

Interviewee: Mary Aleksiewicz
Interviewer: Danielle Deyorio
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Transcriber: Danielle Deyorio



Worcester Women's Oral History Project

Abstract: Born in 1946 in Worcester, Mary Aleksiewicz grew up with a strong ethic of family care that ultimately led her to a career in nursing. Mary is currently the Vice President of Nursing at Fairlawn Rehabilitation Hospital. In this interview, she focuses heavily on her experiences as a working mother. She emphasizes the importance of family in her life and talks at length about her concern for today's generation of working mothers. Mary discusses the way that women's roles in general—and the nursing profession more specifically—have changed drastically over time. She recounts her experiences of convincing her father that there was more to nursing than bedpans when she was entering the field as a young woman and describes the satisfaction she derives from working with rehabilitation patients in long-term recovery. Mary also touches upon her experiences growing up in Worcester—playing in her neighborhood and at Crystal Park. She reflects upon the negative changes that she has witnessed over time, but expresses hope for Worcester's future. In addition, she discusses her own personal health, specifically related to physical exercise and strategies for relaxation and stress-management.

The interview was held in Mary Aleksiewicz's office at her work in Worcester, MA.

DD: One of my first questions is: What year were you born?

MA: I was born here in Worcester...1946 at Memorial Hospital

DD: How about your family did you have any brothers or sisters?

MA: I have one brother and two sisters.

DD: What did your family do for work?

MA: My father was in the finance business. My mother was a stay at home mom her whole life. My dad died young in a car accident at age 55, he had a heart attack, actually, behind the wheel of a car. And at age 56 she and my aunt, whose husband died—my mother's brother died 6 weeks before my father, went back and took a refresher course and worked a job at the court house at age 57 and worked until age 73 when they told her she had to stop working. So that's their background.

DD: So what are your earliest memories of your neighborhood area?

MA: It was being at home. Moms were at home, it was rare for them to out working. There were much more neighborhood activities than getting in cars and going to dances

or baseball and all these other activities that require transportation. We played more in the neighborhood with the neighborhood children. We would participate in Brownies or Girl Scouts and stuff like that. Things were usually based at your school or your church instead of going around for different events. It was very much a neighborhood setting.

DD: You still live in the city now, right?

MA: Yeah.

DD: What is the difference between where you lived before and where you live now in the Worcester area?

MA: Geographically it is only one mile away. I feel like I never left home, it is literally one mile away. I think the differences started with my own girls, Danielle. In the beginning they started out similar to like I did. We had a neighborhood of a lot of children their age, they went the local grammar school and church which is right down the road from us, and took CCD classes with their friends, Brownies, all of that. However, at that time, Proposition 2 ½ came in and we ended up transferring to private schools and life changed dramatically then. It was like life back in the car plus they became involved in dance, both girls are very active in dancing and that took on a life of it's own. As they became older, I just found that we were chauffeuring and we were involved in a lot of their activities, life revolved around their activities. But I was a stay at home mom until they were in school. Once the youngest was in Kindergarten, I came back to work here, part-time and then went to work 24-hours and then went full-time. Most of my life has been as a working mom.

DD: Where did you go for your education for your nursing?

MA: Originally, I graduated from Mass General Hospital in Boston—three year program, which is what people did. After working in nursing for 17 years, I went back and got my BSN and then I did the national certification to certify in rehab nursing.

DD: What is a BSN?

MA: A Bachelors of Science in Nursing.

DD: When you are not at home, where do you find yourself?

MA: On way too many volunteer things if I am not at home. I am on a lot of boards such as Day Family Health—I am on the board of Directors there. I am on a trustee on the board at Becker College, I work with the American Heart Association. I certainly make time to spend time with my husband. We are both busy, but I don't really find myself at home. I am really on the go a lot with a lot of different organizations.

DD: What do you do in the organizations?

MA: I participate as a Board member, I do volunteer work. Some of it is teacher planning for organizations. I am also active in several professional groups, such as Mass Organization of Nurse Executives. I belong to Sigma Theta Tau, which is the Nursing Honor Society. So, I am involved in a lot of those activities. I would say that I am in that cycle right now; maybe too much quite honestly.

DD: Not a bad thing.

MA: No, not a bad thing at all. It is the things that I couldn't do when my children were younger at home because I needed to be there for them, being with homework and all of that and their activities. But now I find myself in a different situation because the children are gone from the house, so my husband and I can branch out a little and become more involved in some community activities.

DD: Why did you pick nursing?

MA: You know, you want to say the pad answer, "I wanted to help people", but I have always been told that I am a very optimistic person, and I think that it was in my nature to be in the service profession. At the time, we were limited: a teacher, a nurse or a secretary. And teaching wasn't really an interest of mine, and being the oldest in the family it had always been left to me to take care of the other children or if anyone got sick, the responsibility was put on me. So I think a lot of that geared me to want to help others. It was the way I was brought up, in a way. My father was very much against my becoming a nurse because his image of nursing at that time was bedpans. So, I had my heart set on Mass General. So he went down to Mass General with me for an interview with the Guidance Councilor. He came out of there thinking it was the best thing since sliced white bread. She was able to show him it wasn't just emptying bedpans. As a matter of fact he became on the biggest advocate of nursing after that. He was very visionary and wanted me to go to BC.

DD: Oh really?

