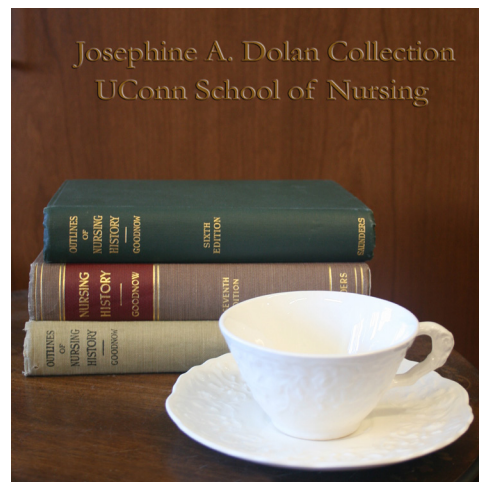




# 31<sup>st</sup> ANNUAL NURSING & HEALTH CARE HISTORY CONFERENCE



**September 18-21, 2014**

*Co-Sponsored by The University of Connecticut School of Nursing  
&*

*American Association for the History of Nursing*

*Storrs & Hartford, Connecticut*

**Onsite Program**

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference



Dear Conference Participants,

I am delighted to welcome you to the American Association for the History of Nursing's 31st Annual Research Conference co-sponsored with the University Of Connecticut School Of Nursing. AAHN's Annual Conferences are well known for fantastic scholarship, impressive speakers, valuable networking opportunities and an all-around fun time. This year's conference promises highlights and opportunities for those who do history and those who delight in it to come together and revel in historical insight.

It is our honor to welcome Dr. John Harley Warner as our 3rd Eleanor Krohn Herrmann Keynote Speaker. Dr. Warner is the Avalon Professor of the History of Medicine at Yale University and an expert on the cultural and social history of medicine in 19th and 20th century America, comparative history, and medical cultures since the late 18th century. After Dr. Warner's keynote address, "*Bedside Stories: Clinical Narrative and the Transformation of the Hospital Patient Chart*," we will proceed to the awards ceremony, paper presentations and the Friday evening reception, hosted by UConn School of Nursing. Saturday brings us the silent auction, paper and poster sessions and a special plenary lecture, entitled, "*Transformations of the Sickroom: War Nursing, Technology and Authority*" by Dr. Jane E. Schultz, Professor of English and the Medical Humanities, and Director of Literature at Indiana University-Purdue University-Indianapolis. The annual banquet and live auction follows—for which we hope you will all bid very generously on the diverse array of items collected. Please don't forget to come to the Sunday morning membership meeting at which you will hear about all the new programs the Association has planned for the future.

This conference would not have happened without the tremendous work put into it by the Local Arrangement Committee, ably chaired by Jennifer Cassavant Telford and Brigid Lusk. Special thanks go to the AAHN's 2nd Vice President and Program Chair, John Kirchgessner, who worked tirelessly to make this an outstanding conference. I also want to thank our Executive Director David Stumph and his staff for managing the conference arrangements in an efficient and professional manner. In particular, I thank AAHN's Account Coordinator, Andrew Van Wasshova, for his skill and patience in making the conference a success. And finally, our thanks go to the University Of Connecticut School Of Nursing under the leadership of Dean Regina Cusson who graciously invited the AAHN to UConn and have been extraordinary hosts.

And now, on to the Conference!

A handwritten signature in blue ink, appearing to read 'Jean', is positioned above the typed name of the signatory.

Jean C. Whelan, PhD, RN  
President, AAHN

Dear Conference Participants,

On behalf of the UConn School of Nursing, welcome to Hartford and Storrs, Connecticut!

We are honored to host the 31st Annual Nursing and Health Care History Conference sponsored by the American Association for the History of Nursing, and co-sponsored by our school. At the close of last year's conference, President Jean Whelan described the experience as one of stupendous scholarship, noteworthy networking opportunities, convivial break times, fantastic food and a welcoming atmosphere that makes everyone feel like honored guests. We are thrilled to continue with this tradition. It is an honor to receive you all!

We welcome you into the new wing of the building, named for our founding Dean, Carolyn Ladd Widmer, where historical artifacts and simulation labs meet, to greet students and scholars alike.

In brief, the UConn School of Nursing, located in the oldest masonry structure on campus, Storrs Hall, was founded in 1942. More than seventy years ago, the school was home to a BS program only. Initially the curriculum was five years in length. Students in the first class were also enrolled in the US Cadet Nurse Corps, the federal program designed to increase the number of nurses to meet WWII needs. In 1953 our baccalaureate program was shortened to four years, and in 1971 the school began offering master's degrees. Today, our master's programs include a CNL track, a clinical nurse specialist track in neonatal nursing, and four nurse practitioner tracks: adult gerontology primary care, adult gerontology acute care, family practice, and neonatal care. The PhD program began in 1994, setting the stage for the education of future nurse scientists. In 2003, the second-degree entry program, then known as the MbEIN program (Master's Entry Into Nursing) started at the Storrs Campus. Currently this program with the new name CEIN/BS offers a certificate entry pathway into nursing across four campuses and culminates in the award of a BS in Nursing. In 2008 the post-master's Doctor of Nursing Practice (DNP) opened as the first such program in the state of Connecticut. Today the DNP program encompasses a BS-to-DNP option as well as a post-master's option. Committed to life-long learning, the school also offers continuing education programs and certificate programs in health professions education, holistic nursing, and school health.

Even with this rich history, there is no more exciting a time than the present at the UConn School of Nursing! Today UConn embarks on Next Generation Connecticut, which includes Next Generation Nurses. Next Generation Connecticut is a \$1.5 billion program created by the governor and legislature to build new facilities at UConn and strengthen the University's teaching and research capabilities. Today Nursing is recognized as a STEM (science, technology, engineering, and math) field. We have many cutting edge resources in our school, from award winning multidisciplinary faculty research to student innovation competitions. Our school is making significant contributions to the health of Connecticut, the nation, and the world – preparing nurses of all levels to care for all citizens, fueling the economy, and leading innovations in nursing research and scholarship. We recently received a generous gift to establish the school's first endowed chair which will support a professorship and nursing research.

We are most happy to welcome keynote speaker John H. Warner, PhD, historian of American medicine and science, who joins us from Yale University, as well as Jane Schultz, PhD, a literary scholar from Indiana University-Purdue University Indianapolis and our visiting guest professor.

Lastly, we invite you to take advantage of all that our Land Grant university in rural Storrs and all that our great capital city of Hartford have to offer!!

Sincerely,

Regina M. Cusson, PhD, NNP-BC, APRN, FAAN  
Dean & Professor



# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## *2014 Planning Committee*

**John Kirchgessner, PhD, RN - AAHN Program Chair**  
**Jennifer Casavant Telford, PhD, RN, ACNP-BC - LAC Co-Chair**  
**Brigid Lusk, PhD, RN - LAC Co-Chair**

**Valori Banfi**  
University of Connecticut

**Mary Gibson, PhD, RN**  
University of Virginia

**Lisa-Marie Griffiths, MA, MS,  
WHNP-BC, SANE, APRN**  
University of Connecticut

**Avery Kruger**  
University of Connecticut

**Rusty Lusk, PhD**  
Argonne National Library

**Thomas Long, PhD**  
University of Connecticut

**Joyce McSweeney**  
University of Connecticut

**Steven Park**  
University of Connecticut

**Betsy Pittman**  
University of Connecticut

**Barbara Slater**  
University of Connecticut

**Maria Tackett**  
Hartford Hospital

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*2014 AAHN Research  
Award Recipients*

**Lavinia L. Dock Award**

Naomi Rogers, PhD

*Polio Wars: Sister Kenny and the Golden Age of American Medicine*

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

**M. Adelaide Nutting Award**

Patricia D'Antonio, PhD, RN, FAAN

*Cultivating Constituencies: The Story of the East Harlem Nursing and Health Service, 1928-1941*

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

**Mary M. Roberts Award**

Patricia D'Antonio, PhD, RN, FAAN

Julie Fairman, PhD, RN, FAAN

Jean Whelan, PhD, RN

*Routledge Handbook on the Global History of Nursing*

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

**H-15 Grant**

Lea Williams, PhD

*Norwich University*

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

**H-31 Pre-Doctoral Grant**

Sarah Craig, PhD(c), MSN, BSN, RN, CCNS, CSC

*A Delicate Balance: Employee Advocate or Industrial Pacemaker? The Development of the Industrial Nursing Specialty, 1890-1925*

Hanna Metheny, MA

*Forty Years Late? The Creation of the US Army Corps*

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

*2014 AAHN Research  
Grant Recipients*

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## Conference Overview

### Thursday, September 18, 2014

#### Pre-Conference Program

Time	Event	Location/Moderator
8:00 AM - 9:00 AM	Registration	2 <sup>nd</sup> Floor Foyer
9:00 AM - 5:00 PM	Pre-Conference Program: THATCamp	Connecticut A

### Friday, September 19, 2014

#### Conference Program

8:30 AM - 11:30 AM	Registration: Hartford Hilton Hotel	3 <sup>rd</sup> Floor Foyer
9:00 AM - 11:30 AM	Offsite Tours	Meet in Lobby
12:00 PM	Buses Depart from Hartford Hilton Hotel for UConn Campus	Meet in Lobby
12:30 PM - 5:30 PM	Registration: UConn Campus	Atrium
1:00 PM - 1:30 PM	<p><i>Welcome:</i>  <b>Jennifer Casavant Telford</b>, PhD, RN, ACNP-RN, Co-Chair, Local Arrangements Planning Committee, University of Connecticut</p> <p><i>Opening Remarks:</i>  <b>Jean C. Whelan</b>, PhD, RN, President, AAHN, University of Pennsylvania  <b>Regina M. Cusson</b>, PhD, NNP-BC, APRN, FAAN, Dean &amp; Professor, University of Connecticut  <b>John Kirchgessner</b>, PhD, RN, Second Vice President, Program Chair, AAHN, St. John Fischer College</p>	Widmer Wing 16
1:30 PM - 2:30 PM	<p>Eleanor Krohn Herrmann Keynote Address:            John Harley Warner, PhD: <b>“Bedside Stories: Clinical Narrative and the Transformation of the Hospital Patient Chart”</b></p>	Widmer Wing 16
2:30 PM - 3:00 PM	Awards Presentation	Widmer Wing 16
3:00 PM - 3:30 PM	Break	

#### Concurrent Session I

3:30 PM - 5:00 PM	<p><b>A. Rural Public Health Nursing</b></p> <ol style="list-style-type: none"> <li><b>An Unexamined Catalyst for Rural Public Health Reform: The School Nurse in the Inter-War Years</b> Rima D. Apple, PhD, Professor Emerita, University of Wisconsin- Madison</li> <li><b>A Vital Educative Force: Public Health Nurses in Rural Tuberculosis Control, North Carolina, 1915-1925</b> Janna Dieckmann, PhD, RN, Clinical Associate Professor, School of Nursing, University of North Carolina at Chapel Hill</li> <li><b>“Knowledge of Driving Required”: The Educational Requirements for American Red Cross Rural Public Health Nurses, 1912-1948</b> Sandra B. Lewenson, EdD, RN, FAAN, Professor, Pace University, College of Health Professions, Lienhard School of Nursing</li> </ol>	Storrs Hall 02 Moderator: Mary Gibson, PhD, RN
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## Concurrent Session I (con't)

3:30 PM - 5:00 PM	<p><b>B. Nursing in Times of Disaster</b></p> <ol style="list-style-type: none"> <li><b>The Influence of the Red Cross Nursing Service in Florida: New Paths, Hurricane Relief, and Local Leadership, 1919-1934</b> Christine Ardalan, PhD, RN, Adjunct Professor, Florida International University</li> <li><b>The Response of Catholic Nuns to the 1918 Influenza Epidemic in Philadelphia</b> Eunice Park-Clinton, BSN, RN, Clinical Resource Coordinator, Hospital of the University of Pennsylvania</li> <li><b>Nurses Responses and Care During the 1947 Bar Harbor, Maine Wildfire</b> Barbara Maling, PhD, RN, ACNP-BC, Assistant Professor, University of Virginia</li> </ol>	<p>Storrs Hall 117 Moderator: Audrey Snyder, PhD, RN, ACNP</p>
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### C. 18<sup>th</sup> & 19<sup>th</sup> Century Military Nursing

	<ol style="list-style-type: none"> <li><b>Health through Hygiene: British Military Nursing, 1775-1815</b> Erin Spinney, PhD Candidate/Teaching Assistant, University of Saskatchewan</li> <li><b>Nursing Outcomes in the Civil War: The Importance of Place and Training</b> Barbara Mann Wall, PhD, RN, FAAN, Associate Professor, University of Pennsylvania Ann Kutney-Lee, PhD, RN, Assistant Professor, University of Pennsylvania School of Nursing</li> <li><b>The Hospital Steward of the American Civil War and His Relationship with Nursing</b> William T. Campbell, EdD, RN, Associate Professor, Salisbury University</li> </ol>	<p>Storrs Hall 215 Moderator: Annemarie McAllister, PhD, RN</p>
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5:00 PM - 7:00 PM	Welcome Reception hosted by the University of Connecticut School of Nursing	Widmer Wing Atrium
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6:00 PM, 6:30 PM, 7:30 PM	Departure Times for Buses Going Back to Hotel	
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*Dinner on your own*

## Saturday, September 20, 2014

6:00 AM - 7:00 AM	AAHN Run/Walk for History	Meet in Lobby
7:30 AM - 1:45 PM	Silent Auction Open	Ballroom East
8:00 AM - 9:00 AM	Breakfast - Meet the Editor: Patricia D'Antonio, <i>Nursing History Review</i>	Grand Ballroom West

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## Saturday, September 20, 2014

8:00 AM - 5:00 PM Registration 3<sup>rd</sup> Floor Foyer

8:00 AM - 5:00 PM Posters, Exhibits Available for Viewing Ballroom East

## Concurrent Session II

9:00 AM - 10:30 AM	<p><b>A. Specialty Practice</b></p> <ol style="list-style-type: none"> <li><b>The Evolution of Post-Anesthesia Care Units: A Legacy of Politics, Funding and Patient Safety Concerns</b> Christine Cutugno, PhD, RN, NEA-BC, Assistant Professor, Hunter-Bellevue School of Nursing, CUNY</li> <li><b>Spying, Subterfuge, and Encounters with the Law: The Extraordinary Duties Undertaken by Midwife Nurses in the Marie Stopes Birth Control Clinic</b> Pauline Brand, PhD, RN, Senior Lecturer, Open University</li> <li><b>Every Picture Tells a Story: Critiquing a Professional Nursing Relationship in Barrett's Paintings of Florence Nightingale in Scutari</b> Mary Beth Zeni, ScD, RN, Associate Professor, Ursuline College Christine A. Wynd, PhD, RN, Dean of Nursing, Ursuline College</li> </ol>	Connecticut A Moderator: Sarah Craig White, PhD (c), RN, ACNP
	<p><b>B. Innovative and Persistent Nurses</b></p> <ol style="list-style-type: none"> <li><b>We Did the Best We Could with What We Had</b> Francie Bernier, PhD, RN, Assistant Professor, Shenandoah University</li> <li><b>Serving with Distinction: Contributions of African American Nurses in the Military</b> Maria K. Tackett, EdD, CCRN, CEN, Nurse Director, Neuro-Trauma, Hartford Hospital</li> <li><b>"On Such Teachers Rests the Future of Nursing:" Teacher Preparation for the Associate Degree Model for the Education of Nurses, 1959-1965</b> Annemarie McAllister, EdD, RN, Adjunct Assistant Professor, Pace University, College of Health Professions, Lienhard School of Nursing</li> </ol>	Connecticut B Moderator: Jeanine Uribe, PhD, RN
	<p><b>C. Panel: Exploring the Nature of Nursing Knowledge</b></p> <p>Dominique Tobbell, PhD, Assistant Professor, University of Minnesota Cynthia Connolly, PhD, RN, FAAN, Associate Professor, University of Pennsylvania Patricia D'Antonio, PhD, RN, FAAN, Professor, University of Pennsylvania Julie Fairman, PhD, RN, FAAN, Nightingale Professor, University of Pennsylvania</p>	Connecticut C Brigid Lusk, PhD, RN



