

## IT WAS MORE THAN “CATCHIN’ BABIES”: AFRICAN AMERICAN MIDWIFERY IN THE TWENTIETH-CENTURY SOUTH

Abstract submission for 2020 AAHN 37th Conference: Paper by Jenny M. Luke  
BA/MA History (Former RN/CNM) No institutional affiliation [jmluke92@gmail.com](mailto:jmluke92@gmail.com)  
817 271 3677

**1) Overview of the Topic:** “Catchin’ babies” was merely one aspect of the broad role of African American midwives in the twentieth-century South. Under the supervision of county boards of health, licensed lay midwives navigated the increasing presence of local and federal health care structures and guided the women they served toward a safer pregnancy and childbirth. This analysis illuminates valuable aspects of a community based maternity care model that were discarded in the name of progress, features of which are now being rehabilitated into modern care. Moreover, it presents an opportunity to acknowledge the admirable service of a little known cadre of health care workers.

**2) Historiographical Literature:** Much of the scholarly research to date has been focused on the traditionally prestigious role of African American lay midwives, and the way in which they were forced into obsolescence by the politically powerful medical profession. Important scholarship completed in the 1980s and 1990s by women’s health activist, Linda Janet Holmes and anthropologist, Gertrude Jacinta Fraser, among others documented the collapse of black lay midwifery. However, the physical care that state-licensed lay midwives administered and the way in which their work dovetailed with that of public health nurses and nurse-midwives has largely been overlooked in favor of a focus on the midwives’ anthropological and societal function. Much has been written about the professionalization of midwifery, most recently in the encyclopedic *The History of Midwifery in the United States* by Helen Varney Burst and Joyce Beebe Thompson, but as a history of the professional American midwife it places little emphasis on black midwifery.

**3) Methods:** Using evidence from nursing, medical, and public health journals of the era, primary sources from state and county departments of health, as well as personal accounts from varied practitioners, this analysis breaks maternity care into micro and macro components that readily expose the negative influence of race and gender on both the maternity care provider and the childbearing woman. Micro components include community/cultural perceptions of health, wellness, treatment, and trusted practitioners; macro-level care includes state and federal structures, the associated hierarchy and systemic racism of the twentieth-century South, science, and Western medicine administered in modern but culturally distant facilities.

### **4) Summary and Implications:**

This study charts a pendulum swing from a predominance of micro-level care at the beginning of the time period, to an entirely macro-level maternity care model by the end of the twentieth century. The approach makes clear the elements of care that have altered for black women, what has worked, what has failed. It reveals the changing expectations and agency of African American women and illustrates the deficiency in maternity care when community based, culturally specific features (micro elements) are abandoned completely in favor of the scientific hegemony of macro care. Macro care is essential but the rehabilitation of micro elements into modern practice may help address the persistent racial disparity in African American maternal and infant mortality.

**Title: “YOU HAVE NO BUSINESS BEING THIS GOOD”: AFRICAN AMERICAN NURSE LEADER -BERNARDINE LACEY- REMEMBERS, 1960s**

**Sandra B. Lewenson, EdD, RN, FAAN, Pace University, Pleasantville, NY**

**Dr. Ashley Graham Perel**

[slewenson@pace.edu](mailto:slewenson@pace.edu) Paper Presentation

**Overview of the topic:** After handing in a student assignment, Bernardine Lacey, heard her nursing instructor tell her that she had “no business being this good.” This was not a complement, but rather a racist comment shared with her in the early 1960s at the Gilfoy School of Nursing (GSN) of the Mississippi Baptist Hospital in Jackson, Mississippi. GSN opened in 1912, but it was not until 1928 when it admitted black students into the school, becoming one of the first hospital schools in Mississippi to do so. The school was segregated, forcing Lacey and the other black students to sit in the back row of the classroom. The blatant bigoted practices and attitudes of her school and the world in which she lived, supported by laws and by custom, left an indelible mark on Lacey. This paper presents her oral history focusing on her experiences growing up in the southern part of the United States and what it has meant to her career. I argue that her ability to succeed in spite of all she endured lends power to her narrative in support of a more inclusive and diverse nursing profession today.

**The historiographical literature on the topic:** Lacey grew up in Vicksburg, Mississippi in the heart of the Jim Crow south where laws separated citizens by race. Her narrative is contextualized against the backdrop of devastating morbidity and mortality rates of African Americans in the United States that has had an enduring history. The *Journal of the National Medical Association* offers insight into the efforts of black health care professionals, including those of the National Association of Colored Graduate Nurses. The history of the black experience in nursing during the twentieth century include such works by Adah Thoms, *Pathfinders*; Mabel Staupers, *No Time for Prejudice*; M. Elizabeth Carnegie, *The Path We Tread*; Darlene Clark Hine, *Black Women in White*; Susan L. Smith, *Sick and Tired of Being Tired*; Patricia D’Antonio, *American Nursing*; and Charissa J. Threat, *Nursing Civil Rights*.

**Methods:** Primary source materials include an oral history conducted in the fall of 2017. An interview format using open - ended questions pertaining to Lacey’s early years, her educational experiences, and her work in nursing was collected. This oral history situates Lacey within the social, political, and economic context in which she lived in Mississippi and later in Washington, DC. Additional primary sources were obtained at the Moorland Spingarn Archives at Howard University, Washington, D.C.; Pocket Knowledge at Teachers College, Columbia University; and Rockefeller Center Archives, Pocantico, NY. Secondary sources (mentioned above) included books related African-American history, nursing history, and nursing education.

**Summary and Implications:** Nursing’s history showed that while some nurses rallied in protest of the Jim Crow laws legislating segregation, others accepted them in all walks of life, including health care and nursing. Lacey’s experiences both personally and professionally during the socially active 1960s shaped her many successes including her work as founding dean of a school of nursing, recipient of funding for nurse-run clinics in homeless shelters, consultant on federal committees, and the recipient of professional honors. Yet, she explained that she grew up during a period of time when, “*you were taught– not to walk in front of a white person...*” Knowing that students today would not accept this kind of behavior, Lacy believes by sharing the racist experiences she (and others) endured, might help begin a meaningful dialogue about diversity and inclusion. Lacy’s story affords us the distance of time permitting us to explore some of the difficult truths about racism in health care, the culpable role of the profession in this history, and its enduring effect on inclusivity and diversity in nursing and health care.

## Paper Abstract

### “That’s No Answer to My Application”: Esther McCready and the 1950 Desegregation of the University of Maryland School of Nursing

Vanessa Northington Gamble, MD, PhD, University Professor of Medical Humanities  
The George Washington University, Phone: 202-994-0978; Email: vngamble@gwu.edu

#### Overview of the Topic:

In February 1949, eighteen-year-old Esther McCready applied to the nursing school at the University of Maryland (UMD). Six months later, although the university acknowledged that she was a qualified candidate, it rejected her application solely because she was African American. The university did propose to pay for her to study nursing in Nashville at the historically black Meharry Medical College under the auspices of the recently signed Southern Regional Education Compact (SREC), an agreement signed by fourteen states to develop cooperative graduate programs. McCready, represented by the National Association for the Advancement of Colored People (NAACP), declined the offer and sued the university. After two court cases at the local and state level and US Supreme Court review, she ultimately won. In September 1950, she became the first black woman admitted to UMD’s nursing school, graduating in 1953. This paper provides a brief biography of McCready, including her interest in nursing; discusses the NAACP legal strategies to force her admission; examines the court cases associated with her legal fight; and analyzes the factors that led to her admission, despite continued opposition from UMD.

#### Historiographical Literature:

Esther McCready’s historic admission to UMD has not been extensively researched. It is not examined in the three major books on the history of African American nurses: Mabel Keaton Staupers, *No Time for Prejudice* (1961); M. Elizabeth Carnegie, *The Path We Tread* (1995); and Darlene Clark Hine, *Black Women in White* (1989). The only article on the topic, Phoebe Pollitt, “Esther McCready, RN: Nursing Advocate for Civil Rights,” *OJIN* (2016), is an impressionistic account that is based primarily on secondary documents. This proposed paper uses primary and secondary research to appropriately place the events in Maryland that culminated in McCready’s admission within the broader context of national efforts to desegregate professional and graduate education.

#### Methods:

The primary materials analyzed include civil rights court cases, oral histories, black newspapers, nursing journals, the archives of the NAACP, and the papers of the Associated National Negro Press. Secondary documents examined include histories of the NAACP and scholarship on African Americans and the civil rights movement in Maryland.

#### Summary and Implications:

McCready’s admission had its roots in a successful legal campaign launched by the NAACP to eradicate racial inequalities in publicly-financed professional and graduate education. Her legal victory also challenged efforts by UMD and other southern universities to use the SREC as a mechanism to maintain segregation by sending their black students out of state for graduate study. This paper also makes plain that the history of the civil rights movement is incomplete without taking the history of the desegregation of nursing education into account.

#### Contribution to a More Inclusive History of Nursing:

This paper examines the contribution of an overlooked African American nurse to both nursing and civil rights history.

**THE STORIES THEY TELL:  
ARTISTS VIEWS OF THE ROLE OF THE NURSE IN WWII**

**Ruth Manchester, RN, BSN, MA**  
**Montgomery College**  
**301-213-1669**  
[ruthgmanchester@hotmail.com](mailto:ruthgmanchester@hotmail.com)  
**Paper presentation**

**Overview of the Topic:** As in previous wars, many nurses volunteered or were called up to care for the thousands of men and women who served their countries in World War II. Documentation of their heroic deeds was recorded by photographers—and artists. We are all aware of artists’ recruiting propaganda posters aimed at nurses to join the Army or Navy Nurse Corps. But what about depictions of those who rendered care? How were they viewed and captured in art? Many artists were commissioned to document the war effort by government agencies or in at least one case, by a private company, Abbott Laboratories. How do these works of art differ from documentary photographs? Is there an emotional component that can only be told in a work of art? Therefore, I will explore these questions and examine images of nurses caring for the soldiers in WWII.

**Historiographical literature on the topic.** Sources consulted were Robert Henkes’s book *World War II in American Art*, published in 2001, and contemporary renderings by Doris Zinkeisen, a “society painter” and a Voluntary Aid Detachment (VAD) in WWI, who was present at the liberation of the Bergen-Belsen concentration camp and provided nursing care (summarized in Mark Celinscak’s 2015 book *Distance from the Belsen Heap: Allied Forces and the Liberation of a Nazi Concentration Camp*).

**Methods:** The methodology involved identifying and analyzing works of art depicting nurses providing care. The research focused on the question of whether paintings accurately portrayed the nurses’ roles in caring. I utilized the following collections, among others, in search of relevant art works: Smithsonian Archives of American Art to examine the works of William Johnson, an African-American artist who viewed care of the soldiers through the lens of the segregated armed forces; the National Museum of the U.S. Navy which houses the Abbott Labs collection; and the Imperial War Museum in London which features works by numerous British artists.

