

NINR History Project
Telephone Interview with Dr. Ada Sue Hinshaw
Conducted on August 20, 2008, by Philip Cantelon

PC: I'm speaking with Ada Sue Hinshaw, that's H-I-N-S-H-A-W, on August 20th, 2008. May I have your permission to record the call?

AH: Yes. That would be fine.

PC: Thank you. I'd like to start out with some background on you, starting with educationally with getting into the field of nursing in the first place, starting back in Kansas.

AH: Oh my gracious. Way back in Kansas.

PC: Without Toto.

AH: [Laughs] Without Toto. Red shoes were always there, but not Toto. [Laughs] My mother was a nurse, so I always wanted to be a nurse, and I actually went to the same school of nursing that she went to.

PC: At Kansas.

AH: In Kansas. By the time I went there, it was a baccalaureate program, the University of Kansas Medical Center.

PC: Is that in Lawrence?

AH: I did my first two years in Lawrence, and then the medical center is in Kansas City. And I was capped with her cap, so this was always a foregone conclusion that I would do nursing.

PC: I take it that the training programs had changed that your—from your mother's training was not a baccalaureate.

AH: No. Hers was a diploma program when she went there. By the time I went there, it was a baccalaureate program, and they were also pushing master's degrees at that time. There were not any Ph.D. programs in the country for nurses, but there were master's programs.

PC: And this wasn't so very long ago either.

AH: No, it was not, so it moved a long way fast.

PC: Then you went from Kansas to . . . ?

AH: Well, I did an unusual thing because in that day and age, people did not go directly on to school from their baccalaureate program, and I did. I knew immediately that I wanted to be involved in higher education, so I went directly from my baccalaureate program in Kansas to my master's program at Yale University and came back to this coast. And that's where I frankly met the people that turned me on to research.

PC: At Yale?

AH: At Yale. It never entered my mind that I'd be interested in nursing research.

PC: And what was the breakthrough?

AH: I had an opportunity to study with some of the very early nurse researchers in this country, and those were people like Rhetaugh Dumas and Jean Johnson, and I also worked with sociologists who at that time were working with nurses to teach us research because we were so new at this, we didn't have our own people or our own faculty for that.

PC: Why were the sociologists interested in that? That always strikes me as interesting.

AH: Well, Bob Leonard was one of the individuals, and Powhatan Wooldridge, a very [inaudible] kind of name—

PC: Powhatan?

AH: Powhatten. P-O-W-H-A-T-T-E-N, Wooldridge. And they were both sociologists who were very interested in research and in nursing research. They were both medical sociologists by background, not physicians but sociologists, so they were interested in working with nursing as we began to think about our research programs. Yale was one of the very first programs in the country to really move into the arena of nursing research.

PC: Rhetaugh was a classmate of yours there?

AH: Rhetaugh Dumas, she was ahead of me in the classes, and she was on faculty as a research associate, I believe, and was doing one of the very first experimental studies in this country that looked at the effect of preoperative teaching on postoperative stress. That was one of the very first experimental studies ever done by nursing.

PC: How was that viewed by I guess what I'd say the wider community . . . medical community?

AH: Well at that time, her background was in psychiatry, and so she had quite a bit of credibility in the psychiatric world. She had been a psychiatric nurse for some time, and later went on to be the deputy director for the National Institute for Mental Health at

NIH. So her background in research was always very well thought of. She was very credible as a scholar and a scientist.

PC: Of the programs, you say Yale was the pioneering one in this?

AH: They were one of the pioneering schools to really move in terms of nursing research.

PC: Is that what attracted you to Yale?

AH: I went to Yale because they had very strong clinical programs, and I thought I wanted to be a nurse midwife. And I got there and got involved in research courses and the whole process of discovery and decided I really wanted to do research, not nurse midwifery. So I finally ended up as a maternal/child health nurse, but not as a nurse midwife.

PC: When you finished at Yale, you then took a faculty position?

AH: I went back and taught for a year at the University of Kansas and then moved out to University of California at San Francisco for about six years. And I left out there, I taught maternal/child nursing for them and did educational research with one of the strong nurse research mentors in our country. Marlene Kramer was her name—

PC: Is that with a C or a K?

AH: K. She has done all the work on biculturalism and socialization for nursing and has done a lot of the work on essentials of magnetism for staff nurses, for magnet hospitals, so she has remained a strong researcher all the way through her career. I got turned on to research with her and knew that I had to go back to school. I knew you couldn't do research without a Ph.D.

PC: And why did you choose Arizona?

AH: One of the nine campuses in the country that was one of the nurse-scientist programs being run by the federal government at that time. The Division of Nursing was running nine campuses called nurse-scientist programs. We were essentially being set back to any one of the basic sciences, either the biomedical sciences or soc/psych, anthropology, any of those, to learn to do research and then to come back to nursing and built the programs of nursing.

PC: And this was a Jessie Scott initiative?

AH: Yes. That would have been under Jessie Scott.

PC: And you selected Arizona because . . . ?

AH: A good friend of mine was down there. She was someone who was very big in the area of research utilization, and I also went down there because I was interested in the processes of research that I could then bring back to nursing and use in nursing issues and questions. So I went there because they had a very strong sociology department, and I could learn the processes of theory construction, research methodology, statistical analysis, and how all of those wove together. And I did medical sociology while I was down there, and professionals and organizations were my two areas that I did.

PC: Is this large organization or small?

AH: Healthcare organizations—hospitals essentially. So it could be large or small, but usually fairly large.

PC: Did the program expand while you were there? Was HRSA still putting more things into this?

