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Using History for Health Equity

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Abstract

Purpose and Background:

This thematic proposal explores the ways that history, conceived broadly, can and should be used to advance health equity. As more schools of nursing move to incorporate the “social determinants of health” to address the needs of underserved patients, they run the risk of repeating past mistakes, or sending nursing students into communities unprepared. We argue that historical literacy must be included in any research, clinical, or policy work aimed at health equity, and provide examples of how to do so. We argue that the goal is not simply to ‘reinsert’ nurses back into the history of medicine, or even to uncover “hidden figures” in nursing, but to develop teaching and scholarly projects that engage with existing historical scholarship through which a critical lens can be developed for identifying the limitations and possibilities of health care projects in the past, as historical literacy is important for nurse scientists who are developing health equity projects in the present.

Methods:

We draw on existing scholarship by Jonathan Metzl and colleagues to explore the concept of “structural competency” as a corrective to both cultural competency and social determinants of health which are not grounded in the historical context of local communities, state policy, or national and global history. [1] Understanding the global forces that have driven health inequity, such as colonization, industrial capitalism, and racial segregation, are central to understanding the ways health inequities are created and perpetuated. We use decolonizing methods and critical race theory to decenter whiteness in the history of nursing, and to explore the impact of racial segregation on both the structures and knowledge base of nursing science.

Outcomes:

Panelists will discuss specific projects that they have been involved with or are developing that demonstrate the way that historical scholarship, drawing on ideas from critical race theory, decolonization, and structural competency, can be translated into teaching and research projects. Specific examples include developing historical competency modules for pre-immersion project education, linking historical policies such as red-lining and segregation to current health inequities in research and teaching, and unpacking the ways that historical philosophies of anti-Blackness developed stereotypes about people of color which continue to inform health and medical practices today. We demonstrate the ways that nurses themselves have been implicated in some of these problems but have also developed anti-racist and activist approaches to addressing health disparities in the past. These are important histories that need to be embedded into nurse education today.

Conclusions:

The saying that “those who do not learn history are doomed to repeat it” is particularly salient when it comes to addressing health disparities. Clinical practice and health policy continues to be made in a historical vacuum, which means that structural problems go unaddressed and stereotypes about groups of people are still taught to nursing students. In this panel, we set out the ways that historical literacy can help address these problems and advance health equity in the present.

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A Walk Down Cemetery Lane: Integrating history into an undergraduate nursing course to explore local pandemic response

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Abstract

Purpose and Background: The American Association of Colleges of Nursing (AACN) outlines the essential competencies for professional nursing at the undergraduate and graduate levels. Amongst the new essentials is an emphasis on population health competencies including managing populations and the ability to advance preparedness to protect population health during emergencies and disasters, Domains 3.1 and 3.6. [1] While today's undergraduate students have been directly impacted by the COVID-19 pandemic, they lack a comprehensive understanding of pandemic response at the local level. A Yellow Fever cemetery tour was integrated into the course content of an existing undergraduate population health course as a clinical experience to increase student engagement and learning related to population health nursing and local pandemic response.

Course Design: The clinical experience was designed using the 5-step process outlined during the American Association for the History of Nursing *Threading History into Nursing Curricula Workshop*. [2] Partnering with a local cemetery that offers a variety of tour types, a dedicated tour was planned for the student group during the time of year when Yellow Fever historically peaked. Pre-tour the Instructor of Record (IOR) participated in a similar tour, developed a study guide for students to hone their attention during the tour, and mentored the clinical instructor, providing tools and resources. In addition to the tour which included significant, relevant historical content, students were able to spend extended time in the original cemetery cottage and view death logs, photos, news, and clippings associated with local Yellow Fever outbreaks. Post tour, students were engaged in a facilitated discussion using questions/prompts developed to engage students around key content. Students explored an array of topics from surveillance and epidemiology, economic and societal impact, nursing roles, and nursing shortages to inequities in health outcomes. Students were provided additional resources for ongoing inquiry.

Results/Outcomes: The experience was planned with the intent of pilot testing with one clinical group of eight students and one clinical faculty member. Additionally, the experience was designed to catalyze other faculty to consider the integration of historical content into curricula. A continuous improvement approach was taken when evaluating the experience. Students were asked to provide constructive feedback regarding the experience. Students were given the opportunity to provide both verbal and written feedback at two intervals - immediately post-tour and mid-term. The lead clinical faculty member provided formative feedback. Lastly, the IOR identified what worked well and what could be improved to achieve intended outcomes. Overwhelmingly, the response was positive with a single student expressing challenges with walking for the duration of the tour.

Conclusions/Implications: Nursing history can enhance undergraduate student engagement and learning. Integration of nursing history into existing curricula is facilitated by the use of the 5-step process outlined by Matthias and Hundt. [3] Understanding and incorporating local history through the exploration of places and associated artifacts

provides relevant context for students and supports their development of AACN competencies. A faculty champion can be a catalyst for organizational change, advancing nursing history integration.

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Nurses You Should Know: A Gateway to Inclusive Nursing History Education

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Abstract

Purpose and Background: History as a methodology and perspective is integral to nursing education. It highlights the complex social, political, economic, and cultural systems that broadly shaped nursing and healthcare¹. History is also useful to help students understand the ongoing effects of racism in healthcare and the efforts to achieve health equity.² While diversity in nursing has been an important component of addressing health disparities in healthcare, the history of nursing and nursing curricula must also reflect inclusive and diverse perspectives of past and present-day nurses. The *Nurses You Should Know* (NYSK) project emerges from the critical need to expand the narrative of nursing history beyond traditional perspectives dominated by White, Eurocentric figures like Florence Nightingale.

Methods / Course Design / Implementation Plan: Rooted in Equity-Centered Community Design (ECCD), the NYSK project adopted a multi-faceted approach to storytelling and micro-learning to diversify nursing history education materials by amplifying the contributions of nurses of color and challenging dominant narratives that perpetuate inequities within the profession. ECCD is an emerging “problem solving process based on equity, humility-building, integrating history and healing practices, addressing power dynamics, and co-creating with the community”.³ Drawing from scholarly literature and collaboration with diverse stakeholders, including educators, researchers, clinicians, and artists, this project curated an online micro-learning library featuring stories of over 100 nurses of color. Leveraging micro-learning principles, short-form content was disseminated via various open-access digital platforms to engage learners in accessible and inclusive historical narratives. Challenges included addressing historical gaps, navigating burnout amid the COVID-19 pandemic, and ensuring cultural sensitivity in storytelling.