**Summary and Implications:** Artists’ renderings of nurses were especially important in conveying the emotional aspects that accompany any act of caring—in addition to adding to the historical knowledge we have of the treatments available to the nurses in WWII. Photography rendered a black and white image; a work of art contains color and thus, brings the viewer into a space where, often, words were not sufficient.

**Contributions:** Through the discussion of selected paintings that depict nurses caring for the sick and wounded of WWII, I will let these pictures tell stories that often, no words could accurately express.

## **Collective Bargaining for Nurses in Ohio 1956- 1981– Professional or Just for Mundane Self Interest?**

### **AAHN 2022 Conference**

**Author: Donna Miles Curry, RN, PhD, Professor Emeritus, Wright State University, Dayton, Ohio (937)470 5643 [donna.curry@wright.edu](mailto:donna.curry@wright.edu)**

#### **AAHN 2022 Conference Abstract Submission: Paper**

**Overview of the topic:** Is nursing a calling, a trade, or a profession? This presentation will explore the history of collective bargaining and unions for the profession of nursing in Ohio from early 20<sup>th</sup> century through 1981 focusing on the role of the Ohio Nurses Association and the longest nursing strike ending in 1981 in Ashtabula.

**Historiographical literature on the topic:** Newspaper articles, Ohio Nurses Association Newsletters, Ohio Historical Association Archives and oral histories from two key participants.

**Methods:** In addition to a critical analysis of materials located in regional archives, an oral history approach was used (Polkinghorne, 1995) to synthesize events in the life of key players. Special attention is given to the social and historical events in the region and nation.

#### **Summary and Implications:**

The idealism of a profession eschewed any activity that had material gain as its main object. If nursing is considered a profession, does it conform to a polite code of behavior versus the tactics of a pressure group? Collective bargaining has been a controversial issue within the nursing ranks. This presentation will explore the history of collective bargaining and unions for the profession of nursing. Specific focus will be on the development of collective bargaining for nurses in the state of Ohio through the longest nursing strike ending in 1981 in Ashtabula. It can be concluded that the issues of power, sexism, and paternalism are antecedents to nursing's limited professional autonomy within the bureaucratic authority structure of health care.

## POWER OF A PRIMARY SOURCE: ENGAGING ENTHUSIASTS WITH HISTORY

### Paper OR Poster Presentation

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

910-962-3481(phone), 910-962-4921(fax), matthiasa@uncw.edu

Ann Quinlan-Colwell PhD, RN, PMGT-BC, AHNBC, Amany Bebawy PhD, RN, CPHQ,  
and Allison P. Matthews MLS, AHIP

Novant Health New Hanover Regional Medical Center

**Overview of the topic:** This presentation describes how a group of hospital nurses and librarian collaborated with a nurse historian to study the health history of their city. Discovery of one of the city hospital's registers which lists 5,451 hand-written entries of admitted patients between June 10, 1906 and November 15, 1911 prompted the study. The nursing history enthusiasts' experience of working with a primary source and learning about historical research will be shared. Additionally, the data collected, and the research questions generated from the source will be described.

**Historiographical literature on the topic:** The 2021 *Essentials* from the American Association of Colleges of Nursing highlight the importance for professional nurses to learn about nursing and health history to expand their understanding and perspective of current and future nurse roles and healthcare. Nurses who work primarily within the hospital rarely have opportunities to engage in historical research. Through intentional collaboration with historians, hospital nurses and other professionals could be exposed to historical study and its benefits including a greater appreciation for the historical culture of their region. Furthermore, working with a primary source artifact stimulates critical thinking and increases historical consciousness and literacy.

**Methods:** This study began with the newly discovered primary source artifact located at the Novant Health New Hanover Regional Medical Center in Wilmington, North Carolina. Due to fragility of the hospital register and the number of investigators who would be using the source, it was decided to transcribe the register. The register was scanned, converted to PDF files, and divided into nine sections that were transcribed by different individuals of the group. The primary group of seven investigators reviewed the transcription together to correct transcription errors. During this year-long process, older city maps, hospital blueprints, newspaper articles, city census reports, medical textbooks, and obituaries located through Internet searches were consulted to decipher illegible and misspelled names, diagnoses, addresses, and wards. The investigators summarized the data from each column of the register which included the patient's *Name*, *Ward*, *Class* (payment type), *Color* (race), *Age*, *Sex* (gender), *Condition* (marital status), *Residence*, *Diagnosis*, *Attending Physician*, date *Admitted* and *Discharged*, *Result* (condition upon discharge), and the *Name & Address of Friends*.

**Summary and Implications:** The experience of transcribing and summarizing the data of the hospital register primary source artifact yielded a snapshot of Wilmington, North Carolina's health history and the reach of the local hospital's care in the early 20<sup>th</sup> century. The nurses and librarian shared significant interest in learning about the population and health of their community more than 100 years ago. Through the artifact, they recognized diagnoses and healthcare practices that have both shifted and continue today. Collaboration will continue between the nurse historian and the nurses and librarian as the individuals ask diverse research questions and branch out into separate studies requiring different additional primary and secondary sources.

## Ashes, Ashes, It All Burned Down: Perils of Preserving Nursing History

### AAHN 2021 Conference

Authors: Linda Baas, RN, PhD, Professor Emerita, University of Cincinnati College of Nursing, Cincinnati, OH (513)205-9789 [Linda.Baas@UC.edu](mailto:Linda.Baas@UC.edu); Donna Miles Curry, RN, PhD; Kay Ball, RN, PhD, FAAN; Doris Edwards, RN, PhD; Carol Jenkins, RN, MS, CAE; Carol Sams, RN, MSN; and Joylyn Daniels, RN, BSN (dec).

#### AAHN 2021 Conference Abstract Submission: Paper

**Overview of the topic:** The importance of public history is explored in this presentation describing the challenges of preserving the history of one professional nursing organization in Ohio.

**Historiographical literature on the topic:** Newspaper articles, Ohio Nurses Association Newsletters, minutes, books, Ohio Historical Association Archives, and interviews from key participants.

**Methods:** In addition to a critical analysis of materials located in regional archives, an oral history approach was used (Polkinghorne, 1995) to synthesize events in the life of key players. Special attention is given to the social and historical events in the region and nation.

#### Summary and Implications:

The Ohio Nurses Association (ONA) focused efforts on preserving and celebrating their 100 plus year history from printed textbooks to archives, many located within the headquarters' offices. A summary of each 25-year time period was highlighted within five large panels that included text and pictures. The panels were mounted in Heritage Hall in the new ONA headquarters. Recently a fire destroyed all materials in the building including the newly installed mural of the organization's history. The Heritage Committee's efforts to regroup after a catastrophic fire highlight the processes needed to mitigate future losses and recreate what was lost. While ONA business data were digitized and backed up to the cloud, few of the historical materials and artifacts were. Furthermore, this disaster occurred during a pandemic that upset the usual work of the organization with many working remotely and overwhelmed with carrying on during this crisis. Ensuring history is captured and maintained should be a priority of every formal organization

## DIVERSIFYING HISTORICAL NURSING COLLECTIONS: THE BLACK NURSES IN CHICAGO PROJECT

**Gwyneth Milbrath, PhD RN MPH (corresponding author)**

University of Illinois Chicago College of Nursing

Email: [gwyneth@uic.edu](mailto:gwyneth@uic.edu) Phone: 312 – 413 – 7569

**Karen Flynn, PhD**

University of Illinois Department of Gender and Women's Studies

**Jojo Galvan Mora MA**

University of Illinois Chicago College of Nursing

**Overview:** This project broadens narratives within nursing and health care history and magnifying the voices of Black nurses in Chicago. This process began through promoting existing archival collections stored at various institutions across the city related to Black nurses. To complement the information from archival resources, oral histories were completed with Black nurses currently or formally working in Chicago. This information is captured through a physical and digital exhibit that centralizes the stories of Black nurses in Chicago throughout their history, from their beginnings at Provident Hospital, to the current challenges battling COVID-19 and social inequities. Ultimately, by making visible Black nurses' historical and contemporary contributions to the nursing profession, this project takes seriously public discussions to diversify and legitimize the experiences of those absent from the historical record and marginalized within the profession. **Historiographical literature:** The seminal historical work by Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, is the most comprehensive text related to Black nursing in the United States. However, little has been published since Hine's publication in 1989, and only a few pages are dedicated to Black Nursing History in Chicago. This project aims to begin to decolonize nursing archives, starting with a publicly accessible, engaging, black-centered history of nursing in Chicago.

**Methods:** In collaboration with other local collecting agencies, primary sources related to black nursing in Chicago were identified and visited to highlight and describes the archival holdings. Twenty-five oral histories were collected from prominent Black nurses in the Chicago area capturing otherwise undocumented histories regarding their impact on nursing, healthcare, and communities in and around Chicago.

**Summary and Implications:** Currently, Black nursing history is largely segmented, absent, or a footnote in general discussions of nursing history. These inequities in archival collections and representation are a product of multiple forms of structural and institutional racism, including destruction of primary sources throughout time, devaluing Black history compared to white history, underrating the contributions of women's work in history, an enduring lack of diversity within the nursing profession, mistrust of large academic or medical institutions, and the internalized racism in Black folk throughout history, making people feel that their lives and history are not worth saving, or preserving. This project hopes to make a small contribution to correcting past historical wrongs, increasing representation and diversity within nursing archival collections, and inspire future nurses of color by honoring the contributions of those that have paved the way forward.



Teresa A. Savage, PhD, RN

For paper presentation

University of Illinois at Chicago College of Nursing (Emerita)

(630) 369-9845 FAX (630) 369-7621

[Tsavag2@uic.edu](mailto:Tsavag2@uic.edu)

## MYRA LEVINE, AN UNDISCOVERED LEADER AT THE BIRTH OF BIOETHICS

Purpose of the study: The purpose of this study was to analyze the collection of Myra Levine's papers that she bequeathed to the University of Illinois at Chicago library to learn what stimulated her interest and work in nursing ethics.

Rationale and significance: Myra Estrin Levine (1920-1996) was a nursing ethics leader just as the field of bioethics was opening. Known primarily as a nurse theorist, she structured her clinical teaching around the conservation of the integrities of the patients. This approach was infused with the fundamental respect for the dignity and autonomy of patients. She influenced a generation of nurses by her writings and oral presentations on ethics.

Description of the methodology: A biographical historical approach was used which involved reviewing 17 boxes of files left by Myra Levine to the Special Collections department of the University of Illinois at Chicago Health Science Center and interviews were conducted with former students, faculty colleagues, friends, and other professional colleagues

Primary sources: Myra Levine's collection of files consisting of correspondence with publishers, editors, friends, family, and colleagues related to every faculty position she held, newspaper clippings, every file from her office up to retirement, files on every class she taught, include hand-written index cards and notes of drafts of presentations. Dates range from 1940's to 1990's.

Secondary sources: Interviews were conducted with former students, colleagues, co-workers, and friends who knew her when she worked at Cook County Hospital in the 1960's to colleagues who visited her during her last hospitalization before her death.