AH: They put money into that program all the way through the time I was still in school, and it took me I think about four years to finish up there—three maybe. I went there in '71; I finished in '75. It would've been four years. We had to redo our master's degrees, of course, because we didn't have background in the fields that we were going into, like sociology. I had taken one course in sociology in my undergraduate program, made a C,

of course not a great recommendation [laughs] for a doctoral program, so I redid the master's program and the doctoral program, and then went and did the doctoral program.

PC: And your dissertation was . . . ?

AH: I was looking at professionals in organizations and how they made complex decisions at that time. It's a nice combination of sociology and nursing.

PC: It was also of great interest in the nursing community. I was reading something else the other day that was really about decision-making in nursing, which sort of surprised me to be honest, the importance that they were giving that.

AH: Well, we've long tried to understand what goes into the kind of complex clinical decisions that the nurses make daily. Part of that, from some of our researchers, would suggest that it's intuitive. A lot of it is clearly taking information from multiple sources, combining it in new and different ways to come up with those decisions. That's what we call the complexity of decisions, and there are levels of complexity. So there's gotten to be more and more work that's being done in that today.

PC: How did this translate into nurse science and the growth of nurse science? How does this begin to snowball?

AH: Well, the early years were kind of slow starting because we didn't have much money. I took an associate professor job immediately when I graduated from Arizona as a dual or joint appointment between the college of nursing and the university medical center there, because I was interested in actually doing research and having a foot in the medical center so that I could do research. That was my laboratory. I was director of research for the college of nursing and then associate director for research over in the medical center. That was supposedly a fifty-fifty position, and you know what those are like.

PC: Nobody puts a step under the stool.

AH: No. [Laughs] Very true. But I loved it. It was a fantastic **piece/place**. It was also something that was very important later when I went to the NCNR as its new director, because for me, there was no question about the importance of nursing research having to be applicable to nursing practice. There was at that time a lot of work in our country which was around theoretical frameworks that weren't testable, and around some ideas that were of interest to people but wouldn't really be practical in terms of helping us in nursing practice. I have to admit that it was that twelve years that I spent probably in that dual position that made me really think about how to focus and set up the programs at the NCNR so that it was very tight, very theoretically driven research that would have a practical application. And if you look at the kinds of things that are being funded even till today, you'll see that very same emphasis.

PC: So it's really applied theory—

AH: Yes, very much so.

PC: —as opposed to applied observation which was the traditional nurse approach.

AH: Exactly. No, it was much more applied theory. And that made a huge difference then, I think. People at that point through those twelve years that I was at Arizona, we only had around \$3.5 to \$5 million a year across the country.

PC: Three-and-a-half million. That's an M, right?

AH: Yes, \$3.5 to \$5 million. It varied as to what was available in the Division of Nursing. And so of course we were on a big political [inaudible] of which most of us knew very little, to be able to get that money increased.

PC: Did this lead to frustrations with the Division of Nursing?

AH: No, not with the division. We were all colleagues in the sense that we knew each other well, and the people who were in charge of the research program, Susan Gortner and Doris Bloch, someone who was named Ruth and Bunny, and I can't remember their last names now. You probably have them from Jan.

PC: I'm sorry. Ruth and . . . ?

AH: Ruth, and I don't remember her last name. I'll have to think about that and talk to Jan. And then Bunny. There were four of them who were very, very active in the Division of Nursing. They were fantastic. They worked with the community a lot to really see how to use their small amount of money well. We were always very careful. I had two grants funded during the time, and one was for I think \$325,000 and one for \$220,000 or \$240,000. We never applied for money in the millions, because we didn't have enough money to go around for people.

PC: And this was in the seventies and eighties?

AH: Yes, this was in the seventies, about '75 through '85, that we were in this. It was really the drive to see us get more resources that got me into kind of the political aspect with the organization. So I did work with the Council of Nurse Researchers a lot, I worked a lot in the Western Society of Nursing Research, and finally ran for and was elected to a seat on the Cabinet for Nursing Research, which was the American Nurses Association's major policy group for nursing research in the country.

PC: Pardon me, but I am confused, and I have been confused, with the difference between the Council for Nursing Research and the cabinet. I know the cabinet is part of the ANA, the

ANA policy. That I knew. What is the difference between that and the Council for Nursing Research, or is that a matter of time?

AH: The Council of Nurse Researchers, I think it was. Excuse me. I have to be sure I get my terms correct here. The ANA had a whole series of councils, and one was for geriatrics and one was for nursing research and one was for educators, etcetera. And the large group of people who belonged as membership in the ANA would choose one or several of these councils. Now there was also then almost like an executive committee. There were also the cabinets for these different areas—research, education, practice, okay? And those were the policymaking groups. They were the ones that were called on whenever there were decisions to be made by the organization around that area of specialization or that area of nurses.

PC: Were they also the lobbying arm?

AH: Yes. They were the ones who worked with the ANA lobbyists to set the directions and the policies, etcetera. For example, we had put together during that time that I was with the group, the directions for nursing research toward the 21st century, and that was the policy paper that guided all of the decisions and the rhetoric that we used when we started for the national center. It later guided the actual sections and divisions of the national center itself. So that was a very important policy paper, and it was done at just the right time. That doesn't always happen, but we were fortunate it did that time. The thing that

was so important about the smaller amount of money that we had with the division is that the division used its money well to get a larger, fairly large-size cadre of researchers prepared. So we had a good size number of people with doctoral degrees, almost no one with postdocs because we didn't have the money for that, and a small group of people who were funded, but funded in very small amounts. But they really got this large cadre of people prepared at the doctoral level. So that then provided the field and the base from which the national center could move much faster because the people were there.