MA: And back then I absolutely refused, because that is not what was done. If you wanted to teach you went to BC if you wanted to be a nurse you went to Mass General. But he fell in love with Mass General and fell in love with the field of nursing. And remained one of its biggest supporters until the day he died.

DD: That's good. Like, he changed his mind?

MA: Oh, it was almost embarrassing, because he had someone plow out his driveway and if we had storms that no one could get into the hospital, he would have a man come at 5:30 and plow him out and go in front of us, and my father would drive in back to make sure that I was at that hospital by quarter to seven. And I would like be embarrassed because no one in the city—school would be called off, no one could get out. And I would be there and people would say like how are you here? He's like, my father's like, "they need you, and you're a nurse."

DD: Aww...That's kind of sweet though.

MA: It is, it is.

DD: I've been hearing that there is like a lot of nursing shortages in Massachusetts.

MA: Yes.

DD: And how has that like impacted the field of nursing and your job and everything?

MA: Oh. You know, we are fortunate here at Fairlawn because we have a really high retention rate. I think that rehab nursing gives people a lot of job satisfaction because we have the patients over a longer period of time but overall we have seen a decline in people. We had seen a decline of people going into the nursing profession. And it affects everybody. You know, acute care in terms of, you know, you're looking at what kinds, what systems you can put in place so that nurses can do what they need to do as professional nurses by virtue of their education. But as I said, personally at Fairlawn we have been very fortunate, we were not hit hard, but I know I have been very active with the nursing shortage and I think...I spoke at the Becker nursing schools last year on it...so I'm involved in the Fairlawn Foundation which is also part of the Worcester Greater Community Foundation and we gave scholarship monies towards the Worcester pipeline to help students get through school and get a lot of expectations from them to mentor to preset other high school students and I think there's this one local thing that I think nurses as a group realized we needed to change the image of nursing. And like anything when there is a shortage, finances improve. So the salary of nurses had improved greatly. Now we are seeing people getting into nursing as a second field. Even though we still have the shortage, we are seeing older people changing professions into nursing. Our challenge now is—and I have been very active with the legislature in Boston and working on Senator Moore's bill, Senator Richard Moore—we have two bills right now in Boston. One is Senator Kennedy's bill which is requiring like the staff ratios, which is a number of nurses have to be on a unit and if you do not comply to that, that would be a \$25,000 penalty. There are a lot of—it's mandated, and there is no exception for, well, what if you are in a branch of nursing where people sleep all night like in a nursing home? It's just a little too cookie-cutter-fits-all, so I have been working very hard with Senator Richard Moore and that whole group in terms of putting the accountability back on nursing. In terms of nursing being responsible for what their needs are, determining what their needs are, and getting support for faculty. We need more faculty. We have waiting lists now, I know at Quinsig I have met with students that said there is about a three to four year waiting list to get into the program. They are accepted but they have to wait three years before they can begin. And the reason for that is the shortage of faculty. So we did a good job in getting people interested into nursing and coming into the field of nursing, we raised the wages; there are just so many options now. People see it as a whole different profession now, more than just bedside nursing and bed pan nursing just as my father did. But at the same time I think nurses need to maintain their autonomy number one and with Senator Moore's Bill, kind of following up with

what I just said, its supporting scholarship of money for our faculty to get more faculty to train nurses so we don't have to spend time because of the shortage is not going to end soon. And also, in with that is money for nurses now. I know nurses so seasoned—head nurse for thirty years, whatever—they precept for the younger nurses. Do you know what I mean? You need financial incentives in there for mentoring, for preempting. It is hard to say you need so many nurses, how are we going to get them? These are short-term. The long-term is how we are going to find—provide them with education and get them to work. So the other thing with this is book skills, I tell you. Looking for quality and safety of patient care. So what they are looking for now are coming up with quality indicators such as patients that fall and nursing staffing patterns to make public so that anyone can turn on DPH and look at the hospitals: this is their fall rate, this is their fall rate with injury, this is their infection rate, so they can determine the quality of care that they would be getting.

DD: So, how do you think the perception of nursing has changed from like when you went to school to be a nurse to like what it is today?

MA: Oh, it is much more of an autonomous profession. When I went to school, and yet I feel like we were ahead of the game at Mass General, because I really do and I do not regret that at all, I had a fantastic background, but compared to back then, nurses—the physician offices have been much more elevated with nurses. There is much more critical thinking, and is recognized by physicians especially when you get into specialty areas. I can tell you that here, the physicians will always stop and ask the nurse, “what do you think we should do for wound care,” but they know the nurses here specialize in rehab nursing and have that knowledge base. So I think, number one, we are working more as a team of professionals. I think we have an extremely collaborative relationship with doctors vs. the handmaiden image that when I first started that the doctor was end-all, be-all. Nurses are used for critical thinking today. And they are able to affect positive outcomes by their decision making. I think that that is a big image change. Very big.

DD: Do you have a favorite patient, like a favorite patient story when you were in nursing, like one patient that sticks out.