Findings: Her papers and the interviews reveal the work of Myra Levine in nursing education, practice, and activism. She was active in her local nursing association, ANA, and ICN. She helped revise the 1976 version of the Code of Ethics for Nurses, and she was in the charter group of the fellows inducted in the American Academy of Nursing. She walked picket lines, fought for collective bargaining, and encouraged development of the Students' Bill of Rights. She was an intimidating figure to some, a warm, nurturing mentor to many, and someone who would not tolerate injustice, wherever it occurred.

Conclusions: Levine's work resonates today as she emphasized attention to the nurse-patient relationship rather than to dilemmas. She pushed nurses to be precise in their language, to rely on primary sources as nurses strive to understand, apply, and develop nursing theory, and advocate for their patients and themselves. Her contribution to nursing ethics has not received the attention it warrants.

**“It Was Like It Was Invisible To Everybody Except The People Who Were In It.”: The Bellarmine University Nursing Outreach Program (1983 - 2007)**

**Overview of the Topic:** Providing educational opportunities for diploma and ADN nurses to earn a BSN or MSN has long been a challenge, especially for those nurses living in rural communities/areas. While online distance education now provides many options, prior to its introduction there were few. In 1984, Bellarmine College (now University) a Catholic liberal arts institution in Louisville, KY responded to requests from nurses in Eastern Kentucky to deliver an on-site BSN program. Informally known as the “Outreach” it grew to include BSN and MSN programs at seven sites throughout Kentucky with as many as five sites operating at one time. Faculty from Louisville drove hundreds of miles to teach classes on three weekends each semester. Sites in western and central Kentucky closed in the mid-1990s leaving Ashland, in Eastern Kentucky, as the only site until 2007. Approximately 500 registered nurses earned a BSN, MSN or both degrees in the program.

**Historiographical Literature:** While academic and popular literature such as *A History of Kentucky Education* (2011), *Night Comes to the Cumberland* (1962), and *Hillbilly Elegy* (2016) note Kentucky’s education shortcomings, little to nothing is mentioned about women pursuing higher education. Kentucky’s settlement schools, moonlight schools, and the Pack Horse Literary Project while commendable, did not address higher education. The lack of opportunity for higher education for nurses impacted their personal and career goals and possibly compromised the quality of care in communities, considering the significant changes in health care in the early 1980s. This paper situates the need and intense desire for increased nursing education by nurses throughout Kentucky and discusses a successful effort to respond to that need.

**Methods:** Qualitative research methods were used for Part I of this IRB-approved study. (Part II surveyed program alumni.) Primary resources included interviews with 20 administrators, faculty and staff (audiotaped with verbatim transcription) who worked directly with the program and university archival materials such as 1992 videotaped interviews with program founders, department documents, college catalogs, and course schedules. Secondary resources included newspapers, dissertations, articles, documentaries and books.

**Summary/Implications:** Administrators, faculty and staff overwhelmingly enjoyed their Outreach experiences, especially the students’ enthusiasm for and commitment to learning; most believed the university gained name recognition and limited financial rewards. Nursing faculty expressed disappointment that their university colleagues were for the most part unaware of the program. Several faculty credited the program with their later professional success as it forced them to improve their teaching, while others found the experience stressful due to issues with safety, inadequate food and lodging, driving long distances, isolation, fatigue and childcare concerns. Program issues, both positive and negative, surprisingly relate to current online distance education experiences/issues.

**Contributions to History of Nursing:** In the *International Year of the Nurse and Midwife* (2020-21), ANA President Ernest Grant urged nurses to share stories about the profession to recognize and highlight its impact. This study documents the perspective of administrators, faculty, and staff of an innovative and successful, yet largely unnoticed program that addressed the higher education needs of rural nurses just prior to the phenomenon of online learning.

## American Association for the History of Nursing Conference 2022

Abstract submitted for podium presentation consideration

### **Author and Presenter:**

Sheri Tesseyman, Ph.D., RN

Assistant Professor, Brigham Young University College of Nursing

424 KMBL, Provo, UT, USA, 84602

(801) 422-8296

[sheri-tesseyman@byu.edu](mailto:sheri-tesseyman@byu.edu)

### SUE BARTON VERSUS THE WARD SISTER: HEAD NURSES AND THE QUALITY OF HOSPITAL NURSING CARE IN THE USA AND UK 1920-1949

**Overview and Historiographical Literature:** During the nineteenth and much of the twentieth centuries student nurses and minimally trained attendants provided most hospital bedside patient care in the UK and USA (Bradshaw, 2001; Reverby, 1987). This study aims to explain the development and implications of supervision of students and attendants in hospitals in Britain and America from the 1920s through the 1940s, when transitions from hospital patient care by students to graduate nurses and nurse education from hospitals to institutions of higher learning developed in America. Nurses in Britain observed with great interest (Bradshaw, 2001).

**Methods:** A comparative method was chosen to reveal factors that might be overlooked in a study of one country alone. Primary sources for both the UK and the USA include official reports by nursing organizations, contemporary nursing journals including *American Journal of Nursing*, *Trained Nurse and Hospital Review*, and *Nursing Mirror*, and the book, *Sue Barton, Senior Nurse* by early twentieth-century nurse, Helen Boylston.

**Summary and Implications:** Various professional and social factors in the USA led to appeals for graduate registered nurse service to replace student nurse service in hospitals. Poor quality bedside care provided by students was cited as one factor. In Britain, however, bedside care by students was considered to be excellent. The roles of head nurses in the USA and ward sisters in the UK differed significantly. Head nurses in the USA were often senior students, exemplified by Helen Boylston's "Sue Barton, Senior Nurse," while ward sisters were fully qualified nurses in permanent positions of authority. Differences in the supervision of student nurses in the USA and the UK, particularly regarding the ward sister role in the UK and the head nurse role in the USA may have contributed significantly to differences in the quality of bedside care. Philosophical differences and differences in ward staffing patterns and nursing education influenced discourse and interventions regarding nursing students and assistants and nursing practice—with fundamental implications for the future of nursing in each country.

Bradshaw, A. (2001), *The Nurse apprentice, 1860-1977*, Aldershot, England: Ashgate.

Reverby, S. (1987), *Ordered to care: The dilemma of American nursing, 1850-1945*, Cambridge: Cambridge University Press.

USING HISTORICAL METHODOLOGY FOR A LONGITUDINAL REVIEW:  
IDENTIFYING ENDURING AND IMPACTFUL INITIATIVES OF THE  
EMERGENCY NURSES ASSOCIATION

Gwyneth Milbrath, PhD RN MPH (corresponding author)  
University of Illinois Chicago College of Nursing  
Email: [gwyneth@uic.edu](mailto:gwyneth@uic.edu)  
Phone: 312 – 413 – 7569

Audrey Snyder, PhD RN FAAN FAANP FAEN  
University of North Carolina Greensboro School of Nursing  
Email: [aesnyde2@uncg.edu](mailto:aesnyde2@uncg.edu)  
Phone 336-335-5182

Paper Presentation Proposal

**Overview of the Topic:** This presentation will explore and discuss a hybrid approach to analyzing organizational history with a comprehensive literature review, combining the widely accepted PRISMA guidelines for review with a more flexible historical approach to allow for interpretation and critical analysis over time. Using this approach allows the researcher to not only identify important themes, but contextualize them over time, rather than limiting a review to a specific or current time frame.

**Historiographical literature:** To our knowledge, this approach has not been used before in the nursing or historical literature.

**Methods:** A combination of qualitative and historical methods was used to identify and analyze the Emergency Nurses Association's (ENA's) top policy initiatives over the past 50 years. Qualitative methods were used to identify the content areas most frequently published in the Journal of Emergency Nursing (JEN) following a comprehensive review of the journal's publications, and historical methods were used to describe and analyze these results within the appropriate historical context over time. Sources included a comprehensive listing of every article published in the JEN since its inception in 1975 through articles published in 2019, totaling 4,883 articles; ENA Policy Statements, Resolutions, Practice Guidelines, and other publications; ENA archival sources; relevant state and federal legislation; published white papers; ENA General Assembly resolutions; and other relevant documents.

**Summary and Implications:** The top three policy issues throughout ENA's history identified were the provision of care for vulnerable populations, trauma care and injury prevention, and patient quality and safety. The ENA also worked hard to professionalize emergency nursing within the realms of nursing and emergency services during the first half of its history, and since then, the ENA has promoted issues related to the emergency nursing workforce and ensuring a safe and sustainable environment in which nurses practice. This methodology can be a powerful tool as a hybrid approach to analyzing organizational literature over time.

# AN AIR FORCE NURSE LEADER'S IMPACT: BRIGADIER GENERAL GOODWIN, 10<sup>TH</sup> AIR FORCE NURSE CORPS CHIEF

Robie Victoria Hughes<sup>1</sup>, DNS, MA, MSN, CENP, Sotera Chow<sup>1</sup>, MA, MSN, and Marlene Kerchenski<sup>2</sup>, DNP, MSN, BSN

<sup>1</sup> Johns Hopkins University School of Nursing, *Maryland, USA*

<sup>2</sup> 633<sup>rd</sup> Medical Group, Joint Base Langley-Eustis, *Virginia, USA*

Corresponding author: Sotera Chow TEL: (512) 975- 0536 E.MAIL: [sotera@jhu.edu](mailto:sotera@jhu.edu)

Seeking: Paper Presentation

## Overview of the topic

It is important to recognize and record the stories of previous leaders who helped pave the way for advances in nursing scope of practice, clinical expertise, and leadership opportunities. Brigadier General (Brig Gen) Barbara Goodwin is one such leader and through her words we are able learn, understand, and contextualize the time period in which she served, the impact of her leadership and the evolution of nursing.

## Historiographical Literature on the Topic

We explore the impact and contributions of Air Force Nurse Leaders from 1988 to 1991, through the eyes of Brig Gen Goodwin, supplemented with the use of external historical sources to add context and more detail. Air Force Nurse Leaders continue to influence leadership and practice as the profession responds to the growing needs of the country.

## Methods

The oral history method allows the researcher and those reading to gain insight through the testimony of the participant, adding a necessary human component to historical events. Deep and active listening, clarification, exploration and paraphrasing were strategies used to promote understanding. The four-hour interview was audio recorded, transcribed verbatim and then reviewed by the participant for accuracy. Two independent coders reviewed the transcript, identified themes, and then compared themes to reach consensus. External historical sources provided more insight into context, detail, and significance of nursing leader impact.

## Summary and Implications

Leadership themes identified include collaboration, prioritization, understanding the system, and a passion for clinical nursing. Brig Gen Goodwin reflected on her leadership strategies to address many challenges still in discussion today such as the nurse shortage, the advancement of nurse leadership and the increase in educational opportunities. She tackled obstacles unique to her and her time period, such as the deployment of 40,000 women in support of war efforts. Many of her leadership strategies can also be applied to leadership challenges facing upcoming generations of nursing.

## FORT DELAWARE POW DEATHS: WHAT WAS THE CAUSE?

William T. Campbell, EdD, MSN, RN, Professor of Nursing, School of Nursing, College of Health and Human Services, Salisbury University, Salisbury, MD

Office: 410-543-6414, Home: 302-875-4571, Email: [wtcampbell@salisbury.edu](mailto:wtcampbell@salisbury.edu)

Abstract for consideration for an individual paper for 2022 AAHN Conference.

