



# How One Nurse Changed a Country: The Faithful Journey of Sister Margaret Kollmer

**ABSTRACT:** *How can one nurse change the world? This descriptive case study examines the remarkable career of Margaret Kollmer, a nurse and Maryknoll Sister who developed Korea's first Certified Registered Nurse Anesthetist training program and organized the Korean Association of Nurse Anesthetists. Later, she joined a team serving displaced Korean families and helped establish the first hospice program in Korea as well as a resident hospice program for homeless AIDS patients in New York. Her 59 years of service shows what faithful reliance on God can accomplish.*

**KEY WORDS:** *case study, certified registered nurse anesthetist (CRNA), Korean Association of Nurse Anesthetists (KANA), Maryknoll Sisters, nursing, religious calling, South Korea*

What can God do with one nurse to change health-care? This article offers an exemplar of what can be accomplished when someone relinquishes control of his/her life to God. It is my hope that this story inspires nurses to seek and follow God's will, even in challenging trials.

This is the extraordinary story of Sister Margaret Kollmer. During her 48 years of missionary work in South Korea, she served as an anesthesia provider, teacher, organizer, and community healthcare provider in

underserved areas. She was instrumental in obtaining Korean national recognition for nurse anesthetists, in setting up the first nurse anesthesia training programs, and in organizing the Korean Association of Nurse Anesthetists. She persevered in the face of huge obstacles.

## A CASE STUDY IN CALLING

Raatikainen (1997) describes a calling as "a deep internal desire to choose a task or profession which [one] experiences as valuable and considers her own," and continues, "The aim of a calling task is to serve people altruistically" (p. 1112). If nursing is a calling (and many agree it is), then choosing a life as a nurse and a nun may be a higher calling. Margaret Kollmer felt the call to both. The following case study examines how her faith in God empowered her to answer his calling.

I first met Sr. Margaret Kollmer in 2001 while attending the International

Federation of Nurse Anesthetists Conference in Chicago, Illinois. At the time, I did not know of her accomplishments or her decades of service in my native country, the Republic of Korea (South Korea). I have come to appreciate her as a pioneer in nurse anesthesia.

In an article entitled *A Day in the Life: Sister Margaret Kollmer*, she stated, "I do find that what I have done before has prepared me for the next

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Nurses of faith must be willing to ask, "How can I extend my hands?"

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steps in life" (American Association of Nurse Anesthetists [AANA], 2017, p. 5). This case study examines career details, with emphasis on her remarkable journey as a nursing leader and her dedication as a Maryknoll Sister. The question behind this research was, "How did faith in God empower someone to accomplish so much?"

Hentz (2012) notes a qualitative case study is appropriate when the "focus is on a comprehensive understanding of a phenomenon with rich contextual detail" and "the sum of the whole is greater than its parts." This qualitative,



**Michong K. Rayborn, DNP, CRNA**, is an assistant professor of Nurse Anesthesia at the University of Southern Mississippi. She has a passion for leadership in global nursing and nurse anesthesia education and practice.

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descriptive case study is biographical and based on accounts from periods of Sr. Margaret's life written by the subject herself and by others. These accounts are augmented by a personal interview I conducted as part of the Oral History Program at The University of Southern Mississippi (USM).

Margaret began to recognize God calling her while in high school. Later, in nursing school, she began to understand the calling to become a nun. However, she valued her independence and did not relish the thought of surrendering her life to enter God's service.

1961, her superiors approached her about attending a program to train as a nurse anesthetist. Although she believed anesthesia was in the domain of physicians, the Sisters explained that the Order had two positions for nurse anesthetists—one in Hong Kong and the other in South Korea. They asked her to take 1 hour to consider the request (Kollmer, 2017).

As she was *asked*, not ordered, this decision was Sr. Margaret's. She had to decide whether to continue serving in her comfortable position or step out in faith and take the path less travelled. She decided to accept the offer. She felt the calling and responded, "Okay, God, if this is what you want for me, well then, I'll do it" (Kollmer, 2017).

This decision would influence every aspect of her life from that day forward, and it was a decision that required her to rely solely on faith in God's guidance. Sister Margaret studied anesthesia at St. Francis Hospital School of Anesthesia in La Crosse, Wisconsin.

The director of the nurse anesthesia program at St. Francis, Sr. Yvonne Jenn, became Margaret's mentor. Sister Yvonne taught her an important principle that served her well throughout her career—pray for every patient. She taught Margaret to learn Protestant, Jewish, Muslim, and Catholic prayers so she could pray for every patient according to his/her faith. It was a practice she would later teach her protégés (Kim, 2014).