MA: Yes, actually, I have several. Um, I am going to stick with rehab though because that when I began, when I first, we first learned, I was a primary nurse, and I had an 18-year-old come in a coma with a head injury from a car accident. He had used drugs, alcohol, was unbelted, the whole nine-yards. Had some...ADHD problems, and I can still remember. I was his primary care nurse for 10 months. He had a family that was just so devoted they just wouldn't hear that he wasn't going to get better. So in the beginning it was just taking care of his needs, physically, keeping the room quite, because you wanted him to emerge from the coma. Gradually he did wake up. He went to acute care a couple of times but he did come back. And then we started getting him up, getting him dressed and I just constantly talked to him as if he could hear me. Then he did come out of the coma in terms of being more alert but no verbal communication. And I can still remember the day that I was in the room talking to him, I would just talk to him like I am talking to you here, all of the things relative to an 18-year-old and I remember finishing

tying his shoes and I went to stand up and I heard him say, “thank you,” and my eyes just jumped and I said, “What did you just say?” And he repeated it. I went running out got the doctor, the doctor came running in and we got a hold of his mother and he just started talking, it was the most, as he talked and it was slow, I don’t want you to think that this just happened overnight.

DD: Yeah.

MA: It was months later, maybe three months into his stay, and as he talked more and more I realized that he had been hearing a lot of the things that I was saying. He knew a lot about me and I worked very closely with Bobby and people weren’t giving him very much hope, and I became very close with the family, we worked together as a team; because the family needed that support. They needed to be taught what they were going to need to do at home, so Bobby was my patient as well as the mother, as well as the father as well as the brothers. Some accepted what happened; others did not so it was causing a lot of family conflict. So you really had all aspects of nursing, I was nurse caring for a patient, counselor as well as a teacher, as change agent, as research because some was uncharted territory for us and looking up research, so I really got to do a lot of different parts of nursing. Ten months after, Bobby wanted his goal to be walking out of the hospital, and ten months later the family hired a limo and Bobby was in a tuxedo and he walked with a walker out of this hospital. So that was just a lot of hard work, it did not always go smoothly, he went through very agitated days, we had to get behavior programs in place—it was the physical the emotional for the family—but what a wonderful satisfying feeling I had, you know, when he left. That I really had affected the difference with care, and he successfully completed goals that the family wanted to achieve. So that is one that really stands out in my mind.

DD: Do you feel a nurse is still doing that today, being so involved with the family?

MA: Yes, more in rehab. The problem today is our average length of stay is about 16 days, so you don’t have the same time, but because it is so short in acute care, people like rehab because versus people being out in three days, you know, you just don’t get to know them, and see the effects of what your interventions were. Here people do, even though it is not quite to the extent that we did back in the late 1980s. People are still able to see the effect and change, especially people that come back as outpatients and come to visit. Nurses feel good about that and yeah, time is a problem. Time—they are not given the same length of stays, the responsibilities of the nurses have increased so it is like how to be all things to all people at all times. It is hard today.

DD: What kind of responsibilities do they have now that has been added?

MA: A lot of documentation, requirements by insurance companies, Medicare, tremendous amounts of documentation. It is the biggest complaint that they have—if they could spend more time with patients and not have to do all the documentation that they do.

DD: So, there wasn't as much of that when you started as a nurse, with the insurance.

MA: Yes, because we had a longer period of time with them. With now, it is a shorter period of time with more documentation.

DD: Okay

MA: It is harder, it really is.

DD: So what kind of awards have you gotten in the nursing field anything in general?

MA: Well, I graduated Summa Cum Laude from Assumption College as a mother with two children, one in college.

DD: What year was that?

MA: 1991...I received the Mary Murphy Scholarship at Assumption my Senior Year. And that was basically a citizenship, writing type of award, caring person type of award. Oh, I was named a Woman of Distinction by the Girl Scouts in 1996. And I was got the Staff Nurse Award for Clinical Excellence from the MNA in 1999. I am trying to think, but those are the more obvious....

DD: Were you really involved in the Girl Scouts and everything?

MA: As a girl I was. But this was a nomination by the hospital, they nominated me so...

DD: What do you feel is your greatest impact on the town of Worcester or Fairlawn in general or all the activities that you do?

MA: Myself, the giving of myself. Taking the knowledge and expertise that I have—I am a very family oriented person, family will always come first and I actually practice that with my own staff. If there is a family crisis, we will manage somehow, they need to attend to that first. And that we have adopted a therapist, her name is Jean Watson, and not all therapy is the art, it is the science of the nursing profession. It has talks all about caring, caring is the thing. And I think I really lived that and it has made an impact on my life and I think that is what I bring to everything that I get involved in. And I am willing to share whatever knowledge I have or time I have to the different organizations that I belong to, as well as my own friends and my staff here. I make rounds every morning. I enter this hospital at quarter past seven, seven thirty, I check my mail. And the first thing I do as I make rounds, I talk to the night nurses, I talk to the day nurses—how is your day going? How are things going? And I try to pick a few nurses every day and take the time to find out what is going on. I am a hands-on person; I don't want to just get reports and that kind of things I just don't want to be in an office. I feel to gain credibility; you have to be out there. And many of the nurses that have been here for a long time, remember that I was a primary nurse. So that they think I have credibility. I am not just an administrator listening to you, been there, done that. And I will still do rounds. When a

light goes on, I answer the light—it is a patient need. You have to stay focused on what you are here for, and even in my role you are here for the patients. If you are at Becker's, I am here for the school and the students, if I am at the Fairlawn Foundation, I am there for the healthcare field and potential nurses, you know? I think that is what I bring the caring and the knowledge that I have that I can kind of donate or share some of that expertise with people that I have met over the years.

DD: Do you find that is one of your greatest achievements, like being able to help with the hospital or what other achievements do you find most important in your life?