**Purpose:** The purpose of the study was to examine the primary causes and rankings of deaths of the prisoners of war (POWs) held at Fort Delaware during the American Civil War. Was the number one cause Smallpox which was the most feared disease of the time and of the prisoners? Or was it malaria, or typhoid fever, or yellow fever, all common contagious diseases of the war years? Or was it something very simple such as diarrhea and dysentery due to the island environment?

**Rationale & Significance:** Fort Delaware was built on Pea Patch Island before the Civil War to prevent a naval attack on Philadelphia and northern Delaware as had occurred in the War of 1812. When no naval threat from the Confederacy materialized the fort became a POW camp for 12,000+ prisoners. Over 2,400 Confederate POWs died while imprisoned there. What was the causes of their deaths? What factors led to their deaths?

**Description & Methodology:** The methodology was historical research from period primary documents. The hospital registers were examined for POW deaths from 10/16/1863 until closure of the camp on 7/3/1865. The admitting diagnosis as listed for each deceased prisoner was compiled and ranked to answer the research questions. Other sources were also reviewed.

**Major Primary & Secondary Sources:** A copy of the Fort Delaware Hospital Registers was located and examined for the admitting diagnosis or cause of death for each deceased patient. The findings were compiled and ranked. Results were compared to other results found in U.S. Army monthly reports and a secondary published source. Other primary sources included the diary of Rev. Dr. Handy, a political prisoner, period drawings, and pension affidavits of a Union officer stationed there during this time period.

**Findings:** The researcher found that the cause of death for 358 patients (23.8%) was diarrhea and Dysentery. It ranked number one. Smallpox, while the most feared disease, was the third ranked cause of death and pneumonia was the second. Statements from POWs and drawings from the island gave evidence that the island environment, standing water, limited pure drinking water, poor sanitation and sewage disposal methods, and unsafe food all contributed to the transmission of diarrhea producing illnesses.

**Conclusion:** Smallpox the most feared disease based on statements in letters and diaries was not the actual primary cause of death. Number one was diarrhea and dysentery related to the island environment and the lack of sanitation as noted throughout the study. The Surgeons, Hospital Stewards, and nurses of the time could have done little to decrease the mortality.

OVERLOOKED: DR. PHILIP H. PHENIX'S INFLUENCE ON NURSING

Elizabeth R. Eisenhauer, PhD, RN

Assistant Professor

School of Nursing, Oakland University

Office Phone: (248) 364-8856

[eisenhauer@oakland.edu](mailto:eisenhauer@oakland.edu)

RE: A paper presentation is sought the 2022 AAHN Conference.

**Overview of the topic:** For over forty years, the taxonomy of methods of inquiry known as “Fundamental Patterns of Knowing in Nursing” has been attributed to Dr. Barbara A Carper. However, credit ought to be extended to Dr. Philip H. Phenix (1915-2002), a professor of philosophy and education at Teachers College, Columbia University from 1954 – 1981. Phenix had a major influence on the foundational work of Carper. Yet, Phenix’s full taxonomy of knowledge is not often cited or discussed alongside Carper’s work. This omission not only excludes credit for Dr. Phenix, but also limits the classification and methods of inquiry in nursing knowledge.

**Historiographical literature:** While a few other nursing researchers have made the connection between Carper and Phenix, there remains a dearth of literature that cites the work of both individuals simultaneously. This presentation expands on my published (2015) interview with Dr. Carper and reflects my on-going research into the lives and work of these two scholars. It examines the overlap and connections in their work and the implications of Phenix’s contributions being largely overlooked in the discipline of nursing, while illuminating existing works that actually cite and credit both Carper and Phenix.

**Methods:** Primary sources include my published (2015) interview with Dr. Carper, archival research, and personal communication with the family of Dr. Phenix. In addition, scholarly works that cite both authors, identified by searching scholarly databases, are discussed.

**Summary and Implications:**

This topic contributes to a more inclusive history by acknowledging and describing the influence of Dr. Philip Phenix on the work of Dr. Barbara Carper and the discipline of nursing. Moreover, it expands the possibilities for further explicating and classifying nursing knowledge, using key concepts from the work of Dr. Phenix which were excluded by Carper.

## WHO KNEW? LILLIAN WALD AND COLLEAGUES SIGNED AND SENT CHRISTMAS CARDS

M. Frances Keen, DNSc, RN, Villanova University

[frances.keen@villanova.edu](mailto:frances.keen@villanova.edu) 717-207-0367

Paper

**Overview of the topic:** In 2018 a vintage Christmas card signed by Lillian Wald and six other women was discovered by the presenter. Who were these other women? What was their connection to one another? Why were they all signing the same card? What was the timeframe? These questions led to the records of the National Organization for Public Health Nursing (NOPHN), an organization founded by Wald in 1912. With these records, the identity of the women and their connection to one another was determined. The signers of the card were: Lillian Wald, Mabel de Bonneval, Ellen Buell, Glee Hastings, Elizabeth MacKenzie, Gertrude Wahl, and Marguerite Wales. Additional research illustrated their contributions to nursing, and a survey of materials on vintage Christmas cards dates the card to the 1930s.

**Historiographical literature on the topic:** The records of the NOPHN served as a primary source; journal and newspaper articles highlighted their contributions to nursing. This work is believed to be historiographically unique in nursing in that it examines an artifact and ties it to the history of an organization to determine its provenance.

**Methods:** Records of the NOPHN from 1920 to 1940 were reviewed in addition to journal and newspaper articles. The NOPHN records are housed at the Barbara Bates Center for the Study of the History of Nursing, University of Pennsylvania. A review of publications about vintage Christmas cards assisted in dating the card, thus concurring with the NOPHN records that delineated the time period when all seven women were active in the organization.

**Summary and Implications:** The Christmas card was signed by seven women serving on committees within the NOPHN while also holding varied positions in public health during the 1930s. For example, Buell was initially Educational Director at the Henry Street Visiting Nurse Service; she later opened a Department of Public Health Nursing at Syracuse University in 1931. While living in Syracuse, she continued to serve on the Education Committee, the Advisory Committee on Tuberculosis, and the Common Activities Committee. Wahl worked at Henry Street with a focus on maternal and prenatal health and provided demonstrations on delivery techniques at institutes held by the Children's Welfare Federation. Wales served as Director at Henry Street and later became a consultant to the W.K. Kellogg Foundation while continuing to offer her expertise to the NOPHN. Clearly these women were united in their collegiality and made significant contributions to the National Organization for Public Health Nursing, to public health nursing, and to the health of the nation in the 1930s and beyond.



## THE EVOLUTION OF HEALTHCARE FOR LOUISVILLE'S AFRICAN AMERICAN COMMUNITY: 1865-1990

Angela K. Calloway Washington PhD, RN  
University of Louisville, School of Nursing  
555 South Floyd Street  
Louisville, KY 40202  
[akcall01@louisville.edu](mailto:akcall01@louisville.edu)  
502-262-4373

It is well documented that inequality in the delivery of health care exists within the U.S. (Smedley, Stith & Nelson, 2003; Trivedi, Zaslavsky, Schneider, & Ayanian, 2006). Historically, our health care system was a segregated one in which white Americans enjoyed one system of health care—a more privileged one-- while black Americans experienced another, supported by law and custom. Laws changed after the Civil Rights Act of 1964 but disparate practices lingered. Although there have been studies about the historical picture of segregated health care available to black Americans (Byrd & Clayton, 2000; Savitt, 2007), there is a lack of research about the evolution of that health care system to its current state as a more fully integrated one.

The purpose of this study was to examine the evolution of health care for the black community of Louisville, Kentucky, a mid-size city of approximately 800,000 citizens situated along the Ohio River which historically served as a gateway to the south. The study aims were to describe 1) health care delivery over time, 2) attitude assumptions, perceptions and experiences of health care providers, 3) activities that influenced health care integration and 4) the quality of health care for black Louisvillians pre- and post- integration. An historical research method guided by Critical Race Theory was used to describe the perspective of those who were marginalized within this society. Archival material and oral histories framed by secondary literature on this topic served as data.

Study findings confirm the presence of overt stereotypes and bias that perpetuated the segregated health care system historically. Motivation for change stemmed more from the white health care providers' gain than from an internal change perspective regarding the Black citizens' right to comparable care within an integrated system. However, the overt stereotypes that had been easily identified in archival records prior to integration became less visible after integration of the health care system. Even as overt discrimination declined, study findings also indicate that disparate treatment and caregiver bias remained throughout the time period explored in this study.

## Athens Regional Midwifery Clinic: Striving for Health Equity in a Hospital-Based Nurse-Midwifery Practice

### **Overview of the topic**

Nurse-midwifery in the US has historically focused on women and families from underserved populations. The first nurse-midwifery services in the country were established to serve the needs of marginalized communities experiencing poor health outcomes. This focus persisted until early in the 21st century. The Athens Regional Midwifery Center was established in 1976 to provide access to care for poor, uninsured, and underserved individuals in the Athens, Georgia region. The hospital-based service demonstrated improvements in infant mortality rates, increased access to care, and provided culturally competent care. This paper examines the first three decades of the practice using a health equity lens.

### **Historiographical literature on the topic**

The history of the nurse-midwifery profession and the contributions of nurse-midwives in large tertiary care hospitals in the late 20th century have been documented. However, the work of individual nurse-midwives and small nurse-midwifery services remains largely unseen. This study adds to the existing body of knowledge by demonstrating the contributions of a hospital-based nurse-midwifery service in a regional medical center and the work of nurse-midwives to address health disparities in the region.

### **Methods**

A traditional historical methodology was used to guide this study. A social history perspective was employed to examine the work and impact of nurse-midwives in their community. Primary sources include the oral histories of nurse-midwives working at the Athens Regional Midwifery Clinic from 1976 to 2006.

### **Summary and Implications**

Nurse-midwives Angie Best and Betty Dan founded the Athens Regional Midwifery Clinic to provide access to care for poor and underserved women. They established community partners to provide affordable, accessible healthcare. During the first 30 years, infant mortality rates were reduced by 66% in the region. They provided respectful, culturally concordant care, diversifying their staff to reflect the make-up of the population. They faced challenges in securing physician partners, financial stability, and overcoming stigmas related to midwifery. The nurse-midwifery service maintained cesarean birth rates significantly lower than the national average by providing continuity of care, vigilant support of laboring mothers, and innovative maternity care. They paid their dues to be part of the hospital system, investing time and energy for the future of healthcare and health equity.

Eileen J. B. Thrower, Ph.D., APRN, CNM, CNE, FACNM  
Frontier Nursing University  
770-316-6604  
eileencnm@gmail.com

## To Strike or Not to Strike – That is the Question

### AAHN 2022 Conference

**Author: Donna Miles Curry, RN, PhD, Professor Emeritus, Wright State University, Dayton, Ohio (937)470 5643 [donna.curry@wright.edu](mailto:donna.curry@wright.edu)**

#### **AAHN 2022 Conference Abstract Submission: Paper**

**Overview of the topic:** The role of unions in higher education has evolved across the past century. This presentation will explore the history of collective bargaining and unions specially for the nursing faculty at a West Central Ohio state university over the past 50 years.

