

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH LINDA FLYNN

FOR THE

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INTERVIEW CONDUCTED BY

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TRANSCRIPT BY

REV

Johanna Schoen: I have to say that after we talked, we talked to so many other people in the Nursing School, including Caroline Dorsen. Then, I talked to--now I forget her name. Hold on, let me look it up.

Linda Flynn: [Susan] Salmond?

JS: Yes, her as well. Was that the other day? Now, I can't find it in my--oh, here, Joanne Korba.

LF: Oh, okay.

JS: I'm going to talk to Barbara Sinacori tomorrow and it made me--I know you had already said this--but it made me realize what a very cool and very radical place the Nursing School is. [laughter] It's so amazing, the faculty you guys have.

LF: Yes, yes, they are wonderful, yes.

JS: It's really great.

LF: It's good to hear. Thank you.

JS: I am a little bit curious, we talked in January of 2021 last, and so that was just as we were revving up for all the vaccinations. I had talked a little bit to Caroline and to Joanne about the vaccination program and how students were involved, but I wanted to see a little bit about your perspective about that, how easy or difficult it was to pull that together. Then, the other thing I'm going to ask you about is, after we discuss that, potentially curricular changes or adjustments that you have had and how you look at both the pandemic and the long-term outcome of the pandemic for the functioning and also the teaching in the Nursing School as a result. Does that make sense?

LF: It does. It does.

JS: Let's start with the vaccinations.

LF: Yes, okay.

JS: How was the process of basically tapping into the resources of the Nursing School in order to provide the most possible help for the vaccine sites that emerged in New Jersey?

LF: Yes, absolutely. RBHS [Rutgers Biomedical and Health Sciences] or the chancellor's office, who's in charge of all the health professions schools, they decided that, and we totally supported this idea, that Rutgers should have vaccination clinics. They wanted one in Newark, and they wanted one around the New Brunswick area. Then, I believe, even though they're not part of our chancellor unit, they were also going to do one in Camden as well.

JS: Yes, they have one in Camden as well. I remember we talked to, after you suggested it, we talked to--I forget her name now.

LF: Donna [Nickitas].

JS: Yes, exactly. She was also excellent, another radical woman.

LF: Oh, yes. [laughter] Caroline Dorsen was involved in the overall planning. She co-chaired the Rutgers VAX Corps, along with someone from the School of Pharmacy. Together, they co-chaired it, and so they were responsible for the planning really across multiple VAX centers. But, for the Newark VAX center, our Senior Vice Dean of Student Services and Administration took the lead on the operations piece, Dr. Kyle Warren. He is one of two vice deans that report to me. Sue Salmond is one, and Kyle Warren is the other. He took the lead on the Newark VAX clinic in terms of finding the site, in terms of hiring the staff, getting the faculty to, you know, schedules and rotation, getting the vaccine in place, getting people trained, the layout, how patients or the members of the community would walk in, and then where they would go. He planned everything with respect to the Newark VAX Corps vaccine center. That was a huge investment by the School of Nursing, because he's involved in so many things. His time is very valuable, but he took that on. He located it in Stonsby [Commons], which is sort of a student building, student dorm, in Newark that's very, very close to the campus, so it's easy to get to. Then, about six months ago, Stonsby said, "You can't have it here anymore." So, he relocated it in the School of Nursing building, in Ackerson [Hall]. There's a big room where we have our faculty meetings called the Dean's Conference Room. Half of that is currently the Newark VAX center. We were very much involved in all of that, so faculty rotated, students rotated, etcetera.

JS: How did students feel about participating in the vaccines, in giving vaccines?

LF: Yes. As long as they were supervised by either pharmacist or a faculty member or a nursing faculty member, I think they felt very good about it. But there was something else our students did that was even, in many ways, more impactful. That was around Christmas of '21, so it was just this past December. The hospitals were at a staffing crisis point. They had reached a point where nurses were leaving. They had had it. They were gone. With the holidays coming up, there were a lot of vacations and all of that. They called me, one of them did, about maybe three days before Christmas. The president of University Hospital in Newark was the first one to reach out, "Is there anything you can do? We are desperate." I called Sue Salmond, the other vice dean, and said, "This is a crisis, and I suspect other hospitals are having this crisis as well." Within twenty-four hours, she and Caroline Dorsen had put together the Nursing Student Reserve Corp.