MA: My love and greatest achievement is family, I have to say that. I come from a very close family. My sister's children, my children—the five oldest ones are girls and they might as well all be sisters and I think that is where the caring comes from. I was brought up that way from my own family that that was part of the Irish Catholic family. It is just what it was. And I think that that has had a tremendous influence on me in terms of how I treat others. But I think the greatest accomplishment I have is, you know, raising my own children and my family life that I will continue to have—family comes first. To me, that is so important to me. As far as the hospital, I think the greatest achievement is, as a clinician, I know that I have affected a lot of lives, even when I did chemo, ICU, ER, you are talking to an old-time nurse. I have done it all, and to really know that I have made a difference you know to get letters from patients, families writing to you that you made a difference is just a wonderful feeling to be able to do something like that. As an Administrator it is known that I can make this hospital a better work environment for the nurses and also that I can basically coordinate and plan nursing care and nursing practice to provide the best for patients here at Fairlawn. So those are my three satisfiers.

DD: Do you think that living in Worcester impacted who you are as a person?

MA: Yes, because of family. I came from Worcester and I think it is because of family, I don't know if you meant Worcester itself, or I was brought up in Worcester, so family was very important and I feel that had a strong impact on me. Of course I know a lot of people in Worcester and I have a lot of relationships among people, among neighborhoods and I think that did follow me when I went into my nursing career, and I gave back to Worcester. So, you know, Worcester called me back home again because I wanted my family that same sense in finding my roots and having my roots. You know the next generation; our children are all over now—one is in Rochester, one in Washington, one in Texas—they are just all over. But it is important to me that they had their roots and their stability that I have because I valued it so much. I think it made a difference in me in terms of how to care for patients. It is how I tried to instill in them: you are here right now in this place in time, but it is going to be okay. You have support, you have people that care for you, you have people that are there for you to help you help yourself. You know, to become independent and gain control of their lives.

DD: Do you think that there are any challenges that Worcester has to face, like how would you improve the city?

MA: OK, you are talking the city more itself.

DD: Yes.

MA: Worcester has grown tremendously as a city. I will go back to the other question. In terms that we now have UMASS which I remember when all that was open was the basement. I worked at St. V's because that was a large hospital. There is Memorial, a lot of the small hospitals closed. I have always worked at large teaching hospitals and when I came here I had no intention of staying. It was just close to where my children were going to school and I could get to them. I started out per diem. However, you know, I just loved what I was doing and I had a lot of opportunities to do a lot of different things. I loved it. I think that Worcester has gained a lot in terms of medical opportunities. We now have St. V's, Memorial and UMASS have joined together. The community hospitals have closed. Now we have specialties like acute rehab which we never had in Central Mass before 1987. I think a lot of things went to Boston, but I think Worcester can be its own worst enemy. I think people downplay Worcester because of the failing economy in the last year, but right now I feel very good about Tim Murray (who is our Mayor), I feel good about Mike O'Brien who is our City Manager. I see things between City Parks, City Square, the renovations there, the building of the Worcester Voc. Seeing more and more college students in Worcester and seeing the growth in the college. I see all of that, so I think Worcester is in the middle of a turnaround.

DD: So, you are saying that it is improving since when you were a child.

MA: Hmm, absolutely. Now, it was great when I was a child, and started going down hill as a young adult for me, more in my late 20's or early 30's. You know, businesses were leaving, the economy wasn't good, but now I see the trend starting to turn around.

DD: What types of things were happening when you were younger that was making it so great? Was it the just the neighborhood?

MA: Yes, it sounds so simplistic but it was, it was. I worked in the Berkshires and what I love about the Berkshires, I love about Ireland. Those are the two places, that I feel like I am back in the late 1950's and life is good again. People stop to say hello, and there is not the rush. In Ireland they still sit down for dinner and the family is there. Everything is closed and it is a big time for family. And you know you make time for family. And that is what I like to be with people and know people and to share with people. That is what I liked about Worcester even back then. You go for rides, you go to the park where other people were, but in a restful way—not being in a mall or trying to get this or that thing done. It is a different world today. I am not condoning it but that is what I liked about it. I felt safe. I don't think the city is as safe as it used to be. Like I never had a key holder. I didn't know what a key to a house was until I was older. You know today, it is not only in Worcester, it is anywhere. Society has changed; the environment has changed.

DD: Do you remember any major events that happened when you were growing up in Worcester?

MA: Local events or national events?

DD: Like events that happened in Worcester, like local events.

MA: Um, yeah, my father was very involved in politics, so I was always involved in politics. So I always was around politicians like the Mayor and there is a local person, Joe Water—really going back a long time, but no one will know who this man is—ran for Lt. Governor. So I remember all of those events. My father was active in the Democratic City Committee, so again, he and my mother were role models for us really. They belonged to a lot of organizations at their time. Those kinds of things within the city I remember very well. What sticks in my mind is Crystal Park, which now today is a drug zone, although Clark University is doing a super job with what they are doing with the activities. But this park was a striving community. That whole park—my aunt used to live there. We used to love to stay with her because it was—we would go down there and they would have planned activities for kids. Arts and crafts things, swimming lessons...my father and cousin taught me how to ice skate on that pond. It was a real gathering place like Norman Rockwell and now no one will go down there now. You know those are the things that I remember growing up in Worcester and never thinking – I never thought of safety growing up. It was just an absolute given.

DD: Why do you think that area has changed so? Like did it slowly change?

