

**SERIES:** Caucus: New Jersey with Steve Adubato  
**TITLE:** Caucus Up Close with Geri Dickson & Phylis Peterman  
**SHOW #:** 1626  
**TIME:** 26:47

STEVE ADUBATO, host:

Welcome to another edition of CAUCUS Up Close, where we talk with some of New Jersey's most interesting and compelling personalities. I'm Steve Adubato.

This week, we'll meet two prominent Rutgers University Newark faculty members whose dedication to their work has put them at the top of their fields. Later in the program, we'll take an in-depth look at the current nursing shortage with Geri Dickson, of the College of Nursing. But first, meet Phylis Peterman, chair of the Rutgers Newark Department of Social Work.

Good to see you, Phylis.

Ms. PHYLIS PETERMAN (Chair, Department of Social Work, Rutgers Newark): Good to be here.

ADUBATO: Social work: What is it?

Ms. PETERMAN: Well...

ADUBATO: A lot of misconceptions out there.

Ms. PETERMAN: Yeah. There are a lot of misconceptions. First of all, it's a great profession, and I'm somewhat biased, of course. But the role of social work is to really remove--seeks to remove obstacles that get in the way of a person's well-being. Those obstacles could be interpersonal, as well as environmental, and usually they're a combination of both. So the role of the social worker is try to identify these issues, problem solve, connect people to resources.

And oftentimes our work is on the microlevel, working with one-to-one or small groups; other times it's involved on a lar--broader level: advocacy, policy, planning. So there are a variety of things that people can do in a great many areas, ranging from working with the elderly to children and families, criminal justice system, mental health--health. So there are a variety of different areas that people can be involved in.

ADUBATO: But again, social workers, social work--sometimes it--it's unclear, like, who you really are...

Ms. PETERMAN: Mm-hmm.

ADUBATO: ...as a profession. I think--again, I think there are a lot of misconceptions out there. Say the field of psychology has people

like Dr. Phil.

Ms. PETERMAN: Mm-hmm.

ADUBATO: I don't know. My--not my cup of tea. But there's Dr. Phil. There's Dr. Ruth, whatever. The doctor whom? I mean, who's out there representing social workers?

Ms. PETERMAN: Well, that's one of the--the things I think that is somewhat problematic for social work. You have some professions that have a lot of media presence. And, of course, general psychology is not Dr. Phil or Dr. Ruth. Psychologists do--do testing. They--they--they do some counseling. There's a lot of experimental work, in terms of behavior and approaches that work.

Social work, a lot of people working in the--in the trenches, working behind the scenes, working day to day with children, with families, with elderly, problem solving. So there are a lot of social workers who are unsung heroes. Sometimes the publicity that we get is--is not great and is not representative of who we are.

ADUBATO: What do you mean not great?

Ms. PETERMAN: Well, a lot of times what you see with social work is areas of--of--of child welfare where there might be a problem or there's an issue.

ADUBATO: Let's describe it. Excuse me for interrupting.

Ms. PETERMAN: Mm-hmm.

ADUBATO: Soc--the social worker's coming in. I was watching a TV show last night where, you know, this couple...

Ms. PETERMAN: Mm-hmm.

ADUBATO: ...you know, had this little girl they wanted to adopt...

Ms. PETERMAN: Mm-hmm.

ADUBATO: ...and they were going through the process...

Ms. PETERMAN: Right.

ADUBATO: ...getting ready for the social worker to come in.

Ms. PETERMAN: Right.

ADUBATO: They're rearranging the house. They're making sure everything looks a certain way...

Ms. PETERMAN: Yeah. Mm-hmm. Mm-hmm.

ADUBATO: ...or doesn't look a certain way. The social worker is this person who has this tremendous authority and isn't a particularly feeling or sensitive person. It was like a bureaucrat.

Ms. PETERMAN: Well, the average social worker is a particularly feeling...

ADUBATO: Right.