PC: And when you moved into Washington politics, I guess, this is through the ANA and the tri-council?

AH: Yes.

PC: This would have been in the early 1980s, '82, '83, somewhere in there?

AH: Yes, about 1982, '83, right through there. I had four years on the cabinet and chaired it the last two years I was on, and that was during the time that we got the legislation through. So that went through in '85, so it would've been '81 to about '85.

PC: And the '85 legislation finally got passed over the veto.

AH: You got it. Yes.

PC: Did the pocket veto surprise you?

AH: The first one?

PC: Yes.

AH: Not really, and in some ways, that was a boon to us. In the first time through, when we were moving for the center, we were in some trouble because we had friction in our ranks. We had a number of senior people, very well known, very thoughtful people, who were very concerned that we would not in fact be able to handle an institute at NIH, and the legislation of course spoke to an institute right up until the end. So they were very concerned that we wouldn't have the people that we needed to do that kind of research, that they weren't prepared, and that we weren't yet prepared to have a director who could handle that situation, which I've often chuckled about.

PC: Let me pursue that a bit if I may. In those discussions that occurred between '84 and '85, that is after the pocket veto which nobody could do anything with, the people who didn't mention but were of course your friend Rhetaugh Dumas—

AH: Yes. Gerry Felton, Ada Jacox, all good friends.

PC: All were worried about both that and the impact that it might have on the Division of Nursing and the friendships there.

AH: And funding there.

PC: And funding, correct. So how did this friction get oiled, I guess I'll stick with your metaphor.

AH: Interestingly enough, we did a lot of talking. We have even articles in the journals, as you know, that you can read that debate that went on. It was a very healthy debate because they were raising the right questions. And it was a question at that point of judgment and risk, and the Cabinet on Nursing Research listened to all the arguments, provided counterarguments, and led the discussions until quite frankly that arm of dissent dropped out.

PC: Or changed its mind.

AH: Or changed its mind, and I think most of them did. They would tell you that today.

PC: [Laughs] Geraldene Felton certainly did.

AH: Yes, exactly. Did she? Good.

PC: Her quote is it's one of the dumbest things I'd ever done, or I think she may have said the biggest mistakes I ever made.

AH: Yes. I've chuckled about that with her before. And of course Rhetaugh had told me because I followed Rhetaugh on the deanship at Michigan a number of years later, and Rhetaugh told me that she was glad that we were able to convince a very hard-headed group of women [laughter] that this was a necessary risk, and that yes, it was a risk and we all knew that and it was worth taking.

PC: Well, what were the options? A center for nursing research at HRSA?

AH: That was probably the only option, and that one came late in the game with the Lewin report, as you remember. That was the recommendation from them. And by that time, to be quite frank, the ANA and the cabinet and the nursing research community had just said no, we're not doing that, we don't need to settle for that, and we're not settling. It was one of the first times in nursing's life that the discipline was totally united. We had some seventy, seventy-five specialty organizations out there, all of whom said we want this institute. And so when you've got that kind of collaboration, and one in every forty voters is a nurse, you're going to have some political clout. We can't always agree, Phil, so sometimes we don't do so well on that. But in this case, we all agreed that was what

we needed. We also, as you know, had that IOM report behind us which was really valuable.

PC: And about fourteen other reports in between trying to fend it off.

AH: Yes. The one I liked the best is the report that the NIH did to be able to show that it was already doing nursing research.

PC: That was the Franklin Williams one?

AH: That was the one that Frank Williams chaired. He is a particular friend of nursing. I mean how NIH ever tumbled, didn't tumble to that when they asked him to chair that, and of course it turned out showing that they had essentially no research for the amount of money they had in nursing research. We used it heavily. It was a great study for us.

PC: Let me ask you about Rhetaugh, because I'd heard that she had been at NIH before, and you said was the deputy director of—

AH: NIMH.

PC: Yes. And yet her opposition was that she was afraid the nurses wouldn't measure up. Was that because of her own experience in part?

AH: You know, it could have been. I never talked to her about that aspect of it. It could've been. She had fought so many battles to be able to get nursing recognized at NIMH. Even at the time that she left there, we still weren't well funded from NIMH. It was one of the toughest nuts to crack out there at the NIH. At that time it was a separate institute. It was **SAMHSA** was it? Something like that. So I think that had a lot to do with it and colored her opinion of whether we could in fact measure up or not.

PC: Another person who is I think in that block was Ruby Wilson?

AH: Yes, Ruby was. She was the dean at Duke, a very influential IOM member at that time, so we listened carefully to her. All these people we listened carefully to because the arguments they were raising were very good ones, and the only difference between the group that was moving for the institute and the ones that were dragging their feet were the issue of risk and whether we saw ourselves ready to move or not in that sense.

PC: What was the big risk? That you'd get it and fail?

AH: Yes.

PC: Was that the discussion?

AH: Yes. And that was scary. I mean we couldn't afford to fail.

PC: Failing from what aspect?

AH: The science wouldn't be strong enough, we wouldn't have enough people to use the money that we would have available to us. I mean this is a group that's used to \$3.5 and \$5 million a year. We jumped to eleven and then we jumped even faster. By the time I left, in seven years we were at \$50 million. That was a lot of money for a group that never had any. But the things that set us up for success were two things. One, thanks to the division, we had had that very strong nurse-scientist program, and all the major nurse leaders in the country had come through that program, most of them, and those leaders knew research because they were well educated in these other disciplines, and it had had to go through all the agony of making it fit for nursing. They were good solid researchers. The other thing that I think really helped was that the division had put so much money into research training. We had the people out there. They were ready. If we had not had that foundation of people, we would've been in a lot of trouble, but we did. So the division set us up beautifully, and I think that's something that a lot of people didn't appreciate and don't appreciate yet, the degree to which they set us up for success.

