



AAHN
*American Association for the
History of Nursing*



WEGMANS SCHOOL of NURSING
St. John Fisher College

Onsite Program

34TH ANNUAL AAHN
NURSING & HEALTHCARE HISTORY CONFERENCE

Co-sponsored by Wegmans School of Nursing, St. John Fisher College

September 7-9, 2017

Woodcliff Hotel & Spa Fairport, NY





Dear AAHN Members and Conference Participants,

Welcome to AAHN's 34th Annual History of Nursing and Healthcare Conference in Fairport, NY, co-sponsored by Wegmans School of Nursing at St. John Fischer College! We are so glad you are here and we look forward to an exciting program. If you have enjoyed previous meetings, you are aware of what to expect – great historical scholarship; a topically pertinent preconference; tours of our host city; connections with old and new friends and colleagues and our incomparable and legendary auction. If you are attending for the first time, you are in for a great experience! Please wear your “New Member” and/or “First Time Attendee” ribbon so all of us can personally welcome you. We hope you will, like many of us, get “hooked” on AAHN.

We are honored and very thankful to have the Wegmans School of Nursing at St. John Fisher College as our host, where Dean Dianne Cooney Miner has rolled out the red carpet. Indeed we will all become familiar with many aspects of Rochester as we participate in this year's conference – many thanks to the program committee led by Brigid Lusk, and the local arrangements committee (LAC) led by John Kirchgessner, who both worked hard to make this the best AAHN conference yet! We cannot forget the LAC Committee, either! A very many thanks to Caroline Critchlow, Bethel Powers, Michelle Price, and Elizabeth Zicari. We must also express a huge thank you to our sponsors and contributors to this year's conference. Thank you to our Gold Sponsor & Water Bottle Sponsor, University of Rochester School of Nursing, our Silver Sponsors, Roberts Wesleyan College and Rochester Regional Health, and our Bronze Sponsors, the Delta Sigma Chapter of Sigma Theta Tau and the New York Organization of Nurse Executives & Leaders, Inc.

Our two keynote speakers will set a theme illustrating nurses' diverse contributions to the practice of nursing across place and time, specifically intellectual contributions. Our Eleanor Krohn Herrmann Keynote, Karen Flynn, PhD, will focus on a particular Jamaican nurse, Lillie Johnson and her advocacy and activism. Our closing plenary session features Margaret Moss, PhD, JD, RN, FAAN who will explore the traumas experienced by American Indians and how their health may be improved. A wealth of additional researchers will fill out the stimulating program.

As we approach the four decades of AAHN as an organization, we rely on you, our members and friends, to engage in historical dialogue and to contribute your own scholarship and experience to help our organization continue to prosper. It is our task to emphasize and disseminate the importance and relevance of our history. If we want to understand the present, we need to delve into the challenges that nurses and healthcare professionals faced in the past and reflect on how they responded to them. Only then can we intelligently influence our future. That is what this conference is all about.

Welcome! Thank you for coming and I look forward to personally greeting you!

Sincerely,

Mary E. Gibson, PhD, RN
President AAHN

Welcome

On behalf of the faculty and staff of the Wegmans School of Nursing at St. John Fisher College, I am honored to welcome you to Rochester and to the 34th Annual Nursing and Health Care History Conference. I also wish to extend a special thank you to the Wilmot Foundation for their ongoing support of nursing scholarship in our community and their assistance with this conference.

We are pleased to share our community and celebrate its history with you. As the home of Frederick Douglass, George Eastman and Susan B. Anthony, Rochester was at the center of 19th Century innovation, philanthropy and social activism that drove transformative change in our nation. This same commitment to innovation, philanthropy and activism continues through our current initiatives to end poverty, to confront structural racism, to grow a stronger economy and to provide children with opportunities that strengthen health and support academic achievement. As a center for collective impact, Rochester's economic, education, health, non-profit, community, civic and philanthropic sectors are working together to drive transformative change in today's world.

At the Wegmans School of Nursing we are proud to build upon the professional traditions of Rochester natives Lillian Wald and Sophie Palmer and continue the heritage of service that was part of our founding as the Cadet Nursing Programs at Alfred University. Shaped by our commitment to goodness, discipline and knowledge, the values of the Order of St. Basil and strengthened by a generous gift from the Wegmans Foundation, we have grown from that original cadet program to a school with 1,000 students committed to excellence in ethical practice, scholarship and community service.

I wish to extend a very special welcome to all our colleagues and to our keynote speakers Karen Flynn, PhD and Margaret P. Moss, PhD, JD, RN, FAAN. Through the generosity of our Steering Committee member Dr. Carolyn Vacca, Professor of History, and our community we are pleased to offer tours of the Susan B. Anthony House and Mt. Hope Cemetery, where Frederick Douglass, Susan B. Anthony and Lillian Wald are buried. On Thursday evening our Fisher colleague Dr. Tim Madigan, Professor of Philosophy, will present a special glimpse into the history of the Erie Canal that flows very close to the conference hotel. None of this would be possible without the hard work of the Steering Committee: Dr. Bethel Powers, Ms. Elizabeth Zicari, Dr. Caroline Critchlow and Ms. Michelle Price. Special recognition goes out to Dr. John Kirchgessner for his championing the idea of this conference and for leading it forward. We are also grateful to the late Dr. Jean C. Whelan for her help and inspiration in getting us started. We are proud to contribute to the legacy left by her leadership in nursing history.

I look forward to welcoming each of you to the Dean's Reception at the George Eastman House in all of its Victorian glory and gardens in late summer bloom accompanied by a little night music provided by University of Rochester Eastman School of Music musicians.

Sincerely,

Dianne Cooney Miner PhD, RN, FAAN, FFMRCIS(Hon)
Founding Dean and Professor
Wegmans School of Nursing
St. John Fisher College



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St. John Fisher College

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Continuing Education Information

Contact hour credit for this offering is pending through Rochester Regional Health Department of Clinical Education & Nursing Research. Rochester Regional Health Department of Clinical Education & Nursing Research is an approved provider of continuing nursing education by ANA Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

2017 AAHN Research Award Recipients

Teresa E. Christy Award

Amanda L. Mahoney

"Careful and Complete Observation of the Patient;" Nurses and the Sociotechnical System of Medical Research, 1930-1962

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

Lavinia L. Dock Award

Charissa Threat

Nursing Civil Rights: Gender & Race in the Army Nurse Corps

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

Mary Adelaide Nutting Award

Kylie Smith

Different Places, Different Ideas: Reimagining Practice in American Psychiatric Nursing After World War II

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

Susanne Kreutzer and Karen Nolte

Deaconesses in Nursing Care

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

2017 AAHN Research Grant Recipient

H-31 Grant

Beth Hundt, University of Virginia

An Historical Investigation of the Influences of the Built Environment: St. Elizabeths Hospital, 1852-1899

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



Follow the 34th AAHN Annual Conference on Facebook and Twitter!



AAHN is putting a greater effort behind its social media presence to help spread the word about the organization and the conference. Be sure to follow AAHN's Facebook and Twitter pages, and be sure to use this year's hashtag when posting, #AAHN2017.

@aahn_nursing

Preconference Workshop

Trends in Publishing Nursing History: Sources and Strategies to Enhance Scholarly Productivity

Thursday, September 7, 2017, 9:00-12:00pm

Objectives

- Discuss trends in publishing nursing history. (What topics, types of history are publishers interested in? Provide examples).
- Discuss the process of submission of an article through revisions and publication.
- Identify strategies for new researchers to publish their dissertation research or post-doctoral research. (Guidance on whether to publish dissertation research as a book or several journal articles).
- Identify journals that are receptive to publication of nursing history research
- Describe the process of shaping a nursing history article for publication in a non-history journal (provide examples from personal work)

Speakers:

Rima D. Apple, PhD

Professor Emerita, University
of Wisconsin-Madison

Barbra Mann Wall, PhD, RN, FAAN

Thomas A. Saunders III
Professor of Nursing, Director,
The Eleanor Crowder Bjoring
Center for Nursing Historical
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Conference Agenda

Thursday, September 7

8:00am – 2:00pm **Conference Registration** Lobby

8:30am – 9:00am **Preconference Workshop Breakfast** Hemlock Foyer

9:00am – 12:00pm **Preconference Workshop: Trends in Publishing Nursing History: Sources and Strategies to Enhance Scholarly Productivity** Hemlock

1:00pm – 5:00pm **Susan B. Anthony Home and Mt. Hope Cemetery Tours**

Buses will leave the hotel at 1pm. Please plan to be in the lobby to board the bus by 12:45pm.

1:00pm – 5:00pm **AAHN Board of Directors Meeting** Cayuga

6:30pm – 8:00pm **Clinton's Ditch at 200: Celebrating the Bicentennial of the Erie Canal** Conference Center

A presentation on the origins of the Canal and how it changed the landscape, the politics and the economics of the United States, as well as a look at its continuing importance to New York State. Speakers include St. John Fisher College faculty members Mike Boller, PhD (Biology), Tim Madigan, PhD (Philosophy), Clair Smith, PhD (Economics), Wayne Strauss, PhD (Business) and their students, and Tom Grasso (Former President of the New York State Canal Association), Bob Graham (author of *Three Generations on the Erie Canal*), and Mike McCarthy (President of the Irish American Cultural Institute).

Friday, September 8

7:30am – 5:00pm **Conference Registration** Conference Center Lobby

7:30am – 8:30am **Breakfast** Conference Center Lobby

8:30am – 8:45am **Welcome Remarks** Conference Center

Mary Gibson, PhD, RN, University of Virginia, AAHN President
Dianne Cooney Miner, PhD, RN, Dean and Professor,
Wegmans School of Nursing, St. John Fisher College
Brigid Lusk, PhD, RN, FAAN, AAHN Program Chair

8:45am – 9:15am **Celebration of the Life of Jean Whelan** Conference Center

9:15am – 9:30am **Awards & Grants Presentations** Conference Center

Winifred Connerton, PhD, RN, Assistant Professor, Pace University
Rima D. Apple, PhD, Professor Emerita, University of Wisconsin-Madison

9:30am – 10:30am **Eleanor Krohn Herrmann Keynote Address: Can the Nurse and the Public Intellectual Exist as one Person? Mapping Lillie Johnson's Journey** Conference Center

Dr. Karen Flynn

Conference Agenda

10:30am – 11:00am Break

Conference Center Lobby

11:00am – 12:30pm Concurrent Session I

A. Topics in Public Health

Cayuga

1. “Wherever the Standard is Not Taken Up, Action will be Taken”: The New Role of the Public Health Nurse, Toronto Polio Epidemic, 1937 – Sioban Nelson, RN, PhD, FAAN, FCAHS; Stevie Cheshire BA, BScN
2. The Role of Rural Social Work in Wartime Japan in the Development of Public Health Nursing – Yuko Kawakami, PhD, RN
3. George Goler: Marketer and Mentor – Carolyn Vacca, PhD

B. Voices from the Past: Promoting Health, 1607-1900 (Panel Presentation)

Canandaigua

1. Nursing in the Colonial Era and the Early Years of the United States, 1607-1840 – John C. Kirchgessner, PhD, RN
2. The Roots of Professional Nursing: 1840-1865 – Arlene Keeling, PhD, RN, FAAN
3. The Rise of a Profession: 1873-1926 – Michelle Hehman, PhD, RN

C. The Past is Prologue?

Hemlock

1. The Power of Co-operative Action: The National Nursing Council, 1940 – 1948 – Rebecca Coffin, PhD, RN
2. Dateline Houston: Nursing at the 1928 National Democratic Convention – Adrian Melissinos, PhD, RN
3. 50 Years of the *Communicating Nursing Research Conference*: Influence on Education, Practice, Policy, and the Discipline – Barbara Gaines, EdD

12:30pm – 2:00pm Lunch & Presentation: The Uses and Abuses of Historical “Lenses”

Conference Center

Sandra B. Lewenson, EdD, RN, FAAN

Cynthia Connolly, PhD, RN, FAAN

Barbra Mann Wall, PhD, RN, FAAN

2:00pm – 3:30pm Concurrent Session II

A. Prelude to the Profession

Cayuga

1. Florence Nightingale and Sarah Wardroper: A Conundrum – Carol Helmstadter BSN, MA
2. “Minds Likened to a Garden”: Dorothea Dix, Nature, and Reform in 19th Century America – Beth Hundt, APRN
3. A Cohort of Six Amazing Women Who Started Bellevue Training School for Nurses, 1872-1873 – Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R

B. Topics in Mental Health

Canandaigua

1. Lessons from the Light and Dark Sides of Psychiatric Clinical Educational Experiences in the 1960s – Gail K. Godwin, PhD, RN, CNE; Leslie C. Moore, PhD, RN, CNE, MBA
2. “For the Improvement of Patient Care”: Psychiatric Nursing in the South East U.S. after WWII – Kylie Smith, PhD

C. Birthing and Babies

Hemlock

1. Blazing Trails for Midwifery: Oral Histories of Georgia’s Pioneer Nurse-Midwives – Eileen J. B. Thrower, PhD, APRN, CNM

Conference Agenda

2. From Breast to Bottle: Nurse Role in a History of Bottle-Feeding Among Black Rural Mothers in North Carolina 1900-1950 – Rosalind Renee Barber, PhD, MSN, RN
3. Midwifery in New Zealand: Shifts in Power and Responsibility Since 1990 – Katherine Seidl, BSN, RN; Mary Gibson, PhD, RN

3:30pm – 3:45pm Break

Conference Center Lobby

3:45pm – 5:15pm Concurrent Session III

A. Abiding Issues

Cayuga

1. “Endurance from a Way-Back Time”: Experiences of Black Nurses in Virginia, 1950s-1980s – Victoria Tucker, BSN, RN
2. Exclusion of Undesirables: U.S. Immigration at Ellis Island 1890-1915 – Melissa Sherrod, PhD, APRN, AGCNS-BC, NE-BC
3. “Mothers and Children, First”; Or not: The Politics of a Fragile Reform, the Sheppard-Towner Act – Rima Apple, PhD

B. Nursing History Fusion

Canandaigua

1. Altruism in Action: The Southern Baptist American Nurse Missionary in Nigeria, Mid-Twentieth Century – Ally Salevan, RN, BSN, MA, CCRN
2. “To Walk Quietly Into a Hail of Lead to Bandage and Carry Away a Wounded Man, that is Worth Talking About”: The Physical and Psycho-Social Demands Made on Stretcher Bearers in the Royal Army Medical Corps During WWI – John SG Wells, PhD, MSc, BA, PGDipEd, RNT, RPN; Michael Bergin, PhD, MMedSc, BSc, RPN, RGN
3. Searching for History: A Short Tour of Selected Nursing and Medical Museums – Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE

C. Nursing’s Impact

Hemlock

1. “Unclean”: A Nurse Who Dared to Care – Ruth G. Manchester, RN, BSN, MA, FCN
2. Burns En Masse: Naval Hospital Pearl Harbor, December 1941 – Gwyneth Milbrath, PhD, RN, MPH
3. Nursing Influence in the Development of Neurocritical Care: The Johns Hopkins Hospital, 1920-1950 – Lourdes Romero Carhuapoma, RN, MS, CNP-BC, CCRN

7:00pm – 10:00pm Welcome Reception – Hosted by Wegmans School of Nursing, St. John Fisher College

Join AAHN and 2017 host school the Wegmans School of Nursing, St. John Fisher College for the annual Welcome Reception. This year’s event will take place at the George Eastman Museum. Busing will leave at 6:30pm from the hotel, with shuttle service back to the hotel beginning at 9:15pm. The last bus will leave the Museum at 10:10pm.