JS: That is amazing.

LF: Within two days, we had 125 nursing student volunteers. They're not licensed, so they were restricted in what they could do, but they answered call bells. They filled water pitchers. They helped in any way they could. We got such positive feedback. They also did other hospitals as well, the RWJBarnabas hospitals, and I think Atlantic as well. Wherever they asked us for help, we sent members of the Student Nursing Reserve Corps.

JS: This was undergraduate students, right?

LF: Yes. Undergraduate, because the graduates are already are [RNs, registered nurses].

JS: I figured. For them, it's not an issue. Did Carolyn basically just send around an email? Well, actually, let me backtrack. I assume that they had to be third or fourth year, or did you take anybody?

LF: No, they had to be third or fourth year, yes. They had to be in their nursing courses, not in the prereqs [prerequisites]. Sue Salmond, like I said, took the lead on it. Then, when I was talking to the hospitals, I said, "I'll tell you what," I said, "Undergraduate students always need money." I said, "Could you create some kind of little position, an emergency position, that they could apply for?" so they could at least get some minimum wage or something. They said, "Oh, sure. We'll do that." So, that's what we did. Sue sent an email. She and Caroline worked on it, and it was really compelling. I said, "If ever there was a time, the time is now. We need to."

JS: That's really great. Did you provide those students with any additional guidance? Do you know?

LF: I don't think so, because it wasn't part of their clinical work. It wasn't part their school work. This was sort of in addition to that, but what we heard back from the hospitals was that the nurses just loved it. They felt reinvigorated to have all those young people there trying to help them, that the students did an excellent job. We didn't receive any complaints at all.

JS: That is so great. It's funny, when I have nursing students who have been able to do something like that, they always talk about it and they always write about it. It's clear that it's incredibly meaningful to them.

LF: Yes, it was. It was meaningful to the students and to the nurses at the hospitals..

JS: That's really great. Do you find that, I guess, for the past three semesters or so, that the pandemic has had a significant impact on the curriculum? When did you guys go back to being able to place students into clinical training?

LF: We did fairly quickly actually; they were out for about three months and then we were able ...

JS: Okay, that's what I thought, and then they came back.

LF: Yes, it has, in that we have incorporated mental health first aid as a requirement for any of our students that are admitted. They have to be certified in mental health first aid. Then, we have incorporated stress first aid and what's called Schwartz Rounds into our curriculum, both in undergrad and grad.

JS: Can you explain to me what they are? What's mental health first aid? Is that for students to recognize how to deal with patients who are mentally ill?

LF: No. It's to deal with ...

JS: To help them cope?

LF: Yes. Stress, PTSD [post-traumatic stress disorder], those kinds of stress-related depression in themselves and in their colleagues.

JS: And who teaches those?

LF: Oh, our faculty, and I don't remember who.

JS: It's like a unit that's incorporated in the classes that they had before.

LF: No. Mental health first aid, we provide them with websites, and they have to take the course and be certified before they start.

JS: Okay.

LF: Then stress first aid and Schwartz Rounds are in the curriculum. Stress first aid, I think, is like a five-day workshop that we make them take once they're admitted. Then, Schwartz Rounds, which are being able to get together and talk about what you've experienced and it's led by the psych mental health faculty, those are required also once they're admitted.

JS: Do students give you any feedback over those units?

LF: I actually ran into students who were leaving their stress first aid course, and I asked them, "So how is it?" and they were very excited. They said they loved it and it was really, really helpful.

JS: That's really great. Where does the name Schwartz ...

LF: Schwartz Rounds.

JS: ... Come from? I'm just asking because Sloan Kettering has the same and I thought it was particular to the institution, but, obviously, it's not.