MA: Yes, it was over a slow period of time. The economy, parts of the city grew up; things changed, the economy went down. A certain social-economic class moved in down there. It is known now as a drug haven—just a lot of fights, beatings, that type of thing. Now again, I think we are in the process of turning all that around again. I think that Clark University has taken a great interest down there in what they are doing. Scholarships to students—they are just doing an awful lot. Cleaning up the neighborhood, parks. So I think we are in a turn around again. I mean, I think that I am very happy to bring my family up in Worcester.

DD: Um, is there is anything else you would like to say about your family, like your children, your husband, if you have any nieces or nephews?

MA: Mmmhmm, I adore all of them. They all grew up in Worcester. They are now all leaving Worcester (laugh), what can I say? I have one daughter who went to art college and received her MBA at BC was active in marketing and development in school. And she worked in Tanglewood, BSO, she worked in Arts Boston. She was a dancer but not to the point—that was always secondary to her. She is good at what she does. She now is married and has a baby. Her husband is in his last year of getting a Doctorate, so she changed jobs this year. Which, with having a baby, I said, “Oh, talk about life stresses.” But she went with Active Financial, and she is really liking it. But her job in development at the college involved her taking 125 trips in the year, and with a new baby she just did not want to be away. Again, her priority was family. So, you know, she is doing that right now, and hopefully when he graduates, they will move back to Massachusetts. We go up

at least once a month to see our pride and joy, our little grandchild. You know, we just had him for a week. My husband and I took a week off, and we just had him for a week and had a great time with him.

MA: My second daughter graduated from NYU in New York. She was a budding actress and dancer—took it seriously in terms of really wanting to make a full career out of it. She had some really good years, in terms—it is a really hard business. I supported her but always with a deep breath and...a job with no benefits, no sick time, no insurance, you know it always worried me, the transience of it. Um, but she had great experiences, she did a lot of community theater, she did a lot of movies as subs, as secondary people, she did seven months in 42nd Street. She had some great, great experiences, but probably about five or six years ago when she realized, you know, she had it, would probably would not go to Broadway, she decided to come home. I was very relieved, because I just wanted a more stable life for her. So she is working in Worcester now going to Grad school and is about to get engaged any minute.

DD: Aww.

MA: And that is what Kathleen is doing. And my nieces took after their father. Two of my nieces are lawyers, one in Washington married a lawyer and one in Texas is a lawyer, who married someone with an MBA. The next group—I have a niece—their mother and father passed away. So their, especially the youngest one, is at my house all the time. She is 21 and still so young to be without a mother or a father. I have been working with her. My sister Cheryl and I are very close with her. She is in grad school right now getting her Master's and working in Worcester Public School. And I keep in touch with my other nieces all the time. They will be home for the holidays. It is hard because they do not have a home to go to. That is why every Sunday I have dinner and whoever is around, my nieces, my daughters, people just come. It is my way of keeping our family—you know. I have a sister now who is alone, so I try to keep some way of always seeing each other every week.

DD: Do you think a lot of people have lost that, like have had time together? Like you know how you were saying your family was always together?

MA: Yeah. Because everyone is so busy, plus you have two parents working today. You have children that are very involved in activities, trips; they require transportation, require parental involvement, which they were involved even when we were children. My mother was a Brownie leader but it needs more parental involvement, maybe because the parents are working all day so that they are doing their turn when they would be having supper. It is difficult. It is very difficult, so, yes, it is my way. It is Sunday, this is the family, it's not all day but let's all sit down together and share everything that has happened.

DD: Kind of like settling everything down?

MA: Absolutely. You try to keep the importance the sense of family.

DD: What do you think women's experiences have been like in Worcester?

MA: I think their chances are improving tremendously. I am amazed as I am doing more volunteer work. Up here we have three women on the Senior Management Team—you would not have seen that years ago. We have had a female CEO here, a lot of the HealthSouth facilities, one, two, three, four out of—sorry, five out of seven are women CEO's in the New England area. I am seeing more women in the leadership positions. I am seeing more women in higher paying jobs. I am seeing more women being more respected for what they do. That they do have critical thinking, that they do have good ideas, that they can make a difference. Yes, I do think there is a different perception today. I don't know of anything that I have gone to that I have been treated anything different because I am a woman. No matter what board I am on, or anything. I don't sense that at all.

DD: Do you think that would have been different when you were a child?

MA: Absolutely, no doubt about it, no doubt about it.

DD: How so?

MA: Women got paid differently. They got lower pay. They were listened to but they were kind of like poo, poo. That is your opinion, that is cute, that's nice, but now the men will get together and make a decision. I think the mindset when I was growing up was that women belonged in the home. I mean, my father never would have allowed my mother to work. I mean, even if she had wanted to or, I mean, no wife of his was ever going out to work. And yeah, after he died, the best thing she did was go out to work, because without my father—the socialization piece of it, the piece of being productive, that was very good for her. Because she got to work that was very good for her. That wasn't looked at as a good thing. Only people in dire need, did the mothers go out and work. My pediatrician was the first female pediatrician in the city, and I have to tell you, people filling her practice was tough. And she ended up to this day, being one of the top notch. She had all these scholarships named after her. She was incredible. She was my children's pediatrician. She was one of her first patients, but back then my mother wouldn't even admit, when she first saw her, "Who is this young girl?" You know, "I am not sure we should have her look at my children." You know, you just don't think of it like that, you just don't think about that in those terms. So I think there is a big change.