PC: Both in terms of Scott and Elliott?

AH: Yes. Both of them.

PC: And Doris Bloch within that and who else?

AH: Doris Bloch was a big favorite, to say the least. Bunny Carroll was the other [inaudible] person who was there.

PC: Is it Bunny or Bonnie?

AH: Bunny. B-U-N-N-Y.

PC: Okay. Harriett I know is her

AH: That's right. But she goes by Bunny. And both of them were phenomenal. They with Susan Gortner ran the research program.

PC: Did she come over with the group in '86?

AH: No, Susan Gortner retired before that out to UCSF. She was their associate dean for research out there. It was really Doris who brought that program over, she and Bunny. And by that time, Adele Wood, but Adele was just in the process of retiring. Adele was the person with the predocs and postdocs.

PC: I think they brought six staff members over. Doris Merritt couldn't remember all the names of them either.

AH: Ruth, and I can't remember Ruth's last name. Did Jan Heinrich remember her?

PC: I don't have the name, but I'll check on it.

AH: Ruth was another one that came over. I can't remember her name right now.

PC: I may have it back at my office, but I'm not coming up with it either. It's not a name that got repeated a lot.

AH: No. She was not nearly the figure in nursing research that Susan Gortner and Doris were. They were really the two major figures.

PC: Doris Bloch had written some I thought very wise memos regarding what they were doing at HRSA as part of the defense obviously to keep nursing there. But they were well done.

AH: But she was cheering us in the background.

PC: Okay.

AH: As a government employee, she had to say certain things, and she said them eloquently, Doris would.

PC: Let me ask another question, because the selection process was so different at HRSA than it is at NIH. Were the nurse researchers pleased with the selection process at HRSA? Not only the selection, but it was the same program officer following the whole thing through, correct?

AH: How grants were selected?

PC: Yes.

AH: We didn't know any different.

PC: So you got the grant, the program officer followed it through, did the evaluation with you, and that was that.

AH: Exactly. And then she'd encourage somebody to bring in the next grant and the whole thing started over. None of us knew enough to understand the conflict of interest that could be there until we got to NIH and began to understand those different processes.

PC: And then when Doris of course moved to NIH, but then of course the importance of setting up that advisory council, which as I understand the process does the grant evaluations and review.

AH: No, they don't do the review. At NIH, the process is very separated. The program people who advise the researchers in the community and put out the program announcements and make the call for different kinds of research, those are the people who work in the institute, or the center as it was to begin. So that was the Doris Blochs and Bunny Carrolls of the world, and Doris Merritt was the one who really helped get that started. She was phenomenal. Thank goodness for Doris. The grants, once they come in in response to either a program announcement or to a regular scheduled grant time, go to what we call the extramural division. The extramural division has its own scientific staff who go through and get those ready to be reviewed by standing review committees, and there was one for nursing research. Those people are selected from the field because of their own reputation and background in research, representing as many of the different parts of nursing research as possible.

PC: And these are selected by whom?

AH: They were selected by the scientific director and okayed by the director of the extramural programs there.

PC: Okay. So that's different then from the advisory.

AH: Totally separate group. Once they are reviewed then, and a priority score given, they go to the institute then to which they have been assigned. Most of the time for us, it was NINR and it would come to us.

PC: And then . . . ?

AH: And then it is looked at for a second time for policy purposes by the advisory committee. They do not review it for methodological aspects. That's all done by the review team under extramural grants. But they do the policy work of, if we only have so much money, how many of these can we fund, what kinds of things do we want to fund, do we want to cluster any of these, do we want to have priorities in this that we fund. All those kind of policy questions, that's the advisory council.

PC: So it's a multistage process.

AH: Exactly.

PC: Really four stages, from setting the agenda and sending the program stuff out, getting the grants back in, shipping them to extramural for selection by the standing committee, or ranking I guess it is better than selection, ranking—

AH: They have to be judged on scientific merit.

PC: And then back to the institute—

AH: [Inaudible] score, and then they come back to whatever institute they're assigned to.

PC: And then to the advisory committee for policy review and final ranking?

AH: No. They never change the ranking. They take their ranking from the review committee in extramural grants, and they can select studies out of rank. That is the policy piece. If they decide that they need to be funding a cluster of studies in pain and symptom management pain, they can what we call reach for studies.

PC: I'll get into this then, or maybe I'll just do it now. When you established the national nursing research agenda, that would be a guide for the advisory committee?

AH: Yes.

PC: And for your program people as well?

AH: Yes.

PC: Let me move up a little bit, because I know you were very active in pushing the nursing institute along in that period between '83 and '85. Is there anything that you'd like to add to the story for me about people involved, some descriptions of people that I could use, or anecdotes or vignettes of them?

AH: I will try to think about that. Nola Pender was the chair when the call came to the cabinet that a conference call with all the cabinet members—Nola as chair, Nola Pender—at the time that Eunice Cole, who was president then, asked us if we wanted to go for an institute. I can remember that discussion was because Ellen Reicher, who was a major staff person for Edward Madigan from Illinois—

PC: R-E-I-C-H-E-R?

