees was considering construction of a new science and health building. The first phase was called the “silent phase” or the “quiet phase” as the University assessed the interest in such a building within the larger community. The Marketing department assured everyone that if it takes too long to raise money, interest in a project wanes, so the active phase would not begin until certain financial goals were met. The turning point was when God worked in the heart of Alton Lim and his family.

Alton Lim was an immigrant from China who became a successful businessman. He had come to know Christ through a pastor who was also teacher at the Talbot School of Theology. At 96 years of age, he wanted to give back to God, and selected Biola University as the recipient. It was the largest cash donation in Biola University’s history, a \$12 million gift. He wanted to make an investment that would last for eternity and in reflecting on his motivation, he stated, “**This is going to help generation after generation to study and try to help people**” (Newell, 2015, para 7). Ground breaking was Feb. 26, 2016 and classes began using the new facilities in January 2018.

The new building, officially named Alton and Lydia Lim Center for Science, Technology and Health, has approximately doubled the space available for nursing activities and much more technology is available than ever before (Biola University of Baccalaureate Nursing, 2017, p.15). There are more manikins and more space for de-briefing. The lab is much larger and features a storage room, complete

with washer and dryer so that faculty will never again have to take linen home for washing, as they did for many years. Classrooms are high-tech. Online resources have multiplied. Students use a version of the EHR (electronic health record) for learning. There are multiple programs for learning subjects like physical assessment and critical thinking associated with medication administration. Facebook has been used for assignments in the pediatrics class. Twitter has even been a component of assignments for pre-clinical students. More classes are being developed online, starting with research and pharmacology. The master's program is envisioned to be all online. The department also has a Facebook account with over 700 members, which was started to publicize the 50th Anniversary Celebration of the nursing department in October, 2017 and hopefully, will be used in the future to mobilize excitement for a nursing alumni association. Living faculty from the 1970's are amazed!

Individual Alumni Stories of God's Provision

Biola has always been expensive in comparison to most state schools, and coming to Biola was a step of faith for many in the nursing program. God provided in many in incredible ways, not only money, but emotional support and the ability to overcome obstacles. There are so many stories that only a mere sampling could be included here.

Karen Wetther (Class of 1971) remembers clearly that, throughout the program, Miss Soubirou assured them that they would not need a car. However, something apparently changed, and at the beginning of the final exam in December of the senior year, Miss Soubirou announced that the students would need cars for the final semester. They would be in pairs, assigned to various mental health and public health clinics in Los Angeles and Orange Counties. All Karen could think about during the exam was how she was going to get a car, although she did remember enough to pass the test. Her parents were missionaries and she had no money. She tried to find someone with a car to pair up with and then looked for someone who might be willing to buy a car together. A friend of the family found an old car in pretty good shape for only \$200. Karen went to the financial aid office to see if she could borrow \$200. The answer was "no", but they did have some scholarship money for missionary kids (MK's) which would not require repayment. The financial aid officer looked at her file and said "Karen, how are you even making it?" She was working 15 hours/week and taking 16-18 units/semester. He said some of the scholarship money could be used to completely write off the rest of her balance. She later wrote, "I can't tell you how many times I have gone back to that experience in my mind when I was worried about something or wondered how I was going to make ends meet. It greatly increased my faith!" (personal communication, July 29, 2018)

Joanne Beckwith (Class of 1971) was the first nursing student to have a meeting with Miss Soubirou to explain that she was pregnant. Her husband, Dave, drove the nurses to L.A. County Hospital at 6 a.m., and she remembers having morning sickness, but she got through the required clinicals. Her daughter, Julie, was born in June after school was out, but she still had a year to complete. Julie's car seat was mounted on the front seat of the bus as Dave continued to drive the students. Julie welcomed students as they entered the bus each day and learned to speak very early in life! (personal communication, July 11, 2018)

Martha Corrick (Class of 1977) shared about her husband, Gary (1977). During Gary's Junior 2 year, he had only enough money for the first semester's tuition. During summers, he did manual labor on a farm in Oregon and it had been a rainy summer so he didn't get enough hours. We got a note from the financial office to come see them. We thought for certain they would send him home. Instead, they had received a "bonus" of \$1000 from the farmer he had worked for. It was just enough to finish the semester. Truly a God thing! (personal communication, August 2, 2018)

Donna Phillips (Class of 1978) wanted to be an actress like her heroine, Dale Evans Rogers, but she took a high school aptitude test and they choose her to be in the very first regional occupational program (ROP) for the city of San Diego, because they said she scored really high in caring and service. Her mom was a single mom, so as soon as she graduated from high school she had a job in a convalescent home, and was able to help with home finances. About 18 months later she was asking God where she should go to a school that would combine missions and nursing. Out of the blue, a high school teacher called her mom and asked "What is Donna doing with her nursing?" Her mom said she was considering Biola. Her former high school counsellor then called shortly afterward, set up a meeting and had her sign for sufficient scholarships and grants to get into Biola. Throughout her stay, she received unexpected gifts and graduated with a debt of only \$300.

Annette Siemens (Class of 1979) had her financial needs met for the first four years of Biola through a combination of scholarships, grants and part-time jobs. By the final year, she had exceeded the limit for any further grants or scholarships and she started the fall semester not knowing how God would supply her needs. The second week she received news that she had been chosen to receive a National Health Service Corps Scholarship which covered all her expenses; room and board, tuition and books. The scholarship required that she work in an underserved area for two years. She joined the Commissioned Corps. of the U.S. Public Health Service and was detailed to the Indian Health Service. Although her obligation ended after two years, she loved working with Native Americans so much that it

turned into a 34-year career working in Arizona, Montana and Alaska (personal communication, August 2018).

Sharon Soper (Class of 1980) was thinking about the requirement to have access to a car in her senior year at Biola. She got an old car but then needed insurance. So she asked God to show her where she could get it cheap. After praying fervently, she opened the phone book and pointed with your eyes closed. The name on the advertisement was Anton Jeppesen. She writes, that the “name sounded strange so I wanted to change my mind. But that was where my finger landed. I felt hypocritical to change my mind after praying like I did, so I stuck with it. I had doubts walking up to his home instead of it being a business.” He was a veteran and pecked out the policy with two fingers on an old typewriter. The price was right. While talking, he found out she was a nursing student and he wanted to know if she was in a baccalaureate program. He belonged to an organization which wanted to encourage nursing education and needed a BSN student for an available scholarship. She was given money each semester until graduation which could be used for living expenses as well as tuition. God amazingly provided for her to graduate debt-free (personal communication, May 14, 2018).

Financial needs weren't the only ones that students had. Linda Dean Peters (Class of 1980) also needed a car for clinical rotations. She saw a Toyota Tercel advertised for \$400. The only problem was that it was stick shift and she didn't know how to drive a stick shift. The Lord provided someone on campus to teach her how to drive and protected her on the busy Los Angeles freeways. She had no car trouble for over two years and when she was ready to graduate, she was able to sell it for \$400 (personal communication, August 3, 2018).

Colleen Herbrandson Sanchez (Class of 1994) started Biola with her tuition completely paid because her dad worked for Biola and she had an honors scholarship. All was going well until her father's job became insecure due to Biola re-structuring and her parents decided to move to Colorado. They were upset with the administration and didn't like her Biola boyfriend, so strongly encouraged her to transfer out after her sophomore year, reminding her that she was losing her scholarship, it was expensive, and she wouldn't be able to afford it. She did take a trip with them to Colorado that summer but could not find a job.

She had previously worked at the Biola pool as lifeguard and instructor for swimming lessons and was paid approximately \$5.50 to \$6.00 per hour. As she made a return trip to California with her parents whose purpose was to empty out the California home, she prayed and told God if He wanted her at Biola, He would have to provide the way. She needed a job at \$7.00/hour to be able to afford the down

payment. It was Sunday night, just before the summer program started on Monday when she called her former boss to check on the possibility of a job. He immediately said he would hire her back and when she asked how much she would make, he replied, \$7 per hour! Excited, on Monday morning, she headed for the pool. After work she waited in vain for her parents to pick her up, but they never came nor did they answer the telephone when she called them.

This was the beginning of a period of homelessness. Although she had earned enough for the down payment, she lost the Biola parent scholarship. With the stress of family relationships and continual worries about food and shelter, her grades suffered and she lost the honors scholarship. She poured over a library manual of college scholarships and applied for as many as she thought she qualified. She obtained numerous small ones. The nursing department awarded her \$1500 which was very meaningful since she did not apply for it. God supplied each year. She moved into the dorm and got the cheapest meal plan available (10 per week). Friends made sandwiches and she ate a lot a ramen noodles. Over interterm and summers when she couldn't stay in the dorm, she did housesitting for almost all the faculty members in the nursing department, always having a place to stay. Likewise, when she needed a car for home visits as a senior, one of the faculty members allowed her to borrow a car or sometimes she was able to make a visit with another student.

The "icing on the cake" was that God provided finances to go on the Alaska missions clinical experience for about half of her final semester. Withdrawing from Biola's room and board plan for the length of time she would be gone, she found she could receive a refund large enough to pay for the plane ticket, food and lodging in Alaska. Arriving there, she felt so close to God, seeing his unspoiled creation in the area around Glennallen and working with native people. She had the opportunity to become close to an engineer who had worked on Alaskan roads, living there for majority of his life. He had even built his own small log cabin. Making home visits, she monitored blood pressure and medications but even more exciting, she had wonderful times in just talking and sharing the gospel (Hebrandson, personal communication, May 23, 2018).

Yessenia Garcia (Class of 2001) was the first student in her Latino family to attend college. She started at a community college and hoped to get into the associate degree program until she heard a friend at church talk about how wonderful Biola was. Her counsellor encouraged her to go to a state school instead, which gave her the motivation to prove the counsellor wrong. She could be accepted into Biola. She could get her nursing degree from Biola. She could be successful. Her church friend had a quiet confidence that if Biola was where God wanted her, he would provide the way.

