

Roundtable Panel Proposal

The Future of the History of Nursing: AAHN Reimagined

Karen Flynn, Gwyneth Franck, Kylie Smith, Erin Spinney, Dominique Tobbell, Lydia Wytenbroek
90-minute session

Building on Patricia D'Antonio's recent article and AAHN keynote address calling for "A New Paradigm in the History of Nursing and Medicine," this panel considers whether it is time for a new paradigm for AAHN. In this roundtable panel discussion, we will offer our diagnosis of the challenges that have confronted AAHN (as well as other professional nursing history organizations) over the past decade and propose potential solutions. We focus, in particular, on questions about scholarship; student engagement; diversity, equity, and inclusion; organizational structure; and financial stewardship. And we offer as possible interventions, new models of collaboration aimed at promoting mentorship, networking, and the scholarly and financial vitality of the organization. Our goal, ultimately, is to map a future path for AAHN, one in which the organization is better positioned to engage, advocate, and lead new scholarship in the history of nursing and healthcare.

The panelists have all been members of the AAHN for several years, and have held positions on the Board and/or served on AAHN committees. They include early career, mid-career, and senior interdisciplinary scholars all of whom are deeply committed to the history of nursing and healthcare. Together, we bring our diverse perspectives and deep commitments to analyze and assess the future of the history of nursing, and the future of the AAHN.

RIPPED-OUT PAGES AND THE OBVIOUS UNSAID: A STRUGGLE TO RECOVER QUEERNESS IN TWENTIETH-CENTURY AMERICAN NURSING HISTORY

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Format of presentation: Paper [can be part of a panel if needed]

Overview: Several years into my close study of an American World War I nurse's unpublished diary, I learned that I had been wrong about a chronological gap in the entries. I had assumed they merely corresponded to a very busy period in the British base hospital where this nurse had been stationed between 1917 and 1919, (as this was the case for several other nurses whose diaries I had studied for comparison). But one day, in casual conversation, the diary's current owner relayed to me that his late wife had told him the section was missing because her academic nursing mentor—from whom he and his wife had obtained the diary-- had ripped out these pages. The mentor had apparently used the diary as material for teaching her nursing students. This 1960s-70s nursing professor had decided that these students "did not need" to read this section because it apparently dealt explicitly with lesbian relationships that had occurred among the diarist and at least one other nurse. I had received photocopies of the remaining pages from the widower of the professor's mentee.

I was not quite sure how to reckon with this new, third-hand information. It provided support for particular interpretations of otherwise obtuse comments in the remaining diary entries. But it also saddened and stumped me. How could I possibly understand this important, core aspect of the nurse's life experience if it had been ripped away a generation ago by now-dead purveyors of nursing professional respectability?

Methods: In this paper, I approach the silences in this diary, and the silences in twentieth-century American nursing's queer past through a lens informed by Michel-Rolph Trouillot's Silencing the Past: Power and the Production of History (Beacon Press, 1995, 2015). I "triangulate" the silences with materials from three of the diarist's contemporaries: a) letters from a nurse who served at a comparable U.S. base hospital during the same period as the original diarist, and her story of being the object of another female nurse's steadfast and determined if not quite required, affections; b) the papers of a prominent Army Nurse Corps leader from World War II, which reveal how much her lifetime companionship with another female nurse, forged in the prior war, was quietly accepted by military and nursing superiors, yet how their relationship also remained an "obvious unsaid," -something that remained "unthinkable" to discuss, like the unorthodox gender presentation of several nursing leaders of the era or just how common same-sex partnerships had become among military nurses.

Summary and Implications: By stating the obvious, I hope to expose these deliberate and calculated silences in American nursing's social history, to understand the power dynamics that undergirded them, and begin to (re)surface the unsaid queer past. (Note: the sources are: Diary of Minnie Victoria Strobel, (in possession of Dr. Paul Turkeltaub, Columbia, MD); Laura Huckleberry Davis, letters from Michael W.R. Davis, ed, Forsaken Angels: The Personnel of the Chicago / Northwestern University Unit, U.S. Army Base 12, World War I (Self-Published, 2017), and Florence Abby Blanchfeld letters (Gotlieb Library Archive, Boston University).