DD: How do you get through tough times, like when a problem comes along these days what kind of thoughts keep you going?

MA: I eat! No (ha-ha), just kidding, I am on weight watchers and have lost 13 pounds but I suppose that is not a healthy way. Now I just do it with healthy food. But when a lot is on my mind, I will tell you a strategy that works for me. I like to eat, and I can kind get out of myself by reading. I like cross word puzzles—I find that relaxing. I wish I could do more exercise—I don't—and I have it as a goal of mine to find the time to do that. My

husband and I make sure we take time for ourselves. Like when times get stressful, with both our jobs—he is an Administrator at a school—and yet we both can, since the kids are gone, we can go out to dinner three to four times a week. Because we are getting dressed up, we are not at home, people can't get a hold of us, turn off the cell phone, and we can just sit down, relax and talk to one another. We talk to each other about what is going on or what our stresses are even with our individual workplace but it is almost like a good ear to listen to. Because he is not here in the hospital eight to five, just like I am not there eight to five. So just sitting there and having someone to talk to is good. And then we each can reframe things for each other and that helps, you know? Those are things if someone asks—yeah, those are the things I find most relaxing.

DD: With all the groups that you are involved in, what do you find a major accomplishment in each of them? Like, did they progress, start off small?

MA: Oh yes, Fairlawn Foundation is up to \$6 million now and it started with just proceeds at this hospital and we now are providing scholarships to about 23 students a year, when it started out as one.

DD: Wow.

MA: Hmm, so over 15 years we have really—it has grown, the money has grown. It has been well-invested with donations and hopefully people will recognize what we are doing for the nursing profession and help in general. We donated money to one of the labs at the voc high school from the Fairlawn Foundation.

DD: Oh wow.

MA: It is just not nursing, it is healthcare. So that I have seen grow tremendously. The Nurse Association, the Nurse Executives that I belong to used to be just nurse managers with a separate group for nursing. Now it is just one group, and it has truly found a voice and it is one of first groups in the country to working with aid and state and this whole “patient first” thing and more involved with politicians. We have politicians fighting for nursing causes. Now it is just not one little hospital. We have found a voice out there. We are looking at healthcare issues and have become a strong voice because of the unity, and a lot of the organizations were being hurt. It is for good solid reasons, good causes we are fighting for, and good ideas fighting in the legislation. And I think that is what is different. We are an organization and we have found a voice and we are being heard. And I think most of them too, instead of being in name only, they are organizations that we really participate in here. It is not just showing up to put your name on a résumé. People really work. If you join one of these groups, you're really putting in your time, and you want to because you knew that didn't happen—you had meetings 4 times a year read a little report and that was it. But you find people today are much more active.

DD: So do you have any special hobbies you like to do or leisure activities.

MA: As I said, I love to read. My major activity is my grandson. I adore my grandson. You can see by all the pictures all over the place.

DD: Yeah.

MA: I just—he has been the joy of my life. Like I said, we go up to Rochester once a month. I mean, I play around with him. Other relaxation—I love to read. In the summer I love to swim, that I find very relaxing. Those are things I think of....I love to shop, I find that relaxing. I quit smoking 15 years ago.

DD: Oh, congratulations.

MA: And I had to do something when I quit smoking. I hated to shop my whole life, now I love it. But I find shopping very enjoyable. I only buy sales things. I shop all year long. I can't wait for Christmas shopping to start. When I see things, I pick them up and see different people. I say, "Wouldn't this look good on this or this one like this?" So everyone jokes about my attic. They call it the store because I have everything in compartments. The baby section, the wedding section... And a lot of people here at work ask me, even my own daughters will say, "Listen, what do you have in the attic? I need something really quick." It's started to be a family joke, but I love to shop like that. I really do, I find it just...I don't know, it's almost like I'm hawking something. My husband will kid at times, he'll go, "Mary you had a ten dollar coupon and you ended up spending one hundred and fifty dollars in the store. So I do like to shop. I find it relaxing. I think its fun. My new thing, I have been more health-conscious lately. I have been dieting. I lost fifteen pounds. I'm learning to eat properly, now that I'm getting to the age I am, I think that important and I've joined Curves. I've kind of made my own commitment to do that. I really do enjoy that. I do enjoy exercising and walking but I haven't made the time for it so my gift to myself is making the time for it. That's my goal.

DD: Was that sort of thing actually going on when you were growing up, like women wanting to get out and get exercise and become health-conscious?

MA: No. It was more popular when I had my children and I was at home. At that time they had this place called Gloria Stevens, and that's the first thing I ever remember as a health thing. And I had joined it and was involved in it when like the kids joined nursery school. I would drop them off and I would go and do that and I loved it. It really enjoyed it. I was at my mid- to late-twenties at that point. That's more when it was coming into theme, other than people walking. Like if you had babies you walked. So when I'm saying exercise it just wasn't the equipment or gyms. People walked or swam or again were doing activities that you didn't have to pay a fee for. But I am looking forward to getting back to that. I do love to walk but it's a matter of time and at this time of year I won't walk at night. It's just too dark and if it's rainy or slippery or icy—so that's why I joined the gym. In the summer time I will walk but not this time of year so I really have to commit myself to doing the exercise program. So I've also feel a lot better with that, always when I exercise.

DD: So let's say you are someone who just came to Worcester and have never been here before. What do you think one of their first impressions would be?