## Saturday, September 20, 2014

10:30 AM - 10:45 AM Break

Ballroom East

### Concurrent Session III

10:45 AM - 12:15 PM

#### ***A. Models of Nursing Leadership***

**1. Lucile Petry Leone: Her Texas Years**

Adrian Melissinos, PhD, RN, Independent Researcher

**2. Margaret Bridgmann (1892-1984): The Right Woman for the Right Time**

Mary Ellen Pike, PhD, APRN, ACNS-BC, Assistant Professor, Bellarmine University

**3. The First Helicopter Transport of a Preterm Infant by the Original Flying Nun: A Memoir**

Shannon E. Perry, RN, PhD, FAAN

Connecticut A

Moderator: Barbara

Brodie, PhD, RN,

FAAN

#### ***B. History, Gender and Feminism***

**1. Strengthening our Nursing Practice by Understanding our Nursing History**

Marcia L. Harris-Luna, CPNP, FNP-BC, California State University, Fullerton, Assistant Professor

**2. Nursing in the Era of the First Wave of Feminism in Rochester, New York**

Mary Dahl Maher, Assistant Professor, Nazareth College, PhD, ARNP, CNM, MPH

**3. Crosscurrents in the Desert: The U.S. Cadet Nurse Corps in Arizona, 1943-1948 and Beyond**

Elsie M. Szecsy, EdD, Research Professional, Arizona State University

Connecticut B

Moderator: Rima

Apple, PhD

#### ***C. From Training to Education***

**1. "Your Undertaking is Grand:" Oral Histories from Nursing Students of Georgia Baptist Hospital School of Nursing in the 1960s**

Gail K. Godwin, PhD, RN, CNE, Assistant Professor, Georgia Gwinnett College

**2. "What are We Doing Besides Being Smug?": Carolyn Ladd Widmer's Philosophy of a Liberal Arts Nursing Education**

Jennifer Casavant Telford, PhD, ACNP-BC, Assistant Professor, University of Connecticut

Jennifer Ryer, MA, University of Connecticut

**3. From Training to Education: Establishing a Dual Diploma/BS Degree Professional Nursing Program of Study at the University of Cincinnati, 1914-1916**

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

Connecticut C

Moderator: Arlene

Keeling, PhD, RN,

FAAN

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## Saturday, September 20, 2014

### Concurrent Session III (con't)

10:45 AM - 12:15 PM	<p><b>D. Nursing in the Great War</b></p> <ol style="list-style-type: none"> <li><b>Agatha Hodgins and the Great War: How a Nurse Anesthetist Advanced Her Profession, Her Peers, and Western Civilization</b> Amy Absher, PhD, SAGES Fellow Samuel Esterman</li> <li><b>“Nursing Service is Military Service!”: The American Red Cross Nurse in the First World War</b> Marian Moser Jones, PhD, MPH, Assistant Professor, University of Maryland</li> <li><b>Untold Stories of the First World War: Inpatient Psychiatric Care on the Home Front in the United Kingdom</b> Claire Chatterton, PhD, RGN, RMN, Staff Tutor, The Open University</li> </ol>	Ethan Allen Moderator: Barbara Maling, PhD, RN, ACNP
12:15 PM - 1:45 PM	<p>Doctoral Student Luncheon Conference Attendee Luncheon with Lunch Discussion Groups:</p> <ul style="list-style-type: none"> <li>Art and Nursing History - Linda Sabin, PhD, RN</li> <li>Historical Nursing Research - Shannon Perry, RN, PhD, FAAN</li> </ul>	Hartford Commons West Ballroom

### Concurrent Session IV

1:45 PM - 3:15 PM	<p><b>A. Nursing in Wartime</b></p> <ol style="list-style-type: none"> <li><b>U.S. Cadet Nurse Corps University of Cincinnati Accelerated BSN Program: The Quiet Patriotism of Becoming a Nurse, 1943-1946</b> April D. Matthias, PhD, RN, CNE, Assistant Professor, University of North Carolina Wilmington</li> <li><b>Panel - Nursing in Wartime: Findings from Literary and Historical Studies</b> <i>Women of the Civil War: Mary Livermore, Female Union Nurses, and the Pension Debates</i> Thomas Lawrence Long, PhD, Associate Professor in Residence, University of Connecticut <i>The Perils of Professionalism: Sister Alice Slythe and British Nurses in the Great War</i> Janet Watson, PhD, Associate Professor, University of Connecticut</li> </ol>	Connecticut A Moderator: Cynthia Connolly, PhD, RN, FAAN
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## Saturday, September 20, 2014

### Concurrent Session IV (con't)

1:45 PM - 3:15 PM	<p><b>B. Partnerships in Public Health</b></p> <ol style="list-style-type: none"> <li><b>1. Improving Prehospital Care and Access in Rural Virginia: The Experience in One Rural Community</b> Audrey Snyder, PhD, RN, ACNP, FAANP, FAEN, Assistant Professor, University of Northern Colorado School of Nursing</li> <li><b>2. "Fair Philosophers and Practical Philanthropists:" Care for Cleveland's Poor Children, 1891-1928</b> Mary E. Gibson, PhD, RN, Associate Professor, University of Virginia School of Nursing</li> <li><b>3. Audacious Women: 200 Years of the LBS in Charleston</b> Carole Bennett, PhD, APRN, PMH, CS, Assistant Professor, Georgia Southern University; Jesse Bustos-Nelson, BA</li> </ol>	Connecticut B Moderator: Winifred Connerton, PhD, RN, CNM
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	<p><b>C. Global Nursing</b></p> <ol style="list-style-type: none"> <li><b>1. "A New Training School for Nurses with American Methods and Standards:" St. Luke's College of Nursing Tokyo, Japan, 1920-1925</b> Kathleen M. Nishida, RN, CNM, MSN, PhD(c), Graduate Student, University of Pennsylvania School of Nursing</li> <li><b>2. Pioneer Nursing in the Ottoman Empire, Before World War I</b> Isabel Kaprielian-Churchill, PhD, Emeritus Professor, California State University-Fresno</li> <li><b>3. Marriage of Convenience: "Girl Nurses" in the China Convoy, 1941-1945</b> Susan Armstrong-Reid, BA, MA, PhD, Adjunct Professor, University of Guelph</li> </ol>	Connecticut C Moderator: Patricia D'Antonio, PhD, RN, FAAN
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3:15 PM - 3:30 PM	Break	Ballroom East
3:30 PM - 4:30 PM	Special Plenary Session: Dr. Jane Schultz: <b>"Transformations of the Sickroom: War Nursing, Technology, and Authority"</b>	Hilton Grand West
4:30 PM - 5:00 PM	Poster Presenters Available for Discussion	Ballroom East
4:30 PM - 5:30 PM	Silent Auction Check-Out	Ballroom East
6:00 PM - 9:00 PM	Annual Banquet and Live Auction	Hilton Grand East

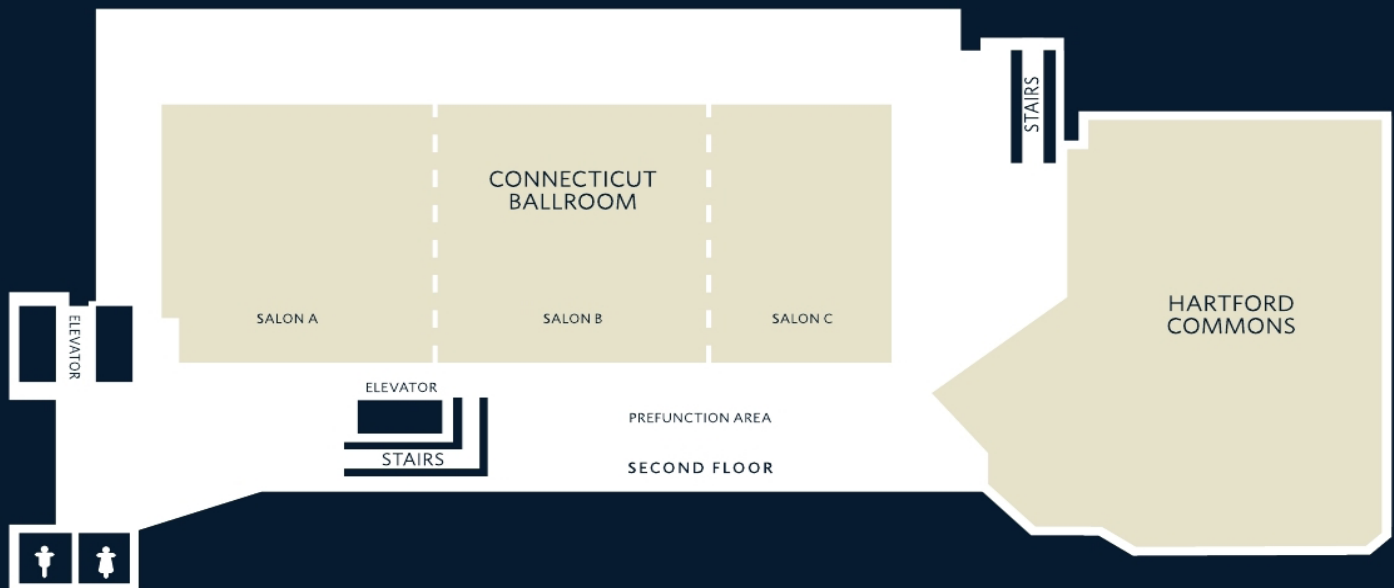
## Sunday, September 21, 2014

7:30 AM - 8:30 AM	Breakfast	Hilton Grand West
8:30 AM - 9:30 AM	AAHN General Business Meeting	Hilton Grand West

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## CONFERENCE & EVENT ROOMS

### FLOOR MAPS



- 1 COLT
- 2 WADSWORTH
- 3 P.T. BARNUM
- 4 BANQUET OFFICE

### KEY

- Meeting/Conference Rooms
- Amenities

## Conference Program & Abstracts

### Thursday, September 18

8:00 AM - 9:00 AM

#### Registration

2nd Floor Foyer

9:00 AM - 5:00 PM

#### Pre-Conference Program: THATCamp

#THATCampAAHN

Connecticut Salon A

#### Dinner on Your Own

### Friday, September 19

8:30 AM - 11:30 AM

#### Registration: Hartford Hilton Hotel

3rd Floor Foyer

9:00 AM - 11:30 AM

#### Offsite Tours

\*Meet in lobby and ready to depart by 9:00 AM

11:00 AM - 11:45 AM

#### Grab-and-Go Lunch

3rd Floor Foyer

12:00 PM

#### Buses Depart for UConn

Meet in lobby and ready to depart by 12:00 PM

12:30 PM - 5:30 PM

#### Registration: UConn Campus

Winder Wing Atrium

1:00 PM - 1:30 PM

#### Welcome and Opening Remarks

Widmer Wing 16

1:30 PM - 2:30 PM

#### Eleanor Krohn Herrmann Keynote

Widmer Wing 16

John Warner, BS, MA, AM, PhD

#### *Bedside Stories: Clinical Narrative and the Transformation of the Hospital Patient Chart*

The Association is honored to have Dr. John Warner deliver this year's Eleanor Krohn Herrmann Keynote Address. Dr. Warner, an historian who focuses chiefly on American medicine and science, received his Ph.D. in 1984 from Harvard University (History of Science), and from 1984-1986 was a Postdoctoral Fellow at the Wellcome Institute for the History of Medicine in London. In 1986 he joined the Yale faculty with a primary appointment in the School of Medicine, where he is now Chair of the Section of the History of Medicine. His research interests include the cultural and social history of medicine in 19th and 20th century America, comparative history (particularly British, French, and North American medicine), and medical cultures since the late 18th century.

2:30 PM - 3:00 PM

#### Awards Presentation

Widmer Wing 16

3:00 PM - 3:30 PM

#### Break

3:30 PM - 5:00 PM

Concurrent Session I

A. Rural Public Health Nursing

Storrs Hall 02

#### **1. An Unexamined Catalyst for Rural Public-Health Reform: The School Nurse in the Inter-War Years**

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

Abstract

PURPOSE: This detailed analysis explores the work of these critical but understudied practitioners in overseeing the health and well-being of school children in Wisconsin in the inter-war period.

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## *Conference Program & Abstracts*

### **Friday, September 19 (con't)**

**RATIONALE/SIGNIFICANCE:** In 1903, the first school nurse in the United States, Lina Rogers Struthers, so dramatically demonstrated the benefits of such a role that New York City decided to employ trained nurses in schools. The significance of school health programs and particularly the critical role of nurses in schools have been widely acknowledged since that time and yet we know little about what these nurses did in schools, the scope of their practices, and the constraints under which they worked. Examining school health from the perspective of the school nurse will help us understand how medical advances, professional concerns, demographic and geographic factors, and budgetary constraints shaped the evolution of this crucial element of public health.

**METHODOLOGY:** This paper will present a close reading of reports submitted by school nurses and their supervisors and the correspondence of school nurses and other participants. This analysis will also draw on pertinent secondary literature to establish the context in which these nurses developed their practice.

**SOURCES:** Wisconsin's Bureau of Public Health Nursing was intimately involved in the creation of many school health programs throughout the state. Their reports of visits to school districts, discussions with school, county, and city nurses, as well as school, city, and town administrators and elected officials and interested civic organizations relate a detailed history. This coupled with material drawn from the records of involved civic organizations and a search of extant school records will provide insight into how the daily lives of school nurses informed the emergence of this new arena of public health. Important secondary sources include, but are not limited to, Buhler-Wilkerson, *False dawn* (1989), and Meckel, *Classrooms and clinics* (2013).

**FINDINGS/CONCLUSIONS:** Early public health programs in the rural United States typically began with the work of public health nurses and among their initial efforts were school health programs. By demonstrating the value of school health programs, these nurses gained community and political support for broader efforts in the field. This paper will help us appreciate the pivotal role of nurses in these developments.

### **2. "A Vital Educative Force:" Public Health Nurses in Rural Tuberculosis Control, North Carolina, 1915-1925**

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

#### **Abstract**

**PURPOSE:** To examine the early development and impact of rural, Southern public health nursing on tuberculosis incidence and mortality at the local, county level.

**METHODOLOGY:** Historical methodology is used to analyze archived state/county records, reports, correspondence, and program and vital statistics, supported by the secondary literature of public health, public health nursing (PHN), and TB.

**SOURCES:** The North Carolina State Archives is the major primary source for this study, including records of the Division of Health Services (State Health Director's Office, Administrative Services, and Central Files; and the Tuberculosis Control Branch), county health departments, and the voluntary North Carolina Tuberculosis Association. The State Board of Health Biennial Report and Health Bulletin are helpful. Files on early development of PHN and county health departments, and on TB outreach and prevention strategies, provide important details. The secondary literature on PHN, TB, and Southern health care is widely consulted.