**A Tale of Two Studies:
UK & US Oral Histories on Institutional Culture's Role in the Perpetuation of
'Oppressed Group Behavior' and Professional Identity Confusion**

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Poster or Podium

Overview: This presentation is an analysis of the oral history data specific to the role of institutional culture in the perpetuation of oppressed group behavior and professional identity confusion presented in two studies, one done in the UK entitled: Nurse Training in the Carnarfon and Anglesey Hospital 1935 –1949, and one done in the US entitled: History, Organization and the Changing Culture of Care: A Historical Analysis of the Frontier Nursing Service 1925 – 1970.

Historiographic Literature: Though it is not possible to isolate a single causative factor as the cause of numerous 'nursing shortages' throughout the years, there is agreement that the problem is having a negative impact on the current nursing practice environment, the retention of nurses, the profession's ability to recruit nurses, and that the problem is global in scope. The critical threads emerging from these two studies are that not all of nursing's problems are external to the profession but are rather being perpetuated within the institutional work environment. The significance to the profession lies in recognizing 'culture', particularly 'institutional culture' in the formation of professional nursing identity and ideology and finding ways to change these forces from within the existing system.

Methods: Primary sources for both studies included archival (hospital and school of nursing) records, books, magazines, bulletins, newspaper articles and speeches written at the time, oral history interviews, diaries, letters, photographs and other memorabilia of the nurses (Carnarfon and Anglesey Hospital [Welsh & English] & Frontier Nursing Service [British & American] nurses). Secondary sources include journals, articles, books, and government publications, dissertation and masters' thesis and internet sites.

Summary and Implications: The US study included oral history narratives of nurses currently in practice today as well as former British and American FNS nurses. The critical threads which emerged regarding nursing's chronic, recurrent recruitment/

retention, work environment and public image woes are that these 'crisis issues' are being perpetuated within institutional environments to the detriment of the profession. These threads are mirrored in the narratives of the Welsh and English nurses in the UK study as well. A more comprehensive, albeit complex, set of insights to nursing's ongoing crisis issues and possible solutions is then proffered.

Individual Paper Abstract

Through the Camera's Lens: An Analysis of the Term *Nurse* Using Photographs of Caregivers
Described as Nurses in Georgia in the Late Nineteenth and Early Twentieth Centuries

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Through the Camera's Lens: An Analysis of the Term *Nurse* Using Photographs of Caregivers Described as Nurses in Georgia in the Late Nineteenth and Early Twentieth Centuries

Overview: The term *nurse* has been used to describe a person who cares for another person who is sick. This term is often used to describe lay people in communities who are caregivers. An analysis of caregivers described using the descriptor of *nurse* in the late nineteenth and early twentieth centuries will be presented.

Historiographical Literature: Lavinia Dock's *A Short History of Nursing: From the Earliest Times to the Present Day* (1925) informed this paper by describing nursing in the late nineteenth and early twentieth centuries. Sioban Nelson's article in *Nursing History Review* (2002) was also consulted with a focus on the question, "Who is writing nursing history, and for whom?" (p. 175). This paper will describe images of nurses found in the Georgia Archives. This paper will contribute to the body of knowledge regarding the descriptors associated with caregivers and nurses in Georgia in the late nineteenth and early twentieth centuries.

Methods: In this presentation, images from the *Vanishing Georgia Photographic Collection* in the Georgia Archives Virtual Vault will be analyzed to reflect upon how photographers, archivists, and laypeople used the term *nurse* to describe images of caregivers in the photo. The search term *nurse* was used to query the database. Images of primarily women were analyzed for the written descriptions used to catalog the images and compared to the components of the actual photographs, including people present, the place photographs taken including actual physical location, and the city and county. 27 images used in this research were from 1890-1936.

Summary and Implications: Prominent themes present in the images will be discussed. In the photographs reviewed, all images of a nurse contained images of female-presenting people. 20 of the 27 images contained a nurse with at least one child. Most of the written descriptions of the nurses in the photos use the term "African American" most often. This paper contributes to a more inclusive view of history by discussing the marginalization of traditional caregivers and how race and gender played a part in the marginalization of caregivers. As nursing began to receive the designation of a profession, the images of a nurse changed from Black women in a home to White women working in a clinical setting. Historically, the people who worked as a nurse became marginalized due to societal factors such as the value of caregiving and the fact that caregivers' roles were often obscured by the omission of details about their role in the family and the community.