**Historiographical literature on the topic:** Newspaper articles, Ohio Nurses Association Newsletters, Ohio Historical Association Archives and oral histories from two key participants.

**Methods:** In addition to a critical analysis of materials located in regional archives, an oral history approach was used (Polkinghorne, 1995) to synthesize events in the life of key players. Special attention is given to the social and historical events in the region and nation.

#### **Summary and Implications:**

The faculty at one midwestern university, Wright State, formed a collective bargaining unit in the late 20<sup>th</sup> century. In 2019, the union, a constituent of the American Association of University Professors, voted to go on strike over failed contract negotiations with the administration. This 20-day strike is one of the longest in academic history. The strike had special challenges and implications for members of the nursing faculty, nursing students, and community partners. A dilemma confronted the nursing faculty – they were divided on whether or not to join the strike with some taking a very active position on the picket lines. Students were given mixed messages about the strike. The issues of power and professionalism within a bureaucratic authority structure will be presented.

## BATTLES ONGOING: FLORIDA NURSE PRACTITIONERS AND THE FIGHT FOR PRACTICE AUTHORITY

**Authors:** Kim Curry PhD, FNP-C, FAANP; Carolyn Torre RN, MA, APN, FAANP

**Mode of presentation:** Oral presentation with video

**Overview of the topic:** Within the United States, each state and territory has the legal authority to restrict or enable nursing practice, including advanced nursing practice. In Florida, references to nurse practitioners (NPs) can be found in the minutes of the state nurses association in the early 1970s, but these early NPs had no statutory recognition and no prescribing rights. Florida nurse practitioners had to fight separate battles for legal recognition, license protection, prescriptive privileges, controlled drug prescribing, and practice autonomy, among many other battles.

**Historiographical Literature on the Topic:** While written histories exist of the early Nurse Practitioner (NP) educational and national organization history, stories from the states where the battles for scope of practice laws were originally won are rarer. For its 30<sup>th</sup> anniversary in 2015, the American Association of Nurse Practitioners (AANP) produced a videotape of some of the leaders who developed and shaped that organization. However, AANP was not formed until 1985, long after most of the earliest state NP Scope of Practice Laws were passed. Many early leaders have now retired without recognition. It was the intention of this video project to professionally record early nursing policy leaders who made practice legally possible for NPs at the state level.

**Methods:** Video interviews using a professional videographer were conducted and edited. The resultant 20-minute video features early nursing policy leaders in Florida who made practice legally possible for NPs at the state level. Archival documents, photos, and voice over narration is included. This video project is the second phase of a longer project to document state level NP history and follows the 2019 video with New Jersey as the focus state.

**Summary and Implications:** This story is about legal battles to restrict NP practice in any way possible. This story is an exemplar of a group of qualified healthcare providers being restrained from their trade by others who use legislative influence to gain legal protection for their self-delineated scope of practice and their income. Through voices heard for the first time in a unique format, a story is revealed of how advanced practice nursing was made legally possible in the state of Florida.

### **Contact Person**

Kim Curry PhD, FNP-C, FAANP

Editor in Chief, Journal of the American Association of Nurse Practitioners  
Faculty, The University of Florida College of Nursing  
kcurry@aanp.org 813-334-9028 cell

Carolyn Torre RN, MA, APN, FAANP

Nursing Policy Consultant

Advisory Board Member, Felician College School of Nursing

Advisory Board Member and Expert Lecturer, Nurse Practitioner Residency Program,  
Hackensack Meridian Health/Monmouth University School of Nursing.

cttorre@gmail.com 609-955-0702 cell

## **“Do you feel undernourished professionally?”: The Impact of a Local Chapter of Industrial Nurses**

Adrian Melissinos, PhD, RN      713-667-3828      melissin@aol.com      Paper

**Overview:** The city of Houston, Texas has an established industrial framework, especially in the energy sector as reflected in the oil and gas industry. This study aims to investigate the efforts and accomplishments of a group of Houston industrial nurses in the 1960s and 1970s to sustain a grassroots structure for supporting the professional growth of nurses needed in the industrial vibrant city.

**Literature Review:** The literature reviewed includes published material that focuses on roles and functions of the industrial nurse. Topics examined included clinical aspects, management considerations, and educational requirements. Materials under review did not examine fundamental efforts to meet the needs of practicing industrial nurses in the context of a local community.

**Methods:** Primary sources include, but are not limited to, manuscripts, letters, newsletters, membership lists, brochures, and pamphlets at The John P. McGovern Historical Collections and Research Center at the Texas Medical Center Library in Houston, Texas and the Briscoe Center for American History at The University of Texas at Austin and digital collections from national professional organizations. These materials reflect the needs and goals of registered nurses who formed the membership of the Houston Area Association of Industrial Nurses (HAAIN).

**Summary and Implications:** These industrial nurses diligently endeavored to expand and maintain an organization that addressed the needs of its members who were employed in a myriad of work environments. Members were employees of over 80 facilities, ranging from doctors' offices, department stores, factories, warehouses, and entities related to the oil and gas industry including refineries, chemical companies, and pipeline services involving tools, metals, and steel. The organization kept records of where each member was employed. They recognized that a member was not unusually the sole nurse employed at a particular facility and that the HAAIN provided a forum for professional interaction to problem solve. Monthly meetings were held for educational and social purposes. Topics were varied and wide-ranging, including alcoholism, civil defense, toxicology, and safety. Information about and encouragement of membership in state and national industrial nurse organizations was regularly provided and members attended regional conferences. They invited speakers from multiple disciplines and hosted management conferences with employers and physicians. The nurses developed ongoing efforts to invigorate their organization to meet the needs of members. Their commitment and organizational skills demonstrate how a local organization can impact professional nursing practice.

**Contribution:** This project serves to illustrate how a local professional organization can complement the work of practicing registered nurses and contributes to this overlooked component of industrial nursing history.

## **Public Health Nursing at the Grenfell Mission, Labrador Through the Eyes of Sophia V. Kiel, RN**

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R, Faculty Author \*

[\*Contact Person- [hutchg@sage.edu](mailto:hutchg@sage.edu); 518.334.6125 (mobile)]

Russell Sage College, Troy, NY

### **Overview**

Sophia V. Kiel, RN, a 1907 graduate of St. Luke's Hospital School of Nursing in New York City, worked at the Grenfell Mission in Labrador for several years before she finished her career as the most decorated nurse in the U. S. military. Kiel was an avid photographer and took her Brownie camera everywhere. Through her eyes behind her camera, she left a photographic legacy of her years at the Grenfell Mission, which reveal life, challenges to nursing practice, idiosyncrasies, and friendships with colleagues.

### **Historiographical Literature**

What is unique about this study is the use of Sophia Kiel's personal photographs that to date, though archived, have not seen the light of day in historical research. These photographs will contribute the visual aspect of Kiel's experiences as a member of the nursing staff at the Grenfell Mission, which will augment the written record of others, who nursed there at the same period.

### **Methods**

Examination of journal articles written at the time by those on the field, archival research about employment at the Mission, Sophia Kiel's photographs, later masters' theses written on this period of public health nursing at Grenfell, and studying videos containing footage of life at the Grenfell Mission provide information. Use of these primary and secondary sources provide the foundations for this paper.

### **Summary and Implications**

This paper documents life and nursing service at the Grenfell Mission in Labrador in the early 20<sup>th</sup> century, which may be unknown to American nurse historians. Nursing is truly international as this paper and Kiel's photographs document. The significance of my findings are: 1. The challenges of everyday life at the Mission; 2. The challenges and inventiveness of the nurses providing care to their patients in this rural and rugged setting, and 3. Bringing out of the archives and into the body of knowledge about Canadian public health nursing, images and situations documented by Sophia V. Kiel as a member of the Grenfell Mission nursing staff.

**Title:** Is it maternal ignorance? Experiences of rural nurses during the Depression

**Presenter:** Rima D. Apple, Ph.D.  
Professor Emerita  
University of Wisconsin-Madison  
608-285-9088  
rdapple@wisc.edu

**Overview:** High rates of maternal and infant mortality and morbidity in the early 20<sup>th</sup> century; many men found to be unfit for military service during World War I: for health reformers, politicians, and medical practitioners the most oft-cited reason for these disastrous statistics was “maternal ignorance.” If mothers would only utilize the knowledge and benefits of modern medicine, they claimed, then such horrible situations would be avoided. Convinced that education would solve the problems, private agencies and local, state, and later federal governments designed initiatives to instruct mothers, including visiting nurse programs.

This paper evaluates the strength of this hypothesis through an examination of the experiences of federally-funded nurses in the Wisconsin county of Marathon.

**Historiographical literature:** There has been a wealth of research recently into the lives and work of rural public health nurses, most especially the research of Rima D. Apple, on nurses in Wisconsin, and Sandra B. Lewenson, on the Red Cross Town and Country Nursing; and the volume Rural nursing in America, edited by John C. Kirchgessner and Arlene W. Keeling.

**Methods:** The narrative reports of the nurses, archived at the Wisconsin State Historical Society, detail the efforts of mothers coping with the realities of rural life and its social, cultural, and financial pressures during the Great Depression. They describe the efforts of the nurses and their emotions as well as the responses of the mothers, though through the lens of the nurses’ perspective.

**Summary and implications:** As the nurses brought contemporary medicine into Marathon’s communities and homes, they discovered that ignorance was only one of many obstacles to mothers obtaining medical care, and certainly not the most significant one. Many women welcomed and appreciated the nurses as representatives of modern medicine, but were unwilling and, more likely unable, to benefit because of a myriad of other factors, such as family relationships, ethnic practices, material concerns and, most crucially, financial pressures.

This analysis of the narrative reports of the Marathon nurses discloses important factors that were generally ignored in developing public health programs to reach an under-served population in the first part of the 20<sup>th</sup> century. As such it could alert today’s rural public health efforts of potential obstacles

DEAR SIR  
Individual Paper  
Tawny Tseng, DNP, PMHNP-BC, FNP-BC  
Assistant Professor, Frontier Nursing University  
910-465-8193, tawny.tseng@frontier.edu

#### Overview

The history of psychiatric health care in the United States and predating the founding of our country to the colonies is originated in the fall of 1773 with the opening of the Williamsburg Lunatic Hospital in Williamsburg Virginia. This hospital served as the only official facility for the care of the patient with mental health diagnoses in the entirety of the colonies and later the United States of America. While there was an established process for the admission of patient's needing this specialized care, often letters were written to the attending physician from family members seeking assistance. These letters give an interesting perspective into the understanding of mental health in this period and the overlap of mental health and physical health symptoms and presentation. This paper focuses on this early period of the hospital and two specific cases from the original letters pleading for help.

