

## 33rd Annual AAHN Nursing & Healthcare History Conference



September 22-24, 2016

*Joint Providers:  
AAHN and the  
University of Illinois  
at Chicago College of  
Nursing*

Hilton Chicago/  
Magnificent Mile Suites  
Chicago, Illinois





Jean C. Whelan,  
AAHN President

Dear Conference Participants,

I am excited to welcome you to the 33rd Annual AAHN Nursing and Health Care History Conference, co-sponsored with the University of Illinois at Chicago College of Nursing (UIC). Each year the Association meets in conference to hear papers on cutting edge historical scholarship, engage in valuable networking opportunities and delight in getting together with colleagues and friends from the nursing and health care history community. This year we are joining our co-sponsor in celebrating the 65th anniversary of nursing education at UIC, an impressive event.

We are honored to have Dr. Beatrix Hoffman as our Eleanor Krohn Herrmann Keynote Speaker whose paper is titled "Nurses and the Right to Health Care." Dr. Hoffman is Professor of History at Northern Illinois University and an expert historian of the U.S. health care system. Her most recent book is entitled *Health Care for Some: Rights and Rationing in the United States Since 1930* (2012). She also authored *The Wages of Sickness: The Politics of Health Insurance in Progressive America* (2001) and coedited *Patients as Policy Actors* (2011). Dr. Hoffman is the recipient of an Investigator Award in Health Policy from the Robert Wood Johnson Foundation, and fellowships from the National Endowment for the Humanities, the American Council of Learned Societies, and the Woodrow Wilson Foundation. Her latest research project is on the history of immigrant access to health care in the U.S.

This year is the first year that the Conference is expanded to three full days of events including the pre-conference, local tours, a special Thursday evening production on the life and legacy of nurse leader Ann Zimmerman, awards ceremony and two full days of paper and poster presentations. I urge all members to attend the Association's Annual Business meeting on Saturday morning (8AM) to learn about the AAHN's status and future programming. Throughout the conference, participants will have abundant time to get together with old and new friends as well as bid on items in the silent auction. As always, the highlight of the conference is the Saturday evening banquet complete with live auction. We urge participants to open up their wallets in a generous display of support for our research grant program by bidding high (and even higher) on the valuable items up for auction.

This conference would not have happened without the tremendous work put into it by the Local Arrangements Committee ably chaired by Brigid Lusk, who is also the AAHN Program Chair, and committee members Katherine Corboy, Karen Egenes, Karyn Holm, Marie Lindsey, Rusty Lusk, Diana Marta, Kevin O'Brien, Laretta Quinn and Teresa Savage. Thanks also go to former Program Chair John Kirschgessner. I also thank Jeannine Uribe, Chair of the Abstract Review Committee who, along with committee members Gerard Fealy, April Matthias and Ann Marie Walsh Brennan, read and evaluated a record number of abstracts to put together a fantastic program. I also thank members of our management company, Executive Director, Andrew Van Wasshova, Executive Consultant Dave Stumph, and Meetings Manager, Darrell McCook, who arranged so much of the detail and events of the conference.

Finally, we thank the University of Illinois at Chicago College of Nursing under the leadership of Dean Terri Weaver who graciously invited the AAHN to their wonderful school for hosting the Association's 33rd Annual Conference.

And now, on to the Conference!

Jean C. Whelan, PhD, RN  
President

# Welcome!

On behalf of the University of Illinois at Chicago's College of Nursing,  
Welcome to Chicago!

We are privileged to host the 33rd Annual Nursing and Health Care History Conference, jointly sponsored by the American Association for the History of Nursing and our college. History is a critical aspect of our mission. Since 1982 the Midwest Nursing History Research (formerly Resource) Center has been known as the depository for nursing history of the Midwest and is used by scholars from around the world.

The timing is propitious. In 1945 Dean Effie Taylor, former Dean of Nursing at Yale, was hired to assess the advisability of establishing a nursing program at the University of Illinois. Six years later, in 1951, the Board of Trustees authorized a School of Nursing. This year, 2016, the School—now a College—is celebrating its 65th Anniversary. In just one week the festivities will culminate in a gala event on Chicago's Navy Pier—where our first graduates took their introductory classes back in the 1950s.

We have come a long way since 1951! Each year more than 1,400 students are enrolled in our Baccalaureate, Masters of Science, Doctor of Nursing Practice, and Doctor of Philosophy programs. In addition to our Chicago campus, these students may study at one of our five regional sites located throughout Illinois. The College of Nursing is a world leader in the promotion of interdisciplinary global health through its Global Health Leadership Office that facilitates multiple international partnerships and collaborations. Moreover we were the first College of Nursing in the US designated as a WHO Collaborating Centre for Nursing and Midwifery Development. Finally, the College is fourth in receipt of NIH funding for the last quarter of a century and is known for generating national and international nurse leaders.

I want to extend a warm welcome to the Eleanor Krohn Herrmann keynote speaker, Dr. Beatrix Hoffman. Professor Hoffman presented her latest research at the Midwest Nursing History Research Center's spring lecture. It was particularly thought provoking during these times of international upheaval. I know her keynote presentation will be equally significant.

Finally, my warm welcome to everyone—all the presenters, attendees, book signers, board members, and auction buyers! Our reception on Friday evening, at the glorious old International Museum of Surgical Science, should be delightful. The papers and posters sound fascinating, and the banquet will be stupendous. Please enjoy discovering, networking, and refreshing your historical enthusiasm.

Sincerely,

Terri E. Weaver, PhD, RN, FAAN  
Dean and Dean, UIC College of Nursing



Terri E. Weaver,  
PhD, RN, FAAN  
Dean and Dean, UIC  
College of Nursing

# Goal and Continuing Education Information

This continuing education activity is being provided in Joint Provider ship between the American Association for the History of Nursing and the University of Illinois at Chicago College of Nursing.

The goal of the conference, targeted at nurses and historians of nursing, is to foster the importance of history as relevant to the understanding of the past, defining the present, and influencing the future of healthcare and nursing.

The University of Illinois at Chicago College of Nursing, Institute for Health Care Innovation is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) (OH-361, 12/18).

Up to 11.75 contact hours will be awarded for session attendance and evaluation.

## AAHN Board of Directors, 2015-2016

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Brigid Lusk –  
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## 2017 Call for Abstracts Coming Soon!

Look for the 2017 call for abstracts in your inbox soon! AAHN is making updates to the call to be more inclusive of different presentation topics and formats. As always, the deadline to submit your abstracts to [abstracts@aahn.org](mailto:abstracts@aahn.org) is January 31, 2017. AAHN looks forward to reviewing your submissions!

## Thank You to Our Sponsors!

### Conference and Welcome Reception Sponsor



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# 2016 AAHN Research Award Recipients

## Teresa E. Christy Award

**Michelle C. Hehman**

*"Once Seen, Never Forgotten": Nursing, Ethics, and Technology in Early Premature Infant Care in the United States, 1898-1943*

This award is given to encourage new nursing history investigators, and to recognize excellence of historical research and writing done while the researcher was in a student status.

## Lavinia L. Dock Award

**Barbra Mann Wall**

*Into Africa*

This award is given to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits a book.

## Mary Adelaide Nutting Award

**Brigid Lusk, Arlene Keeling, Sandra Lewenson**  
*Using Nursing History to Inform Decision-Making: Infectious Diseases as the Turn of the Twentieth Century*

This award is given to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits, most often, a post-doctoral research manuscript or article.

## Mary M. Roberts Award

**Arlene Keeling, Barbra Mann Wall**

*Nurses and Disasters: Global, Historical Case Studies*

This award is given to recognize outstanding original research and writing in an editorial book of nursing history.

# 2016 AAHN Research Grant Recipients

## H-15 Grant

**Susan Armstrong-Reid, University of Guelph**  
*Rice Paddy Diplomacy: The American Friends Service Committee: Peace Nurses in Vietnam, 1967-1971*

This grant is awarded to faculty members or independent researchers for proposals outlining a historical research study.

## H-31 Grant

**Hafeeza Anchrum, University of Pennsylvania**

*The Mercy Douglass Hospital & Nurse Training School: 1948-1960*

**Scottie Buehler, University of California Los Angeles**

*Geographies of Eighteenth Century French Midwifery Education*

This grant is designed to encourage and support graduate training and historical research at the Masters and Doctoral levels.



"ON THE WAY TO MOTHER"  
OBSTETRICAL DEPARTMENT, COOK COUNTY HOSPITAL

Courtesy of the University of Illinois at Chicago Health Sciences Library, The Dr. Martha Pitel Collection.

# Conference Agenda

## Thursday, September 22

8:00am – 2:00pm	Conference Registration	Lakeshore Foyer
8:30am – 9:00am	Preconference Workshop Breakfast	Lakeshore Foyer
9:00am – 12:00pm	Preconference Workshop The Archivist and the Researcher in the History of Nursing: Building a Productive Relationship – Kevin O'Brien, Susan M. Sacharski, Kathryn A. Young	Lakeshore A
1:00pm – 5:00pm	Jane Addams Hull-House & Midwest Nursing History Research Center Tours	Meet in the Lobby to Depart by 1:00pm
1:00pm – 5:00pm	AAHN Board of Directors Meeting	Wheaton
7:00pm – 8:30pm	<i>While I am Here: The Life and Legacy of Anne Larson Zimmerman</i> performance	Lakeshore B&C

## Friday, September 23

7:30am – 6:00pm	Conference Registration	Lakeshore Foyer
7:30am – 8:00am	Breakfast	Lakeshore B&C
8:00am – 8:30am	Welcome Remarks – Brigid Lusk, PhD, RN, FAAN, University of Illinois at Chicago, AAHN 2nd Vice President & LAC Chair Jean Whelan, PhD, RN, University of Pennsylvania, AAHN President Terri Weaver, PhD, RN, FAAN, Dean and Professor, University of Illinois at Chicago College of Nursing	Lakeshore B&C
8:30am – 9:30am	Eleanor Krohn Herrmann Keynote Address: Nurses and the Right to Health Care – Dr. Beatrix Hoffman	Lakeshore B&C
9:30am – 10:00am	Awards and Research Grants Presentation	Lakeshore B&C
10:00am – 10:30am	Break	Lakeshore B&C
10:30am – 12:00pm	Concurrent Session I	
I A.	Nursing in World War I	Lakeshore A
1.	World War I's Forgotten "First Three": Base Hospital #12's Nursing Casualties Aboard the S.S. Mongolia – Susan Sacharski, BA	
2.	Letters Home: Experiences of U.S. Nurses in World War I – Kelley Pattison, PhD, RN	
3.	'Rekindling the Desire to Live'? Nursing Men with Psychological Trauma Following Facial Injury and Surgery During the First World War – Claire Chatterton, RGN, RMN, PhD	
I B.	Nurses' Identity and Nurses' Image	Wheaton
1.	"The Hospital Nurses Have Been Frequently Drunk": Drunken Nurses, the Sairey Gamp Stereotype, and 18th-century British Naval Hospitals – Erin Spinney	
2.	"You're Non-Denominational!": Nursing Faculty Perspectives on the Influence of Denominational Identity in a Religiously-Affiliated University – Mary Ellen Pike, PhD, RN	
3.	Building a Shared Identity: Filipino Nurse Exchange Experiences from the Late 1960s and Beyond – Julie Lundberg, MAN, RN, CCRN, Kathleen Zarling, MS, APRN, CNS-BC, MAACVPR, FPCNA	
12:00pm – 1:00pm	Lunch	Avenue Cafe

# Conference Agenda

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## 1:00pm – 2:30pm Concurrent Session II

### II A. Nurses' Work

*Lakeshore A*

1. "I Am Wearing My Caps": The Professional Working Life of 19th Century Private Duty Nurse Chole Cudsworth Littlefield – Jean Whelan, PhD, RN, Elisa Stroh, BA
2. The Bond of Friendship: School Nurses Bring Home the Message of Health – Heather Furnas, PhD
3. Nursing Involvement in Physician Bedside Rounding in the United States, 1873-1973 – Genevieve Beard, MS, RNC-OB

### II B. Nursing Education: Responding to Societal Needs

*Wheaton*

1. From Cloister to College: Responses of Nurse Training Schools to Societal Change, 1920-1929 – Karen Egenes, RN, EdD
2. Getting a "Soon Start" on the Doctor of Nursing Practice: Mary Breckenridge, Leading the Way for the DNP Essentials – Anne Cockerham, PhD, CNM, WHNP-BC, CNE, Janet Engstrom, PhD, APN, CNM, WHNP-BC
3. New Educational Pathways to Entry-Level Nursing Practice: Attempts to Differentiate a Professional Identity and Role – April Matthias, PhD, RN, CNE

### II C. Nursing Leaders

*Lincoln Park*

1. From Minnesota to Dachau: Dorothy Wahlstrom Revealed – Ruth Manchester, RN, BSN, MA
2. The Beard Diaries, 1925-1938 – Sandra Boddice, RN
3. Standpoint and Ecology: An Analysis of Nightingale in Context – Patricia Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE

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## 2:30pm – 3:00pm Break

*Lakeshore Foyer*

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## 3:00pm – 4:30pm Concurrent Session III

### III A. For the Promotion of American's Health

*Lakeshore A*

1. "For the Promotion of Health to the Family and Community": The Work of the VNA of Evanston, Illinois, 1925-1949 – Karen Egenes, RN, EdD
2. On the Road: Nurses and the Motoring Public – Adrian Melissinos, PhD, RN
3. Nursing in the Early Community Health Center Movement: The Tufts-Delta Health Center, Mound Bayou, Mississippi, 1965-1975 – Janna Dieckmann, PhD, RN

### III B. Policy, Practice and Politics

*Wheaton*

1. "Please Avoid Embarrassment and Perhaps Graver Consequences" Scope of Nursing Practice in Rehoboth, New Mexico (1940-1946) – Mary Lagerway, PhD, RN
2. Respectability Politics: The Mercy Douglass Hospital and Nurse Training School, 1945-1970 – Hafeeza Anchrum, MSN, RN-BC
3. "Go Off to a Mountaintop": Nursing and Terminal Care Reform, 1962-1976 – Joy Buck, PhD, RN

### III C. Place Matters

*Lincoln Park*

1. "Our Doctors Cannot Be Our Nurses": Outcomes from the "Sickpness in Dutchess County" Report, 1915 – Sandra Lewenson, EdD, RN, FAAN
2. "We Felt Like True Soldiers": Catholic Sister Nurses in the 1918 Flu Pandemic – Sara Bolten, MSN, RN, CNE, Mary Ann Thompson, DrPH, RN
3. Crisis at Guy's and the Nature of Nursing Work – Sheri Tesseyman, PhD

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## 4:30pm – 4:45pm Break

*Lakeshore Foyer*

# Conference Agenda

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## 4:45pm – 5:45pm Concurrent Session IV

- IV A. Contributing to the Public's Health *Lakeshore A*
1. "Women's Mission Among Women": The Unacknowledged Origins of Public Health Nursing – Rima Apple, PhD
  2. Researching the Artifacts: Analyzing 19th and 20th Century Patent Medicines from Socio-Historical Perspectives – Patricia Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE
- IV B. Civil War Nursing: On Land and On the Sea *Lincoln Park*
1. "No Neutral Ground in this Contest": The Government Hospital for the Insane During the American Civil War – Beth Hundt, MS, APRN
  2. *USS Red Rover* Creates Navy Nurse Corps – Mark Laubacher, RN, EMT-P

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## 7:00pm – 9:00pm Welcome Reception – Hosted by University of Illinois at Chicago, College of Nursing

Join AAHN and 2016 host school the University of Illinois at Chicago, College of Nursing for the annual Welcome Reception. This year's event will take place at the International Museum of Surgical History. Buses will leave at 6:45pm and will shuttle back and forth. The last bus will leave the Museum of Surgical Science at 9:10pm.