She came to Biola a semester before clinical nursing would start and her advisor was Dr. Cindy Westcott who gave her essentially the same message. “If Biola is where you belong, God will make a way.” She made finding scholarships her job and applied for everything for which she thought she might qualify. Her confidence in God’s provision grew as she was awarded two national EMI label/Selena scholarships and academic scholarships from Biola. She did have to take out loans, but she felt called to minister to the underserved in Orange County, and she came across a scholarship of about \$5000 being offered by the Health Professions Education Foundation for students planning to work with medically underserved populations. They also had a loan reimbursement program for which she qualified after graduation and which paid close to \$20,000 towards her education.

Multi-tasking in the hospital was challenging for her and she even thought of dropping out twice. But God confirmed to her that she needed to keep moving forward. Community-based clinical experiences were made available throughout the three-year program. Her involvement in these, such as the Buena Park Homeless Clinic, orphanage and church clinics in Mexico and the Westminster Therapeutic Residential Center (TRC) mental health clinical rotation motivated her to continue the nursing program so that she could ultimately practice in a community and public health setting.

She did a summer school inner city Los Angeles/Mexico experience for her community health course, so completed clinicals prior to finishing Bible courses. She wanted to keep up her nursing skills and asked for permission to have a special preceptorship. She was connected with Becky Stone, a Biola nursing alumna who worked in Orange County Public Health Department. She had her own patient load and did home visits, further convincing her that this was the kind of nursing to which she was being called. Being a Spanish-speaker was a positive when she was hired in the Orange County Health Dept. and she has been there for about 16 years. Her current roles involve health education, case management, connecting people with resources, empowerment and advocacy (personal communication, August, 25, 2018).

Staff Members

Nursing department staff members were another part of God’s provision. There were many throughout the years, and without them, faculty and directors could never have been as effective. Glenda Lord, who was an administrative assistant for 25 years, exemplified the type of person who served faculty and students. One of her duties was to keep the “scholarship book” up-to-date. It was a 3-ring spiral binder that students could study when looking for scholarships. She took her task seriously. She scrutinized *Nurseweek* looking for advertisements of scholarships, internships and jobs. She got friendly

with the military recruiters because they often had access to stipends or other funding for students. If something made her think of particular students, she would pin the announcements on the student file folder cabinet door or send out emails. She does not know how many students learned of scholarships through her, but she knows she was a link to God's provision. Her job was a ministry, going far beyond the general worry of money, to seeing each student as an individual. She treated them as sons and daughters giving guidance and counsel about major life concerns (personal communication, May, 2018). This, was the kind of attitude that permeated staff and helped to set the tone for the entire nursing department.

These narratives reflect the faithfulness of God in providing what was necessary for success whether equipment, buildings, a car, money, emotional support, or removing obstacles. He did it through various means, but in looking back, his hand can always be seen.

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Chapter 17: Current and Future Concerns

The Merriam-Webster Dictionary defines pluralism as “a state of society in which members of diverse ethnic, racial, religious or social groups maintain and develop their traditional culture or special interest within the confines of a common civilization.” This implies a sense of tolerance to allow diversity to flourish within the unity of the larger society. However, a current tension is due to opposing groups having different views as to what constitutes the common good and their rights. How does one decide between them and keep everyone happy? Is it possible? The battle between anti-biblical forces and traditional biblical views has been heating up, especially in the last decade, with the cry from both sides that anyone who disapproves of its values, lifestyle, sexual orientation, religion, etc. is biased, discriminatory and/or repressive. Many in society are claiming that Christians and faith-based colleges and universities are discriminating through upholding biblical values. Christians, on the other hand, are feeling discriminated against because of restrictive policies, rules and regulations.

The Biola Department of Nursing, so far, has experienced only the proverbial tip of the iceberg, but it has not been pleasant. The allegation of discrimination has affected faculty and students who faced the uncertainty of last-minute changes, and the difficulties that are generally associated with the utilization of a new clinical facility, with new staff, new expectations, and new policies and procedures.

A contract with each clinical agency for clear understanding of the responsibilities and liabilities of the agency and the school has always been necessary. Biola developed a standardized contract in the 1970s. It was three legal-sized pages long and simply called “Agreement.” It was quite simple and included a nondiscrimination statement. “Neither party shall employ discriminatory practices in its performance, hereunder, including its employment practices on the basis of race, color, sex, national origin or ancestry.” Religion was not included because Biola, as a Christian school, was granted an exemption through provisions of Title IX of the Education Amendments of 1972. Sexual orientation had not yet become an issue in American society.

Sometime after 2008, the Biola legal department felt it necessary to clarify the school position, calling attention to it. Section 9.2.1 was added which stated: “Biola University, Inc., is a private religiously controlled institution and as such lawfully exercises preference on the basis of religion and sexual orientation in its employment practices, student admissions and activities and related decisions.” At the same time, many health care organizations stopped accepting the Biola standard contract. Individual agencies replaced the standard contract with more specific contracts of their own making, as advised by their lawyers.

In 2011, the County of Los Angeles decided to use its own standardized contract requiring all clinical sites to use a “boilerplate” affiliation agreement that was approved by the Los Angeles County Board of Supervisors on September 14, 2010. It had expanded greatly from the original Biola standardized contract of the 1970s. The final version was 29 pages with eight pages of addendums. Both the nursing department and the Rosemead School of Psychology utilized facilities in the County of Los Angeles. The contract from the Department of Health Services (DHS) had a new section, “Non-discrimination in employment and services,” which now stated:

Neither party shall employ discriminatory practices in its performance hereunder, including its employment practices, on the basis of race, color, religion, creed, national origin, ancestry, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, in compliance with all applicable Federal, and State anti-discrimination laws and regulations.

The new contract affected Biola and Azusa-Pacific University, as faith-based institutions. Lawyers for these entities countered with a proposal to change the contract to say, “Neither party shall employ **unlawful** discriminatory practices....”

Nurses from Rancho Los Amigos protested the County move, stating that the baccalaureate programs had contributed greatly to patient care at the hospital, and they did not support the Los Angeles County changes that would eliminate faith-based schools from caring for their patients. Eventually, the proposed change was accepted, but not until after pressure was exerted by various groups, and the students and faculty of the programs experienced stress and apprehension.

Clinical placements (or the lack of them) have often been the stimulus for much anxiety and prayer at Biola. Particularly, since preceptor use was increased in the last decade, it has not been uncommon to complete the spring semester thinking that all the 30 or 40 preceptor students had placements for the fall. Then, an undesirable surprise was delivered a few weeks before classes were to begin. There was word that hospitals hired a greater number of new graduates than expected and lacked preceptors, or they closed units, re-configuring their patient load and nursing workforce, or they just did not have sufficient experienced staff to take students. All this led to a last-minute scramble to find the needed placements. Placements were a challenge, but the contract issue compounded the problem.

In 2011, Dr. Anne Gewe was looking for more clinical preceptor placements and went to a small private local hospital. The nurses on the units were very positive about working with Biola students and so was the nursing supervisor. A schedule was proposed, and the standardized contract was submitted to the legal department. Agency officials refused to accept section 9.2.1 of the Biola contract. The sticking

point for them was the statement about sexual orientation. Negotiation was unacceptable. Thankfully, although the semester had already begun, God provided another placement.

In 2014, a busy metropolitan hospital, which Biola students had used since the 1970s, had a change in personnel in the clinical affiliations department. A routine contract renewal was required. This time the charge was religious discrimination. Biola students had a great reputation both on medical-surgical units and in the ICU. Because of the quality of the students, in ICU, they were allowed to give reports during the interdisciplinary trauma rounds, a privilege not given to any other students affiliating with the hospital. However, the good past performance was not enough to save Biola from the charge of discrimination against individuals of other religious backgrounds. The examples given were that Mormons and Muslims could not in good conscience sign the statement of faith. Therefore, they were being discriminated against. The nursing department was told that Biola's practice of requiring adherence to a statement of faith was inconsistent with the hiring practices of the health organization, which did not discriminate based upon any religious beliefs. The argument that students are not employees did not have any effect. The agency responded that they obviously have different beliefs on the subject of religion than Biola, so an agreement/contract was not possible. After numerous attempts to negotiate a satisfactory solution, a personal email stated the agency had "confirmed that we are no longer welcome there for clinical because we require our students to be Christians" (Elliott, 2014).

Upon getting the official word, there was an urgent necessity to find clinical placements for the fall. Structured clinical groups of 10 students with one faculty member are usually arranged early in the spring semester, and it was already July. God graciously provided arrangements for clinical placements for the students at Kaiser facilities, even though it was short notice from July until August when the students began. All necessary clinical hours were completed.

As discussed, three clinical placements have been affected because of the charge of discrimination, arising from Biola's mission to train Christians to impact the world for Christ, and the biblical values upon which Biola firmly stands. This issue of discrimination may be an even greater threat to the future of the entire university.

Since that time, California Assembly Bill 1888, authored by Assemblyman Evan Low, proposed that the state withhold Cal Grant funding eligibility for colleges that violate state "nondiscrimination laws." He clearly stated, "California should not be using taxpayer money to subsidize colleges that choose to discriminate against LGBT students." Rather than allowing for deeply held religious views, he

called the schools that seek a religious exemption to anti-discrimination laws “the worst of the worst in terms of institutions that discriminate” (Adams, 2016).

Around the same time, California’s state senator, Ricardo Lara, introduced SB 1146 for the stated purpose of protecting LGBT students who attend Christian colleges. According to the Los Angeles Times, Lara was quoted as saying, “The goal for me has always been to shed the light on the appalling and unacceptable discrimination against LGBT students at these private religious institutions throughout California” (McGreevy, 2017).

An open letter to the Biola community stated the threat:

If passed as is, this bill would strip California’s faith-based colleges and universities of their religious liberty to educate students according to their faith convictions. The proposed legislation seeks to narrow a religious exemption in California only to those institutions of higher learning that prepare students for pastoral ministry. This functionally eliminates the religious liberty for students of all California faith-based colleges and universities who integrate spiritual life with the entire campus educational experience. Prayer or requiring chapel services, spiritual formation groups and ministry service are an integral part of the educational experience for faith-based campuses, and they are at risk if SB 1146 is passed. (Biola Staff, 2016)

Eventually, the bill was amended to remove provisions that would have restricted rights of faith-based schools to exercise their religious purpose and mission. The plan to prevent Cal Grant funding to low-income students who wanted to attend faith-based institutions was scrapped (Biola Staff, 2016).