AH: Yes. She was a nurse, and he had decided he wanted to do something really positive for nursing. In that process she had—I think as his major staff person in this health arena at the time who was really honchoing this whole NINR agenda—had called the ANA to talk to the president and asked what they would like. And the president said they would like to try for several things, but one of the first would be this institute that had been recommended out at NIH by the IOM study. That had always been in the back of everybody's mind, but we'd never really had an opportunity. You have to have a champion if you're going to do something like this, and when Edward Madigan as one of

the major members of the authorizing committee was willing to be that champion, why then it allowed us that opportunity. And Ellen was phenomenal at working with people, but she was very politically astute, and she was with us all the way through that process.

PC: Why was Madigan so interested?

AH: Well, I'm telling you a story that can't be repeated, okay, because I'm not dead yet and neither are other people.

[Laughter]

AH: We have a couple of tapes that will go to our heirs some day. But essentially, he had been doing something, and I don't even know what it was, with medicine, and he had worked very hard to get this legislation passed. At the last minute, someplace in the process, medicine decided they didn't want it and they walked away from him, and he was left with egg on his face.

PC: When you say "medicine," do you mean AMA or the Institute of Medicine?

AH: No. This is not the Institute of Medicine. They don't get involved in this. It probably was the AMA or one of the big medical lobbying groups, so it would not have been the IOM. But we all chuckled and that made him mad, and Ellen Reicher was on his staff,

and she said, “Well, why don’t we do something for nursing then?” And he said, “Okay, find out what they want.” And that’s a story that can’t be told yet, to be quite frank, because we don’t want medicine out there mad at us.

PC: Well, it’s a little different than the other story I heard.

AH: What was the other story?

PC: The other story was that he was running for reelection and his opponent’s wife was a nurse, so he thought this was an ideal chance to take away some of the thunder from his opponent.

AH: Either one of those could be real, couldn’t they?

PC: Or both.

AH: Yes, both. I suspect both, to be quite frank. Very interesting.

PC: Did you meet with the legislative people at all? Was it Leonard, someone on Madigan’s committee as well?

AH: We met with Ellen several times.

PC: Just with Ellen?

AH: We also met with a lobbying group at ANA a lot. Every time we came in, and came in several separate times, to talk with different congresspeople, and we would work with congresspeople and we worked with people out at NIH.

PC: For example, who would you talk to at NIH?

AH: At NIH we did talk with several of the directors of the institutes. But the most important person that we talked with was the deputy director, Tom Malone, just to let them know what we were doing. This came as a surprise to NIH, that was not a smart thing for nursing to have done. I think we said yes so rapidly and it moved so quickly that we didn't even think about letting NIH know what we were doing.

PC: You mean this is about the pocket veto time?

AH: This was when we started for the very first time and it was introduced in the authorizing committee. So when it was introduced, it was a surprise to NIH.

PC: It was a surprise to a lot of people, even in the nursing community.

AH: Oh yes. To the nursing community, especially to medicine. We met with the board of the AMA once, I can remember doing that. Some of these meetings were not real pretty—let's talk about and say that clearly—because there was a lot of contention about this. Both the NIH and the American Medical Association couldn't imagine what nursing research was about or what difference it could make.

PC: There was some discussion within the nursing community about the difficulty of defining nursing research. Could you explain a bit of that for me?

AH: For a lot of people, if you had medical research, you could make the nursing decisions. It didn't take a separate body of knowledge under nursing practice. What more did you need than what medical research already gave you? And as we began to really understand the differences between medical research and nursing research—both very important but very uniquely different, but compatible. They're very compatible bodies of research. If you would think in terms of cancer and of the caustic kind of chemotherapeutic drugs that have to be used to counter some cancers, medicine would be asking all the pharmacologies of drugs, the dosages, how to give them, the processes the periods of which they need to be given, the biomedical careful explanations of why that drug ought to hit those particular cancer cells, etcetera. Very important research. Nursing is not asking those disease questions. Nursing's asking okay, with that drug, what happens to the patient, what are the symptoms that patient's going to experience, how do we help them with the pain, the hair loss, the fatigue that go along with those

particular drugs, how do we help them cope with that, what are the stress levels, what are the coping levels, what are the teaching programs that have to be done, what's happening to the family in all of this, how do we help the family cope with all of this. So we ask very different questions, but the research is very compatible. It really reinforces each other, but it's very unique. So it's interesting when you think about it in that way, with the two kinds of research and the importance of both. And we had to pretty quickly under the national center testify for Congress what nursing research was, what kind of questions we ask, how is it different from and not provided by medicine, etcetera. Those were some of those early years. We did a lot of education, both of congresspeople and of the NIH. Jan Heinrich was phenomenal in working with that.

PC: In educating people.

AH: Oh yes. Her background's in public health. She knows how to do interdisciplinary work to a T, let me tell you.

PC: I think Doris Bloch's was in public health, too, wasn't it?

AH: Yes, it was in public health, too. So it was really very valuable to have those kinds of people who could help to interpret, because when they finally passed the legislation, they did not pass it because they thought nursing research was good or valuable or made any difference. They passed it because it was a women's issue in the year that all the

congressmen needed women's issues, it was science, it was nursing, and it was health.

You couldn't lose. But did they know what nursing research was? Not a prayer. We said we don't care, we'll take it however we can get it. [Laughs]

PC: Nothing like being opportunistic, is there?

AH: You got it. I mean we just literally played it for that. The one other study that I think is a good one in those final months, because it made a huge amount of difference to us later, is that we were called by, and I can't remember if Eunice was still the president then or not, in about October, because I call it cookies and compromise. I was making Halloween cookies at the time with my young people, and we were called and asked if we had to compromise that legislation—at that point we had legislation for a national institute for nursing—what would we compromise. And as a group, we said clearly what we would compromise would be the name, because Reagan didn't like an institute name on such a small entity. I think that was an NIH issue, and they were pushing not to have that. So we would compromise and take a center label, but we would not allow any of the legislation that builds institute programs to be changed, and that was key because later with the national center, we had all the legislative rights of an institute. So we could build those programs, and once we did, we could be redesignated an institute. There was nothing to stop it. So it was a key decision point for us.