Conference Agenda

Saturday, September 9

8:00am – 6:00pm **Conference Registration** Conference Center Lobby

8:00am – 2:30pm **Silent Auction, Posters Available for Viewing** Conference Center Lobby

8:00am – 9:30am **Breakfast & AAHN Business Meeting** Conference Center

9:30am – 10:30am **Poster Session** Conference Center Lobby

10:30am – 12:00pm Concurrent Session IV

A. Nursing's Reach Cayuga

1. "Because We've Always Done it that Way": A Scoping Review of Manuscripts on Nursing from the 1500s to 1850s – Tanya Langree; Melanie Birks; Narelle Biedermann; Nicholas Ralph
2. The Intersections of Biography and Nursing History – Lea M. Williams, PhD
3. Florence Nightingale's Influence on the Pavilion-style Hospital of the American Civil War – William T. Campbell, EdD, RN

B. Topics in Nursing Education Canandaigua

1. Innovation, Invention, and Espionage: A Nurse Led Coup de Maître 1920-1942 – Kelly Reilly, PhD, RN-BC; Thomas Smith, DNP, RN, NEA-BC, FAAN
2. "We Need More Nurses": Experimenting with Television Teaching at Orange County Community College, 1955-1965 – Annemarie McAllister, EdD, RN
3. The 1974 Xenia Tornado: The Impact of a Student Nurse Experience in a Natural Disaster on Professional Development – Donna Miles Curry, PhD, RN, PCNS

C. Conceptualizing Nurses Hemlock

1. The Image of Nurses and Nursing in the First Hospital-Based Radio Drama, The Woman in White and The "New" Woman in White – Mary Ellen Pike, PhD, RN
2. "Financial Independence Brings with it Intellectual Independence": Constructing Nursing as a New Profession for Women in Iran – Lydia Wytenbroek, RN
3. Things We Used in the Sickroom: Veilluseses – Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE

12:00pm – 1:30pm Conference Attendee Luncheon Conference Center
Doctoral Student Luncheon Lobby Overlook
Posters & Silent Auction Conference Center Lobby

1:30pm – 2:30pm Concurrent Session V

A. Topics in Public Health Cayuga

1. Into the Balkans: Helen Scott Hay and the U.S. Red Cross Efforts in Eastern Europe, 1914-1922 – Karen J. Egenes, RN, EdD
2. Designation 1a: The African-American Experience in the American Red Cross Town and Country, 1912-1917 – Sandra B. Lewenson, EdD, RN, FAAN

Conference Agenda

B. Topics in Nursing Education

Canandaigua

1. What is the Place of a Nursing Education Program Through 50 Years of Innovation and Change: 1967-2017? – Marg Olfert, RN, MN, EdD
2. “Social Urge for Service”: The Evolution of Nursing Education in Northeast Colorado 1927-1997 – Audrey Snyder, PhD, RN, ACNP-BC, FAANP, FAEN

C. Back to School

Hemlock

1. Nurses Tackle the Scourge of the Schools: Head Lice in Progressive Era New York City – Heather Furnas, PhD
2. “From New York City to Richmond, Virginia”: The Spread of School Nursing at the Turn of the Twentieth Century – Bridget Houlahan, PhD, RN

3:30pm – 2:45pm Break & Silent Auction Closes

Conference Center Lobby

2:45pm – 3:45pm Concurrent Session VI

B. Failures of the Past, Options for the Future (Thematic Presentation)

Canandaigua

1. Heather Furnas, PhD
2. Patricia D’Antonio, PhD, FAAN, RN
3. Rima D. Apple – Session Chair

C. Eighteenth Century Concerns

Hemlock

1. ‘Not Less than One Proper Nurse for Every Ten Men’: Regulating 18th-Century British Military and Naval Nurses – Erin Spinney, PhD
2. A Look at the Dramatic Rise in Puerperal Fever from 1750 to 1850 – Maryanne Locklin, PhD, RN

3:45pm – 4:00pm Break & Silent Auction Check-Out

Conference Center Lobby

4:00pm – 5:00pm Closing Plenary Address: Why Historical Trauma Must Inform American Indian HealthCare Today

Conference Center

Margaret Moss, PhD, JD, RN, FAAN

5:00pm – 5:30pm Silent Auction Check-Out

Conference Center Lobby

6:00pm – 7:00pm Cocktail Reception

Conference Center Lobby

7:15pm – 9:30pm Banquet and Live Auction

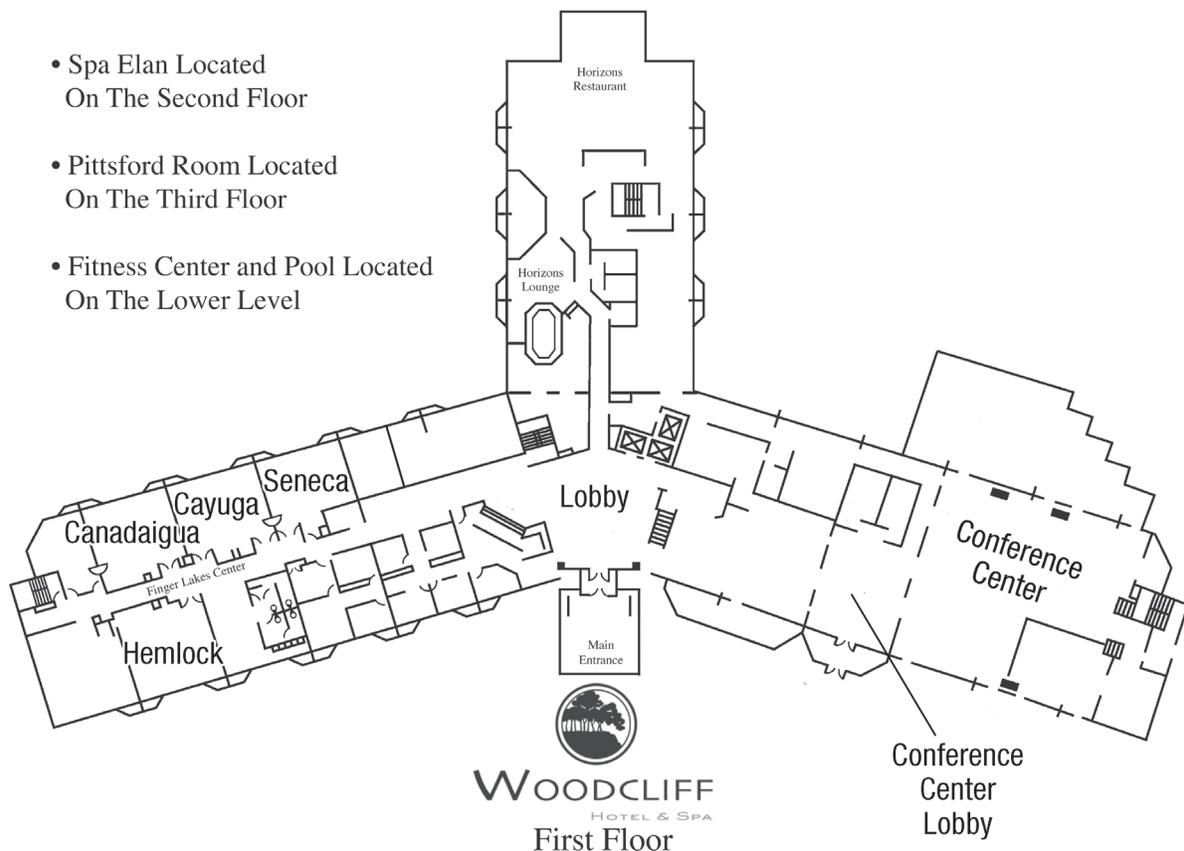
Conference Center



2017 Poster Presenters

1. Adele S. Poston, RN (1884-1979): Early 20th Century Psychiatric Nurse Leader, Interprofessional Collaborator, Innovative Entrepreneur – Carolyn Castelli
2. Architectural Drawings for Building Hospitals Described in the Notes on Hospitals Book by Florence Nightingale – Patricia Bover Dragonov; Maria Cristina Sanna
3. Every Nurse has a Story to Tell: Norton Memorial Infirmary School of Nursing Enduring Legacies, 1886-1976 – Shela Bolus; Cheryl Furlong; Debra Rayman; Jane Younger
4. Where Are They Now? Quadruplets Born 1941 & The Nurses Who Cared – Jane Younger; Cheryl Furlong
5. “For the Benefit of the Employees”: Finding the First Industrial Nurse in the Middle Coal Fields of Pennsylvania – Jeannine Uribe
6. Male Nurses in the American Journal of Nursing: The First 100 Years – Susan LaRocco
7. Nursing Reform and Missionary Activities in Japan After the Second World War, 1945-1951 – Kumiko Sato; Yuko Kawakami
8. Our Lived Truth: Autobiographical Accounts of Nurses’ Experiences and their Resilience that Shaped Health Policy as a Result of the September 11, 2001 Disaster – Franklin Hickey
9. Valued Stories: Nursing from the Perspective of a 101-Year-Old Nurse During the Depression Era – Christine Kleckner

Hotel Map



Friday, September 8, 2017

Eleanor Krohn Herrmann Keynote Address:

Can the Nurse and the Public Intellectual Exist as One Person? Mapping Lillie Johnson's Journey

Karen Flynn, PhD, Departments of Gender and Women's Studies and African-American Studies, University of Illinois, Urbana-Champaign

Taken separately, the words “nurse” and “public intellectual” engender certain responses. The former is linked to caring for the sick or the infirm often in a hospital setting; the latter, a much more contested definition that often refers to an academic who speaks to a larger audience about particular issues. And, while there are, over 3,129,452 active RN's in the United States, the number of public intellectuals is obviously much smaller for obvious reasons. One reason is the political economy of education compared to that of nurses. Regardless of geographical location, we need nurses, whereas the supply of intellectuals is more stable. Another reason is that it is difficult to define who is a public intellectual, and what criteria are being used. This conundrum is aptly noted by Trinidadian writer and activist C. L. R. James writing about black intellectual in Britain, in the 1970s. He maintained that “once the complexity of definition has been established we can go ahead cheerfully, knowing that many who are in ought to be out and quite a few who are out ought to be in.” The purpose of this presentation is to make an argument for nurse Lillie Johnson as a pragmatic public intellectual. In 1950, at the age of twenty-six, Jamaican born Johnson migrated to Scotland to pursue her lifelong dream as a nurse. In 1960, she migrated to Canada, and has had an incredible career as a public health nurse, nurse administrator, and consultant. It was during the 1970s; however, that Johnson came across sickle cell patients while working as public health nurse that led to the founding of the Sickle Cell Association of Ontario (SCAO) in 1981.

Using the life history approach, primary sources, and heeding the directives of scholars such as Joy James, Erica Lawson, and Edward Said in particular, I posit that if we reconfigure and expand the definition of the public intellectual to include those, such as nurses, Johnson's untiring and endless intervention and advocacy marks her as a public intellectual. It is Johnson's nursing education and experience, both materially and discursively that informs her activism even in retirement. Indeed, the nurse and the public intellectual can co-exist as one person!

Concurrent Session I – 11:00-12:30pm

1A. Topics in Public Health

1. “Wherever the Standard is Not Taken Up, Action will be Taken”: The New Role of the Public Health Nurse, Toronto Polio Epidemic, 1937

Sioban Nelson, RN, PhD, FAAN, FCAHS; Stevie Cheshire BA, BScN

Purpose of Study: The autumn of 1937 saw one of the largest poliomyelitis epidemics seen in Canada. In the province of Ontario, over 2500 cases were reported, the majority affecting children under the age of ten. By the time the epidemic had run its course, over 800 people were left with some degree of paralysis. Just under a third of these cases lived in the city of Toronto, the country's largest metropolitan area. Following the epidemic the city's public health system faced an unprecedented influx of patients with disability. During the transition period from hospital to home, public health nurses played a critical and expanded role in caring for the victims of polio in the community. This study examines that new role.

Rationale and Significance: The scale and severity of disability from the 1937 epidemic forced the Ontario government to re-examine state responsibility in the support of long-term community care. This re-evaluation took place in the context of the growing trend towards “state medicine” in the province. In order to manage the high levels of pediatric disability subsequent to the epidemic, the role of the public health nurse was greatly expanded as the nurse became increasingly responsible for ensuring that the aftercare of polio victims in the home met the “standard” of care that had been established at a special meeting of orthopedic surgeons in the city during the epidemic. These standards were developed to ensure that every victim of polio, regardless of their degree of disability or limited family resources, would one day become productive citizens.

Description of Methodology and Major Primary Sources: This study examined primary sources from Department of Public Health – City of Toronto archival resources from the 1937 epidemic, including reports written by the Department of Public Health's Nursing Division during and after the epidemic.

Findings and Conclusions: The development of services to manage the transition from hospital to community for polio patients took place in the context of debates over the role of the state in home care. These discussions reflected systemic anxieties over the state of a Canadian economy recovering from the Great Depression and on the cusp of the Second World War. In an attempt to temper these anxieties, the public health nurse in the care of polio patients played an important role monitoring patients and their families in the home in order to ensure that each newly disabled victim of polio met a stringent standard of care geared towards protecting the state's economic investment and ensuring productive citizenship in the context of "deformity."

2. The Role of Rural Social Work in Wartime Japan in the Development of Public Health Nursing

Yuko Kawakami, PhD, RN

Purpose of Study: The purpose of this study is to show the dynamics of institutional processes and the change in inhabitants' life issues, all of which helped form and develop public health nursing in Japan, especially, the development of the National Health Insurance System (*Kokumin-Kenko-Hoken*).

Rationale and Significance: Before the National Health Insurance System was established, poor people in Japan, especially in rural areas, could not afford medical treatment. The National Health Insurance System was established in 1938 and developed during World War II. It was designed to relieve these difficulties, as a solution to various health issues and unhygienic environments, while improving medical systems. It is said that much of the successes of that system are thanks to the activities of public health nurses, especially in these rural areas.

Description of Methodology: Following a review of Japanese literature on rural health from 1926-1945, this qualitative research used a narrative approach.

Major Primary and Secondary Sources: Interviews were conducted with elderly females who had worked as public health nurses in rural Western Japan during World War II. Official statistics on national health insurance were examined to understand growing participation of the Japanese population.

Findings and Conclusions: The National Health Insurance System spread during the war. To secure healthy human resources and stability of life in rural areas, government policy aimed to grow the population through lowering child mortality and decreasing death rates from TB. Various activities by public health nurses were carried out for health promotion, such as community education on nutrition and home visits. When public health nurses were recognized as a new category of occupation in 1941, the Japanese public was supportive, and became more interested in personal healthcare and quality of life issues. By the end of World War II, over two thirds of the Japanese population were covered by the National Health Insurance System and strong foundations for an effective national health system were in place.

3. George Goler: Marketer and Mentor

Carolyn Vacca, PhD

Purpose of Study: Dr. George W. Goler was Rochester, New York's first full-time Public Health Officer (1898-1932) who quickly established himself as a transformative figure in the evolution of public health programs and practices. This study examined the design and implementation of his various initiatives with a particular focus on the role of nurses in both facets. Although he only received one line in George Rosen's *History of Public Health* for his creation of milk stations, his was internationally known and respected by his contemporaries. A small pox epidemic and milk stations secured the role of Goler's Health Bureau in preventive medicine, school inspections and the visiting nurse service expanded its education function, and the establishment of a municipal hospital for the treatment of TB and a visiting nurse service took the Bureau into personal medical services. Goler implemented and enforced ordinances, created support organizations, and looked to the police and courts to carry out measures necessary to his support policies. In all of this, nurses were critical to his organization, often leveraging the resources and workforce he needed. His approach to them was as innovative as his programs; he invited their input on the structure and design of his programs, calling on their knowledge of the communities they served. This study explored this relationship and its importance to local public health.