Dr. Corey tells of meeting Evan Low, who was passionately opposed to Biola’s biblical position on human sexuality. He spent time getting to know the man and explaining that Biola is a learning community. He tried to carefully listen and answer questions. In the end he commented, “I didn’t change his mind, but I believe I changed his perspective. I hope he began to see some Jesus character in me and not some religious caricature of me. He told me he would be happy to come to Biola” (2016).

A year later, Low and Corey wrote an article together, discussing how they became friends. Low is the chair of the Lesbian, Gay, Bisexual, Transgender (LGBT) Caucus in the California Assembly. He came to Biola and met with students, faculty and staff. Corey visited Low’s office in Sacramento. They had dinner together and found they were able to overcome biases through prioritizing their relationship and realizing that “the person you once thought an adversary is in many ways like you, with a story and passions and fears, and a hope that we can make the world a better place” (Low & Corey, 2017).

The LGBT Caucus is not going away, and attempts to pass anti-discrimination legislation will most probably continue. Health care agencies will continue to have employees who are offended by

standards of the Word of God. But, God has protected both the nursing department and Biola in the last 50 years. He will continue to be faithful.

In reflecting upon his role in collaboration with other college presidents and working with legislators, Dr. Corey, President of Biola University, enumerated several take-aways for Biola:

1. **We must tell the story of the good we do.** In order not to be seen stereotypically as anti-intellectual bigots we need to articulate about the good we offer society.
2. **We must not assume all who oppose us are unreasonable.** We must begin “conversations with civility and humility leading with grace and being willing to learn” (Corey, 2016).
3. **We must not be ashamed of our Christian mission. We know God’s Word is true and trustworthy, and our calling is to love the world as Christ loved us (Corey, 2016).**

Corey’s challenge to Christian schools is to tell of the good that is done. A recent study of the Council for Christian Colleges & Universities (CCCU) was undertaken to show the economic impact of students and graduates of member schools on society. Biola is a member school. CCCU students have a 35.2% participation in community service as compared to 25.7% of students in other schools. CCCU schools have a greater percentage of graduates in fields that provide social services as health care, counselling, mental health, and family and community services (12.7% vs. 4.7%) in comparison to graduates from all 4-year institutions in the Department of Education’s College Scorecard database (Econsult Solutions, 2018).

To tell the story of the nursing department, 992 alumni (all viable emails available) out of 1576 graduates were contacted via email at the end of 2017 with an Alumni Impact Survey. Follow-up messages were sent, and a link was posted on the nursing department facebook. There were a total of 60 usable responses (6.0%) with a distribution of 57 (95%) female and 3 (5%) male. It can be considered only as a convenience sample, so not too much may be made of the data, but one could say that some trends emerged.

Table 4: Alumni participation in the Alumni Impact Study according to decade of graduation

Decade	# participants
1971-1979	14
1980-1989	21
1990-1999	8
2000-2009	9
2010-2017	8
Total	60

Of those who responded, all had actively worked in nursing for at least six months since graduation, and 57 (95%) of them had worked in a hospital. Many have been in leadership positions with 17 (45%) working at the level of clinical nurse manager, supervisor or administrator, 14 (23.3%) teaching in a school of nursing, 13 (21.7%) making a contribution as public health nurses, and another 13 (21.7%) working with children as school nurses. (The total adds to more than 100% because some may have had more than one position.) Eleven (18.3%) noted that they had been on the mission field for six months or more.

Table 5: Continuation of education after Biola: N=60

Area of Study	number	percentage
Further certification	34	56.7
Master's degree (non-nursing)	9	15.0
Master's degree (nursing)	21	35.0
Doctorate degree (non-nursing)	2	3.3
Doctorate degree (nursing)	3	5.0

Table 6: Ways in which alumni contribute to the good of society/communities.

Activity	Frequency	Number	percent	N for question
Volunteer for charitable/non-profit organizations excluding church	At least annually	50	83.3%	60
Volunteer for charitable/non-profit organizations excluding church	At least monthly	25	41.7%	60
Give to charitable/non-profit organizations excluding church	At least annually	58	96.7%	60
Give to charitable/non-profit organizations excluding church	At least monthly	41	68.3%	60
Vote in national elections regularly		55	94.8%	58
Volunteer for political causes	At least annually	4	7.0%	57
Volunteer for church activities	At least annually	54	91.5%	59
Volunteer for church activities	At least monthly	42	71.2%	59
Participant in missions trip of 2 weeks of more in which graduate did nursing	Since graduation	24	43.6%	55

The high rate of volunteerism is consistent with program evaluation reports done through the years. For the four years of 2011-2014 (N=83), a survey taken approximately 1.5 to 2 years after graduation found that 31% of the alumni had already done some type of volunteer work since graduation.

Areas of volunteerism included: camp nursing, parish nursing, teaching school children, health fairs and screenings, crisis pregnancy centers and short-term missions (Marin, 2017, pp. 1-2).

In the Alumni Impact Survey, alumni were asked to select one or two aspects of the nursing program which impacted them significantly. The most common response focused on the departmental emphasis on holistic care for the physical, emotional, cognitive and spiritual aspects of patients. Along with this was the integration of Christian faith and nursing practice and the application of biblical values. The three other areas which were mentioned most often were the quality and variety of clinical experiences, mission trips, and seeing the faculty's faith in action with caring, compassion, and taking a personal interest in students. An interesting comment from alumna, Kelley Price (Evans), showed that nurses who can care for patients in a holistic way are valued by many, not just by those who share Christian values.

When I was hired as a new grad, the nurse manager on my floor desired to hire people with a "religious belief" because many people died on our floor, and she said that nurses "who know where they are going when they die" are better able to communicate with patients who are dying. She said the dying patients want to talk about end of life issues, and that nurses who don't have strong convictions tend to cut the patients off and not let them talk, which the nurse manager felt was therapeutic for the patients, no matter what their belief system was. (Gewe, 2018)

Alumni were asked how their education affected their choice of a job, and almost 20% said that their experiences motivated them to want to serve the underserved, either at home or on the mission field. Several others said it led to gaining a job in a non-profit, faith-based, or church-related agency such as parish nursing.

Alumni were questioned how their learning at Biola has affected their nursing practice, and once again an emphasis on holistic care and application of biblical principles were the areas most often mentioned. Graduates felt that they were prepared to care for much more than the physical body. They also noted how using biblical principles of love, grace, mercy, respect, compassion, caring, dignity and the value of life shaped their approach to patients, enabling them to listen carefully, be an advocate, and nurture. Christ's compassion gave them the patience to care even for those considered "difficult." Health care personnel who are not Christian notice a difference. Amy Buskirk (Newton) expressed it this way:

I think being a Christian in nursing is a necessity. I can see how the other nurses in my unit interact with one another and with our patients and families and it's different. I have been told by a few of the senior nurses in my unit that they can tell which nurses came from Biola. They can see the difference in how we interact with one another and with our families. Biola has helped me realize the importance of looking at the patient as a whole and that we have so much more to minister to our patients besides the standard nursing care. (Gewe, 2018)

Biola nursing alumni are engaged in making health care better, whether in hospitals, clinics, churches, foreign countries or non-traditional settings. They are not ashamed to carry out the mission of the nursing department, serving as competent nursing professionals who integrate Christian caring into their nursing practice. Methods may have changed through the years, but the commitment to Christ the King remains. They serve with love and compassion, as the hands and feet of Jesus, and their emphasis on holistic nursing with the integration of biblical principles is central. They have seen God's faithfulness throughout their years of school and in their careers, and their desire remains consistent with the message expressed in the Biola Alma Mater written in 1971, the year the first class graduated.

All Hail to Biola

All hail to Biola we joyfully sing,
 The pledge of our very soul to Christ our King.
 Completely committed to be used of the LORD
 With faith that is grounded on his holy word.
 We're building tomorrow by learning today
 To go forth in service showing others the way.
 All hail to Biola we joyfully sing,
 The pledge of our very soul to Christ our King.

Words and music by Otis Skillings.