Ms. PETERMAN: ...sensitive person. There's a job that we have to do that as an educator I help educate people to be social workers. So the social worker has to have an objective eye, but also has to have empathy, concern, has to know how to do assessment, planning, problem solving, understand issues of cultural diversity, things that will affect intervention, has to understand the larger system, has to be able to be compassionate but not consumed or overwhelmed by emotions.

So a social worker who has to do a home visit is trained to ask the questions but also to kind of look behind and get a sense of how much is truth and maybe how much is put on. Most of us put on our best face, and that--that's good. So that's just one of the things that social workers do. But we're all over the place.

ADUBATO: You do it all--OK, and you're doing it in lots of different venues.

Ms. PETERMAN: Mm-hmm.

ADUBATO: A social worker could be someone who you go see and sit for an hour...

Ms. PETERMAN: Right.

ADUBATO: ...you know...

Ms. PETERMAN: Counseling one-to-one...

ADUBATO: ...like a th--counseling, right?

Ms. PETERMAN: ...the third-party payment.

ADUBATO: All that...

Ms. PETERMAN: Yeah.

ADUBATO: ...from that to public policy-making, advocacy, as you said...

Ms. PETERMAN: That's right.

ADUBATO: ...whole range of situations.

Ms. PETERMAN: Right.

ADUBATO: The other thing, in terms of misconceptions out there, that social workers: bleeding heart, liberal social worker type.

Ms. PETERMAN: Mm-hmm. Right.

ADUBATO: Let's go right at it.

Ms. PETERMAN: All right. Well, the--the social worker type does--is a compassionate person, but social workers range from conservative to moderate to--to liberals.

ADUBATO: On the ideological scale.

Ms. PETERMAN: Yes. But our job is to help people problem solve. So, you know, you have to have a lot of stamina, a lot of courage, focus.

ADUBATO: Mm-hmm.

Ms. PETERMAN: So I think that con--conception is erroneous. And people who have had direct contact with social work will bear that out. And I've had a lot of students who enter into the profession because they've had a positive experience with a social worker or their family member has had a positive experience at some critical point in their lives.

ADUBATO: Is that who your students are? People who have had this positive experience? Where do they come from?

Ms. PETERMAN: Oh, there are a variety. We have students, you know, fresh out of--bright-faced, wet-behind-the-ears 19-year-olds, and we have people who are retired from the military and have had their own businesses. But they all have something in common: They want to help. And they realize that helping is more than a hobby; it's a profession that requires a great deal of preparation.

ADUBATO: The reason I know that's true is there are three children in my family--an older sister and a younger sister...

Ms. PETERMAN: Mm-hmm.

ADUBATO: ...and it is our younger sister, Michelle, who is, in fact, a social worker, went through your program at Rutgers.

Ms. PETERMAN: Yes. Mm-hmm.

ADUBATO: By far, of the three of us, the most sensitive and empathetic...

Ms. PETERMAN: Yes.

ADUBATO: ...and caring, and not as a hobby.

Ms. PETERMAN: Mm-hmm. Right.

ADUBATO: You know, it's a way of life.

Ms. PETERMAN: Yes.

ADUBATO: And I always thought, I don't know, there's something about those people.

Ms. PETERMAN: Mm-hmm. Mm-hmm.

ADUBATO: How do they get to be so caring, you know.

Ms. PETERMAN: Mm-hmm.

ADUBATO: I--we all grew up in the same family, but there was only one of us who was ever gonna possibly...

Ms. PETERMAN: Right.

ADUBATO: ...do something like that.

Ms. PETERMAN: I mean, I think that whatever people do, whether you're a banker, whether you're a Realtor, whether you're a cosmetologist, you need to have a caring heart. You need to feel like you've been called to your profession...

ADUBATO: Mm-hmm.

Ms. PETERMAN: ...because you want to do the best that you can by your customers, by your clients, by your patients. So we all, I think, whatever profession we are, we have some empathy, some concern. Some people just express it in the profession of--by going into social work.

ADUBATO: Let's talk money here.

Ms. PETERMAN: Mm-hmm.

ADUBATO: Not getting rich, huh?