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

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

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

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

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

This abstract submission is for a paper presentation.

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“LIFTING AS WE CLIMB”: PUBLIC HEALTH AND THE NATIONAL ASSOCIATION OF COLORED WOMEN’S CLUBS’ QUEST FOR RACIAL PROGRESS IN THE EARLY 20TH CENTURY (**Paper Presentation**)

Overview: Historically, Black women have played an integral role in providing care to individuals, families, and communities. Through the National Association of Colored Women’s Clubs (NACWC), the first national Black women’s organization established in 1896, Black club women created an extensive network of state and local clubs to address the social and political needs within their communities. The NACWC adopted a multifaceted approach in their programming and provided members a platform to address various issues in education, politics, housing, and of importance to this paper, public health.

Historiographical Review: Historian Darlene Clark Hine's *Hine Sight: Black Women and the Reconstruction of American History* and Evelyn Brooks Higginbotham's *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920* are critical texts that investigate the self-help principles that underpinned the organizational efforts of Black women in the early 20th century. In *Sick and Tired of Being Sick and Tired: Black Women's Health Activism*, Susan L. Smith further asserts the centrality of these organizational and individual efforts to national public health reform. While much of the scholarship on the NACWC has focused on their contributions to the suffrage movement and educational reform, this paper illuminates their health organizing activities and collaboration with healthcare professionals. It ultimately sheds light on the process through which the NACWC established a national agenda that integrated health as a crucial element in their pursuit of racial progress.

Methods: This paper is based on a review of primary sources from the NACWC’s organizational records, which includes meeting minutes, conference proceedings, and correspondence with individual clubs. It also includes an examination of the *National Notes*, the NACWC’s official organ. Secondary sources are used from the fields of women’s, African American, and nursing history. This review of primary and secondary source material is informed by the interpretive framework of Black Feminist Thought which centers the experiences and perspectives of Black women.

Summary and Implications: Given the disparaging racial health disparities in the late 19th and early 20th century, the NACWC prioritized “health and hygiene” as a means to improve the conditions and behaviors contributing to the poor health status of Black Americans. In collaboration with nurses, physicians, and public health workers, the NACWC leveraged their cultural knowledge and professional network through a series of lectures, workshops, home demonstration projects, and club activities. Findings from this paper illuminate the significant contributions NACWC made to public health by promoting health education and providing direct service to communities in need. By focusing on the strategies employed by individuals through the NACWC, this paper offers a renewed analysis of Black women’s health promotion efforts. It positions Black club women amongst the first to engage in public health campaigns within Black communities that would later inform federally sponsored programs. This historical legacy provides important lessons for contemporary public health practice, particularly with respect to the importance of community-based approaches to addressing health disparities. This paper contributes to a more inclusive history of healthcare by highlighting the role of Black women in shaping the public health landscape.

“To be in the Front Ranks in this Most Dramatic Event”: Nursing Leadership in World War one

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Overview. Though nursing was a budding profession for women in the late nineteenth and early twentieth century, the role and duties of nursing leaders was still poorly defined in military hospitals. Indeed, since many military nurse corps were relatively new on the eve of World War I, when the war came, nurses were appointed to fill multiple ranks of leadership in hospital trains and evacuation, stationary, and general hospitals. Often times, their roles were defined as they were on the job, trying to practice their profession and unite the largest force of deployed volunteer and paid nurses in Western history. This was a monumental feat, as the leaders often had to balance the sometimes-conflicting needs of patients, doctors, orderlies, and volunteer nurses while justifying to the military that professional nursing was a crucial part of its force. This paper aims to investigate the role chief nurses and nursing matrons’ in uniting their staff and creating a professional atmosphere in the military hospitals on the Western Front in World War One. **Historiographical literature.** Despite the extensive scholarship on World War I, the role of nursing leaders is still under-investigated, creating disparities in the research of wartime nursing.¹ This issue has persisted for much of the twentieth century, starting with official histories which either omit nurses or have serious deficiencies in their works. In fact, several of the early drafts of official histories hired former nursing leaders to write the chapter on nurses, only to scrap those chapters later, omitting a crucial voice necessary to the understanding of the role of nurse leaders.³ Later works also struggled to find a space for nurses. International histories emerged in the interwar period and set the tone early by being political in nature and dealt with the war’s origins and war guilt. Since women were still largely politically marginalized, the nurses had no voice in political scholarship.² Later, key works addressing the absence of women in the war began to emerge in the 1980s, though many of the key works that focus on hospital hierarchy and nurse leadership are from the point of view of Voluntary Aid Detachments (VADs) who were volunteer nurses with little-to-no rank, leaving a limited understanding of nursing leadership.⁴ In terms of power structure, Scott contends that women’s history ‘will always remain a separate subdepartment of history [and] a separate history tends to conform to the notion

³ Cook, Tim. *Clio’s Warriors: Canadian Historians and the Writing of the World Wars*. Vancouver, BC: UBC Press, 2011.