PC: So that was you say in October of . . . ?

AH: That was about October.

PC: October 1984, I guess.

AH: I just remember I was making cookies. I could have been wrong. It could've been some other kind of cookies. I remember I was up to my elbows in cookie dough when that call came through.

PC: Well, trick-or-treating must have been good on campus that year.

AH: Yes, I think it was. So that was the other good story that I think is a really important one for posterity to understand.

PC: And when you say "they" calling, it would be Madigan's staff? Ellen?

AH: When they called, that would be the ANA. It was always the ANA president who called us, and they were dealing directly with Madigan's staff. So we weren't always with Madigan's staff unless we were in Washington, DC, and then we would be working with them.

PC: Were you coming to Washington a lot?

AH: Quite a bit. We came in once, a couple of us, to write the legislation language so we'd have in it what we wanted in it, those kind of things. We did quite a bit. Or they'd have a senator or congressman they wanted us to talk to, and the lobbyists were very good about making sure that it was the nurse researchers who were talking to them, because at that point we all didn't have enough research for anybody but the researchers to know how to quote it.

PC: When did the ANA make the decision to have a big Washington presence, for a Kansas City organization?

AH: They had always had an office in DC, and so while they were a Kansas City organization, they still had a big lobbying office. And then later they came to DC, as you know. I don't remember just what year that was. I'm trying to remember because I think we were working with the lobbyists.

PC: I haven't tracked anything down there, but it just seems an interesting question of an organization that was finally building up to a point where for years whatever was going on through the Division of Nursing was not growing rapidly at all, and then suddenly within a three-year period, everything explodes in terms of—

AH: Yes, it does.

PC: When I wrote the first chapter, I said well golly, there was obviously this critical mass was suddenly there, and part of which you've explained in terms of the role of HRSA in funding that, it takes a while to build that up so that there are enough people, but it was clear that the—well, I shouldn't say it's clear, from my perspective it looks like the ANA, who was probably the six-hundred-pound gorilla in the nursing room, and everybody went along with that, even though leaders—when a lot of the college deans are very nervous about it, still the AACN goes along.

AH: The ANA was the major lobbying group at that point. But at the same time, I think everybody could see the payoff. The need for research was clear. Just when was the right time to try and make the move to get the money and the structure to do it was the big question. And it was probably that IOM report that came out that really provided a dangling opportunity out there, that the people knew was there, but they needed the right moment to move for it. That clearly said we needed to establish a structure for nursing research within the mainstream of health science. That was clearly a recommendation to move nursing research into NIH. Nursing research had been at NIH, that's where it started years ago. It had been in the National Institute for General Medical Sciences for years. Fay Abdellah as one of the nursing leaders was over there, as one of the scientists. I don't really know a lot about that period as much, and I think Susan Gortner has written some about that in her histories, so you could pick that up from Gortner's articles. So in some ways, it was viewed as a time to come home, but it was a time to build the science.

We had gone as far as we could go in the country and building people. We had to build a science now.

PC: And that was the defining moment for why it became—the lobbying was for an institute for nursing research, not an institute for nursing?

AH: Exactly.

PC: Because there was some talk of an NIN.

AH: There was, but it was always meant to be just research. Now I think that the concept of an NIN was part of what worried NIH. They didn't want all the Division of Nursing back over in NIH, which is what it had been, so all the education as well as all the research. And they were concerned that that not happen because the other institutes weren't set up that way. They wanted only the research. I don't think they wanted nursing research at all, you know, but they certainly didn't want all [inaudible].

[Laughter]

AH: That's an interesting story. They really didn't. I mean they fought it long and hard through the AMA and the other groups to keep us out of there.

PC: That's correct.

AH: And once we were there, they were determined we'd be good because we were now one of the family.

PC: And that would lead me to Doris Bloch. Did you know Doris Bloch before . . . ?

AH: Very, very well.

PC: Before this?

AH: Yes, before this. During the time in '83-'85, from '75 through '83 I had been funded several times with Doris's shop over at the Division of Nursing.

PC: I'm sorry. I said Doris Bloch. I meant Doris Merritt.

AH: Okay.

PC: I'm sorry. I just misspoke.

AH: That's all right. No, Doris Merritt I did not know until we went there. So when I went in to interview for this position, which I never intended to take the job, Doris and I just hit it

off. She was a marvelous lady. She was very well liked and very much trusted by Jim Wyngaarden, who was the director. And she was a person who could troubleshoot almost any issue. She was an amazing lady in that way. And she had so much credibility as a director of all the research training programs at NIH, and her ability to troubleshoot different areas for Wyngaarden, that she was extremely well liked and she pulled in a lot of checks for us. She just decided—she was also a feminist in some ways. Very much a quiet closet feminist, and she believed in women's issues and she believed that nursing ought to have its chance. And she went to Jim. Jim did not assign this to her. She went to Jim and said to him that she wanted to take that one on.

PC: Oh really?

AH: Yes, that she wanted to front that institute. And of course he was just relieved to have someone that he trusted and liked and knew was competent to take it on. He still wasn't through being angry about the fact that we were coming. You couldn't blame him. I understand.

PC: When she first came on board, she did make a number of overtures to get to know the nurses.