Ms. PETERMAN: But--but not poor either. That's another misconception. I think--I don't know how much people think the average college graduate right out of college makes. It's certainly not \$50,000. The average American family makes \$28,000.

ADUBATO: Really?

Ms. PETERMAN: Yes.

ADUBATO: That low?

Ms. PETERMAN: Yes. So--if you take all across...

ADUBATO: OK.

Ms. PETERMAN: ...28 to \$30,000.

ADUBATO: All right.

Ms. PETERMAN: So our graduates, on the average, and we've done a recent study, start out with about \$28,000 a year, which is not bad. We've had a recent report--I had a student do a--a study on salaries just this past year, and one of the sources that she looked at indicated that after two years--two to three years--a social worker working in the Newark, New Jersey, area with a BSW gets \$39,000. And that's not bad. And certainly I can bear that out by some of the feedback that our students give us. So there are very few professions in America where one gets rich, but certainly a social worker, even at the BS level, can make a comfortable living. And then many of our students...

ADUBATO: Let's talk MSW. How much does it change things?

Ms. PETERMAN: ...go on to MSW.

ADUBATO: A master's in social work. How much does it change it?

Ms. PETERMAN: For...

ADUBATO: Are--what are you able to do, Phylis, with an MSW that you can't do with your bachelors of social work?

Ms. PETERMAN: All right. If people are interested in clinical work, then one needs to get the master's, plus the experience. In the state of New Jersey we have licensing, as many states do. If you want to be a licensed clinical social worker, you--you get your MSW. You get the LSW. Then you have to have a couple thousand--close to 2,000 hours of supervised practice to get the clinical social work degree, the--the--the licensing. So a person with a master's can--usually has more tasks to do, moves into a supervisor position. It moves them further up the administrative line.

ADUBATO: Sure.

Ms. PETERMAN: But the good thing about the bachelors in social work is that people can actually get a job when they graduate.

ADUBATO: There's a shortage, isn't there?

Ms. PETERMAN: Yeah. And through 2010, I mean, the job outlook indicates that the needs will far outstrip the available people. Our students get jobs usually where they're--where--where they do their field internship.

ADUBATO: Mm-hmm. Let me ask you a question about your...

Ms. PETERMAN: Right.

ADUBATO: ...professional/personal level.

Ms. PETERMAN: Mm-hmm.

ADUBATO: You've been the recipient of several teaching awards...

Ms. PETERMAN: Right.

ADUBATO: ...as a professor at the university: the Warren Sussman Excellence in Teaching award 2001...

Ms. PETERMAN: Mm-hmm.

ADUBATO: ...also the Teacher of the Year award by the Rutgers University Newark College of Arts and Sciences. We've bo--both taught on the college level.

Ms. PETERMAN: Right.

ADUBATO: You obviously not just teaching but on the administrative...

Ms. PETERMAN: Mm-hmm.

ADUBATO: ...administrative end as well. The essence of a great college educator is?

Ms. PETERMAN: Realizing that you need to make a comfortable atmosphere for your students to learn, that you're teaching adults and that some of them are coming back to school after 10, 15 years. Some are coming back to school--they're supervisors, administrators. They're in their own jobs and now they're coming back to the classroom to--to be the learner.

Learning takes risks. So if you want to open your mouth, try and work through a problem, share some of your experience, relate the concepts to something that you're familiar with, it takes a risk. And also something that I think we often forget is that you have to be creative in the classroom. I think I'm a good lecturer, but I know I'm boring to myself sometimes. So, you know...

ADUBATO: You, too? I know I am.

Ms. PETERMAN: ...one of the things that--that--you need to--I try

and do a variety of activities in the classroom, small group, have student dos--have students do presentations. We have an assignment that the students have to do, contemporary--look at a contemporary social welfare problem and they have to present their facts to the class, but then they have to do it in a creative, interesting way.

ADUBATO: So I want to be clear. So yours isn't the only voice in the class?

Ms. PETERMAN: Right. Right.

ADUBATO: Mixing it up.