Results / Outcomes: Learning assessment and evaluation methods encompassed qualitative feedback, user engagement metrics, and iterative design adjustments. Outcome data indicate increased engagement with nursing history among users, with over 100 stories published and widespread positive feedback from educators and learners worldwide. The project fostered a sense of belonging and empowerment among nurses of color through video-based storytelling and user contributions.

Conclusions / Implications: The Nurses You Should Know project sought to bring new tools to individuals and educators interested in expanding the nursing historical narrative beyond dominant mainstream perspectives. The project leveraged brilliant long-form research and scholarly work being conducted across disciplines that are not typically part of nursing curricula and introduced them to learners in an accessible short-form medium. Based on user feedback, changes to NYSK included further content diversification, integration of user-generated stories, and expansion into audio-visual modalities. Implications of the NYSK project extend to nursing education, recruitment, and retention, offering a transformative model for diversifying nursing education and history and promoting a more inclusive and equitable profession. By embracing diverse perspectives

and leveraging innovative pedagogies, NYSK inspires a collective reimagining of nursing's past, present, and future, driving toward a more just and inclusive profession.

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Benefits of Interdisciplinary Learning for Teaching the History of Nursing

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Abstract

Purpose and Background

This presentation examines the pedagogical successes observed in teaching a third-year history of nursing course to an interdisciplinary audience of students including, history and other Arts majors, and nursing students in both the BSN and LPN-to-RN bridging program.

Course Design and Implementation Plan

Hist 3674: A History of Nursing in Canada was adapted from a course I had previously taught only to health sciences students to be a course for an interdisciplinary audience in the Fall of 2022. It was primarily intended for history majors to help them meet their requirements for a BA in History. It was taught by an academically trained historian of nursing based in the History and Politics Department of the university. However, from its inception, I tried to work with my colleagues in Nursing to ensure that my course time would be consistent with any scheduled clinical or required courses to allow interested nursing students to take my course as an elective.

Outcomes

Unlike the previous iteration of the course exclusively for health science students, this course needed to teach historical thinking skills and fit the critical analysis requirements typical of a third-year history class. It was, therefore, necessary to be both challenging for students who had been building their historical thinking skills throughout lower-level history courses but also enable nursing students unfamiliar with historical thinking to learn these skills quickly. I used the six historical thinking concepts of the Centre for the Study of Historical Consciousness (historical significance, primary source evidence, continuity and change, cause and consequence, taking historical perspectives, and understanding the ethical dimension of historical interpretations) to establish a robust historical thinking base for history and nursing students.^[1] These concepts paired nicely with the course textbook *On All Frontiers: Four Centuries of Canadian Nursing*, which contained chapters by academically trained historians and nurse historians which allowed students to see how nurses and non-nurses who engaged in historical research approached their subject matter.^[2]

Implications

By creating a learning environment where students from Arts and Nursing were able to discuss course material in a seminar format it was a fantastic learning experience for both types of students. Students who came from the Arts perspective learned how nursing students, owing to their experience in clinical settings, had different takeaways from the readings. While Nursing students, were able to learn about their profession through the

eyes of non-nurses and develop their historical thinking skills through conversation with Arts students. As the American Association of Colleges of Nursing (AACN) adds history to the *Essentials*, partnerships between History and Nursing Departments can bring benefits to both sets of students as Hist 3674 demonstrates.[3]

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The Ladies of Toronto and the power of American Nursing imperialism in Brazil in 1940's

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Abstract

Purpose and Background: The first initiative to introduce nursing education in Brazil was in 1890. By 1918, another eight initiatives had been introduced. It was not an organized process; the aim was to provide better care and to respond to advances in science. The models of training were diverse: French, British Nightingale, and Red Cross. However, the arrival of the Rockefeller Foundation and the organization of a nursing school, under an Anglo-American model, in 1923, reshaped Brazilian nursing education. The Foundation was also involved in the development of a School of Nursing at University of São Paulo Brazil, providing scholarships for Brazilian health educators to pursue additional education in North America in preparation for teaching at the new nursing school: Maria Rosa Sousa Pinheiro, Zilda de Almeida Carvalho, Lucia Jardim and Glete de Alcântara (1940-1944, called as "Ladies of Toronto").

Aim: To analyze the trajectory of "The Ladies of Toronto" from the Toronto School of Nursing to their roles in Brazilian nursing leadership through the lens of North American nursing imperialism.

Methods: Social historical study using the Micro-History approach. The primary sources are documents of the nursing schools of the University of São Paulo and the University of Toronto, the Rockefeller Foundation, and other collections. Papers, books, theses about Brazilian history, the Rockefeller Foundation, nursing history in Brazil, make up secondary sources. The analysis includes the examination of the data in their context, establishing connections among variables within a critical perspective to write the historical narrative.

Results: It was part of the international efforts of the Rockefeller Foundation to promote access to professional education under an imperialist idea of public health and scientific medicine. The data indicates that these Brazilian women's departure to Toronto through the Rockefeller Foundation is an important example of North American imperialism in the formation of Brazilian Nursing, from 1923 to 1949, since the Rockefeller foundation itself was co-responsible for the creation of the School of Nursing at the University of São Paulo, Brazil.

Implications: The four Brazilian women, upon returning to Brazil, exerted an important influence on the national nursing leadership. Their careers helped Brazilian nursing to achieve higher levels of professionalism.

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Present nursing of a past scourge: The last days of the Kalaupapa settlement

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Abstract

Background and purpose:

During the late 19th century, early public health officials established a settlement on the island of Molokai for the purpose of colonizing and isolating residents of the Hawaiian Islands who were found to have Hansen's disease. At around the same time, disease control measures also led to the founding of a similar colony in Carville, Louisiana.^{1,2} Patients sent to these isolated locations generally spent the rest of their lives there after parting with their families, property, and possessions. By the 1960s, nearly a century later, the advent of effective antimicrobial therapy ended the need to quarantine and segregate those with Hansen's disease, and most patients were discharged to the community.³ Some, however, remained at the colony that had become their only home. While the last patient left Carville in 2005, there remain eight patients under the care of public health nurses working with current and former residents of the Kalaupapa colony on Molokai.