## Saturday, September 24

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7:30am – 6:00pm **Conference Registration** *Lakeshore Foyer*

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7:30am – 8:00am **Breakfast** *Lakeshore B&C*

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8:00am – 9:00am **AAHN Business Meeting** *Lakeshore B&C*

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8:00am – 2:00pm **Silent Auction, Posters Available for Viewing** *Lakeshore Foyer/River North*

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## 9:00am – 10:30am Concurrent Session V

- V A. Rural Nursing *Wheaton*
1. "Beyond the Reach of the Medical Inspector"; School Nursing in Rural Virginia 1900-1925 – Bridget Houlahan, PhD (c), RN, PNP
  2. Appalachian Tonics: Healing Recipes – Audrey Snyder, PhD, RN, ACNP-BC, FAANP, FAEN
  3. Public Health Nurse's Activities at *Sangyo Kumiai* in Rural Regions Japan – Yuko Kawakami, PhD, RN
- V B. Nursing in the Philippines, China, and the Spanish-American War *Lincoln Park*
1. Finding the Philippine Hospital Ship – A Long Trek Through the Archives – Winifred Connerton, PhD, CNM
  2. Nurse Warriors without Weapons: Two China Gadabouts – Susan Armstrong-Reid, PhD
  3. The Surgeon General's Pajamas: Military Nursing in the Spanish-American War – Hannah Metheny, PhD (c)

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10:30am – 11:30am **Poster Session, Book Sales/Signings, Meet Pat D'Antonio, Editor, Nursing History Review** *Lakeshore A*

Visit with this year's poster presenters, purchase historical books, and meet with authors who have published historical nursing and health care books.

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11:30am – 12:30pm **Doctoral Student Luncheon** *Avenue Cafe*  
*facilitated by Julie Fairman, PhD, RN, FAAN and Arlene Keeling, PhD, RN, FAAN*

**New Member Luncheon** *Avenue Cafe*  
*facilitated by Annemarie McAllister, EdD and Rima Apple, PhD*

**Conference Attendee Luncheon** *Lakeshore B&C*

**Nursing History Center Leader's Luncheon** *Gold Coast*  
*facilitated by Jean Whelan, PhD, RN*



# Conference Agenda

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## 12:30pm – 2:00pm Concurrent Session VI

VI A. Global Nursing: From Ireland to Portugal to Iran *Wheaton*

1. Irish Nurses in the British Army, 1902-1926 – Siobhan Horgan-Ryan, PhD, BA, RN
2. “Administered by Nurses”: Missionary Nurses in Iran and the Shift from Nurse Training to Nurse Education – Lydia Wytenbroek, PhD (c)

VI B. Nursing Leaders *Lincoln Park*

1. Exploring the Legacy of Imogene King and the Evolution of a Nursing Theory – Peggy Kotowski, RN
2. Mary Starke Harper, Civil Rights and the Role of the Nurse in Minority Mental Health – Kylie Smith, PhD
3. “Seldom Have I Been as Moved by Anything as the Simple Unadorned Statistical Reports:” Mary Breckinridge’s Use of “Big Data” to Document Nursing Practice and Generate New Knowledge – Anne Cockerham, PhD, CNM, WHNP-BC, CNE, Janet Engstrom, PhD, APN, CNM, WHNP-BC

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## 2:00pm – 2:15pm Break

*Lakeshore Foyer/River North*

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## 2:15pm – 3:45pm Concurrent Session VII

VII A. Panel: Transforming Nursing Education After World War II *Wheaton*

1. Through the Eyes of Nursing: Politics and Power at the University of Texas, 1960-1980 – Barbra Mann Wall, PhD, RN, FAAN
2. The Making of Minnesota’s Dr. Nurses: Knowledge, Politics, and Regional Planning in the 1970s – Dominique Tobbell, PhD
3. “The Eyes of the Nation Have Been Upon Our School” Mary Mansfield’s Diary of the First Year of Associate Degree Nursing Education: 1952-1953 – Annemarie McAllister, EdD, RN

VII B. Wartime Nursing *Lincoln Park*

1. Wartime Nursing from a Global Perspective: Nurses in International Conflicts: 1899-1939 – Jonathan Hagood, PhD
2. “We Were with Our Best Friends”: Training and Unit Cohesion Among Nurses of the 18th Evacuation Hospital, WWII – Holly Perez, PhD, RN-BC
3. “The Bravest of Brave”: Nurses at Tripler General Hospital, Pearl Harbor, 1941 – Gwyneth Milbrath, RN, PhD(c), MPH

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## 3:45pm – 4:00pm Break

*Lakeshore Foyer*

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## 3:45pm – 7:00pm Silent Auction Check-Out

*Lakeshore Foyer*

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## 4:00pm – 5:30pm Concurrent Session VIII

VIII A. Panel: Consumer, Provider or Science-Driven? A Century of Change: Labor Pain, C-Sections, Breast Milk and Neonatal Transport *Wheaton*

1. Labor Pain and U.S. Women’s Response Over a Century – Mary Gibson, PhD, RN
2. Childbirth as a Pathological Process: C-Sections and Family Centered Care – Melissa Sherrod, PhD, RN, NE-BC
3. Human Babies, Human Milk: The History of Donor Milk in the United States – Stephanie Prescott, MSN, NNP-BC
4. A Century of Neonatal Transport – Shannon Perry, RN, PhD, FAAN

# Conference Agenda

## VIII B.Nursing Potpourri

*Lincoln Park*

1. 'The Great Adventure': The Memoirs of Lena Hitchcock, World War One Nurse's Aide and Occupational Therapist – Stephanie Moloney, MSc, Judith Pettigrew, PhD
2. Race and the History of Nursing: Cultural Incompetence or White Privilege? – Carole Bennett, PhD, APRN, PMH
3. "The Force Behind the Vision": A Historical Perspective of Trauma Nursing – Trina Kumodzi, BSN, RN, CCRN

**6:00pm – 7:00pm**    **Cocktail Reception**

*Lakeshore B&C*

**7:00pm – 9:30pm**    **Banquet and Live Auction**

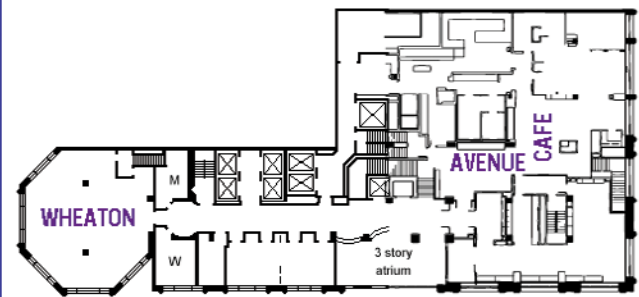
*Lakeshore B&C*

## 2016 Poster Presenters

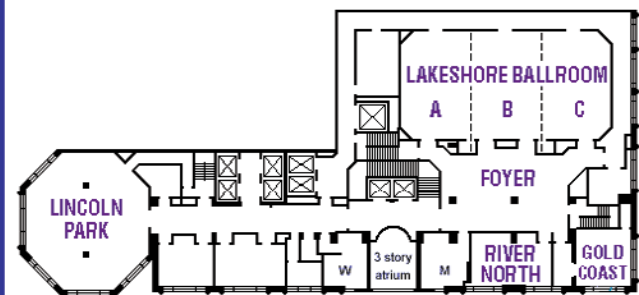
1. The Anne Zimmerman Project: A Novel Method of Teaching and Celebrating Nursing History, Gerry Gorman; Brigid Lusk; Kelly Vaez; Patricia Walsh
2. BSN History at CSU Northridge: A Window to the Future, Martha E.F. Highfield; Cynthia Urena
3. Beyond Sentiment: Examination of a Nursing Pin Archive, Carolyn J. Lee
4. The Role of Animals in Nursing Care: From Florence Nightingale to Current Practice, Barbara McClaskey
5. International Travel to Explore Nursing: Exchanging Ideas and Building Relationships, Anne Miers
6. Mirror, Mirror on the Wall: Nursing History on Television, Donna Miles Curry
7. Home Birth in Noble Families of Industrial Russia ) The End of XIX - the Beginning of the XX Century), Natalia Mitsyuk
8. Historical Analysis of State by State Nurse Licensure and Its Potential Impact on Patient Care, Rachel Newhouse; Brigid Lusk
9. Hospital Management Reform by GHQ/SCAP in Occupied Japan - Analysis Based on an Activity Log by Dr. AR. Manitoff, Kumiko Sato
10. Mapping the Evolution of Menopause: 1960s-1970s, Debera Thomas
11. History to Performance: The Anne Zimmerman Project, Patricia Walsh; Edward Canto; Alan Pollard; Kelly Vaez

## Hotel Map

HILTON SUITES CHICAGO MAGNIFICENT MILE - SECOND FLOOR



HILTON SUITES CHICAGO MAGNIFICENT MILE - THIRD FLOOR



## Eleanor Krohn Herrmann Keynote Address: Nurses and the Right to Health Care

*Beatrix Hoffman, Professor of History, Northern Illinois University*

Health care access for immigrants is a volatile issue. Undocumented individuals have been excluded from the Affordable Care Act, and the U.S. is just one of many nations debating whether and how to provide care to new waves of immigrants. Nurses have been crucial participants in ongoing struggles over immigrant rights to health care. This talk will discuss several episodes in nursing history that center around the provision of health care to immigrants and migrants, including Lillian Wald's work on New York's Lower East Side in the early twentieth century, the role of nurses in establishing the Migrant Health System in the 1950s and '60s, and nurses' activism to defend health care rights regardless of citizenship status.

## Concurrent Session I – 10:30-12:00pm

### I A. Nursing in World War I

#### 1. World War I's Forgotten "First Three": Base Hospital #12's Nursing Casualties Aboard the S.S. Mongolia

*Susan Sacharski, BA*

*Abstract available in the session.*

#### 2. Letters Home: Experiences of U.S. Nurses in World War I

*Kelley H. Pattison PhD, RN, Western Michigan University, Bronson School of Nursing*

This study offers an analysis of the experiences of US nurses in World War I based on narratives of their accounts which were reviewed in letters either written by or received by nurses from 1917 to 1919.

**Purpose:** The present study explores the experiences of nurses serving with the American Expeditionary Forces during World War I as described in a collection of their letters to family members at home and to other nurses.

**Rationale and significance:** Analyzing the written word (letters) of nurses who served during World War I allows the present day reader insight into how they coped with the nature of the day to day work and the difficulties they endured. The contrast between the two genres of letters; those written to family members and letters written to other nurses gives an insight into the nurses' lives.

**Methodology:** Two collections of letters (N=103) were read and reviewed for examples of daily routines, care provided, and challenges faced.

**Major primary sources:** Greta Wolf Collection of original letters and Maude Spangler Collection of original letters housed at Western Michigan University Archives and Regional History Collections

**Findings and conclusions:** These women described a desire to become involved in the war effort. Although there was a need for nurses on the home front, these women wished to be in France where the war was being fought. Beyond treating the wounded, nurses also cared for patients infected with Spanish Influenza; many contracted the disease and ultimately died. Although long hours, poor work conditions, and limited supplies were the norm, the nurses describe concepts of duty, pride, and sacrifice which guided their efforts.

#### 3. 'Rekindling the Desire to Live'? Nursing Men with Psychological Trauma Following Facial Injury and Surgery During the First World War

*Claire Chatterton. RGN, RMN, BA (Hons), MA, PGCE, PhD, Staff Tutor, The Open University in the North West*

**Purpose:** This paper will focus on the role of nurses in caring for men following wartime facial injury and surgery during and immediately after World War One. It will focus on the role that nurses played in the care and management of the psychological trauma that many of these men experienced.

**Rationale and significance:** As Hallett notes (2009, 228) "just as shell-fire and shot created rents in the body, emotional distress created rents in the psyche." Novels such as Pat Barker's "Toby's Room" and Louisa Young's "My Dear I Wanted to Tell You" vividly portray the long lasting mental wounds experienced by some survivors of wartime facial injury. According to Nurse Catherine Black (1939,86) in her memoir, "Hardest of all was the task of trying to rekindle the desire to live in men condemned to lie week after week smothered in dressings and bandages, unable to talk, unable to taste, unable even to sleep."

Although much has been written about the pioneering work that was done during World War One in the field of plastic surgery (most famously by Dr Harold D Gillies, and his team) less is known about the nurses who

## Notes

worked alongside him, who he himself acknowledged, “have borne the brunt of the work.” (Gillies, 1920). This study aims to increase understanding of the ways in which nurses working in this specialty attempted to ameliorate their patients’ psychological wounds as well as their physical ones.

**Methodology:** This paper draws on an analysis of archival sources. Primary sources include records situated in the Royal College of Surgeons in London and archival material held in the Bamji collection at the Brotherton Library, Leeds and at the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS). It also utilizes articles from nursing and medical journals of the period.

**Findings and conclusion:** This study gives an insight into the nursing work undertaken by staff within pioneering maxillo-facial and plastic surgical hospitals in the UK during the First World War, focusing particularly on the psychological trauma suffered by patients. It discusses the extent to which nurses recognized this and the strategies they used to ameliorate it.

### I B. Nurses’ Identity and Nurses’ Image

#### 1. “The Hospital Nurses Have Been Frequently Drink”: Drunken Nurses, the Sairey Gamp Stereotype, and 18th-century British Naval Hospitals

*Erin Spinney, PhD Candidate, University of Saskatchewan*

**Purpose:** The purpose of this study is to re-examine incidents of drunkenness and perceptions of drunken nurses in eighteenth-century British Naval Hospitals.

**Rationale and significance:** Reading letters to the Royal Navy’s Sick and Hurt Board one would get the impression that drunkenness was the primary concern of naval hospital management. Frequent charges of drunkenness would also be what one would most likely expect to find when examining characterizations of pre-Nightingale nurses. Characterizations of the “old” nurses are often synonymous with the figure of Sarah or Sairey Gamp in Charles Dickens’ novel *Martin Chuzzlewit*. American nursing leaders Lavinia Dock and Adelaide Nutting capitalized on this image when they published the first volume of *A History of Nursing* in 1907. Dock and Nutting’s history cast Nightingale as the woman who saved nursing from its worst days, from the seventeenth to mid-nineteenth centuries. Nor were these depictions of drunken nurses without some foundation; however, they were far from the majority as an examination of Plymouth Naval Hospital in the 1790s shows.

**Methodology:** My study uses medical treatises, hospital regulation books, journals, and pay lists. Naval pay lists indicate start and end dates for employment, sick leave, and limited biographical information. This quantitative data has been assembled into an online database to facilitate a prosopographical approach. When combined with other primary sources my findings reveal how many nurses were found either drunk or accused of bringing liquor into the hospital, and allows discussion on why certain nurses were discharged for their offences while others were simply docked their pay.

**Major primary and secondary sources:** In an approach similar to that used by Sue Hawkins in *Nursing and Women’s Labour in the Nineteenth Century*, I merge collective information from letters and reports with case studies. Due to the valuable source material available for Plymouth Naval Hospital, specifically the Memoranda Book and Private Minute Book of Governor Creyke, the hospital will be used as a case to show wider trends at other naval hospitals.

**Findings and conclusions:** Between August 1795 and October 1799, the period covered by Creyke’s journal, 607 nurses were discharged from Plymouth. Of these, only 25 were discharged for liquor-related offences. Furthermore, these discharges commonly occurred during a time of staff reduction, suggesting that if these women were previously liable to be drunkards during their service previously it was only after the needs of the hospital had lessened that it was deemed necessary to discharge them.

#### 2. “You’re Non-Denominational!”: Nursing Faculty Perspectives on the Influence of Denominational Identity in a Religiously-Affiliated University

*Mary Ellen Pike, PhD, RN, Bellarmine University*

**Purpose:** This historical case study investigated the contributions of nursing deans to a small, southern, liberal arts, religiously-affiliated university over a thirty-eight year period (1972 – 2010). The study examined the significance of leadership, gender, organizational culture, organizational life cycle and policy to the nursing leaders’ contributions. It also explored the relationship of denominational identity, a sub-factor of organizational culture, to the deans’ contributions.

**Rationale and Significance:** By the late 1960s hospital diploma programs across the United States began closing and nursing education moved to the collegiate setting where many of the schools were religiously-

affiliated institutions. The influence of denominational identity on organizational culture, the role of faculty, and the hiring of deans and faculty in a school of nursing has not been previously investigated.

Issues related to organizational culture and faculty hiring and retention practices in religiously-affiliated institutions, as well as the viability of such institutions, remain consequential topics in higher education.