#### Historiographical literature

Common texts and literature contemporary to this period include J.M. Galt's Treatment of Insanity, papers and lectures on specific disorders and documentation of policies and building plans. This paper probes the more personal side of mental health care and the experiences of the patients, family and those involved in their care.

#### Methods

Original letters from both patient family members and Dr. Alexander Galt in response from the Rockefeller Williamsburg Library, William and Mary as well as the Library of Virginia archives. Discussion and review of contemporary medical care with the Williamsburg apothecaries and Williamsburg hospital museum curators. Original hospital case notes and hospital Board of Director's minutes and admission records.

#### Summary and Implications

This paper allows for a more personal view of mental health care in the late 18<sup>th</sup> and early 19<sup>th</sup> century and the manner in which it impacted patients, their loved ones and care givers as well as providers. It also highlights the need for viewing mental health care as an important component of the larger health care picture.



## IN THE MIDDLE OF SOMEWHERE: RURAL NURSING, INNOVATION, AND INTERNATIONAL EXCHANGE, 1889-1939

Martha Groppo, Asst. Prof., Eastern Kentucky University, 8598064817, martha.groppo@eku.edu

### **Overview**

From the 1880s through the 1920s, a series of strikingly similar new healthcare associations were established across the British Empire and United States targeting the perceived isolation of impoverished rural people from the advances of modern medicine. The inadequacy of the healthcare available to many poor rural residents was nothing new; the amount of attention it commanded was. This paper introduces a “Rural Nursing Network” of similarly structured healthcare associations in the United Kingdom, Canada, Australia, South Africa, India, New Zealand, and the United States. These interlocking associations shared the same basic district nursing healthcare model, employing mobile nurses who provided in-home care. In addition, this network of associations had in common the patronage of a densely interconnected group of affluent women who served as vectors of capital, publicity, and ideas.

### **Historiographical Literature**

The history of rural and frontier nursing is an exciting and developing field that has generated important discussions about the contested boundaries of the nursing profession. Far from the supervisory structure of the hospital or clinic, nurses tested the gendered limits of their profession, attempting work typically reserved for doctors, dentists, and even veterinarians in more densely populated locales. Important research on the Frontier Nursing Service in Kentucky (Melanie Beals Goan, Sandra Lee Barney, Laura E. Ettinger) and various nursing initiatives in Canada (Myra Rutherford, Heidi Coombs-Thorne), for example, has given valuable insight into the experiences of rural nurses in particular national or regional contexts. Much work remains to be done in situating rural nursing within a broader international history, however. My work seeks to do this, drawing from histories of imperial and philanthropic networks. Rather than providing an in-depth analysis of each rural nursing association, my intervention in existing scholarship is to explore the relationship between them, recovering in the process a historical conversation about rural healthcare that was by nature comparative, collaborative, and international.

### **Methods**

My study is based on extensive research in over 30 archival collections scattered across the globe. I rely upon a combination of organizational records (from existing and defunct nursing associations) and private archives (of the aristocratic and elite women who helped establish these organizations).

### **Summary and Implications**

This paper introduces the major actors and themes from my larger book project by focusing on the 1920s. In particular, I plan to use as my case study the Newfoundland Outport Nursing and Industrial Association—an association inspired in part by contemporary rural nursing efforts in the Scottish Islands, Appalachia, South Africa, and Australia. By focusing on the relationship between rural nursing associations, I seek to demonstrate the interconnection and innovation that occurred in areas of the world that have too often been described in terms of “isolation” and “backwardness.” My work seeks to make peripheral people and places central, arguing for their fundamental involvement in larger networks of care.

Title: The Labour of Care and the “Seasons of Discontent” in Canada, 1980-2010

Presenter: Peter L. Twohig, PhD (History), Department of History  
Saint Mary’s University, Halifax, NS Canada  
Peter.Twohig@smu.ca, 1-902-449-5400

### **Overview**

The history of health care unions is one of the great silences that needs to be addressed. This silence is especially surprising given the important role of RNs and other workers in the revitalization of the labour movement in Canada in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. Evidence of work stoppages in Canada shows 106 public sector strikes by nurses’ unions between 1960 and 2009, involving 163,872 Canadian nurses. During these years, most RNs in Canada established their own unions or joined ones representing a range of workers. Professional organizations, together with governments and employers highlighted the problematic nature of labour action in these years. Nevertheless, unions defended the rights of health care workers, improved remuneration, obtained better working conditions, and ensured patient safety through a staggering number of job actions. This paper will examine the “Seasons of Discontent” in Canadian nursing from 1980 to 2010, highlighting a selected number of strikes, the challenges they posed for front-line nurses and nursing’s professional leaders, and their meaning for health care and the labour movement.

### **Historiographical Literature**

In her book, *Bedside Matters*, Kathryn McPherson observed the “infrequency with which historians of nursing have considered the occupation as labour.” The role of unions representing RNs and other health care workers has also not been taken up by historians, even though such unions have very much been in the vanguard of the labour movement during the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. Sharon Richardson provides a helpful overview of nursing unions, while Linda Kealey explored important strikes in New Brunswick. Other historians such as Barbara Melosh, Susan Reverby, and Kathryn McPherson have all profitably complicated our understandings of women’s labour through an explicitly feminist approach to history. A handful of labour historians, including Alvin Finkel, Ben Issitt, and David Frank have included nurses in their general consideration of the labour movement in Canada. Few have offered a sustained focus on the changing relationship between RNs and unions in this period.

### **Methods**

This paper is a social history of nursing, based on original archival research conducted in repositories across Canada, newspaper accounts, diaries, interviews, and other records.

### **Summary and Implications**

RNs went on strike in settings across Canada to secure better wages and working conditions. Nursing home workers frequently settled into long disputes, as they did in Alberta, Ontario, and Nova Scotia. Health care workers in public sector unions, and unions such as CUPE and SEIU, engaged in a series of job actions from coast to coast. There were long struggles over first contracts. In some of these cases, we can discern how employers and governments articulated their opposition to collective bargaining rights. We can see the impact of back-to-work legislation and attempts to fire union leaders, both of which undercut the strength of unions. We can begin to see the debates about defining some kinds of work as “essential services” that also undermined the ability of workers to effectively bargain. We can see both the kinds of solidarities that existed amongst workers, and the limits to those solidarities.

FROM A ONE-YEAR EXPERIMENT TO 150 YEARS OF NURSING EDUCATION:  
REFLECTIONS ON THE ORIGINS OF THE MASSACHUSETTS GENERAL  
HOSPITAL SCHOOL OF NURSING

Mary E. Larkin, MS, RN, Susan Fisher, BA, RN, Kenneth R. White, PhD, AGACNP,  
FAAN, Massachusetts General Hospital School of Nursing Alumni Association  
Contact: M Larkin, [mlarkin1@mgh.harvard.edu](mailto:mlarkin1@mgh.harvard.edu), ph617-894-5160 fx617-643-0697  
Oral paper with slides/photos

**Overview:** The Boston Training School (BTS) for Nurses, later named the Massachusetts General Hospital School of Nursing (MGHSON) was founded in 1873, the third “Nightingale model” school in the United States. The role of the hospital, pupils, superintendents, and graduates from its early years are well documented. However, a review of the school’s founding minutes as well as meeting minutes of the Women’s Educational Association (WEA) demonstrate the critical role played by the WEA, specifically by Miss Sarah Cabot, in establishing the school. The impact of the WEA’s efforts to establish the BTS is the focus of this paper. The unique management model utilized by these visionary women to implement the “1-year experiment”, how they overcame challenges and objections from the medical community, and the care they took in overseeing the “experiment” will be analyzed in the context of the period.

**Historiographical literature:** A review of the secondary literature on the history of nursing education in the United States gives little recognition to the women who preceded those who actually worked in hospital schools of nursing. Indeed, the history of the MGHSON is often relegated to only a few pages, beginning with the date the school actually opened and, in some cases, a brief mention of the role of the WEA. (See for example, Keeling, Hehman and Kirchgessner, chapter 3 of *History of Professional Nursing*, Parsons, *History of the Massachusetts General Hospital Training School for Nurses* chapter 1, Perkins, *A Centennial Review 1873-1973 of the Massachusetts General Hospital School of Nursing*, chapter 3, or Susan Reverby’s *Ordered to Care*. Likewise, the recent book, *MGH Nursing at 200*, gives a short mention of Cabot’s role. This paper will fill a gap in the literature, addressing the actual founding of the school and the important work of the Women’s Educational Association to its establishment.

**Methods:** This research relies on traditional historiographic methods and a social history framework, analyzing numerous primary sources, including: the WEA Industrial Committee meeting minutes (June 1872- February 1874), Executive Committee Minutes (April 1873 – December 1874), (Annual Report 1873 – 75), the BTS founding minutes (Vol. 1 April 1873 – March 1875), and Sara Cabot’s memoirs (Sherwin collection). Together we weave a rich narrative of the founding of the BTS with details and personal perspectives.

**Summary and Implications:** In summary, this presentation will trace the details of the founding of the BTS highlighting the impact of the WEA visionaries, the leadership of Miss Cabot, the intricacies of the management of a 1-year experiment which ultimately led to 150 years of nursing education.

# **Individual Paper: A Half-Century as a Nurse Educator: A Study of the Influence and Impact of Dr. Debra Jennings Johnson's Career in the Southeastern United States**

Charlotte Swint, DNP, MPH, FNP-BC, CNE

Frontier Nursing University

csganp@gmail.com (678) 878-9258

## **Overview of the Topic**

To have expert nurses in the future, expert faculty must be ready, willing, and able to teach students whose dream is to one day be a nurse. Dr. Debra Jennings Johnson has been an expert nurse educator who has mentored, taught, directed, and served students in nursing education programs throughout the Southeastern United States. Nurse faculty recruitment and retention were the focus of many health policies with the goal of increasing the number of practicing nurses, Dr. Johnson remained steadfast in her service over the course of a half-century. Her reasons for becoming a nurse educator, the positive and negative aspects of her role as a nurse educator, changes she observed in nursing education over time, and reasons for the longevity of her career will be highlighted. This paper examines the impact that Dr. Johnson's career has had on more than a generation of nursing students and colleagues that she mentored in the Southeastern United States from the 1970s to the 2020s.

## **Historiographical Literature**

Dr. Johnson's career will be discussed using the framework of policies that have evolved during her tenure as a nursing student, novice nurse, and nurse educator. The impact of the Nurse Training Act of 1964, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975 will be discussed as they relate to her education and her career as a nurse educator. Factors impacting faculty retention over time including aging of the profession, salaries in non-academic settings, excessive academic workloads will be reviewed. This work contributes to scholarship because the stories of faculty members of color who have been educators for 50 years remain obscured. This study adds to the existing body of knowledge by demonstrating contributions of a nurse educator of color in the Southeastern Region of the United States, a region with known educational and racial disparities.