Numerous historical records exist, including many patient accounts of life in these colonies. However, there is scant literature reflecting the perspectives of the nurses caring for patients under the very challenging circumstances involved in treating patients who acquired Hansen's disease prior to effective treatment, many of whom developed severe permanent disabilities from the disease.⁴ The purpose of this presentation is to provide historical perspectives of patient care as well as the current perspective of a nurse working with the last remaining patients in the Kalaupapa settlement during 2023.

Methods:

Direct observation during a site visit to the settlement on Molokai that included interviews with a patient and nurses provided the backbone to this study. The digital archives of Hawai'i provide additional historical data from the local area, and oral histories obtained from existing literature provided unique primary sources. Seeking out these sources together with the cultural and environmental literature of the era provided a broader understanding of the lived experiences of residents of the colony.

Framework: A cultural history framework is utilized to illuminate the shared experiences of the nurses and patients in this unique care setting.

Results:

Isolation for both patients and caregivers in these unique environments has a significant impact on social and professional interactions. In developed countries such as the United States, treatment has evolved significantly. This has transformed what was a prior life sentence in exile into a simple outpatient medication regimen. Hansen's disease remains

prevalent in many areas of the world where access to effective treatment is lacking, and there remains significant stigma associated with infection with *M. leprae*.

Conclusions and implications:

Nurses, particularly those in public health settings, have been integrally involved in control measures for various infectious diseases since the foundation of government public health programs. Nurses caring for patients in the aftermath of a transformation of care must continually bridge a divide between the past and the present, including the lifelong consequences of the patient's prior treatment and current needs that encompass both physical and psychosocial needs at the end of life.

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A history of nursing ethics in America

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Abstract

Background:

Professions are characterized by factors including specialized knowledge and skill, service to society, autonomy, regulation/licensure/registration, shared history, codes of ethics, and the existence of professional organizations. No singular event independently captures nursing's professionalization in the United States. Rather, its process spans approximately 75 years and, depending on which of the above criteria is applied, professional nursing in the United States is between 73 and 150 years old. Nursing's professionalization occurred in the context of multiple social forces. Nursing education and practice both adapted to changes in medicine, technology, politics, economics, and world events. These social forces and transformations in nursing education and practice also coincide with changes in nursing ethics. Tracing nursing's ethics, therefore, involves tracing its professionalization, including its training and practice. The purpose of this historical analysis was to examine shifts that occurred in nursing ethics as the discipline moved through the professionalization process. Previous examinations of the history of nursing ethics in the United States have not contextualized the shifts in nursing ethics as co-constituted by changes in nursing practice and education.

Methods:

The specific questions guiding this project were: How do changes in nursing ethics reflect changes in nursing training? How do changes in nursing ethics reflect changes in the work environment of nurses? How are changes in nurses' relationships to patients, physicians, society, and the discipline reflected in nursing ethics?

Analysis of primary and secondary sources, in addition to a small sample of historical artifacts, were analyzed through the lens of normative ethics. Specific normative lenses included virtue ethics, deontological ethics, bioethical principlism, and care ethics. This analysis examined three historical periods. First, 1873-1926 represents the period from the establishment of the first training schools for nurses in the United States, based on the Nightingale model, to the first *Suggested Code* of ethics for nurses. Second, 1927-1950 marks the period between the first suggested draft to the first formally adopted professional *Code of Ethics for Nurses* in the United States. Finally, 1951-2015 is the timespan between the first adopted code and the most recent revision.

Results:

Early nurse training focused heavily on ethical formation, informed by a virtue ethics framework. This was crucial to improving the social standing of nursing. It also resulted in exclusionary practices that were contradictory to the professed values of the discipline. Racism and sexism in education and practice environments occurred in direct opposition to ethical ideals. Additionally, clerical training and commitment to service were at odds with the discipline's efforts to achieve just remuneration.

Conclusions:

The shift from obedience to physicians to patient advocacy is the most dramatic shift in American nursing ethics. The 180-degree turn occurred over the course of 100 years with a

variety of contributing factors including the professionalization process itself. Additionally, much has been written about the role of gender in the history of nursing. Religion (Christianity) and not gender seems to have been the most influential factor in the development of nursing ethics in America and is not discussed nearly as often.

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Let's Just Do It: Advances in Emergency Nursing Practice

Dr. Audrey E Snyder PhD, RN

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Abstract

Purpose and Background: The purpose of this exploratory study is to describe the advances in emergency nursing (EN) practice in the United States, emergency nurses' role in shaping disaster preparedness and response and the influence of the Emergency Nurses Association (ENA) on emergency nursing internationally.

In the mid-20th century, nurses often provided emergency care in emergency rooms (ER) without physicians present. The 1965 Medicare and Medicaid legislation resulted in increasing numbers of patients seeking care in ERs as private physicians turned away patients without private insurance. It was in this context that the EN specialty developed.

Published works include a pamphlet on early history of the organization published at the 25th anniversary of the ENA and an article for the *Journal of Emergency Nursing* at the 30th anniversary. There were no identified writings analyzing the role of ENA in shaping disaster preparedness and response or EN internationally. This work expands on a co-authored a paper on the three most important ENA policy initiatives in ENA's 50-year history³ and bridges the gap in the literature.

Methods: Traditional historical methods with a social history framework examined events in the context of time, place, and contemporaneous social interactions² for data collection, data immersion, and the development of chronology and themes. Primary sources include legal documents, journals of the time period, manuscripts in the ENA Collection at the University of Illinois Chicago Midwest Nursing History Research Center and materials at the ENA headquarters, and news records.

Outcomes: Themes were identified and incorporated into a historical narrative. The role of the emergency nurse was analyzed within the social, political and economic context of the period, and within the context of healthcare, emergency medicine, significant disasters and health care advances.

Anita Dorr and Judith Kelleher working in New York and California united emergency nurses in 1970 as the Emergency Department Nurses Association. The organization rapidly grew across the nation supporting and crafting the evolving role of the emergency nurse over the last 50 years. Whenever a challenge or need arose the leaders said, "Let's just do it," impacting emergency nurse practice, education, certification, advocacy, policy, and collaboration internationally.

In the early years ENA focused on the professionalization of emergency nursing through educational conferences, journals, certification and courses to address specific populations. The 1970s were formative years with the military advancing techniques in trauma and emergency care. From the first annual conference in 1972 cutting edge topics premiered.

Conclusions: Over the last 50 years the ENA has responded to constant change becoming an international organization. In 2011 the American Nurses Association recognized EN as a specialty practice and ENA as a specialty nursing association. This work builds on previous work that identified the top three policy issues in the first 50 years, as the provision of care for vulnerable populations, trauma and injury prevention and patient quality and safety.

