

The University of Houston School of Nursing (SON) is celebrating a first. Eugenia “Ginger” Blomstrom, Ph.D., RN, CNS-Psych/MH, is retiring Aug. 31, 2016 after 45 years as a nurse clinician and educator. She is the school’s first retiree. Her tenure at UH has spanned from 2008-2016.

As a nurse for more than three decades, Blomstrom has met many challenges and seen many changes in health care. She’s always held steadfast to her vocation and adhered to policy, ethics, and advocates support for the nursing profession and the universities that have given her an opportunity to grow and help others.

More than 880 students have benefited from Blomstrom’s guidance over the years. Now two scholarships will honor her life’s work. One celebrates her years of service to the University and the nursing community and will be awarded to students at the School of Nursing. The second aims to create an affordable path for Hispanic students who want to pursue nursing studies. Blomstrom and her husband, David, have made provisions for the Eugenia Ybanez Blomstrom Nursing Scholarship for the University of Houston School of Nursing.

Dr. Blomstrom has penned some thoughts on the occasion of her retirement. We offer them here with our sincerest congratulations and thanks to her for her service, dedication, wisdom and care.

Reflections on a Lifelong Vocation as a Nurse



Nurses don’t really retire. They simply change lanes. We shift into the slow lane until the green light changes to red and then we retire. As I take the retirement tour and travel back in time, I’m reminded of where I have been and how I got here from the fast lane.

My nursing world started as a Diploma Nurse in the early 70s at Harris County Hospital where I had been employed as an ER admissions coordinator. Because I worried so about our patients and their families, my supervisor encouraged me to enter the program if I wanted to do more. My mom had always taught us that education was the key to success, so if one wants to do more, invest in education. I attended the University of Houston (UH), a great commuter school that allowed me to work and attend classes. I completed my degree, became a UH life-time Alumna, and later returned to my first passion, nursing. The UH had a fantastic program, campus and wonderful social science department, but they didn’t have a nursing degree. I completed my Nursing Diploma program from Hermann Hospital. After my Diploma, I returned to work as a registered nurse with Harris County Hospital’s ER and Intensive/Coronary Unit (ICU/CCU). As I continued to work, I returned to nursing school at UTMB-Galveston and received my BSN in 1987. Working as an ICU/CCU nurse and listening to the patients’ life-world stories about the stresses they were under prior to their “chest pain,” and how no one seemed to care, made me reassess our current treatment plan that addressed their physical condition only. While we were doing a great job taking care of the patient with the most current research relative to medications, diet and exercise, we didn’t really address their emotional needs. Once again I drew from my original concept to seek education if I wanted address the needs of the ICU/CCU patients and their family

holistically. I returned to UTHSC-Houston for yet another degree. I graduated with an MSN - Advance Practice Registered Nurse (APRN) in Psychiatric/Mental Health in 1995. While I enjoyed my independence as an APRN-Psych/MH, I was encouraged by my colleagues and the psychiatric group that I was working with to look into receiving a final degree. Thus, I returned to UTMB-Galveston to for a Doctor of Philosophy degree, which I received in 2008. While I pursued a Ph.D. from UTMB, I worked at TWU, kept my clinical practice and found that getting an education was important, however, giving others the same opportunity was equally rewarding. As I was completing my Ph.D. program I was a guest at a luncheon for scholarship donors at University of Houston-Victoria School of Nursing at the Sugar Land Campus (UH-V) and was notified that a nursing program had accepted 17 students. I was encouraged to apply for a position, so I joined the original staff at UH-V as I graduated from UTMB-Galveston in 2008. The experience as an educator has been truly amazing as I make the complete circle to the original school that gave me my first glimpse at higher education, UH.

I would say that eighty percent of my clinical experience was in surgery, ER, ICU/CCU, and psychiatric nursing because I was always an adrenalin junkie. The remainder of my experience was in administration, risk management. Education is what nurses do every day in a classroom setting or in the clinical setting. During the course of my vocation from the early 1970s to now, I have experienced many challenges and many changes, but never burn out.