**Methodology:** Eighteen audio-taped interviews were conducted including nine individuals who had served as a nursing leader and nine nursing faculty all of whom had worked with at least two or more of the nursing leaders. Most interviews were in person and some by telephone. The interviews were transcribed and participant-checked; coding, thematic identification and analysis were completed.

**Sources:** In addition to the interviews with the nursing leaders and faculty, primary sources included school documents, local newspapers, yearbooks, religious publications, and Board of Trustee minutes. Secondary sources included books and articles on the history of nursing education and religiously-affiliated higher education in the United States.

**Findings & Conclusions:** This study found that in the institution's early years denominational identity profoundly impacted its organizational culture, particularly the hiring and retention of nursing leaders and faculty and the contributions of the nursing deans to the institution. However, the impact of denominational identity diminished as nursing moved from an ADN to a BSN program, its leaders progressed from department chair to dean; the institution transitioned from college to university status, and the relationship between the denominational governing body and the institution grew contentious. In 2007, the institution severed its denominational affiliation and became a non-denominational Christian university.

### 3. Building a Shared Identity: Filipino Nurse Exchange Experiences from the Late 1960s and Beyond

*Julie Lundberg MAN, RN, CCRN, Staff Nurse, Enhanced Critical Care, Department of Nursing, Mayo Clinic; Kathleen K. Zarling MS, APRN, CNS-BC, MAACVPR, FPCNA, Retired-Mayo Clinic*

**Purpose:** The aim of this project was to document the direct voices, stories, and experiences of Filipino exchange nurses, who have immigrated to the United States for employment. Our secondary goal was to build greater collegial understanding of their personal experiences, contributions to our shared identity, and living impact.

**Rationale and significance:** Stories can shape our thinking about identity. Human lives echo in stories demanding our attention to listen. There was a paucity of documentation bringing the perspectives of exchange nurses to life. This project responded to that lack of awareness of these important voices in our living, shared nursing identity. In 1957, a shortage of professional nurses led to what would be a 17 year program bringing nurses from around the world to Mayo Clinic, Rochester, MN for two year employment contracts. Alongside introducing new cultures to the community and helping with nursing shortage needs of the time, participants exchanged cultural, educational, and clinical experiences with American born nurses. A community social organization, "The Nightingales", was founded to promote culture and build social ties.

**Methodology:** This project was conducted using historical dialogue methodology. Fourteen nurses were interviewed in four cohort groups in July, 2013. The 60-90 minute-interviews were audio recorded with completed transcripts.

**Major primary and secondary sources:** This project documented primary source information with the oral history interviews comprising the majority. Limited records included one internal article, event programs from "The Nightingales," (i.e. annual *Filipiniani* event), local newspaper articles, and personal photographs. These records were donated to the Mayo Clinic Bruce Fye Center for the History of Medicine and Department of Nursing historical archives. Further literature review produced a small number of generalized secondary sources in article and book chapter formats.

**Findings and conclusions:** The history of this exchange nursing program is highly relevant to the shared identity of Mayo Clinic nurses in diverse working environments. A significant number of exchange nurses maintained long careers and strong ties to Mayo Clinic and the broader community. A successful panel presentation was generated featuring the direct voices of four exchange nurses, along with Sister Generose Gervais, a strong mentor to the program and local Filipino community. Subsequently, an internal article was published for the Department of Nursing. The Mayo Clinic's primary value; "The needs of the patient come first", came alive in the early days of the exchange program and was cited to shape the identity of the foreign exchange nurses. The Mayo Clinic continues to value the benefits of exchanged professional talents and opportunities to work together across diverse cultures. The "Nightingales" is now the *Phil-Am*

*Association of Rochester* with longstanding presence and impact in the local community. This project can provide a springboard for a qualitative research study with a thematic analysis.

## Concurrent Session II – 1:00–2:30pm

### II A. Nurses' Work

#### 1. "I Am Wearing My Caps": The Professional Working life of 19th Century Private Duty Nurse Chole Cudsworth Littlefield

*Jean C. Whelan, PhD, RN, Adjunct Associate Professor of Nursing, University of Pennsylvania School of Nursing; Elisa Stroh, BA, Research Associate, University of Pennsylvania School of Nursing*

**Purpose:** This paper examines the working life and professional experience of Chole Cudsworth Littlefield, a late 19th century private duty nurse who practiced in upper New York State and western Massachusetts. It focuses specifically on the first ten years after Littlefield's 1883 graduation from Philadelphia's Woman's Hospital, years in which she set up her practice and faced challenges posed in carrying out a private duty career.

**Rationale and Significance:** Historians analyzing the private duty labor market typically focus on the 20th century concentrating on the difficulties private duty nurses encountered in forging nursing careers. Examining the careers of late 19th century nurses offer a broader look at how nurses' work formed in the US, one which presents a more positive less troubled portrait. This paper examines the singular experience of one late 19th century nurse's practice enlarging our understanding of how nurses developed their employment practices and the means through the profession established itself as a critical component of illness care during the profession's infancy. It explores how Littlefield obtained patient cases, her typical working day, problems encountered in maintaining a viable practice and the concrete remuneration and benefits of 19th century nursing. This study illuminates not only our knowledge of nurses' work and the growth of the profession but also sheds light on the evolution of women's work in general and how nursing, in an era when women increasingly sought paid labor outside the home, offered an alternative to more traditional female occupations such as domestic and factory labor.

**Methodology,** Primary and Secondary Sources: This study, carried out using the methods of social history research, presents a microhistory of how one private duty nurse established and maintained a professional practice. Primary source used was the records contained in the Chole Cudsworth Littlefield Papers which consist of an original diary, Littlefield family correspondence, photographs, and printed items. This collection presents a distinctive and rare look at early nursing practice. Secondary sources used which enhanced, confirmed and validated findings were historical studies of 19th century US nursing practice.

**Findings and Conclusions:** Littlefield's early years as a nurse took place in a period prior to the rise of nursing's professional conventions and was both typical and unique in following working patterns adopted by later generations of nurses at the same time displaying characteristics shaped by the social and economic context of her time. Littlefield's story validates much of what is known about early nurses' work and at the same time offers a more nuanced look at nursing practice suggesting a reconsideration of many of the typical portrayals of early private duty nurses.

#### 2. The Bond of Friendship: School Nurses Bring Home the Message of Health

*Heather Furnas, PhD, Cornell University*

**Purpose:** This paper explores home visiting as an important but overlooked aspect of New York City's early school nursing program.

**Rationale and Significance:** Lina Rogers became the world's first municipal school nurse when she opened up her makeshift clinics in the windowsills and broom closets of the East Side schools of New York City in the fall of 1902. She would soon be assisted by a team of nurses working under her direction, treating school children immediately for minor complaints and monitoring their progress with illnesses that required a doctor's care. In addition to their work in the school buildings to alleviate many of the illnesses, serious or otherwise, that kept many immigrant children from enjoying their right to attend school, school nurses also made daily rounds to the homes of sick children in order to educate mothers on proper treatments and to check on the health and well-being of other family members. They provided in-home education and access to social welfare services, but most importantly, school nurses served as trusted liaisons between state agencies and immigrant families.

**Methodology:** This is a historical study that explores the perspectives and experiences of the architects of the child health programs in New York City schools and communities during the Progressive era.

**Sources:** This study depends on the memoirs, manuals and reports of nurses, settlement house residents, and other public health workers, as well as their published articles disseminated via contemporary professional and reform periodicals. It also utilizes the materials found in the Lillian D. Wald Papers held at Columbia University and at the New York Public Library, as well as the Board of Education records held at the New York Municipal Archives. It brings together secondary literature on the settlement house movement, visiting nursing, the New York public health department, and women in the professions. The framing questions are influenced by the work of Robyn Muncy, Karen Buhler-Wilkerson, and Richard Meckel, among many others.

**Findings and Conclusions:** This study demonstrates the close link between the broad-minded philosophy of the settlement house movement and child health programs in New York City schools. Home visiting was but one aspect of the school nursing program that was directly influenced by the experience and training of Lina Rogers as a resident at the Henry Street Visiting Nurse Service. Handpicked by settlement house founder, Lillian D. Wald, to spearhead the school nursing program, Rogers brought the philosophy of visiting nursing into state programs for child health. Although school nurses performed many of the same duties in the homes previously done by visiting nurses, the school nurse indicated a change in responsibility: while settlement houses were funded by benefactors, nurses and doctors in the schools were paid for by the city. Rogers' program paved the way for future city and state programs such as the ones run by Dr. Sara Josephine Baker at the New York Division of Child Hygiene and later at the Federal Children's Bureau. The school nurse embodied the Progressive belief that the state had a responsibility to provide both education and health care to all, and that public education and public health were inseparable.

### 3. Nursing Involvement in Physician Bedside Rounding in the United States, 1873-1973

*Genevieve Beaird MS, RNC-OB, PhD, Student, University of Virginia*

**Purpose:** This paper is part of a course taken in the doctoral program at the University of Virginia. The purpose of this paper is to examine the trends of nurse involvement in hospital bedside rounding with physicians in the United States between the years 1873 and 1973. Research questions: (1) What trends occurred in nurses' involvements with bedside rounds from 1873-1973 (2) What are the societal, educational, and political factors that influenced nurse involvement with bedside rounds from 1873-1973?

**Rationale and Significance:** In recent years, there has been much emphasis on interprofessional collaboration and nurse-physician partnerships to enhance quality and safety in the hospital setting. Interprofessional bedside rounding is a method often utilized to actualize collaboration. However, best practices for interprofessional collaboration are still being debated. Understanding the historical trends for nurse involvement in bedside rounds from a societal, educational and political standpoint is critical to our ability to understand potential enablers and barriers that clinicians face today when enacting bedside rounds.

**Methodology:** This presentation uses traditional historical methods with a social history framework. Primary sources included manuals for head nurses, textbooks for nurses, nursing student diaries. Secondary sources were also used.

**Findings and Conclusions:** The early professional nurse's involvement in bedside rounds was marked mostly by obedience and submissiveness. The nurse's role was primarily centered on ensuring that the patients and wards were ready for the physicians to conduct their rounds. With hospital ward work being primarily conducted by students, the rounding process also served as an educational activity facilitated by the head nurse. The head nurse's role in bedside rounds was to take notes and accompany the physicians for assessments. The Great Depression and World War II brought on a changing workforce and increased demands on the hospital system. Increased census and a reduced, stratified nursing workforce initiated precedence for physicians to conduct ward rounds on their own. Into the 1950s and 1960s, the head nurse was still the primary representative of nursing on rounds, but appeared to provide somewhat more influence on the plan of care than in the early 20th century. However, rounds still functioned on the physician's timetable and nurses had to accommodate their work in order to participate. By the 1970s, the use of bedside rounds had decreased as a form of medical education. Nursing leadership called for increased use of collaborative rounds, but some nurses pushed back feeling as though it was an outdated practice. Almost fifty years later, we are still struggling in how to equally operationalize interprofessional rounds in the hospital. Drawing on the historical context of bedside rounds can help leadership approach new innovative methods with a more comprehensive understanding of this collaborative structure.

## II B. Nursing Education: Responding to Societal Needs

### 1. From Cloister to College: Responses of Nurse Training Schools to Societal Change, 1920-1929

*Karen J. Egenes, RN, EdD, Loyola University Chicago*

**Purpose:** In the wake of World War I and the Great Influenza Pandemic and in the face of expanding career opportunities for women, nursing held little appeal for the emancipated young women of the 1920s. Although nurse training schools of the era initially clung to the rigid standards of the traditional apprenticeship model, plummeting enrollments, changing social mores and increased scrutiny from investigative bodies outside the profession led to significant, albeit subtle, changes in nursing education. This study explores the impact of societal forces on the conduct of nursing education in a sample of Midwestern nurse training schools. It further investigates the changes enacted by nurse faculty to make the setting for nursing education more similar to that of women's colleges while continuing to adhere to professional norms.

**Rationale and Significance:** Although many studies have focused on the cultural revolution of the 1920s and its concomitant effects on the roles of women, few have explored the effect of these changes on nursing education. In addition, few studies have focused on the interface of the experience of the female college student, the new career woman and the woman aspiring for entrance into the nursing profession. Little attention has been paid to the often elusive improvements in nursing education that were spawned in response to forces outside the profession.

**Methodology and Primary and Secondary Sources:** Methods of cultural history were used in the analysis of data collected for this study. Primary sources included yearbooks, newsletters, diaries, reports and memoirs written during the decade by nursing students who were enrolled in a variety of Midwestern schools of nursing. These sources are housed in the archival collections of universities with whom the schools of nursing were eventually affiliated. Secondary source materials included published newspaper and nursing journal articles of the era.

**Findings and Conclusions:** During the decade of the 1920s nursing education, in response to pressure from a variety of social forces, made attempts progress from the dominant apprenticeship model toward an environment that afforded student nurses a limited degree of personal autonomy. Through the formation of bonds with other young women who held similar goals, students in nurse training schools formed a subculture that allowed them to better endure the harsh realities of patient care during the era. Yet these hopes ultimately were dashed with the onset of the Great Depression. Economic realities ultimately gave way to the return of the exploitation of student nurses by hospital authorities.

### 2. Getting a "Soon Start" on the Doctor of Nursing Practice: Mary Breckenridge, Leading the Way for the DNP Essentials

*Anne Z. Cockerham, PhD, CNM, WHNP-BC, CNE, Frontier Nursing University; Janet L. Engstrom, PhD, APN, CNM, WHNP-BC, Rush University*

**Purpose:** This paper examines the life of nurse-midwife Mary Breckinridge and the establishment of the Frontier Nursing Service, in the mountains of Eastern Kentucky, as historical exemplars of the competencies expected of nurses prepared with the contemporary Doctor of Nursing Practice degree.

**Rationale:** More than a decade ago, the American Association of Colleges of Nursing (AACN) published a recommendation that all advanced practice nurses, including nurse-midwives, be educated in Doctor of Nursing Practice (DNP) programs. Reasons included calls from national leaders to prepare clinicians to: meet the demands of complex patient care situations; improve the quality and safety of health care; work in interprofessional teams; and improve systems thinking and leadership skills. The DNP degree has since gained widespread acceptance in most advanced practice nursing specialties. However, nurse-midwifery educators have not uniformly endorsed the DNP; one reason for their reluctance is uncertainty about whether DNP competencies align with the work and spirit of nurse-midwifery. Nurse-midwifery educators' continued debate of the value of the DNP provides a unique opportunity to examine the history of Mary Breckinridge, one of the founders of American nurse-midwifery, and to explore how her life and the establishment of the Frontier Nursing Service align with DNP competencies.

**Methodology:** A social history framework guided this study.

**Sources:** Primary sources included letters, minutes, newspaper articles, procedure manuals, and financial accounts from the FNS Collections at the University of Kentucky Special Collections. Secondary sources included books and dissertations.



**Findings and Conclusions:** Analysis of the AACN Essentials of Doctoral Education for Advanced Nursing Practice through the lens of Mary Breckinridge's life reveals that her work epitomized the knowledge and skills in the 8 Essentials, nearly a century before AACN published them (an early, or "soon" start, in mountain vernacular). Breckinridge's story is replete with examples of the ways in which every Essential guided her work; a few include: observation of the organization and structure of health care services in post-WWI France and application of those principles in the mountains of Eastern Kentucky (Essential II: Organizational and systems leadership for quality improvement and systems thinking); development and employment of a detailed Records Routine to ensure continuity of care and the ability to disseminate findings with others (Essential IV: Information systems technology and patient care technology for the improvement and transformation of care); and systematic and sustained engagement of stakeholders, including physicians, public health officials, social workers, nutrition experts, and others, to develop and continue the Frontier Nursing Service (Essential VI: Interprofessional collaboration for improving patient and population health outcomes).

### 3. New Educational Pathways to Entry-Level Nursing Practice: Attempts to Differentiate a Professional Identity and Role

*April D. Matthias PhD, RN, CNE, University of North Carolina Wilmington*

**Purpose:** This paper examines the development of the diploma, Bachelor of Science in Nursing (BSN), and Associate Degree in Nursing (ADN) educational pathways as attempts to clearly differentiate, based on education, a professional identity and practice role for the entry-level nurse.