ENA has provided premier education programs and conferences that have advanced disaster preparedness and response while becoming a voice for nurses, not only in the US but internationally.

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A SESQUICENTENNIAL CELEBRATION OF NURSING EDUCATION: A VIDEOGRAPHIC HISTORY OF THE SCHOOL OF NURSING

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Abstract

Video link: [Nurses 2023_Open Caption on Vimeo](#)

Desired Presentation: Video presentation (30 mins) with comments/discussion (30 mins)

Purpose and Background: To document, preserve and celebrate the history of the nursing school and the achievements of its graduates on the 150th anniversary of its founding. As part of an anniversary program of one of the first nursing schools in the US based on the principles of Florence Nightingale, a 30-minute videographic narrative was prepared to highlight the 108-year history of the school and its graduates and to contextualize that history with what was occurring in nursing and in the nation.

Methods: Traditional historical methods using primary sources from the Hospital School of Nursing Collection in the Hospital Archives and Special Collections and selected recordings of graduates obtained from the Hospital School of Nursing Oral History Project. Although histories of the school have been published, no film version existed. This medium allowed recorded testimonies of graduates not included in prior histories and added new challenges of time and topical constraints.

Results/Outcomes: Graduates of the school were in the vanguard in shaping the nursing profession, organizing it nationally at the Chicago World's Fair, creating and passing legislation in several states for regulation and registration, and leading the formation of the AASTSN, AAUSC, NLN, ANA and the AJN. They administered hospitals and organized nursing schools both diploma and collegiate. They were leaders in military nursing and in response to mass disasters and pandemics and they expanded the role of the nurse by establishing and leading new practice areas such as anesthesia, social service, administration of hospitals and nursing schools and the nurse practitioner role.

Conclusions/Implications: While the video is a celebratory narrative, it documents the leadership role that the graduates of the school played in the creation and growth of a new profession. The history of the school parallels the history of nursing as the graduates and undergraduates react to and meet societal needs created by historical events such as wars, pandemics, disasters, poverty as well as peace and prosperity. When social, economic and cultural factors dictated, the school closed and a graduate program for health professionals emerged in its place to provide future leaders for the nursing profession. The school's graduates and undergraduates were in the vanguard when the new profession was born, in its struggle for survival, in its expansion into new areas of practice and its blossoming into independence and validation.

If You Can Bake a Cake, You Can Make an Abortion: A Social History of Home Remedies for Contraception

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Abstract

A feminist zine from the 1990s called "Herbs for Self-Defense: If You Can Bake a Cake, You Can Make an Abortion" tells its readers that "Controlling your fertility is self-defense"(inside cover). The unnamed authors frame their collection of herbal recipes for abortion as part of a "fight against the war on your body" (inside cover). This approach to homemade abortion extends Sarah Stage and Sammy Danna have identified as the widespread desire among American women throughout the nineteenth century to avoid treatment by doctors. For women, taking control of their own health - including reproductive health - was key to freedom from interventionist medicine by male medical practitioners and a means to avoid the physical and economic hardships of repeated pregnancies.

This presentation draws on archival sources related to the advocacy of douching as a birth control method to draw a connection between women's desire to control their own reproductive health and avoid doctors and patent medicines such as Lydia E. Pinkham's Sanative Wash aimed at "female complaints." As Laurel Thatcher Ulrich points out, the medicalization of pregnancy led to widespread use of active methods, such as delivery by forceps, by inexperienced doctors, causing suffering and damage to both the mother and child. When the American physician Charles Knowlton published *The Fruits of Philosophy* in 1832, he advocated vaginal douching as a method for preventing pregnancy and lauded it for being entirely "in the hands of the female"(41). Throughout the nineteenth-century, douching became part of an arsenal of tools to help women avoid male doctors, and, by extension, as one midwife put it, "the maimed forms of humanity suffering untold misery alone in consequence of the treatment of some murderous accoucher" (Brown and B.P., 271).

This presentation is based on archival research at the University of Michigan's Library using nineteenth and early twentieth century materials illustrating women's avoidance of medical practitioners based less on modesty than the fear of medical incompetence. Sources including midwifery manuals and customer testimonials for patent medicines repeatedly echoed belief in the dangers of male medical practitioners and women's desire to treat themselves at home. Likewise, accounts from the period provide evidence of male medical practitioners misdiagnosing female patients and spreading disease by traveling from the sick bed to the delivery room.

Archival sources related to contraception, especially through douching, from the nineteenth and early twentieth centuries abundantly demonstrates the shared belief that douching allowed women greater reproductive control over their own bodies, a belief that is continuous with women's stated desire to avoid the dangerous methods brought on by the medicalization of gynecology and obstetrics.

While most discourses in nursing scholarship rightly condemn douching as unnecessary and ineffective as a birth control method, this presentation takes seriously the practice's social history as a tool of female reproductive autonomy. This research brings in voices of patients, as well as midwives and traditional healers who were increasingly pushed out of the medical discourse of the period.

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Atomic Nurses: Industrial Nursing at the Savannah River Plant With a Focus on Mary Hanna Barnes

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Abstract

Purpose and Background

In 1941, the Division of Industrial Hygiene of the Public Health Service led the development of industrial health programs in defense industries (Brown, 1964). Nurses were a vital part of these programs and worked with engineers, physicians, and chemists. Industrial nurses were employed at many sites that produced materials for the atomic bombs. Accounts of the work of these nurses are most often generally described as being the nurse for a doctor. Often last names or other identifying information about individual nurses and their contributions at the sites that employed them cannot be located. This paper will focus on the contributions of nurses at the Savannah River Plant. Information regarding the life of Mary Hanna Barnes, an industrial nurse whom the plant employed, will be highlighted. Key texts about industrial nursing during this time include Department of Energy Reports.

Methods

Historical Methodology was used for this research. Data sources include biographical information found in newspapers from the Cold War era. Texts written about Cold War-era industrial nursing were reviewed. Department of Energy reports and reports written by state government municipalities informed this work. In additional articles written by industrial nurses at nuclear power plants during the 1950s informed this work, including the work by Ferguson and Masters (1958).

Results

This paper represents a descriptive historical study. A biographical sketch of one industrial nurse at the Savannah River Plant was analyzed in the context of historical information available about the role of industrial nurses at Department of Energy sites associated with atomic energy research and production. The role of this one nurse was considered in the context of the role of industrial nursing at this nuclear power site.