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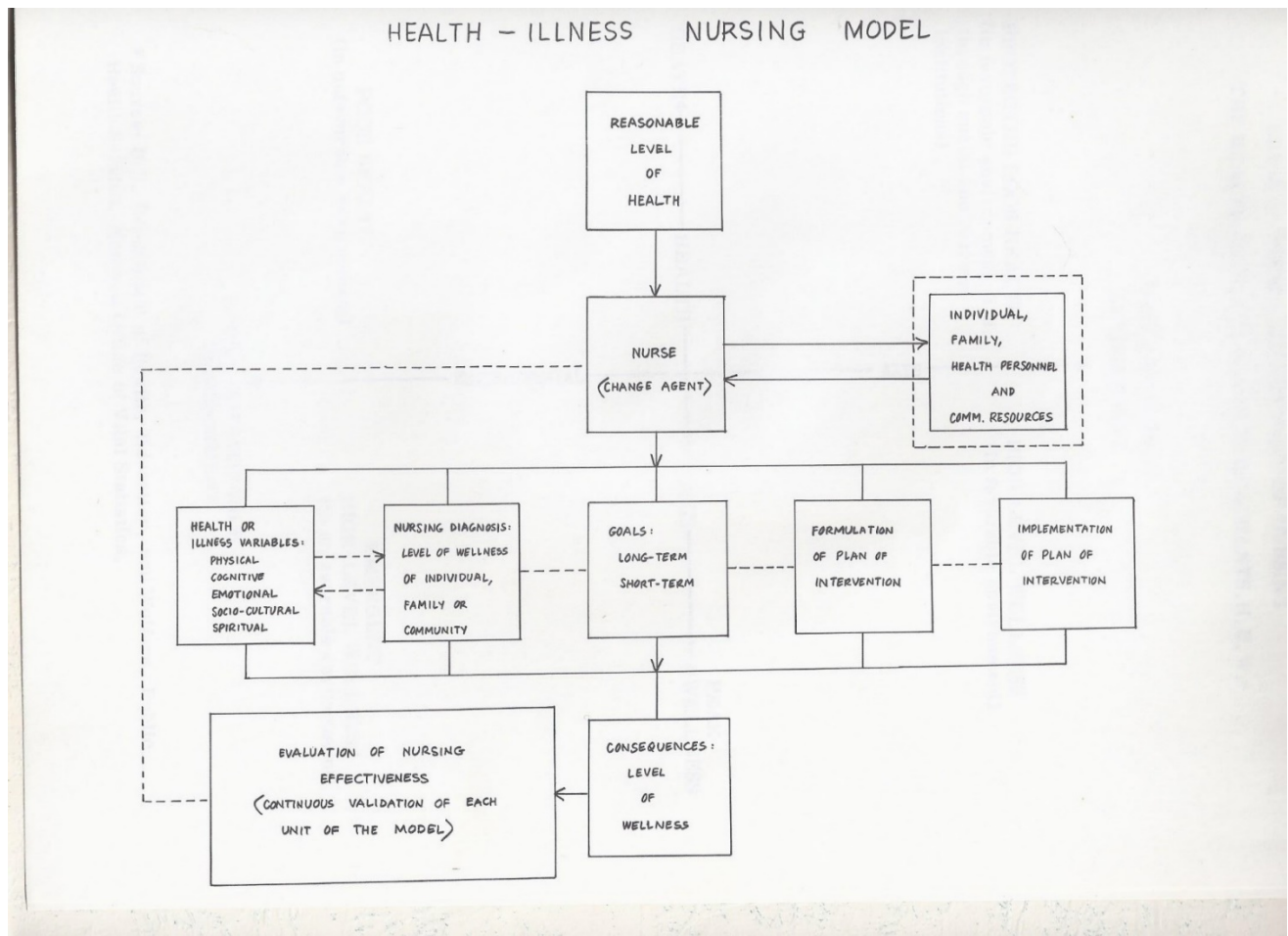
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Appendix

Evolution of the Conceptual Framework

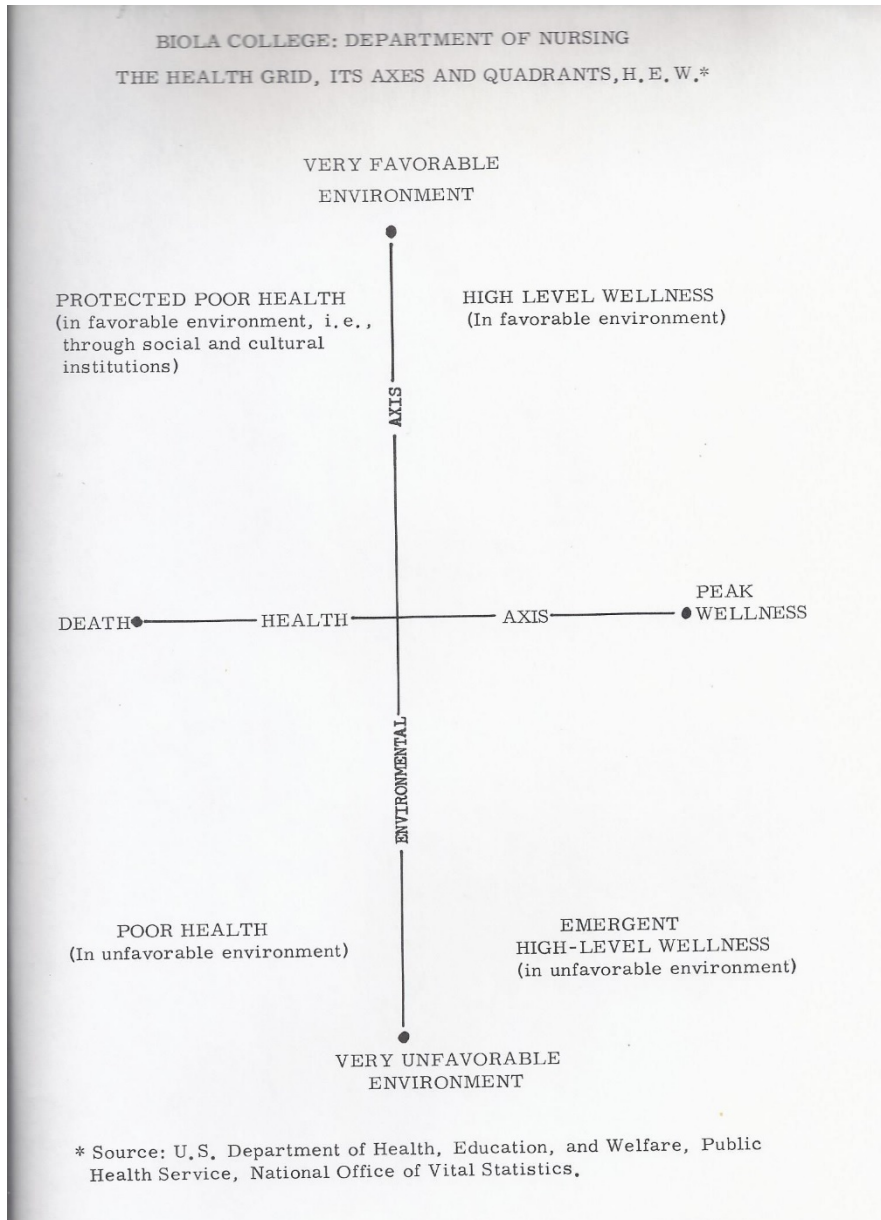
Lack of a distinct framework, which reflected the philosophy, purpose and objectives, and served as a guide for curriculum development, was one of the reasons given why Biola did not receive accreditation from NLN when it was first attempted. As a result, faculty worked together and developed a nursing framework called the Health-Illness Nursing Model. It drew heavily from Dunn's wellness grid utilized by the U.S. Department of Health, Education, and Welfare, Public Health Service, National Office of Vital Statistics.



It was explained in the 1977 accreditation report:

This is a nursing process model utilizing a systems approach with incorporation of Dunn's concept of high-level wellness. The professional nurse is seen as a change agent who collaborates with the individual, family, health personnel and community resources throughout the nursing process. The overall goal is attainment of a reasonable level of health for a given individual, family or community. The health grid with its health and environmental axes is utilized as a

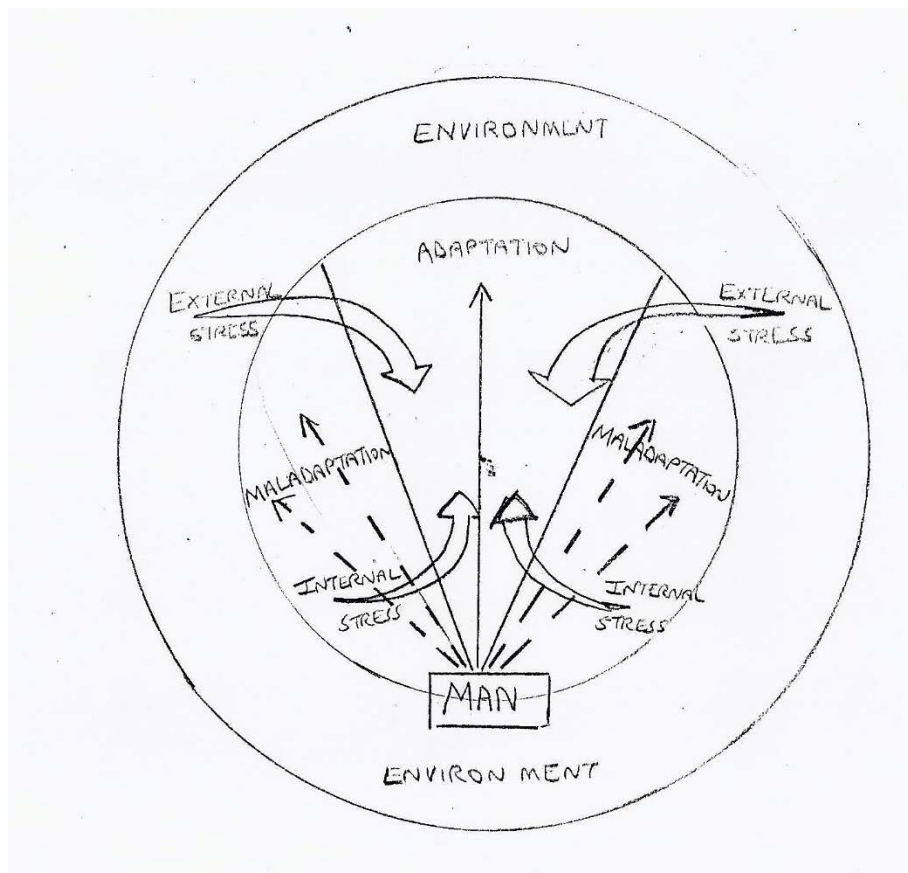
prognostic instrument to identify the individual's present and projected level of health within a given environment. (Biola College Department of Baccalaureate Nursing, 1977, p. 133)



The following material: discussion for Figure A.1 through Figure A.6 is taken from *Evolution of philosophy, purposes, conceptual framework and objectives* (Biola University Department of Nursing, 1991).

During the period of 1976-1977, the nursing faculty felt the need to move away from the medical model assumptions that had served as the curriculum organization. They reviewed the emerging nursing theories for possible adoption. While these theories were helpful and influential in the conceptual process, none of the existing theories in, and of themselves, fully reflected the nursing faculty's beliefs about people and nursing. Ideas for the initial Biola Conceptual Framework for Nursing came from the work of Bevis (1973), Bower (1972), and Roy (1976). Stress-adaptation theory was incorporated as the major underlying theory. Individuals were seen as responding to internal and external stressors as seen in Figure A.1. Bower (1972). The goal of nursing was seen as a potentially achievable level of adaptation for the individual.