⁴ Hallett, Christine E. ‘Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers.’ *Canadian Bulletin of Medical History*. Vol. 27, No. 1, 2010b, pp. 65-84; Hallett, Christine E. “‘A Very Valuable Fusion of Classes’: British Professional and Volunteer Nurses of the First World War.” *Endeavour*. Vol. 38, No. 2, 2014, pp. 101-110.

of a second sphere.’³ Similarly, Higonnet and Higonnet (1987) theorize how women are omitted from war histories because the war created a dichotomy where gender relationships represented ‘two intertwined strands’ in which ‘women were always subordinate to men.’⁴ Because societies viewed women’s work as feminine, their experiences took second stage to masculine, combat duties, leaving little to the discourse of women in leadership positions.⁵ **Methods for Presentation** Since the current historiography is VAD-centric, this presentation will explore the writings of nursing leaders, professional nurses, and male staff such as orderlies from archives, libraries, and families’ personal collections. It will cover the basic structure of nursing leadership, the major names, and the ways nurse leaders cultivated stability in the hospital, relationships within hospital hierarchy, and a professional atmosphere for their staff. **Summary and Implications** This paper intends to investigate to what extent did the women consider their war-time participation as significant in creating leadership roles and further professional opportunities for nurse leaders. It further aims to assess how the nurse leaders’ involvement, and then omission, in the official histories impacted the narrative of the development of nursing leadership as a result of World War One.

¹ Christine E. Hallett ‘Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers’, *Canadian Bulletin of Medical History*, vol. 27, no. 1, 2010b, pp. 65-84.

² Examples of political scholarship from the Anglo world is Winston Churchill, *World Crisis*, New York, New York, Schribner, 1923-1931; David Lloyd George, *War Memoirs*, London, England, Odham Press, 1938; Liddell Hart *A History of the First World War, 1914-1918*, London, England, Faber & Faber, 1934.

³ Scott, ‘Rewriting History,’ p. 22.

⁴ Margaret Randolph Higonnet and Patrice L-R Higonnet, ‘The Double Helix’, in Margaret Randolph Higonnet and Jane Jenson (eds), *Behind the Lines: Gender and the Two World Wars*, New Haven, CT, Yale University Press, 1987, pp. 35-36.

⁵ Higonnet and Higonnet, ‘The Double Helix.’

DEVELOPMENT OF NURSING EDUCATION IN BRAZIL

Paper presentation

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Overview of the topic: In recent decades, the development of research groups and Associations on History of Nursing brought the opportunity to analyze new data about the beginning of nursing in Brazil. The country has more than 30 research groups, Brazilian Academy of Nursing History and a History Department in Brazilian Nursing Association. Those groups, following the New History perspective, have questioned the reasons why professional nursing starts in Brazil, and its influences. Also, the digitization of newspapers from the 1800s allowed new angles of analysis.

The historiographical literature on the topic: Literature review identified that through the influence of Portuguese colonialists by catholic influence, the first hospitals in Brazil were introduced in the 16th century. The first attempts to introduce nursing education were in a Psychiatric Hospital, in Rio de Janeiro city at the end of the 19th century. Studies about some of these schools were developed by different researchers, and it is possible to identify at least nine Schools with the graduation of nurses before the introduction of the North American Rockefeller model, in Brazil in 1920. Through a comparative analysis of these studies of the first nine schools of nursing, we identify the factors that led Brazil to introduce nursing education.

Methods: It is a historical study, with triangulation of primary and secondary sources used as literature review and newspaper from the 19th and 20th century available on Brazilian National Library (on-line), thesis and dissertations.