Conclusions

In discussions about nursing during the Atomic Age and the Cold War, individual nurses are often mentioned by a general description of their role. Sometimes first names are given. Sometimes nurses are pictured in images used without a name attribution. This work is significant because the identity of a nurse is described, as well as information about her life and work as a nurse during the as an industrial nurse at a nuclear power plant will be described.

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Legendary Leadership Emerges When Least Expected: Finding Flow in the Past to Develop Future Leaders a Biographical Narrative Interpretive Study

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Abstract

Purpose and Background

This historical research endeavor answered the following questions: Why do some nurses achieve leadership greatness? How can we view the life and career of a nursing leader to understand the defining characteristics? What steps can be taken to translate those characteristics into nursing practices? Mrs. Wetona Mayfield (January 2, 1931-April 15, 2022), a nursing leader from Waco, Texas was more than a small-town nursing administrator in a culturally and historically transformational time from 1952 to 1999.

She was just nine months into her nursing career when on May 11, 1953, the deadliest tornado in Texas history struck Waco, leaving 114 dead and more than 1,000 estimated injured. ¹ Mayfield was the nursing supervisor at Waco's Hillcrest hospital. ² She, along with her nursing staff, lived the unique experience of caring for the hundreds of injured persons, bodies of the deceased, family members/friends, and the "worried well" who descended upon the hospital for physical and psychological care. ³ With less than a year of experience, Mayfield commanded an entire hospital during what Wacoans still refer to as "The Monster from the Sky."^{4, 5}

Following the tornado, she drew a literal line with yellow house paint across the entry to the hospital operating suites to prevent any surgeons or staff from entering without proper surgical attire. In the 1960's, she took a stand in her racially divided city to integrate hospital staff dining and break rooms. In 1992, she coordinated the Central Texas hospital response to the carnage following the Branch Davidian Compound raid. At the end of her career, she received the National League for Nursing's Centennial Leadership Award and commendations from President Bill Clinton and Texas Governor Ann Richards upon her retirement in 1993. Mayfield worked seven years after her retirement and established the Wetona Mayfield Nursing Scholarship fund providing a pathway to Registered Nursing for countless people.⁶

Methods

Using biographical narrative interpretive design, two researchers dedicated hours to audio-recording interviews with Mayfield at her residence.⁷ Recorded interviews were transcribed and the subject's voice was isolated. The researchers listened to the recordings for tone and inflection and read the transcripts, reviewed for themes. Thematic analysis was framed and interpreted by the steps of flow theory.⁸

Results

Researching her biography through both written and recorded archival records supported her narrative. Her telling of the story revealed her determination, motivation, and razor-sharp decision-making skills. Analysis of Mayfield's interviews revealed that at each pivotal opportunity in her career, the steps of flow theory including concentration, clarity, time transformation, and intrinsic sense of reward were evident.⁹

Conclusions

While it may seem easy to explain her leadership prowess in terms of intrinsic qualities, the reality is that extrinsic factors played a significant role in how she found the space to dynamically lead. The conceptual themes that clearly defined her high-level functioning aligned with the four steps of flow theory. If nursing leadership greatness can be defined in sequential terms, perhaps it can be developed in future leaders.^{10, 11}

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Belva Overton: Black Nursing Leadership in the Jim Crow Era (1918 - 1946)

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Abstract

Purpose and Background: During the Jim Crow Era, Provident Hospital in Chicago was led by the hospital's first Black superintendent, Belva Overton from 1918 - 1946. During her tenure at Provident Hospital, she supported the Black nurses and students' racial challenges of her day that included a bloody Chicago race riot in 1919 that landed on the doorstep of the hospital. Overton's success as superintendent was based on her ability to navigate the political challenges between an engaged Black community who supported Provident Hospital and the White philanthropic organizations and prestigious hospital affiliations in Chicago. This research will demonstrate Overton's struggles and political acumen in working with the Provident Hospital board - predominately White men - in garnering support for the nurses at Provident Hospital and students attending the Provident Hospital Training School. Overton's leadership and contribution to Provident Hospital, the nurses she trained, and her community is significant.

Methods: Research was drawn from primary sources that include Provident Hospital Annual Reports, student accounts from their experiences at Provident Hospital training school, and local newspapers, and Overton correspondents.

Results/Outcomes: The extant literature on experience of Black nursing leaders in superintendent roles in hospitals and nurse training schools during the first half of the twentieth century is limited. This research contributes the lived experience of one Black nurse leader who was the superintendent of one of the most prestigious Black hospitals in the country at that time in the country.

Conclusions: Through Overton's tenure she operated within her constraints to develop successful Black student and graduate nurses. Black hospitals across the country competed for her graduates because of their quality standards of practice and demonstrated resilience working in the Jim Crow era. She was not training nurses to fulfill the Nightingale expectations for nurses at that time, but also to become effective Black nurses in the Jim Crow era supported through a community of Provident graduates and professional Black associations. Implications for this research demonstrate how Black nurse leaders functioned and successfully navigated the racial challenges of her day. Overton demonstrated that Black nursing leaders were significantly influenced by the historical context of race, environment, people, and political climate at the time.

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10 Immigrant Nurses and the Recruitment Company That Exploited Them, 2006-2009

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Abstract

Purpose and Background: In the 2000s, a group of nurses from the Philippines were recruited to work for SentosaCare, a health-care company based on Long Island, New York, that operated multiple facilities across the region. Regrettably, the nurses found themselves overworked, underpaid, and forced to manage dozens of patients—many of whom depended on ventilators and needed close nursing care. Drained and exasperated, the nurses resigned en masse in 2006. Yet as they were trying to break free from their exploitative employer, the company retaliated and brought on multiple lawsuits against the nurses, demanding they pay expensive fees for breaking their employment contracts and hitting the nurses with a criminal prosecution accusing the nurses of abandoning their patients. In response, the Philippine Nurses Association of America (PNAA), along with other Filipino organizations and nursing organizations, rallied to support the nurses. Previous historical literature on this event has featured and celebrated the PNAA's role in supporting the nurses.¹ On one level, this presentation also documents these immigrant nurses' harrowing story and the Filipino community's solidarity and perseverance in demanding justice for the nurses. But on a deeper level, this presentation provides broader historical context, examining the international nurse recruitment agency's burgeoning growth in the 2000s and SentosaCare's corporate interests—as well as the company's influence on legislators and the court.