After 18 months of anesthesia training, Sr. Margaret became a Certified Registered Nurse Anesthetist (CRNA). It was 1964 and she was 31. She arrived in Korea in mid-December where she did not know one person, did not speak the language, and did not understand the culture (Kollmer, 2017).

## KOREA IN THE 20TH CENTURY

To understand the world into which Sr. Margaret stepped, one must appreciate the conditions in postwar Korea. In 1910, the united Korea was occupied by Japanese forces. For the next 36 years,

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## Sister Yvonne taught her an important principle... pray for every patient.

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After obtaining study consent from the Internal Review Board at USM, interview permission was obtained from the subject and the interview was conducted May 9–10, 2017 at the Maryknoll Sisters Center in Ossining, New York. The taped interview is on file at the Oral History Center at USM. During the interview, the subject provided the author with additional print sources and personal photographs.

### ANSWERING THE CALLING AND GOD'S PREPARATION

Margaret E. Kollmer was born in 1933 in Munson, New York, the third of seven siblings. Her mother was adamant that her daughters attend Catholic high school. At St. Agnes High School in Rockville Center on Long Island, seeds were planted that would lead Margaret to become a nun. While there, she decided to commit her life to God.

From an early age, Margaret wanted to help others, especially those in greatest need. Therefore, she pursued a career in nursing. Thinking a university education would be a financial burden on her mother, Margaret completed 3-year nursing diploma program at St. Catherine's Hospital School of Nursing in Brooklyn, New York. Little did she know God was preparing her for the mission he had in store.

On June 25, 1950, just before her first year of nursing school, the Korean War started. Margaret had an urge to serve those in need and decided to join the United States Army when she graduated from nursing school and serve as an Army nurse. However, the war ended before she graduated, so instead she took a nursing position at Meadowbrook Hospital, a large county hospital on Long Island.

While visiting Mercy Hospital, one of the Sisters persuaded Margaret that her talents were needed at the Catholic hospital. But she was reluctant as the pay scale was better at the public hospital. Eventually, she took a position as an operating room nurse at Mercy. Although she did not particularly enjoy the operating room, she worked to be the best operating room nurse possible (Kollmer, 2017). She did not realize it at the time, but God was preparing her for a career as a nurse anesthetist.

Three years after graduating from nursing school, Margaret became a nun. Her desire was to serve as a missionary in places where the need was greatest. The Maryknoll Order of Missionary Sisters was founded in 1912 at Ossining, New York, for the purpose of overseas missions (Maryknoll Sisters, 2017a). As a novitiate, Sister Margaret worked at the Bethany Infirmary, in Ossining where the elder and sick Maryknoll Sisters were cared for. In

the Japanese ravaged the country's resources to support their war efforts. After Japan's surrender, Korea was partitioned between Soviet forces in the north and U.S.-led forces in the south. This artificial partitioning divided the country into North and South Korea.

Five years after the end of World War II, the Korean Conflict broke out when North Korea invaded South Korea. War raged for the next 3 years. In 1953, the war ended with a stalemate and the country remains artificially divided to this day. The environment that greeted Sr. Margaret in 1964 was a country impoverished by 4 decades of colonialism and war. There were thousands of war-wounded veterans and civilians and many more thousands of refugees from the north. Infrastructure was demolished and there was little in the way of economic development.

At the close of the Korean War, the Maryknoll Sisters opened a medical clinic in the city of Pusan. Later, a 120-bed hospital was built (Maryknoll Sisters, 2017a). Sister Margaret would be the first anesthesia provider at the new hospital (Kollmer, 2017).

Her first task was to learn the Korean language. She enrolled in language classes at Yon Sei University Language School in Seoul. After completing the language course, she reported to the hospital in Pusan. When she arrived, she was shocked to learn that all the anesthesia machines, equipment, and instruments were still in unopened boxes and crates. As a new nurse anesthetist with no experience, she faced the daunting task of inventorying, assembling, and testing the equipment in two operating rooms. She also was responsible for ordering the necessary anesthesia agents, medications, and supplies. Until that time, no surgeries were performed at Maryknoll Hospital. The first 2 months were spent setting up the operating room.

For the next 7 years, Sr. Margaret was the sole anesthesia provider. Later,

a Korean anesthesiologist joined the staff. Eventually, in large part due to a pioneering initiative by Sr. Margaret, the hospital opened and staffed seven operating rooms (Kollmer, 2017).