Summary and Implications: We found four master dissertations and five research papers that confirmed that the first schools of nursing introduced in chronological sequence were: 1-Professional female and male Nurses Schools in Rio de Janeiro, (1890-2023); 2- Samaritan Hospital, São Paulo, (1894-1940'), school organized by nurses from England. 3- Maternity of São Paulo, São Paulo (1908-1913); 4-Nursing Course at Hospital São Joaquim, São Paulo (1908); 5-Nursing Course at Mercy Hospital, São Paulo (1912-1917); 6-Brazilian Red Cross School of Nursing, São Paulo, (1914); 7-Practical School of Nurses of the Red Cross, Rio de Janeiro, (1916); 8-Nursing Course at the Botafogo Polyclinic, Rio de Janeiro, (1918-1920) and 9-Course for Nurses-Midwives at Pró-Matre, Rio de Janeiro, (1918). The analysis shows that the beginning of professional nursing education in Brazil was conducted by individual institutional efforts to improve staff skills on care, following different international models, especially the Nightingale and French models. Other influences include epidemics of the early 20th century, particularly the "Spanish Flu". The introduction of nursing education increased the

visibility of the profession, and the importance of scientific training, which contributed to later advances.

Overview

This paper on medical care in homes for old and disabled people in the Soviet Union is part of a larger book project on healthcare for older adults in the USSR, 1945-1991, funded by the Wellcome Trust. In this paper I examine the medical landscape in Soviet care homes. In socialist society care homes inhabited a social and medical space. These were institutions where old people could engage in social and cultural activities as well as receive medical treatment and care. By the late Soviet period people in care homes suffered from increasingly poor health. Yet, these homes were not medical institutions. The fact that care homes were under the jurisdiction of the Ministry of Social Welfare and not the Ministry of Health often created difficulties in providing sufficient care to older people. Coupled with this problem were the vast differences in standards of care in homes across the Soviet Union. In this paper I assess these conditions and analyse the tensions that existed between the social and medical needs of these institutions.

The paper primarily deals with care homes in the Brezhnev period, that is, the 1960s and 1970s. The repressions and privations of the Stalin era were behind Soviet citizens who expected to receive improvements in social welfare and living standards. The military-industrial complex, as well as corruption, continued to place enormous pressure on delivering adequate healthcare and welfare services.

Historiography

On American nursing homes, Timothy Diamond wrote of “two narratives on caregiving: one formal, written, and shared by the professionals and administrators; another submerged, unwritten, and shared by the people who lived and worked on the floors.”¹ We can also see more than one narrative emerging in Soviet care homes, some of which will be examined in this paper. My work on care homes draws on a range of literature produced by historians, anthropologists, sociologists, gerontologists, philosophers, and healthcare professionals.

Methodology

There is very little written about Soviet care homes in the English language. Material for this paper is from Ukraine and Russia, including sources from the state archives in Kyiv and Moscow (collected in 2019 and 2020), as well as the Ministry of Social Welfare periodical *Sotsial'noe obespechenie* (Social Welfare). The sources provide a broad view of medical conditions in Soviet care homes, albeit a view that is largely produced from the centre.

Summary and Implications

Even though most older people lived independently or with family, rather than in a care home, the paper shows that it is nonetheless important to understand the history of these institutions. With ageing societies on the rise, there is much that we can learn from how care homes functioned in the past. The Soviet examples provide insights into socialist approaches to care homes and especially questions about how best to accommodate the needs of older people with various healthcare requirements.

¹ Timothy Diamond, *Making Gray Gold: Narratives of Nursing Home Care* (Chicago; London: University of Chicago Press, 1992), 216. Diamond draws on Michel Foucault in his elaboration of the two narratives, see Ferguson, *The Feminist Case Against Bureaucracy*, 23.

**“BOOTS FEEL BETTER THAN SHOES”:
CHURCH OF CHRIST NURSES IN SOUTHEASTERN NIGERIA (1953-1967)**

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Overview: From 1953-1967 a series of six missionary nurses gave form to new Church of Christ (COC) healthcare missions among underserved rural populations in southeastern Nigeria. They came first as missionaries—some alongside evangelist husbands—and only incidentally as nurses. Nevertheless, their nurse-initiated, unfunded backdoor clinics grew from isolated outposts into the enduring Nigerian Christian Clinic and Hospital (NCH) (est.1965).