MA: I think one of potential. I think one of opportunity. I think one where they could find very close friendships. I think the neighborhoods are coming back in many ways, people are still working but the neighborhoods are growing. I think again, I see that with my daughter's friends. You know the neighborhoods they work with, that neighborhood more so than it was before. I think that's coming back. But I think there's opportunity for work. I think there's a lot of a social opportunity. I mean we have the DCU Center for social engagements. We have Mechanic's Hall, the Worcester Historical Museum. We have one of the most beautiful art museums—it's like a treasure to go to it really is and it's free every Saturday morning. So I think we are sometimes our own worst enemy by not presenting these things up-front. These are the opportunities that are here in Worcester, both if you want to do things socially or if you are looking to be a professional. I think women now have a lot of high-level positions or are working in general. So you can come here and you can find work. Women are respected for what they know. So I think that's a good reason to come to Worcester. I think there's a lot of good networking that goes on in Worcester, and I think that's very important. I mean if you can get into a group that networks, I mean, that can be your best ally. So, like I said before, I think the Mayor and the City Manager are doing a good job revitalizing the city and revitalizing downtown. So I think that Worcester has a lot of promise too. I think a lot of things are coming back again.

DD: Do you think there is something they should still be working on that they haven't really tried to fix in Worcester?

MA: Public Schools. I don't know how to do that either. I don't know the answer, but I can tell you, when I look at the public schools now I think our teacher—God love teachers and I do. I go to Nurse's Week and I go to the schools and I take their blood pressure you know talk about what it's like to be a nurse and things like that. I have a sister that's a teacher and I know a lot of teachers and they are just so overworked. They are so underpaid. The curriculum, the MCAS, I mean so much is being asked of them. They have all these little multilingual classrooms, and how do they concentrate on the needs of the children when they are all at such different levels? I think our education system needs to be worked on.

DD: Do you think it has progressed a little from when you were growing up or do you think it has gotten worse? Worse in what way?

MA: Yup. Much larger classes. It's much more culturally diverse. And that can be a good thing, but I think when you get into the language barrier that can be very challenging. You may have one child who is doing great and moving along, but you are kind of holding up the class because you are having a couple students who might not be understanding it. Not for a lack of knowledge, but it could be a language barrier or it may be this or it may be behavior issues. I'm seeing a lot of children from broken homes,

children who live in foster homes that are behavior problems in the classroom and they are all together. Now I'm not segregating everyone but I don't think there are enough teachers with assistants and so forth to really be able to reach all these students. And I think there is a lot of pressure put on the teachers, just on these MCAS. They got to get these numbers. They got to get these numbers. So that the concentration is more on these numbers than on what the student is actually learning. It's like pass the test. Pass the test. But what are they actually learning that they can carry over to the next class with them?

DD: So do you see these tests as being beneficial?

MA: I see them as serving a purpose in terms of measuring what the students are learning. It's like anything. It's like taking the SAT's—it gives you a baseline. But the person who can't pass to the next grade if they don't pass this or the school is going to be penalized in some way puts awful pressure on it. It takes away what are you trying to do or what is your goal as being a teacher. It's to have them learn X amount. I'm just not testing... the MCAS method of testing is the right way to measure the type of education they are getting. Some people just don't test well. I was one of them. You gave me an essay I did great, multiple choice I went out of my mind. So to judge it just by any testing, I don't care if you are going into college with the SAT's or whatever. I just don't think that should be the only thing that you are looking at. Yet I feel today everything is judged by MCAS tests. And that needs to change.

DD: So when you were growing up there really wasn't that kind of test?

MA: No. there wasn't that kind of pressure. You know you had your homework; you had to achieve a certain amount in a certain subject over the course of a year. Yes there was testing but not this type of testing. I got to believe that some parents don't care and that's hard on teachers. How do you get kids engaged and involved when you don't have the parental support? That's one issue. Then the other issue is that these children are hearing about the MCAS morning, noon, and night. Think of the pressure on them when they go to sit and take the test. It's like a high school student sitting down to take their SAT's and you're a basket case. Not that that is right either but you are a little bit older and you understand the rationale. You take grammar school children—they are too young to understand, but they are feeling the pressure. They are way too young to be feeling that kind of pressure. I believe that there has to be some kind of measurement of how they are learning but I just don't think MCAS should be all of the above.

DD: Do you think it is kind of overwhelming for students? Like if you had to take a test like that when you were going through school?

MA: Absolutely. I would have been a nervous wreck because I would have felt if I don't pass this... you know, you have a young mind. They don't have the ability so see the big picture. They are little kids. I would have been petrified. You don't go to the next grade, you know. I don't like it.

DD: Well is there anything else that you want to add about your work or anything else about Worcester; your views or anything?