Methods: Drawing from archival sources such as PNAA organizational documents, Filipino American community newspapers, legal proceedings, recruitment industry reports, and oral-history interviews, this presentation uses a social and political framework for historical analysis.²

Results: The SentosaCare company leveraged its relationships to politicians and the district attorney to advance the prosecution against the nurses. The nurses would finally prevail, thanks in part to the Filipino community and nursing organizations. Even though the nurses' experiences informed new industry standards for ethical international recruitment, these standards would be limited in their ability to curb international recruitment companies' power over nurses.

Conclusion: Ultimately, this presentation is significant as it compels historians of nursing to consider applying political theorists' conceptualizations of capitalism and neoliberalism to critically analyze the ways in which health-care companies and politicians have aligned to exploit internationally-educated nurses and to fend off stronger government oversight.³

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Development and Implementation of a Doctoral-Level Nursing History Research Course as a Means of Promoting Historical Legacy, Inquiry, and Scholarship in Nursing

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Abstract

PURPOSE AND BACKGROUND: Nursing history within nursing curriculum has been minimized to accommodate increasing educational priorities per external credentialing criteria. In addition, until recently, nursing history research has been underestimated as a rigorous form of research inquiry. However, today's nursing profession is built on the innovative ideas, questions, initiative, and actions of nurses over the long years of its legacy. Nursing's past is still relevant and can still serve as a significant inspiration for its future. Course setting was a prestigious US university whose BSN program has existed since 1934 and whose doctoral nursing program was one of the first in the US. Current nursing student census exceeds 500 across a multiple-tiered degree program (BSN, MSN, NP-certificate, DNP, PhD). The school of nursing has produced multiple nurse theorists, nurse educators, chief nurse executives, academic deans, and military nurse corps chiefs among its faculty and graduates. Yet nursing history was absent as a major, elective, or cognate course on any level, and nursing history research was not deemed acceptable for PhD Nursing dissertation research.

METHODS, COURSE DESIGN AND IMPLEMENTATION: The first aim was to re-invigorate an appreciation for nursing history and nursing history research. The second aim was to introduce the doctoral nursing student to legacy moments in US nursing history, connecting nursing's past to its current/future state in terms of nursing education, role/responsibility development, practice contributions/trends, clinical competency mastery/specialty, collaboration with other healthcare providers, and impact on patient/family outcomes. The third aim was to develop student competency for potential development, proposal, and implementation of a nursing history/historiographic research study. A 3.0 credit course was developed as an elective /cognate course within the PhD/DNP nursing program. The course was approved by the Doctoral Curriculum Committee (DCC) and Nursing Faculty Senate. IRB approval for this course was deemed not necessary. Five PhD nursing students participated in the pilot testing of the 100% online course during a 16-week academic semester. The course included 3 synchronous networking sessions and 12 modules containing pre-recorded/asynchronous lectures on significant moments within US nursing history; historiographic research methodology; identification and use of nursing history centers, archives and resources; and publication/presentation of nursing history research findings.

RESULTS/OUTCOMES: Student course evaluations were extremely positive. Student written assignments were of an extremely high scholarly nature with potential for further research inquiry. The course experience and positive student outcomes led to SON faculty acceptance of nursing history research as an approach to future PhD Nursing dissertation research and an increased interest in nursing history among graduate students.

CONCLUSION: This course has been incorporated into the doctoral nursing curriculum. An increased nursing faculty and BSN student interest in nursing history has also resulted in the development and approval of a 3.0 credit BSN elective seminar course on nursing history for implementation in Fall 2024.

5

TEACHING MEDICAL HISTORY IN THE 21ST CENTURY

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Abstract

Purpose and Background: Our university's general education requirement includes a diversity requirement met by classes that have a US or Global Diversity designation. These classes examine ways in which identity and class affect life experiences, opportunities, and a sense of belonging in national or global contexts. This phenomenon is especially important to explore in relation to healthcare inequalities that continue to exist.

Methods / Course Design / Implementation Plan: In early December 2021, we began recording the first of 13 podcasts under the title *It's Not All Black and White* to use as the lecture portion of the class beginning mid-August 2022. Primary and secondary source materials were used to formulate topics for podcasts. The podcasts are paired with primary and contemporary sources made digitally available to students weekly. The week's content culminated in a Discussion Board assignment on Blackboard (the university's Learning Management Software or LMS).

Students are all undergraduate from various degree-seeking disciplines, but a large majority are from nursing. The first formal assignment is a short paper topic and literature review, identifying a health disparity the student plans to write their research paper on later in the semester. Later in the semester, the students write a five-page research paper, which should relate contemporary literature to the topic to the historical data from the course. Finally, at the end of the semester, each student creates a digital project that highlights the important points of their research and writes a one-to-two-page essay on what they learned in the course and how it might aid their future career.

Results / Outcomes: Every semester, this class fills early with a wait list. The course has expanded from 30 student slots in the first semester (raised to 35) to 50 student slots in the fourth semester. The response rate for course evaluations averages 30%. Overall satisfaction averages 4.76 out of a possible 5.00. Some comments have included, "I could not have asked for a better semester. I have learned so many cool things." "The teachings were very straightforward, enlightening, and relevant to healthcare inequalities." "I learned that disparities have always existed in our healthcare system, but looking at today compared to one hundred years ago gives me hope for the future." All students like the podcast component and called it "refreshing," "fun" and "engaging."

Conclusions / Implications: Students express that this course helps them to understand the history of inequalities in healthcare and strive to improve the care delivered in their roles as healthcare professionals. To enhance the course, we plan to add components on Lesbian, Gay, Bisexual, Transsexual and Queer or Questioning (LGBTQ) and immigrant healthcare also.

References

A Happy Child is a Healthy Child: Claire Fagin and the Rise of Rooming-In

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Abstract

Purpose and Background:

In the 1950s and 1960s, a visit to the hospital for most children was the stuff of nightmares. Memoirs and Oral History interviews, particularly with survivors of childhood bouts with polio, paint a picture of trauma and terror as children were pulled, screaming—or sometimes limp—from the arms of their parents and carried off behind closed doors where they could be isolated from their parents for days and weeks, or sometimes even longer.[1] Even for children who visited the hospital for less dire reasons—such as to remove an inflamed set of tonsils or to repair a hernia, for example—the experience was overshadowed by the fear and dread that accompanied their forced separation from their parents. In 1964, after experiencing her own version of this as a mother, Claire Fagin completed her dissertation exploring the question of whether allowing parents to “room in” with their children could improve outcomes.[2] Her study helped prove that it did, and her important work helped shift hospital policies around the country. By the end of the 1970s, the experience of visiting the hospital for children—and their parents—had changed dramatically, with most allowing 24-hour visits in pediatric units. In this paper, I examine Fagin’s early career and rooming-in work and contextualize it within a larger mid-twentieth century movement in U.S. healthcare which championed the importance of understanding and addressing the psycho-emotional needs of the hospitalized child.