## CREATING A KOREAN NURSE ANESTHESIA PROGRAM

Nurses often find the capacity to expand their abilities. The lack of dedicated anesthesia providers was a critical problem in Korean healthcare in the 1960s. Surgeons performed operations without the benefit of dedicated anesthesia providers. The surgeon would place the patient under anesthesia and then perform the operation. This resulted in deaths because the surgeon could not adequately monitor the anesthesia while performing the surgery (Kollmer, 2015).

Sister Margaret heard of these tragic cases and asked herself, "How can I increase my hands so that no more people have to die from poor anesthesia?" (Kollmer, 2017). The solution was ground-breaking. She established an in-house nurse anesthesia training program at Maryknoll Hospital. The result was the first CRNA training program in Korea.

With the support of Sr. Yvonne in La Crosse and the hospital administrator in Pusan, Sr. Margaret compiled her training materials into a text book for Korean student nurse anesthetists. Then she selected three nurses with operating room experience as the first students. Once these three students were ready to start cases in the operating room, she fluctuated between rooms to provide guidance and supervision, increasing the anesthesia pool three-fold (Kollmer, 2017). She started a second cycle of three nurses, then another, and another, so that there were six or seven student nurse anesthetists in the operating rooms.

The surgeons were pleased with the service provided by the nurses, but Sr. Margaret met opposition from an unexpected source. The medical anesthesiologists felt their position was

threatened and objected to the program. It required a great deal of diplomacy to keep the program alive (Kollmer, 2017). Despite this restriction, the program survived, and word spread. Soon nurses from as far away as Seoul were applying. Eventually, Sr. Margaret helped develop 11 training programs at hospitals across Korea, and her original text book was translated and published in the Korean language (Kim, 2014).

As the program grew, Sr. Margaret recognized the need to be sanctioned and nationally accredited by the Ministry of Health and Social Affairs (MHSA). In 1974, she petitioned for the nurses trained in anesthesia as a legitimate field of practice in nursing (Kollmer, 1988). With assistance from the AANA, she created a program in Korea that was based on the same principles and practices as the American model for nurse anesthetists (Kollmer, 2017).

She persisted in petitioning the MHSA for accreditation of the nurse anesthesia program. This petition was granted in 1979, and South Korea became the first Asian country to recognize anesthesia as a nursing practice. In the decade between her initial three students in 1969 and accreditation in 1979, the concept of nurse anesthesia took hold in Korea.

After accreditation, 14 CRNAs began meeting to share experiences and learn from each other. Drawing from the AANA, Sr. Margaret began to plan for a Korean Association of Nurse Anesthetists (KANA). The MHSA required the association be organized under the auspices of the Korean Nurses Association (KNA). After initial resistance from the KNA leadership, KANA was chartered in 1981, and Sr. Margaret served as the first president (Kollmer, 2017).

## LIVING WITH THE POOR

By 1980, Pusan was on its way to becoming a modern city and was one of the most desirable places to live in Korea. Sr. Margaret felt an urge to make a greater sacrifice and give of herself in

ways that she had not previously considered. She would become a team member of the newly formed “Seong Nam Basic Ecclesial Community Project” (Kollmer, 1981). **AQ2**

Today Korea is recognized as a global economic and industrial powerhouse. However, in the late 1970s and early 1980s the story was

created a covenant among themselves that called for living simply among the populace, use resources sparingly, risk all for justice, and work to alleviate the needs of the oppressed (Maryknoll Sisters, 1982, May; 1982, June).

Although some questioned the wisdom of a highly skilled healthcare professional entering this type of

with dignity, the concept spread to other dioceses. Eventually, similar programs sprouted. Once again, Sr. Margaret was a pioneer who made the initial foray into unchartered territory. Through it all, she managed to travel back to Pusan regularly to teach anesthesia at Maryknoll Hospital (Kollmer).

After 6 years of managing hospice care in Seoul, Sr. Margaret was called home to care for her 93-year-old mother and disabled sister. Almost as soon as she returned, she received a call from a priest in Brooklyn who was starting a hospice program for homeless HIV/AIDS patients. The sick patients were currently staying at a homeless shelter, but the other homeless patients had started to complain. The solution was to create a facility that could help these terminally ill homeless patients die with dignity and in peace (Kollmer, 2017). An old convent was converted into a 21-bed inpatient unit. Although caring for her failing mother, she agreed to give 4 days weekly to get this program off the ground.