Figure A.1: Individuals Responding to Stressors



Ideas were also drawn from Bevis (1973) in her use of systems theory to identify the client. The focus of nursing activities was seen as three human systems: intrapersonal, interpersonal and community.

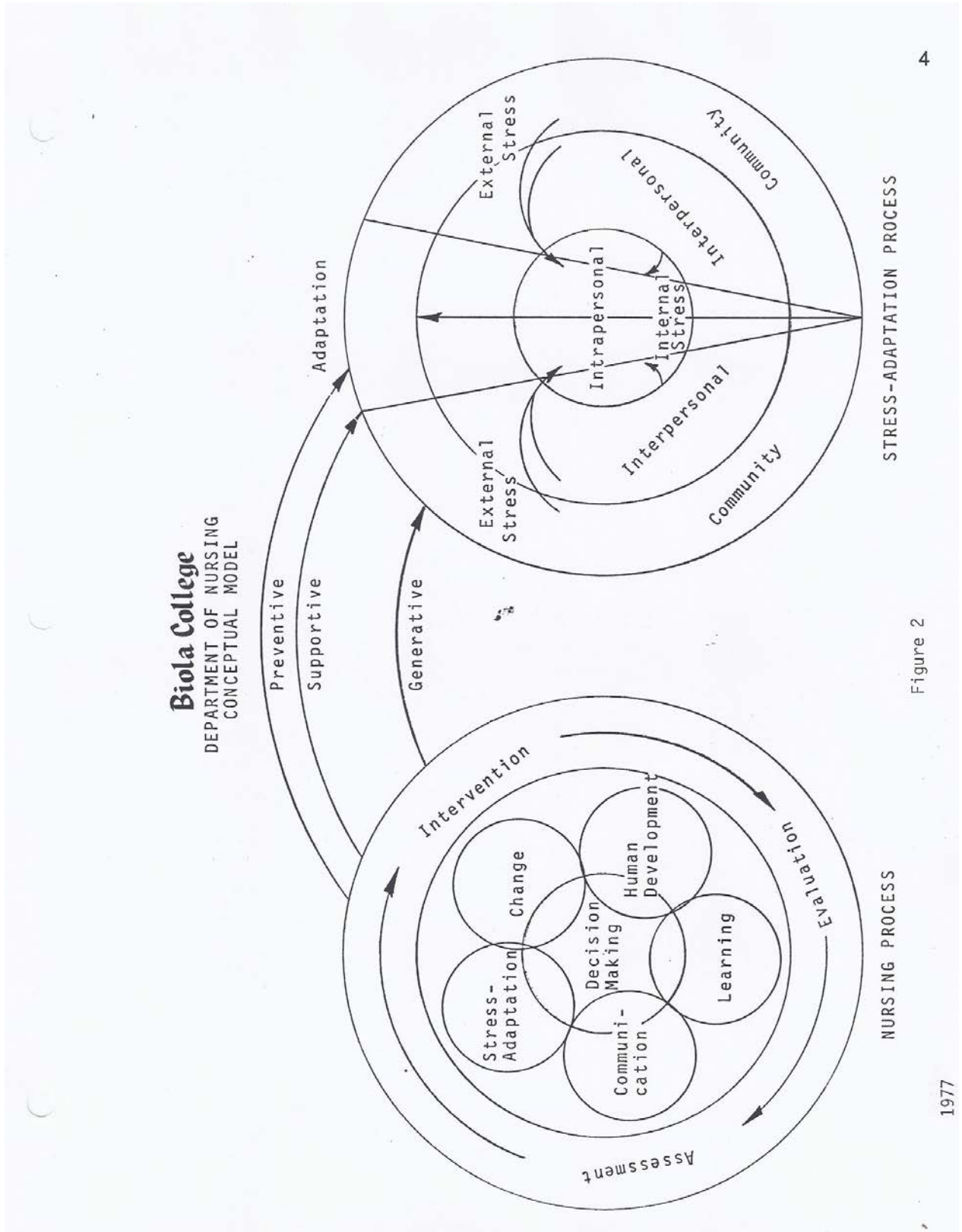
The nursing process was described as a 3-step process: assessment, intervention, and evaluation. Three modes of intervention were identified: preventive, supportive, and generative. These terms described nursing measures designed to accomplish specific goals.

The nursing process was seen as having six sub-processes:

1. The stress-adaptation process
2. The decision-making process
3. The communication process
4. The learning process
5. The human development process
6. The change process

A diagram was drawn to reflect these components of the conceptual framework (Figure A2). It was called a “conceptual model” at that time.

Figure A.2: 1977 Conceptual Framework Diagram

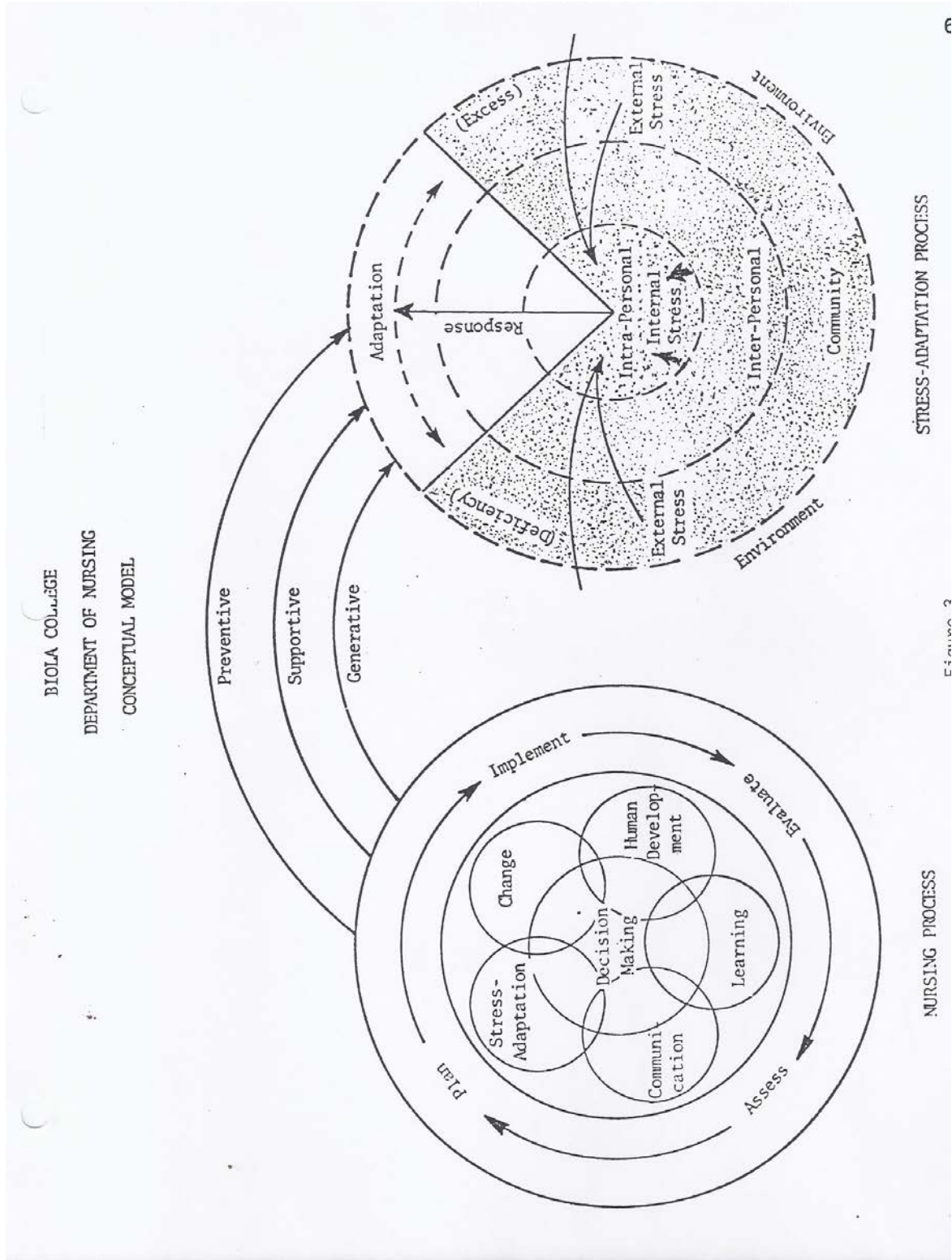


Later in 1978, the “conceptual model” was clarified to more clearly depict various components of the conceptual framework. These changes may be seen in Figure A3.

The lines around the three human systems were opened to reflect that they were open, living systems and interacting with each other and their environments. The stress-response process also was depicted more clearly to show that the system’s response to stress is an attempt to maintain an adaptive state of equilibrium. If the system’s response to stress is excessive or deficient, it is no longer in a state of equilibrium and nursing intervention is required to restore adaptation.

The nursing process was expanded from the previous three steps to four steps. Although operationally, planning was included in the intervention step, it was felt that since it is such an essential part of the nursing process it should be made explicit.

Figure A.3: Conceptual Framework Diagram revised in 1978



During 1979, further refinement in the nursing philosophy and conceptual framework occurred. The six subprocesses of the nursing process were revised. These changes are reflected in Figure A.4.

Development was seen as a variable that influences adaptation. Therefore, it was moved schematically from being a subprocess of the nursing process and was reflected as a developmental process intersecting each of the three human systems moving from “inception” to “infinity.” The term inception was used to indicate the beginning of the life of the given system. The term infinity was used to indicate that the existence or influence of a given system was limitless.