## **Methods**

Traditional historical methodology was used to guide this work. A social history perspective was used to examine the work of Dr. Johnson and the impact that her work had on her students and on the community. The primary source includes the oral history of Dr. Johnson

## **Summary and Implications**

Dr. Johnson is a faculty member who has made great contributions to the education of students and the health of communities in the Southeastern United States. Not only did she touch the lives of an estimated 10,000-15,000 students, but she also mentored hundreds of novice and experienced educators. This paper contributes to the inclusive history of nursing as Dr. Johnson is a person of color whose home was rural Mississippi. She relocated to metro Atlanta for increased access to opportunities during the tumultuous decade of the 1970s, found her footing, started her family, and started a successful career in which she found success for a half-century. This paper considers the life of an educator who determined standards, created curriculum, and changed the lives of thousands of her students and her colleagues.

### AAHN Abstract

**Title:** “To give the pupil who entered the small hospital an equal chance with the pupil who entered the larger hospital”: What can British Columbia’s Hospital Association records 1918-1931 teach us about nursing education in small and large hospitals during the interwar period in Canada?

**Main Contact:** Dr. Helen Vandenberg, PhD RN (College of Nursing, University of Saskatchewan, Canada), helen.vandenberg@usask.ca, 306-337-3821  
Letitia Johnson (PhD Candidate (History), University of Saskatchewan)

**Overview:** The purpose of this paper is to explore debates about nursing education and hospital standardization in small and large hospitals during the interwar period in British Columbia, Canada. After an immense period of hospital construction, health professionals increasingly turned their attention towards conformity and “hospital standardization” to achieve efficiency and scientific management. One of the goals of hospital standardization was to ensure that small, remote hospitals strived to be the same as the ideal, larger metropole hospitals. Yet, these goals were often hampered by the often-challenging conditions of smaller hospitals. This study reveals important tensions between hospital administrators, physicians, and the nursing elite in relation to the standardization and nursing education during this time period.

**Historiographical literature:** During the early twentieth century, healthcare in Canada underwent a significant shift from care that was delivered in the home to the scientific, medical care offered in hospitals. Classic studies of hospital history in North America point to colonization, immigration, urbanization, and industrialization as influences of this trend. The increasing social acceptability of hospitals was greatly influenced by the professionalization of nursing. The interwar period increasingly saw nursing leaders call for improvements to the quality and consistency of nursing education. Yet, scholars have yet to fully examine the key debates shaping nursing education in both small and large hospitals during this time period.

**Methods:** Utilizing a unique set of records from the British Columbia Hospital Association’s annual conventions (1918-1931), we examine how place, gender, and profession shaped debates about nursing education and hospital standardization. British Columbia’s Hospital Association Conference papers offer a unique window into the interactions between nurses, physicians, and hospital administrators from both small and large hospitals.

**Summary and Implications:** In order for hospital standardization to be achieved, hospital administrators and physicians often looked to nurses to make improvements to small hospitals. It was expected they fill the gap in areas such as maternity care, anesthetics, diagnostics, and record-keeping. Elite nursing leaders questioned this approach, and instead argued for the improved education of student nurses through hospital affiliation. Affiliation required the movement of trainee students from small to large hospitals, argued to give students more experience with different areas of nursing. While the elite nurses of the time recognized and already reinforced their agenda for improved nursing education, it seems that the needs of small hospitals remained obscured, and the differences between rural and urban nursing were largely ignored to favor an approach that first and foremost considered the quality of nursing education. This study reveals that there is still much to understand about the relationship between hospitals and nursing education in both small and large hospitals in Canada’s early hospital historiography.

POSTER - CHARLES DARWIN, MURDER, SHIPWRECKS, AND THE SOCIETY FOR PREVENTION OF  
CRUELTY TO ANIMALS EACH PLAY A ROLE IN THE HISTORY OF INTRACRANIAL PRESSURE

**Authors:** DaiWai M. Olson PhD RN FNCS, Christine Villarama RN BSN  
Gregory Skiles RN BSN, Kinley Speir SN

**Affiliation:** The University of Texas Southwestern Medical Center at Dallas, Department of  
Neurology and Neurosurgery

**Contact:** DaiWai M. Olson PhD RN FNCS

**Email:** daiwai.olson@utsouthwestern.edu

**Phone:** 214-648-8946

**Overview:** Intracranial pressure (ICP) monitoring is pathognomonic of critical care nursing for patients with acquired brain injury. The most often cited source to support ICP monitoring is the Monroe-Kellie Doctrine (aka Monroe-Kellie Hypothesis). Most nursing textbooks claim that the Monroe-Kellie hypothesis posits that the intracranial vault contains 80% brain, 10% blood, and 10% cerebral spinal fluid (CSF). A volume increase in blood, brain, or CSF without a reciprocal volume reduction will result in increased ICP.

**Historiographical Literature:** In 1783 Alexander Monroe published that the brain is nearly incompressible and blood must continually flow into and out of the skull. Monroe's son, attempting to follow in his father's footsteps, examined cadavers at such a high rate that his 2 suppliers (Hale and Burke) were tried for murder in one of the most famous trials of the 18<sup>th</sup> Century. This behavior so upset Charles Darwin that he abandoned his dream of medicine and set to sea aboard the H.M.S. Beagle. In 1824, George Kellie examined the skulls of 2 shipwrecked sailors to determine intracranial volume and concluded that the egress of venous blood facilitates cerebral arterial blood supply. Francois Magendie is credited with discovering CSF in 1825 (after Monroe and Kellie had published). Magendie was famous for live public animal dissection and a particularly cruel dissection resulted in a bill banning animal cruelty. Richard Martin witnessed the event and later formed the Royal Society for the Prevention of Cruelty to Animals. Abercrombie (1828) was the first to discuss pressure. Ignoring CSF, he credited Monroe and Kellie as foundational. Finally in 1846 George Burrows added CSF to the formula giving rise to what nurses now know as the Monroe-Kellie Doctrine.

**Methods:** The topic was identified through clinical inquiry. The search strategy relied heavily on source documents in PubMed and CINAHL dating back to 1783. The primary sources provided the highest authenticity and accuracy. Secondary sources were identified through gray literature and reference lists. Historical biographies helped provide historical context. Narrative exposition was used to summarize the findings.

**Summary and Implications:** The Monroe-Kellie Doctrine as published today is an inappropriate eponym that neither discussed (nor even recognized) the existence of CSF. The colorful history of ICP monitoring highlights flaws in the foundational aspects of what nurses are currently being taught regard ICP monitoring.

## Poster - AN INTERPRETIVE ANALYSIS OF PROFESSIONAL ECOLOGY

Dr. Cynthia Sylvia, D NURS, MSc, MA, RN  
Cynthia Sylvia LLC; Cardiff University; (703) 371-5964; csylvia@nachos.net

### Overview

This qualitative study is an investigation of the culture of nurse specialists who are certified in wound, ostomy and continence care, have practiced their specialty at the bedside, and who are now employed in industry by medical device manufacturers or distributors in the USA. Framed within the context of the larger professional nursing society, with a focus on ecology, this study defined an approach to understanding identity and role within their socially constructed environment (Hughes, 2009).

### Historical Literature

This study examines the cultural knowledge of the members and how they are establishing a new boundary of practice. It is about understanding the identity and the emerging role of this group and how they perceive their reception by and their impact on the wider field of nurse specialists. This is the first study to document evidence that revealed a new model of professionalization within a new zone of practice. It was guided by Symbolic Interactionism, within the context of nursing literature and illustrated by exemplars from lived experience. "A previously untold story will be offered a venue and the 'figure under the carpet' will be exposed (Edel, 1984)."

### Methods

A purposive sample of Certified Wound Ostomy Continence Nurses (CWOCNs) who now work in industry in the United States was selected from my professional network, to conduct two methods of data collection; one focus group (n=7) and a series of six semi-structured, in-depth, individual follow up interviews. Audio and visual recording of the focus group and audio recording of each interview provided the raw data; all data was transcribed verbatim. Immersion into the data facilitated thematic coding that evolved through multiple iterations of interpretative analysis as a reflexive process (Srivastava, 2009).

### Summary & Implications

In the process of understanding identity, key findings emerged as themes of identity, role, boundary work and human ecology, rich with subthemes that indicate future implications for nursing. These findings are historically significant for the nursing profession. A search to uncover identity and role, revealed a model of nursing professionalism, the experience of Boundary Work, with a precedence in the literature. The professional terrain has been mapped, to situate the role solidly within the greater scope of nursing, while establishing a new zone of practice. Throughout the process there has been an undercurrent of tension and resilience fighting against marginalization. The process of boundary work is contentious, depending upon the stability of the human ecology, the perception of those drawing the boundaries and those being separated out. The participants blend the world of being clinical with the world of business. They cross boundaries, blending language to bring people together. Nursing facilitates blending environments.

\*Glenda Daniels, PhD, RN, CNS, CGRN, Texas Christian University, [glenda.daniels@tcu.edu](mailto:glenda.daniels@tcu.edu), 817-257-4941, Contact; Oteka Jackson-Cenales, DNP, MSN, RN, Texas Christian University, [OTEKA.JACKSONCENALES@tcu.edu](mailto:OTEKA.JACKSONCENALES@tcu.edu), 871-257-7650

Poster - DR. HÉCTOR HUGO GONZALÉZ: THE LEGACY OF A LIVING LEGEND

Poster Presentation

**Overview:** The purpose of this work is to examine the experiences of a young, disadvantaged, Spanish-American man from South Texas who had little more than ambition and encouragement from his employer to become a nursing leader, mentor and advocate for diversity in nursing at a time when few were calling for change. Dr. Hugo Gonzalez, a descendant of Spanish immigrants who settled on land in South Texas on 1747, was born in Roma, Texas on March 9, 1937. He worked a series of low paying jobs until as an elevator operator in a hospital, he was encouraged to further his education by his employer. Anxious not to disappoint, Dr. Gonzalez achieved on a level he never dreamed. As a result of his efforts, he obtained his BSN and MSN degrees and became the first Spanish-American nurse in the U.S. to obtain a PhD in nursing, He was commissioned to write the National League for Nursing's first Position Paper on "Nursing Responsibility to Minorities", served in the Army Nurse Corps, and was a nursing education consultant in Mexico and the Republic of Kuwait. His success was realized at a time when men and minorities were discouraged from becoming nurses and were often denied acceptance to attend classes in higher education.

**Historiographical literature:** Opportunities for male, ethnic minorities to enter nursing were limited in the mid 20<sup>th</sup> century due to a variety of factors. Barriers to access to required nursing training, inability to pay for nursing tuition and books and importantly, lack of encouragement to become a nurse resulted in few male minority nurses who resembled the diverse U.S. population. Currently, there are close to 3 million registered nurses (RNs) in the United States. Of this number, it is estimated that 9.9% are black or African American, 8.3% Asian, 4.8% Hispanic or Latino, 0.4% are American Indian or Alaskan Native, and 1.5% are categorized as belonging to two or more races. Men in nursing represent around 9.1% of RNs and this number has represented fewer than 10% of the nursing workforce for decades. This work contributes to understanding the struggle of minority, male nurses who encountered systematic discouragement and prejudice when nursing was thought to be the domain of white females.