Methods:

This paper is based on historical research conducted on the published work of Claire Fagin and other healthcare researchers, particularly nurses, who worked on and wrote about the topic of child separation/hospitalization and the maternal/child bond in the mid-20th century. A handful of original Oral History interviews and interviews from the Science & Disability Project will also be analyzed for childhood experiences with hospitalization.[3] The papers of Claire Fagin, held at the Barbara Bates Center for the Study of the History of Nursing, will also be a key source in this historical study.

Results:

Using historical methods, including archival and textual analysis, as well as a detailed reading of the secondary literature on maternal/child science in the mid-20th century, this work examines the work of Claire Fagin and highlights the importance of nurses as key observers and identifiers of the psycho-emotional needs of children in the hospital.

Conclusion:

Claire Fagin's work on rooming-in has often been cited as a key contributor to the shift in children's hospital experiences in the second half of the 20th century. This paper provides the first historical analysis of this claim and argues that Fagin's work is best understood within the context of a broader landscape of maternal/child research and psycho-emotional needs that developed during this time.

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The “Special Nurse”: Private Duty Nurses in Hospitals 1916-1950

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Abstract

The “Special Nurse”: Private Duty Nurses in Hospitals 1916-1950

Purpose and Background

In the early twentieth century, most hospital nursing care was performed by student nurses. If patients wanted or needed more personalized care than they could receive from the student nurse staff, they could hire a registered private duty nurse to care for them in the hospital. Private duty nurses caring for hospitalized patients were called “special” nurses and their work was called “specializing.” Patients generally enjoyed having a special nurse, but the nurses had to contend with the disadvantages of private-duty nursing, including irregular, frustrating gaps between cases, monotony during the day when the nurse’s single patient did not need them, and dealing with twenty-four-hour care for days or weeks. Hospital nursing administrators appreciated the work of the special nurses, but they found it challenging to coordinate nurses who were not employed by the hospital, especially if the nurse had graduated from a nursing school at another hospital. This study aimed to explain the nature and challenges of special nursing and its contributions to nurse staffing between 1916 and 1950, particularly as a precursor to experimental methods of hospital nurse staffing during this period.

Methods

Primary data for this historical study came mainly from the two major American nursing journals of the period, *The Trained Nurse and Hospital Review* and *The American Journal of Nursing*, and publications of national nursing organizations including the National League of Nursing Education. Foundational secondary sources for this study include Reverby and Flood.[\[1\]](#)

Findings

This study found that special nursing was a precursor to “divisional specializing,” a method of hospital staffing developed to address severe nurse shortages during WWI and again in the wake of WWII. It also explains the development of group nursing from divisional specializing. This study also found that some nurse leaders believed special nursing to be an unacceptable practice that, among other issues, put nurses in a position too similar to that of physicians. This and other attitudes contributed to the demise of special nursing after the 1940s.

Conclusions/Implications

Specializing was an important aspect of hospital staffing in the first half of the twentieth century. It was a precursor of experimental staffing methods such as divisional specializing and group nursing. Nurse leader criticism of special nursing affected its viability after the 1940s.

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Susan Reverby, *Ordered to care: The dilemma of American Nursing, 1850-1945*. (Cambridge: Cambridge University Press, 1987); Marilyn Flood, *The troubling expedient: General staff nursing in United States Hospitals in the 1930s, a means to institutional, educational, and personal ends*, Ph.D. dissertation University of California, Berkely, 1981 (*Ann Arbor, MI: University Microfilms International*)

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Hospital Design: Does it Make a Difference in the Nurse's Ability to Care?

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Abstract

Purpose and Background

A recent exhibition at the Cooper Hewitt Museum in New York City concentrated on the architecture of hospitals through the ages. Its purpose was to highlight the many ways hospitals can be configured—sometimes for the purpose of providing the most economical space in which to deliver care. Other times, the delivery of care was considered. Money often won out over the most optimum space for the nurse to care for the patient.

The purpose of his paper is to briefly explore the history of hospital design and bring to fore research on which design might be the best for caring for the patient and saving the nurses' energy (and feet).

Methods

There are numerous resources on hospital design. Since I wish only to give a brief overview of hospital design over the course of history, these works were most often consulted.

The catalogue of the aforementioned show is entitled ***The Architecture of Health; Hospital Design and the Construction of Dignity***. Carla Yanni's ***The Architecture of Madness: Insane Asylums in the United States*** also presents the 'epitome' of a 19th century design for the treatment of patients with mental illness.

I also will bring first-hand experience as I was a nursing student at the Methodist-Kahler School of Nursing in Rochester, MN when, in 1957, the Methodist Hospital built two radial units, extending from the current soon-to-be destroyed old building. These two trial units were was to see whether this configuration would be the appropriate design for the new hospital. The results—a cloverleaf design.

Results

Hospital design is still the subject of debate. However, by examining some historical examples, the best of all possible worlds could be incorporated. Also, nurses may consider the study of architecture as a graduate degree such as did Tammy Felkner, RN, a UVA graduate. I will interview her.

Conclusion

Florence Nightingale was an early proponent of good hospital design, insisting on healthy air flows. I will examine each of these hospitals, in turn, to see what features promoted health and healing with emphasis on delivering optimal patient care by the nurses.

- St. John's Hospital, mid 12th century Bruges, Belgium
- Scutari Hospital 1854, (was an older barracks)
- Buffalo State Hospital for the Insane 1871, Buffalo, NY
- Rochester Methodist Hospital, 1963, Rochester, MN
- Prentice Hospital for Women 1975-Chicago (demolished in 2014)

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10

Nursing History Speed Dating

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Abstract

Purpose and Background:

Undergraduate nursing students are typically unenthusiastic to learn about history and are rarely aware of the contributions made by those who came before them. Regardless of their perceptions, learning history is an essential component of nursing education. The new AACN Essentials establishes an understanding of the historical foundation of nursing, articulating nursing's distinct perspective, and recognizing the value of nursing contributions as critical sub-competencies (The essentials 2021). Unfortunately, history tends to be taught passively, in a lecture format, instead of active learning (Pan et al. 2023). Knowing students were only passive learners in our introductory course during the first semester of the nursing program, the teaching team worked to create an active learning experience for the history of nursing content.