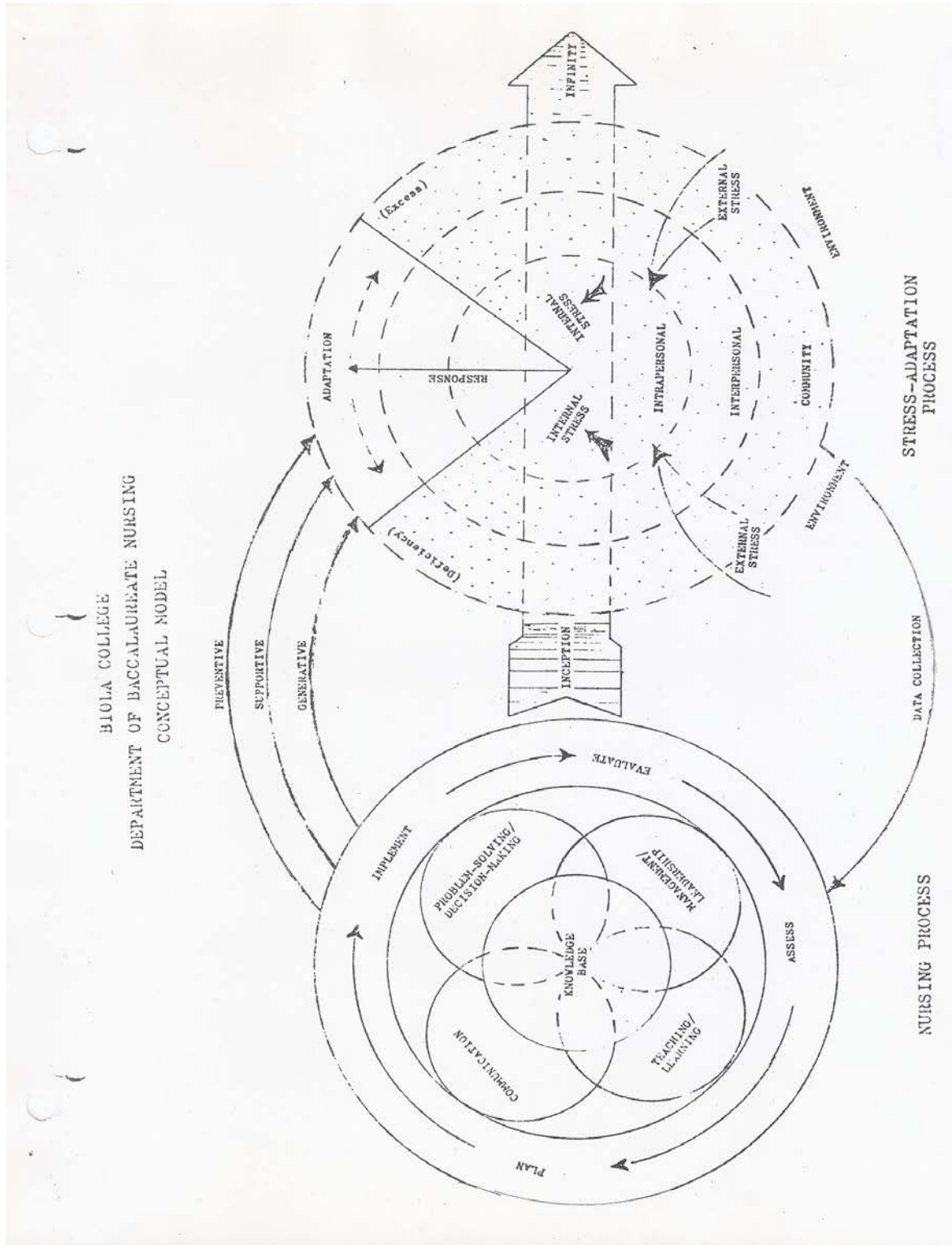
The subprocesses of the nursing process were changed to:

1. Communication
2. Problem-solving/decision-making
3. Teaching/learning
4. Leadership/management

These were then conceptualized as competencies of the nurse rather than subprocesses of the nursing process. A sound knowledge base was seen as central to all of these and in the systematic use of the nursing process.

The program and level objectives that grew out of the philosophy and conceptual framework are shown on the following pages. They were utilized from 1977-1981.

Figure A.4: Conceptual Framework Diagram revised in 1979



BIOLA COLLEGE DEPARTMENT OF BACCALAUREATE NURSING

PROGRAM AND LEVEL OBJECTIVES 1977-81

Level Objectives

Level I

Program Objective #1: Synthesize concepts in applying the nursing process with the intrapersonal, interpersonal and community systems.

1. Apply concepts in the utilization of nursing process with the intrapersonal and interpersonal system.
 - a. Assess the stress-response process and developmental level.
 - b. Formulate nursing diagnosis for clients.
 - c. Utilize prevention, supportive and generative nursing interventions.
 - d. Evaluate care according to outcome criteria.

Level II

1. Apply concepts in utilization of nursing process with the intrapersonal and family system.
 - a. Assess the stress-response process and developmental level.
 - b. Formulate nursing diagnosis for recipients of maternal-child health care.
 - c. Utilize prevention, supportive and generative nursing intervention with families.
 - d. Evaluate care according to outcome criteria.

Level III

1. Synthesize concepts in the utilization of nursing process within a community system.
 - a. Assess the stress-response and developmental process.
 - b. Formulate nursing process.
 - c. Utilize preventive, supportive and generative nursing intervention in episodic and distributive health care settings.
 - d. Establish outcome criteria to identify changes effected within the community and health care system.

Program Objective #2: Incorporate principles of communication, learning and change in decision-making strategy.

1. Seek validation of decision-making prior to implementation with the client.
 1. Seek validation of decision-making prior to implementation with the nursing team.
 1. Seek validation following evaluation of decision-making process.

Program Objective #3: Assume responsibility and accountability for own decisions and interventions.

1. Participate as a responsible member of the nursing team.
 1. Function independently as a health teacher.
 2. Incorporate principles of personal responsibility and accountability into own behavior.
2. Describe ethical and legal responsibilities of the professional nurse.
 1. Evaluate level of accountability of professional nursing role.

Level Objectives (continued)

Level I

Program Objective #4: Compare the past, present and emerging roles of the professional with concomitant criteria.

1. Identify roles of professional nursing.
2. Exhibit attitudes and behaviors consistent with the professional nursing role.
3. Evidence beginning self-awareness.

Level II

1. List the criteria necessary for expanded roles in maternal-child health.

Level III

1. Compare the role of the professional nurse in episodic and distributive settings.
2. Identify emerging roles of the professional nurse and the criteria necessary for the assumption of these roles.

Program Objective #5: Collaborate with the consumer, his community and other health disciplines to improve the delivery of health care.

1. Recognize consumer's rights within health care delivery system.
2. Identify functions of health care team.

1. Interact with consumer, family and members of health team to improve delivery of health care.

1. Function as consumer advocate and coordinate with community resources.
2. Appraise present pattern of health care delivery.

Program Objective #6: Identify socio-cultural trends that affect nursing.

1. Identify socio-cultural trends that affect the intrapersonal system.

1. Identify socio-cultural trends that affect the interpersonal system.
2. Recognize current health legislation and implication for health care.

1. Identify socio-cultural trends that affect the community system.

Program Objective #7: Participate in professional organizations.

1. Describe professional organizations and their functions.

1. Discuss goals for personal participation in professional organizations.

Level Objectives (continued)

Level I

Program Objective #8: Employ the research process with the goal of contributing to the existing body of nursing knowledge.

1. Describe the relationship between research and a developing body of knowledge in the profession.

Level II

1. Relate completed nursing research to maternal-child health.

Level III

1. Formulate a research design for a given clinical nursing problem.

Program Objective #9: Design personal and professional development consistent with his/her potential.

1. Evaluate professional behavior accurately.
 2. Utilize individual learning experiences available to meet course objectives.
1. Utilize learning experience available in clinical setting with minimal direction.
 2. Evaluate educational opportunities within own community in relation to learning needs.

During 1981-1982, nursing faculty reviewed the philosophy, conceptual framework and objectives. Up until this period of time, only a brief written description of the conceptual framework existed. This description outlined the goal of action, patient, nurse's place, nurse's role, source of difficulty, focus and systems theory, and developmental theory.

Description of Conceptual Framework

1. Goal of Action:

A potentially achievable level of adaptation. Adaptation is defined as the response to changes occurring in the person's internal and external environment that are directed toward the preservation and/or formation of the individual's integrity.

2. Patient (who or what is acted upon):

The focus of nursing activities are three human systems: intrapersonal, interpersonal and community in the context of the environment.

Intrapersonal: The target of nursing behaviors that promote functioning of all internal biochemical and physiological life processes, biological growth processes, and individual personality and spiritual development.

Interpersonal: The target of nursing behaviors that promote the optimal functioning of two or more people. This includes the nurse and client, the nurse and other health persons, the nurse and other professionals, the client family and nurse, and surrogate families (such as communes and some religious orders) and nurse.

Community: The target of nursing behaviors that promote optimal functioning of communities. Community is defined as "a group of people having common organization and mutual interest." Nurses engage in activities in communities, whether the community be local, as in town or city, or universe, which involves working with health care systems, governmental agencies, citizen groups and proprietary agencies. Any nursing activity that the nurse engages in that promotes community coping qualifies as a community activity.

3. Actor's Place:

Interacting with the target of action.

4. Actor's Role:

To support and promote the adaptive processes by purposeful and systematic use of the nursing process.

5. Source of Difficulty:

Actual or potential stressor which threatens adaptation.

6. Intervention

Focus: The given human system (intrapersonal, interpersonal, or community) in the context of the environment.

Mode: Preventive: Nursing measures that positively maintain and promote adaptation.

Immunizations, health teaching, anticipatory guidance, genetic counseling, and early intervention to prevent complications and sequelae of illness are examples of preventive nursing actions.

Supportive: Nursing measures that provide comfort and help the individual cope with stress. They augment adaptive coping behaviors to minimize or arrest the health problem. Supportive nursing measures are particularly useful in caring for the chronically ill, providing dignity for the dying and offering assistance to the grieving. These actions demonstrate that the nurse cares.

Generative: Nursing measures that are collaborative and/or rehabilitative. They are used in the context of the three human systems to help develop new or different approaches to coping with stress when present coping behaviors are too limited to handle the health problem or usual methods are ineffective. These measures may consist of helping to identify assets, stimulating motivation, reinforcing attempts to compensate, and devising alternatives. Generative nursing actions are particularly useful for those struggling with a new role, a change in roles, or an identity crisis. The nurse explores, considers, and designs ways and means of helping the human systems meet their needs and re-establish productive and adaptive functioning.