Historiographical Context: This project contributes both to historical scholarship about Nigeria during the colonial to post-colonial transition and to that of US restoration movement Christian churches. It deepens our understanding of missionary nurses in those contexts. Missionary nurse scholarship remains limited, and this project is the only known analysis of these COC nurses’ work.

Methods: A narrative approach viewed through a religious lens was used to examine these nurses’ lives and work as shaped by context and individual choice. Primary sources used were almost entirely from missionaries’ private collections and included extensive correspondence, hundreds of related documents, a few, mostly self-published memoirs, photographs, and new oral history. Public archives are minimal.

Summary and Implications: This narrative centers around six women: Glenna Peden RN, Mary Kelton RN, Letty Sermanoukian, Grace Farrar RN, Iris Hays RN, and Nancy Petty RN. Their efforts at the intersection of religious imperatives, political changes, cultural identities, and gendered work illustrate the complexities of one 20th century partnership between locals and missionaries. With the exception of Sermanoukian, all were among the scores of post-war missionaries sent out by autonomous US COCs. Nurse Peden, as first among them in Nigeria, provided care from her home, delivered health education in churches, challenged injurious local practices (e.g., twin murder), cared for mission colleagues, and apprenticed other missionary women as lay nurses—all “on the side”¹ without compensation. Local demand grew, and evangelists in the field lauded nursing’s value to evangelism itself, a message that resonated with US supporters. Subsequent nurses Hays, Petty, and Farrar played key roles in establishing and operating NCH alongside Henry Farrar Jr MD: They educated the first Igbo hospital work force, served as goodwill ambassadors to villages, provided direct and indirect care, and taught health and Bible classes. All fled in the face of the Nigeria-Biafra War that erupted in 1967, leaving NCH in West African staff hands. “Boots feel better than shoes,” reflected Petty, and we did “everything that needed to be done that there was nobody to do.”²

¹ Betty Jo Peden, interview by author, June 8, 2017, in author’s possession.

² Nancy Petty-Kraus, interview by author, June 11, 2009, in author’s possession.

Title: Examining the history of nursing in political spheres through photo analysis: Reforms, rights, scandals, identities, ideologies, and influences

Our presentation is a joint project between the **Canadian Association for the History of Nursing (CAHN)** and the **European Association for the History of Nursing (EAHN)**

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Presentation Type: Thematic proposal

Abstract:

Nursing history is often studied through the examination of historical documents and oral histories, but much can also be gained through the use of photo analysis. Photographs can provide new insight into nursing's past in a variety of different social and political contexts. Not only can we explore how nursing's image and work change over time, but there is an intriguing opportunity to ask questions about how nurses are represented and by whom. The purpose of this presentation is to examine the history of nursing in various political spheres using photo analysis from a variety of time periods in Europe and Canada. We aim to encourage a deeper understanding of the ways in which nursing has interacted with different political influences. In this symposium, we will examine how nurses in the past have been involved in various politics, policies, scandals, and reforms. We will explore how international institutions and their related supranational policies shaped nursing services. Through this examination, we will critically analyze the photographs and their respective contexts through the lenses of gender, profession, place, race, and religion. We hope to provoke discussion about the shifting ways in which nurses have interacted with broader political ideas and contexts over time.

Presentation Timeline (60 min total):

- Introduction (10 min – live by Helen)
 - Introduction of theme, speakers, and topics
- Presentation body (40 min - pre-recorded to accommodate those who cannot travel in person)
 - Eight different speakers/topics from different regions, three from Canada and five from Europe
- Conclusion and questions (10 min - live by Helen)

THE HISTORICAL LEGACY OF IMPROVED HEALTH OUTCOMES BY NURSES IN ST. KITTS AND NEVIS

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Overview: The purpose of this exploratory study is to examine the history of nursing education and practice in St. Kitts and Nevis and the lived experiences of nurse midwives. This paper analyzes these nurses' vital role in their nation's preventative-focused community-based public healthcare system that has dramatically improved maternal and child health and infectious diseases. At the beginning of the 20th century, St. Kitts and Nevis had one of the highest infant mortality rates in the Caribbean. St. Kitts and Nevis implemented strategic health reforms that have led to dramatic improvements in maternal and neonatal health outcomes. One of the strategic reforms designed to address these poor health outcomes was to mandate that all Registered Nurses in St. Kitts and Nevis pursue a bachelor's Degree and post-basic Midwifery Certification. The complex sociocultural and economic context, including their Afro-Caribbean heritage, history of slavery, British colonialism, overcoming oppression, and current barriers such as geographic isolation, lack of resources, and vulnerability to natural disasters that affect nursing practice, are explored. Implications of this research about women's empowerment, nursing education, practice, leadership, and research will be discussed.