**Rationale and Significance:** The nursing profession holds a renewed focus to advance the education of the registered nurse (RN) and define the BSN as the minimum educational preparation for professional nursing practice. Despite efforts propelled by the outcomes-based research and the Institute of Medicine's 80 by '20 recommendation to increase the percentage of BSN nurses, different educational pathways continue to produce nurses and the nurses legally, based on licensure, share the same nursing practice role. Historically, different educational pathways leading to the same practice role have challenged efforts to specify an entry-level RN's professional identity and practice role based on education. Histories of early programs—The Bellevue Training School for Nurses (1873) as the diploma program; the University of Cincinnati School for Nursing and Health (1916) as the BSN program; and the Cooperative Research Project in Junior and Community College Education for Nursing (1952) as the ADN program—examined as attempts to differentiate a professional identity and practice role for the RN by education provide an historical perspective for current efforts. With an informed historical perspective, nurse leaders can determine the viability of the renewed focus and effectiveness of current efforts to advance the education of the nurse.

**Methodology, Primary and Secondary Sources:** This study was carried out using the methods of social history research. Primary sources, including various correspondence, meeting minutes, and newspaper articles, were used from the Archives of the Foundation of the New York State Nurses Association, Bellevue Alumnae Center for Nursing History in Guilderland, NY; Archive and Rare Books Library/Blegen Library and Wedbush Centre/College of Nursing, University of Cincinnati in Cincinnati, OH; and the Gottesman Libraries Archives at Teachers College, Columbia University in New York, NY. Secondary sources, including historical and contemporary professional journal articles and analytical books on the subject, validated, enhanced, and confirmed findings.

**Findings and Conclusions:** The historical study of the early programs illustrate that the pathway developments were unsuccessful attempts to differentiate a professional identity and practice role for the entry-level nurse based on education. The historical persistence of the different pathways and continued use of differently-prepared nurses in the same practice role challenged differentiation efforts. Significant barriers and flawed strategies to clearly differentiate an educational pathway, professional identity, and practice role for the entry-level RN were identified. Some of these barriers still exist and some strategies are still being employed. To ensure success of today's efforts to advance the education of the nurse and define the BSN as the minimum educational preparation for professional nursing, the identified barriers and flawed strategies need to be recognized and addressed.

## II C. Nursing Leaders

### 1. From Minnesota to Dachau: Dorothy Wahlstrom Revealed

*Ruth Manchester RN, BSN, MA, Montgomery College*

**Purpose:** The purpose of this study is to build awareness of Capt. Dorothy Wahlstrom (born in Minnesota in 1918 and died in 1986), an Army nurse in the 127th Medical Evacuation unit that helped liberate Dachau on

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May 3, 1945. Subsequently, she cared for those who were imprisoned in this concentration camp.

**Rationale and Significance:** Information about the care given to concentration camp survivors is limited. Many Army personnel wanted to forget the horrible conditions they encountered when they entered the camps. Capt. Wahlstrom gave a two-page account which was published in Rhoda Lewin's *Witnesses to the Holocaust* (1990). After hearing about this nurse, Syracuse University Professor Jerome Witkin, in 2001, painted a series of works entitled *Entering Darkness: Dorothy Wahlstrom, Nurse at Dachau 1945*. In the annals of nursing, there doesn't seem to be any more written or known about Capt. Wahlstrom.

**Methodology:** A portrait sketch of Capt. Dorothy Wahlstrom ministering to a patient is owned by the Arkansas Arts Center. Seeing this image prompted the research. Who was this nurse? What happened during her Army career? After discharge from the Army, what were her contributions to professional nursing? How did artist Jerome Witkin learn about Ms. Wahlstrom? These were some of the questions that arose after I saw the portrait.

**Sources:** Both primary and secondary sources were consulted to construct Capt. Wahlstrom's story. Inquiries directed to the Center for Holocaust Studies at the University of Minnesota revealed that the director of the Center, Stephen Feinstein, was friends with Jerome Witkin and gave him further information on Capt. Wahlstrom. Witkin was contacted to learn about his rationale for choosing Dorothy Wahlstrom's narrative to depict his series of extremely graphic images of her tour of duty at Dachau. He shared with me Capt. Wahlstrom's written, primary account. Recently, after much searching, Capt. Wahlstrom's nephew was located. He and his family contributed further information about her life prior to and after her tenure in the Army. The 127th Medical Evacuation's records were also consulted for accounts of the care provided to the survivors.

**Findings and Conclusion:** Researching the story of Capt. Wahlstrom (and other nurses) who cared for patients in unspeakable conditions adds new information to Holocaust studies. The illustrations, as depicted by Witkin, show the suffering experienced by both nurses and patients, and adds to the compendium of images of nurses and nursing in art. Capt. Dorothy Wahlstrom is one of the many unsung nurse-heroines of WWII, and her narrative in *Witnesses to the Holocaust* and Witkin's art bring her story to life.

## 2. The Beard Diaries, 1925-1938

*Sandra Boddice, RN, EdD (c), Teachers College, Columbia University*

**Purpose:** This paper examines the critical role that public health nursing leader Mary Beard played during her thirteen year appointment at the Rockefeller Foundation through an analysis of her work diaries during this period. Beard occupied a unique position within the nursing leadership community being both aware of the challenges facing nursing and nursing education whilst also being in the middle of the struggle to elevate the standards of public health nursing and nursing education.

**Rationale and significance:** During the last 30 years, the United States has seen a significant increase in preventable chronic diseases and this new health care environment presents opportunities for public health nursing to demonstrate its' abilities to meet the current public health challenges. In short, it could be said that public health nursing is in the throes of a renaissance. Additionally, the discussion surrounding the entry into the nursing profession continues to be debated including the necessity of having a highly educated nursing work force to address today's public health challenges. Beard's experiences will help inform today's nursing leaders, as they struggle to understand the role that professional nurses must play in the changing healthcare landscape.

**Methodology:** This paper utilizes a historical methodology/biographical framework to focus on Beard's work at the Rockefeller Foundation. Beard's diaries provide insight into her ideas, support, and collaboration with others regarding advancing public health nursing.

**Major primary and secondary sources:** Primary sources for this paper are Beard's officer diaries from the Rockefeller Archive Center, located in Pocantico, New York, spanning the years 1925 to 1938. These diaries document the interviews, visits and meetings that took place between Beard and the different stake holders in the public health and nursing education movement. Secondary sources for this paper include the work of historians who have examined the Rockefeller Foundation nursing initiatives this includes the work of Abrams, Lapeyre, Vickers and D'Antonio. Histories of public health nursing and nursing education are used.

**Findings and conclusions** Beard's diaries illustrate the challenges that faced the nursing profession on a national and international scale. Beard's pragmatic approach to problem solving and her high quotient of social intelligence are demonstrated in the pages of the diaries and provide a record of the strategies she utilized to address the complex health care environment and the competing goals of the public health stake holders.

### 3. Standpoint and Ecology: An Analysis of Nightingale in Context

*Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE, Professor, Azusa Pacific University*

**Purpose:** Florence Nightingale is one of the most influential, if not the most influential, nurses in the history of the profession. Using Bronfenbrenner's ecological systems model, standpoint theory, and feminist perspectives, Nightingale was examined as a feminist and a classist, an advocate and an elitist whose far-reaching actions changed views of "women's work" and nursing.

**Rationale and Significance:** Examining Nightingale's life from the context of modern theoretical and theological perspectives gives different perspectives of the effects of her individual context on Nightingale's personal and professional development. Bronfenbrenner's ecological systems model, standpoint theory, Lewin's change theory, and feminist and theological perspectives were used in this analysis.

**Methodology:** Historiographic research was conducted examining multiple primary and secondary sources. Using Bronfenbrenner's ecological systems model and standpoint theory, research focused on situating Nightingale's family and her early life within larger familial, cultural, and societal systems as a way of analyzing her perspectives on, and development of, nursing as a profession, a system of theology, and as a theorist and agent of change.

**Major Primary and Secondary Sources:** Primary sources included writings by Nightingale and the major theorists used in the analysis. Biographies and interpretive writings of Nightingale and her life as well as resources on feminism, feminist theology, mysticism, and the lives of Victorian women were used in this critical analysis.

**Findings and Conclusions:** Florence Nightingale's immediate family system (microsystem) was atypical and somewhat dysfunctional, leading her to feel different, disconnected, and to suffer from depression. Nightingale had religious visions and what she felt was a call from God to serve. Her societal connections, which she at once eschewed and used, and her unusual education enabled her to develop a personal feminist theology to counter the patriarchal narrowness of the Church of England. From the temporal/historical perspective of the chronosystem, Nightingale, from a privileged position, used the system to paradoxically advocate for the disenfranchised and to develop a system of nursing that we still embrace.

## Concurrent Session III – 3:00–4:30pm

### III A. For the Promotion of American's Health

#### 1. "For the Promotion of Health to the Family and Community": The Work of the VNA of Evanston, Illinois, 1925-1949

*Karen J. Egenes, RN, EdD, Loyola University Chicago*

**Purpose:** Founded in 1897, for the first quarter century of its existence, the Visiting Nurse Association of the elite Chicago suburb of Evanston employed only one nurse. Society matrons, in a spirit of "nobles oblige" funded the nurse's visits to the recent immigrants and poor factory workers who lived along the suburb's border with Chicago. However, a precipitous growth in the suburb's population during the nineteen teens with a concomitant spike in the number of deaths from tuberculosis led to public awareness of the potential role of the public health nurse in health education and disease prevention. This study describes the growth and evolution of a suburban public health nursing initiative from an original focus on care of the destitute to a focus on the promotion of "health for all".

**Rationale and Significance:** In an era when the majority of the nation's health care resources are expended on the provision of tertiary care services, the proactive stance of health promotion is often overlooked. The launch of the Healthy People 2020 initiative coupled with expanded implementation of the provisions of the Affordable Care Act provide nursing with opportunities to lead a return to an emphasis on health. This study presents an example from history of nurses' leadership in the implementation of population focused care.

**Methodology and Primary and Secondary Sources:** Methods of social history were used in the analysis of data collected for this study. Primary sources included the records of the Visiting Nurse Association of Evanston, located in the archives of Loyola University Chicago, the Evanston Historical Society, and the Evanston Public Library. These records include annual reports, correspondence, and logs and records kept by the visiting nurses. Secondary source materials included published newspaper and nursing journal articles of the era.

**Findings and Conclusions:** In 1925, the focus of the nurses' work was intentionally changed to pre-natal care. The following year, the suburb hired a full-time commissioner of health, who added communicable

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disease nursing as a priority function of the VNA. From 1925 until 1945, encompassing the years of the Great Depression, the staff of the Evanston VNA grew with each succeeding year, from one nurse to a staff of twelve nurses two full-time secretaries. The nurses' early health education efforts were aimed at combating the public's prejudices, which included attempts to conceal disease symptoms beliefs that hospitalization for care was a "family disgrace". To enhance their health promotion efforts, the VNA nurses initiated collaborative relationships with social workers, physicians, and local schools of nursing. Through the decade of the 1940s, Evanston was repeatedly named the "healthiest city in the US".

## 2. On the Road: Nurses and the Motoring Public

*Adrian Melissinos, PhD, RN*

**Purpose:** Women took to the roadways of America during the 1930s as they became owners of automobiles and joined the growing ranks of consumers of oil and gasoline products. The increased numbers of women utilizing products at gas stations prompted the development of programs specific to the female customer. Cleanliness of the service station restroom was an important factor for the female traveling public. One of the programs initiated, the Highway Hostesses, developed in response to demand for clean restroom facilities for women and children. The hostesses were registered nurses hired by Phillips 66 to inspect the restrooms at the company's gas stations to ensure "certified" cleanliness. The program coincided with an increased interest in providing "germ-free" environments at home.

**Rational and Significance:** Although information about the nurses who worked as stewardesses at the beginning of public participation in aviation is known, knowledge about the nurses who worked in the petroleum industry does not exist in nursing literature. This study aims to close this gap in nursing history by examining the roles, functions, and impact of the nurses who worked in the Highway Hostesses program.

**Methodology:** Historical methodology was used to examine and interpret primary and secondary sources. Primary sources include artifacts, photographs, interactive exhibits, newsletters, and other materials from the Phillips 66 Museum in Bartlesville, Oklahoma and the Bartlesville Area History Museum. Newspapers were also accessed online.

**Findings and Conclusions:** Six registered nurses were hired as Highway Hostesses. They were issued distinctive blue uniforms recognizable to the public. Each nurse was assigned an automobile with "Certified Rest Rooms" written on the doors along with the nurse's name. They were responsible for patrolling the roads in the company's regional territory to provide assistance to motorists as needed and to certify the cleanliness of service station restrooms. They could provide first aid to accident victims, water, healthcare information, or assistance to the ill. They functioned as popular publicly visible representatives of the nursing profession as well as early participants in the role of the industrial nurse.

## 3. Nursing in the Early Community Health Center Movement: The Tufts-Delta Health Center, Mound Bayou, Mississippi, 1965-1975

*Janna Dieckmann, PhD, RN, Associate Professor, School of Nursing, University of North Carolina at Chapel Hill*

**Purpose:** This study analyzes the roles and impact of public health nurses, nurse-midwives, and clinic nurses who worked at the Tufts-Delta Health Center in rural Mound Bayou, Bolivar County, Mississippi, between 1965 and 1975. With a focus on the Center's early years, the study will probe the local impact of the community health center movement, as supported by the US Office of Economic Opportunity (OEO).

**Rationale & Significance:** The nation's 1960s "War on Poverty" increased national awareness and commitment to locate and ameliorate human need in all corners of the country. H. Jack Geiger, MD, applied the principles of Community Oriented Primary Care to establish local health services for the Delta that combined the aspirations of community members with OEO funding to address endemic health and environmental problems. Despite the extensive influence of this Health Center on developments in primary care provision, the roles of nurses and nursing have not been fully illuminated.

**Methodology:** Historical methodology is used to analyze the Tufts-Delta Health Center's archived records, documents, photographs, and oral histories. The secondary literature provides insights into the established narrative of the Health Center.

**Major primary sources include:** Delta Health Center Records, 1956-1992; Mound Bayou Collection, 1928-1995; and John W. Hatch Papers, 1967-1995, all deposited at the Southern Historical Collection, UNC-Chapel Hill. **Major secondary sources include:** Published materials by Health Center staff and participants; commentary and reports from the Center and from Center supporters; and period journal and newspaper articles.

**Findings and Conclusions:** The success of the first years of the Tufts-Delta Health Center reflected extensive OEO funding that permitted early environmental health interventions, such as improvements in clean water supply and sanitation that directly reduced morbidity. Both public health nurses and nurse-midwives worked extensively in patient homes, and were admired by other health professionals who may have been less prepared to establish the effective relationships that nurses built with local community members. Faced with these successes, public health nurses of the local, official health agency felt that the presence of the Health Center was an explicit critique of their long-standing, difficult work with few of the resources provided by OEO and Tufts. For the Center, it remained challenging to adequately staff and retain needed health professionals at the Center; in 1972, the Center merged with Mound Bayou Community Hospital. This step newly facilitated innovative collaborations that followed patients from acute care discharge into their own homes.

### III B. Policy, Practice and Politics

#### 1. “Please Avoid Embarrassment and Perhaps Graver Consequences” Scope of Nursing Practice in Rehoboth, New Mexico (1940-1946)

*Mary D. Lagerwey, PhD, RN, Western Michigan University, Bronson School of Nursing*

**Purpose:** This study examines efforts by missionary nurses, following the resignation of the mission’s only physician, to negotiate their scope of practice and manage the Rehoboth Mission Hospital near Gallup, New Mexico, as a nurse-run hospital.

**Rationale and significance:** This study provides unique insights into missionary nurses’ negotiations with religious, nursing, and medical authorities regarding their scope of practice. Findings point to socially constructed parameters for nursing practice, and provide a portrait of a nurse-run missionary hospital administered by a little-studied protestant denomination (The Christian Reformed Church).

**Methodology:** Original correspondence, reports, and photos from the Archives of the Hekman Library at Calvin College in Grand Rapids, Michigan, and the Archives of the Rehoboth Mission near Gallup, New Mexico, were analyzed for information about an extended period in the early 1940s when there was no physician at the Rehoboth Hospital.