**FINDINGS/CONCLUSIONS:** Public health nursing services, then only available through scattered voluntary agencies in North Carolina, were a distinct innovation as a state and local government function. The North Carolina Board of Health cooperated with the American Red Cross, Rockefeller Foundation, and U.S. Public Health Service to deploy PHNs to targeted counties. Only nurses thoroughly prepared in public health were selected to implement strategic programs of health education, outreach, screening, public school nursing, and bedside care—often as an isolated health advocate in a profoundly rural county. These PHNs became frontline workers in reducing North Carolina's tuberculosis mortality by 25 percent between 1915 and 1920. The success of PHNs in TB treatment and prevention supported expansion of local county health departments, even as TB control was progressively decentralized to county budgets.

### 3. “Knowledge of Driving Required:” The Educational Requirements for American Red Cross Rural Public Health Nurses, 1912-1948

*Sandra B. Lewenson, EdD, RN, FAAN, Professor, Pace University*

#### Abstract

**PURPOSE:** This study explores the relationship between the educational requirements that the American Red Cross (ARC) rural nursing service (hereafter referred to as the Town and Country) sought for public health nurses working in rural settings and the rise of post-graduate and baccalaureate programs in public health nursing between 1912 and 1948.

**RATIONALE/SIGNIFICANCE:** Historical evidence about the earlier efforts of the Town and Country – especially the requirement for post-graduate education in public health nursing - provide insight into the specific educational needs of those practicing in more rural settings and the long-standing effect this had on public health nursing education.

**METHODOLOGY:** This study uses a historical method. Primary data can be found within archival collections (e.g. Rockefeller Archives in Pocantico, NY and the ARC archives in Washington, DC) that contain materials reflecting the establishment of early rural public health nursing programs. Secondary sources include materials related to nursing education and the context of public health nursing during the time period.

**FINDINGS:** Aside from needing to be able to drive, the Town and Country required additional education for rural public health nurses. The existing hospital based training schools did not prepare nurses to provide public health nursing services in the urban settings or the rural settings. It was in the rural settings especially that nurses needed skills that only additional education could provide. The four and eight-month programs established at Teachers College at Columbia University, served as exemplars to other post-graduate and collegiate programs that would eventually form during the first half of the twentieth century. Yet, the road to controlling these programs created tension between the Town and Country and the newly formed National Organization of Public Health Nurses, founded the same year as the Town and Country and by many of the same leaders. In addition, attracting nurses to work in

rural isolated settings created challenges that were further compounded by the additional requirements.

**CONCLUSIONS:** The Town and Country service provided communities with much needed access to public health nursing services throughout the first half of the twentieth century. In order to provide this service the organization simultaneously influenced the development of criteria and standards that included post-graduate courses in public health nursing. The ARC leadership struggled within the profession as well as outside of the profession to attain its goal. Although the ARC closed its rural nursing service in 1948, the requirement for additional education for the nurses had far-reaching effect on the educational programs that developed during the twentieth century.

B. Nursing in Time of Disaster  
Storrs Hall 112

### 1. The Influence of the Red Cross Nursing Service in Florida: New Paths, Hurricane Relief, and Loyal Leadership, 1919-1934

*Christine Ardalan, PhD, Adjunct Lecturer, Florida International University*

#### Abstract

**PURPOSE:** This study brings to light the impact and influence of the Red Cross Nursing Service (RCNS) on Florida from 1919 to 1934. After World War I the Red Cross nurses trickled into Florida’s local Red Cross chapters to conduct public health nursing activities where there were no other agencies conducting such work. The Red Cross presence was further strengthened in the wake of the 1926 and 1928 hurricanes. Yet analysis of the nurses’ work in Florida has been overlooked by historians. This paper highlights how Red Cross nurses met the environmental, physical, and cultural challenges of Florida, a rural Southern state where Jim Crow laws and white male supremacy formed the bedrock of society.

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## *Conference Program & Abstracts*

### **Friday, September 19 (con't)**

**RATIONALE/SIGNIFICANCE:** The RCNS impacted the trajectory of public health nursing in Florida between 1919 and 1934 in three ways. First, it supplemented public health nursing services not provided by the State or City Boards of Health and other entities. There was no state leadership for public health nursing until Laurie Jean Reid arrived in 1922 to direct the Sheppard-Towner Maternity and Infancy Protection Act. Second, after the disastrous hurricanes of 1926 and 1928, the National Red Cross, State Board of Health nurses, and local nurses, who were also members of the Red Cross, collaborated together to provide relief and immediate public health measures. Third, the Red Cross relief work led to new opportunities for African-American nurses that were especially important when the State Board of Health stymied the employment of African American nurses in 1926. As Reid disclosed, this was a Jim Crow endorsement. The Red Cross filled a void when state sponsored inroads to reach the African American population were curtailed.

**METHODOLOGY:** The trajectory of the RCNS's influence in Florida intersects with the fields of public health, nursing, women's history and Florida's history. Incorporating these fields of study in an analysis of race, class, and gender situates the Red Cross nurses of Florida in social history.

**SOURCES:** The American Red Cross and the Children's Bureau records at the National Archives and Record Administration helped to uncover details of the lives and work of many of Florida's Red Cross nurses and illustrated the relationships between the Red Cross Nursing Service and Laurie Jean Reid's leadership. In addition, the National Association of Colored Graduate Nurses records, Florida State Board of Health records, Florida Federation of Women's Clubs records, and contemporary newspaper reports are among the primary sources that speak to the professional, organizational and humanitarian goals of public health nursing in Florida and demonstrate the Red Cross's influence. Relevant secondary sources are drawn from the fields of public health, nursing, women's history, Florida and Southern history.

**FINDINGS/CONCLUSIONS:** As the 1920s progressed and the Red Cross influence intensified, Red Cross nurses

worked alongside the State Board of Health nurses. Their collaboration and coordination together sometimes exposed jealousies and tensions between their state and national leaders. Yet they were all united in their mission to bring much needed health measures to Florida in spite of the cultural obstacles and harsh environment. Red Cross nurses filled a void in local public health work and brought innovative educational programs that had a lasting impact in the delivery of public health in Florida. They strengthened roles for women.

### **2. The Response of Catholic Nuns to the 1918 Influenza Epidemic in Philadelphia**

*Eunice Park-Clinton, RN, BSN, MSN/MBE Student, University of Pennsylvania*

#### **Abstract**

**PURPOSE:** The H1N1 strain produces a concern every flu season that another crisis resembling the 1918 influenza pandemic may recur. This study examines Philadelphia's responses to the devastation wrought by the 1918 pandemic. It argues that as we prepare for a possible 21st century pandemic, our concern should not only be about the sufficiency and adequacy of health care professionals and institutional resources. Rather, because epidemics are more than simply medical emergencies, our challenge will be replicating the more far-reaching responses exemplified by community volunteers whose dedication focused on providing non-medical physical and emotional care, even at the risk of their own health and lives.

**RATIONALE/SIGNIFICANCE:** At the peak of the 1918 pandemic, Philadelphia had the highest death rate throughout the United States. This study looks specifically at how the city's Roman Catholic nuns in the Archdiocese of Philadelphia stepped in to fill the gap between Philadelphia's diminished professional health care resources and unprecedented need. These nuns met the community's demands as they provided a broad range of services while tending to individuals and families at city and Catholic hospitals and in private homes. With or without professional nursing training, the Catholic nuns displayed a remarkable level of organization, dedication, flexibility, and efficiency in their response to the epidemic, as they tended to the deeper personal needs of patients



generally set aside in professional training. Their story challenges the narratives of historical transformation in nursing which increasingly emphasize the obligatory professionalism among skilled and lay healthcare workers and set aside moral acceptance and compassion as core aspects of the work ethos of nurses.

**SOURCES:** The main sources contributing to this study come from records in the archives of the Philadelphia Archdiocese. Official correspondence between archdiocesan and city officials provide one perspective on what happened to the community during the epidemic, but letters written by nuns offer especially valuable direct testimony from those personally engaged as caregivers.

**FINDINGS/CONCLUSIONS:** In recent decades, the number of Catholic nuns has diminished. When another crisis occurs, the public cannot expect the same level of response from those Catholic organizations that responded to the crisis of 1918. But their history during the 1918 flu pandemic suggests a need to think about the importance of mobilizing lay as well as professional resources to meet emerging public health crisis.

### **3. Nurses Response and Care During 1947 Bar Harbor, Maine Wildfire**

*Barbara Maling, PhD, RN, MSN, MA, ACNP-BC, Assistant Professor, University of Virginia*

#### **Abstract**

**PURPOSE:** The Purpose of this paper is to examine the nursing response during a catastrophic three week fire in 1947 which almost completely destroyed the town of Bar Harbor, Maine.

**RATIONALE/SIGNIFICANCE:** Disaster preparedness maximizes safe conditions, decreases vulnerability, and minimizes risk to individuals when they are confronted by a hazard. Although their accomplishments were remarkable, the nurses who responded to the 1947 Bar Harbor fire had to adapt their professional nursing skills and knowledge to cope and care for patients experiencing both physical and emotional injuries resulting from a natural disaster. Critical examination of situations and responses to past disasters (like the Bar Harbor fire) can help better prepare for future emergency situations. Additionally, the examination of past responses to disasters can guide professional nursing

leaders in the formal development of plans of disaster response and management as well as the needs in nursing education.

**METHODS/SOURCES:** Traditional historical methods with a social history framework were used to conduct this research. Sources include primary resources from the American Red Cross and National Park Services in Washington, D.C. as well as Acadia National Park Archives in Maine. Secondary resources were also referenced.

**FINDINGS/CONCLUSIONS:** Healthcare providers, including nurses, were forced into immediate action throughout Maine as a result of series of devastating wildfires in 1947. Conditions in Maine (which was 90% forested in 1947) were idea for forest fires. The autumn fires were fueled by high winds, a buildup of debris in nearby forest and extremely dry conditions. One of the numerous towns in New England's northern most state that was almost completely destroyed by fire was Bar Harbor. Like most towns of the era, Bar Harbor did not have a plan in place for a massive natural disaster.

The inferno that engulfed Bar Harbor became monumental in its history. A forty-mile wind-borne fire front developed and triggered evacuation of most of the town's estimated 4,300 human residents. Some escaped by car or bus, and hundreds who were cut-off from land rescues rushed to the seaside town docks to await evacuation. Over a period of three weeks the fire claimed, 17,188 acres in and around Bar Harbor. Numerous citizens and fire fighters sustained injuries ranging from burns to emotional trauma.

While residents sought refuge, fire fighters and disaster relief workers, including nurses, rushed to the area. Local nurses as well as those from as far away as Boston Massachusetts volunteered. Though few if any had training in disaster preparedness, their described roles were consistent with a modern understanding of nursing and included: attention to the injured or ill individual; assuring provision of water, food, clean dressings, and bedding; providing relief from pain; and giving emotional support. Further their historic involvement helped to pave the way for improved understanding of the need for and development of competency in emergency nursing response during disasters.

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## *Conference Program & Abstracts*

### **Friday, September 19 (con't)**

C. 18th & 19th Century Military Nursing  
Storrs Hall 215

#### **1. Health through Hygiene: British Military Nursing, 1775-1815**

*Erin Spinney, PhD Candidate, University of Saskatchewan*

##### Abstract

**PURPOSE:** The purpose of this study is to show how the domestic duties of nurses in late-eighteenth century military hospitals were perceived as essential to preventative medical framework at the time.

**RATIONALE/SIGNIFICANCE:** Diseases such as typhus, typhoid, malaria, and yellow fever were responsible for the highest rates of mortality and morbidity among British servicemen in the late-eighteenth century. Hospitals, full of close quarters, and already weakened men, were breeding grounds for infection. With no clear cure for these ailments, and a lingering shortage of healthy troops, military medical practitioners turned to preventative measures that aligned with contemporary medical thinking. Nurses, not physicians or surgeons were responsible for these measures, which included cleaning wards, bedding, and clothing, as well as, ensuring that patients were washed daily.

**METHODOLOGY/MAJOR SOURCES:** My study uses a social history framework and utilizes medical treatises, hospital regulation books, personal papers of medical officers and military commanders, and pay lists. These sources are located in the Wellcome Library, the National Archives of the United Kingdom, the Carid Library (National Maritime Museum), and Eighteenth Century Collections Online. Using a prosopographical approach, I marry case studies of individual nurses with quantitative data. I also employ relevant secondary sources, especially J. R. McNeil's *Mosquito Empires*.

**FINDINGS/CONCLUSIONS:** Entrusting preventative measures to nurses demonstrated the increased status of military nurses in this period and situated their work within the medical model. Military officers recognized the importance of nurses and their work. Inspector General of Army Hospitals William Fergusson believed that nurses

should be credited with the cure and prevention of fevers, rather than physicians. "Hence it appears that physic does nothing, and has done nothing, towards establishing a better mode of treatment since the days of Hippocrates. The battle is to be fought by the nurse..." (Fergusson, 89). The transformation of nurses' hygienic tasks into clinical duties has previously been considered a result of mid-nineteenth century nursing reforms (Eva Gamarnikow, 115). By establishing the connection between preventative medicine and nursing care at the end of the eighteenth century, I will show the continuities between pre- and post-reform nursing.

#### **2. Nursing Outcomes in the Civil War: The Importance of Place and Training**

*Barbara Mann Wall, PhD, RN, FAAN, Associate Professor, University of Pennsylvania*

*Ann Kutney-Lee, PhD, RN, Assistant Professor, University of Pennsylvania*

**PURPOSE:** This study extends Margaret Humphries' examination of nursing in the American Civil War by focusing on one Northern hospital, Satterlee General Hospital, in Philadelphia, Pennsylvania, and the nurses at that hospital, the Daughters of Charity. The aim is to analyze why that particular hospital had better patient outcomes than most other hospitals in the North and South.

**RATIONALE/SIGNIFICANCE:** Nearly 10,000 women volunteered for the Civil War, and among these were more than 600 Catholic nuns. Ninety one Daughters of Charity from Emmitsburg, Maryland, staffed Philadelphia's Satterlee General Hospital, one of the largest hospitals created by the Union during the war. This hospital also had some the lowest mortality rates of any hospital in the country. Yet very little is known about the actual work or conditions that led to these improved patient outcomes. This study will show the importance of nurses' training, the provision of spiritual and emotional care, the availability of resources, and the significance of premier physicians from the nearby University of Pennsylvania Medical School. By using Satterlee Hospital as a case study, we analyze the many factors that improved the health of the soldiers there.

**METHODOLOGY:** Historical methodology will be used that interweaves social, cultural, medical, nursing, and religious history. Data analysis will follow historical methods of comparing and evaluating data against each other and competing explanations. Archives in Philadelphia, PA; Emmitsburg, MD; and Washington, DC, are used.

**SOURCES:** The study draws on many primary sources used for the first time or in new ways. These include letters, diaries, and reports at the Daughters of Charity archives; and government and medical reports from physicians located in the National Archives, the College of Physicians, and the University of Pennsylvania Archives. Other primary sources include a history of Satterlee Hospital written by its chaplain during the war, and the *Hospital Register*, an in-house newspaper. Secondary sources include Humphries' *Marrow of Tragedy*, Jolly's *Nuns of the Battlefield*, Fausts' *This Republic of Suffering*, Schultz' *Women at the Front*, and books on Pennsylvania and Philadelphia in the Civil War.