Ms. PETERMAN: Because there are many paths to--to--to learning. And the--the students really get a much better grasp of the information if they've got to do some of the digging, some of the unusual work themselves and to present it to other people, it's--you're learning twice.

ADUBATO: But at the same time and--before I let you out of here, Phylis, I have to ask you this. For those of us who have been part of university life...

Ms. PETERMAN: Right.

ADUBATO: ...the struggle--I mean, how--for someone who is as good a teacher as you are, I--I don't want to believe that you're the exception, but there are an awful lot of folks who go in to academia not to teach, but rather to do research, to write scholarly articles, "peer reviewed," in quotes, articles for their colleagues...

Ms. PETERMAN: Right.

ADUBATO: ...in certain journals that most Americans don't read. And--and then there's the public service equation, which we are a part of at CAUCUS...

Ms. PETERMAN: Right.

ADUBATO: ...because we come out of--Rutgers Newark created CAUCUS 15 years ago.

Ms. PETERMAN: That's right.

ADUBATO: But I guess it's a long-winded way of saying, 'Do we respect the teaching piece of this equation, the three pieces: research, public service and teaching? Is it real?'

Ms. PETERMAN: I think more and more there is more respect for it. Certainly Rutgers Newark has tried to put a lot of emphasis on teaching. We have a Teaching Excellence Center. There are forums, there are workshops, to--to encourage good teaching. Our--our dean,

Dean Diner, has instituted...

ADUBATO: Steve Diner.

Ms. PETERMAN: ...the program--use of a city grant where he's encouraging faculty to make use of--of the city, of the environment in their teaching. So there are--are efforts and I think that in some universities it's not respected as much, but I think certainly at Rutgers Newark, there's a lot of effort being made to make sure that teaching is respected as well as the research and the publications. Both are very important.

ADUBATO: In the end, though, great teaching is about loving your students and loving teaching, and you've done that for many years and you've made a tremendous difference in the lives of many and we thank you so much. We wish you all the best.

Ms. PETERMAN: I try to. Thank you very much.

ADUBATO: And I--I know you do. Stay right there.

Up next, an in-depth look at the current nursing shortage with Rutgers College of Nursing's Geri Dickson, as CAUCUS Up Close continues. Stay with us.

Announcer: If you would like more information on this program, or if you'd like to express an opinion, e-mail us at [talkcaucus@aol.com](mailto:talkcaucus@aol.com). And visit us on the World Wide Web at [www.caucusnj.org](http://www.caucusnj.org).

ADUBATO: Geri Dickson of Rutgers College of Nursing is the project director for the New Jersey Colleagues in Caring, a nationally funded program that is addressing the current nursing shortage in our state and nation.

Good to see you, Geri.

Dr. GERI L. DICKSON (PhD, RN, Rutgers University, College of Nursing): Thank you. It's good to be here.

ADUBATO: Colleagues in Caring, when did it start, how did it start and why?

Dr. DICKSON: Well, it started with a challenge from the Robert Wood Johnson Foundation for nurses to break down the barriers that historically have separated service and education. We haven't all been on the same track and so Colleagues in Caring also has a logo attached with it that indicates that not only are nurses as colleagues in a caring profession, but we also should reach out and care for one another and speak in one strong voice, which we haven't always done.

ADUBATO: Let's talk about this nursing shortage. I heard you say right before we got on the air--you were talking to Greg, our floor

manager, and he said, 'Wait a minute. We have a--we have a shortage and then we have a glut...'

Dr. DICKSON: Right.

ADUBATO: '...and then we have a shortage and then we have a glut.' And he said, 'What's so different?' And you said, 'Well, wait till this show starts, I'll tell you.' Well, what is so different about this nursing shortage? Why--didn't we have another one awhile ago?

Dr. DICKSON: Late '80s, early '90s, yes, we did.

ADUBATO: Why is this one different?

Dr. DICKSON: And we've had one many, many times in the past. It is different and it's not a simple problem this time. There are complex factors that are all coming together. One is that health care itself is in the state of change, I would say, state of flux, with increasing costs and factors impinging upon hospitals and other organizations for their funding. And it's not seen as a pro--pro--profession, health care, in general, that it was in the past. It doesn't have the same prestige, the same interest to people coming out of college. Also nurses are still primarily female, 94 percent of nurses...