Preventive, supportive and generative nursing actions are not mutually exclusive. They can occur simultaneously or separately. They quite often occur together to provide optimal nursing care. It is possible that one intervention may contain aspects of more than one of the modes of intervention.

7. Consequences (Outcomes):

Adaptation which promotes growth and integrity or improves the potentially achievable level of adaptation of the intrapersonal, interpersonal, and/or community system.

(Biola College Department of Baccalaureate Nursing, 1980, pp.18-19)

The faculty identified the need for a more detailed description of the conceptual framework to include the theories upon which it was based. A faculty member who had recently joined the nursing faculty and who had completed doctoral studies in the sociology of education helped the faculty to identify that symbolic interaction theory would enhance the philosophy and conceptual framework and it was actually implied to a degree in the diagram. This fourth theory was added.

During the literature review, the faculty noted that collaboration was an important role of the professional nurse. This was incorporated into the communication competency of the nurse. During this literature review, the faculty also noted the work of Leininger and Watson on caring. It was felt that this concept was very much in line with their beliefs about nursing. The faculty identified caring as the essence of the nursing process, and defined it in terms of biblical principles.

In further review of the nursing process, the faculty identified the need to provide a more systematic guide for assessment of the intrapersonal system. Thus, four subsystems were identified: (1) physical, (2) cognitive, (3) emotional, and (4) spiritual. In addition, nursing diagnosis which had been included within the assessment phase was separated out to be made more explicit.

One of the modes of intervention was revised at this time. The generative mode of intervention was found to be confusing and difficult to use by both students and faculty. These were revised from the previous Preventive, Supportive and Generative modes of intervention to Prevention, Conservation and Restoration.

A detailed description of the conceptual framework was written which included the four major underlying theories: systems, interactionist, developmental, and stress-adaptation. Values and underlying assumptions were also made explicit.

During this review and revision process, it was identified that the schematic portrayal of our conceptual framework was labeled as a “conceptual model” but in a technical sense according to the definition by Dorothy Johnson our framework was not a nursing model. To be more accurate, the schematic was labeled as a diagram. It also was further revised to reflect the revisions that had been made in the philosophy and conceptual framework. “Caring” was placed at the center of the nursing process. In 1983, the research/scientific knowledge base was placed as a foundation for the entire conceptual framework. See Figures A.5. and A.6.

During this curriculum development process, the need for an explicit purpose statement was identified. The nursing faculty identified five purposes using the context of both Biola University’s mission statement and the nursing department’s philosophy and objectives. These are:

1. To provide a liberal and professional education in a Christian setting as a foundation for practice, advanced education, and productive living.
2. To develop graduates who are sensitive to the total needs of their fellowman and who recognize and respect the value of each individual as uniquely created in God's image.
3. To provide a broad theory base as a foundation for dynamic nursing practice required to meet current and future health care needs of society.
4. To foster intellectual inquiry and competency in critical and creative thinking essential for continued growth as a person, citizen and professional.
5. To prepare the graduate for independent practice, for collaborative activities and for involvement in research required to fulfil the responsibilities of the professional nurse.

Figure A.5: Conceptual Framework Diagram Revised in 1982

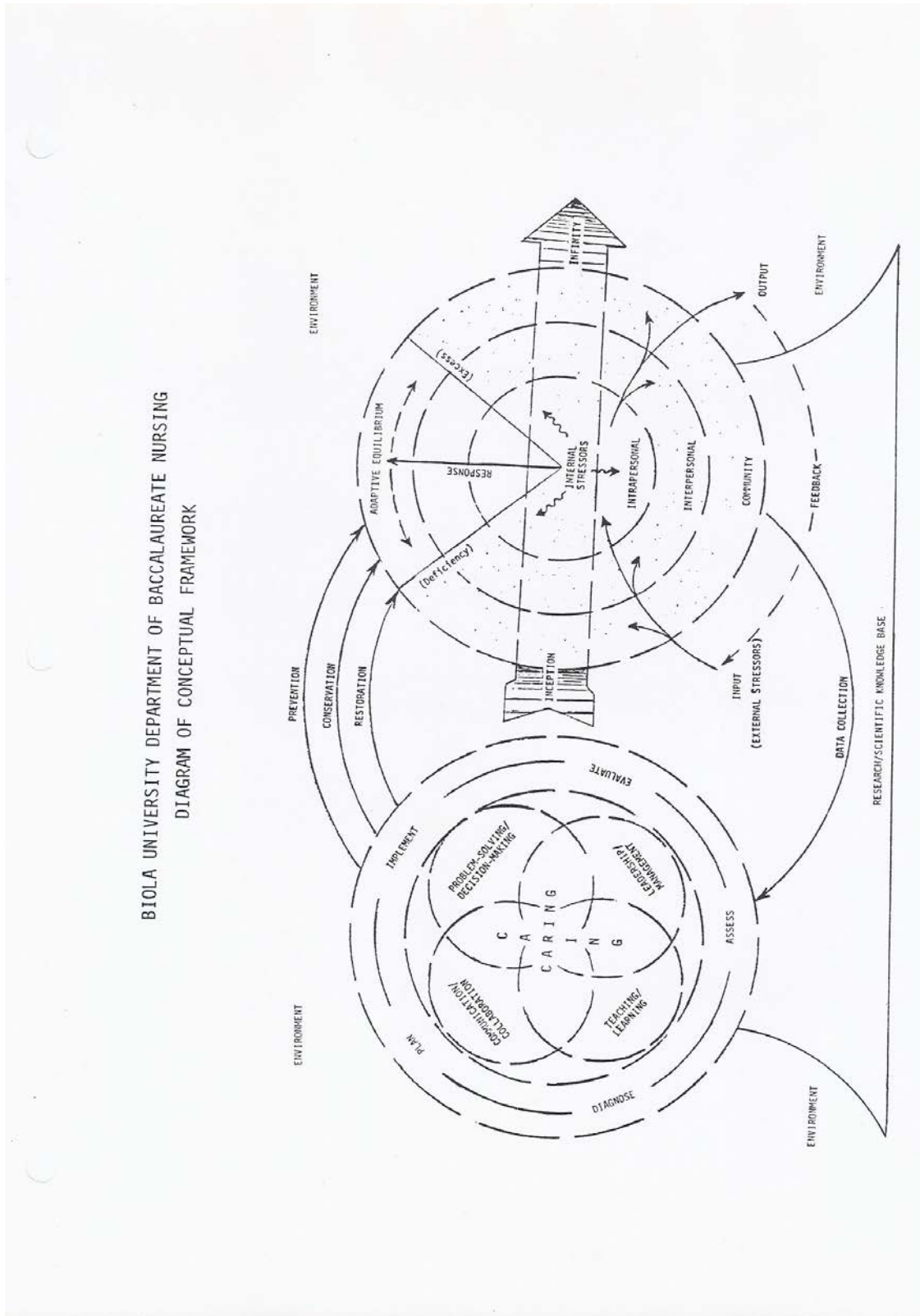
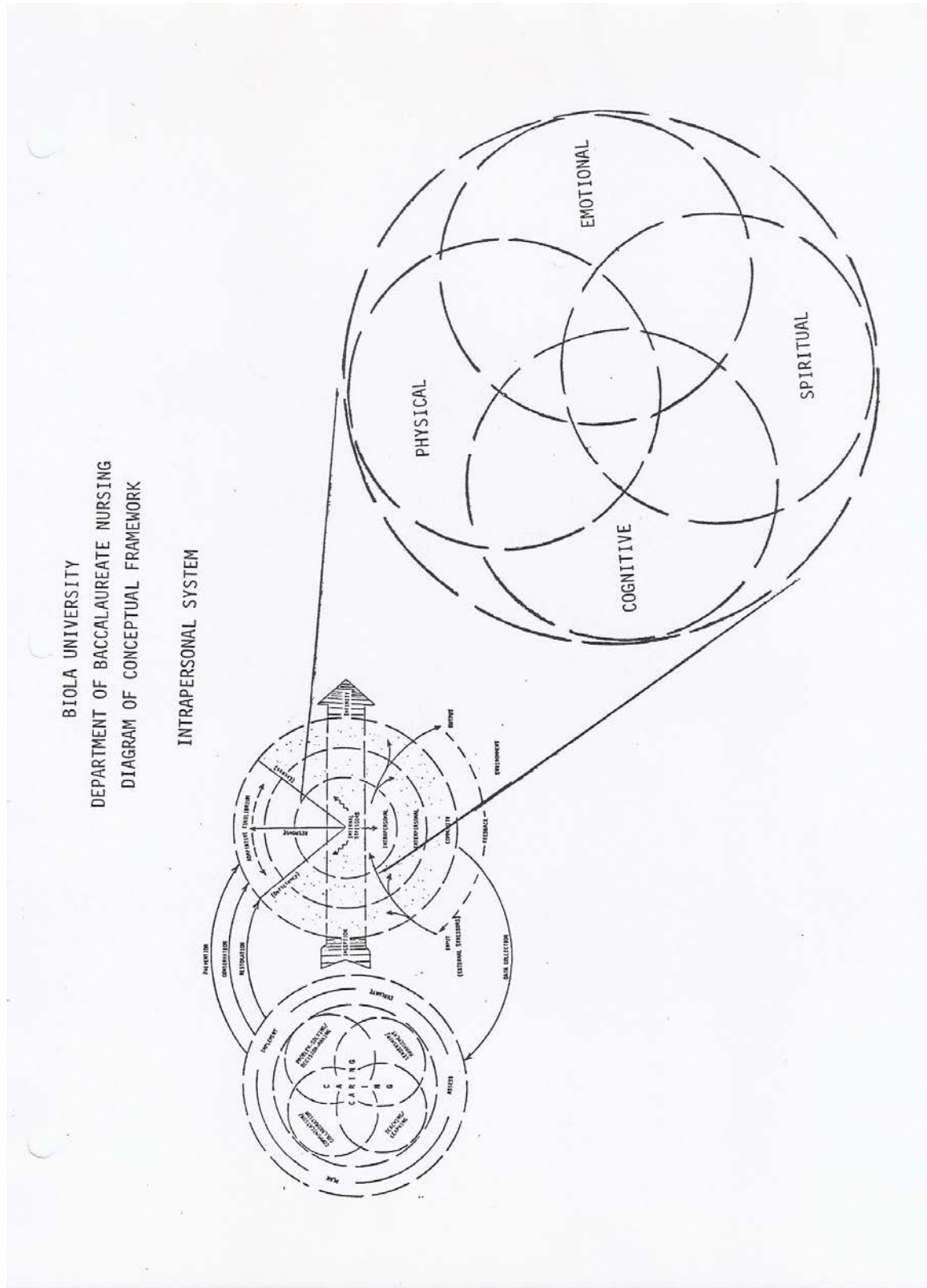