**Findings and Conclusions:** When the only physician at the Rehoboth Mission in New Mexico resigned in 1941 and denominational leadership was unable to find a replacement, nurses there proposed a nurse-run hospital. They felt confident that, given their experience and with the back-up of physicians in nearby Gallup, they could manage. The nurses sought permission from their denominational mission board and consulted the NM State Board of Nurse Examiners and the NM Board of Medical Examiners. The Nursing Board wrote that it could provide little guidance. The Medical Board responded that the nurses were neither qualified nor authorized to determine the seriousness of cases, and should not provide care on their own. None-the-less, the executive board of the denomination appointed registered nurse Aletta Rus superintendent of the hospital, with medical consultation to be sought from physicians in Gallup as she judged necessary.

#### 2. Respectability Politics: The Mercy Douglass Hospital and Nurse Training School, 1945-1970

*Hafeeza Anchrum, MSN, RN-BC, University of Pennsylvania School of Nursing*

**Purpose:** The purpose of the study was two-fold: to explore how the Mercy-Douglass Hospital and Nurse Training School used respectability politics as a form of resistance and social protest to challenge interlocking systems of race, gender and class oppression during the mid-20th century; and to elucidate the role of nurse training institutions in advancing black women’s social and economic equality.

**Rationale and Significance:** Since the late 20th century, black scholars have produced an impressive body of historical and biographical scholarship on the role of black women in social reform, civil rights activism, and transnational liberation politics. Such histories have produced novel and provocative interpretations of black women’s socio-political influences that captured the voices of both elite and ordinary women. While particular consideration has been given to black women’s unconventional, and often subtle, forms of resistance in the labor market, black nurses are largely invisible in women’s social and political history and broader civil rights scholarship.

Thus, this research study is significant to the continuous process of recovering the voices of ordinary black women whose voices have been largely marginalized and silenced in the master narrative. It puts professional nursing in conversation with existing historical scholarship about black women’s political engagements, and pushes the intellectual boundaries for how scholars and historians identify, define and analyze oppression, resistance and liberation politics. To date, no single study has been conducted on the Mercy-Douglass Nurse Training School or any black nurse training school.

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**Methodology:** Archival research and oral history methods were used for the study.

**Sources:** The primary sources included the Mercy Douglass Hospital and Nurse Training School institutional records and oral history interviews of individuals who trained or worked at Mercy-Douglass or a comparable institution between 1945 and 1970. Secondary sources included monographs and relevant literature pertaining to the subject.

**Findings and Conclusion:** Situated within a network of key black social institutions, Mercy-Douglass Nurse Training School strengthened and re-enforced the respectability politics honed in black families, churches, and community. The training prepared black nurses with the essential knowledge and skills to perform independently and effectively in a racialized profession, while simultaneously promoting a message of silent protest and resistance. This study provides an alternative framework for understanding how black women helped to advance racial and economic equality during the civil rights era.

### 3. “Go Off to a Mountaintop”: Nursing and Terminal Care Reform, 1962-1976

*Joy Buck, PhD, RN, West Virginia University*

**Purpose:** This paper critically examines the cultural politics of mid-twentieth century terminal care reforms in the United States and the role of nurses and nursing within them.

**Rationale and Significance:** In the 1960s, the U.S. Public Health Service Division of Nursing funded a series of studies of the experiences of terminally ill in several large university affiliated hospitals. Two nurses, Florence Wald and Jeanne Quint [Benoliel] served as Principal Investigators of two of these studies. Transcripts from Wald’s study provide a rare and detailed account of the early years of interdisciplinary terminal care reforms in Connecticut. Quint’s study transcripts offer an in-depth analysis of communication between terminally ill patients and professionals. Both studies capture the plight of the terminally ill within a curative medical milieu and fueled significant terminal care reforms. The significance of these studies to the fields of thanatology and palliative care remain relatively invisible in the historical record.

**Methodology:** Primary data were collected and interpreted using critical social history as a framework. Data included archived research transcripts, field notes and meeting minutes, and in-depth interviews with individuals integral to mid-20th century terminal care reforms. Data were analyzed and contextualized within the historiographical framework of 20th century terminal care reforms.

**Sources:** Primary sources include archived papers of Jeanne Quint Benoliel, Florence Wald, Edward Dohal, Cicely Saunders, and oral histories with 24 nurses integral to 20th century terminal care reforms. Secondary sources include legislative histories, program reports, nursing journal editorials and articles, annotated bibliographies, and relevant historical accounts.

**Findings and Conclusion:** Nurses were central figures in initiating and sustaining 20th century terminal care reforms. The research records reflect divergent cultural interpretations of the meaning of illness, place, disciplinary function and authority, and dominion over terminal care among professionals, patients and their families, and system administrators. They also evidence the cultural politics some nurses encountered as they sought shared power and interdisciplinary collegiality with physicians as they championed the needs of the terminally ill and their families. Nurses successfully negotiated cultural politics to effect reforms in institutional care for the dying and create alternatives to institutional care. Yet, as these reforms gained traction, distinctions of class, gender, and disciplinary authority permeated their negotiations for equitable distribution of power and authority to direct such care. Nurses quickly became one of several nameless professionals in the “interdisciplinary care team” that was firmly under the direction of the physician. The findings of this study are particularly salient to contemporary end-of-life care reforms and the presence and “Future of Nursing” within them.

## III C. Place Matters

### 1. “Our Doctors Cannot Be Our Nurses”: Outcomes from the “Sickness in Dutchess County” Report, 1915

*Sandra B. Lewenson, EdD, RN, FAAN, Professor, Pace University, College of Health Professions, Lienhard School of Nursing*

**Purpose:** This study explores the influence of a 1915 report titled, Sickness in Dutchess County New York: Its Extent, Care, and Prevention on the establishment of the Red Hook Nursing Association in Dutchess County. This report, funded by the Thompson Trust and the State Charities Aid Association, provided data for the town of Red Hook to determine the health care needs of its residents.

**Rationale and significance:** Large data sets provide evidence to develop meaningful primary health care initiatives to vulnerable populations. Assessing the health care needs and resources in a community can provide data necessary to aid community activists and nurses to politically advocate for relevant programs. This research uses the 1915 report to understand nursing's historical participation and its use of data to develop and deliver public health care nursing services in a rural community.

**Methodology:** Primary source materials include the records of the Red Hook Nursing Association located in the Ardriance Memorial Library, Poughkeepsie, New York. Materials found in Historic Red Hook and Rhinebeck Historical Society provided access to local newspapers and community records. An online copy of the *Sickness in Dutchess County* report published by the Hathitrust.org provided access to the report. Secondary source materials include histories of the American Red Cross, public health nursing, the Thomas Thompson Trust, and local history of Dutchess County.

**Findings:** *The Sickness in Dutchess County* report collected information about the prevalence of illness and available health care within five representative rural communities between 1912 and 1913. Findings revealed over "1,600 cases of serious illness" causing adults to miss work and children to miss days at school. The report estimated a loss of these services to the community roughly costing \$412,000. Recommendations called for the hiring of public health nurses to improve health outcomes. Community activists, like Margaret Aldrich Chanler, familiar with the work of professional nursing and the American Red Cross advocated for a public health nurse in Red Hook. Chanler sought an affiliation with the American Red Cross Town & Country rural nursing program to bring nursing to Red Hook. Based on the outcomes of the 1915 study, she called for the hiring of a Red Cross nurse writing, "Our doctors cannot be our nurses" (Aldrich, 1916, April 6, 1916).

**Conclusion:** The Red Hook Nursing Association organized as a result of data from a community health care survey, advocacy by local activists, and collaboration with nursing. This historical exemplar provides us with insight into health care possibilities when data, advocacy, and nursing intersect.

## 2. "We Felt Like True Soldiers": Catholic Sister Nurses in the 1918 Flu Pandemic

*Mary Ann Thompson, DrPH, RN, McKendree University; Sara Bolten, MSN, RN, CNE, McKendree University*

**Purpose:** The purpose of this study is to describe the role of six orders of Catholic nuns who volunteered as "nurses" to care for thousands of soldiers at Camp Zachary Taylor, Louisville, Kentucky USA, during the influenza pandemic of 1918.

**Rationale and Significance:** During 1918/1919, the "Spanish Flu" took millions of lives worldwide and remains the worst influenza pandemic in history. The worldwide transmission of the flu, as well as morbidity and mortality, were increased due to World War 1, particularly because of the movement of the troops. In September, 1918, the first cases of flu appeared at Camp Zachary Taylor. At that time 40,000 to 64,000 troops were stationed at the camp making it the largest U.S. Army Training camp in the nation. Within a week of the first cases being diagnosed, over 1700 soldiers were being treated and the base hospital was rapidly overwhelmed. By the end of September, almost 20% of the camp barracks had been converted to sick wards. Urgent appeals for volunteer nurses were printed in the Louisville papers, but the state was already suffering from a lack of health care professionals, due to the war. Few nurses responded, as the appeal was re-printed within 5 days. A Roman Catholic Army chaplain at the base requested help from several orders of Kentucky nuns, and they quickly responded in spite of considerable personal risk. Camp Taylor is one of only a few US military bases where Catholic sisters were used as volunteer "nurses" during WWI.

**Methods and Sources:** Rich primary sources were located in the archives of the Sisters of Loretto, Sisters of Charity of Nazareth, Ursuline Sisters, Dominican Sisters of Peace, and the Sisters of Mercy of the Americas. These included journals, letters, photographs and summary reports of service from the individual convents. Additional primary sources include U. S. Army Office of Medical History reports, letters from soldiers and family members, local newspapers and Archdiocesan newspapers. Secondary sources included Work Progress Administration transcriptions of Camp Taylor documents.

**Findings and Conclusions:** Approximately 88 nuns from 6 orders volunteered to work as nurses at Camp Taylor during October and early November, 1918. The majority of the sisters were teachers, rather than trained nurses. The base hospital, staffed by professional nurses from the Army, the American Red Cross, and the sisters, provided care to the most critically ill. The remaining sister "nurses" were assigned, one or two to a barrack, each providing care to between 100 and 150 soldiers. The nuns worked 12 hour shifts, day and night, seven days a week. They supervised orderlies, took TPRs morning and evening on each patient,

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administered the medications and meals, and provided comfort care. An important aspect of their work was to identify men who needed special attention or transfer to the base hospital. As could be expected, a significant percentage of the sisters became ill with influenza, many taking months to fully recover. One sister died from the flu and received a military funeral at the camp. Although Camp Taylor had over 14,000 cases of flu and more than 800 deaths, the mortality was lower than at some other major military bases. It is likely that the care and vigilant observation provided by the sisters contributed to saving many lives. The nuns knew they were placing their lives in peril when they volunteered, yet without exception, they expressed gratitude for the opportunity to serve “our boys”. Their sense of patriotism and selflessness were remarkable. Their handwritten journals provided a rare look into disaster nursing of the early 20th century. Their work and the limited work of other orders, during the flu pandemic, marked the end of military nursing for Catholic sisters in the United States.

### 3. Crisis at Guy’s and the Nature of Nursing Work

*Sheri Tesseyman, PhD, Westminster College School of Nursing and Health Sciences*

**Purpose:** This historical research aims to refine understanding of the nature of nursing work.

**Rationale and significance:** From the beginning of professional nursing, questions have been raised about the nature of nursing and nursing work. A better understanding of everyday nursing work is crucial to institutions which provide nursing care and to the development of nursing as a discipline.

**Methodology:** This study focuses on archived documents relating to the 1880 crisis at Guy’s Hospital in London and books on nursing from the same time period in order to examine the nature and meaning of nursing work, particularly the concept of nursing work as many “little things.”

**Major primary and secondary sources:** Major primary sources include official records of Guy’s Hospital board of Governors meetings, articles in *The Nineteenth Century* magazine and other contemporary periodicals, including articles by Margaret Lonsdale, a nurse at Guy’s Hospital, Eva Luckes’ nursing textbook, *General Nursing*, and Florence Nightingale’s *Notes on Nursing for the Labouring Classes*. Major secondary sources include Carol Helmstadter’s work on nurses and doctors in the London teaching hospitals in the nineteenth century, Judith Moore’s book, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868-1883*, and Keir Waddington’s work on the 1880 dispute at Guy’s Hospital.

**Findings and conclusions:** Through Margaret Lonsdale’s writing about conflict between the medical and nursing staffs at Guy’s, understanding about what constitutes nursing work, specifically as it is different from medicine, is enhanced. Lonsdale’s ideas are corroborated by examination of writings by nurse leaders Florence Nightingale and Eva Luckes. Luckes, in particular, elaborated what was meant by nursing as the performance of a thousand little things which are specific to nursing work. While physicians had been performing much of what was considered to be nursing work, nurses developed these and other interventions into a unique body of work characterized by meticulous attention to significant details.

## Concurrent Session IV – 4:45-5:45pm

### IV A. Contributing to the Public’s Health

#### 1. “Women’s Mission Among Women”: The Unacknowledged Origins of Public Health Nursing

*Rima D. Apple, PhD, University of Wisconsin-Madison*

**Purpose:** This paper investigates the unrecognized roots of modern public health nursing. Histories of this profession often begin with the work of William Rathbone who instituted a program of visiting nurses for the sick poor in Liverpool in the mid-19th century. What has received less attention is the genesis of the other, some might argue the more significant aspect of public health nursing, education.

**Rationale and significance:** Historians have long noted the significance of the city of Manchester (one of the leaders of the industrial revolution) and particularly the Manchester and Salford Sanitary Association (MSSA) in the development of modern public health programs. What has been overlooked is the pivotal role played by the Manchester Ladies Sanitary Association (MLSA) and the Manchester Jewish Ladies Sanitary Association (MJLSA). Whereas MSSA offered lectures and delivered treatises designed to teach the poor how to improve their lives, The more pragmatic women of the MLSA and the MJLSA decided to teach by example; they employed working-class women as Health Visitors. The creative vision of the MLSA and the MJLSA, placing public health within the domestic sphere, is rarely recognized.

**Methodology:** During a visit to the Rylands Library at the University of Manchester I discovered little read primary sources pertaining to the early years of the public health movement in Manchester. A close and



gendered reading of this material in the light of secondary sources that focus primarily on the work of the male MSSA, discloses the factors that fostered and inhibited the establishment of the first Health Visitor program.

**Major primary and secondary sources:** Primary sources include the annual reports of the MSSA, MLSA, and the MJLSA; contemporary news articles; and Parliamentary Papers. Secondary literature include works on the history of public health (such as Emma L. Jones and John V. Pickstone, *The quest for public health in Manchester: The industrial city, the NHS and recent history* (2008), of public health nursing (such as Vanessa Heggie, "Health visiting and district nursing in Victorian Manchester: Divergent and convergent vocations," *Women's History Review*, 2011, 20: 403-422), and of industrialization in Manchester

**Findings and conclusions:** The historical record has virtually ignored these women's organizations and their role in placing public health programs in the home. This paper seeks to correct this lack by describing their work, analyzing the obstacles they faced, and offering reasons that their 19th-century accomplishments have been so disregarded. In so doing, it suggests the decisive role that women's organizations and gender roles played in shaping public health programs.

## 2. Researching the Artifacts: Analyzing 19th and 20th Century Patent Medicines from Socio-Historical Perspectives

*Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE, Professor, Azusa Pacific University*

**Purpose:** To examine changing views towards, and uses of, selected patent and over-the-counter (OTC) medicines in a socio-political-historical context using historical and modern analysis of artifacts from the mid-19th through mid-20th centuries.

**Rationale and Significance:** Using artifacts is a multi-sensory approach to studying history that leads to changing and enhanced interpretations of the socio-political-historical context from which the artifacts came. Examination and critical historical analysis of these artifacts provides background and context from which we can achieve a better understanding of the trajectory of nursing and lives of nurses and women.

**Methodology:** Historiographic analysis of a collection of patent and over-the-counter medicines from the mid-19th to mid-20th centuries was conducted to determine age, time periods during which the medicines were available, uses and abuses, controversies, credibility/acceptability, claims made by manufacturers, origin of the drugs, and current uses, if any. The data was then synthesized with other data regarding nursing and nurses' and women's roles during the respective time periods. A final analysis was then made from a 21st century perspective.