LF: It's not, no. I think the person who started them was like Dr. Schwartz or something like that. I have not been to one. It's only been described to me, but that is where, say, a group of nurses or a group of nursing students will come together and it will be led by someone with background in psych mental health, usually an advanced practice nurse or psychologist, psychotherapist or somebody, and so they will talk about stressful events that they have experienced and they support each other. Under the help of the leader, the psych mental specialist, they try to make sense out of it.

JS: Ah, that is such a nice combination then between the mental health, the stress and the Schwartz Rounds, that's really great.

LF: Yes.

JS: They get all of those at about the same time, right?

LF: Yes, they might be spread a bit over the curriculum, but they do get all of them. Like I said, the mental health first aid, which is a little bit more stringent than stress first aid--stress first aid is more like basic self-care kinds of things--but the mental health first aid, they need to show us that certification before they start their classes.

JS: Looking back on the pandemic since it started, do you have a sense of any other big impact that it has had on the Nursing School and the nursing curriculum or, for that matter, possibly also on the kind of students who are now applying to Nursing School? I'm not sure what it would be.

LF: We had to make changes in our curriculum anyway, because our accrediting body was requiring it. Now, it gives us the opportunity to have more public health and population health in our curriculum. The new curriculum is about a third in the community, a third in the hospital, and a third focused on population health, aggregates at risk.

JS: Yes.

LF: Part of the of the problem everyone noticed at the beginning of the pandemic is there are no public health nurses, or at least they're in short supply. Even nurses in the hospital weren't really familiar with the language. What does transmission rate really mean? So, a lot more of that has been incorporated into the curriculum.

JS: It's funny, I remember that Joanne Korba said that so many people say that the pandemic was the worst thing that happened, but from her perspective and the things that she was teaching, she felt like it was the best thing that ever happened, for that very reason, right?

LF: Yes, exactly. Our students, at the time, they took training on contact tracing. They did work within their clinical rotations as contact tracers. They did testing; the nasal swabs and those kinds of things they learned to do. I don't know if those things are going to be permanent in our curriculum. I think that was in response to the need, but certainly a lot more public health content is in our curriculum now.

JS: I guess the other thing I'm really curious about is that from your perspective as the dean of the Nursing School, so I'm thinking back to a quote by Brian Strom, who basically said that we have to adjust to a new normal, where we basically take a certain number of deaths from COVID now as where we are and where we're going to stay, and the kind of tension that that produces when we think about health inequities and about our ability to not accept that people who are now vulnerable to COVID, that that's, A, an additional vulnerability to a number of patients, and then a new vulnerability to others, who before that didn't face something like this. I'm

wondering about your thoughts about that, and then also about the implications of that for somebody who teaches nursing students.

LF: Yes.

JS: That's a large question, I'm sorry.

LF: No, that's okay. That's a complex question. Let me start by leading up to it. The last time we talked, did I tell you about the study that one of our faculty completed?

JS: No.

LF: One of the things that she [Charlotte Thomas-Hawkins] and I hypothesized--and this was ninety-nine percent her baby, her work, it's what was keeping her awake at night--had to do with practicing nurses during COVID--because this is when she did the study, back in the middle of the pandemic--who were nurses of color and were they experiencing what we came to call a dual pandemic? Were they experiencing the effects of caring for patients with COVID and all the stress that that entails, plus their own fears for themselves and their family, because we all know that the rates were so much higher in terms of mortality rates, et cetera, among people of color, particularly our Black community in particular--well, I guess, Hispanic as well. Super imposed on all of that, were they still experiencing microaggressions in racism within their hospital workplace, and did these things all combine to have a greater impact on their mental health and wellbeing than they did compared to their white counterparts? She surveyed eight hundred nurses who were practicing in New Jersey hospitals during the pandemic, and she found that, indeed, that was the case.