ADUBATO: Why?

Dr. DICKSON: ...are women. It used to be that nursing, social work, teaching were professions that women could go into. That's not the case today. Women have multiple opportunities for which they can enter and can achieve in those professions. So that's one of the reasons that people are not coming into nursing--generation...

ADUBATO: Training to be a physician.

Dr. DICKSON: Right.

ADUBATO: A lot of women physicians.

Dr. DICKSON: Right.

ADUBATO: More options.

Dr. DICKSON: More options. Some of the other things that had happened in the past was that there was a strong economy and so women--some of those who are nurses were working in other fields or staying at home, because they--their husband were--were working. The shift in the economy will make a little change in what's happening but I just really view it as a blip. The work force--the nursing work force, particular of RNs, is aging rapidly, so that the average working RN is 44 years of age. The faculty are--are aging even faster, and so there will be a shortage of faculty, of master's and doctorally prepared faculty which will limit the students' enrollment

as well. And at the same time, our population, in general, is aging so that, as the demand for nursing increases with the aging population, increased technology, people living longer, needing more care at the same time that the work force is diminishing due to retirement, aging nurses and no one coming in to fill in the gap.

ADUBATO: Geri, let's talk about the work itself, of being a nurse.

Dr. DICKSON: That is an issue in there, too, right now.

ADUBATO: How hard a job is it?

Dr. DICKSON: If you're a nurse, the average nurse, 44 years old, working in a hospital, it's very, very difficult work.

ADUBATO: Why?

Dr. DICKSON: Many patients to care for, many very sick patients to care for. A lot of turnover of patients. Nurses talk about having three patients in the same bed in a 24-hour period, so that every time a patient is admitted or discharged or transferred to another floor, that creates more work for the registered nurse in the way of assessment and documentation, arranging for the admission, transfer or discharge. So those are some of the factors. There's a shortage of nurses, particularly in hospitals. And also that means that nurses have to work--work harder, care for more patients and it's difficult, demanding work.

ADUBATO: Talk to us about managed care and how managed care has changed the practice of nursing.

Dr. DICKSON: I'm not so sure that managed care has changed the practice of nursing. It has changed how health care is delivered. Nurses are still really educated to practice nursing almost in the same way we have for a long period of time, with the patient being the focus. And managed care has created a system in where costs are managed and care is sometimes limited. For example, in hospitals, patients are in and out in a very short period of time. There's day surgery and office surgery for cataracts and all those kinds of things that people used to spend many days in the hospital and having care for. So that has impacted on--on nursing and how nursing needs to practice quickly and more sharper than they have in the past. People in the community going home on ventilators and with IV therapy and different kinds of things means that practicing nursing in the home is different than practicing in the hospital.

ADUBATO: Nurses--is there something about--I mean, I asked your colleague Phylis Peterman the same question. Is there something about people going to social work? Is there something about the men and women--mostly women who go into nursing?

Dr. DICKSON: I heard Phylis say that most people who go into nursing

say they--they're--they want to help. Many nurses or nursing students used to say they wanted to help people. That isn't always today, for the younger generation, a motivation to go into nursing. But many of us that have been in nursing for a while entered nursing for that reason, because we wanted to help people. But nursing is far more than that. It is caring, but it is also doing it with skills and with knowledge and research behind you and to be able to make decisions about somebody's care. And that can be really--in a variety of settings, it can be looking at health promotion, how you can stay healthy, have a healthy lifestyle, how you can maintain your lifestyle with screening and looking at your blood work and so forth over time and also restoring when you are ill and helping you to get back to health. Nursing covers all those as well as teaching and working for HMOs and managing care and public policy as well.

ADUBATO: Best case scenario: Colleagues in Caring, this initiative that you're heading up, three years from now, what has been accomplished?

Dr. DICKSON: Three years from now?

ADUBATO: Yeah.

Dr. DICKSON: Well...