**Major Primary and Secondary Sources:** Primary sources included information on the artifacts themselves, original advertisements, cookbooks, and scholarly writings from the periods. Later primary sources included more contemporary scholarly publications on the medicines, manufacturers' and sales websites (for items still being used today), information on active ingredients and current uses, and sources for patent and OTC medicines. Resources on feminism, nursing, medicine, and daily living related to the major eras in consideration were used to contextualize and further analyze the data.

**Findings and Conclusions:** Remedies reflected changing levels of knowledge (e.g., germ theory), and social mores, where, for example, one 19th century drug was used for women suffering from "mental depression related to sexual abuse". Extravagant claims for healing and cures were related to people's levels of sophistication, accessibility of information, and trained healthcare personnel. Ready availability and lack of regulation of narcotics, along with false claims of curing and harmlessness, led to them being used in patent medicines through the early 20th century, leading to abuse, addiction, and death. Later regulations such as Prohibition in the US, led to certain preparations such as whiskey being labeled as medicines. Ingredients reflected what was known during the specific time periods; however, a surprising number of medicines are still used today. Medicines and their packaging reflect the context of the times in which they were produced and examination gives us insight into the lives of nurses and women.

## IV B. Civil War Nursing: On Land and On the Sea

### 1. "No Neutral Ground in this Contest": The Government Hospital for the Insane During the American Civil War

*Beth Hundt, MS, APRN, PhD Student, University of Virginia*

**Purpose:** This paper is part of doctoral dissertation research examining St. Elizabeths, then known as the

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Government Hospital for the Insane, in Washington, DC during the 19th century, including the four years of the American Civil War, 1861-1865.

**Background:** The Government Hospital for the Insane admitted its first patients in January, 1855. Dorothea Dix had persuaded legislators, land owners, architects, and physicians to create an asylum in the nation's capital that would serve as an example for state-run facilities providing humane treatment to the mentally ill. Every element of the design of the structure and grounds was intentionally chosen to provide a restorative environment to promote healing. Despite the hospital's picturesque structure and grounds, it was unable to avoid the social and political forces facing a country in a bloody civil war.

**Methodology:** Traditional historical methods with a social history and military history framework were used. Primary sources include text documents, photographs and maps from the National Archives Record Administration and the Library of Congress. Secondary sources, including period medical journals, newspapers, and history texts were also used.

**Findings:** Situated on a bluff overlooking the Capital Building and the confluence of the Potomac and Anacostia Rivers, the Government Hospital for the Insane was unable to avoid the conflict that divided the nation, 1861-1865. Even before the first battle of the American Civil War, a lodge on grounds was procured to serve as a temporary Union Naval Hospital. The First Battle of Bull Run occurred less than 50 miles from the hospital, and Dorothea Dix was chosen to be the Superintendent of the United States Army Nurses. The Union Army ultimately procured the east wing of the hospital as a General Field Hospital and Stump Hospital. With diminishing resources, physicians, nurses and attendants had to care for the influx of soldiers suffering from the physical and psychological wounds of war. Washington DC remained the nation's capital; however, many of the city's citizens sympathized with the southern cause, and some of the bloodiest battles of the war took place in the towns and country-side immediately surrounding the city.

**Conclusions:** The Government Hospital for the Insane was designed to be a refuge that provided a controlled, restorative environment for the treatment of mental illness. Situated at the crossroads of a nation at war, the patients and caregivers of the hospital were victims of the social, political and military forces of the time. Following the American Civil War, asylums were constructed, in part, to meet the needs of surviving soldiers. Many of these new state-run asylums used design features present at the Government Hospital for the Insane to create a restorative and healing environment to provide humane treatment for the remainder of the 19th century.

## 2. USS Red Rover Creates Navy Nurse Corps

*Mark Laubacher, RN, BSN, CEN, CSPI, EMT-P, Nationwide Children's Hospital*

**Purpose:** The principal investigator sought to examine the historical facts involving USS *Red Rover* and its success in contributing to the nursing profession.

**Rationale and significance:** USS *Red Rover* became the first US hospital ship, which was fitted out during the US Civil War. Despite belonging to the Federal Army and later the Navy, civilian women were permitted onboard to function as nurses, and provided care to those sailors suffering from injuries and illnesses. This paper is available for lecture presentation.

**Methodology:** The principal investigator reviewed the literature to identify primary and secondary sources involving *Red Rover* during its time as a hospital ship.

**Findings and conclusions:** To adequately treat illness and trauma afflicted upon military personnel during the US Civil War, a true military hospital ship for use on internal waterways was built. Originally, USS *Red Rover* was a hospital ship for the Union Army's Western Gunboat Flotilla operating on the Mississippi River. *Red Rover* would go on to become the first US Naval hospital ship in late December 1862. This was a hospital of many firsts, commencing with females who served as nurses aboard *Red Rover*. They were paid crew members, working in various capacities comprised of African Americans and a group Sisters of the Holy Cross of St. Mary from Notre Dame in Indiana. Ultimately, 8 African American women were on the Navy payroll by the end of the war, including Ann Stokes, who would eventually earn the title of "nurse," and go on to draw a pension from the Federal government following the war. The success of the *Red Rover* was a direct result of the contribution of civilian women working as nurses aboard the vessel. From June 11, 1862 to March 31, 1865, *Red Rover* admitted 1697 patients and touted a survival rate of over 90%. The injuries and illnesses of the sailors of the gunboats ran a broad spectrum. Such women pioneers would ultimately lead to the creation of the US Navy Nurse Corps in 1908.

## Concurrent Session V

### V A. Rural Nursing

#### 1. “Beyond the Reach of the Medical Inspector”; School Nursing in Rural Virginia 1900-1925

*Bridget Houlahan, PhD (c), RN, PNP, Doctoral Student, University of Virginia School of Nursing*

**Purpose:** The purpose of this paper is to identify, describe and analyze the origins and evolving role of the school nurse in the rural counties of Virginia from 1900 – 1925. A particular focus is set on investigating how place, race, class, culture, gender and socio-economic status impacted the Commonwealth of Virginia’s attempts to develop and provide school nursing throughout the diverse rural counties across the state.

**Rationale and significance:** School nurses today continue to face the same struggles as the first school nurses in Virginia in the early 1900s. It is a different time and society, with different social and physical health concerns; yet similar problems, particularly as they relate to place, race, class, culture, gender and socio-economic status remain much the same. Thus, just as the Virginia State Board of Health and the first school nurses demonstrated heroic measures in identifying and attempting to meet the needs of school aged children and their families at the turn of the 20th century, today’s school nurses must demonstrate knowledge, persistence, and creative ingenuity in doing the same.

**Methodology:** Traditional historical methods with a blended social and political framework were used in this investigation.

**Major primary and secondary sources** Primary sources included Archived Instructive Visiting Nurse Association papers, Annual Reports from the Commissioner of Health to the Governor of Virginia, 1905 – 1926, Annual Reports from the Superintendent of Education to the Governor of Virginia, A Sanitary Survey of the Schools of Orange County, Virginia, The Virginia Health Bulletin, The Virginia Journal of Education, Biography of the Richmond Professional Institute, historical newspaper accounts and numerous journal articles written by leaders in public health in the early 20th century. Secondary sources included published books, government websites, nursing, history and public health journals and textbooks.

**Findings and conclusions:** At the turn of the 20th century, school nurses encountered tremendous challenges and demonstrated heroic measures to provide care for thousands of school children and their families. Her visit to the home was the first line of providing access to medical care to families who would have otherwise gone without. They journeyed “beyond the reach of the medical inspector.” Identified problems included difficulties in securing financial support, lack of knowledge regarding benefits of the role, racial and cultural concerns, poor pay and scarcity of appropriately trained nurses.

Children’s health concerns have changed across the century, but the objectives of the school nurse remain the same. Funding and advocacy persist as challenges. Core fundamental concepts of school nursing steadfastly provide a framework for providing much needed health services to school aged children today.

#### 2. Appalachian Tonics: Healing Recipes

*Audrey Snyder, PhD, RN, ACNP-BC, FAANP, FAEN, University of Northern Colorado*

**Purpose:** The purpose of this exploratory study is to examine the role of recipes in the self-treatment of common conditions in Appalachia in the early 20th century.

**Rationale and significance:** The early settlers in Appalachia were self-sufficient. Many of their homesteads were off the beaten path and seeing a doctor was not an option. Recipes were handed down through generations. Over time churches and community groups collected these recipes in books and sold them for fundraisers.

**Methodology:** Appalachian cookbooks were evaluated for recipes or instructions having a role in treating illnesses. Modern literature was researched for evidence supporting the effectiveness of ingredients in the recipes. Interviews with participants at a remote area medical clinic regarding complementary and alternative health practices including family remedies were evaluated for similar treatments and ingredients.

**Major primary and secondary sources:** Primary sources were cookbooks produced or labeled from Appalachia. Secondary sources were interviews with participants at a remote area medical clinic.

**Findings and Conclusions:** Recipes were handed down from grandmother to mother to daughter. Recipes for treatment of common illnesses included “Whooping cough syrup”, “Cure for ringworm”, “Spring tonics”, and “For Infants Cold”. Roots and herbs were common in the ingredients list. Appalachian residents

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interviewed used family or “folk remedies” often consisting of combinations of honey, lemon, vinegar, teas and whiskey for treatment of common illnesses.

**Conclusions:** During the early 20th century Appalachian recipe books were a method of sharing tonics and treatments for common illnesses that had been handed down from earlier generations. Many of the Appalachian tonics are still used by residents today.

### 3. Public Health Nurse's Activities at *Sangyo Kumiai* in Rural Regions Japan

*Yuko KAWAKAMI, Designated Researcher, PhD, RN, Institute for Global Leadership, Ochanomizu University*

**Purpose:** This study aims to analysis the activities of public health nurse, specifically working at *Sangyo Kumiai* (industrial association), it is the record of agricultural co-operatives. There existed a cooperative society of purchase and health promotion etc. This study is focusing on the development of rural health care and public health nursing during the World War II period in Japan.

**Rationale and Significance:** The first Public Health Nurse Regulation in Japan was the ministerial ordinance in 1941. Therefore public health nursing was taken in the framework of administration and of laying the foundation. In the 1938 established *Kokumin-kenko-hoken* (National Health Insurance) system and enforcement of the National Medicine Law (1942), public health nurse numbers had increased and were under government control in those days. The object of this study is one of the oldest public health nursing training schools in Japan.

**Methodology:** Methods of research used analysis of literatures and interviewing. Primary sources included the subjects of interviewing, who were graduates of Shimane Prefectural Matsue Public Health Nurse Training School in Western Japan (two 1st year graduates). Individual interviewing regarding reality of the public healthcare activities during the World War II period was conducted. Secondary sources included historical documents of *Sangyo Kumiai*, administrative documents and local newspaper for municipalities of Shimane Prefecture as well as the monthly journal published by *Sangyo Kumiai*.

**Findings and Conclusions:** *Sangyo Kumiai* functioned as the agent of the National Health Insurance Association. The activities of the National Health Insurance Association in Shimane Prefecture were initiated at three approved villages in December, 1938 and increased gradually. Public health nurses who belonged to the *Sangyo Kumiai* during the school period from October, 1940 to September, 1942 responded to a variety of problems with their unique capability, i.e., their knowledge and techniques in public health nursing as well as their insight into social work. Therefore public health nurses were trained under the social conditions in the region and came to be settled in a variety of institutions. The contributions of public health nurses are a key to understanding rural health development systems.

## V B. Nursing in the Philippines, China, and the Spanish-American War

### 1. Finding the Philippine Hospital Ship - A Long Trek Through the Archives

*Winifred C. Connerton, PhD, CNM, Assistant Professor, Lienhard School of Nursing, College of Health Professions, Pace University*

**Purpose:** This paper explores the tangled archival trail of international health history, using the story of the Philippine hospital ship as a case example.

**Rationale and significance:** The creation of a hospital ship for the outer Philippine Islands in 1918 was the result of a confluence of agendas among the Rockefeller Foundation International Health Board (IHB), the colonial Philippine government and Episcopal Bishop Henry Brent. A bad engine and misaligned agendas led to its demise two years later. This story is a useful exemplar of how seemingly unified intent can break down in the execution of the international health work, but this story is nearly completely hidden because of the dispersion of its archival records. For the historian of international health efforts the challenge of exploring failed cases involves balancing time and resources with no promise of successful resolution, in the hope of more fully understanding the forces at work.

**Methodology and Sources:** Sources for this paper include records of the Bishop Brent, the Rockefeller Foundation, and the colonial government of the Philippines.

**Findings:** The aims of the Philippine hospital ship, a joint project of the Philippine Bureau of Health and the IHB, were to improve public health in the remote islands of the archipelago. After several successful circuits through the islands over two years, the ship *Busuanga* was permanently disabled by engine problems, and the IHB could not muster enough legislative support to update the ship and continue the project. This failure is a reflection of a IHB and Brent's misunderstanding that there was a singular Filipino population.

The archipelago is actually made up of hundreds of islands, with many different ethnic groups. The lack of legislative support for the ongoing project was rooted in inter-ethnic conflict that the IHB and Brent had not anticipated.

This story took several years to piece together because it was short lived, and because the multiple participants did not place a high value on the project once it collapsed. I first saw a mention of the project in an IHB annual report, but nothing followed in later years. The colonial health bureau records listed documents, but they were missing from the files. Detailed records at the Rockefeller Foundation introduce Brent's contribution to promoting the project, but were missing the internal governmental conversations. Ultimately it was persistence, double checking, and faith in the value of the negative example, that finally led to my finding the various components of the story.

**Conclusions:** Successful health projects received publicity in many forms, and left an archival record that is easy to trace. Health project failures have a much less complete, and more widely dispersed trail, yet offer an important counter to the narrative of successful health interventions. The Philippine hospital ship is one of those examples whose important story has not been told because the records are scattered across multiple seemingly unrelated archives.

## 2. Nurse Warriors without Weapons: Two China Gadabouts

*Susan Armstrong-Reid, Adjunct Professor, University of Guelph*

**Purpose:** This paper previews my forthcoming book, *The China Gadabouts: New Frontiers of Humanitarianism*, that complicates the historical portrait of both Western and Chinese nurses' humanitarian work with the Friends Ambulance Unit and its successor after 1947, the Friends Service Unit. It casts new light on this Quaker sponsored organization's founding principles, distinctive culture, and inner struggles to realize its humanitarian imperative in a country where conflict never abated. It discloses the uncertainties and complexities of the lived experiences of these nurses thrust together by their pledge to "go anywhere, do anything" to relieve China's suffering, thus the nickname the "gadabouts". Convoy life tested the "brains, guts, and gumption" of British nurses Gladys Saint and Mary Jones. Today, their contested roles as purveyors of western medical knowledge, cross-cultural brokers, and humanitarian diplomats while spearheading an all-woman emergency frontline team in 1949 provide an historic snapshot of the book's overarching themes, frames, and conclusions.

**Rationale and significance:** Good global nursing history unsettles our parochial assumptions about the invisibility and powerlessness of nursing within the gendered global humanitarian community. Recovering nursing's historic contribution issues a challenge for nursing to be more critically engaged in the twenty-first-century global health community. However, if today's nurses are to move beyond a clinical perspective on global health to become human rights advocates and engaged citizens, our historical enquiry should support them by providing a sound historic understanding of nursing's complex role in global health diplomacy and the socio-economic structural issues that underpin and connect health and social justice.

**Methodology:** *The China Gadabouts* uses a multi-disciplinary approach to interrogate how gender, class, race, nation, faith, and the fluid global landscape shaped humanitarian nursing across time and place in war-torn China. But it also reflects a new trend in the historiography characterized by a history from below. The study also benefits from a series of oral histories, film and photo collections that constitute vivid contemporary portrait that formal documents seldom evoke.

**Major Primary and secondary sources:** The major archival sites consulted were: Alexander Turnbull Library Wellington, New Zealand, American Friends Service Committee Archives, Philadelphia, Imperial War Archives, and London Library of the Religious Society of Friends in Britain, London. In addition, access was granted to private diaries, letters and photo collections of over a dozen members.