One of our concerns, of course, is going forward, we need to ensure that the nursing workforce in New Jersey, as the most culturally diverse state in the country, remains diverse. We need to hold on to the nurses because also their intent to leave was much higher, their intent to leave the profession and their jobs was higher than their white counterparts, and we can't have that. We're very concerned about them and their mental wellbeing. That, honestly, I think is a landmark study. I think that's going to be cited for years.

JS: That hasn't gotten published yet, has it?

LF: Oh, yes, it has.

JS: Oh, could you send the citation for that?

LF: Yes, I sure will. Two of them have been published from that. I'll send that to you. Let me say the one was an interdisciplinary journal and the other was a high-level nursing journal, and the nursing editor contacted Charlotte [Thomas-Hawkins] and she said, "It's been accepted without revision." [Editor's Note: The two publications being referred to are: "Effects of Race, Workplace Racism, and COVID Worry on the Emotional Well-Being of Hospital-Based Nurses: A Dual Pandemic," Thomas-Hawkins, C., Zha, P., Flynn, L. & Ando, S., 2022, In: *Behavioral Medicine*. (48, 2, p. 95-108 14 p); and "The effects of race and workplace racism on nurses'

intent to leave the job: The mediating roles of job dissatisfaction and emotional distress," Thomas-Hawkins, C., Flynn, L., Zha, P. & Ando, S., Jul 1 2022, In: *Nursing Outlook*. (70, 4, p. 590-600 11 p.)]

JS: Wow.

LF: She had been an editor for like twenty-five years, and this was the third time she'd ever seen something accepted without revision. Yes, I'm happy to send that to you. That's a huge concern of ours, and so we are certainly increasing and enhancing our diversity, equity and inclusion strategic plan at the School of Nursing.

Getting back to your original question [laughter], which was leading up to that, we are reviewing our curriculum to make sure that DEI [diversity, equity and inclusion] is incorporated throughout all the courses, not just a course on social determinants, which we've always had social determinants of health, but that we're really expanding that content in our courses. What were the other parts of the question?

JS: I guess the other part of the question partly has to do with your opinion about this notion that we are at a normal, where we just have to accept ...

LF: Oh, accept deaths.

JS: Yes.

LF: It kind of runs contrary our nature. [laughter]

JS: Right, exactly. That's why I'm wondering about it.

LF: Certainly, every year prior to the pandemic, people died of seasonal flu. We know that, but I certainly hope that we don't see these increased numbers as the new normal, because there's the vaccine, there are boosters, there are treatments now. There's Paxlovid and other kinds of medications that one can take that will reduce the symptoms, and most of those medications to treat COVID were tested and produced in New Jersey. [laughter] So, I certainly hope that we don't assume that's the new normal.

JS: You're, I guess like me, hoping that at some point, given the fact that even now we have these high infection rates again, that we will, at some point, pull out of it and that we just aren't far enough yet timewise.

LF: Exactly, exactly. Certainly, there are risk factors that contribute to mortality, but unless you're very frail and you've got multiple problems to begin with, at this point in time, people should be surviving this.

JS: Yes. I guess the other question that suddenly made me think of is a question of on the one hand vaccine hesitancy, and then also the animosity against science in general and public health

in particular. It makes me think about when we were starting to talk about--now I forget the name, but whatever the infectious disease that is with pox in New York now.

LF: Oh, monkeypox.

JS: Yes, thank you so much, exactly. I felt a little bit when I was watching the news over the last several weeks over this discussion about monkeypox, that even from the COVID time, we haven't really learned anything. It's like we have to start from scratch every single time. Has there been a way in which you've been able to feel like you can equip your nurses with ways to respond both to vaccine hesitancy and to the hostility that public health people and scientists, in general, are at the moment still receiving from the general population?

LF: Yes, that's a really good question, because unfortunately nurses have a very high rate of vaccine hesitancy.

JS: Why is that?