AH: Oh yes. She did. Particularly all of those others who had been involved in the drive for the institute or the center.

PC: And did you meet her there? Did you meet her in San Diego when she came out there for the meeting that would have been in probably early 1986, before her appointment?

AH: No, I did not meet her then. I did not meet her until later when I was in for some professional meeting, and I met her just briefly. And then of course I spent quite a bit of time with her when I went back to interview.

PC: Right. And the buzz among the nursing community was all very positive.

AH: Yes, it was. Very positive. She wanted us to succeed. She wanted that center to succeed. And she was very clear with Jim about that, and I think it was probably her who turned Jim around in a sense that now they're one of us, they've got to be good, so you help me and I'll make this good. So it became a very different attitude. The women at NIH were very excited about the nursing institute, or the nursing center, because women's issues were a problem at NIH. There was no doubt about that. It's very male dominated.

PC: Yes, I've noticed that. Ruth Kirschstein seems to be the exception to the rule.

AH: I know. That's the thing. You have to chuckle now. Yes, she was the exception to the rule. There was another woman who was the head of the National Center for Research

Resources, Judy Vaitukaitis, and Ruth and Judy and I were the only ones at the table for a long time.

PC: That's right. Was Ruth helpful to you in navigating NIH?

AH: Yes. She really was. Doris was there of course for about a year I think after I arrived, then she went back to Indianapolis.

PC: So she still stayed on to help advise or answer questions?

AH: She certainly did. She was a big help with that. And then Ruth was a big help. Ruth was one of my major mentors—she and Frank Williams. Ruth at that time was the director of NIGMS, but she knew what it was like to be a woman in that system and how to navigate with the guys. So she was very helpful for how to do that.

PC: Did you go over and have lunch with her in her office?

AH: Yes. We had lots of lunches. The other thing that I did was that I lived on campus with my son. He was twelve at the time.

PC: That's why I said that it must've been good trick-or-treating on campus.

AH: Yes, it was. [Laughs] So it was good because—

PC: And she lived on campus, too. In fact she still does.

AH: Absolutely. She still does. And so that was very valuable, very helpful.

PC: When people live on campus like that, is there an outside the office social bond that also forms?

AH: There really is. We all have small plots of land if we wanted to raise something, and so you found yourself planting and raising stuff next to the assistant secretary of health. So when you needed to get something done, you were not talking to a stranger, you were talking to your neighbor who you just planted tulips with or whatever else. And it was a very different kind of sense of being included. I deliberately—and I talked with Doris Merritt about it before I did this—I deliberately lived on campus. They offered me that housing—it was probably more expensive than what I could have gotten someplace else. You didn't get any break on those, although the break was in the maintenance and all the taking care of it and all the yards, etcetera. They did all of that. But I can remember Doris and I talking about it now, because I said to Doris we've got to get integrated. People have got to come to know us and to trust us and to accept us, and part of that is as people, not just as scientists. So I deliberately lived on campus. And she thought that was a very important decision as well because of that. We would have the chance to see

people in a very different light. Frank Williams threw me a reception when I came on campus to meet all my neighbors. So you knew people in a very different way.

PC: I've always found that important. Tell me about interviewing for the job and when you say you never intended to take it.

AH: Well, I had been very active as you know—

PC: Why was the Hinshaw hat in the ring?

AH: I had been very active all the way up through to the time that we were able to get the legislation passed, and then I kind of backed out. I had a funded research study I was running in instrumentation, T32, a big pre-post-doc grant, and I was having a great time. I loved research, I really did, and I didn't much want to leave it, to be honest. But a number of my colleagues called me and wanted me to put my hat in the ring simply because they felt like NIH needed to know what were the caliber of people that were out there. So I knew there were several people who were trying for it and so I said okay, I'll take a look at it but I don't really want to leave and I don't really intend to take it, so this is just to increase that pool. And that's essentially what I did. I went in to interview, had a really good interview, obviously, with Doris Merritt, she was [inaudible] in the very beginning and with Ruth Kirschstein who was an ally. Not such a good interview with Jim Wyngaarden. I was surprised he would have even considered me. I suspect that was

Doris, not Jim. Later, we did very well together. But he was this kind of stilted personality, and I'm sure I was stilted at that point, too, because I wasn't quite sure what I was doing there and didn't expect to take anything if I was successful. So it was kind of a stilted interview. It wasn't a bad interview, it was just stilted. So I went home thinking, well that's the end of that, but at least he knows what all of the CVs look like and the people he could talk to. A couple weeks later, he called me and offered me the job and I said, long pause, "I didn't expect you to call me and I didn't think I would be interested in considering this." He laughed and said, "Okay, Ada Sue. Get it together, make up your mind, and I'll call you back in a couple of days." So that kind of broke the ice for us, and so I thought about it and talked to my friends and considered what to do. I finally decided I'd try it, and I have to tell you it's probably the biggest risk I've ever taken in my career, because we knew we had a lot of people and organizations who really didn't want us out there, I knew it was going to be a huge amount of work to show what nursing research was, and yet for all the risk it was such an exciting challenge and opportunity. I finally just couldn't say no . . . which is a funny way to end up there, but that's how I ended up there.

PC: Let's talk about the interview pool, because as you mentioned this is a very small world, and I can see why people would encourage you to apply because after all this effort, nobody wanted the nursing community to come up with three people or fewer.

AH: Or not have anybody who would step forward.

PC: Right. Almost all would have been out of, well probably all were out of, the pool was all out of universities, colleges of nursing?

AH: Yes.

PC: Do you know how big it was?

AH: I think three of us when we interviewed.