**Methods:** Traditional historical research methods with a social history framework guided this project. Primary sources include interviews with Dr. Gonzalez and included published materials and personal photographs. Secondary sources include information from the National Association of Hispanic Nurses, Texas Nursing Association, government websites, and journals.

**Summary and Implications:** Dr. Gonzalez has a long and distinguished career in nursing, both in the U.S. and abroad. Throughout his career, he has been instrumental in working to expand opportunities for disadvantaged, male and minority students with a focus on mentorship. Sharing his history and legacy will add to our knowledge of the contributions of important, diverse nursing leaders. This poster serves to remind us of the forgotten nursing minority leaders among us, whose legacies need to be remembered and celebrated.



## **Poster - Innovations in Nursing Education to Preserve Nursing History: Mentoring Baccalaureate Nursing Students in Conducting Oral History Research**

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R, Faculty Author \*

[\*Contact Person- [hutchg@sage.edu](mailto:hutchg@sage.edu); 518.334.6125 (mobile)]

Glenda B. Kelman, PhD, ACNP-BC, Chair & Professor, Faculty Co-Author  
Russell Sage College, Troy, NY

### **Overview**

The purpose of this ongoing project is to mentor baccalaureate-enrolled nursing students in the conduct of oral history research. The Russell Sage College (RSC) School of Nursing is celebrating 100 years in 2022 and the authors of this poster wanted to engage baccalaureate nursing students in exploring the lived experiences of nursing alumni. While anecdotal accounts exist, few studies describe the lived experiences of nursing students during the 20<sup>th</sup> century. Currently, there are no documented personal accounts nursing students' experiences at RSC.

This initial pilot course (started 2019) was part of a summer program offering for students enrolled in the Collegiate Science and Technology Entry Program (CSTEP) at RSC, a grant-funded program sponsored by the New York State Department of Education. It continues in the Theoretical Basis of Nursing course.

### **Historiographical Literature**

Examination of texts by DeChesney (2015), Perks & Thomson (2016), and Ritchie (2015) discussed the importance of oral history in the historical pantheon. The research question asked, "What was your experience as a nursing student at RSC and how did this influence your professional nursing career?" This research gives voice to the history of RSC.

### **Methods**

Oral histories represent primary sources in historical research and significance in preserving personal accounts and uncovering themes that add to the understanding of nursing history. The RSC IRB reviewed the project design ruling that IRB approval was not required for this research study. The research design remains qualitative based on oral history theory (Abrams 2016). Using participant-provided preparatory data, semi-structured audio, telephone, or ZOOM video interviews followed. The purposeful, diverse sample includes Nursing Alumni from both RSC undergraduate and graduate nursing programs. The Alumni Office sent letters to all alumni to participate. Through this invitation and snowball sampling by participants yielded forty-one (41) audio/ZOOM video interview to date.

### **Summary and Implications**

Study implications are multiple. Nursing students learn communication skills, participate in meaningful research, and identify central themes transcending time still relevant today such as influencers (family/friends), memorable experiences, resilience, and challenges. This project creates an appreciation of the impact of RSC education on nurses.

**Poster - Title: What led the nursing division to independence in Japanese hospitals after World War II?**

Tomoko KATAGIRI (contact person); RN, PhD, Yamagata Prefectural University of Health Sciences, Phone: +81-23-686-6617, email: [tkatagiri@yachts.ac.jp](mailto:tkatagiri@yachts.ac.jp)

Shu Chun CHIEN; RN, PhD, Center for Education and Research in Nursing Practice, Graduate School of Nursing, Chiba University, Phone/FAX: +81-43-226-2470, email: [chien@chiba-u.jp](mailto:chien@chiba-u.jp)

Kaori MARUYAMA, RN, BP, Yamagata Prefectural University of Health Sciences, Phone: +81-23-686-6664, email: [kmaruyama@yachts.ac.jp](mailto:kmaruyama@yachts.ac.jp)

**Mode of presentation:** Poster presentation

**Overview of the topic:** This study clarifies the process and background of the independence of the nursing department in one hospital in Japan from a historical research method and nursing viewpoint based on the record of official documents on the nursing policy of Japan after World War II.

**The historiographical literature on the topic:** The primary sources are "GHQ/SCAP Records Administration Notes No. 01703" (1947), "GHQ/SCAP Records Records" documents owned by the National Diet Library, Tokyo, "Yamagata Prefectural Gazette" (1953) owned by Yamagata Prefectural Library,. This study can be applied to future nursing management as an example of the ideal way of nursing organization.

**Methods:** First, the document on the nursing policy of Japan, and Yamagata Prefecture were classified according to the time series and the meaning content. Next, the history of independence of the nursing division was analyzed from the fact of the document. And, the background was examined from the nursing viewpoint.

**Summary and Implications:** As one of its nursing policies, the Allied Forces have documented the organization of nursing in hospitals and the protection of the health and livelihoods of the Japanese people. The Allied Nursing Division collaborated with the Japanese Ministry of Health and Welfare, local governments, and hospitals in Yamagata Prefecture to clarify the idea of art, science, and profession for nursing and to make the nursing division independent. On September 1953, Yamagata Prefecture established the nursing division for the first time as an obligation. And, the duties of nursing in hospitals were clearly defined. As a conclusion, the Japanese Government, taking the initiative of the Allied Forces, has made autonomous efforts to value nursing as professionals, such as taking care of the medical treatment of the sick, and to systematize nursing jobs as independent organizations. The same work by administrative agencies in Yamagata Prefecture led to the establishment of a nursing department in a hospital.

This study shows that the perspective of nursing "art, science, and profession" is common in all times, and autonomous efforts as a profession will lead to improvement of the ideal way of nursing organization.

Poster - *THE FLU PANDEMIC OF 1918: A NURSE'S  
STORY*

Deborah Good Johnson, RN, BA

Johnson, Deborah, *The Flu Pandemic of 1918: A Nurse's Story*,  
Historical Feature, *American Journal of Nursing*, November 2021

*Overview*

In the spring of 1918, a virus swept across the world, killing approximately 50 million people by the summer of 1919. My grandmother, Kathryn ("Katie") Ann Darmody—an Irish immigrant who settled in New York State in 1904—was among the nurses who responded to this pandemic, which became known as the 1918 influenza pandemic (or, erroneously, the Spanish Flu). Today, as the world contends with the COVID-19 pandemic, my grandmother's experiences, for decades a cherished but remote part of our family lore, resonate with new meaning—a reminder of how, then as now, nurses have been at the forefront of public health.

*Historiographical Literature/Methods*

In 1918, my grandmother's life—like the lives of millions of others—was rattled by a quickly spreading influenza, which, according to the Centers for Disease Control and Prevention, was the most severe pandemic in recent history. Stories, such as my grandmother's, illustrate how one generation's nursing experiences bear relevance for the next and highlight what is known but often forgotten: the value of good nursing in the absence of medical answers. The similarities between the 1918 flu pandemic and the COVID-19 pandemic, such as the controversy of mask wearing, illustrate the relevance of how these experiences relate to that of subsequent generations. Appreciation of this history can empower today's nurses by placing basic nursing tenets at the center of life-saving nursing care.

*Summary and Implications*

My grandmother was one nurse among thousands who responded to the 1918 pandemic. But her story helps to connect the nurses of a century ago to those of today, displaying the continuous courage and self-sacrificing spirit of nurses throughout time. Her story, transmitted across generations, is one I now share with a new generation of nurses.

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Podcast-www.ajnonline.com

Deborah Johnson, RN, BA, (Retired), Mobile 281 382-6549, email [DJOHNI RN@STX.RR.COM](mailto:DJOHNI RN@STX.RR.COM)-  
Submitted to *AAHN Call for Abstracts 2022* as an Abstract of a completed Paper

## Poster - THE EVOLUTION OF MILITARY NURSING

Hope Szypulski, DNP, WHCNP, RN, Lt. Col USAF Ret.  
Interim Dean, College of Health and Applied Sciences  
Metropolitan State University of Denver  
[hszypuls@msudenver.edu](mailto:hszypuls@msudenver.edu); 720-289-2076

**Overview:** The purpose of this presentation is to reflect on the evolution of military nursing from the birth of the official nurse corps to military nursing today.

**Historiographical literature:** The presentation will explore the history of the nurse corps along with the challenges that nurses face while in the military, during deployment and transition back into the civilian sector. A military nurse perspective will be provided during the presentation.

**Methods:** An integrative review of the literature examining the history and evolution of military nursing along with personal experience of a military nurse.

**Summary and Implications:** Military nursing continues to be a unique and complex discipline requiring resilience and adaptability during deployment, with knowledge of the military organizations and lifestyle. Military nursing remains to be an important part of maintaining a healthy fighting force. Nurses serving in the United States Nurse Corps today continue to endure many of the same sacrifices as the predecessors during the start of the military nursing evolution. The work environments are challenging and even dangerous arenas yet, many will say being a military nurse is the most satisfying job of their nursing career.

## **Poster - Nurses are not Numb to Pain: The History and Ethics of Nursing Interventions for Pain**

### **Overview**

There is an ethical obligation to respond to physical and mental pain. The way that we perceive that obligation is shaped by how we can treat pain. We have always been able to recognize pain more than we have been able to alleviate it. This presentation will trace the history of how treatments for pain and a sense of obligation to treat it have developed in nursing. This presentation will highlight the late-nineteenth and early-twentieth centuries with the emergence of nurse anesthetists with Sister Mary Bernard and Agatha Hodgins, and Linda Richards' work as director of training schools for mental hospitals. These developments will be set in comparison with the establishment of the American Society for Pain Management Nursing in 1990 as pain became known as the "fifth vital sign" and the opioid crisis began.

### **Historiographical literature**

This work critically evaluates the historical development of nursing recognition and interventions for pain, whether mental or physical. The history of nursing interventions for pain are further compared across two time periods, the late-nineteenth and early-twentieth centuries and 1990 to today. The overall aim of the study is to develop an understanding of nurses' ethical obligations to respond to physical and mental pain.

### **Methods**

The following main sources are used. Additional secondary sources and key research into the opioid crisis will be used as well.

Hodgins, A. (1923). *The Art of Anaesthesia*.

Hodgins, A. C. (1930). The nurse anesthetist. *The American Journal of Nursing*, 863-867.

Ray, W. T., & Desai, S. P. (2016). The history of the nurse anesthesia profession. *Journal of Clinical Anesthesia*, 30, 51-58.

Richards, L. (1915). *Reminiscences of America's First Trained Nurse*.

### **Summary and Implications**

Nurses respond in the midst of suffering. The interventions they have used have developed and changed, but the ethical value of that caring response endures. Lessons from this study will be applied to contemporary nursing issues, such as the mental health crisis, the opioid crisis, and chronic pain.

### **Authors:**

Geraldine Hider, MS, BSN, BS, RN (**contact**)  
Carroll Community College; Westminster, MD  
507-923-7057  
[ghider@carrollcc.edu](mailto:ghider@carrollcc.edu)

Donald Hoepfer, MA, BA  
Carroll Community College; Westminster, MD  
717-319-0829  
[dhoepfer@carrollcc.edu](mailto:dhoepfer@carrollcc.edu)