Rationale and Significance: The rationale for this study was that the exploration of the role of nurses in the career of a remarkable health officer would also illuminate the emergence of a strong community nursing presence. The context for this, late nineteenth through early twentieth century places this in the midst of the emergence of public health and community nursing, makes it significant to understanding more of that history, and the location, Rochester, an emerging industrial/ technological city add to this significance.

Description of Methodology: Goler's letters as Health officer, both in-coming and out- going, were examined, establishing his national position, and his plans, viewpoints, and goals. Goler's reports and published articles provided additional perspective. Goler's own words and the reporting of his actions told a compelling story.

Major Primary and Secondary Sources: As mentioned, this project relied on primary sources, namely Goler's substantial papers (it should be noted that these papers were arranged by Goler himself and we kept that organization intact to reflect his view of the correlation of certain items) and some secondary texts like Rosen's works for background. There is also a substantial image collection of his work.

Findings and Conclusions: This study found that the "mission nurses" were significant in the creation, implementation, and success of the growth of public health. Their greatest significance may have been their ability to market the concepts and programs essential to the creation of a healthier community.

1B. Voices from the Past: Promoting Health, 1607-1900 (Panel)

1. Nursing in the Colonial Era and the Early Years of the United States, 1607-1840

John C. Kirchgessner, PhD, RN

Purpose of Study: This paper, the first of the panel, addresses the care provided to the sick, dying and injured throughout the early years of the United States. Beginning with the health problems the inhabitants of the Jamestown settlement and Plymouth Colony faced. Emphasis is placed on the roles family members, midwives and other lay healers played and the methods they used in the provision of nursing care in the early Colonial period. The site of care in the colonial period is also explored - from the home to the rise of almshouses, the founding of the Pennsylvania Hospital in 1751, and the establishment of the first psychiatric hospital in Williamsburg, Virginia, in 1783. Nursing care in the antebellum south and the role of the mistress of the plantation and the contributions of African American slaves are also brought to light.

Rationale and Significance: This research is part of a soon to be published textbook on the history of nursing in the United States and provides further insight into the roles of lay providers in general and nursing specifically. In particular, infectious diseases and epidemics, the problems of obstetrics and infant welfare, and the state of the art of medicine and science are highlighted.

Description of Methodology: The research used traditional historical methods with a social history framework to explore the evolution of nursing care during the early years of the nation. Primary source data included reports from colonial leaders and diaries of midwives and the nation's founding fathers. Archival material was obtained from the National Library of Medicine and the Library of Congress, the University of Virginia and other reputable sources. When primary sources were not available select secondary sources were used.

Findings and Conclusions: This paper identifies how culture and society influenced the healthcare beliefs and the care provided during the nation's colonial period. In a time when medicine was not well organized and professional nursing did not exist family members, neighbors, midwives and other lay healers did provide comfort and support to those who were ill, dying and injured. More importantly the care that they provided was often based on experience and observation and had positive results.

2. The Roots of Professional Nursing: 1840-1865

Arlene Keeling, PhD, RN, FAAN

Purpose of Study: This paper, the second of the panel, addresses the roots of professional nursing, using as case examples highlights of nursing on the Overland Trail in the great migration west in the nineteenth century as well as aspects of nursing during the American Civil War. Using first hand personal accounts from diaries and journals, the paper give voice to those who have long remained silent.

Rationale and Significance: This research, part of a soon to be released textbook on the history of nursing in the United States, fills a gap in the historical literature about care of the sick on the Overland Trail and during the American Civil War. In particular, it highlights care provided by laywomen and men during the migration and gives voice to African American slaves and the work they did during the war.

Description of Methodology: The research used traditional historical methods with a social history framework. Primary sources included diaries and journals from the Bancroft Library in Berkeley California, the Newberry Library in Chicago, and the E. M. Huntington library in Pasadena. Other sources included first-hand accounts of experiences in the Civil War, most notably the diary of Ada Bacot, a woman from South Carolina. In addition, data from Chimborazo Hospital, a major Confederate hospital in Virginia, were used. Secondary sources included books of the period, and doctoral dissertations.

Findings and Conclusions: This paper identifies the unique cultural and societal factors of the migration west and the American Civil War that influenced how care was given, where care was given, and who gave the care. Women nursed out in the open or in the wagons, providing what care they could using herbal teas, mustard plasters, and other natural remedies. They also used laudanum, opiates and whiskey when necessary. The paper also demonstrates women and slaves' unique contributions to the

care of the sick during the Civil War, a period in which untrained caregivers responded to a sense of patriotism to nurse. These caregivers worked within a system of physician prejudice and societal criticism to do so. They provided soldiers with coffee, soup, and clean bandages, sometimes giving them only the most basic of necessities.

3. The Rise of a Profession: 1873-1926

Michelle Hehman, PhD, RN

Purpose of Study: As the final paper of the panel, this presentation will discuss the rise of professional nursing in the United States through the establishment of the earliest formal nurse training programs at the end of the nineteenth century. Rather than focus on the first three schools established in 1873, this paper will instead look at how the black hospital movement fueled the creation of nursing schools for African American women. The presentation will provide an overview of three exclusively black training schools: Spelman Seminary, Dixie Hospital Training School, and Frederick Douglass Hospital and Nurse Training School. Using results from the 1926 Ethel Johns Report, the paper will evaluate how institutional racism and discrimination further marginalized black women who wished to become professional nurses.

Rationale and Significance: As part of a forthcoming textbook on the history of American nursing, this research addresses a significant gap in the historical literature regarding the experience of the first black trained nurses in the United States. More specifically, the presentation highlights both the struggles and the resilience of early African American trained nurses, giving voice to the women who worked to overcome the low social status afforded them as a result of both their gender and chosen profession.

Description of Methodology: This research used traditional historical methods with a social history framework. Primary sources included the transcript of the Rockefeller Foundation's "A Study of the Present Status of the Negro Woman in Nursing," and data from the University of Pennsylvania's Barbara Bates Center for the Study of the History of Nursing. Secondary sources included books, newspaper articles, and periodicals of the period, as well as doctoral dissertations.

Findings and Conclusions: Situating the creation of the first black training schools within the context of the post-Civil War and Reconstruction era, and as part of the larger story of professional nursing in the United States, this paper brings to life the unique experience of early African American nurses across the country. These women often lived and worked through dreadful circumstances and with limited resources, offering communities the much-needed nursing care they were frequently denied. Additionally, this paper demonstrates how black nurses came together and fought against continued racial discrimination among their supervisors and nursing colleagues, as well as toward equality in professional pay and opportunities.

1C. The Past as Prologue?

1. The Power of Co-operative Action: The National Nursing Council, 1940 – 1948

Rebecca Coffin, PhD, RN

Purpose of Study: The purpose of this paper is to describe and analyze the inception and role of the National Nursing Council during its operation, from 1940-1948. The National Nursing Council (NNC) was a specially created council designed to analyze and address the nursing manpower needs in a time of great crisis. First formed as the National Nursing Council for Defense in 1940 under the direction of Julia Stimson, then president of the American Nurses Association (ANA), the group changed its name to the National Nursing Council for War Service shortly after the Pearl Harbor attack on December 7, 1941.

Rationale and Significance: At first overlooked by the War Manpower Commission, a federal agency charged with balancing U.S. agricultural, military, and industrial needs, the NNC soon became an important part of strategizing and balancing the nursing needs of the military and the American home front. The work of the council is briefly mentioned in several scholarly works; however, an analysis of the formation of the group and their initiatives and accomplishments during World War II and the post-war years has been largely disregarded.

Methodology: The data were analyzed using traditional historical methods with a social history framework.

Sources: *The American Journal of Nursing* published almost monthly briefings and reports of meetings of the work of the NNC, and so these primary documents were used extensively in the preparation of this paper. Records of the War Manpower Commission and Records of the Office of Community War Services at the National Archives in College Park, MD were also examined. The Julia Stimson papers in the Medical Center Archives of NewYork-Presbyterian/Weill Cornell and her original publications were also a primary source of information. Secondary sources include books and articles about the NNC.

Findings and Conclusions: The council worked closely with several other nursing organizations, such as the ANA and National Organization for Public Health Nursing (NOPHN), to develop strategies for increasing enrollment in nursing schools and tracking

the number of nurses who signed up for military service on a state by state basis. Often operating on limited funds or grants, the council met its wartime and post-war goals, including publication of the Brown report, also known as *Nursing for the Future*, by Esther L. Brown.

2. Dateline Houston: Nursing at the 1928 National Democratic Convention

Adrian Melissinos, PhD, RN

Purpose of Study: National presidential political conventions are held every four years. In the summer of 1928, the Democratic National Convention was held in Houston, Texas in a hastily constructed convention center within the heart of the city. A huge undertaking for any city, hosting visitors from around the United States in a city with summer temperatures above 90 degrees F and humidity above 90% was a challenge in this era prior to the advent of air conditioning. This study examines nursing care provided in the first aid and hospital facilities at the convention coliseum and particularly examines the work of one nurse who participated in providing nursing care during the convention.

Rationale and Significance: National political conventions are well-known and reported events in American history, yet little is known about nursing care offered in the political party arena. A comprehensive study of the work of nurses at a political convention in the early 20th century has not been documented. This study aims to contribute knowledge about the missing gap in nursing knowledge related to this specific nursing role and its impact on the nurse of today.

Methodology: Historical methodology was used to examine and interpret primary and secondary sources. Primary sources included artifacts, photographs, newspapers and letters housed in the Jesse H. Jones Collection, MS252, Woodson Research Center, Rice University, Houston, Texas; Texas Nurses Association District 9 Papers, John P. McGovern Historical Collections and Research Center, Houston Academy of Medicine-Texas Medical Center Library; and the Houston Public Library. Secondary sources included books and published journal articles.

Findings and Conclusions: The nurses who staffed the medical facilities at the convention coliseum provided care for a myriad of complaints, many heat-related despite the latest architectural designs to enhance air flow and circulation in the convention facilities. Efforts were made by organizing committees to anticipate medical needs and were proactive in the inclusion of nurses in the response plan. That nurses were an instrumental component of a public health response plan in 1928 amid a national political convention is noteworthy. Contemporary nurses are encouraged to participate in political action that impacts the roles of nursing. Nurses in 1928 Houston engaged in a unique role that provides an early framework for political engagement and serve as role models for nurses of today to expand the role of nursing in politics.

3. 50 Years of the Communicating Nursing Research Conference: Influence on Education, Practice, Policy, and the Discipline

Elaine Sorensen Marshall, PhD, RN, FAAN; Barbara Gaines, EdD

Purpose of Study: To examine the influence on the discipline of the annual Communicating Nursing Research conference of Western Institute of Nursing (WIN).

Rationale and Significance: From its beginnings in Eugene, Oregon in 1953, the Western Interstate Commission for Higher Education (WICHE) was committed to raise the stature of graduate education in the health professions across the 13-state region of the Western United States. Graduate education and research within nursing were soon recognized as among the most important issues in the region. Visionary leadership overcame unique challenges to advance the development of a regional nursing organization that included a focus on development and dissemination of research for education, practice, policy, and recognition of nursing as a discipline. Eventually WIN emerged as an independent, influential organization. The key to the continuing success of the organization was its annual Communicating Nursing Research conference, launched 50 years ago.

Description of Methodology: The method was descriptive, analytical evaluation of evidence using external and internal criticism of sources and confirmation by a panel of experts who had actually lived through the events across the entire 50 years.

Major Primary and Secondary Sources: Primary sources included interviews, personal and professional eye-witness written accounts, meeting minutes, conference proceedings, programs, reports, and archival documents of WIN. Secondary sources included published sources, journal articles, and documents contemporary to events explored.

Findings and Conclusions: Among the first of its kind in the nation, the conference became a national model for regional research endeavors for quality, stability, and influence on the discipline. Outcome evidence includes its continuing responsiveness to people and issues of the discipline, extraordinary growth in structure and participation, development of specific influential leaders, published papers and policies that grew from activities rooted in the conference.

Lunch Thematic Session – 12:30-2:00pm

The Uses and Abuses of Historical “Lenses”

Sandra B. Lewenson, EdD, RN, FAAN

Cynthia Connolly, PhD, RN, FAAN

Barbra Mann Wall, PhD, RN, FAAN

The title for this thematic session paraphrases German philosopher Friedrich Nietzsche’s famous quote, which is as controversial today as it was in 1874 when he mused about those who seek to use the past in the present. The epistemological power of history has always been used in ways that bolster the contemporary agenda of those who seek to use it for these purposes. For example, scarcely a news cycle goes by in which a politician does not reimagine historical events as a justification for his or her agenda.

This proposal takes a different form than the traditional AAHN research abstract submission. Instead, three senior historians request a thematic session to debate the various lenses through which to study nursing and health care history’s phenomena of interest. Drawing on our own work, in the first part of the session each scholar will explicate how a particular lens has informed her research questions, search for sources, analysis, and subsequent narrative.

Next, we plan to challenge ourselves, one another, and the audience to debate the advantages and disadvantages of these (and other lenses/frameworks) in the context of research questions that nurse historians have chosen (and not chosen) to study. We believe such a dialogue will forge deeper and more critical interrogations of our past while, at the same time, illuminating new questions ripe for study.

Concurrent Session II – 2:00-3:30pm

2A. Prelude to the Profession

1. Florence Nightingale and Sarah Wardroper: A Conundrum

Carol Helmstadter, BSN, MA

Purpose of Study: This paper examines Florence Nightingale’s relationship to Sarah Wardroper, matron of St. Thomas’s Hospital and director of the Nightingale Training School. It poses the question of why Nightingale allowed Wardroper to continue in this position when she was doing almost the opposite of what Nightingale wished.

Rationale and Significance: Monica Baly was the first to demonstrate that Wardroper was not implementing Nightingale’s policies in the new training school and that Wardroper became increasingly confused, forgetful, emotional, and unreliable. Baly suggested that perhaps the new, very grand hospital in Lambeth, which opened in 1871, was too much for her. Mark Bostridge published his biography in 2008, a time when people were living longer and nearly everyone was aware of the dreadful problem of senile dementia. He attributed Wardroper’s behavior to her being ‘out of her depth and unable to cope’ but offered no explanation for why she could no longer manage. Both Nightingale and Henry Bonham-Carter, the secretary to the Nightingale Fund Council on whom Nightingale relied heavily, appreciated that Wardroper was no longer competent but they nevertheless did not consider replacing her. Neither Baly nor Bostridge, the two outstanding modern Nightingale scholars, ever explored why they allowed Wardroper to continue.

Methodology: Classical historical method is used to analyze Nightingale’s behavior within the context of Victorian social standards.

Major Primary and Secondary Sources: Primary sources are largely found in the vast collections of Nightingale and Bonham-Carter papers in the London Metropolitan Archives and the British Library. Baly, Bostridge and Theodore Hoppen are the principal secondary sources.

Findings and Conclusions: From a historiographical point of view, it seems strange that not one of the numerous biographies of Nightingale deals with Wardroper’s dementia. In the voluminous Nightingale-Bonham-Carter collections, despite numerous despairing outcries about Wardroper’s behavior, there is not even one hint that either ever gave any thought to retiring her. Nightingale admired the work Wardroper did in the 1850s and was personally very fond of her, but this does not seem an adequate explanation for allowing her to continue her destructive behavior. Nightingale’s relationship to Wardroper remains a conundrum.

2. “Minds Likened to a Garden”: Dorothea Dix, Nature, and Reform in 19th Century America

Beth Hundt, APRN

Purpose of Study: This paper is part of doctoral dissertation research examining St. Elizabeths, then known as the Government Hospital for the Insane, in Washington, DC during the 19th century.