**FINDINGS:** The Daughters of Charity had their own teaching manuals on nursing as early as the 1840s, which they followed during the Civil War. This included instructions for providing nutritious food, adequate hydration, cleanliness, the provision of medicines, what to do in an emergency, how to care for the dying, how to provide spiritual care, and the leadership skills needed in nursing. This refutes what Schultz and other scholars have asserted that no women had systematic training prior to the Civil War. Findings also showed the importance of collaboration during war.

**CONCLUSIONS:** The paper reveals the importance of place, transportation services, resources, emotional care, and spiritual encouragement as keys to improved patient outcomes.

### **3. The Hospital Steward of the American Civil War and His Relationship with Nursing**

*William T. Campbell, EdD, RN, Associate Professor, Salisbury University*

**PURPOSE:** The purpose of the study was to examine the role and duties of the Hospital Steward of the American Civil War and to investigate his relationship with nurses and nursing duties or responsibilities. Was there an overlap of roles and duties between the Hospital Steward and the

nurse? Was there collaboration? Was there a supervisory role that placed one above the other?

**RATIONALE/SIGNIFICANCE:** The Civil War Hospital Steward is often referred to as the military medical "workhorse" and was certainly an important component of the healthcare team in the hospital or in the field with the regiment. Most military historians view him as the pharmacist and/or hospital administrator. Was he just the pharmacist as many historians have labeled him? What were his other duties, if any? What was delegated to him by the Surgeon or offered independently by the individual? What was his role in nursing care, if any? What was his duty to nurses? Does the Hospital Steward of 150 years ago have a direct relationship to nurses and nursing care of today? What is that relationship, if any? Was this individual even more of a "workhorse" than previously recognized?

**METHODOLOGY:** The methodology is qualitative historical research. The examination will include only primary sources (journals, diaries, and letters) written by the men who held this role between 1861-1865.

**SOURCES:** The primary source was Woodward, J.J. (1862) *The Hospital Steward's manual: For the instruction of hospital stewards, ward masters, and attendants in their several duties*. Other primary sources included the first person journals, diaries, and letters of seven men who served as Union or Confederate Hospital Stewards during the American Civil War. In each case the documents were later published verbatim as originally written. Additional unpublished letters were also reviewed.

**FINDINGS:** The researcher found that the Hospital Steward was the nursing supervisor of the nurses, or at least of the detailed male military nurses. An unexpected finding was that the Hospital Steward was often functioning in the role of an advanced practice nurse.

**CONCLUSION:** The Hospital Steward was more than the Civil War military pharmacist and hospital administrator. He was the nursing supervisor and in some cases was filling duties that today would qualify him to be titled as an advanced practice nurse.

5:00 PM - 7:00 PM

**Welcome Reception**

Widmer Wing Atrium

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## Conference Program & Abstracts

### Saturday, September 20

6:00 AM - 7:00 AM

#### **AAHN Run/Walk for History**

Bushnell Park

8:00 AM - 5:00 PM

#### **Registration**

3rd Floor Foyer

8:00 AM - 9:00 AM

#### **Breakfast - Meet the Editor:**

Patricia D'Antonio, *Nursing History Review*

Hilton Grand Ballroom West

7:30 AM - 1:45 PM

#### **Silent Auction Open**

Ballroom East

8:00 AM - 5:00 PM

#### **Posters, Exhibits Available for Viewing**

Ballroom East

9:00 AM - 10:30 AM

Concurrent Session II

A. Specialty Practice

Connecticut A

#### **1. The Evolution of Post-Anesthesia Care Unites: A Legacy of Politics, Funding and Patient Safety Concerns**

*Christine Cutugno, PhD, RN, NEA-BC, Assistant Professor, Hunter-Bellevue School of Nursing*

Abstract

**PURPOSE:** Recovery Rooms, now called post-anesthesia care units (PACUs), are integral to hospitals and other facilities performing surgical procedures. They were not widely available, however, in U.S. hospitals until after World War II. The purpose of this study was to examine the factors that influenced the postwar proliferation of these units and nursing's crucial role in the initial and continuing success of PACUs.

**RATIONALE/SIGNIFICANCE:** Social, political and economic influences advanced enormous changes in health care expectations and delivery in the United States in the years after World War II. Innovations in science and technology, facilitated by increased federal funding of scientific research in the years preceding and during the war, heralded a postwar need for greater complexity of hospital care safely delivered by trained personnel. High postoperative complication rates, related to the effects of general anesthesia and the increasing complexity of surgical procedures, were reported in the postwar years. Hospitals were required to respond to the growing demand for safer and more complex care. Nursing's ability to effectively deliver quality care, despite postwar nursing shortages, was an elemental factor in the expanded use of recovery rooms.

**METHODOLOGY:** The historical research method was used for this study. Contemporary primary and secondary sources beginning with the early 1940s provided the study data. Sources reflected social, political and economic influences on hospitals and nursing.

**SOURCES:** Primary sources included healthcare-related journal articles and books, Congressional records and reports, and media publications such as newspapers and magazines from the 1940s and 1950s. Secondary sources included books and articles about health care and hospital funding, postwar scientific and technological advances, and references on the history of PACUs and critical care nursing.

**FINDINGS/CONCLUSIONS:** PACUs flourished when funding and patient safety first emerged as major incentives propelling and guiding health care delivery and clinical practice. PACUs proliferated after the war as a cost-efficient means to safely provide more intense and complex postoperative care. These early units demonstrated effectiveness in decreasing postoperative morbidity and mortality and soon became a part of every modernized and newly opened hospital. As postwar recovery rooms opened throughout the U.S., continuous and skilled observation by the recovery room nurses was credited with the improved patient outcomes. Examining this earlier example of a nursing specialty's response to patient care

challenges and economic conditions may provide suggestions and direction for PeriAnesthesia Nursing in their continued adaptation to the evolving health care environment.

## **2. Spying, Subterfuge, and Encounters with the Law: The Extraordinary Duties Undertaken by Midwife-Nurses in the Marie Stopes Birth Control Clinic**

*Pauline Brand, PhD, RN, Senior Lecturer, Open University*

### **Abstract**

**PURPOSE:** This paper examines the additional activities undertaken by the midwife-nurses employed in the birth control clinic founded by Marie Stopes in 1921. Clinical duties and undertaking public speaking to promote the cause of birth control may be seen as expected and unremarkable. However the midwife-nurses also participated in some additional and unusual activities; spying on other birth control organizations as well as involvement in a range of encounters with legal proceedings.

**RATIONALE/SIGNIFICANCE:** Marie Stopes was well known as being fiercely protective of her own clinic, seizing every opportunity to denigrate the work and opinions of her opponents and rival birth control organizations. The involvement of the midwife-nurses in a range of spying activities and participation in legal proceedings on behalf and in support of their employer is an aspect of their work which has not previously been identified or explored and thus offers a unique insight into the world of those employed in the first birth control clinic in Great Britain.

**SOURCES:** Primary archival sources from the Marie Stopes collections in the Wellcome Contemporary Medical Archives, and British Library, the records of the Central Midwives Board and contemporary journals, newspapers and secondary sources were interrogated to produce evidence and new insights into the involvement of the midwife-nurses in spying activities and encounters with the law.

**FINDINGS:** There is evidence that some of the midwife-nurses embarked on visits to “spy” on other birth control establishments, posing as patients seeking advice on birth control methods, with one apparently undergoing a medical examination as part of the process. Stopes appears

to have actively encouraged the midwife-nurses to embark on these spying missions in order to collect information on how other clinics delivered their services and to seek out any abortionists. There were also instances where the midwife-nurses were called upon to give evidence in both civil and criminal court proceedings concerning their employer; Stopes using her employees to support her in legal actions against others. The midwife-nurses appeared to accept these activities without dissent although it would seem to be contrary to the behaviour expected of registered practitioners.

**CONCLUSIONS:** Undertaking some of these duties which conflicted with professional values may be explained by the need to comply with the demands of their employer as well as a belief that they should protect women from unscrupulous practitioners and pedlars of supposed abortifacients, of which there were many in this newly emerging speciality. Certainly the spying and participation in legal proceedings which they undertook on Stopes behalf offers a new perspective on the activities within the clinic.

## **3. Every Picture Tells a Story: Critiquing a Professional Nursing Relationship in Barrett’s Paintings of Florence Nightingale in Scutari**

*Mary Beth Zeni, ScD, RN, Associate Professor, Ursuline College*

*Christine A. Wynd, PhD, RN, Dean of Nursing, Ursuline College*

### **Abstract**

**PURPOSE:** The aim of this exploratory historical study is two-fold: 1) to critique the differences between the compositions of artist Jerry Barrett’s oil study and final painting of Florence Nightingale and Sr. Mary Clare Moore receiving British soldiers wounded during the Crimean War, and 2) to ascertain the historical significance of the final painting in regard to the relationship between Nightingale and Moore and other key figures in the painting.

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### **Saturday, September 20 (con't)**

**RATIONALE/SIGNIFICANCE:** Historians have described the strong, professional relationship that developed near the Crimean battlefield between Florence Nightingale and Sr. Mary Clare Moore of the Roman Catholic Irish Sisters of Mercy. The two women were placed together in Scutari, Turkey to lead nurses in providing care to sick and wounded soldiers. Two paintings by the Victorian artist Jerry Barrett lend further insight into this relationship. In Barrett's initial oil study (1856), Moore is missing from the group composition surrounding Nightingale; however, in the final painting, *The Mission of Mercy: Florence Nightingale Receiving the Wounded at Scutari* (1857), Moore is placed in a prominent location to the right of Nightingale.

**METHODOLOGY/SOURCES:** Evidence was sought through primary and secondary sources to further explore these artistic portrayals. Primary sources include (to date) selected archival materials from National Portrait Gallery, British Museum, and London Metropolitan Archives. Secondary sources include numerous books (including edited letters and diaries) and articles related to Nightingale, Sr. Mary Clare Moore, Nightingale's family, the Irish Sisters of Mercy, Jerry Barrett, Thomas Agnew and Sons art dealers (sponsor of Barrett's trip to Scutari), and key supporters of Nightingale and nursing care in Scutari, such as Lady Charlotte Canning. Additional sources included correspondence with the Irish Sisters of Mercy, Nightingale biographers, and art experts. Findings were analyzed within a post-colonial feminist framework to shed further light on the Nightingale-Moore relationship.

**FINDINGS/CONCLUSIONS:** Analysis revealed that the relationship between Nightingale and Moore and other figures in the paintings by Barrett developed during the Victorian era when such relationships were challenged by profound gender, social, economic, class, ethnic, and religious boundaries. A very positive relationship for nursing leadership evolved, despite negative dynamics and strong societal restrictions, due to a shared vision on relieving the suffering of soldiers as patients during the Crimean War and improving the environmental conditions of the military hospitals. This relationship was illustrated

by the inclusion of Moore in the final Barrett painting of Nightingale at Scutari. The relationship continued for many years to influence a model of early nursing education, leadership, and professionalism.

#### B. Innovative and Persistent Nurses Connecticut B

##### **1. We Did the Best We Could with What We Had**

*Francie Bernier, PhD, RN, Assistant Professor, Shenandoah University*

#### Abstract

**PURPOSE:** The purpose of this paper is to describe the experiences of the Army Nurses at the U.S. Army, 156th Evacuation Hospital during its assignment to the remote island of Ie Shima, in the Ryukyu Chain off the North West coast on Okinawa during World War II. This paper will explore the nurses' experiences of coping while "doing the best we could with what we had."

**RATIONALE/SIGNIFICANCE:** The experiences of these WWII nurses have contributed to the professional development of nursing autonomy leading to the development of professional clinical specializations and the expansion of nursing practice. Additionally, this paper will contribute primary source data to support its findings.

**METHODS:** The nursing experience primary data have been gathered through multiple interviews with one nurse who was stationed on Ie Shima immediately following the battle of Okinawa, from April 1945 through October 1945. Secondary data have been collected from the Center for Historical Nursing Inquiry at the University of Virginia, School of Nursing, Charlottesville, Virginia; the Military Archives, College Park, MD; and the Women's Military Museum in Washington, D.C.

**FINDINGS:** Findings include the first personal interviews by the author, with supporting nursing photographs. These interviews and photographs document the nursing experience on Ie Shima. The Military Archives have been able to produce only one picture of the hospital and no documentation of the hospital or the nursing presence on Ie Shima. These nurses were not prepared for the significant battle wounds, burns, and trauma from the

incoming soldiers. They survived this assignment without a nursing casualty despite the continuous nightly air attacks.

**CONCLUSIONS:** Nurses who served in the Pacific provided nursing care that was autonomous and significantly different from nurses in the European theater and nurses employed by hospitals in the United States. The nurses on Ie Shima experienced significant hardships and isolation as a result of the close proximity to the continuous nightly air attacks on the island of Ie Shima and Okinawa. Through their nursing role, they developed independent yet collegial professional relationships with physicians and other military personnel who supported their professional development and growth.

## **2. Serving with Distinction: Contributions of African American Nurses in the Military**

*Maria K. Tackett, EdD, CCRN, CEN, Nurse Director, Neuro-Trauma, Hartford Hospital*

Abstract

**PURPOSE:** The purpose of this presentation is to enhance the understanding of the experiences of African American nurses in the military and specifically how those experiences led to the establishment of U.S. military nursing. The objectives of the presentation are to: 1) Review the experiences of individual African American nurses and their contributions in establishing military nursing and, 2) Describe the impact of African American nurses in the military in overcoming barriers to race and gender.

**RATIONALE/SIGNIFICANCE:** African American nurses were instrumental in establishing the value of nurses to the military mission and overcoming barriers until a racially integrated military force was established. Charity Adams Early, the first woman to become an Army officer, described the need to preserve the history of women. She said, "The future of women in the military is assured. What may be lost is the story of how it happened." The significance of this presentation is to support safeguarding the history of this group of women whose story, as Adams Early stated, "... may be lost in time."

**METHODOLOGY:** Data collection was derived from military archives and published accounts of African American nurses. A literature review was conducted and a collection

of photographs was developed. Each component of the material was reviewed for consistency. The data was reviewed and organized then findings were synthesized.

**SOURCES:** Susie King diary excerpts, U.S. Army Center of Military History, U.S. Army Medical Department Library, U.S. Army Medical Department Museum, U.S. Army Women's Museum, Women in Military Service for America Foundation, Inc. Historians including J. Bellafaire, M. Carnegie, C. Feller and C. Moore.

**FINDINGS:** African American nurses sought entry into the military in times when the U.S. was adhering to racial segregation. They faced institutional barriers and prejudices which were deterrents to their full participation in the military. Overcoming those barriers contributed to the establishment of military nursing and the racial integration of the services.

**CONCLUSIONS:** African American nurses overcame administrative barriers as well as unwelcoming and hostile training and work environments. Their persistence in the face of adversity as well as their professionalism contributed to the establishment of a fully integrated military force. Their contributions were instrumental in overcoming barriers of both race and gender.

## **3. "On Such Teachers Rests the Future of Nursing:" Teacher Preparation for the Associate Degree Model for the Education of Nurses, 1959-1965**

*Annemarie McAllister, EdD, RN, Adjunct Assistant Professor, Pace University*

Abstract

**PURPOSE:** The development of the Associated Degree Model (ADN) for the education of nurses in the mid 20th century necessitated a new model for the preparation of nurse educators to teach this curriculum. Teachers College, Columbia University, where the model originated, was at the forefront of this effort. The establishment of a demonstration project for the preparation of teachers for ADN programs at the Bronx Community College in New York City in the early 1960s was in response to the sudden proliferation of Associate Degree programs in the United States. This study is an examination of that process.