**Findings and conclusions:** While the China Gadabout nurses' stories of humanitarian nursing in China may seem far removed from contemporary nursing leaders' global humanitarian concerns, I was struck otherwise. Recovering their stories illuminates the debates, tensions, and ethical dilemmas that remain crucial to humanitarian nursing today. As important, it foregrounds another challenge that deserves greater scholarly

**Consideration:** a deeper historical understanding of the practices for caring for the self that remains an integral part of any humanitarian endeavour today.

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**3. The Surgeon General's Pajamas: Military Nursing in the Spanish-American War***Hannah Metheny, PhD Candidate, Boston University*

**Purpose:** The Spanish-American War was meant to be a proving ground of masculinity in an era when many worried the newest generation of men was effeminate. In spite of this attitude, a corps of female nurses managed to not only establish a foothold in the military during the war, but to become a permanent part of the military—how?

**Rationale and Significance:** The routine argument is that the typhoid epidemic, which swept through the American military in 1898, and the resulting official investigation, made the creation of the Army Nurse Corps (ANC) inevitable. This argument, however, is cursory and teleological, and does not address the conflict, both within the military and nursing profession, generated by the presence of female nurses in the military.

**Methodology:** Historical

**Major Primary and Secondary Sources:** I rely primarily on wartime records of the DAR Hospital Corps (the forerunner to the ANC active during the Spanish-American War), which are housed in the National Archives, as well as the papers of Dr. Anita Newcomb McGee, the DARHC's director. These records include hundreds of letters related to the day-to-day work of the DARHC, files on individual nurses, newspaper clippings, and a diary kept by McGee throughout the war. I also draw on recollections, stories, and memoirs collected by McGee from her nurses after the war, which are housed in the National Archives. Most of these records have never been used before.

**Findings and Conclusions:** The formation of the ANC was anything but certain. No one, least of all the nurses themselves, intended for them to become a permanent part to the army. The army itself preferred hiring male nurses, and the female nurses were either hopelessly disorganized or loyal to the DAR, though there were some signs that they were beginning to view themselves as a unit within the military. In late 1898, however, the Dodge Commission, organized to investigate the typhoid epidemic that rocked the army during the war, proposed the creation of a permanent, albeit reserve, nursing corps. Emboldened by this, encouraged by Dr. McGee, and drawing on their army experiences together, nurses ran with the idea. After two years of hard work, lobbying, and fighting within the nursing profession about the role of women in the military, Congress finally created the Army Nurse Corps (female) in 1901. At the core of the debate during and after the war was whether or not female nurses should be considered first and foremost as professionals, or as women. Women could clearly serve in the military, but should they? This was the issue on which the creation of the ANC hinged.

**Concurrent Session VI – 12:30-2:00pm****VI A. Global Nursing: From Ireland to Portugal to Iran****1. Irish Nurses in the British Army, 1902-1926***Siobhan Horgan-Ryan, PhD, BA, RN, Independent Historian*

**Purpose:** This study will examine Irish career (permanent) nurses in the [British] Queen Alexandra's Imperial Military Nursing Service [QAIMNS], against the backdrop of unprecedented political, social and cultural change in Ireland. During this period the political status of Ireland within the United Kingdom altered dramatically, culminating in the establishment of the Irish Free State and the province of Northern Ireland. This study will examine the effect these organizational and political changes had on nurse recruitment and outcomes, and on the strategies Irish hospitals adopted to ensure that their training programs were as attractive as possible to the army.

**Rationale and Significance:** The period 1902 to 1926 was a period of seismic change. The United Kingdom as a whole was involved in a global war, while Ireland was involved in a self-determination struggle. It was also a period of great change for women's employment opportunities, particularly for military nursing. The military nursing service moved from being a small and select group in which the social status of the nurse candidate was of paramount importance into a group of trained experienced nurses who were able to organize effective nursing care during WW1. Many Irish trained nurses served in the regular QAIMNS and in the various reserve services which were established to assist the QAIMNS in wartime.

**Methodology:** I compare the experiences of, and policy towards, Irish permanent army nurses with those of the temporary wartime army nurses. I also compare the pay and conditions of employment of the army nurse with her civilian colleague.

**Sources:** Sources for this study included: civilian training-hospital and government records; personal memoirs and correspondence; as well as contemporaneous nursing journals and newspapers.

**Findings and Conclusions:** This study finds that British military nursing was an attractive employment opportunity for middle class Irish women, offering qualified but nevertheless unprecedented forms of financial, personal and social freedom. In particular, nursing in a predominantly male environment had social and personal implications, with marriage to army officers and medical officers quite common.

The establishment of the Irish Free State had very little effect on these opportunities and Irish women continued to sign up for military nursing with seemingly little anxiety about any negative implications their employment might have within the context of Free State Ireland.

## 2. “Administered by Nurses”: Missionary Nurses in Iran and the Shift from Nurse Training to Nurse Education

*Lydia Wytenbroek, PhD Candidate, York University*

**Purpose:** The purpose of this paper is to explore the contentious debate that developed between missionary nurses and missionary physicians over the place and purpose of nursing education within the Presbyterian Mission to Iran. Between 1942 and 1945, missionary nurses in Iran attempted to re-classify nurse training as educational work, rather than continuing to regard it as a supplement to hospital work. Their initial rationale for doing so was to try and secure funding that was designated for educational work in Iran. At first, members of the Iran Mission, including missionary physicians, supported the reframing of nursing education. But some missionary soon came to oppose the proposed nursing education project. The disagreement over the nursing education program became polarized along professional and gender lines, with male physicians and female nurses disagreeing over the utilization of scarce personnel and material resources within the Mission.

**Rationale and Significance:** At its core, the debate over the proposed nursing education project speaks to missionary nurses’ desire for the nursing schools to be “independent of the hospital” and “administered by nurses.” The debate over the development of a new nurse education program reveals the professional aspirations of missionary nurses in Iran. Missionary nurses used the occasion to organize, study cutting edge nursing education in North America and promote their vision of nursing education to the Mission Board. These actions enabled them to advance higher standards of nursing and carve out a stronger position for nursing within the Mission.

**Methodology:** This paper analyzes missionary nursing in Iran by exploring how gender, profession and faith influenced the work of missionary nurses in the country. It also considers the international context from which nursing education in Iran emerged. The international context of humanitarian and mission medical work in Iran was formative in shaping the debates that emerged over the place of nursing within the Mission.

**Major Primary and Secondary Sources:** This paper draws on extensive archival material housed in the Presbyterian Historical Society Archives. The main primary sources that this paper is based on include hospital and nursing school reports, personal missionary reports and personal missionary correspondence.

**Findings and Conclusions:** Missionary nurses were able to secure funding for nursing education. The reconceptualization of nursing education had long-lasting ramifications for the Mission as a whole and nursing education rose to prominence within the Mission. Missionary nurses continued to be involved in nursing education in Iran beyond the closure and nationalization of the Mission hospital which suggests that missionary nurses were successfully able to obtain both independence and influence within the Mission.

## VI B. Nursing Leaders

### 1. Exploring the Legacy of Imogene King and the Evolution of a Nursing Theory

*Peggy Kotowski, RN, PhD, Loyola University Chicago, Faculty, North Park University, Chicago*

**Purpose:** Imogene King was a pioneer in nursing as one of the first to have published a conceptual framework for nursing and later her middle range theory contributed to the advancement of the profession of nursing. However, her impact on the nursing profession extends beyond her work as a nurse theorist and into the classroom where she was a dedicated educator and curriculum expert. Imogene King was a leader in nursing based on her work with the Illinois Nurse Association and the Florida Nurse Association, and Sigma Theta Tau. In addition to all of her accomplishments, Imogene King had a special connection to the city of Chicago, calling it her “favorite city” after having lived and worked in Chicago during the

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1960's while a professor at Loyola University Chicago and again during the 1970's when she returned to Loyola University as a professor after time her spent in Washington D.C. and as the Director of the school of Nursing at The Ohio State University. This research was undertaken with the intent to better understand who Imogene King was as a person, with particular attention paid to those aspects, or the stories of her life, that influenced her work, particularly in the area of theory development. Those stories are important in providing insight into the life, work and legacy of Imogene King and there influence on the profession and nurses today.

**Rationale and significance:** It is human nature to be intrigued by the life stories of others, particularly of those who have achieved success in their respective field. This life story will explore the phenomena surrounding those experiences that shaped who Imogene King was and how she came to live their life and the meaning of her contributions to the nursing. These stories are explored in order to understand, in this particular instance, those things that led Imogene King to become a pioneer in nursing and the contributions of her work that impacted the profession of nursing.

**Methodology:** Using a historic biographic approach this work sought to answer the following questions: who was Imogene King?; what were the influences that led to Imogene King becoming a nurse theorist?; what was the significance of Imogene King's contribution to the nursing profession?

**Major primary and secondary sources:** Primary source materials include a vast array of documents, books, pictures, and awards that Imogene King donated to the Loyola University, Chicago Archives and Special Collections. Other primary source material includes a non-published interview that was procured from the archives at The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, and materials from the Archives and Special Collections at Ohio State University. Secondary sources include books, such as *Making Choices Taking Chances* and *Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession*, and journal articles written about Imogene King.

**Findings and conclusion:** The findings of this research identified Imogene King as a teacher, leader and theorist, perhaps most significantly, that she would define herself in this manner and in this order as well. The most significant influences of her work include her father, her Jesuit education, as well as the time she spent at Teacher's College, Columbia University amongst others. Her contributions and accomplishments are significant and varied, but the most meaningful to Imogene would be her work as a teacher.

## 2. Mary Starke Harper, Civil Rights and the Role of the Nurse in Minority Mental Health

*Kylie M. Smith, BA (Hons), PhD, Assistant Professor, Emory University*

**Purpose:** This paper draws on archival work conducted through the award of an AAHN H15 grant to explore the work of psychiatric nurse Mary Starke Harper. The paper presents Starke Harper's work in the field of minority and geriatric mental health and examines her contribution to the development of psychiatric nursing particularly in relation to issues of race in the context of the Civil Rights movement.

**Rationale & Significance:** Starke Harper was the first African American nurse to graduate from the School of Nursing at the University of Minnesota. She was awarded her PhD in psychiatric nursing from St Louis University in 1963 and went on to establish and direct the Minority Mental Health fellowship program at the National Institute of Mental Health. From the 1970s to the 1990s she advised four consecutive presidents on issues of race, aging and mental health, yet her work is largely invisible in the history of mental health nursing. In a field dominated by the theory and practice of white psychiatrists, and the emergence of advanced practice programs within a segregated health system, psychiatric nursing in the post war period largely failed to address the issue of race. Yet health practitioners were well aware of the Civil Rights movement and the effect of social upheaval on vulnerable populations. Starke Harper's work attempted to address this gap in nursing knowledge.

**Methodology and Sources:** The principle primary sources for this historical study are the extensive archival papers of Mary Starke Harper located at the Barbara Bates Centre for the Study of the History of Nursing at the University of Pennsylvania. Supplementary sources include official records from the National Institute of Mental Health held at the National Library of Medicine in Maryland.

**Findings & Conclusion:** Starke Harper's work covered a vast array of topics all concerned with the way in which mental health was framed and treated within America's most vulnerable populations. Her writing and research ranged from issues of depression, drugs & alcohol, psychotherapy, schizophrenia, and dementia, to policy reform, research ethics and the significant role of the nurse among African Americans, Native Americans, Latino and Asian populations. Her work reveals the disturbing way in which mental health was conceived and treated differently within minority populations, and signals the long-term effects these disparities have had for the practice of psychiatric nursing and the health of underserved communities.



### 3. “Seldom Have I Been as Moved by Anything as the Simple Unadorned Statistical Reports:” Mary Breckinridge’s Use of “Big Data” to Document Nursing Practice and Generate New Knowledge

*Anne Z. Cockerham, PhD, CNM, WHNP-BC, CNE, Frontier Nursing University; Janet L. Engstrom, PhD, APN, CNM, WHNP-BC, Rush University*

**Purpose:** This paper examines the work of Mary Breckinridge and the historic Frontier Nursing Service (FNS) to describe the organization’s early emphasis on the use of data to document clinical practice and generate new knowledge.

**Rationale and significance:** Over the past decade, nursing leaders and researchers have focused on the development and use of “big data” and “data science” to document nursing care and the outcomes of care, to evaluate innovations in nursing care, and to provide new knowledge for evidence-based practice. Although the idea of big data and the capability to manage very large and diverse types of data is relatively recent, this analysis explores the work of nursing pioneer, Mary Breckinridge and her work with the historic FNS to determine whether the organization’s use of data demonstrates the characteristics of big data and its uses.

**Methodology:** A social history framework guided this study.

**Sources:** Primary sources included the FNS’s historic documents, reports, publications, photographs, films, and audio recordings from the FNS Collections at the University of Kentucky Special Collections and at the FNS’s headquarters in Wendover, Kentucky. These sources were examined to identify references to the importance of and processes for data collection, management, analysis, presentation, and preservation.

**Findings and Conclusions:** Although the terminology “big data” and “data science” are relatively new, the vision of big data was realized almost a century ago in the work of Mary Breckinridge who reported being “moved” by “simple, unadorned statistical results.” She intentionally and carefully applied her knowledge of and devotion to data collection and analysis to the organization and management of the FNS. From its inception, the importance of data was emphasized in FNS documents, and the importance of data for documenting care and advancing the research mission of the organization was addressed. Five key elements of the organization’s focus on data emerged: an early emphasis on data that began before the organization was officially incorporated; detailed, consistent, and precise recording of all aspects of the care provided, and the outcomes and costs of that care; the use of multimedia to document the work of the service and the people served; the testing of new health care innovations and technologies; and the widespread publication of the processes and outcomes of care in both the popular literature and nursing and medical journals. The work of the FNS exemplifies the powerful use of big data to document the outcomes of care and generate new knowledge to improve population health.

## Concurrent Session VII – 2:15–3:15pm

### VII A. Panel: Transforming Nursing Education after World War II

*Annemarie McAllister, Ed.D, RN, Dean, Cochran School of Nursing/St. John’s Riverside Hospital; Barbra Mann Wall, PhD RN, FAAN, Thomas A. Saunders III Professor in Nursing, Director Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, University of Virginia; Dominique Tobbell, PhD, Associate Professor and Director, Program in the History of Medicine, University of Minnesota*

**Purpose:** This panel explores the changes that took place in undergraduate and graduate nursing education in the United States in the decades after World War II. Panelists will examine three institutional case studies—Orange County Community College (OCCC) in Middletown, New York, the University of Texas, and the University of Minnesota—in which educational innovations were introduced, including the establishment of one of the first associate degree program in nursing (ADN) and early efforts to establish PhD programs in nursing. The panelists evaluate these educational developments in the context of state and regional nursing workforce needs.

**Rationale and Significance:** Substantial changes took place in American nursing education after World War II. In 1952, the first three ADN programs were established; by 1960 there were more than a 100 such programs. Beginning in the late 1950s, innovations in graduate nursing education created new roles for nurses, first as advanced clinical specialists through master’s-level education and second as nurse researchers, with the establishment of research-based PhD programs in schools of nursing or through the clinical-based doctorate of nursing science (DNS). These educational reforms coincided with growing state, regional, and national concerns among nursing and health care leaders and policymakers about

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impending shortages of nurses. By examining educational innovation in three different institutions across a period of thirty years, the panelists will show how individual nursing schools from across the U.S. debated the merits of reformulating nursing education and experimented with new curricula and degree programs, and will highlight the institutional politics that nurse educators struggled with as they sought to introduce educational innovations and secure greater institutional status for schools of nursing among the universities' other health science units.

**Methodology:** All three panelists utilize the historical method to examine archival records and other appropriate primary sources, and draw on secondary literature in the history of nursing, education, and American health care to frame their analyses.

**Findings and Conclusions:** One panelist will provide a detailed history of the first year of the first two-year ADN at OCCC, based on the diary of the program's first director. In doing so, she will show the strategies used by OCCC's nurse educators to develop the new program and will situate the OCCC program within the broader context of ADN development. A second panelist will examine the transformation of nursing education at the University of Texas between 1960 and 1980, highlighting the nursing faculty's efforts to balance educational imperatives, state nursing workforce needs, and institutional politics. A third panelist will describe the efforts of the University of Minnesota School of Nursing to establish a PhD in Nursing during the 1970s, situating these efforts within the broader context of changes in graduate nursing education and national and regional nursing workforce concerns.