Background: Dorothea Dix is recognized for her efforts to reform the care of the mentally ill in America during the 19th century. Dorothea Dix persuaded legislators, land owners, architects, and physicians to create an asylum in the nation’s capital that would serve as an example for state-run facilities providing humane treatment to the mentally ill. Nature was an essential facet of humane treatment for the mentally ill; and was integral to the design of the Government Hospital for the Insane and the surrounding grounds. While Thomas S. Kirkbride, MD and the physicians of the Association of the Medical Superintendents of American Institutions for the Insane are credited with asylum design and the humane treatment of the mentally ill, the writings of Dorothea Dix describe the benefits of nature in relation to psychological well-being decades before the American Asylum Movement.

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

Findings: As a Philadelphia teacher in 1829, Dix published *The Garland of Flora*, “that such a work might be useful as a storehouse of poetical sentiment and imagery ... that it might display many pleasing traits of national manners.” Twelve years after this publication, Dix dedicated herself to prison reform and subsequently humane treatment for the mentally ill. Throughout her lifetime, Dix’s writings referenced nature or gardens as beneficial to psychological growth and well-being. In Dix’s legislative advocacy for the care of the mentally ill, and in her specific attention to the site selection and management of the Government Hospital for the Insane, her belief in the benefits of nature in the treatment of the mentally ill is repeatedly demonstrated.

Conclusions: The benefits of nature in the humane treatment of the mentally ill are noted in the publications of the Association of the Medical Superintendents of American Institutions for the Insane, and in the writings of Dr. Kirkbride and Charles H. Nichols MD, the first Superintendent of the Government Hospital for the Insane. Dix’s writings referencing nature in relation to psychological well-being predate the works of Kirkbride, Nichols, and their physician colleagues, and persist throughout her life. Dix’s belief in the benefits of nature, her influence on American asylums, and her collaboration with America’s earliest psychiatric physicians likely influenced the incorporation of nature in the treatment of the mentally ill of the 19th century.

3. A Cohort of Six Amazing Women Who Started Bellevue Training School for Nurses, 1872-1873

Gertrude Hutchinson, DNS, RN, MA, MSIS, CCRN-R

Purpose of Study: This presentation is based on a portion of my doctoral dissertation, *Unsung Heroines’ Roles in Establishing Nursing Training Schools in the Upper Hudson Valley of New York State 1872-1930*. One of the purposes of this qualitative historical research was the investigation of roles of key women in establishing training schools for nursing in New York State. The first Nightingale-modeled school was Bellevue. The women examined were: L. L. Schuyler, M. A. L. Hamilton, E. C. K. Hobson, V. R. S. Osborn, A. P. P. Woodworth and C. A. W. K. Griffin.

Rationale and Significance: There existed a gap in nursing literature which discussed the roles played by the unsung heroines who as a cohort influenced and established nursing training schools affiliated with hospitals. Collectively there was little written to date about their impetus, their leadership styles and traits, philanthropic endeavors and the influence they had on nursing training/education health care. This was the basis of this study.

Description of Methodology: The theoretical framework of the larger study (dissertation) used a combination of cultural and social history. Using contemporary lenses of feminism, leadership and philanthropy provided a means through which examine many of these voices. Genealogical research and Social Network Analysis (SNA) enabled examination of the interconnectedness of these six women.

Major Primary and Secondary Sources: Major primary sources used came from letters, personal communications, newspaper articles, and speeches housed in six archival repositories in New York State. Secondary sources came from various dissertations, cross-disciplinary texts, libraries, archives, and the researcher’s personal research library.

Findings and Conclusions: The findings supported that these six women were members of middle or upper class families who valued education, public service and philanthropy. They were feminists who recognized the need to improve lifespans, standards of living, and employment opportunities through training nurses to care for the ill and infirm.

2B. Topics in Mental Health

1. Lessons from the Light and Dark Sides of Psychiatric Clinical Educational Experiences in the 1960s

Gail K. Godwin, PhD, RN, CNE; Leslie C. Moore, PhD, RN, CNE, MBA

Purpose of Study: This study tells the story of the nursing students of Georgia Baptist Hospital (GBH) School of Nursing in the 1960s and their experiences in their psychiatric nursing rotation in Milledgeville, Georgia, at Central State Hospital (CSH). As the narrators told about their trip from Atlanta to Milledgeville and back, they felt as if they were traveling to crazy and back discussing both the light and dark side of psychiatric mental health nursing during the 1960s. The purpose of this study was to explore the experiences of the GBH nursing students' remembrances of their psychiatric nursing school rotation at CSH in Milledgeville, Georgia.

Rationale and Significance: This research has a pronounced significance because of the dearth of research about nursing students in the 1960s. Virtually no research exists that describe experiences of nursing students rotating through psychiatric hospitals. Although the field of psychiatric nursing and treatments for psychiatric disorders has progressed, many lessons can be gleaned from these nursing students and applied to current psychiatric mental health clinical rotations to help nursing students cope with what some described as a difficult experience.

Methodology: This study utilized oral histories as the method of conducting nursing historical research. This oral history project gave voice to a non-hegemonic group of nurses and the meanings they assigned to their student experiences while visiting Central State Hospital. Sources included the oral histories as well as pictures, yearbooks, and primary documents from the Georgia Baptist College of Nursing archives, and a Milledgeville State Hospital Alumni Association Newsletter.

Findings: Two paradoxical themes emerged as the women reminisced about their clinical experiences at Central State Hospital: The Dark Side (with sub-themes "the snake pit" and "lack of support") and The Light Side.

Conclusions: These oral histories spotlight the experiences of student nurses completing their psychiatric rotation in the 1960s. Their stories can remind present-day psychiatric clinical instructors of the importance of improved preparation before clinical experiences, supportive faculty during clinical hours, debriefing after clinical experience, and a support group with time to reflect, discuss, aid, and generally care for the students.

2. "For the Improvement of Patient Care": Psychiatric Nursing in the South East U.S. after WWII

Kylie Smith, BA, PhD

Purpose: This presentation is part of a larger study which traces the development of psychiatric nursing in the United States in the 20th Century. While work-to-date has demonstrated the largely white, northern focus of the profession, this presentation explores new findings about the activities of nurses in the south-eastern US states after WWII and their attempt to introduce psychiatric nursing as a clinical specialty to the segregated South.

Rationale & Significance: In the aftermath of WWII, and the passing of the National Mental Health Act in 1946, significant funds became available for the development of the mental health professions. This included the establishment of advanced practice courses for psychiatric nursing, which were quickly established in major centers in the north. Southern universities and hospitals were less active in the utilization of federal funds for these courses, and this paper analyses this process in the context of broader social change in the South after WWII. Nurse leaders were faced with significant structural and cultural challenges in the segregated South, and their determination to bring reform to mental health nursing was supported by the Southern Regional Education Board (SREB) who recognized the importance of mental health for southern communities. Both the passing of the Brown vs Board of Education legislation (1954) and the Civil Rights Act (1964) placed increasing pressure on nursing schools, and mental hospitals, in the South to desegregate, with complex and long lasting implications for both nurses and patients. While these processes have been studied to some extent within general nursing, the intersection between race and psychiatric nursing remains largely hidden. This paper seeks to explore and understand this silence.

Method & Sources: The principle primary sources for this historical study are the archival papers of the SREB related to meetings with nursing associations located at the Board's headquarters in Atlanta, Georgia. Records from the National League of Nursing and the American Nurses Association are also used to demonstrate the process and challenges that nurse leaders faced when attempting to address issues of segregation in nurse education in the South. The personal papers of Dr Hildegard Peplau, who acted as a consultant to the SREB, are located at the Schlesinger Library at Radcliffe Institute of Advanced Study, Harvard, and recent research has uncovered previously unexplored communication between white and black nurses as they sought to form new partnerships in psychiatric care.

Findings & Conclusion: Nurse leaders met regularly with the Southern Regional Education Board throughout the 1950s and 60s in an attempt to better utilize nursing personnel in mental health facilities, with the ostensible purpose of 'improving patient care'. Despite an enthusiastic and proactive nursing leadership in the South, change was slow to evolve, and this paper explores the various institutional, social and political forces, including resistance to desegregation, which challenged the development of psychiatric nursing in the region. These challenges continued to shape and affect the profession for many years, which has had significant implications for patient care in mental health in the South.

2C. Birthing and Babies

1. Blazing Trails for Midwifery: Oral Histories of Georgia's Pioneer Nurse-Midwives

Eileen J. B. Thrower, PhD, APRN, CNM

Purpose of Study: Midwife-level continuity of patient care models are best for most childbearing women. However, midwives currently attend only eight percent of births in the United States. The purpose of this study was to collect and preserve nurse-midwives' oral testimonies surrounding the establishment of the midwifery profession in Georgia in order to increase understanding of economic, political, and social influences impacting nurse-midwifery and maternity care.

Rationale and Significance: The first nurse-midwifery practice in Georgia was founded by Elizabeth Sharp in 1971 at Grady Memorial Hospital in Atlanta. The profession of nurse-midwifery expanded in the 1970s and 1980s due to the work of pioneering nurse-midwives who are now mostly retired. The oral histories of Georgia's pioneer nurse-midwives hold valuable lessons for today's nurse-midwives as they continue providing high-quality care to women and newborns.

Methodology: For the purpose of this study, oral history served as both framework and methodology. Oral history interviews of 14 pioneer nurse-midwives were conducted. Additional historical data were incorporated in order to reconstruct the historical picture portrayed in the narrators' testimonies.

Primary and Secondary Sources: Primary sources for this study were found in the oral testimonies of the pioneer nurse-midwives whose work made nurse-midwifery in Georgia possible. Secondary sources included records belonging to the nurse-midwifery services at Grady Memorial Hospital in Atlanta, Associates in Obstetrics and Gynecology in Dalton, and to Dr. Schley Gatewood, Jr. in Americus, Georgia.

Findings and Conclusions: Four themes were identified including "This Odyssey"; Blazing Trails, Building Fences, Raising Towers: Stand Your Ground, But Know When to Compromise; and it Wasn't Easy, "But I Had a Helluva Time." This research provided an account of the establishment and development of nurse-midwifery in Georgia, which was previously undocumented. The oral history interviews provided a narrative rich with descriptions of hard-work, commitment, compassion, and scholarship that reveal the successes and challenges of nurse-midwifery in Georgia. The pioneer nurse-midwives provided an unique type of maternity care rooted in feminist philosophy and based on inter-disciplinary cooperation and continuity of care. Access to care was increased, both in urban Atlanta and rural areas of Georgia, as they provided consistent prenatal care and constant attention to women during childbirth. The pioneer nurse-midwives relied on mentoring relationships, professional engagement, and interdisciplinary collaboration as they worked to establish and develop nurse-midwifery in Georgia.

2. From Breast to Bottle: Nurse Role in a History of Bottle-Feeding Among Black Rural Mothers in North Carolina 1900-1950

Rosalind Renee Barber, PhD, MSN, RN

Purpose of Study: At the turn of the twentieth century, the dominant pattern of infant feeding among black mothers was breastfeeding, but by mid-century, breastfeeding rate fell to 42 percent, and shortly after to 24 percent. Why and how did this occur? The purpose of this research was to identify, describe, and analyze the history of bottle-feeding among black rural mothers in North Carolina 1900-1950.

Rational and Significance: This research becomes a contributing piece in unraveling possible variables related to black bottle-feeding trend. It is significant because it fulfills a gap in nursing historical research that gives insight into past black infant feeding experiences, and highlights similarities or differences we can learn today to promote breastfeeding.

Methodology: The researcher used traditional historical methods and a social history framework that placed black rural mothers within the larger social context of southern socio-political history of race, culture, and economics.

Primary Sources: North Carolina State Archives - Maternity and Infancy Brief, Public Health Nursing and Infant Care (Box 13), NC State Board of Health (BOH) Administrative Services Central Files 1933-1955 (Box 1); NC BOH Bulletins, NC Biennial Health Reports at NC Health Digital Collection UNC Health Science Library (HSL). Jane Abernethy Plyler Papers Southern Historical Collection at Wilson Library UNC Chapel-Hill, NC; U.S. Children's Bureau Publications at UVA Health Science Library Digital

Archives; Primary journals – AJN, AJPH, JAMA, J Nat'l Med Assoc., J Public Health Nurse, Journal of Negro Education, period newspapers and magazines, and secondary sources from 20th century social, cultural, medical and nursing history.

Findings and Conclusions: Findings revealed multiple factors influenced infant feeding. Federal health programs, World War II, racial, societal, and cultural changes influenced bottle-feeding. The federal Emergency Maternity Infancy Care Act provided free obstetric hospital care to the wives of servicemen in the four lowest pay grades during WWII, of which blacks were a large group. Hospital care provided infant education, and bottle-feeding training, which helped set in motion, the trend of bottle-feeding. As black mothers became knowledgeable about maternal education, and their economic resources improved, bottle-feeding became preferable to resolve infant feeding issues because they could balance work and infant feeding; in addition, it identified blacks with modern society, which they likely perceived elevated their social status in the dominant culture of modern society.

3. Midwifery in New Zealand: Shifts in Power and Responsibility Since 1990

Katherine Seidl, BSN, RN; Mary Gibson, PhD, RN

Purpose of Study: The purpose of this investigation was to examine the progression of midwifery in New Zealand since 1990 and to analyze the effect of the Nurses Act of 1990 on the midwife's identity and autonomy in New Zealand today.

Rationale and Significance: The history of midwifery in New Zealand is multi-faceted and has undergone many changes since its formal establishment in 1904. These changes have been marked by shifts in power and responsibility related to who controls childbirth among midwives, nurses and doctors. These shifts came about gradually through the medicalization and "nursification" of midwifery. This investigation examined how these shifts in power and responsibility led to the eventual loss of midwives' autonomous practice in 1970, the re-instating of that autonomy in 1990, and the continued refining of midwifery as a distinct profession from nursing since then. The fight for equal pay, the establishment of the Midwifery Council of New Zealand, the honing of midwifery education and ongoing tensions between midwives, nurses and doctors have defined the last quarter-century. Understanding the development of these issues leads to a more holistic understanding of the role of midwifery in New Zealand today. This history contrasts greatly with the American story and underscores the importance of setting in historical study.

Methodology: Using a social history framework, this investigation focused on the lived experience of midwives in New Zealand, and how their movements through societal norms, gender roles and cultural expectations shaped history. Additionally, using a policy framework, the investigation considered how legislative acts pertaining to midwifery came about and how they continue to affect maternity services in New Zealand today.

Major Primary and Secondary Sources: Primary data were obtained from legislative acts passed in New Zealand. In addition, the personal collection of Joan Donley, a prominent midwife leader, was accessed via the University of Auckland Special Collections Library. This collection included drafts of books and articles, personal communication, meeting minutes and professional communications from midwives spanning three decades. Finally, semi-structured interviews of two midwives currently practicing in New Zealand explored their lived-experiences; one who began practicing in 2008, nearly twenty years after the legislative changes in 1990; and the other who trained in the 1960s and continues to practice today. Secondary data were obtained using databases, libraries and ancestral searches to produce articles, books, newspaper articles, and editorials, including sources from both the midwifery and the nursing perspective.

Findings and Conclusions: Today, more than 90% of all births take place under the care of a midwife in New Zealand. Midwives have a distinct identity separate from both the medical and nursing professions, founded upon the ideals of partnership with women, continuity of care and midwifery self-regulation. Considering these achievements within the context of the history of midwifery leads to a greater appreciation for their significance within the greater framework of maternity services in New Zealand today.

Concurrent Session III – 3:45-5:15pm

3A. Abiding Issues

1. "Endurance from a Way-Back Time": Experiences of Black Nurses in Virginia, 1950s-1980s

Victoria Tucker, BSN, RN

Purpose of Study: This paper tells the story of Black nurses and nursing students who entered newly-integrated Virginia nurse training programs between the 1950s and 1980s. In the process, they engaged in intra-professional identity formation and

collective racial advancement. The paper addresses the question: How did Black nurses and nursing students make sense of their experiences as they entered desegregated spaces?