Figure A.6.: Four Subsystems of Intrapersonal System



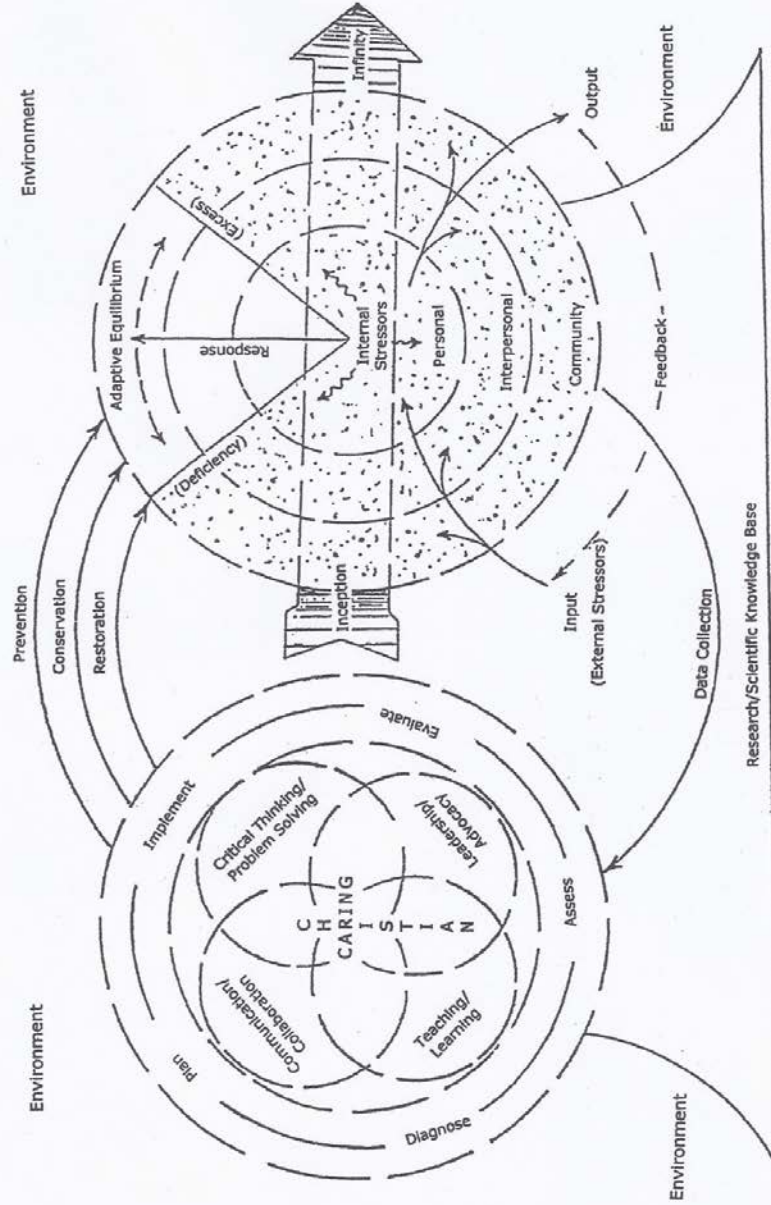
In 1986, the program objectives were reviewed and compared to the WICHEN and ANA standards for the professional nurse and the NLN Characteristics of Baccalaureate Education in Nursing which were just undergoing revision. They were also considered in view of the trends in health care delivery and the NLN accreditation criteria. Some terms were changed. The need to more clearly incorporate cultural, economic, political and social factors affecting the delivery of health care services into the curriculum also was identified and changes were made in the program and level objectives accordingly. In 1990, a conscious effort was made to use generic terminology.

This conceptual framework was utilized in its many iterations for over 30 years. As faculty continued to think about intentional integration of Christian faith and nursing practice, it was reflected in the conceptual framework. Caring was made explicitly Christian caring at the heart of nursing practice, and Biblical truth was added to the knowledge base as foundational for Christian nursing. One other change was made to reflect nursing roles. Instead of the leadership/management competency, it became leadership/advocacy. Faculty wanted to keep up with advances in nursing, which was another reason for changes in vocabulary and additions. The California BRN had added advocacy to its “Standards of Competent Performance for RN’s,” so, the role was added as a competency. It was not only important in the hospital to make sure that clients had resources available and every opportunity to make informed decisions about health care, but it was important, also when working with minorities and the underserved in community settings. The final form of the diagram was completed in 2004. (Figure A.7.)

As faculty desired to be more and more specific in meaning and added definitions and explanation over the years, the last version of the entire framework was made into its own document of 41 pages. The final format contained clarification of five theories: systems, symbolic interactionism, stress-adaptation, developmental and caring. It required two diagrams to show the “big picture” and the more specific nature of the “patient” with spiritual, physical, emotional and cognitive aspects. As Becky Fleeger was working on an accreditation report, she accidentally referred to it as “our conceptual brainwork,” an appropriate title. As the diagram became more and more complex, faculty noted that if it got any more multifaceted, it would have to be shown with a 3-dimensional model rather than a 2-dimensional diagram. Students told accreditation visitors that it made no sense at the beginning of the program, but by the end, they “got it”.

Figure A.7: Final Form of Conceptual Framework, 2004 revision

**Biola University Department of Nursing
Diagram of Conceptual Framework**



With the 21st century trends toward streamlining and simplification, the nursing faculty with the help of Dr. Elliott, developed a mission, vision and values framework. This retained major concepts, but fit on one page and was more understandable to agency personnel and beginning students (Figure A.8).

Figure A.8.

MISSION: The mission of the Department of Nursing is to prepare students to be competent nursing professionals who integrate Christian caring into their nursing practice.

VISION: Excellence in professional nursing: called to model Christ.

VALUES

Critical Thinking/Clinical Reasoning: Critical thinking is a reflective systematic process to formulate one's thinking. This process is a disciplined, comprehensive, well-reasoned process, based on evidence and informed by a biblical worldview.

Critical thinking involves:

1. Identifying central issues
2. Recognizing underlying assumptions
3. Establishing validity of evidence
4. Processing data to derive warranted conclusions
5. Determining relevance and recommendations

Clinical reasoning in practice-based disciplines is the application of critical thinking to the clinical situation and involves synthesis of knowledge, experience and engagement in the social relationship of the caregiving situation.

Nursing Knowledge and Skill: Nursing knowledge and skill is therapeutic action taken to assist individuals in the achievement of an optimal level of wellness and to reduce the burden of suffering from illness by teaching health promotion, disease prevention and management. This therapeutic action includes the use of psychomotor skills, based upon scientific principles and evidence, and can be utilized appropriately in diverse health care contexts through use of the nursing process. This foundational knowledge and professional inquiry will prepare the baccalaureate nurse to communicate as an integral participant of the interprofessional healthcare team.

Communication: Communication is an interactive process between two or more persons, receiving messages and providing feedback to one another. Skilled communication is essential to optimal patient care outcomes and involves the accurate transfer of information. This process endeavors to develop collaborative relationships among colleagues, patients, and families while seeking to give all involved parties a voice.

Christian Caring: Christian Caring is an intentional act to enter into relationships with the principles of love and service which include faith, purpose and hope. This action is empowered by the Holy Spirit, and requires belief in the value of each individual, respect for uniqueness and incorporation of the attitudes and values of Jesus Christ into the clinical situation.

(Source: Canvas course content)

Throughout the revisions, the words to express ideas may have changed, but some very basic core concepts remain. All three frameworks reflect a biblical worldview, seeing humans (ie. the patient with whom the nurse works) as whole beings with a spiritual dimension, which must be addressed. All emphasize the active and interactive role of the nurse through the use of the nursing process.

Terminology has been updated through the years. For example, at one time, nursing faculty stated that the goal was to move the client toward “wholeness.” With the advent of New Age ideas of holism, that vocabulary was set aside for the use of “wellness.” Multidisciplinary has given way to interprofessional care. With all the changes, the models have attempted to stay relevant to the profession. The following table shows some of the differing terminology used to express the timeless concepts.

Table 7: Terminology for nursing concepts

Conceptual Framework	Goal of the Nurse	Spiritual Dimension of Patient/Client	Role of Nurse
Health-Illness	Using nursing process to get patient to reasonable level of health	Health or illness variable: spiritual	Change agent: working with the individual, family, health personnel and community resources
Adaptive-equilibrium systems model	Use nursing process to enable client to achieve adaptive equilibrium (“...the response to changes...which enhances the integrity of the system and its movement toward well-being.”) (Biola University Department of Nursing, 2009, p. 10)	Spiritual subsystem of client	Interactive system of client and nurse. Neither is alone. Nurse uses Biblical truth, scientific knowledge and data to select best interventions to help personal, interpersonal or community client to adaptive equilibrium.
Mission Vision and Values	Assist individuals to optimal level of wellness and to reduce the burden of suffering from illness through interventions selected through use of nursing process	Value of individual; respect for uniqueness consistent with attitudes and values of Christ	Uses Christian Caring to be an integral participant of the interprofessional healthcare team

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