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## *Conference Program & Abstracts*

### **Saturday, September 20 (con't)**

**RATIONALE/SIGNIFICANCE:** The advent of the ADN model for the education of nurses allowed a new cohort of students previously unseen in the nursing profession that included men, older women, and people of color. The degree achieved the long held goal of nurse leaders to move the education of nurses into the colligate system of education. As a result of the success of the ADN, nurse educators at Teachers College moved forward with a new program to train the educators needed for programs that were developing at breakneck speed all across the United States.

**METHODOLOGY:** An historical descriptive approach was used to examine how the role of Teachers College influenced the development of the demonstration site at Bronx Community College in the late 1950s and early 1960s to train the educators that would be teaching in the Associate Degree programs.

**SOURCES:** Primary sources included reports, meeting minutes, letters, and photographs accessed at the Teachers College, Columbia University archive in New York. Materials were also assessed at the Rockefeller Archive in Pocantico, NY. Secondary sources included newspaper articles and published interviews with Dr. Montag.

**FINDINGS/CONCLUSIONS:** The Associate Degree model for the education of nurses was the result of research, experimentation and evaluation. This two-year model was based on the students education and not service as was common in the diploma model of the day. The need for educators for the new model required training and the development of Bronx Community College, as a demonstration site for these educators was a natural progression for the staff at Teachers College. The demonstration site had a cohort of students who were older and more diverse than other programs and the records show that there was the innovative use of grant funded technology (closed circuit TV to monitor students in the clinical setting) and clear support for new educators for these programs.

C. Panel: **Exploring the Nature of Nursing Knowledge**  
Connecticut C

Dominique Tobbell, PhD, Assistant Professor, University of Minnesota

Cynthia Connolly, PhD, RN, FAAN, Associate Professor, University of Pennsylvania

Patricia D'Antonio, PhD, RN, FAAN, Professor, University of Pennsylvania

Julie Fairman, PhD, RN, FAAN, Nightingale Professor, University of Pennsylvania

This panel historicizes the concept of “nursing knowledge,” which has emerged as a centerpiece of efforts to legitimize the discipline’s place as an autonomous practice; as an intellectual enterprise; and as a core stakeholder in public policy debates. Yet, to paraphrase Isabel Hampton Robb about early 20th century nursing, the concept can also mean “everything, anything, and next to nothing.” This panel draws on the presenters’ own work across the twentieth century and asks: How has knowledge been constructed within time and place? How do phenomena identified as nursing knowledge reflect and refract political, social and intellectual contexts? What kinds of practice and academic vehicles are needed for knowledge claims? How does specialty knowledge emerge?

Patricia D'Antonio examines the knowledge claims of public health nurses expressed through both their practices and their writings in such journals as *Public Health Nursing* in the 1920s. Challenging claims that public health nursing was in decline, she argues that these nurses were increasingly self-confident in their knowledge claims. They claimed expertise in experiential, multi-disciplinary, and problem-focused data that was recognized and respected by their constituent communities of families, foundation funders, and other public health practitioners. The growth in hospital based-care and the increasing emphasis on the “science” of public health both protected these nurses from other practitioners’ claim to this kind of knowledge and left them ultimately unprepared when institutionally based care replaced public health in the 1930s.

Cynthia Connolly uses pediatric nursing as a case study to explore the development of specialty knowledge in the discipline. Before World War II, nurses caring for children typically identified with the site in which they



provided care such as a hospital, health department, school, dispensary, or private home. Pediatric training as a part of nursing education was often minimal. The early postwar explosion of scientific and pharmaceutical advances mandated that nurses caring for children have more technical expertise and a better grounding in basic science and pharmacokinetics. Those nurses who specialized in the care of children increasingly drew on science and emerging concepts in sociology and developmental psychology to craft a new knowledge base underpinning the care of both ill and well children and their families.

Julie Fairman moves deeper into the post-war period to examine the fluid boundaries of the knowledge embedded in clinical care. Using physical assessment and diagnosis as the vehicle, she examines how nurses and physicians negotiated the contours of care as they constructed new knowledge claims at the interface of medicine and nursing. Nurses translated medical knowledge into their practices, not as it was given to them by physicians, but as part of a deliberate, expedient and necessary foundation for providing access to care and with the willing partnership of the public they served and individual physician colleagues. Knowledge translation was not a seamless process as it instigated conflicts within the nursing profession as well as those with medical professional organizations that remain unresolved today.

Finally, Dominique Tobbell looks to the establishment of the first PhD programs in nursing, using the University of Minnesota as a case study. She explores the boundary work these initial programs did to define “nursing science” as a distinct body of knowledge informed by and informing of nursing practice, and underpinned by the conceptual claims of nurse theorists. As these nurses sought to establish nurses as legitimate researchers and scholars, they confronted the gendered, institutional, and intellectual politics of academia.

10:30 AM - 10:15 AM

**Break**

Ballroom East

10:45 AM - 12:15 PM

Concurrent Session III

A. Models of Nursing Leadership  
Connecticut A

### **1. Lucile Petry Leone: Her Texas Years**

*Adrian Melissinos, PhD, RN, Independent Researcher*

Abstract

**PURPOSE:** Although probably most known for her academic career at the University of Minnesota, her role as the director of the Cadet Nurse program during World War II, and as the first female Assistant Surgeon General of the United States Public Health Service, Lucile Petry Leone also engaged in an academic role during the 1960's and 1970's in Houston and Dallas, Texas. She assumed faculty positions at both the Houston and Dallas campuses of Texas Woman's University (TWU). The purpose of this paper was to examine how Lucile Petry Leone influenced nursing as well as the wider community during her years in Texas.

**RATIONALE/SIGNIFICANCE:** Lucile Petry Leone is a figure of note in nursing history and yet her years in Texas may not be fully appreciated. This study serves to help diminish gaps in knowledge about her life and career.

**METHODOLOGY:** Historical methodology was used to examine both primary and secondary sources. Primary sources include The Women's Collection at the Blagg-Huey Library at Texas Woman's University, Denton, Texas and the Beta Beta-Houston Collection at the John P. McGovern Historical Collections and Research Center at the Texas Medical Center Library, Houston, Texas. Secondary sources include relevant articles and books.

**FINDINGS:** Numerous press releases documented the acknowledgement of the contributions of Lucile Petry Leone to the profession of nursing. She engaged in graduate curriculum planning and assisted in the successful application to Sigma Theta Tau in 1970. She received an Honorary Doctor of Laws degree from Texas Woman's University in 1979. She also received acknowledgement from the wider Dallas community.

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**CONCLUSIONS:** Lucile Petry Leone continued to influence the professional development of nursing during her Texas years. Her assistance in the preparation of the application to Sigma Theta Tau contributed to its success. She was the first and only nurse to receive an honorary doctorate from Texas Woman's University and was also admired by students in the wider community. She continued to influence students and nursing education throughout her years in Texas.

#### **2. Margaret Bridgman (1892-1984): The Right Woman for the Right Time**

*Mary Ellen Pike, PhD, APRN, ACNS-BC, Assistant Professor, Bellarmine University*

##### Abstract

**PURPOSE:** This study explored how the personal and professional background of nursing education consultant Margaret Bridgman, a non-nurse, uniquely prepared her to guide the transition of nursing education from the hospital to the collegiate setting in the late 1940s.

**RATIONALE/SIGNIFICANCE:** Bridgman's keen understanding of the importance of nursing to the health of Americans in the post-World War II era strengthened her commitment to quality nursing education. Although major nursing reports had long recommended that nursing move from the hospital to the collegiate setting, the Brown Report (1948) prompted the transition of a large number of programs. Bridgman served as a consultant for the Russell Sage Foundation and then for the National League for Nursing, guiding programs through the various stages of the process including accreditation. Her contributions are largely forgotten despite their merit.

**METHODOLOGY/SOURCES:** Biographic methods were used for this study.

Primary resources included Bridgman's personal papers at the Schlesinger Library on the History of Women at Harvard and documents from the archives of the Russell Sage Foundation, the Rockefeller Foundation, Lake Forest College, Skidmore College, and the National League for Nursing. Secondary resources included books, newspapers,

and interviews. Bridgman also authored several articles and one text which were reviewed for the study.

**FINDINGS:** Margaret Bridgman's personal and professional life prepared her well for the compelling role she played in nursing education. Her unique qualifications included being a third generation educator, twenty years as an academic dean, experience with Skidmore's excellent nursing program, and her close working relationship with Skidmore nursing chair and National League for Nursing Education president, Agnes Gelinias. These experiences provided her with an exceptional background to not only champion nursing's move to collegiate education but its parity with other disciplines.

**CONCLUSION:** Margaret Bridgman's consultation services contributed enormously to nursing education. Although unheralded, she played a significant role in transitioning programs from the hospital to the collegiate setting and fostering quality programs. Bridgman's conclusions and recommendations in *Nursing in the Collegiate Setting* (1953) remain surprisingly relevant sixty years later.

#### **3. The First Helicopter Transport of a Preterm Infant by the Original Flying Nun: A Memoir**

*Shannon E. Perry, RN, PhD, FAAN, Professor Emerita, San Francisco State University*

##### Abstract

**PURPOSE:** To describe the first helicopter transport of a premature infant from the hospital of birth to a specialized nursery, the events that led to the transport, and the significance of that transport for improving care of high risk preterm infants. This first transport was the initiation of a trial to determine the feasibility of helicopter transport of high risk infants.

**RATIONALE/SIGNIFICANCE:** The Illinois Premature Care Program was established in 1943; six premature centers were established one of which was in Peoria, Illinois, at St. Francis Hospital. In order to improve outcomes for high risk preterm infants who are born in settings where there is no specialized neonatal care, infants are transported to tertiary centers. Safe and rapid transport of infant is of paramount importance and until 1967 was done by ground transport in ambulances. In 1967, Sr. M. Andre, a religious

sister and supervisor of the premature nursery, made the first helicopter transport of a preterm infant in a flight from Zion, Illinois, to Peoria, Illinois, a distance of approximately 200 miles. Today, the majority of neonatal transports are by helicopter.

**METHODOLOGY:** Literature was reviewed including newspaper and journal articles, minutes of meetings, unpublished documents, and interviews with individuals involved in the transport. Personal memories combined with written accounts of the flight which were published in newspapers and journals were examined. Additional materials describing transportation of preterm infants and other patients were consulted.

**SOURCES:** Memories of the religious sister who conceived the idea for the transport were recorded. The pilot, the physician director of Maternal and Child Health Division for the State of Illinois at the time of the transport, nurses who worked in the nursery at the time of the transport, and the neonatologist who was later in charge of the nursery were interviewed. Newspaper and journal articles describing the transport were reviewed as well as other literature discussing neonatal transport.

**FINDINGS/CONCLUSIONS:** In this feasibility trial, five infants were transported in three different helicopters without incident. Following the successful pilot program, helicopter transport of infants to the neonatal center was formalized by contracting for services with a commercial company. At the time of the initial transport, there were no aviation regulations regarding such transports. Subsequent to the transport, regulations were written based on the successful strategies devised for the initial transport. Helicopter transport of infants in the setting continues today with two top-of-the-line helicopters and sophisticated transport incubators and other equipment. Approximately 2/3 of the infants brought to the neonatal intensive care unit are transported by helicopter.

B. History, Gender, and Feminism  
Connecticut B

### **1. Strengthening our Nursing Practice by Understanding our Nursing History**

*Marcia L. Harris-Luna, CPNP, FNP-BC, California State University, Fullerton, Assistant Professor*

#### **Abstract**

**PURPOSE:** The purposes of this study are to capture the wisdom, perceptions, and experiential reflections of retired nurses who graduated as a cohort from nursing school in 1953 and to gain insight into how nursing practice has changed, so that this important part of history can be preserved, archived, and inform our nursing practice.

**RATIONALE/SIGNIFICANCE:** Past studies that have utilized oral histories that have focused on individual nurse experiences or studied a similar category of nurses from academia (Knollmueller & Abrams, 2005; Lee & Grady, 2012). However, the review of literature did not reveal any research that studied retired nurses who graduated from nursing school as a cohort from the 1950's—this study will fill that gap.

**METHODOLOGY:** A Historical Research design was utilized and qualitative data was collected via individual, semi-structured interviews with open-ended questions and a focus group. The focus group was videotaped, all interviewees were audio recorded, and all conversations were transcribed. Documentation tables were utilized to document how each interview question addressed each research question and demonstrate the process of code mapping for content analysis and categorization of patterns (Anfara, Brown, & Magione, 2002).

**FINDINGS/CONCLUSIONS:** A few of the major themes that emerged from this nursing cohort include the belief that patients were respected more and received better nursing care in the past and that nursing has become mechanistic with the advancement of technology. Another theme that emerged was that the relationship between nurses and doctors have changed for the better—now there is mutual respect and collaboration. The many themes from this research may strengthen our nursing practice by pointing out how nursing practice has evolved as a legitimate profession, by bringing to light what factors have strengthened our nursing practice, and by giving insight into how nursing can improve patient care.

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#### **2. Nursing in the Era of the First Wave of Feminism in Rochester, New York**

Mary Dahl Maher, Assistant Professor, Nazareth College, PhD, ARNP, CNM, MPH

##### Abstract

**PURPOSE:** To explore the work of nursing leaders in first wave feminism and to examine the emergence of professional nursing within the context of a community recognized for social reform and innovation.

**RATIONALE/SIGNIFICANCE:** Nineteenth century Rochester, NY is recognized as a hotbed of social reform and fertile ground for business entrepreneurs. As part of the first wave of feminism and the women's suffrage movement, it was home to sisters, Mary S. and Susan B. Anthony, Frederick Douglass, the founding of the Church of Jesus Christ of Latter Day Saints, the Oneida Community, and Spiritualism. George Eastman and Chester Carlson, founders of Eastman Kodak and Xerox, respectively, established their international corporations here. The story of nursing leaders Sophie French Palmer and Eva Allerton is less well known.

**METHODOLOGY:** Descriptive review of archival material in the Rochester Medical Museum and Archives.

**FINDINGS:** The city's earliest hospitals, began in 1858 and 1865, drew their nursing staff from patients as well as the general public, hiring on an as-needed basis. By the turn of the century, New York State had approximately 15,000 untrained and 2,500 trained nurses with no consistency in educational preparation. Sophie French Palmer served as Rochester City Hospital's superintendent from 1885 to 1900 before her involvement in the nursing reform movement demanded her full attention. As the founding editor of the *American Journal of Nursing (AJN)*, she built a national platform from which to guide the process. After her work for the passage of the Nurse Practice Act of 1903, she became the first President of the New York Board of Examiners. Eva Allerton, who became the second Superintendent of the Rochester Homeopathic Hospital in 1890, was known as a remarkable teacher, thorough and painstaking in the scientific training of her students.

She used these same attributes in working to help draft legislation for the Nurse Practice Act.

**CONCLUSION:** In a 1905 edition of the *AJN*, Palmer wrote, "The most important feature about the New York Law is that the training school from which a nurse has graduated must conform to the standards... In this way the New York law is improving the standard of education for nurses all over the United States." The implication for this study points to the need for an examination of the current inconsistency in professional nursing education.