Rationale and Significance: The 1964 Civil Rights Act's Title VI ended sanctioned institutional segregation and discrimination in public spheres. Yet many predominately white and southern institutions countered Title VI with active and passive defiance. The 1966 Medicare and Medicaid Certification Review Board leveraged financial accountability on Title VI non-compliant institutions and failure to comply threatened their operational sustainability. Thus, new legislation gave Black nurses and nursing students access to academic and clinical sectors formerly forbidden to them. This did not extinguish Black nurses' socially perceived identity posture, however: first and foremost, they were still Black women in America who worked in an environment of racial and health inequalities. Today improving diversity in the health care workforce has been linked to improving the health disparities in America. Black nurses remain central for diversity advancement in the work force. This paper's historical context acknowledges the systemic barriers to entry and retention into the profession for Black nurses and nursing students.

Methodology: Conceptual reflections of African American nurses located in archives will be compared with oral histories in the context of Virginia during the transition from segregation to desegregation on college campuses and in healthcare facilities. Interpretive analysis will focus on the concept of "weathering."

Major Primary and Secondary Sources: Primary sources include letters, interviews, memoirs, newsletters, newspapers, oral narratives, reflections, and journal articles in public and private archives. Secondary sources in history, civil rights, women's studies, 20th century American nursing education, and hospital institutional history supplement the work.

Findings and Conclusions: Researchers commend the resiliency of Black nurses but rarely acknowledge the other side: that racism and exclusionary practices required Black nurses to endure systematic weathering in their academic and professional pursuits. They navigated a tenuous path to institutional integration, while simultaneously shouldering the compounding burdens of race, gender, and class. As racial segregationist practices were linked to disparate health outcomes in the Black community, one way Black nurses and nursing students sought to eliminate these disparities was to advance their professional identity. Integration was an essential means for reforming their professional identity and elevating the quality of healthcare in the Black community. Yet it was not easy. As historian Darlene Clark Hine highlights, "The end of overt discrimination and segregation... did not mean the eradication of more subtle and sophisticated forms of institutionalized racism." Black nurses and nursing students weathered these newly integrated spaces, often aware of the unequal demands yet still choosing to pursue advancement.

2. Exclusion of Undesirables: U.S. Immigration at Ellis Island 1890-1915

Melissa Sherrod, PhD, APRN, AGCNS-BC, NE-BC

Purpose of Study: In 1965, President Lyndon Johnson said, "Of the immigrants who came to this country, they brought to these shores a rich variety of individual gifts, a heritage derived from the total experience of all of their many nations. They made us not merely a nation, but nation of nations". Of the 15 million immigrants who arrived in the U.S. between 1890-1915, seventy-five percent were processed through Ellis Island. Ellis Island was the first immigration station designated by President Benjamin Harrison in 1890 and was considered the flagship of immigration depots. This study explores how U.S. immigration policy, derived from early colonial legislation, informed the inspection, treatment and disposition of millions of immigrants who were processed at Ellis Island between 1890-1915. The study draws parallels between immigration policies at the beginning of the 20th century with policies under revision today.

Rationale and Significance: U.S. immigration policy is undergoing significant change and evokes different objectives and sentiments to those spoken by President Johnson over fifty years ago. While the U.S. embarks on a new phase in assessing the desirability of admitting others, we are reminded that immigration policy is fluid and reflects the values of a nation as well as the perceived economic, political and social challenges it confronts. This research uses the treatment of immigrants at Ellis Island as an exemplar to describe the historical responsibilities of nurses, physicians and immigrant inspectors as they worked on the front lines, putting policy into practice. It also illustrates how policy guides decision making in relation to who is welcomed and who is turned away and aids in understanding that many of these unofficial guidelines are still evident.

Methodology: Traditional historical methods (social history framework) were used in the conduct of this research. Primary source materials included recordings from the Oral History Library at Ellis Island and records from the Bob Hope Memorial Research Library located on Ellis Island. These materials include manuscripts written by William Williams, Commissioner of Ellis Island as well as photographs of passengers, processing areas and hospital facilities. Other primary source materials include reports from The New York Times on immigration policies as they relate to public safety, national security and spread of disease. Secondary source materials include histories of Ellis Island, U.S. immigration policy, and the threats of immigration to U.S. interests.

Findings and Conclusions: This study explores the intersection of policy with the human condition. It also illustrates how policies change as a result of social, political and economic conditions and provides a historical perspective of immigrants who were expected to add value to society and those who were likely to become a threat or public burden. It also invites dialogue about the future of immigration policy within a global context.

3. “Mothers and Children, First”; Or not: The Politics of a Fragile Reform, the Sheppard-Towner Act

Rima Apple, PhD

Purpose of Study: In 1921, Congress enacted the Sheppard-Towner Act, the first instance in which the US government took responsibility for addressing a critical health need. The Act allocated matching funds to each state for maternal and child health. It did not require states to participate, nor mandate the content of the states’ activities. This paper will identify the elements that shaped states’ distinctive responses and that resulted in the eventual demise of this popular program by the end of the decade.

Rationale and Significance: The Sheppard-Towner Act was initially passed with overwhelming support from the Congress and the public. Yet, it lapsed after only a few years. Identifying the factors that contributed to and impeded its state-level implementation and its ultimate end will highlight the interplay of the local and the national on the longevity of public health measures, an interplay that suggests potentially fruitful analysis in other similar situations. Sheppard-Towner was national legislation, but by focusing on the ways states responded to the Act we can develop a finer analysis than that revealed by simply viewing the national scene.

Methodology: This paper analyses the reports and pronouncements of national and state administrators, elected and public health officials, medical leaders, maternal and child health nurses, and health reformers. It uses the words of the participants themselves to understand what they believed were the obstacles to the successful establishment of a federally-sponsored maternal and child health program in the 1920s.

Major Sources: Proponents and opponents of the Sheppard-Towner Act were highly vocal, leaving us their words in publications ranging from state board of health reports; public health, medical, and nursing journals; congressional reports, and proceedings of national and international public health conferences. These sources are augmented with secondary sources such as Ladd-Taylor, *Mother-work*; Lindenmeyer, *A Right to Childhood*; Lemons, “The Sheppard-Towner Act: Progressivism in the 1920s,” *J. Am. Hist.*; and Michel and Rosen, “The Paradox of Maternalism,” *Gender & History*.

Findings and Conclusions: The short-term success of the Sheppard-Towner Act owed much to the popular support that health reformers and creative public health nurses inspired and to politicians who sought to curry favor with the newly enfranchised women voters. Sympathetic physicians and most particularly energetic public health nurses could and did institute effective programs. However, within a few years, the growing power of organized medicine on the state and national levels severely weakened the support of legislators, especially those who no longer feared that women would vote as a block to unseat them.

3B. Nursing History Fusion

1. In Search of Altruism: The Protestant American Nurse Missionary in Africa, Post WWII

Ally Salevan, RN, BSN, MA, CCRN

Purpose of Study: The purpose of this study is to research the experiences of American Protestant missionary nurses serving in Africa post World War II. These experiences are used to more fully understand the concept of altruism in relation to the work the nurses did.

Rationale and Significance: Altruism is identified in the literature as a concern for the other above the self, a desire to benefit the other and a willingness of the giver to sacrifice self. It is foundational to the practice of nursing and is expressed as an essential of baccalaureate education and as a professional characteristic. Healthcare is experiencing a new wave of globalization and nursing is rising to this need with global partnerships and international service learning, but little is understood about the experience. Further research is needed to understand the nursing experience of altruism in action.

Description of Methodology: A descriptive historical methodology is utilized to study events and data from nursing’s history, specifically relating to the nurse missionary experience of the mid-20th century. This study is conducted within a framework of altruism, questioning the data relating to the intentions and motivations of the nurse missionary, the intended and realized outcomes or benefits, as well as the sacrifices experienced by the nurse missionary.

Major Primary and Secondary Sources: Four correspondence archives of nurse missionaries through the Southern Baptist Mission Board are identified as primary sources. Secondary sources include Mann Wall’s (2016) *Into Africa: A Transnational History of Catholic Medical Missions and Social Change* and Robert’s (2006) *Gospel Bearers, Gender Barriers: Missionary Women in the Twentieth Century*, among others.

Findings and Conclusions: Four nurse missionaries have been identified through the Southern Baptist Mission Board archives. The historical career of a nurse missionary provides an example to be studied for altruism in action. Some of the archival material shows motivations of altruism for the nurse missionary, a desire to improve the lives of others by simultaneously sharing the Gospel and nursing their physical conditions. These women identified in this study expressed a belief in a spiritual calling to be a nurse missionary. Sacrifices such as comforts of home, physical separation from family, and health were experienced by the nurse missionaries. The four women were all young and single without children at the time of their appointments to service. The archival correspondence does raise questions of genuineness of the missionary nurse author since the readers are leaders in the denominational mission board. These findings are a part of a larger study that will further explore cultural, political, social, and gender influences on the missionary experience.

2. “To Walk Quietly Into a Hail of Lead to Bandage and Carry Away a Wounded Man, that is Worth Talking About”: The Physical and Psycho-Social Demands Made on Stretcher Bearers in the Royal Army Medical Corps During WWI

John SG Wells, PhD, MSc, BA, PGDipEd, RNT, RPN; Michael Bergin, PhD, MMedSc, BSc, RPN, RGN

Rationale and Significance: The First World War created a gendered cultural construction of ‘tough men and tender women’. Masculinity was constructed as the willingness to fight as a test of manhood. This was affirmed by a complimentary construction of womanhood emphasizing motherhood, self-sacrifice, love and caring for others. However, there were a group of men who transcended these constructions. These were the stretcher bearers of the Royal Army Medical Corps. These men, transition the masculinity of the warrior and the femininity of the caregiver.

This study aims to explore the physical and psycho-social demands made upon stretcher bearers in the RAMC during the First World War and how they dealt with the transition to civilian life after the conflict ended when the conflict had constructed a gendered masculinity based upon the notion of the ‘warrior’ as a test of war service.

Description of Methodology: Individual case study narrative analysis of published diaries and memoirs of stretcher bearers.

Major Primary and Secondary Sources: Dale LeVack (ed.) (2013) *Stretcher Bearer – Fighting for Life in the Trenches (the diaries of Charles H Horton, RAMC)*. Oxford, Lion Books; JH Newton (1931) *A Stretcher Bearer’s Diary: Three years in France with the 21st Division*. London, Arthur H Stockwell Ltd.; William St Clair (2003) *Road to St. Julien: The Letters of a Stretcher-bearer of the Great War* (John St Clair, ed.). Barnsley, Leo Cooper Ltd.; Mayhew, E. (2013) *Wounded: From Battlefield to Blighty, 1914-1918*. London, Bodley Head; Stephen Western (2011) *The Royal Army Medical Corps and the Role of the Field Ambulance on the Western Front, 1914 – 1918*, MA Dissertation. University of Birmingham.

Findings and Conclusions: Men joined the RAMC for a variety of reasons, though religious beliefs were often central. Training was forward thinking though it did not prepare them for the experience of combat. Stretcher bearers were often exposed to dangers and experiences that the soldier at the Front were not. Stretcher Bearers motivations for enlistment were often viewed with some contempt both by soldiers and society. They experienced social difficulties transitioning into civilian life and, in particular, were bitter that their role in the war went unrecognized by the authorities.

Conclusion: The WW1 stretcher bearer challenges traditional constructions of masculinity in war through their acts of caring, their medical training (which was ahead of its time) and their motivation for joining the RAMC. As a consequence, their pivotal role in combat and advancing combat medicine went largely unrecognized. Post war they received neither support nor understanding when dealing with the psychological traumas with which they were left as a consequence of their unique combat experiences when compared with other WWI soldiers.

3. Searching for History: A Short Tour of Selected Nursing and Medical Museums

Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE

Purpose: To articulate the process of finding and visiting nursing and medical museums in selected areas of the United States and Canada. To identify different types of repositories and displays related to nursing and medical history. To provide resources for future networking and identifying current, past, and potential museums and displays.

Rationale and Significance: Artifacts and print materials are ways to tell a story from multiple perspectives and help us to understand our past. Finding ways to locate resources and understanding their challenges is critical to preserving and using these resources.

Methodology: While traveling throughout the Eastern US and Canada, museums were identified for possible visits. A Google search was conducted with limited results. Other means of targeting museums and displays were through the following sources: tour books, websites for museums and universities, individuals with local knowledge, and museum directors and curators. Other sources of information were the Medical Museum Association (MeMA), AAHN, and other professional

organizations. Old publications provided some leads in identifying potential museums. Whenever possible, visits were arranged with directors, curators, or other staff. The author visited museum vaults and storerooms. Limitations: Only museums and displays near areas of travel were considered for visits and research. Some museums were not open; others did not have physical displays.

Primary and Secondary Sources: Museum and organization websites (e.g., MeMA, AAHN, etc.), old medical and nursing publications, travel guides, word of mouth.

Findings and Conclusion: In general, different displays were identified: those dedicated to nursing/medicine; larger collections within museums; incidental displays as part of another installation (e.g., nursing as part of a war display); historic(al) sites (e.g., Civil War), and former medical/nursing sites now being used for another purpose (e.g., field hospital now a brewery). In Canada, religious sites are an important part of nursing history but are not well publicized. In one instance, a vast collection that was donated to a large public museum was unable to be located; no one person was assigned to that collection. In another instance, the author and her husband were taken into a storeroom and shown artifacts and were able to identify several that were un- or mis-labeled. Word of mouth was a crucial part of locating collections; in all cases, people were willing to help and to share what information they had, even making calls to other museums. Some national displays were shockingly small. Finding and visiting nursing and medical museums was an unexpected challenge as many are not listed and some have closed. Still others have sold or otherwise disseminated their collections. Most have limited funds and staff and are not open regularly.

Conclusions: There are many rich sources of artifacts and historical information located in small collections and within museums but there is no centralized repository of information on how to find them. Access was often difficult. Lack of funding/interest is causing important collections to be lost. Larger organizations need to communicate with each other to increase knowledge and access to important resources.

3C. Nursing's Impact

1. "Unclean": A Nurse Who Dared to Care

Ruth G. Manchester RN, BSN, MA, FCN

Purpose of Study: The purpose of this study is to examine and bring to light one nurse's effort to care for patients afflicted with leprosy, officially known as Hansen's Disease. Because of the age-old stigma (victims used to ring a bell and cry "unclean" when around others) attached to this disease and the non-acute manifestations, little attention has been paid to those who, early on, "dared to care" and possibly risk their life to care for those with leprosy. Marjorie Bly (1919-2008) is one such nurse. Born to Lutheran missionary parents who spent time in China, Marjorie, after graduating from nursing school, went back to China. After political unrest on the mainland, she went to Taiwan and spent 50 years there, caring for victims of this scourge.

Rationale and Significance: Due to the chronic nature of this disease, its insidious onset, and (until recently) its etiology, stories of the care for these patients have not been front page news. Epidemics such as plague, AIDS, and TB have received much more publicity through the ages; not so with leprosy.

Methodology: I will give a brief overview of the history of this disease and those who did care such as St. Elizabeth of Hungary (1207-1231), Father Damien (1840-1889), Sr. Marianne Cope (1838-1918) and Kate Marsden (1859-1931). Art images of patients afflicted with leprosy will accompany the caregivers' profiles. This introduction will lead into the work of Marjorie Bly and what motivated her to care.

Major Primary and Secondary Sources: My chief primary sources for the life of Marjorie will be her own words and the words of her brother. A book containing her hand-written narrative was published soon after her death in Chinese and English. Nieces and nephews survive, and they added more information. Christine M. Boeckl's book *Images of Leprosy: Disease, Religion, and Politics in European Art* (2011) has proven invaluable with imagery and history of those who cared for people with this disease.