Methods / Course Design / Implementation Plan:

In this learning experience, students work in pairs to create a 'dating' profile for a historical figure or event significant to nursing history. In the profile, students must include a picture, a time and place for the person or events, essential contributions to nursing, and changes to the nursing profession or healthcare overall. On presentation day, students use a standard speed dating format, so all students have an opportunity to listen and share with each other. Students complete a short reflection to identify historical figures, events, or time periods they found interesting.

Results / Outcome:

Through the reflection portion of the learning experience, students identified the importance of advocacy by these historical nursing figures for their patient populations and the willingness of nurses to be innovative leaders within society. Voluntary student feedback collected via survey in spring 2024 (n=71), demonstrated an overwhelmingly positive response. Over 90% of students agreed the assignment was informative and interesting. Additionally, qualitative commentary indicates students appreciated the opportunity to meet and collaborate with peers taking the course, emphasizing the importance of teamwork as healthcare professionals.

Conclusions / Implications:

Following implementation of the speed dating class activity over two semesters, nursing students reported an increased understanding of the historical nursing role as a caregiver, advocate, leader, and educator and application of these concepts to their practice. As the

learning experience is repeated each semester, adjustments are made and student feedback collected to continuously improve the learning experience and outcomes.

The speed dating learning experience actively engages students in learning nursing history. As one of the first learning experiences in the nursing program, it sets a baseline for collaborative teamwork, pride in the profession, and understanding how nurses shaped and continue to transform healthcare. In addition, the successful learning experience implies this active learning activity can be successfully applied across a variety of different topics throughout the nursing curriculum.

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Exploring the Uncharted Skies and Grounded Beginnings: The Influence of Nursing on Jackie Cochran's Milestones

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Abstract

Purpose and Background

To some people, the life of Jackie Cochran could read like an adventure novel. Cochran was a trailblazer and America's top woman pilot in her time. She shattered sound barriers and navigated the heights of power,¹ rubbing shoulders with presidents.^{2,3,4} However, while her accolades as a pilot and business owner are warranted, her formative years of education—approximately three spent in nurse's training^{5,6,7,8} after only two years of elementary school^{9,10}—remain a largely untold chapter. Cochran led the Women Airforce Service Pilots (WASP) during World War II.¹¹ Her journey from healthcare to the cockpit showcases a rare blend of skills. This ambition knew no bounds, as she ran for Congress¹² and formed legendary friendships with figures like Amelia Earhart¹³ and Chuck Yeager.¹⁴ Cochran's story is a testament to her record-breaking feats in aviation, and her foundational nursing role in shaping a pioneer who would redefine the skies.

Bridging Cochran's nursing and aviation, Cochran's career offers a unique case study in the cross-disciplinary application of her nursing and leadership in nontraditional settings. Cochran's contributions to aviation are recognized, but her foundational experiences in nursing have not been examined, nor are they appreciated. This research delves into the unexplored aspect of Cochran's nursing experiences. It illuminates how her foundational years in nursing equipped her with skills and ethics that contributed to her significant achievements in aviation - a field removed from her starting point in nursing.

Methods

This study adopts a nursing lens to analyze Cochran's multifaceted career by utilizing a review of primary and secondary sources, including archival materials from the Eisenhower Presidential Library, Cochran's autobiographies, and biographical texts. This methodological approach allows for a nuanced exploration of how nursing's core values—such as adaptability, ethical judgment, and interpersonal communication—were not just remnants of her past but contributors to her success in breaking gender barriers and setting numerous flying records.

Results

The findings include a curated timeline that illustrates diverse milestones -case examples showcasing instances where Cochran's healthcare training influenced her decision-making, leadership, and innovation in aviation. Examples range from managing medical emergencies to navigating a male-dominated industry, illustrating the foundational role of nursing principles in her success. Applying theories such as Sister Callista Roy's Adaptation Model¹⁵ and Hildegard Peplau's Interpersonal Relations Theory¹⁶ frames these instances within a broader context, offering insight into the applicability of nursing skills in diverse professional trajectories.

Conclusions and Implications

Cochran's life underscores the versatility of nursing education and its relevance beyond conventional healthcare environments. Her transition from nursing to aviation exemplifies the potential for nursing principles to inform success in varied sectors. This study highlights the need to reevaluate the documentation and recognition of nursing contributions, pointing to the significance of nursing education in equipping practitioners for leadership roles across various disciplines. Revisiting Cochran's legacy through a nursing lens promotes a broader acknowledgment of the profession's impact on society,¹⁷ suggesting a more inclusive appreciation of its historical and ongoing contributions.

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3

"Crisis Nursing: Contributions and Lessons from Israeli Military Nurses in Wartime"

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Abstract

Purpose and Background: The purpose of this study is to explore the experiences of military nurses who served in field hospitals during Israel's four wars between 1967-1982: the Six Day War, Attrition, Yom Kippur, and the First Lebanon War. These nurses played a crucial role not only in providing clinical care but also in organizing and maintaining the hospitals in the field. This research aims to uncover the unique challenges they faced in real-time and how they effectively addressed them. Additionally, the study aims to highlight the insights gained by these nurses regarding the importance of recognizing and appreciating their distinctive contributions. This study is pioneering in its examination of military nursing history in Israel and aligns with previous research on global wartime military nursing experiences. However, our research specifically focuses on nurses' experiences across multiple wars, providing valuable insights into the immediate and long-term lessons learned on both personal and organizational levels.

Methods: This study employed a historical-qualitative research approach, utilizing in-depth oral history interviews with twenty-two former military nurses who served in one or more of Israel's wars between 1967-1982. The transcribed interviews were carefully analyzed following the principles of data analysis in qualitative research.

Findings: The study revealed three primary themes: a. Challenges encountered during field service, b. Strategies for addressing these challenges in the field, and c. The importance of recognizing and appreciating nursing contributions. In total, the study identified ten subthemes related to these main themes.

Conclusions: The study highlights the substantial organizational, emotional, and mental engagement required in wartime nursing. It underscores the significance of adequate preparation for service in war or disaster scenarios, the provision of professional psychological support, and the importance of valuing and acknowledging the unique contributions of nurses within their military service. This recognition should come from various authorities, nursing organizations, and officially from the state.