ADUBATO: How do we mether--measure the success of Colleg--Colleagues in Caring?

Dr. DICKSON: Well, I would hope that Colleagues in Caring will leave a legacy for New Jersey of having nurses from all walks of the nursing community be able to work together and be able to address issues in which we can all agree, we can come to consensus about, that we can live with the decisions that are being made about what's going to happen to nursing. We--I envision that there will be established a collaborating center for nursing within the state, that Colleagues in Caring provide the basis for that, so that nurses would be able to measure, monitor and forecast, as we have done, for the nursing work force, be able to develop a st--strategic plan that would--would help the governor and Legislature to hap--the way they would use their resources for nursing, to be able to establish more schools, more resources for faculty, for student scholarships as well as for the working nurse to help nurses develop new systems of care that would improve the care and be different from the way we are today.

ADUBATO: Geri, this nursing shortage--lots of different approaches as to what we might do. What about the idea of bringing in nurses from other parts of the world, you know; the Philippines, other places? I mean, it's going on right now.

Dr. DICKSON: Right.

ADUBATO: Talk to us about that. I mean, talk to us about the idea

that, 'Hey, maybe we just don't have enough of a pool here.' Maybe the--the opportunities as you describe, the options are much greater...

Dr. DICKSON: Right. Right.

ADUBATO: ...for men and women who might be going into the profession. Any concerns about recruiting all over the world?

Dr. DICKSON: I have--personally have major concerns with foreign recruitment. I have done some work in Romania with the educational system there. There is really a global nursing shortage and so when nurses leave their country, be it the Philippines or Ghana or a co--poorer countries to go to other countries where they can earn more money and practice nursing, it really leaves those--a void in those--in those countries. I also think that with nursing education, there are people within the health-care system who, with subsidy, can become more advanced workers. For example, we have lots of nurses' aides working as certified nursing assistants. We have LPNs. Those could be subsidized and in a year, two years could enter the supply to become a registered nurse.

ADUBATO: The LPN is a licensed practitioner...

Dr. DICKSON: Practical nurse. A licensed practical nurse.

ADUBATO: Right.

Dr. DICKSON: It's based on...

ADUBATO: Licensed practical nurse?

Dr. DICKSON: Licensed practical nurse and generally it's a year's education. But we have developed, and Colleagues has helped in that, with an articulation or education mobility system where they can enter associate degree or diploma programs with advanced placement. And they would need help while they were going to school, financial help, but it would be possible to accelerate the pr--educational process and they are a health-care worker already in the system, have experience in that and I think would make good workers to enter into the supply. I think that's a better solution than in--than the investment in importing foreign nurses, though I understand that sometimes it is necessary, particularly in hospitals that they really need someone now.

ADUBATO: Absolutely.

Dr. DICKSON: And that might be a little faster way to do it.

ADUBATO: In the few moments we have left, I just want to cover this last area. You were born and raised in Milwaukee.

Dr. DICKSON: In the Milwaukee area, yes.

ADUBATO: Right. You always wanted to be a nurse?

Dr. DICKSON: Nope. I...

ADUBATO: How'd that happen?

Dr. DICKSON: Well, I guess it was just serendipity, I guess. But I had--I got married out of high school and had children. And after that I decided that I really wanted to--to go to school. I was working as a Pink Lady in a hospital, which is really a grown-up candy striper. And I became interested in what was going on. I worked on a unit in a community hospital in Menomonee Falls, Wisconsin--volunteer. And there were some other people there who were going back to school--women.

ADUBATO: Just a few seconds left, go ahead.

Dr. DICKSON: And I decided to go back to school and so I continued going to school and ended up in 1989 with a PhD and then came East to--to work in a faculty position.

ADUBATO: Well, Rutgers Newark is--is thrilled to have you.

Dr. DICKSON: Thank you.

ADUBATO: And we are thrilled to have you here in the--you know, this Colleagues in Caring initiative and we look forward to speaking with you in the future. Wish you all the best.

Dr. DICKSON: Thank you.

ADUBATO: Thanks, Geri.