Findings and Conclusion: Much has been written about the medical aspects of this disease, e.g., was the Biblical leprosy the same as the modern malady; less so, the caregivers who risked or gave their lives in caring for these patients. As Marjorie's sister-in-law said as she marched into my office one day about eight years ago with the book about Marjorie, "the church has not sufficiently recognized Marjorie and all that she did."

2. Burns En Masse: Naval Hospital Pearl Harbor, December 1941

Gwyneth Milbrath, PhD, RN, MPH

Purpose of Study: Much has been written about the military events of December 7, 1941; however, little has been documented about the Navy nurses' work and experience in Pearl Harbor, Hawaii. This presentation will describe the role and experience of the Navy nurses who cared for patients at the Naval Hospital Pearl Harbor in December 1941.

Rationale and Significance: December 7, 2016 marked the 75th anniversary of the “date that will live in infamy” when Pearl Harbor was attacked by the Japanese, causing the United States to declare war on Japan. During the attack on Pearl Harbor, over 2,400 Americans sacrificed their lives for their country, and hundreds of others were wounded. The Naval casualties at Pearl Harbor alone exceeded those in the Spanish American War and World War I combined. Without warning, preparation, or training in the care of war casualties, the twenty-nine Navy nurses assigned to the Naval Hospital Pearl Harbor had to care for hundreds of severely burned and wounded sailors.

Methodology: Traditional historical methods with a social and military history framework were used in this investigation. Primary data sources include oral histories, historical documents, and photos from the Navy Bureau of Medicine and Surgery, the Navy Office of History, and the Navy Nurse Corps. Secondary sources include articles written in the *American Journal of Nursing*, articles written by Pearl Harbor physicians, published books, and other publications. In total, sixteen of the twenty-nine nurses present at Naval Hospital Pearl Harbor were used to inform this research.

Findings: The Naval Hospital Pearl Harbor, located at Hospital Point on Ford Island, was in the center of the Japanese attack on Pearl Harbor. The nurses remembered watching as the Japanese dropped bombs and rained bullets down on the US Pacific Fleet. Although the hospital was not hit during the attack, a Japanese plane crashed on the hospital grounds, narrowly missing the hospital. Prior to the arrival of casualties, the nurses quickly readied the wards by preparing supplies, medications, and creating space for the incoming patients. Hundreds of casualties arrived and were cared for at the Naval Hospital as the nurses assisted in triage, the operating room, and on the wards. Primarily, the nurses lived and worked in the hospital for days providing care to the hundreds of men suffering from severe burns. Nurses gave morphine to relieve pain, administered life-saving blood plasma to prevent shock, and treated the severely burned with sulfa, tannic acid, and other treatments to prevent infection and accelerate healing.

Conclusions: The nurses, corpsmen and physicians at the Naval Hospital worked tirelessly while under threat of attack. Their collaboration and hard work saved lives and eased the suffering of the sailors injured during the attack on Pearl Harbor.

3. Nursing Influence in the Development of Neurocritical Care: The Johns Hopkins Hospital, 1920-1950

Lourdes Romero Carhuapoma, RN, MS, CNP-BC, CCRN

Purpose of Study: This historical study describes the early nursing influences in the development and expansion of the neurocritical care specialty from 1920 to 1950, using surgical nursing at The Johns Hopkins Hospital in Baltimore, Maryland, as a case study. The paper explores the questions: How did surgical nurses influence the development of a critical care unit designed to care for acutely-ill neurosurgical patients? What negotiations and/or conflicts occurred with physicians? What role did nurses play in the expansion of neurocritical care as a nursing specialty?

Rationale and Significance: The origins of neurocritical care date back to the early twentieth century at The Johns Hopkins Hospital in Baltimore, Maryland, one of the centers of American medical and nursing education. The reorganization of nurses' work in these units will be contextualized within the expanding medical knowledge and specialization of the time. In 1923, Walter Dandy, a neurosurgeon, created what is considered to be one of the first ICUs. Central to Dandy's unit was the concept of intense monitoring by nurses trained to care for acutely-ill neurosurgical patients. By the 1940s, Dandy was working closely with a “brain team” that consisted of five nurses, among others. While the efforts of physicians in the development of the neurocritical care specialty have been described in the literature, the historical contributions of nurses have been documented to a much lesser extent. This work provides substantial support for a continued emphasis in the training and education of nurses working in areas requiring highly specialized care for patients and families.

Methodology: The historical method is employed in this study to critically analyze and interpret archival sources from the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions. Data will be gathered, criticized, and checked for internal and external consistency to reconstruct the past as accurately as possible.

Major Primary and Secondary Sources: Primary sources include school of nursing records, nursing notes and journals, photographs, hospital records, newspaper articles, and individual letters. Secondary sources include the academic writings of present-day neurosurgeons, as well as historical reviews of Walter Dandy.

Findings and Conclusions: Surgical nursing leaders who worked with Dandy were closely involved in the careful preparation of nurses caring for postoperative patients. Nurses displayed significant power and influence in their respective roles as leaders in surgical nursing. As integral members of Dandy's surgical team, nurse leaders contributed to the specialized training of nurses caring for the sickest of neurosurgical patients and those requiring intensive monitoring in the immediate postoperative period. The efforts of nurses contributed to the intensive care nurse specialization movement, with this study placing the time frame earlier than the late twentieth century, as most histories do.

Saturday, September 9, 2017

Concurrent Session IV – 10:30-12:00pm

4A. Nursing's Reach

1. "Because We've Always Done it that Way": A Scoping Review of Manuscripts on Nursing from the 1500s to 1850s

Tanya Langtree; Prof. Melanie Birks; Dr. Narelle Biedermann; Dr. Nicholas Ralph

Purpose of Study: This presentation describes the findings of a scoping review of manuscripts regarding the foundations of nursing practice that were produced between the 1500s to 1850s in Europe, North America and Australia. This review identifies and describes the key content themes contained in these manuscripts.

Rationale and Significance: Contemporary nursing has long been associated with the publication in 1859 of Nightingale's *Notes on Nursing: What It Is, and What It Is Not*. However, the discovery of a 1617 Spanish treatise *Instruccions de Enfermeros (IdE) [Instructions for Nurses]*, highlights that at least one manuscript was written about the profession at least two centuries prior to Nightingale.

IdE described the foundational cares performed by the nurse in seventeenth century Spain. Incorporated into each descriptor of care was a rationale that was supported by (then contemporary) scientific and/or clinical reasoning. Hence, the information presented in *IdE* is similar to the structural organization of contemporary fundamentals of nursing texts. The inclusion of such elements in *IdE* suggests core aspects of today's professional identity and clinical practice evolved through the transgenerational sharing of knowledge across cultures. However, as a profession we know little about the existence of such manuscripts prior to *Notes on Nursing*, and how, or if, they helped shape contemporary nursing practice.

Description of Methodology: Data collection for this review involved several stages: locating potential sources (database and catalogue search); preliminary review (key word appraisal, inclusion/exclusion criteria applied); secondary review (confirmation of content, manual searching of reference lists, primary source located via internet search); determining the authenticity of each source; and charting the data. Additional inclusion criteria used in this review was that the manuscript could be published or unpublished. Exclusion criteria employed in this review was that the work must be non-fiction. A thematic analysis of each source was then performed and the key themes were identified.

Major Primary and Secondary Sources: After searching six different databases over a period of four months, fourteen digitized primary sources were located.

Findings and Conclusions: The manuscripts discovered in this review were written between 1541 and 1859, with the majority originating from Spain. Key themes that were identified included procedural considerations such as hygiene care; comfort measures; sanitation; and treatment regimens. Contemporary professional issues such as advocacy, communication and resource management were also evident. Their presence intimates that nursing identity and professional standards originated prior to Nightingale's reformation.

2. The Intersections of Biography and Nursing History

Lea M. Williams, PhD

Purpose: The purpose of this presentation is to examine the efficacy of approaching the study of nursing history through biography. My case study is the life of Ellen N. La Motte (1873-1961), a nurse, writer, and activist about whom I am writing a book-length biography. My presentation will investigate the benefits of using the life of a single individual to analyze the complexities of nursing history, particularly that of the late nineteenth-early twentieth century.

Rationale and Significance: Many leaders of nursing history were exceptional individuals in regards to their abilities as well as their backgrounds--they frequently were privileged in terms of their race, gender, and class. La Motte certainly falls into this category as a white woman who came from a well to do family who benefited from the networks her family provided while building her nursing career. Yet, she also is representative of many who were involved in public health nursing and social reform efforts in the late nineteenth and early twentieth centuries. When exploring the life and work of La Motte, questions arise as to whether or not she fulfills the prerogative that biographical subjects should be both exceptional and representative of their time. By considering this question, my study will reflect on the value of using biographical approaches to think through the way nursing history developed and why.

Methodology: This study analyzes La Motte's life and work, as represented in the seven books and dozens of articles she wrote and her unpublished writings, through the lens of feminist biographical approaches to analyze the effectiveness of exploring nursing history from the perspective of one woman's life.

Sources: Primary sources for this study include La Motte's published and unpublished writings as well as theoretical essays about writing biography, including *The Challenge of Feminist Biography: Writing the Lives of Modern American Women*, edited by Sara Alpern, et al; *Reading Telling Women's Lives: The New Biography* by Linda Wagner-Martin; and collections such as *Women's Lives into Print: The Theory, Practice and Writing of Feminist Auto/Biography*, edited by Pauline Polkey; and Volume 21, number 4 of *Journal of Women's History*, edited by Marilyn Booth and Antoinette Burton and devoted to critical feminist biography.

Findings and Conclusion: This study will demonstrate that despite potential pitfalls, most notably, taking the exceptional biographical subject as representative, biographical approaches to nursing history are an effective means of understanding how nursing history developed in the late nineteenth-early twentieth century and why.

3. Florence Nightingale's Influence on the Pavilion-style Hospital of the American Civil War

William T. Campbell, EdD, RN

Purpose: The purpose of the study was to examine the influence, if any, of Florence Nightingale on the construction and use of the pavilion-style hospital during the American Civil War (CW). Was there an indirect influence through her published writings, through newspaper accounts, and/or through travels of American military medical officials to Europe? Was there a direct influence through her role as an advisor or consultant? What do we know about the adoption of the pavilion-style hospital between 1861-1865?

Rationale & Significance: The American military hospital system and the healthcare system in general were in total disarray and confusion at the beginning of the CW on both sides. Improper buildings were being seized and rapidly converted into unhealthy hospitals as had been done by the British in the Crimean War. Americans feared the worst. Soon a revolution in hospital construction occurred and newly constructed hospitals began using the much healthier pavilion-style design with all the environmental improvements as outlined and championed by Florence Nightingale in her much publicized works.

Description of Methodology: The methodology is qualitative historical research. The examination included primary sources (journals, diaries, and letters) written by the men and women who served in the military between 1861-1865. Also included were documents of period hospital designs, military official records, Nightingale's works, and a few existing secondary sources.

Major Primary & Secondary Sources: The primary sources were Nightingale's *Notes on Hospitals* and *Notes on Nurses*. Secondary sources included Lynn McDonald's *Collected Works of Florence Nightingale*, volumes 15 and 16, *The Compilation of Official Records of the Union and Confederate Armies* and *The Medical and Surgical History of the War Of the Rebellion*.

Findings and Conclusion: Later construction during the CW definitely favored the pavilion-style design which Nightingale had identified as the best design in her works. Her ideas of a healthy hospital environment were also adopted. Evidence of indirect influence exists, but so far no evidence of direct influence as an advisor or consultant can be found for this period. While the outcomes of new hospital construction are in line with Nightingale's published writings of the best hospital design, any direct influence by her still eludes discovery. Research and searching must continue.

4B. Topics in Nursing Education

1. Innovation, Invention, and Espionage: A Nurse Led Coup de Maître 1920-1942

Kelly Reilly, PhD, RN-BC; Thomas Smith, DNP, RN, NEA-BC, FAAN

Purpose: This presentation will describe a brief history of the Maimonides Medical Center from 1920 to 1942 focusing on the outstanding legacy of the first hospital Superintendent, Boris Fingerhood, and the achievements of Maimonides nurses. Fingerhood's view on hospital administration and its relation to organized medicine and minimum standards of care delivery will be discussed through the internal and external sociopolitical climate of the era. A brief history of nurses' expert care of patients on the hospital wards and the lasting effects of this expertise through a century of care will be presented through three case studies.

Rationale and Significance: Maimonides Medical Center's mission and commitment to the Jewish community it serves have been evident from its founding in 1911. A culture of innovation and invention was a large part of the success in the Medical Center's becoming a hospital of prominence in the 1920-30's with active experimentation of care delivery models to improve patient and community outcomes. This culture of innovation continues today. The significance of this study traces the actions and deeds of the first hospital Superintendent to a culture of nursing that endures in the 21st century.

Description of Methodology: The study methodology used primary sources to examine and write the history of Maimonides Medical Center to communicate past ideas and phenomena.

Major Primary and Secondary Sources: Primary sources of information were gathered and analyzed from the hospital's archives and meeting minutes from the Board of Directors.

Findings and Conclusions: Innovative and progressive nurse leadership that evolved from this era developed into a century of advancing nursing practice, improving outcomes, and fostering a commitment of caring for individuals, families, communities and populations in Borough Park, Brooklyn and around the globe.

2. "We Need More Nurses": Experimenting with Television Teaching at Orange County Community College, 1955-1965

Annemarie McAllister, EdD, RN

Purpose: This paper explores the early use of technology as a method to increase the number of nursing students in the clinical area with the existing number of faculty. Orange County Community College (OCCC), the first associate degree program in the United States, utilized closed circuit television (CCTV) as a method of instruction in an effort to educate more students with a limited faculty. The use of tape recording was an adjunct to the CCTV and was within the financial reach of many of the rapidly developing programs. This paper situates the activities of this one program within the broader context of the use of simulation in contemporary nursing and how nurse leaders garnered funding for experimental teaching methods that helped reshape nursing education with lasting implications for the profession.

Rationale and Significance: The recently released evidence based recommendations for the use of simulation for up to 50 percent of clinical scenarios is the result of experimental use of technology and has its underpinnings in the early efforts of associate degree educators. The continual effort to educate more nurses in the face of both faculty shortages and insufficient clinical sites remains arguably the most salient issue for the profession.

Methodology: An historical descriptive approach was used to examine the archival records at Orange County Community College and Teachers College, Columbia University.

Primary & Secondary Sources: Primary sources include records and photographs accessed at the Orange County Community College and at Teachers College Gottesman Library Archives, Columbia University, as well as reports to the Kellogg Foundation. Secondary sources include journal and newspaper articles, and published interviews with Mildred Montag.

Findings & Conclusions: The use of technology in nursing education began in the post WWII era and the ability to experiment was particularly notable as nurse leaders developed the associate degree model. The lack of sufficient faculty to educate an adequate nursing workforce was at the center of these efforts and remains a contemporary issue. The ability to educate more students in the clinical arena with the existing number of faculty required innovation and funding. The use of CCTV at OCCC was at the very beginning of these efforts. The current use of technology such as high fidelity simulation scenarios is the outgrowth of the desire to increase the number of students in each clinical group as the issues of insufficient faculty and clinical site continue to stymie the profession.

3. The 1974 Xenia Tornado: The Impact of a Student Nurse Experience in a Natural Disaster on Professional Development

Donna Miles Curry, PhD, RN, PCNS

Purpose of Study: To explore the impact of a student nurse experience in a major natural disaster, the Xenia Tornado of 1974, on the professional development of Nancy Bliese BSN, RN. Ms. Bliese was a baccalaureate nursing student at Wright State University graduating in their first pre-licensure class in 1976.