In 2014, Sr. Margaret left Korea for the last time and returned to the Maryknoll Sisters Center in Ossining. At age 81, she assumed a position as Wellness Promoter for the Maryknoll Sisters. In that capacity, she taught the benefits of proper diet, exercise, and spiritual maintenance.

In February of 2017, Sr. Margaret retired. However, she said, “I haven’t been un-busy. I’m still busy” (Kollmer, 2017). She is a lifetime member of KANA, a special events speaker, and is involved in advocacy roles at the Maryknoll Center.

## STEPPING OUT IN FAITH

In contemporary leadership discussions, we hear a lot about stepping out of one’s *comfort zone*. This is a reoccurring theme in Sr. Margaret’s life. The one constant in her career was that God required her to continue stepping out in faith to fulfill his plan. Sister Margaret’s life reminds me of the biblical prophet Jeremiah, who wrote:

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completely different. During that period, Korea could be compared with Great Britain at the dawn of the industrial revolution and Seoul could be compared with London. The country was poised for rapid economic expansion and Seoul was the center of political and commercial power. Building the skyscrapers, hotels, apartment complexes, and other infrastructure necessary to modernize Seoul meant that space was at a premium (Im, 2001).

In this environment, the Korean government conceived the idea of Seong Nam City, a traditional-farming-area 12 miles from Seoul. The plan involved relocating 200,000 residents from the poorer areas of Seoul to a planned municipality to be called Seong Nam City. With the promise of factory jobs, thousands of mostly uneducated people and families were dumped into the area. The government did not immediately follow through with housing and infrastructure to accommodate the rapid growth in population; the result was abject squalor (Im, 2001).

The Maryknoll Sisters responded to the crisis by creating a team to minister in Seong Nam, which basically was a refugee camp for persons displaced from Seoul. Sr. Margaret joined the team who

missionary work, Sr. Margaret’s commitment to train CRNAs in Pusan never wavered. She was immersed in sacrificial living and dedicated to serving others. Each weekend she journeyed back to Pusan to teach the students at Maryknoll hospital (Kollmer, 2017). The train ride from Seoul to Pusan was 5 to 6 hours. Just as Christ came to serve the poor and downtrodden, Sr. Margaret answered the call to live humbly among the neediest.

## FIRST HOSPICE PROGRAM

In 1990, Sr. Margaret accepted another challenge. In Korea, the elderly and dying were traditionally cared for by family; there were no hospice programs. As the country began to modernize, there were no home care programs to assist working families dealing with the dying process. The Catholic Social Services of the Archdiocese of Seoul asked her to start the country’s first hospice program.

The hospice program was based at Myeong Dong Cathedral in Seoul (Kollmer, 2017). Sr. Margaret worked through the local parishes to solicit and train volunteers to provide home visits to the dying. Inpatient care was available at Song Mo (St. Mary’s) Catholic Hospital. As word spread about this program that allowed the terminally ill to die

“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you a hope and a future” (Jeremiah 29:11, NIV).

Early in life, when Sr. Margaret argued with God about the call to enter his service, she thought becoming a nun would mean surrendering her independence. Instead, she found freedom and independence in following God’s plan for a life well-lived. Like Sr. Margaret, many nurses today understand their profession as a religious calling. When yielding to God’s guidance, Margaret saw her hands extended in a supernatural way. As the roles of nurses and nurse leaders expand, nurses of faith must be willing to ask, “How can I extend my hands?”


How can faith in God empower one nurse to accomplish so much? The lessons from Sr. Margaret are:

- Don’t be afraid to yield your life completely to God;
- Seek and follow God’s plan for your life;
- Trust that God prepares you for whatever he asks of you;
- Pray for each patient in your care.

Following these principles empowered Sr. Margaret to step out of her comfort zone to accomplish all God asked of her as a nursing leader.

Sister Margaret’s contributions, especially in the field of nurse anesthesia,

have not gone unnoticed. In 1989, she was awarded the Agatha Hodgins Award for Outstanding Accomplishment by the AANA (2018). In 2014, the International Federation of Nurse Anesthetists presented her with the Hermi Lohnert Award for outstanding Leadership in the Field of Anesthesia. These prestigious awards are testament to her dedication and contributions to nurse anesthesia, especially in South Korea (AANA, 2017; Maryknoll Sisters, 2017b).

Sister Margaret Kollmer is a remarkable nursing leader. She has *increased her hands* exponentially in the 59 years since she joined the Maryknoll Sisters. She is a shining example of what one nurse can achieve if he/she is willing to give God control. Korea and the world are better off because of an exemplary nurse who allowed God to lead her life. 

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