PC: Oh, three finalists.

AH: Yes.

PC: Do you know who they were?

AH: Ada Jacox, myself, and I don't know who the third one was.

PC: Was it Rhetaugh?

AH: I think Rhetaugh was contacted because of her work as deputy director and didn't want to do it. So I don't think she ever put her hat in the ring. That was my sense of it.

PC: Ruby Wilson?

AH: No, Ruby was not in it. I think Nola might have been contacted, Nola Pender, but Nola wouldn't go for it—wouldn't try it.

PC: Did she have the amount of administrative experience?

AH: No. At that point, she had just become an associate dean for research at Michigan, so that was her first, and it was her first experience in a major university. She had been at Northern Illinois University. Good school but smaller.

PC: Rhetaugh would have been a logical candidate certainly.

AH: Sure. She would have been.

PC: Because of the background at NIH. But she never talked to you about it?

AH: No, she never talked about that.

PC: Did you talk to Jacox about it?

AH: No, she and I never talked about it. Isn't that funny? We never did.

PC: And obviously the third one didn't either.

AH: No.

PC: And the selection you think was made by Merritt or for a recommendation?

AH: I think it was a recommendation from the search committee, but I think Doris Merritt had a lot to do with it.

PC: Who was on the search committee?

AH: Let me see. Do you know I don't even remember now who all was on there. Frank was. And then a woman who was an administrator there at Building 1, NIH. I'm trying to remember who else.

PC: But not Ruth Kirschstein either?

AH: No. No, Ruth was not it either.

PC: And that search committee would be appointed by Wyngaarden?

AH: Yes.

PC: So you took the plunge.

AH: Yes, and I was glad. I finally decided I had so much invested in it, it was worth doing. The biggest difficulty was walking away from my research programs. You can't fund yourself. You go to jail for that.

PC: [Laughs] Either that or it's a lot less funding.

AH: Yes. So I had to be careful. We didn't have an intramural program at the time so there wasn't any way to do it through an intramural program. That all was to be built yet.

PC: I will ask one more question today and then we'll come back because we've got a nice break point here. Tell me about your first day.

AH: First day. Let me think about that. Interesting. I walked over from the house because the building that I was working in was very close. I had lunch with Doris.

PC: Where was the building? I'm sorry.

AH: Building 31 is where they still are, is where we were.

PC: Oh, you were in 31. Okay. So they'd moved up by then.

AH: And I lived in one of the houses back behind there. So I can remember walking over there trying to get my child off to school because he was going to junior high, of course. So he finally got off and I walked over, and I remember I had taken my secretary with me from Arizona. I had a superb executive secretary who was just phenomenal, and it was a good opportunity for her to get into federal government work. So they literally arranged it so I could have my own secretary come with me. So she was there and it was nice to have familiarity around me. But at the same time, I think I had lunch with Doris, and I saw a couple of people that I was getting acquainted with, and I went down to our extramural side because they were separated from us—they were someplace else. I can't even remember where now. So I went down to talk with Doris and with Bunny and with Adele Wood, began to get some sense of what they saw as the issues, that kind of thing. That was about all. It was not a huge day in that sense.

PC: Did you have lunch at the cafeteria or . . . where did you eat lunch?

AH: Yes, we did, in Building 31.

PC: Building 31 cafeteria.

AH: Yes.

PC: At the end of the day, what did you come back and tell your son?

AH: [Laughs] I can remember being very excited, and he was glad that I was happy because he knew I wasn't quite sure I wanted to do this job. [Laughs] He was a very grown-up twelve, I have to tell you. He knew that Mom was not sure this was the right move. He of course had left all his friends and Mom didn't know if it was the right move. It was not exactly making him happy, to say the least.

PC: Maybe I should have rephrased the question—what did he tell Mom on his first day of school.

AH: But no, it quickly worked out to be a really good move for both of us.

PC: He still lives in Maryland, doesn't he?

AH: He does. He's still here in the DC area. He's now one of the many lawyers.

PC: Who does he work for?

AH: He's with Hunton & Williams, one of the big law firms.

PC: Yes. I think we do work for them. We have a large group that does legal things for historical background for legal cases.

AH: Oh, that's funny. Yes, he got Potomac fever. I never could get him out of here. So I left a daughter in Arizona when I left there, University of Arizona, and came to NIH, and I left Scott here in Maryland at University of Maryland when I went to Michigan.

PC: You went to Ann Arbor, yes.

AH: I went to Ann Arbor. So they tease me.

PC: Well, they should. It's usually supposed to be the other way around, you know.

AH: I know. That's what they like to tell me.

PC: You just drop them off and go.

AH: Exactly.

PC: Well, I very much enjoyed it. We can arrange to do another one at your convenience.

AH: Okay. My life is a little quieter and more reasonable these days.

PC: Okay. As I say, I'll be back in Rockville on Monday.

AH: I'm pulling up my calendar. I want to see what this thing looks like. Next week, okay, I have some time on Thursday afternoon. Do you have any time?

PC: Perfect. What time?

AH: Let's see. Maybe around 1:00?

PC: Okay, done deal. I'll call you at the same number at 1:00 Thursday, the 28th. Oh, and your e-mail is . . . ?

AH: It's my first two names, adasue.hinshaw@usuhs.mil.

PC: Okay. I'll read it back: adasue.hinshaw@usuhs.mil.

AH: Yes.

PC: Okay. I'll send you an e-mail to confirm.

AH: Okay, fine. Thank you.

PC: Thank you very much.

AH: Surely. I've enjoyed it, too. Bye.

PC: Bye.

[End of Interview]