Rationale and Significance: In conducting oral history interviews of the inaugural graduating class of a Midwest public university's first regional baccalaureate nursing program, the researcher was particularly struck by a reoccurring story for these alumni of their clinical experiences in the aftermath of the 1974 Xenia, Ohio tornado. It was then decided to examine the life history of one of the alumni to provide an integrated "plot" - synthesizing the cultural, historical and individual aspects for this professional nurse contributing to the body of knowledge specific to nursing professional development

Methodology: This life history approach used narrative analysis (Polkinghorne, 1995) to synthesize events in the life of Nancy Bliese, BSN, RN, into an explanation of how she came to be the professional nurse she is forty years later. The analysis includes descriptions of the cultural context for the person of interest (Ms. Bliese), examination of the importance of significant other people had in affecting the actions and goals for the person of interest; and the individual choices and actions she made to pursue the goal of becoming a professional nurse. Special attention is given to the social and historical events experienced.

Major Primary and Secondary Sources: Oral history transcripts from the Wright State University, College of Nursing Oral History Project; newspaper, interviews with nurses who were involved in the disaster and other media records of the event with additional interviews of the person of interest.

Findings and Conclusions: The story of Ms. Bliese's professional development as a nurse demonstrates how the impact of significant life experiences during her formal nursing education program influenced her area of specialization, in this case emergency nursing/critical care. Implications for nursing education include the challenge current nursing educators face, utilizing spontaneous experiences due to limitations imposed by nurse practice acts.

4C. Conceptualizing Nurses

1. The Image of Nurses and Nursing in the First Hospital-Based Radio Drama, *The Woman in White* and The "New" *Woman in White*

Mary Ellen Pike, PhD, RN

Purpose of Study: This study investigated the image of the nurse and nursing in the first hospital-based radio drama, *The Woman in White* (1938 – 1942) and its successor, The "New" *Woman in White* (1944 – 1947).

Rationale and Significance: While much has been written about the image of the nurse and nursing in film, television, and print media, nothing is found in the literature related to radio. Radio dramas debuted in 1930 and quickly became popular as women listened while working at home. These programs, frequently sponsored by companies producing detergents, became known as "soap operas". By 1939, approximately 28 million American households owned a radio and a Fortune poll put listening to radio above reading and movie going as their readers' favorite activity. *The Woman in White* and later, The "New" *Woman in White* introduced millions of listeners across the United States to the personal and professional lives of nurses.

Methodology: Methods of social history were used in the analysis of data collected for this study.

Major Primary and Secondary Sources: Primary sources included approximately 1,000 scripts of *The Woman in White* and 800 scripts of The "New" *Woman in White* and personal and professional correspondence materials in the Irna Phillips Collection at the Wisconsin Historical Society Archives in Madison, Wisconsin. Phillips created and wrote these programs as well as many other radio and television soap operas including *The Guiding Light* and *Another World*. Secondary sources included newspapers, books, and journal articles related to the history of radio and radio soap operas, the image of the nurse and nursing in media, nursing history, and the status of women in the 1930s and 1940s.

Findings and Conclusion: *The Woman in White* progressively featured a nurse as its lead character yet the portrayal was more similar to the stereotypical image of a nurse instead of the professional image found in many books and films of the 1930s and 1940s. During this era several full length films were made that featured a nurse as a major character and focused on the education and work of the professional nurse.

Themes now common in hospital-based soap operas such as the conflict between marriage and career, the nurse/physician relationship, and difficult patients dominated the radio scripts. Other findings included sexism, an emphasis on physical attractiveness rather than ability, strict hierarchical relationships and the god-like portrayal of physicians. The "New" *Woman in White* continued to focus on similar themes but included more characters and stories related to military service reflecting World War II. Early radio dramas appear to have perpetuated stereotypes and traditional roles rather than creating an improved image for nurses and nursing.

2. "Financial Independence Brings with it Intellectual Independence": Constructing Nursing as a New Profession for Women in Iran

Lydia Wytenbroek, RN

Purpose of Study: This paper explores the creation of nursing as a profession in Iran in the twentieth century. It examines the contribution of American missionary nurses and their efforts to "produce nurses." American missionary nurses established the first training school for nurses in Iran in 1916 and were operating five nursing schools by 1930. Mission-trained graduate nurses were the first women to enter the paid workforce in Iran as nurses. This paper examines Iranian women's reasons for engaging with professional nursing and the challenges they faced as student and graduate nurses within mission institutions.

Rationale and Significance: Professional nursing did not exist as an occupation in Iran prior to the establishment of mission nursing schools. Nursing education provided Iranian women in the first half of the twentieth century with one of the only opportunities available to them to further their education and enter public spaces through paid work. At a time when Iranian women had no formal political presence, the nursing profession offered them a way to enter political and civil society. This study not only illuminates the growth of the nursing profession in Iran but also sheds light on the evolution of Iranian women's work in general and how nursing offered an alternative to more traditional female occupations.

Description of Methodology: This study was carried out using the methods of social history research.

Major Primary and Secondary Sources: This paper draws on extensive archival material housed in the Presbyterian Historical Society Archives. The main primary sources include nursing school reports and reports and correspondence written by missionary nurses. This paper also relies, to a lesser degree, on documents written by Iranian nurses in Farsi.

Findings and Conclusions: Iranian women made the decision to attend mission nursing schools because they viewed the study and practice of nursing as (separate) ways to improve their lives. Nursing was an unconventional avenue for personal advancement. At a time when women had limited options for educational advancement, especially in the provinces, mission nursing schools offered Iranian women – from various socioeconomic, linguistic, ethnic and religious backgrounds – a chance to further their education. Young Iranian women pursued nursing education because it offered them opportunities for financial, social and geographical mobility. Graduate nurses were highly employable and highly mobile and many went on to attain prestigious positions in the government and influence the future direction of health policy in Iran. Mission nursing schools were vehicles for the formation of an emerging middle-class identity for women in Iran. Iranian women embraced the ideals of the nursing profession and used this new professional identity to their advantage. They crafted a new public persona for themselves and used the nursing occupation to enter and participate in the public sphere.

3. Things We Used in the Sickroom: Veillueses

Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE

Purpose: To examine veillueses as artifacts used in Victorian-era sickrooms from a socio-political-historical context using historical and modern analysis from the main time of production in the 18th-19th centuries to the current day.

Rationale and Significance: Veillueses (literally, night lights) were either food or beverage warmers used mainly in Victorian-era sickrooms, although some were used earlier and later. Inherently fragile, veillueses have different values related to style, rarity, utility, and condition. Artifacts, according to the Smithsonian Institute, and by extension, veillueses, have many uses: to tell a story, connect nurses with our past, demonstrate meanings, and reflect changing societal, scientific, and technologic norms (Lubar & Kendrick, n.d., para. 6). As articles of study, these provide us with tactile connections from which to explore nursing's changing roles from the 18th to 19th centuries, pre- and post-Nightingale, and into the early 20th century.

Methodology: A literature search revealed few scholarly resources on veillueses. Most material was gained from collector's books and descriptions from sales catalogs as well as personal interviews with dealers. A large personal collection was donated by a physician to a museum in Tennessee and is currently on display with little information available online or in print. Further research was conducted into the roles of nurses during this time period as well as the roles of women as home nurses. These artifacts tell a story of food preparation and preservation as well as thoughts on nutrition for invalids. Data on veillueses was synthesized with that of women's and nurses' roles, food and nutrition, and social mores around treatment of invalids.

Primary and Secondary Sources: Few scholarly resources were found in a literature review. Most information was found in internet searches and in a collector's guide. Other sources of information were found in auction house descriptions of the artifacts and in oral interviews. Other resources examined 19th century women's roles in the treatment of the sick and first-hand accounts of invalids from that period.

Findings and Conclusions: Veillueses tell a story of home nursing during the period from approximately 1750 through the late 1800s, when they were most popular, and into the early 20th century, after which they were mainly seen as collectible items, with the exception of veillueses-theire or "night light teapots". Nursing in the mid-19th century was predominantly conducted in the home by family members or trusted servants. There were few "trained" nurses at this time other than those in religious orders. Food preparation was a difficult task and kitchens were sometimes separate from the main living quarters. Providing nutrition for the sick was influenced by lack of knowledge of germ theory plus thoughts on sanitation and nutrition. Food kept in warmers may have been at sub-optimal temperature, leading to food spoilage and bacterial growth. Changing knowledge of health and ease of food preparation related to new inventions may have led to the decline in their usage. Styles ranged from very plain and utilitarian to very ornate and valuable. As collectibles, they represent a wide range of materials, tastes and cost, another story of the families and nurses who used them.

Concurrent Session V – 1:30-2:30pm

5A. Topics in Public Health

1. Into the Balkans: Helen Scott Hay and the U.S. Red Cross Efforts in Eastern Europe, 1914-1922

Karen J. Egenes, RN, EdD

Purpose: The purpose of this study is to explore the work of the Red Cross nurses, led by Helen Scott Hay, during and immediately following World War I. A graduate of the Illinois Training School for Nurses and Northwestern University, Miss Hay traveled to Bulgaria in 1914, at the invitation of Queen Eleanora, to establish a school of nursing in Sophia. However, when the outbreak of war interfered with these plans, she first led Red Cross nurses in a mercy mission to Kiev, Russia, and then spent the remainder of the war engaged in Red Cross work in Bulgaria. Following the war, Miss Hay was appointed Chief Nurse of the Balkan Commission, directing Red Cross nurses in relief efforts that included the operation of orphanages, clinics, refugee camps, hospitals, as well as the provision of public health nursing services in Montenegro, Albania, Greece, Serbia, and Romania. In 1918, Miss Hay was appointed chief nurse of the Red Cross. From her headquarters in Paris, she continued to direct the projects she had initiated in the Balkans, but also worked to establish schools of nursing in Poland, Czechoslovakia, Greece, and Bulgaria, thus continuing the work that had originally led her to Eastern Europe. Her efforts led an American colonel to dub her “the biggest man in the Balkans”.

Rationale and Significance: Few studies have documented the World War I work of American Red Cross nurses in Eastern Europe. Even less is known about the accomplishments of Helen Scott Hay, who left a leadership role in nursing in her home state of Illinois to assist in the development of professional nursing in the Balkans. Also significant is the role played by American Red Cross nurses in Europe during the period of reconstruction that followed World War I, amid increasing feelings of isolationism in the United States.

Methodology and Sources: Approaches from biographical and gender studies were used to examine the work of Helen Scott Hayes and the work of her American Red Cross nurses in Eastern Europe. Primary source materials include personal memoirs of Red Cross nurses, reports from the archives of the American Red Cross, and reports from commissions engaged in relief work in Eastern Europe following World War I. Secondary sources include contemporary publications, as well as tributes to Helen Scott Hay.

Findings and Conclusions: Helen Scott Hay and the Red Cross nurses she led made significant contributions to the relief efforts during and immediately following World War I. Although the permanence of their work has been questioned, the nurses nevertheless left a legacy in the areas of nursing education and public health nursing in a war-torn continent. Of further significance is the development of professional nursing in a seldom considered geographic area.

2. Designation 1a: The African-American Experience in the American Red Cross Town and Country, 1912-1917

Sandra B. Lewenson, EdD, RN, FAAN

Purpose of Study: This study examines the early experience of African-American nurses in the American Red Cross Town and Country Nursing Service (ARC Town & Country). It does so by exploring the policies of this rural public health nursing organization that prohibited African-American nurses from serving until 1917.

Rationale and Significance: Little is known in general about the ARC Town and Country and even less is known about the African-American experience in this organization. The significance lies in understanding how this quasi federal in scope organization discriminated against African-Americans ultimately affecting the delivery of health care. Specifically, it helps understand how issues of race, class, and gender influenced who became an ARC Town and Country nurse and who received the much-needed access to care. The past practices of the ARC Town and Country can help understand contemporary policy issues related to the need for educating a more diverse work force in nursing and the need to provide care to vulnerable populations.

Description of Methodology: This study uses an historical method to explore the topic.

Major Primary and Secondary Sources: Primary source materials include the archival records of the ARC located in the National Archives in Washington, DC; the National Organization of Colored Graduate Nurses located at the Schomburg in New York City; and the records of nursing education programs and Town & Country located at the Rockefeller Archives in Pocantico, NY. Secondary sources include histories of the Red Cross, the Army Nurse Corps, public health nursing, and the African American experience in the U.S.

Findings and Conclusion: The ARC Town and Country provided interested communities with qualified rural public health nurses beginning in 1912. Each nurse had to meet standards including attendance at a postgraduate course in rural public health and eligibility to serve in the Army Nurse Corps (ANC). The ANC, which began in 1901, however, barred African-American nurses. The ARC served as the gateway into the ANC, and so consequently, African-American nurses were excluded from the ARC Town and Country. It was not until 1917 when Francis Elliot Davis, an African-American nurse, was first admitted. The ARC Town and Country agreed to support African-American nurses at that time overriding the racial prohibition of the ANC, although their ARC badge was labeled with 1A – the “A” designated their race. The requirement of the additional postgraduate education also served as a deterrent to many nurses because of the discriminatory practices of nursing schools in both the north and south. These barriers were slow to change and had long lasting effects on a much-needed diverse work force in nursing.

5B. Topics in Nursing Education

1. What is the Place of a Nursing Education Program Through 50 Years of Innovation and Change: 1967-2017?

Marg Olfert, RN, MN, EdD

Purpose of Study: The purpose of the study is to uncover the context, themes, and decisions made as the Mount Royal nursing education program was initiated, sustained and evolved, over a half century. In addition, the study will explore the impact and context of the nursing education program in a former private Methodist institution on the city, province, and nation of Canada.

Rationale and Significance: The history of the Mount Royal nursing education program is relevant to the understanding of nursing education of past, current, and future students and faculty, as well as the institution, province, and nation. The events and experiences will enable us to understand the changes and evolution of nursing education at one Canadian institution, as well as its impact on the efforts to establish the baccalaureate degree as the minimal entry to nursing practice.

Description of Methodology: Historical methodology will be used to examine not only the chronology of what took place in the development and evolution of the nursing education program, but also the consideration of context, themes, influences and consequences involved. This form of qualitative research will be used to uncover the power and place of the nursing program in the Mount Royal Institution over the past fifty years.

Ethics approval is pending as interviews will be conducted and analyzed. Participants will be recruited through past and current nursing faculty and other decision-makers, and where possible, digital copies of interviews will be archived for future study.

In conducting oral histories, individuals will be interviewed about their experiences and perceptions will be explored.

This process provides a co-construction of past events, and assists researchers in gaining a more in-depth and personal understanding of experiences.

Major Primary and Secondary Sources :Primary and secondary sources will inform this project. Interviews with key participants and institutional, government and program documents will be used as primary sources, and documents and other previously written documents about the nursing education programs at Mount Royal will be included as secondary sources.

Findings and Conclusions: Based on preliminary explorations and review of existing documents, the Mount Royal nursing education program was instituted to help the institution gain a reputation and meet a perceived need. As the institution grew, the nursing program required special consideration as through collaboration, the baccalaureate entry to practice goal was achieved. It is worth noting that the nursing program was the first baccalaureate program in the institution. The relationship between the program and the institution is a reciprocal one, with all the tensions that emanate from that partnership.

2. “Social Urge for Service”: The Evolution of Nursing Education in Northeast Colorado 1927-1997

Audrey Snyder, PhD, RN, ACNP-BC, FAANP, FAEN

Purpose of Study: The purpose of this exploratory study is to examine the history of a state teacher’s college that evolved in response to societal needs over a 70-year period. The educational institution role is analyzed within the social, political and economic context of the period.

Rationale and Significance: In the 1920’s women became nurses through a diploma program offered at the local hospitals. These nurses would then be the “preceptors” for the new diploma nurse trainees at the hospital. In the spring of 1927 the Colorado State League of Nursing Education asked the Teachers College to make special provision for instruction in teaching for graduate nurses who were employed as teachers of nurses in various hospitals scattered across the United States.

Description of 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 nursing faculty and students.