#### **3. Crosscurrents in the Desert: The U.S. Cadet Nurse Corps in Arizona, 1943-1948 and Beyond**

Elsie M. Szecsy, EdD, *Research Professional, Arizona State University*

##### Abstract

**PURPOSE:** July 1, 2013, marked the 70th anniversary of the establishment of the U.S. Cadet Nurse Corps, a federal program and innovation for its time that addressed a healthcare crisis during World War II, improved nurse education across the United States, and did not discriminate by race. The purpose of this case study is to explore participation patterns by race and ethnicity of Arizona-trained Cadet Nurses, migration patterns of Cadet Nurses in Arizona trained in Arizona or elsewhere, and career trajectories of Cadet Nurses trained elsewhere who came to Arizona.

**RATIONALE/SIGNIFICANCE:** Though the Corps did not discriminate by race, given its decentralized organizational structure, established discriminatory practices in nursing education, and the dearth of data collected on demographic characteristics of Cadet Nurses, little is known about the degree to which schools of nursing actually admitted students regardless of race or ethnicity under the terms of the Nurse Training Act of 1943 (i.e., Public Law 74, or the Bolton Act). This study explores this question in three of five Arizona schools of nursing participating in the program.

**METHODOLOGY:** An interpretive historical case study method was selected for this study. Data collection methods included: (1) a thematic content analysis of oral history transcripts for patterns related to 25 nurses'

training, career trajectory, family relationships, and contribution to the feminist movement; and (2) a documentary analysis of the membership cards of the cadet nurses in these three schools according to their hometowns, age at admission to nursing school, socioeconomic status, success rate in nursing school, and ethnic or racial characteristics.

**SOURCES:** The data sources are the Joyce Finch Collection, a set of oral history transcripts of 25 U.S. Cadet Nurses who lived in Arizona in the 1980s; and the World War II Cadet Nursing Corps Card Files, 1942-1948, a recently released database of Cadet Nurse Corps membership cards from the National Archives that provides details on women who joined the Corps.

**FINDINGS/CONCLUSIONS:** Each of these three schools of nursing did make nursing education available according to the federal regulations, and participants in the U.S. Cadet Nurse Corps in Arizona did indeed have the opportunity to become a nurse regardless of race or ethnicity, as long as they were high school graduates. Also, the Cadet Nurse experience for these Arizonans led to significant contributions to the nursing profession, the elevation of the status of women, and advancement of nursing education in Arizona. What is not clear is the extent to which these practices were institutionalized more broadly in all five Arizona schools of nursing or across the United States.

C. From Training to Education  
Connecticut C

### **1. "Your Undertaking is Grand:" Oral Histories from Nursing Students of Georgia Baptist Hospital School of Nursing in the 1960s**

*Gail K. Godwin, PhD, RN, CNE, Assistant Professor, Georgia Gwinnett College*

Abstract

**PURPOSE:** Atlanta, Georgia, home to many civil rights leaders, played a leading role in the events of the 1960s. Georgia Baptist Hospital, with its adjoining dormitory for the Georgia Baptist Hospital School of Nursing (GBHSN), was situated in the heart of Atlanta. Sequestered in their rooms, students of GBHSN witnessed many events in the 1960s from their dormitory windows. The purpose of this

study was to recover, record, analyze, and archive the oral histories of nurses who were students at GBHSN during the 1960s.

**RATIONALE/SIGNIFICANCE:** This research carried pronounced significance because of the scarcity of research about nursing students in the 1960s. There are several published articles about nursing in the 1960s, but few where nursing students' voices are heard providing their own account. This research contributed to the heritage of GBHSN as well as added to the nursing history research knowledge base of 1960s nursing students. Like the 1960s, contemporary society, health care, nursing and nursing education are undergoing radical changes. Looking back and listening to the voices of the past can facilitate an enhanced perception of the present and contribute perspective to the future.

**METHODOLOGY:** This study utilized oral histories as the method of conducting nursing historical research. The voices of former student nurses were heard expressing their thoughts and feelings on not only nurses' and student nurses' work, but also their perspectives on politics, war, race, labor, class, and women's rights. Sources included the oral histories as well as pictures, yearbooks, and primary documents from the Georgia Baptist College of Nursing archives.

**FINDINGS:** Five themes emerged as the women reminisced about their days as students of GBHSN: *Taking advantage of opportunities, "from my dorm window," "through the tunnel," "a power situation," and "all the friendships and honor GBH has shown."*

**CONCLUSIONS:** These oral histories illuminated the lives of student nurses who took advantage of the opportunity for education by enrolling in and completing nursing school at GBHSN. Without initial significant power or influence as women, the narrators' stories describe how nursing school and a nursing diploma enabled them to generate changes in their lives, community, and nursing.

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#### **2. “What are We Doing Besides Being Smug?”: Carolyn Widmer’s Philosophy of a Liberal Arts Nursing Education**

*Jennifer Casavant Telford, PhD, ACNP-BC, Assistant*

*Professor, University of Connecticut*

*Jennifer Ryer, MA*

#### Abstract

**PURPOSE:** To explore and defend the relevance of Carolyn Ladd Widmer’s philosophy about the study of the history of nursing and a liberal arts education for nursing students.

**RATIONALE/SIGNIFICANCE:** When Carolyn Ladd Widmer arrived at the University of Connecticut in 1942 to take charge of its new School of Nursing, she brought her strong belief in the importance of a liberal arts education for nurses. Through her twenty-five years of leadership, she fought for what we would now call an interdisciplinary education to prepare her nursing students for a future in which they would have to manage increasingly diverse and sophisticated aspects of their patients’ health care. Widmer envisioned a time when nurses would stand as independent health care professionals in their own right, and she focused the curriculum on providing her students with the broad knowledge base and critical thinking tools necessary to be leaders and innovators in the field of health care. During this same period, however, Widmer also emphasized that the liberal arts component of nursing education should be complementary to the nurse’s primary role—the physical and emotional care of the patient. She supported the increased professionalization of nursing and recognized the importance of cultivating intellectual and creative talent to keep the field of nursing alive and relevant. However, she also cautioned nurses not to fall into the trap of thinking of themselves primarily as academics or as deputy doctors.

**METHODS:** The method of historical inquiry, as described by Lewenson and Herrmann (2008) was used in the conduct of this research. Our methods included the identification and use of primary and secondary data sources read through a social history lens.

**SOURCES:** Archival sources including, but not limited to, the Carolyn Ladd Widmer papers as part of the Josephine

A. Dolan Collection at the University of Connecticut; period *American Journal of Nursing* issues; and selected written correspondence in other collections during the time period of interest.

**FINDINGS/CONCLUSIONS:** Even as she saw traditional nursing tasks be reassigned over time to other fields of health care and social work, Widmer consistently asserted that the personal care of the patient would always be the domain of the nurse and that the research and innovations of nursing’s intellectuals should be devoted to improving patient care. Widmer’s philosophy of a liberal arts nursing education remains an important contribution to current debates regarding the application of hard science to the care of human beings and the balance between the professional and personal aspects of nursing.

#### **3. From Training to Education: Establishing a Dual Diploma/BS Degree Professional Nursing Program of Study at the University of Cincinnati, 1914-1916**

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

#### Abstract

**PURPOSE:** This paper examines the integration of the School of Nursing and Health of the Cincinnati General Hospital (CGH) with the University of Cincinnati (UC) through a cooperative agreement, and the creation of a professional nursing program of study including liberal studies and leading to a dual diploma of nursing and BS degree for the entry-level graduate nurse. Rationale for and challenges against the integration, and strategic planning and successes to create the dual diploma/BS degree program will be identified and discussed.

**RATIONALE/SIGNIFICANCE:** The cooperative agreement resulting in a dual diploma/BS degree for the graduate advanced the preparation of the graduate nurse from that of training to education. Examination of the challenges and successes of this program within the context of the early-1900s when the profession of nursing initiated the push to advance the educational preparation of the nurse illuminates the struggles American nursing has faced with achieving universal baccalaureate education for entry-level nursing. This program serves as an early exemplar of how a

community partnership facilitated advancement of entry-level nurses' education to the baccalaureate level.

**METHODOLOGY/SOURCES:** This study was carried out using the methods of social history research. It is a case study of the development of the University of Cincinnati School for Nursing and Health dual diploma/BS degree nursing program, 1914-1916. Primary sources used from the following archives, the Carl Blegen Library, Henry Winkler Center, and Wedbush Centre of the University of Cincinnati, and the Genealogy and Local History Department of the Public Library of Cincinnati and Hamilton County, include board of trustees' minutes and supporting documents, speeches, annual reports, school announcements, and city charters. Secondary sources, including historical and contemporary professional journal and newspaper articles, and analytical books on the subject, validated, enhanced, and confirmed findings.

**FINDINGS/CONCLUSIONS:** Cincinnati city officials' focus on the health of their community and interests of efficiency and economy were the main drivers to secure the cooperation between the CGH school of nursing and the UC. They created an environment promoting change. In addition, the appointment of Laura Logan, a prominent nurse education leader, as Director was an intentional move which enabled an environment conducive to strategically create curriculum changes and relationships to easily integrate the hospital's school of nursing into the university culture. Logan's vision of the nurse's practice role beyond the walls of the hospital and out in the community guided many of her curricular decisions. Through partnerships and strategic planning, a solid nursing curriculum to include liberal studies was developed to advance the education of the graduate nurse and improve the health of Cincinnati's community. The cooperative agreement between community partners served to advance the education of nurses and provides an example of addressing diverse needs with one action plan.

D. Nursing in the Great War  
Ethan Allen

### **1. Agatha Hodgins and the Great War: How a Nurse Anesthetist Advanced Her Profession, Her Peers, and Western Civilization**

*Amy Absher, PhD, SAGES Fellow*

*Samuel Esterman*

#### **Abstract**

**PURPOSE:** This paper examines the role of Agatha Hodgins in introducing anesthesiology to Europe and her role in advancing George Crile's dream of American scholars and scientists taking their rightful role as world leaders. More than this, Hodgins pragmatically worked for the advancement of women in the medical field.

**RATIONALE/SIGNIFICANCE:** In 1914, George Crile, a prominent surgeon in Cleveland, organized a hospital staff to assist in the war effort. He saw the war as an opportunity to advance medicine through experimental surgery, but he also saw it as a chance to break free of American political isolation and for the nation to take a leadership role in the world. Early on, he realized that he could not enact his revolution alone. Central to all of his plans was the head nurse anesthetist at Cleveland's Lakeside Hospital, Agatha Hodgins. She had joined Crile's private surgical service in 1908, suggesting that Crile had long since come to depend on her skills to make possible his surgical innovations. Now, in assembling a unit that would travel to France, Crile needed the best personnel possible and Hodgins was essential. Indeed, Hodgins, and her peers, were a significant factor in the medical advancements that distinguished World War I from previous wars. Even more so, Hodgins's efforts became the foundation for the lasting social revolution Crile dreamed of but was unable to secure on his own.

**FINDINGS/CONCLUSIONS:** In seizing upon the war, as this paper argues, Hodgins recognized that she had the opportunity to enact social change by elevating the position of the nurse in the surgical theater and by improving the training of nurses. Her experience in the war led directly to her work to formalize the Lakeside Hospital School of Anesthetists and in founding the National Association of Nurse Anesthetists. In this way, Hodgins was a leader in the emerging second wave of American feminism illustrating how the Great War provided women with a chance to break free of Victorian values socially and professionally.

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**SOURCES/METHODOLOGY:** This paper draws on the Lakeside Unit Collection housed in the Dittrick Medical History Center in Cleveland, Ohio. The collection will only become public in the Spring of 2014. Thus, this paper is part of the first scholarly efforts to use the collection, which consists of photographs, letters, diaries, and patient notes. We have been using the collection in classes for the past two years. In presenting this research, we will include information on how to incorporate the history of nursing into courses by drawing on archival primary sources.

#### **2. “Nursing Service is Military Service!”: The American Red Cross Nurse in the First World War**

*Marian Moser Jones, PhD, MPH, Assistant Professor, University of Maryland*

##### Abstract

**PURPOSE:** This study examines the wartime experiences of American Red Cross nurses who served in World War I in the context of the social history of nursing and military history.

**RATIONALE/SIGNIFICANCE:** The American Red Cross nurse has been characterized in popular culture as a romanticized icon. However, few scholars have examined the real wartime experiences of these nurses. In fact, as the Centennial of the First World War dawns, the experiences of the 19,931 American Red Cross nurses assigned to active duty with the Army, Navy, U.S. Public Health Service, or Red Cross Overseas Services have been largely excluded from the new wave of scholarship on the war. This is true despite the fact that these nurses were the first cohort of American Women military veterans.

**METHODOLOGY:** This study is based on qualitative contextual analysis of unpublished and archival material as well as published documents. It builds on the corresponding author's prior historical work on the history of the American Red Cross.

**SOURCES:** The study is primarily based on analysis of the unpublished diary of Minnie V. Strobel, a Red Cross-Army nurse in the first AEF Unit deployed to France after the U.S. entry into the war (in second author's possession); diaries

of other American Red Cross nurses (in U.S. archives), and on archival material on the American Red Cross in the U.S. National Archives. Key published sources include histories of American Red Cross nursing (Dock et al 1922, Kernodle 1948); *American Journal of Nursing* articles; published diaries and correspondence, and recent scholarship on Army nurses (Sarnecky, 1999) and World War I nursing (i.e., Hallett, 2009, Fell and Hallett, eds., 2013).

**FINDINGS:** American Red Cross nurses undertook many of the same risks as soldiers and sailors, from torpedo attacks, to air raids and hostile artillery, to influenza. They were also expected to work brutally long hours in difficult conditions without complaint. While supposedly symbols of “soft feminine virtues” of caring, these nurses were ordered by their leaders to swallow their sympathies and steel themselves for “the stern demands of war.” Yet they also developed female social networks, comprised of other nurses, to cope with these experiences.

**CONCLUSIONS:** American Red Cross nurses deserve belated recognition as military veterans for their vital contribution to the American and Allied war effort. Their experiences can also be useful to a broader understanding of how war nurses have processed and coped with traumatic events in wartime.

#### **3. Untold Stories of the First World War I: Inpatient Psychiatric Care on the Home Front in the United Kingdom**

*Claire Chatterton, PhD, RGN, RMN, Staff Tutor, The Open University*

##### Abstract

**PURPOSE:** This study aims to explore the impact of the First World War on a previously unexplored aspect of the Home Front in the United Kingdom. It will focus on the psychiatric asylums and hospitals of this period and will investigate the ways in which war affected the lives of the patients and nursing staff.

**RATIONALE/SIGNIFICANCE:** The rising casualty rates during the First World War were to cause a major problem for the British government. As the numbers of soldiers affected grew, the War Office began to requisition large public psychiatric asylums and use these as war hospitals for the



treatment of physically and mentally injured soldiers. To achieve this the War Office utilised the Board of Control, who were responsible for overseeing the 92 public lunatic asylums (as they were then officially termed) that were spread across England and Wales. They drew up a plan in which these asylums were divided into 10 groups. One institution in each group would be turned over to the War Office for use as a military hospital, thus providing 15,000 beds (Salmon, 1917). One after another these institutions were emptied, often rapidly. The patients and some of the staff were then dispersed to other public asylums across the country. It has been estimated that 12,000 patients were transferred in total from the 10 requisitioned asylums to the remaining ones, leading to significant overcrowding (Murphy, 2010). By July 1917 growing numbers of casualties had necessitated an extension to the original plan with further institutions being taken over as military hospitals including Scottish and Irish asylums. By this time 21 institutions were now designated military hospitals with a total of 27,158 beds. Meanwhile the death rate amongst the civilian inpatient psychiatric population had risen from under 10% to 17.4% (and 21.5% amongst male patients), a development described as a, “staggering rise.” (Carpenter, 1988, 62). This paper will investigate the effects that war had on both patients and nursing staff, using contemporary accounts.