As I gaze over a span of three decades in health care as a nurse with the last decade in the academic ivory tower, as the students call it, I'm reminded of many experiences that reflect change in the clinical and the academic arena. Yet, while we have experienced many changes much remains the same, and what brought me initially to this vocation keeps me here still; the calling to heal, touch, remain active, and change the status quo with evidence base data.

In the 70s nurses were guided by the "Kardex," the roadmap to the patient's treatment plan. They carried trays with pills and medication cards, wore white, clean, laced up oxfords with white hose and starched uniforms and caps, and patients and staff could smoke anywhere and everywhere. Length of stay (LOS) was not a concern and patients could remain in the hospital 30-60 days without question. Now we labor over LOS, the medications have been replaced with Pixies, no one wears white, much less caps, technology replaced the Kardex, and smoking is not allowed due to what research has unveiled about smoking.

Patient safety, however, was as important then as it is now. Three major factors were monitored; nosocomial infections, decubitus ulcers (bed sores) and medication errors. Nosocomial infections were an expectation as a 0.5 percent rate/month was acceptable. Decubiti, especially in the polio patient in an iron lung, was unheard of and unacceptable. A medication error was not acceptable and considered a serious compromise of the Five Rights of Medication Administration (or just the 5Rs): right patient, right dose, right route, right drug and right time. Amazingly enough, we are still monitoring the same indicators and the seeing the rate and cost of medication errors and decubitus ulcers increase through the years.

The academic arena of nursing has faced many challenges and experienced great achievements during the last 45 years due to demands in the community and a push to standardize nursing education. In the early '70s, diploma nursing schools were popular in Texas and affiliated with hospitals, as the student in the hospital was counted as staff. The diploma nursing schools' Bachelor of Science in Nursing (BSN), Licensed Vocational Nursing degree and associate nursing degree all were certified by the Texas Board of Nursing (TBON).

In the 21st century, all the diploma nursing schools in Texas have disappeared and most hospitals, especially those with magnet status, require a BSN for entry-level, and many nurses have taken full advantage of higher education to become practitioners and Ph.D. prepared. Thus many exciting changes and opportunities for nurses in the clinical setting and as in education present itself daily.

Since its inception in 2007, the University of Houston School of Nursing (initially as UHV-SON) has graduated more than 300 BSN, MSN and Ph.D. nurses. Over the years, I have taught some of my favorite courses: research, policy, ethics and politics, theory and evidence based, community health, and, my area of expertise, psychiatric health care with an emphasis on geriatric and polypharmacy, the use of multiple drugs to treat or manage coexisting health problems. I also have presented on the impact of polypharmacy in the psychiatric and elderly population locally, in Texas, nationally and internationally.

The research community needs to continue to work on the health care of elderly and the psychiatric population and do more on prevention. The current polypharmacy only invites more negative outcomes. Policy changes might include more therapies, prevention measures and fewer medications. Others still might include less paternalistic measures (those that have aims of protecting health at the expense of individual autonomy) and more independent encouragement to allow the patients to monitor their own medication, perhaps going so far as to have their name included in a data base so all their providers know the drug therapies the patient is on—and circumventing polypharmacy disastrous outcomes.

Whatever I decide to do as a retired or semiretired clinician and or educator, I will continue to monitor the health of the geriatric and psychiatric population and address the devastating issues with polypharmacy. I will stay connected to my organization and the political arm of health care as this was what drew me initially to this vocation and what has kept me here; the instrument of healing, touching, a vocation, a calling for change, and a desire to be the voice for the vulnerable population. I will also continue to promote nursing, quality health care, and the University of Houston as a great intuition because that is what a vocation means; doing the work that fits you right, doing the work that last a lifetime, doing authentic work, creating your own paths, getting paid for your special gifts, and matching challenges with your natural abilities.