## VII B. Wartime Nursing

### 1. Wartime Nursing from a Global Perspective: Nurses in International Conflicts: 1899-1939

*Jonathan Hagood, PhD, Hope College Department of History*

**Purpose:** To gain a better understanding of the global context and international impact of wartime nursing in international conflicts.

**Rationale and Significance:** Most historians of nursing would agree that wartime nursing played an important role in the development of modern, professional nursing and has therefore been a frequent subject of research. War clearly provided an opportunity for nurses to contest boundaries prescribed by gender roles and clinical practice. Nevertheless, wartime nursing's international context is largely unexplored, and nursing history cannot overlook the thousands of women for whom the only direct experience of international nursing in the early twentieth century took place during wartime.

**Methodology:** This study analyzes the experiences of nurses in the Anglo-Boer War (1899-1902), World War I (1914-18), and the Spanish Civil War (1936-39) using letters, diaries, and published first-hand accounts.

**Identification of Major Primary and Secondary Sources:** The study examines archival materials from the Schlesinger Library, Radcliffe Institute, Harvard University; the Tamiment Library/Robert F. Wagner Labor Archives, New York University Libraries; and the Robert D. Farber University Archives & Special Collections Department, Brandeis University Libraries. In addition, the study uses published primary sources, such as the *American Journal of Nursing*, Lini De Vries's *Up From the Cellar*, and Mary Bingham de Urquidí's *Misericordia en Madrid*. The study engages secondary sources on wartime nursing, including Jane Brooks and Christine Hallett, eds., *One Hundred Years of Wartime Nursing Practices, 1854-1953*; Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914*; Janet S. K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War in Britain*; and Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War*.

**Findings and Conclusions:** The distinctly international aspects of wartime nursing, rather than those linked to the context of armed conflict, are: women's motivations to cross borders and take part in wartime nursing, the international travel involved in doing so, the language barriers that nurses inevitably encountered, working with foreign colleagues, and treating foreign patients. Although historians generally argue that war allowed nurses to contest gender and clinical boundaries, this opportunity is almost exclusively attributed to the exigencies of war and the fluidity of the moment. An international perspective suggests that crossing borders also allowed nurses to cross other boundaries, raising the possibility that the international aspect of wartime nursing played an important role in causing shifts in clinical practice, professional boundaries, and nurses' identities.

## 2. “We Were with Our Best Friends”: Training and Unit Cohesion Among Nurses of the 18th Evacuation Hospital, WWII

*Lt. Col. Holly Perez, PhD, RN-BC, Nurse Corps, United States Navy*

**Purpose:** The purpose of this historical investigation was to explore the establishment and cohesiveness of the nurses in University of Virginia’s 8th Evacuation Hospital in 1942. It focused on pre-deployment training for the 52 civilian, turned United States Army Nurse Corps Officers assigned to this unit. Research questions included: (1) How were personnel prepared to deploy to North Africa and Italy? (2) How did they return home to the University of Virginia together as a unit in 1945? (3) What was the impact on their group cohesion or esprit de corps?

**Rationale and Significance:** Since World War II, theories of combat motivation and demotivation have emphasized the key role of the small group, the idea that soldiers fight for their colleagues as opposed to patriotism or ideology, with the level of morale and cohesion among group members being dependent upon the influence of the small group. After World War II, the influence of small groups, with regards to the protective effects of unit cohesion for mental health problems, such as post-traumatic stress disorder (PTSD), are now well recognized. Today, combat units are no longer deployed as cohesive wholes. Rather, individual members, called individual augmentees (IA), may meet for the first time briefly before or while in the combat zone and come home to their previous assignment the way they deployed, alone. Understanding how group cohesiveness was established historically may shed light on the situation today.

**Methodology and Sources:** Traditional historical methods were utilized. Primary resources include the 8th Evacuation Hospital archives in the Historical Collection of the Claude Moore Health Sciences Library at the University of Virginia as well as an interview, consisting of lived experiences of the sole surviving Army Nurse, who was part of the unit, and archives at the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, housed at the University of Virginia School of Nursing in Charlottesville, Virginia. Secondary resources included newspaper articles of the time period and a book written by one of the members of the 8th Evacuation Hospital.

**Findings and Conclusions:** Between November 1942 and September 1945, 48,296 patients were admitted (31,064 of disease; 16,979 injured or wounded; and 253 deaths), this was twice as many as were admitted to the University of Virginia hospital, with a fraction of the staff and under extremely austere circumstances. Serving longer than any other hospital in Africa and Italy, the nurses of the 8th Evacuation Hospital blazed the trail for future generations of military nurses. Their story serves as a testament, a case study, which exemplifies how cohesion promotes resilience. A majority, but not all members of the 8th Evacuation Hospital were from Virginia, and not everyone came back together, yet they still seemed to have had, and for those survivors, continued to maintain, a sense of camaraderie, which allowed them to overcome the bad aspects of their three and a half year deployment. Every five years after their return, they came together for reunions. The lesson learned is it may not be at all about deploying as a unit and coming home together that helps the military have a successful transition from deployment to the resumption of their daily lives. It is more about establishing and maintaining friendships.

## 3. “The Bravest of Brave”: Nurses at Tripler General Hospital, Pearl Harbor, 1941

*Gwyneth R Milbrath, RN MSN MPH, Doctoral Student, University of Virginia School of Nursing, Instructor, University of Northern Colorado*

**Purpose:** Much has been written about the military events of December 7, 1941; however, little has been documented about the nurses’ work and experience in Pearl Harbor, Hawaii. This presentation will describe the role and experience of several Army nurses that were caring for patients at Tripler Hospital on December 7, 1941.

**Rationale and significance:** During the Japanese attack on Pearl Harbor, over 2,400 American soldiers sacrificed their lives for their country, and hundreds of others were wounded. Without warning, preparation, or training in mass casualty situations, nurses at Tripler Hospital used advanced principles of trauma assessment, triage, and surge capacity, to manage and care for hundreds of severely wounded patients in a short timeframe.

**Methodology:** Traditional historical methods with a social and military history framework were used in this investigation.

**Major Primary and Secondary Sources:** Primary source material included fifteen oral histories of Tripler nurses from the U.S. Army Medical Department Center of History and Heritage. Secondary sources such as published books, newspaper articles, military websites, and history texts were also used.

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**Findings and Conclusions:** The nurses at Tripler General Hospital were able to provide care to hundreds of wounded soldiers quickly and efficiently. The nurses thought quickly and creatively to maximize the available space, supplies, and staff, and even accepted prostitutes as volunteers on the wards, guiding every available person to care for the casualties. Delivery rooms were converted to neurosurgery suites, and nurses were able to be versatile and flexible, often working outside of their area of expertise. The shortage of doctors on the wards required nurses to work to the full capacity of their training and knowledge in wound care, pain management, and supervision of corpsman and volunteers. The resilient nurses used humor, camaraderie and religious practice to cope with the fear, grief, exhaustion, and uncertainty that followed the Japanese attack. Despite stressful and suboptimal work environments, morale remained relatively high for the nurses caring for Pearl Harbor's wounded. Lessons learned in disaster management, resiliency, and collaboration are applicable to both historic and modern mass casualty scenarios.

### Concurrent Session VIII – 4:00-5:30pm

#### VIII A. Panel: Consumer, Provider or Science-Driven? A Century of Change: Labor Pain, C-Sections, Breast Milk and Neonatal Transport

*Mary E. Gibson, PhD, RN, Associate Professor of Nursing, University of Virginia's Eleanor Crowder Bjoring Center for Nursing Historical Inquiry; Melissa M. Sherrod, PhD, RN, NE-BC, Associate Professor, Harris College of Nursing and Health Sciences, Texas Christian University; Shannon E. Perry, RN, PhD, FAAN, Professor Emerita, San Francisco State University*

**Purpose:** The purpose of this panel is to begin to unravel some of the staggering changes in maternal-infant care during the past century, analyze some of the drivers of change, and in doing so, to help inform our present care practices. This panel will address selected developments associated with maternal care that have significantly affected nursing practice in the areas of pain relief in labor and in the routinization of C-section in U.S. hospitals. Infant care nursing challenges will be addressed concerning the development and use of breastmilk for hospitalized infants and the introduction of sophisticated neonatal transport.

**Rationale and Significance:** The past 100 years have witnessed profound changes in birth practices and infant care. Twentieth century maternal infant nurses observed and participated in unprecedented change. Nurses administered or monitored a parade of methods of childbirth pain relief. Nurses witnessed the change in birthplace from home, where women controlled the environment, to hospitals, where much of that control was surrendered to medical providers. The operative delivery rate (once less than five percent) has soared, and approximately one-third of births now occur via C-Section. Nurses helped to usher in dramatic changes in infant feeding. Breastfeeding, once considered the only method of infant feeding, and rejected by many women for half a century, has witnessed a strong resurgence, especially in the feeding of the most vulnerable babies in our NICUs. Nurses themselves once transported babies born too early or compromised in underserved or rural areas to hospitals. Today, nurses transport those babies, by air or ground, to major centers while receiving sophisticated and high tech neonatal care. These advances have generated both positive and negative consequences – in care practices, in cost and in maternal-infant health and satisfaction. Identifying the role of nurses and exploring nurses' contributions to this change has significant implications for our work in maternal child nursing today.

**Methodology & Sources:** Traditional historical research methods with a social history framework guided the researchers. Primary sources include textbooks and medical and nursing journal articles of the periods covered, records from women's and children's hospitals, and government documents. More recent topics relied on interviews, published materials and personal experience. Secondary sources include books and journal articles

**Findings & Conclusions:** The transformation of maternal and infant care reveals successes and unintended consequences. Over two thirds of women now use epidural analgesia in labor, which while women driven, has revealed that this method of pain relief is not without risk, adds to health care costs, and enhances nurses' intersection with technology. The institution of electronic fetal monitoring and other scientific childbirth advances have contributed to soaring C-section rates, and nurses have assumed roles mediating technology that have eroded the comforting presence that nurses traditionally offered. At the same time traditional feeding methods and new technologies have enhanced our ability to successfully treat and save many of our most vulnerable infants. In individual presentations, this panel will inform these issues.

## VIII B. Nursing Potpourri

## 1. 'The Great Adventure': The Memoirs of Lena Hitchcock, World War One Nurse's Aide and Occupational Therapist

*Stephanie Moloney, MSc, University of Limerick; Judith Pettigrew, PhD, University of Limerick*

**Purpose:** As part of the war time Reconstruction Movement the United States government recruited occupational therapy and physiotherapy reconstruction aides. Occupational therapy reconstruction aides worked in hospitals in the US and in France engaging injured soldiers in activities to increase motor function, divert their minds from pain and depression and prepare them for future vocations (Bloom Hoover 1996). In 1918, twenty eight year old occupational therapy reconstruction aide Lena Hitchcock was sent to France. Having completed a nurse's aide training course, Lena initially worked as a nurse's aide during the day and as an occupational therapist in the evenings. Lena recorded her experiences in her unpublished memoir, titled, 'The Great Adventure'.

**Rationale and significance:** This research is timely given the present centenary of World War One. It provides insight into the daily work and professional relationships between occupational therapy reconstruction aides and nurses in base hospitals. By understanding the historical development of occupational therapy and its relationship to nursing, current practice approaches, interventions and professional relationships can be contextualized.

**Methodology:** Historical documentary research methods were used incorporating a case study approach. The documents were analyzed using Braun and Clarke's (2006) thematic analysis guidelines.

**Major primary and secondary sources:** Primary sources include the unpublished memoir of Lena Hitchcock. Secondary sources include the published history of Base Hospital 9 (Brown 1920) where Lena was stationed. Other secondary sources include Crane (1927) which contains additional information on this hospital in Chateauroux.

**Findings and Conclusions:** Three themes emerged: (i) relationships between occupational therapy reconstruction aides and nursing staff; (ii) relationships with injured soldiers; (iii) therapeutic activities and interventions used by the reconstruction aides. This research provides insight into early occupational therapy practice, the development of professional identity and professional relationships between occupational therapists, injured soldiers and nurses.

## 2. Race and the History of Nursing: Cultural Incompetence or White Privilege? Charleston, SC 1883-1972: A Community Case Study

*Carole Bennett PhD, APRN, PMH, Georgia Southern University*

**Purpose:** This study is being conducted to develop an effective method of discussing racism in nursing in order to better prepare both baccalaureate and graduate nursing students for a diverse work force and to reduce institutional racism to recruit, support and effectively utilize minority nurses.

**Rationale and significance:** The history of nursing raises the question of adopting the concept of cultural competence to address the issues related to racial minorities. Current data show that minority students struggle for retention and minority graduates complain of lack of advancement. This presentation will argue that white privilege and institutional racism are the more appropriate concepts to focus on this urgent, intra-professional issue.

**Methodology:** This study uses nursing history to illuminate white privilege in our past and ultimately will challenge students to critically analyze current, subtle institutionalized racism that persists. This presentation will use Charleston SC, from 1883, when the first nursing school for white women was opened, followed in 1897 by the opening of the first nursing school for black women until 1972 when the first black student graduated from the previously all white nursing school and nursing education became racially integrated.

The nodal events regarding race which historically impacted nursing education, authority, and practice include: 1. The rise of public health and black nurses being hired to make home visits, (Ladies Benevolent Society); 2. Licensing of black nurses in the state of SC. (State Board of Medical Examiners); 3. Interventions for hook worm (Roosevelt administration), initiation of immunization clinics, and improved maternity care in rural areas with training of granny midwives (Sheppard Town Act); 4. Building of hospitals which would serve black patients (Hill Burton Act); 5. WWII recruitment and training of black nurses; 6. Integration of state nursing organization in 1951 (SCNA); 7. The federal lawsuit against Roper Hospital for segregation practices related to patient care and the treatment of black employees; and 8. The Hospital

## Notes

Workers Strike by black nursing assistants over poor working conditions and wages at the Medical College of SC.

Following the presentation, the author will engage in a discussion with the attendees regarding the use of the concepts of cultural competence or white privilege to describe the institutional racism that has plagued our profession. The second stage of this research will be the creation of in class learning activities and discussions from nursing history in order to raise consciousness and focus on racism in the workplace in nursing.

### 3. “The Force Behind the Vision”: A Historical Perspective of Trauma Nursing

*Trina K. Kumodzi, PhD Student, BSN, RN, CCRN, University of Virginia School of Nursing*

**Purpose:** The purpose of this study is to examine the pioneering legacy of trauma nurses from 1960 to 2000.

**Rationale and Significance:** Recently, a budding curiosity in the nursing contribution to American healthcare has spread to both nurses and scholars. This budding curiosity is informing the collective understanding of both nursing’s centrality to the health of the country and to the dearth of nurse-centered historical publications. Much of the literature focuses on doctors and surgeons. This is even more glaring in trauma, a specialty renowned for its fast pace and complex technological interventions. Based on articles, legislation, and the nurses’ own words during this period, this presentation moves the nurses from the margins to the center of the story of trauma. Clearly nurses played a central role in the trauma legacy during the latter part of the 20th century. They did it in collaboration with others. Nurses, most of whom were female, and surgeons, most of whom were male, formed a partnership and established the modern-day trauma center.

**Methodology:** Traditional historical methods combined with a social history context were used. Analysis of the sociopolitical climate, the sources of financial support, and the prevailing nurse-physician relationship at that time was conducted.

**Major Primary Sources:** Primary sources included personal communication, photos, newspaper articles, journal articles, and official government documents from digital collections such as the Personal Papers of John F. Kennedy and the U.S. Government Printing Office.

**Major Secondary Sources:** Secondary sources included trauma nursing textbooks and recent journal articles documenting the nursing contribution to the trauma specialty.

**Findings:** Nurses were at the forefront of identifying trauma care as a necessity, advocating for legislation, establishing trauma-centered facilities, and creating education and career opportunities.

**Conclusion:** Examining the work of nurses validates the female contribution to the trauma specialty. The history of trauma nursing is therefore a historical perspective on the development of trauma centers throughout the United States.



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