**METHODOLOGY/SOURCES:** This paper draws on an analysis of archival sources. Primary sources include hospital records situated in County Archives and Record Offices. It also utilises diaries and articles from contemporary journals such as the Journal of Mental Science and the National Asylum Workers Union Magazine.

**FINDINGS/CONCLUSIONS:** This study gives an insight into the impact of the First World War on psychiatric patients and nursing staff in Great Britain and reveals some of their hidden stories.

12:15 PM - 1:45 PM

**Doctoral Student Luncheon**

Hartford Commons

**Attendee Luncheon**

Grand Ballroom West

1:45 PM - 3:15 PM

Concurrent Session IV

A. Nursing in Wartime

Connecticut A

**1. U.S. Cadet Nurse Corps University of Cincinnati Accelerated BSN Program: The Quiet Patriotism of Becoming a Nurse, 1943-1946**

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

Abstract

**PURPOSE:** This paper examines the United States Cadet Nurse Corps (USCNC) accelerated BSN program at the University of Cincinnati (UC) College of Nursing from 1943-1946. It gives voice to the 1946 UC BSN graduates' perspectives and experiences of the accelerated program. How these students' experience differed and influenced their professional nursing identity and role development will be discussed.

**RATIONALE/SIGNIFICANCE:** The USCNC accelerated nursing program was initiated to produce a greater number of nurses in a shorter time and provide a workforce for the home front to address the nursing shortage instigated by World War II. The USCNC accelerated program was successful in building the numbers of available nurses for population needs. The UC provides an early exemplar of the use of the accelerated concept for a BSN program; one which has received little historical attention to date. This program provides a lens to view the profession's current development and use of accelerated BSN programs to address the shortage of BSN-prepared nurses today.

**METHODOLOGY/SOURCES:** This study was carried out using the methods of social history and oral history research. It is a case study of the UC College of Nursing's accelerated BSN program, 1943-1946. Primary sources used from the following archives, the Carl Blegen Library and Wedbush Centre of the University of Cincinnati, and the National Archives and Records Administration in College Park, Maryland, include board of trustees' minutes and supporting documents, nursing faculty meeting minutes, annual program reports, letters, school announcements and catalogs, photographs, a diary, and federal documents. Primary source oral histories were also completed on eight of the 1946 graduates. Secondary

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### Saturday, September 20 (con't)

sources, including historical and contemporary professional journal and newspaper articles, and analytical books on the subject, validated, enhanced, and confirmed findings.

**FINDINGS/CONCLUSIONS:** Every nursing student who entered the BSN program at the UC in August of 1943 arrived unaware they entered an accelerated 3-year or 36-month program. Several students in this cohort later enrolled in the USCNC when it became an option in 1944. Preliminary findings indicate disconnections between the faculty and students, and between the portrayed status of cadets nationwide and the UC cadets. The 1946 graduates who were interviewed felt adequately prepared to practice as a BSN RN post-war after graduating from the accelerated program; although, the faculty pleaded to stop offering the accelerated BSN program months after it began. The 1943-1946 cohort served as the only cohort to earn a BSN following a 3-year program of study. Findings also show that the UC accelerated BSN cohort's cadet experience differed from the shared experiences of other USCNC cadets. UC cadets thought of themselves and were seen by others as mere UC nursing students and rarely showcased their cadet status. The intense expectations of the accelerated program and the nursing shortage in Cincinnati hospitals provided each cadet and nursing student an opportunity to display quiet patriotism. The chance to serve their country and the desire to become an RN provided students the strong driving force necessary to succeed in this accelerated BSN program.

### 2. Panel: Nursing in Wartime: Findings from Literary and Historical Studies

*Thomas Lawrence Long, PhD, Associate Professor in Residence, University of Connecticut*

*Janet Watson, PhD, Associate Professor, University of Connecticut*

Abstract 1: "Women of the Civil War: Mary Livermore, Female Union Nurses, and the Pension Debate" - Thomas Lawrence Long

**PURPOSE:** The aim of this study was to examine the historical relationships between Union women's Civil

War nursing service and the subsequent debates about awarding pensions to them, in the context of broader social movements on behalf of women's equality (e.g., the woman suffrage movement), examined through the memoir and advocacy writings of Mary A. Livermore.

**RATIONALE/SIGNIFICANCE:** This study explores themes of gender and professionalism in nursing that persists in their relevance today. The pension debates in the Reconstruction era and the Gilded Age are echoed today in our political discourse about health care reform. Mary Livermore's writing provides an apt lens through which to view these issues: They represent a range of genres (memoir, personal narrative, published speeches, advocacy writing) and were nationally popular.

**METHODOLOGY:** This study examines primary sources (including Livermore's writings and those by her contemporaries, statistical data) and secondary sources (including historical studies of the pension debates, biographical studies). It employs methods of culture studies, examining rhetorical performances across a range of genres that are then historicized.

**SOURCES:** Primary sources include--Livermore's "Woman Suffrage" (1886); *My Story of the War* (1889); "Reminiscences of Hospital Life" (1889); "The New Womanhood" (1891); "Cooperative Womanhood in the State" (1891); T. W. Higginson's "Women and Men" (1887). Secondary sources include—J. Schultz, *Women at the Front: Hospital Workers in Civil War America* (2004); L. M. Logue and P. Blanck, *Race, Ethnicity, and Disability: Veterans and Benefits in Post-Civil War America* (2010); M. Graf, "For Pity's Sake: Civil War Nurses and the Pension System" (2008); L. A. Long *Rehabilitating Bodies: Health, History, and the American Civil War* (2004); W. H. Venet, *A Strong-Minded Woman: The Life of Mary A. Livermore* (2005).

**FINDINGS/CONCLUSIONS:** : Livermore's published work in the 1880s and early 1890s laid the ideological and rhetorical foundation for the passage of the Nurses Pension Act of 1892 by demonstrating that women's contribution to the Union war effort was comparable to men's both in the dangers entailed and the work accomplished on behalf of the Union and its military victory. In what might be

called literature as political advocacy, through the 1880s and 1890s in memoir writing, essays, and public speaking, Livermore legitimated the wartime work of women, enabling the expansion of federal pensions to nurses in 1892.

Abstract 2: “The Perils of Professionalism: Sister Alice Slythe and British Nurses in the Great War” - Janet Watson

**PURPOSE:** The aim of this study was to examine interactions between professional nurses and other people working in British World War I hospitals in the period immediately prior to the establishment of the national Nursing Registry. The extensive diaries of Sister Alice Slythe of the Territorial Forces Nursing Service offer special access to the issues surrounding the professionalization of nursing in terms of relations with doctors, volunteer nurses, and orderlies.

**RATIONALE/SIGNIFICANCE:** : This study explores the conflicts that arose between trained nurses and their varied hospital coworkers in the period before registration conferred official professional status. Though the paper focuses particularly on the tensions of the pre-registration era, as brought out during the crises of wartime, the issues of gender, class, and professional status continue to be relevant in contemporary society. As Alice Slythe worked in several different kinds of medical installations in various parts of the war zones, and wrote in detail about her conflicts with a variety of other people working in hospitals, she provides a particularly fruitful point of access to these tensions.

**METHODOLOGY:** This study examines primary sources (the diaries of Sister Alice Slythe as well as diaries, letters, and contemporary publications by other professional nurses, doctors, and volunteer nurses) as well as secondary sources (historiography focusing on British women in wartime, professional nursing, war work, and wartime hospitals). It employs the tools of cultural history, with particular focus on using gender, class, and the social construction of work as analytic lenses.

**SOURCES:** Primary sources include the wartime diaries of Sister Alice Slythe, which are held in the Peter Liddle 1914-1918 Personal Experience Archive, Brotherton Library, University of Leeds. Additional primary sources include diaries and letters by doctors, trained nurses,

and volunteer nurses held at the Liddle Collection and the Imperial War Museum (London), as well as wartime publications on women working in hospitals. Secondary sources include M. Higonet, *Nurses at the Front: Writing the Wounds of the Great War* (2001); S. Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (1994); L. Leneman, “Medical Women in the First World War: Ranking Nowhere” (1993); S. McGann, *The Battle of the Nurses* (1992); J. Watson, *Fighting Different Wars: Experience, Memory, and the First World War in Britain* (2004).

**FINDINGS/CONCLUSIONS:** In the period prior to the establishment of the Register of Nurses, trained nurses had to find other means to demonstrate their professional capabilities in the absence of a recognized credential. Their efforts were complicated by issues of gender and class, as they interacted with male doctors (who were military officers), female doctors (who had no military status), orderlies (whose military standing complicated the professional hierarchies of the wards), and especially the large number of often socially-elite volunteer nurses with little to no real training who came to work in hospitals as a form of work on behalf of the national war effort. The crisis of the First World War proved to be a critical moment in the arguments being made to establish the professional status of trained nursing. The work these women did in wartime hospitals was a critical factor in the establishment of the Nursing Register in December 1919.

B. Partnering in Public Health  
Connecticut B

**1. Improving Prehospital Care and Access in Rural Virginia: The Experience in One Rural Community**  
*Audrey Snyder, PhD, RN, ACNP, FAANP, FAEN, Assistant Professor, University of Northern Colorado School of Nursing*

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**PURPOSE:** The purpose of this exploratory study is to identify and describe the role of a community health nurse in creating a volunteer rescue squad to improve prehospital care for victims of highway accidents, drowning's and cardiac arrest. The evolution of this volunteer rescue squad over a 50-year period is examined along with an analysis of this nurse's influence within the social, political and economic context of the period.

**RATIONALE/SIGNIFICANCE:** Access to health care has been a factor for patients living in the rural areas. Geography alone presents obstacles for rural residents and healthcare providers. Rural residents have a strong sense of community responsibility and can be creative in meeting their needs.

**METHODOLOGY:** Traditional historical methods with a social history framework were employed to examine the chronology of events in the development of this organization, themes, and the context of historical events. Oral history interviews were conducted with life members of the rescue squad and community members who were investing in the community and rescue squad operations. Primary sources also included the nurse's personal records housed in UVA historical archives, rescue squad scrapbooks, and papers in the personal files of the participants. Additional secondary materials included local newspapers, library files, articles and books on standard prehospital care for the time period.

**FINDINGS:** The Madison County Rescue Squad was established in 1963 to provide care to residents of the county. One nurse was instrumental in organizing community members and spearheading the formation of the rescue squad. The members were innovating in seeking support from surrounding area rescue squads and businesses in the community. This early volunteer organization with unpaid staff provided care to the residents of the county and surrounding area and for anyone passing through its borders who needed assistance. Training and equipment evolved over time as standards of prehospital care changed with experience and research.

**CONCLUSIONS:** The history of this community health nurse

who was instrumental in the organization of this volunteer rescue squad provides insights into nontraditional nursing roles, leadership and collaboration. She broke down barriers to gender, distance, and cost to ensure residents had access to trained prehospital providers. They were early adopters of prehospital protocols and piloted the first cardiac program in the state. They were on the front lines providing trauma and medical care without the aid of physicians on the scene. They were creative in fundraising efforts to support the needed equipment and supplies. Collaboration with community members and groups represented skillful recruitment of resources and the development of community partners to ensure the success of the organization.

### **2. "Fair Philosophers and Practical Philanthropists:" Care for Cleveland's Poor Children, 1891-1928**

*Mary E. Gibson, PhD, RN, Associate Professor, University of Virginia School of Nursing*

#### **Abstract**

**PURPOSE:** The purpose of this paper is to identify and describe the origins of care for sick children in Cleveland from 1891 – 1928, and to analyze the contextual threads which advanced their care from a summer cottage plan to a hospital for convalescent and crippled children by 1914, and to a new and modern hospital by 1928.

**RATIONALE/SIGNIFICANCE:** Late nineteenth and early twentieth century Cleveland was a burgeoning city on Lake Erie, with immigrants and native workers and their families arriving in search of work. Like many cities of the time, inadequate housing and marginal living conditions negatively influenced the health of the city's poor population. In 1890, more than one half of the deaths in Cleveland were children under the age of five. Just after the turn of the century, the infant mortality remained as high as 200 per 1000 live births. Recognizing this problem, the Rainbow Circle of the King's Daughters, part of a larger Christian women's group, joined with a physician and other reform minded citizens to organize a summer cottage for children with orthopedic, feeding and various other health problems. This same scenario unfolded in other areas of the country – the recognition of children in need of medical care and the development of strategies to meet

to meet their needs. In Cleveland, as in other cities, active young and socially prominent women became the drivers of these charitable and progressive movements.

**METHODS/SOURCES:** The sources for this study included primary materials from the Case Western Reserve Archives in two locations on the Case Western Campus, including annual reports and scrapbooks. Articles and books from the time period that document the story as well as more recent secondary sources on the topic contributed to the study.

**FINDINGS/CONCLUSIONS:** The Rainbow Cottage, through the work of the young women of the Circle, coordinated efforts with local charities and medical providers to provide restorative and convalescent services for children requiring care for feeding disorders, malnutrition, “building up” in preparation for surgery, and the rest, food, sunlight and fresh air that many underprivileged children needed to improve their health. Referrals came from multiple local charities and service organizations, and the Lakeside Hospital. Nurses staffed the cottage overlooking Lake Erie, and thirty-two children benefitted during the first summer. By 1897, the Cottage expanded to serve seventy-five children, and had located new sources of funding to supplement the charitable women’s strategies. Eventually partnering with the Babies and Children’s Dispensary in 1906, the Rainbow Cottage developed plans for year round services which eventually led to the formation the Rainbow Hospital for Crippled and Convalescent Children, so renamed in 1914. The primarily orthopedic hospital partnered with Case Western Reserve and opened a new, modern hospital in 1928 with funds raised from local donors and philanthropists – many of whom were relatives or family business colleagues of the original Circle members. Women’s charitable work offered late nineteenth century young women opportunities to achieve meaningful progressive gains in cities like Cleveland, as they found socially acceptable ways to venture from their comfortable homes. At the same time, young trained nurses found positions that stretched and solidified their professional skills and provided financial independence.

**3. Audacious Women: 200 Years of the LBS in Charleston**  
Carole Bennett, PhD, APRN, PMH, CS, Assistant Professor,  
Georgia Southern University; Jesse Bustos-Nelson, BA

## Abstract

The Ladies Benevolent Society of Charleston recently celebrated its 200th anniversary of continuous years of service to the sick, poor of Charleston, SC. Its founders in 1813, having provided nursing care to soldiers and prisoners during the British siege of the Revolutionary War, organized the women of Charleston to assist the poor suffering from the devastating economic effects of the war of 1812. The LBS members continued their benevolence thru the Civil War, dispensing funds and caring for the poor while most people had evacuated the city, thru WWI caring for victims of Spanish Influenza which ravished Charleston a military seaport, until today, as they continue to support care for homeless veterans, returned from Afghanistan and Iraq.