MA: No. I think the challenge for women today—like in the real world today you have two working parents. You are very fortunate if you don't have to work. I mean it's a rarity today. And I think what I would like to see is support for the working mother so there is time for the family as well as time for work. And I don't think its bad to be a working mother, I really don't. I often say to my children—Carrie will say to me, “I wish I was home all day.” And I will say, “Carrie, I was home all day with you and I'm not sure if it made a difference or not.” I don't know; I have no way of measuring that. But there comes a point too in your life where you have to prepare yourself for when your children are gone. You can't all of sudden say, and be like, “Okay, now what am I going to do?” I use my mother as a role model because after my father died, my other brother was eighteen years-old. He was a senior in high school. So to see her then be able to go back into a profession—I saw the importance of socialization, of the security of benefits of income, and just being valued for what she was doing. Because of that great loss, you want to prepare your children. I think being a working mother is a good thing, not a bad thing, but it's the matter of the right proportions of both. And I think we need to do more here to support our working mothers, in terms of they can have time to spend with their family and to work. For example my daughter Carrie, where she is working now, she doesn't go into work until about 11:30 in the morning so she has the mornings with her son. So then she goes there and then she works, but then the tradeoff is that she works Saturday morning, but every day she is with him until 11:30 in the morning and then they have to work two hours a night from home. So that has been a nice trade off for her in terms of spending some quality time with her son. And I just think it's the nature of her particular job, but I think we need to find a way for nurses and women in general—I say nurses because that's what I know—but just mothers in general who work. How can we support them? I love these companies that have daycare right on site. They go down to see their children during the day. And also the pressure of how do you support women that have so much to be valued in a leadership position, without taking away from their family life, because a leadership position demands a lot. And I think there are a lot of bright women out there; they could contribute so much. But we can't put the same demands on them if they are young and they have a family. I think we need to balance that a little bit better. I think that is what we need to do.

DD: So now what do you think of now-a-days we have the stay at home dad? Do you think that is helping out with women being able to go out and reach for their dreams almost?

MA: Oh, of course it does, but I don't think of it as women or men because it is the same situation, only reversed and regendered. Do you know what I mean? Like, I think it's wonderful like Neil, my son in law, he's arranged a schedule where he goes to school three days a week as far as classes. So he's home two days a week with Tim. I think that's great. I see him bonding with his son; I think that's wonderful. But I would say the same thing about husbands. If that's all they did and then the kids are finally gone... I think it's helpful to have something in terms of a career. It has certainly have helped

women but then I would worry about the husbands. I would say, okay, I really think it's great for the children to have both and have just not one picture and one model and another model and another role. But again there has to be a balance of family life. Be it the husband working or the wife working, there has to be time for all of them to be together. So I'm not opposed to women being at home, I'm not opposed to men being at home. I do think they need to look at the future for when their children are gone. Like what do they want to do for their own well being, and just their own self satisfaction? But I also think again the challenge is, whether it be a male or female, if you get into some type of leadership role, there's a lot of tug and pull and a lot of time constraints put on you. And that's what I think we really need to look at to provide them with some quality family time and social time to be with one another. You know, I have nurses who work evenings because their husbands work days, and they come home at night to take care their kids. But they see they husbands on the weekends. Yes it works financially, but is it healthy for them? I don't think so. They are never together except for the weekends. I just personally, I would like to see some kind of, and I don't have an answer but, but you know what I'm saying? Something to support time for families to be together more.

DD: So did that change from when you were growing up? Like were there more time for families then there is now because of income and things like that?

MA: Extremely so. The base was the family.

DD: And it's almost as if priorities have changed? That money has taken a more important role?

MA: Absolutely, and I think in some ways we've created that. I mean if your child goes into kindergarten without going to nursery school, they are at a disadvantage right to begin with. Society has created that but I think we just need to take a step back. There has to be a happy medium here. You have to work, I realize that, and have that opportunity to keep up and have a good life for yourself and your children. But also the quality of life you have to start looking at it. I think we swung in the other direction of just one extreme of just totally the family to all this working and the family life coming second. And some people have to work two jobs, and that is the reality of life today. But how do manage that and still provide quality family life? That would be a project that I think it would be great if someone would sit down and figure it out. I don't know the answers because there are so many varying jobs and so many variables in the whole thing, but that's what I would like to see happen now.

DD: Is there anything else you would like to add about anything?

MA: No. I feel very fortunate at this point in my career. I feel I have had the best of both worlds. I did stay home with my children. I feel that I've still maintained a quality family life, but I think it took time to put things in perspective. And I wish I could have done that a little bit earlier, because there was a time when it was school and work. Like I went back for my BSN when I had kids in high school and I was a nurse manager it was like wild. As I look back I think I would have done things a little bit differently, but, you

know, you do what you have to do. I feel now that I put things in perspective more. I give a lot, I feel like I have contributed a lot and I'm comfortable with saying that. Ten years ago I wouldn't have said that to you, I would have shied away from that. I would have said, "No, not me. It's just what I do." Now I take pride and credit for what I do, and that's something very new for me in the last ten years to be able to do that and say that, "Yeah, I did do a good job." or "This really has given me satisfaction." It was almost like it was an embarrassment. Almost like it was like people would think, not bragging because I wouldn't have initiated that, but even just to recognize that was just kind of like taboo. So that's been a change for me. And I think a lot of women are now able to talk about themselves and say, "Yes, I have made a difference, so it has been good." Again I think I have had the best of both lives but I think a key to it for me is that I have a very supportive husband; an extremely supportive husband. He has worked long hours. He is an administrator, so he's been—let's just say the shoe has been on the other foot. But he has been extremely supportive of me, of whatever I do. And I think you need that, be it from your parents, be it from your husband, be it from your boyfriend, be it from your children. You need to have that support. So those of us who have that are so fortunate because I see others that don't and I realize that if I didn't have that support I wouldn't be sitting in this chair today. I think that would be a good note for me to end on that you need support. You need relationships and support to be able to value your life and to feel confident and successful in what you are doing.

DD: Well thank you!

MA: Oh you're welcome Danielle.