Major Primary and Secondary Sources: Primary sources were nursing historical portfolios archived at the university, newspaper articles, college bulletins, library files, and articles and books on nursing education for the time period. Secondary sources include letters written by students to faculty after their training and oral histories of faculty and students.

Findings and Conclusions: The state teachers college developed summer school programs for registered nurses teaching in schools of nursing and on hospital wards in 1927 through the college extension office. This prompted the opening of a department of nursing education in 1930, which became part of the division of education in 1934. Within a year the program was being offered off campus for Schools of Nursing graduate-teaching supervisory personnel. Education focused on curative medicine, preventative medicine, the value of social sciences and general health education, and specialties, such as public health. The program quickly developed into an A.B in Nursing education with 1 year of credit given to Diploma nurses, with the first graduate in 1935. In 1941 in response to centralization of nursing education in the state the nursing education program was unfortunately closed. In 1962 a nursing curriculum for both a major and minor in nursing was approved. In response to this “social urge for service” the program evolved from an institution teaching teachers of nurses in hospital based diploma programs and on hospital wards to an AB in Nursing, and after a hiatus fulfilled a need by offering undergraduate and graduate nursing education.

5C. Back to School

1. Nurses Tackle the Scourge of the Schools: Head Lice in Progressive Era New York City

Heather Furnas, PhD

Purpose: This paper explores the moral and medical responses to head lice by school nurses in the early twentieth century.

Rationale and Significance: Pediculosis, now known as head lice, became a justification for excluding children from school when rigorous medical inspection policies were put in place in 1902. When these procedures were first implemented, 80 percent of New York City school children were found to have head lice, and thus sent home from school. The classrooms became so deserted that it alarmed the truant officers. Since lice was a condition that was notoriously hard to beat, even under ideal circumstances with collaborative parents, when nurses entered the schools in 1903, they were tasked with both treating the condition and educating parents on how to eliminate the pests at home. Since most parents still considered lice a pesky but routine condition, it also required efforts to stigmatize the condition and demand treatment, while simultaneously protecting the privacy of children and shielding them from embarrassment.

Methodology: This is a historical study that examines the responses of child health professionals to head lice in New York City.

Sources: This study depends on the manuals and reports of nurses, doctors, and public health workers, as well as their published articles disseminated via contemporary professional periodicals.

Findings and Conclusions: School nurses were able to significantly reduce the number of cases of head lice, but also were able to keep even affected children in the classroom through in-school treatment. This transformation was a testament to the careful attention of nurses and to their effective education methods, especially the impact of home visiting. But this study also addresses some tricky questions about how pediculosis came to be classified as a medical condition requiring treatment, and the impact of stigmatizing what had been a routine and accepted part of life for many families. Nurses walked a very fine line in their education methods, working to convince parents of the necessity of treating the affliction, but also trying to maintain the dignity of their small patients. Head lice, which required engagement with entire families to treat effectively, also became a means to test the character and cooperation of immigrant families. Whatever work was done at school could easily be undone at home through infestation from a sibling or parent, or from the linens, combs and brushes. The home became a crucial site for education to eradicate this particular malady. According to Dr. Baker, nurses performed a kind of “home-missionary work” to “turn the condition into a disgrace.” The obsession with head lice was not really about the ailment itself, but rather the symptom of what they considered a far more serious problem of hygiene, cleanliness, and what we might now term lifestyle. Lice was linked with filthiness and poverty, and in some ways, the obsession was a remnant of a more miasmatic system of disease theory, no matter how doctors and nurses might try to wrap it in the more modern and scientific germ theory.

2. “From New York City to Richmond, Virginia”: The Spread of School Nursing at the Turn of the Twentieth Century

Bridget Houlahan, PhD, RN

Purpose: This study investigated the diaspora of school nursing from New York City to Richmond, Virginia at the turn of the twentieth century. The relationships among nursing leaders of the time and their influence on the school nurse movement were analyzed.

Rationale and Significance: In New York City at the turn of the twentieth century the newly created role of the school nurse was quickly heralded as a success. School nurses demonstrated the ability to assist in controlling contagious disease, promoted

healthy children, provided access to care and improved school attendance. The New York City “school nurse experiment” suggested that school nurses made children healthy, and healthy children were able to learn. Cities all over the country recognized the benefits of having a trained nurse in their schools and they wanted to replicate the New York City’s school nursing program in their own cities. It quickly spread across the country. However, this diaspora did not happen by accident. The relationships among nursing leaders of the time greatly influenced the school nurse movement. These nursing leaders’ relationships bolstered the school nurse movement through the convergence of social movements during the Progressive Era such as the establishment of settlement houses, the professionalization of nursing and public health reform initiatives. This history is important. School nurses today face issues of funding, advocacy, public confusion of the role and the need for evidence-based research to support their role. Understanding how nursing leadership advanced the role of the school nurse from the past can inform the promotion of school nurses in the present.

Methodology Description: Traditional historical methods; social history framework.

Major Primary and Secondary Sources: Primary sources included The Lillian D. Wald Papers New York Public Library, Lillian D. Wald Papers Columbia University Library, Archived Instructive Visiting Nurse Association papers, historical newspaper accounts and numerous journal articles written by leaders in public health in the early 20th century. Secondary sources included published books, nursing, and public health journals.

Findings and Conclusions: School nursing made its way from the metropolis of New York City to the southern city of Richmond and eventually across the Commonwealth of Virginia because of the personal and professional friendships with nursing leaders at the turn of the twentieth century. These nursing leaders forged powerful professional alliances in which they communicated, learned from each other and established effective programs of public health across the country. In doing so, they crossed lines of geography (northern and southern states), race, class, and culture to initiate and replicate services to assist those individuals within their own communities. In this manner, they became a significant factor in the diaspora of school nursing in the Commonwealth of Virginia and across the country.

Concurrent Session VI – 1:30-2:30pm

6B. Failures of the Past, Options for the Future – Thematic Presentation

Heather Furnas, PhD; Patricia D’Antonio, PhD, FAAN, RN; Rima D. Apple, PhD (Session Chair)

This thematic proposal brings together historians of the early twentieth century to discuss experimental public health projects of earlier eras, and how they can inform current healthcare policy, especially in the face of repeated failed efforts to bring about more complete healthcare options in the United States.

Heather Furnas wrote a dissertation entitled *Nurses as Neighbors: Community Health and the Origins of School Nursing* (Cornell University, 2014) in which she explored the early efforts of public health nurses to expand the role of the state in the lives of families, including the provision of medical treatment. Lillian Wald and other early public health figures in New York City used school nursing as a wedge for the state to provide healthcare to more people; indeed, most early reformers thought that once compulsory education was achieved, universal healthcare was right around the corner. Their efforts had incredible promise to bring healthcare to a national agenda, but were countered by the American Medical Association, who capitalized on jingoistic fear mongering in the midst of WWI to stifle any efforts to expand healthcare to Americans.

While Furnas’s project covers the time frame from about 1880-1920, Patricia D’Antonio’s book *Nursing with a Message: Public Health Demonstration Projects in New York City* (Rutgers UP, 2017) picks up in the following decade, and examines three public health demonstration projects during the 1920s and 1930s. One of the arguments that D’Antonio makes is that nurses were active participants in “decoupl[ing] healthcare from issues of social justice” in order to strengthen their position over social workers in a reformation of public health hierarchy. D’Antonio argues that “history is a valid albeit underutilized lens with which to understand current health policies and the process of health policy changes.”

Both of these projects examine points in time in which health was part of a more inclusive mission to alleviate social ills. Physical health was closely connected to issues of housing, nutrition, and economic conditions. This discussion, led by chair Rima Apple, can help the audience to consider ways that more radical initiatives made in the past can inform healthcare policy in the present era, even while we confront the repeal of the Affordable Care Act and the unlikelihood of a replacement, and both practitioners and historians alike can discuss ways that we can once again link healthcare with other social justice issues of our time.

6C. Eighteenth Century Concerns

1. 'Not Less than One Proper Nurse for Every Ten Men': Regulating 18th-Century British Military and Naval Nurses

Erin Spinney, PhD

Purpose of Study: The purpose of this study is to examine the differences between how nursing and nurses were understood within the naval and military medical frameworks through an analysis of the regulations issued to delineate their roles.

Rationale and Significance: Both the navy and army medical systems made use of female nurses to provide medical care and regulated this role through the instruction literature issued from their respective headquarters. Yet, the perceptions of nurses and the roles they were tasked differed greatly. By 1808 when the first printed naval instructions were issued, nurses were crucial to the functioning of Haslar and Plymouth in Britain and the various hospitals throughout the Atlantic World. Nurses had direct authority over the patients in their ward, were responsible for keeping the ward muster book, dispensed medicines, distributed food, monitored stages of disease and progress of symptoms, and notified the hospital Matron of any deaths. The critical role that nurses played in the functioning of the hospitals was underscored by their mention in all sections of the 225-page-long regulations. In the army, the regulatory situation was different with new instructions often issued for each new campaign. The role of nurses was also less explicit. In fact, nurses' duties were summed up in a paragraph: "to prepare the diet of the sick, to administer the medicines and comforts to the patients, to attend to the cleaning of the wards, and, ... wash the hospital bedding and towels ..." (*Instructions for the Regulation of Regimental Hospitals* (1812), 12). Women working for the military provided valuable care, but it was not discussed as essential or specialized, nor were they given any authority in the military medical system.

Description of Methodology: A close chronological reading of nursing and hospital regulations in the late eighteenth and early nineteenth centuries will be used to showcase the changing role of nurses in the case of naval hospitals and the stagnant nature of nursing duties in the army case. The military and naval regulations will then be compared to the regulatory frameworks of London voluntary hospitals St. Bartholomew's and St. Thomas's in order to situate the similarities between the military and civilian systems and also to highlight their differences

Major Primary and Secondary Sources: I utilize instruction literature, in print and manuscript form, and correspondence, issued by both services archived at the UK National Archives, the National Maritime Museum, and the Wellcome Library. To consider military and naval frameworks of order and regulation in the eighteenth-century I employ the work of Catherine Kelly, Erica Charters, and N.A.M. Rodger.

Findings and Conclusions: Differences in the perception of nurses and the role of nursing care in the two medical systems also illuminates the degree to which nursing reforms were necessary in future military conflicts like the Crimean War. Such reforms certainly improved the quality of care offered by the navy, but they were crucial for military medical care.

2. A Look at the Dramatic Rise in Puerperal Fever from 1750 to 1850

Maryanne Locklin, PhD, RN

Purpose: To gain an understanding of the multiple circumstances that caused the rise and then gradual fall of puerperal (child-bed) fever over a one hundred year timespan.

Rationale and Significance: The introduction of male midwives and forceps used in complicated births began a new trend in obstetrical care around 1750 in the American colonies and set the stage for a rise in puerperal fever. The theoretical versus empirical views of medical clinical practice during this timeframe sent conflicting messages to physicians. What is miasma? Did it matter what the physician wore when caring for a laboring woman? Why was the study of anatomy via dissection considered the only true science of medicine? What were the other competing theories of medical care available to practitioners during this century? What were the treatment modalities for women suffering from puerperal fever and why did they do more harm than good?

Methodology: The study analyzes first-hand accounts from multiple physician authors who wrote of this perplexing problem. We'll hear the stories of physicians who maintained the standard of care of that time. Then go on to learn of other physicians who denounced their colleagues about the cause and treatment. Yet both completing groups tried to cope with an understanding of how and why the deaths of young child-bearing women were rising so dramatically. Oliver Wendell Holmes uncovers the key to this dilemma in 1843. Other physician/researchers follow in their search for an answer. However, it takes the death of our 20th President to change the consciousness of American physicians.

Major Primary and Secondary Sources: *A Treatise on the Improvement of Midwifery* (1759) Edmond Chapman, M.D.; *An Abridgment of the Practice of Midwifery and A Set of Anatomical Tables with Explanations* (1786) William Smellie, M.D.; *An Introduction to the Practice of Midwifery* (1807) Thomas Denman, M.D.; *Burn's Obstetrical Works* (1809) John Burns, M.D.;

The Principles of Midwifery Includes Diseases of Women and Children (1817) Samuel Bard, M.D.; *Essays on Various Subjects Connected with Midwifery* (1823) William Dewees, M.D.; *Compendium of Operative Midwifery* (1828) Richard Tuite, M.D., also included are texts from additional obstetrical physician authors from 1833 through 1850; *The Reform Medical Practice with a History of Medicine* (1857) *The Faculty of the Reform Medical College of Georgia*; *Medicine – An Illustrated History* (1987) Albert Lyons, M.D. & Joseph Petrucelli, M.D.

Findings and Conclusions: After 1850, and specifically at the end of the Civil War (1865) brought a time of significant reforms in medical education and practice. This time also brought the beginning of professional nursing education thanks to the American followers of Florence Nightingale.

Closing Plenary Session: Why Historical Trauma Must Inform American Indian HealthCare Today

Margaret P. Moss, PhD, JD, RN, FAAN, Assistant Dean of Diversity and Inclusion & Associate Professor, University at Buffalo, School of Nursing

American Indians have experienced great cultural, land, and life losses through targeted, sustained, and devastating state and federal policies and laws for hundreds of years. The traumas of their ancestors are manifested in the present day population through a variety of physical and mental symptomatology. Collectively, this is known as historical trauma coined by Braveheart in the late 1980s. It can be shown through epigenetics. Therefore, special programming and care techniques are needed beyond 'normal care' to bring this population to optimum health.

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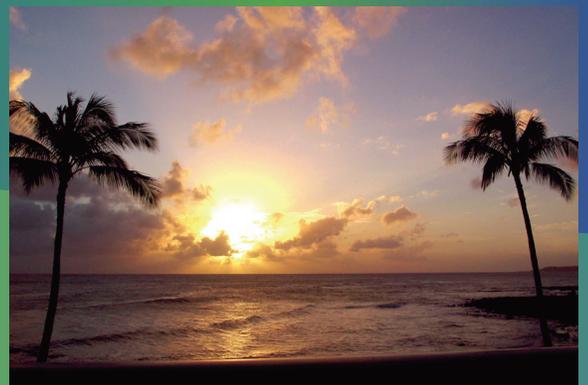
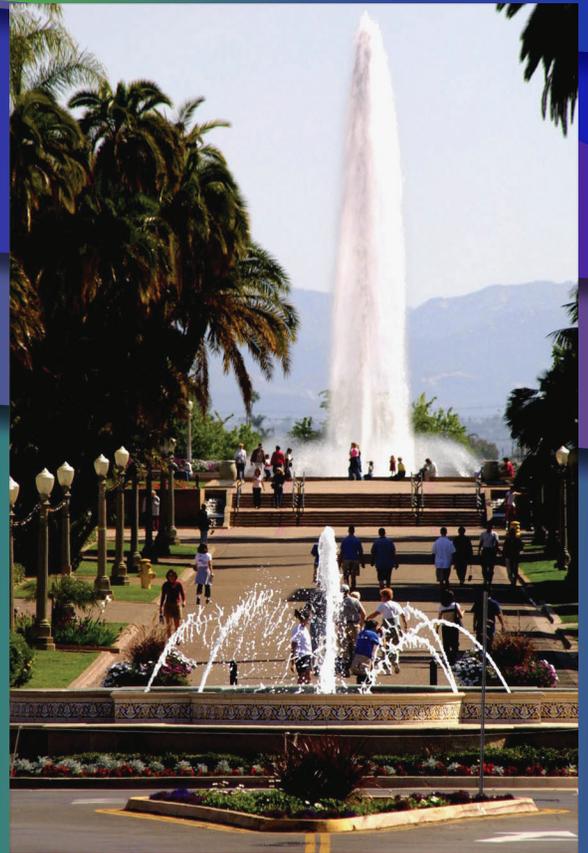
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