The purpose of this study, however, seeks to answer the larger question of how the organization has survived for over two centuries and actually thrives economically today in spite of the twists and turns of healthcare and changing economic times. The findings and conclusions will show that their economic maneuvers and adaptations, such as contracting with a life insurance company in 1911 to provide nursing care to improve longevity of the 6,000 Charleston policy holders; their innovations, for example, of providing food vouchers, the forerunner of food stamps, as early as 1850; their bold defiance of racial norms by supporting blind free women of color, through weekly pensions and provision of home nursing care in the antebellum south; and the commitment to control funds through their early requirement that the treasurer of the LBS be a single woman, avoiding the potential pilfering of their money by a husband or son, will be discussed with their significance for the profession of nursing. The intersection of gender, economics, innovation, race, and the legacy of audacity will be explored in-depth.

C. Global Nursing  
Connecticut C

# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

## *Conference Program & Abstracts*

### **Saturday, September 20 (con't)**

#### **1. “A New Training School for Nurses with American Methods and Standards:” St. Luke’s College of Nursing, Tokyo, Japan 1920-1925**

*Kathleen M. Nishida, RN, CNM, MSN, PhD(c), Graduate Student, University of Pennsylvania School of Nursing*

##### Abstract

**PURPOSE:** To examine the curriculum and nurse training program at St. Luke’s College of Nursing Tokyo, Japan, 1920-1934 to see how it reflects what was valued in nursing education in the United States.

**RATIONALE:** The leadership at St. Luke’s International Hospital and its nurse training program were very vocal about being a state of the art medical facility that sought through its nurse training program to raise the quality of nursing education and practice in Japan. They very clearly sought to reproduce American styled nursing education at St. Luke’s. To achieve this they brought nurses from the United States to teach and manage the nurse training program and brought Japanese nurses from Japan to the United States for post graduate studies and observation experiences.

**SIGNIFICANCE:** Although nursing education was very much a priority and the focus of a great deal of work by nursing leaders in the first decades of the twentieth century, this subject is not examined in great depth in the secondary literature. No books or articles were found that synthesize and analyze the many influences on nursing education in this time period. This paper offers a unique opportunity to probe how an international nursing effort embodied period values in the U.S. nursing education movement.

**METHODOLOGY:** Social history methodology will be used to synthesize, contextualize, and analyze primary source documents from the United States and Japan. Sources include documents from St. Luke’s College of Nursing; the Episcopal Church archives; and the Rockefeller Archive Center.

**SOURCES:** Primary sources include original documents consisting of communications between officials at St. Luke’s and the American Church Mission office as well as

between St. Luke’s and the Rockefeller Foundation; the Japanese application for the school to become an official post-secondary educational institution; student materials including notebooks and mimeographs; and yearbooks. Sources that make statements about the state of Nursing Education in the United States include the 1923 Goldmark Report, the National League of Nursing’s Standard Curriculum for Schools of Nursing, 1919, the revised 1927 version titled A Curriculum for Schools of Nursing, and the *American Journal of Nursing*.

**FINDINGS:** Original documentation of the school’s semmon gakko (post-secondary school) application details every book, instrument, and course that would be available to nursing students at St. Luke’s. The curriculum at St. Luke’s is an exact replica of U.S. curriculum models. Photographs demonstrate that although the curriculum was imported from the West, there were many instances where Japanese customs prevailed.

**CONCLUSIONS:** The examination of an international endeavor to bring American styled nursing education to Japan proves to reflect interestingly on the movement to improve and standardize nursing education in the United States. The cultural significance of introducing western nursing ideas into an eastern society is not addressed in official documents but photographs revealed interesting manifestation of Japanese culture within this Western styled program.

#### **2. Pioneer Nursing in the Ottoman Empire, Before World War I**

*Isabel Kaprielian-Churchill, PhD, Emeritus Professor, California State University-Fresno*

##### Abstract

**PURPOSE:** This paper addresses the role and relationship of two different groups of women who together established modern nursing in the Ottoman empire before World War I. One group consisted of American nurses and those trained in European countries such as Britain and Denmark who acted as head nurses and matrons in hospitals established by medical missionaries in the Ottoman empire. The other was composed of young Armenian women, among the first in the Middle East to benefit from

mass schooling and the first indigenous group to enter the nursing profession in Turkey.

**RATIONALE/SIGNIFICANCE:** At a time when modern nursing was an innovation just spreading through industrialized western countries, missionary hospitals, established in remote areas of Anatolia, set up nurse training facilities and adopted curricula and textbooks from American nurse-training hospitals, such as Bellevue Hospital in New York city.

As the mission hospitals increased in number, size, and types of treatments, the need for nurses grew accordingly. This paper will discuss the recruitment of Armenian girls, their training, and their relationship with the senior foreign nurses who taught them and provided models of what women could do if given the opportunity and the education. The interaction between these two groups of women, moreover, serves as a prime example of global nursing in what one might call a female collective experience.

**FINDINGS/CONCLUSIONS:** The paper demonstrates the pioneering role Armenian girls played in entrenching modern nursing in the Ottoman empire, in facing and overcoming the opposition of family and society against caring for the sick (especially strange men), in contributing as midwives to the health of pregnant and delivering women, and in promoting sanitation and hygiene in public health. The first Armenian women to champion modern medicine in a patriarchal society, these girls opened the way for their daughters to become nurses, physicians, dentists, and pharmacists.

**SOURCES:** This paper is based on my research study entitled *Sisters of Mercy and Survival: Armenian Nurses, 1900-1930*. Principal primary sources include the following archives: the American Board of Commissioners for Foreign Missions (Houghton Library, Harvard); the American Women's Hospitals (Drexel University); Republic of Armenia National Archives, Yerevan, Armenia; papers of Dr. Ruth A. Parmelee, Hoover Institution, Stanford; International Committee of the Red Cross; American University of Beirut, Lebanon; the Armenian Catholicosate in Beirut, Lebanon; Bibliothèque Nationale de France, Paris. Secondary sources include histories of nursing and hospitals in English, French, Armenian, Russian, and

Turkish.

### **3. Marriage of Convenience: "Girl Nurses" in the China Convoy, 1941-1945**

*Susan Armstrong-Reid, BA, MA, PhD, Adjunct Professor, University of Guelph*

#### **Abstract**

**PURPOSE:** The historical snapshot of two nurses' frontline experiences with the China Convoy, a section of the Quaker sponsored the Friends Ambulance Unit (FAU), captures the themes and methodology of my larger research project, entitled: *The China Gadabouts: the new frontiers of humanitarianism, 1941-1951*. FAU teams worked bravely and creatively to forge new frontiers of humanitarian aid in war-torn China, both geographically and intellectually. Apt foils to each other, Chinese nurse Doris Wu and British nurse Margaret Briggs illuminate the complex entanglements of nursing as it was imagined and practiced on the liminal frontiers between war and peace in a nation where war never really abated.

**RATIONALE:** This study fills an important lacuna in the scholarly literature and pushes the boundaries of scholarly inquiry. Nursing's crucial role has been marginalized in the mainstream literature on the Convoy. More generally, the role nurses, especially Chinese nurses, played underpinning British and American aid in the development of the modern Chinese medical system has received scant attention. Nursing's role in the Convoy provides a critical lens to confront the limitations of post-colonial and international relation's analytical frames for untangling the complex imperial exchanges that occurred within the intimate contact zone of providing care. It also presents an opportunity to analyze the important transformation of humanitarian aid during these years and its continued salience for nursing's role in the conflict-ridden complex humanitarian crises that confront the 21st century global health community.

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**METHODOLOGY:** Analytical constructs drawn from international relations scholars, used in conjunction with liminality, the contact zones and hybridity, provide the initial organizing frames. This paper is also attentive to how multi-faceted power relations intersect with the praxis of faith, gender, race, place, and nation. Collectively they complicated the China Convoy's nurses' abilities to carve out sufficient humanitarian space to meet dire health needs in war-torn China. An interdisciplinary framework allows the admission into the historical dialogue and critical analysis of the agency, assimilation, and accommodation of both Western nurses and their Chinese colleagues.

**SOURCES:** This paper draws upon a rich collection of untapped private and public papers, photos, film, and oral history collections held in Canada, the United States, New Zealand, and Great Britain.

**FINDINGS:** Three working conclusions were drawn. Doris Wu and Margaret Briggs multi-directional cross-cultural exchanges raise several important questions. Will the larger study of the China Convoy's nurses unsettle post-colonialist scholars' prevailing portrait of nursing's role in perpetuating imperialism and racism and its view of Western humanitarian aid as a top-down donor-driven process? Do their stories suggest that this portrait marginalizes the agency and activism of Chinese nurses in developing a unique primary healthcare system? Do their diverse experiences reinforce the need for a different critical transnational lens that allows for the transformative potential of witnessing and responding to the human face of international suffering?

3:15 PM - 3:30 PM

#### Break

Ballroom East

3:30 PM - 4:30 PM

#### Special Plenary Session

Hilton Grand Ballroom West

Dr. Jane Schultz

#### ***Transformations of the Sickroom: War Nursing, Technology, and Authority***

AAHN is thrilled to be able to host our plenary speaker, Dr. Jane Schultz. Dr. Schultz is Professor of English and the Medical Humanities, and Director of Literature at Indiana University-Purdue University-Indianapolis. She is co-editor of *Nursing History and Humanities*, a book series published by the Univ. of Manchester Press. *Women at the Front* (University of North Carolina, 2004) is a study of gender and relief work in American Civil War military hospitals and was a Lincoln Prize finalist in 2005. In 2010 Schultz published *This Birth Place of Souls* (Oxford), an annotated edition of one of the last extant nursing diaries from the Civil War. Currently she is engaged in two book projects: one on surgical culture in the Civil War, and a second on how the evolving public understanding of cancer has affected its social meanings as well as its treatment protocols.

4:30 PM - 5:00 PM

#### **Poster Presentations Available for Discussion**

Ballroom East

4:30 PM - 5:30 PM

#### **Silent Auction Check-Out**

Ballroom East

6:00 PM - 9:00 PM

#### **Annual Banquet and Live Auction**

Hilton Grand Ballroom East

### Sunday, September 21

7:30 AM - 8:30 AM

#### **Breakfast**

Hilton Grand Ballroom West

8:30 AM - 9:30 AM

#### **AAHN General Business Meeting**

Hilton Grand Ballroom West



**1. A Historical Analysis of the Frontier Nursing Service (1925-1970): Organizational Culture's Impact in Appalachia**

Edie West, PhD, ACNS-BC, RN

**2. Air Force Nursing Leaders**

Donald G. Smith, Jr., RN, MA, PhD, USAFR Col (ret.)

**3. Brazilian Nursing Journal (Revista Brasileira de Enfermagem) and its Role in Professional Consideration**

Joel Rolim Mancica, RN, PhD

**4. The History of the Pennsylvania Hospital Training School for Male Nurses of the Department for Mental and Nervous Diseases, 1914-1965**

Patrick E. Kenny, EdD, RN-BC, ACRN, APRN-PMH

**5. The Significance of Art in the History of Nursing**

Linda E. Sabin, PhD, RN

*2014 AAHN  
Conference Poster  
Presentations*

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# American Association for the History of Nursing 31<sup>st</sup> Annual Conference

*Call for 2015 Abstracts*



**American Association for the History of Nursing  
Thirty-second Annual History of Nursing and Health Care Conference  
Dublin, Ireland  
September 17-20, 2015**

**The American Association for the History of Nursing and University College Dublin's School of Nursing, Midwifery and Health Systems** are co-sponsoring the Association's thirty-second annual conference to be held in Dublin City. The conference provides a forum for researchers interested in sharing new research that addresses events, issues, and topics in any area of nursing and health care history, broadly construed to encompass the history of nursing, global nursing history, nursing practice, health care institutions, caring, illness, healing work and public health. Submissions pertaining to all areas and regions of the world are welcome. Papers and posters that expand the horizons of nursing and health care history and engage related fields such as women's, labor, technology, and economic history and race and gender studies are encouraged. Individual papers, posters, and panel presentations are featured at the conference. If submitting an abstract for a panel, please clearly state on the abstract that it is for a panel presentation. Only panels consisting of 3 to 5 presenters will be considered. Additional information about AAHN and the conference can be obtained at [www.aahn.org](http://www.aahn.org).

**Guidelines for Submission:** A one-page abstract of a completed study will be accepted by email. Submit two copies of your abstract; one must include the title, author's name(s), credentials, institutional affiliation, phone/fax and email. If more than one author is listed, indicate who is acting as the contact person. Indicate whether a paper, poster, or panel presentation is sought. The second copy of the abstract should include only the title, and mode of presentation with no other identifying information.

**Abstracts must include:** Purpose of study, rationale and significance, description of methodology, identification of major primary and secondary sources, findings and conclusions. Each section of the abstract should be clearly identified. Abstracts will be selected on the basis of merit through blind review.

**Abstract preparation:** Margins must be one and one-half inches on the left, and one inch on the right, top, and bottom. Center the title in upper case, and single space the body using 12 point Times (New Roman) font. Accepted abstracts will be printed as submitted in the conference program; thus, when printed, the abstract must fit one side of one 8.5" x 11" paper.

**Submission information:** Abstracts must arrive on or before January 31, 2015. Submit to: [Abstracts@AAHN.org](mailto:Abstracts@AAHN.org). All conference presenters must be AAHN members.

*Prepare for 2015!*

Thank You, UConn!

Hello, University College of Dublin!

In 2015, AAHN will be traveling across the Atlantic to be hosted by Dean Martin McNamara and the Faculty of University College Dublin School of Nursing, Midwifery and Health Systems for the 32nd Annual Conference

**When:** September 17 - Pre-Conference Program  
September 18-20 - Annual Conference Program

**Where:** *Primary Hotel* - Alexander Hotel  
*Secondary Hotel* - Davenport Hotel  
Dublin, Ireland

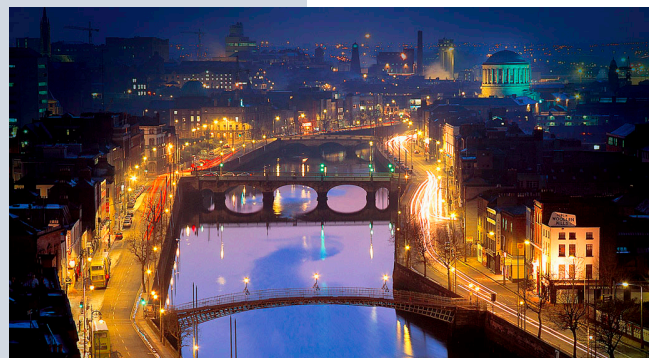
**Why:** To hear from Dean Dorrie K. Fontaine, our Eleanor Krohn Herrmann Keynote Speaker. Dr. Fontaine is the Sadie Heath Cabaniss Professor of Nursing at the University of Virginia and Associate Chief Nursing Officer for UVA Health Systems. Her address is titled "Compassionate Care through the Centuries: Highlights in Nursing History." You will also enjoy a Special Plenary Session Lecture by Dr. Christine Hallett entitled "Neutrality, Engagement and Humanitarian Response: US Nurses and the First World War."

**Details:** AAHN is working with a travel agent to help secure the lowest airfare rates possible. If you wish to book your air travel in advance, you may consult with:

Gail Kooima  
Wee Travel  
gail@weetravel.net  
720-238-0166

The secondary hotel is across the street from our primary hotel, where most of the Conference events will be taking place. This will be taken into consideration when planning the schedule of events.

**We hope to see you there!**





***Thank You for Attending!***