LF: The studies that have been done find that they are influenced by social media. I think that one of the things that we need to do more of is have a positive social media presence, where we're talking about the advantages of vaccines and whatnot. I don't know that we've really done that, but, of course, nursing was very busy responding to the pandemic. Certainly, I think health departments and public health in New Jersey could probably do a better job of social marketing on social media the advantages of the vaccines. Generally speaking, women are more vaccine hesitant than men. Nursing is a predominantly female profession, many of which are of childbearing age, and there were those questions about, "Is this going to ..."

JS: Right.

LF: So, I think all of that kind of played into it.

JS: Yes. That is so frustrating because it seems so much that one hits this wall, where progress is really extremely difficult and incremental. It is something that Joanne Korba also talked about, that she had students, on the one hand, who were administering vaccines but who themselves were really hesitant to get vaccinated.

LF: Right, exactly. The ANA [American Nurses Association] did a survey and they estimate that about ninety-some percent of nurses in the country are now vaccinated. But there was a large percentage that didn't want to be, they are, but they didn't want to be. Because of the mandates, they were. There is some resistance there.

JS: Is there anything else that strikes you that we should talk about that we haven't that comes as a large impact from the pandemic?

LF: I don't know if we talked about this before when you and I met or not, but the impact, the social and economic impact, on our undergraduate students.

JS: We didn't, so let's talk about that, yes.

LF: There were a number--and we wouldn't find out about this until the students were in some kind of academic crisis. They were failing a course, and these are our undergrads, not our graduate students. They work, they're nurses, they have different issues. But there was a fair number of our undergraduate students who would get into an academic crisis, and then they would write to me for an appeal that they could continue and whatnot. They would describe heartbreaking situations, where they would describe being homeless. They had shelter, but they were couch surfing. They were going from one friend's house to another friend's house to another friend's house because they lost their part-time job. They were working part time as waiters or whatever, and they lost that job. They had no income and they [inaudible]. There were students who had to work full time because their mothers and fathers lost their jobs, and they had to work to feed their younger brothers and sisters. It was these just heartbreaking stories of them having to take on responsibilities or experience financial hardships that they normally wouldn't have. The School of Nursing, as well as the School of Health Professions, started a food pantry in this building in Newark. It's open to this day, where students can go and get groceries, because it was that hard for them financially. That was tough.

JS: That sounds extremely difficult. It's useful as a reminder that that really carried itself across the undergraduate population at Rutgers.

LF: It did.

JS: Were there any other ways in which you were able to address this?

LF: We do have emergency funds if they needed something. Certainly, if they couldn't pay their tuition, we have some scholarship monies and things like that and, like I said, the food pantry. Our student services would meet with them individually. When I would get these letters, that would be one of the first things I'd do. I'd call up student services, who would then reach out to them, and try and help them as best we can, yes.

JS: Do you have a sense of how many students had to drop out as a result of it?

LF: No. We're not aware that a lot of students dropped out. During that time, when it was so bad, I was very lenient in terms of appeals and gave them all a second chance.

JS: I find it interesting, I found even last semester, I could still see how traumatized students were as a result of the pandemic and how difficult it was for them to kind of reintegrate into an in-person classroom, where they had to be able to--so many of our students, I guess, maybe because we had remote instruction for so long, they hadn't been in school for two years.

LF: Right.

JS: They were sophomores or juniors, and it was the first time that they set foot in a classroom.

LF: Right. We saw the same thing. They were in clinical rotations, but their lectures were via Zoom. Then, a percentage of them--I couldn't guess what percent--but there was a fair number that had trouble reintegrating, yes, absolutely. That semester, we were also, I was also, very lenient, during that first semester back. By the time they were in the second semester back, I was less lenient; they needed to work on that. [laughter]

JS: Well, I think that's it on my part.

LF: Okay.

JS: Thank you so, so much.

LF: You're quite welcome. Thank you. Thank you for taking the time to ask those questions and to hear the stories.

JS: I have to say, I just love talking to you and your faculty. It is among the most rewarding [of] all the interviews that we're doing.

LF: Oh, fantastic. Good to hear that. Thank you.

JS: I hope you have a great rest of the day.

LF: Thank you. You as well.

JS: Bye.

LF: Bye.

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