



The Breakthrough to Nursing column presents ideas and perspectives about the importance of cultural diversity in nursing.

By Emily Little, NSNA Director and Chair, NSNA Community Health Committee

BTN Committee member Emily Little interviewed two nurses who have experienced different “eras” in nursing. She finds that nursing has changed dramatically just in the last three decades!

The NCLEX® looms above the heads of many nursing students. The pressure and anxiety surrounding the test has existed since its inception, but the format of the exam has changed significantly. Picture the 1970s: a young man recently graduated from Mary Hitchcock Nursing School sits at a desk in a room full of nursing students. He takes the two-hour exam and pencils drop at the end, in relief. He still has more 2-hour exams to take over the next two days. He then waits three-six months before receiving his results.

For Peter Nolette, it was less stressful to go in cold than to review for the test. His approach seems to have worked out — in September 2007 he finished his thirtieth year of nursing. Nolette started out his nursing journey as an “orderly” who performed aide-like duties. He started at 16 before he was eligible for official licensure or training, which all happened on the job. He became a nursery nurse at 17 and at that time it was the aide who ran the nursery — there was no rooming-in with mothers so he was responsible for bringing in the babies to their moms when they needed feedings. As an aide, he was responsible for education on breastfeeding and sitting with active labor patients if the nurse was tied up with another patient.

When asked about what has changed in nursing since the 1970s, Nolette exclaims, “I would have to write an



Peter Nolette, MBA, BSN, RN, CWCN, graduated in 1977

entire book to describe how different things are now from the 70s. It truly is a very, very different world.” He notes that a huge improvement is ease of education and nurse-physician relationships: “Nurses are physician’s colleagues and not servants; advanced nursing education is available from home via the web — you can earn a nursing degree without commuting for classes. Nurses are respected and honored for their contribution to healthcare.”

Nolette began nursing when there was a huge difference in gender representation in the profession. Nursing still has more women than men nurses; however, the gap has become smaller. “We are a large group of men who care about our patients, our colleagues and ourselves,” he says. “We need to continue to promote the entry of other very good men into our profession and continue to see/present ourselves as equals on the health care team.”

Being a man in nursing has changed for Nolette and the increase in numbers are a big part of it. “Prior to the 80s, most men who went into nursing went into administrative and teaching roles and a precious few did bedside care,” he points out.

Nolette also talks about the perception of the term “male nurse.” He notes, “I detest the term ‘male nurse.’ I am not a ‘male nurse’ - I take care of both men and women patients. I am a registered nurse, period.”

As a man in nursing, Nolette has faced other challenges, including being perceived as the go-to person for “heavy-lifting” and dealing with women colleagues who were angry that physicians would treat them poorly, yet would rise to managerial positions and treat him and

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other colleagues with similar contempt. The other perception he contended with was that most men who went into nursing were gay. He says, “I suppose that if you were insecure, fear of that perception could be an issue, but it wasn’t for me. Today, I think that stereotype has faded dramatically, and is seldom heard of.”

Nolette has since earned a BSN and MBA and is working as a wound care specialist. Wound care has also changed significantly from the 1970s as an area of study and practice. It has emerged as its own specialty and wound care knowledge has its basis in science rather than in anecdotes. As Nolette explains, “the days of merely slapping gauze and tape on a wound and saying ‘hasta la vista,’ are gone.” As Nolette has changed in his own nursing career, the field around him has changed and developed into a stronger place to practice.

Margaret Beaulac, BSN FNP, RN - FNP in 1996

After working as a nurse for almost twenty years, Margaret Beaulac returned to nursing school in the mid-1990s to get an advanced practice degree, as she wanted to work autonomously. For many years she had worked in Boston and New York and enjoyed many opportunities to work independently as a BSN, but when she moved to



Margaret Beaulac, BSN FNP,
RN - FNP in 1996

rural Maine she faced limitations on the type of nursing jobs that were available and she wanted something more.

Beaulac entered advanced practice nursing in 1996 and her first job was at the Southwest Harbor Medical Center, a rural Maine clinic. It is Beaulac’s belief that her transition from RN to FNP was facilitated by the fact that she had had many opportunities to practice independently as an RN. She had the

opportunity to work in an advance practice role with a physician in a women’s health clinic in Boston and then she worked in New York City for the Visiting Nurse Service of New York in the early 1980s.

Her first year as an FNP was overwhelming in that she had very little orientation. On her first day, she was given a screwdriver to put together her bookcase and

started seeing patients that same afternoon. Support from her three physician colleagues at the clinic made the transition easier; however, there was also an expectation that she would be immediately productive.

There were many changes from when Beaulac entered nursing to when she returned to school in the 1990s: the use of computers and other technological advances had changed nursing dramatically; there was an increase in the level of acuity of patients in the hospital and in the community; an increase in advanced practice nurses in different roles and specialties; and the advancement and increased number of complex medications and treatments.

For Beaulac, the greatest improvement in nursing has been in the greater number of nurses pursuing and attaining advanced practice degrees. “Advanced practice nursing is certainly more accepted by institutions, physicians and the public,” she notes. “I think that nurse practitioners have proved their value in the delivery of health care. It’s always a challenge to continually represent your profession in light of restrictions that are instituted

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by insurance companies, and the demands and complexity of healthcare and medicine.”

On the other hand, her biggest challenge has been the transition to increased use of computers and the internet. Nevertheless, she loves her computer and Palm Pilot. A computer links Beaulac to programs that help her in her clinical decision-making and she uses the Palm Pilot to keep track of drug interactions and coding. She believes that with nursing and medicine advancing at the current rate, it’s

through technology that health care professionals will stay on top of it and keep it safe.

Beaulac ended the interview with advice that transcends generational gaps: “Have a plan. Use your undergraduate education to the maximum. Talk with faculty and learn from their experiences. Do externships and volunteer work. It’s important for nurses to process what they do and take their practice to the next level of understanding. They should remember that nursing can really be an art form based on understanding, empathy and service to humanity.” ©