Historiographical Literature: No research was identified that has been conducted on the central role Registered Nurses and Registered Midwives have performed in St. Kitts and Nevis' highly successful healthcare system.

Methods: A comprehensive systematic review of published and out-of-print literature and historical documents was conducted on location in St. Kitts and Nevis. This was followed by 45 in-person semi-structured interviews with retired and practicing nurses, who shared their rich first-hand historical accounts of nursing education and practice in St. Kitts and Nevis. Hermeneutic Interpretive Phenomenology was used to provide the theoretical foundation and methodology. Colaizzi's rigorous method of qualitative data analysis and measures to ensure the trustworthiness of the findings were used to analyze the data. The nurses' roles were analyzed within the social, political, and economic context of the period.

Summary and Implications: This is the first scholarly research on a previously unstudied period of nursing history and a marginalized Afro-Caribbean population of nurses' historical legacy of improvements in health outcomes. This paper may contribute to the knowledge of innovative ideas about how to improve access and nursing practice in other small, isolated nations with similar contexts.

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Abstract for oral presentation

WOMEN IN CHARGE: PHYSICIANS AND NURSE TRAINING IN UTAH 1847-1926?

Overview Women physicians were uncommon in mid-nineteenth century America. In Utah Territory, Brigham Young, leader of the Church of Jesus Christ of Latter-Day Saints, was wary of all regular physicians. By the 1870s medical methods had changed and Young recognized the value of trained physicians. For various reasons, he felt medical work was best performed by women, so he asked for women volunteers to prepare themselves to take on this work. Eliza R. Snow, an influential leader of women in the Salt Lake Valley encouraged women to heed President Young's call for highly educated women physicians. Several women volunteers, mostly practicing midwives, went to eastern medical schools, such as the Women's Medical College in Philadelphia, and returned to Utah as fully qualified physicians. For some, this was possible because of support from sister wives under plural marriage. Some of the new physicians set about formally training nurses. They conducted formal courses in nursing, midwifery, and invalid cooking. Hundreds of graduates provided medical and nursing services in communities throughout the territory. In 1898, the Female Relief Society of the Church of Jesus Christ of Latter-Day Saints began to sponsor Dr. Margaret Roberts' nursing courses. In 1894 the first Utah hospital nursing school based on the Nightingale School opened in Salt Lake City. Others followed, and three-year hospital schools became the standard for nurse training. The Relief Society nursing school continued and became affiliated with LDS Hospital, but national training standards forced its closure in 1924. Plural marriage officially ended in 1890 and Utah became a state in 1896. Efforts to obtain statehood increased the integration of Utah into mainstream America, and women physicians fell out of favor in Utah.

Historiographical literature This study draws on secondary material about women physicians in early Utah, American medical and nursing education, Utah history, and nursing and healthcare among Latter-Day Saint women.

Methods, including primary sources, and perspective This study is based on an analysis of 19th-century periodicals published in Utah by women for women including *Women's Exponent* and the *Relief Society Magazine* articles, announcements, and advertisements, and LDS Hospital records

Summary and Implications At a time when women physicians were unusual in other parts of the country, they were the normal providers of medical care and formal nurse training in Utah. As Utah became more integrated with the rest of the country, women physicians and their nursing schools fell out of favor. This analysis is pertinent to examinations of the status of women in Utah and theoretical discussions about relationships between physicians and nurses, and relationships between medical and nursing care.

VANGUARDS OF MIDWIFERY TRAINING AT TUSKEGEE, ALABAMA

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Overview: The Tuskegee Institute, and the John A. Memorial Hospital, the training hospital for the Tuskegee Institute, had a prominent place in history related to educating midwives. This presentation will discuss two historical examples of midwifery training that existed in Tuskegee, Alabama: traditional midwifery training starting in 1918 and the Tuskegee School of Nurse-Midwifery during the 1940s and the unique overlap of these two types of midwifery education programs that occurred. Nurse-midwifery evolved out of public health nursing in the 1930's, making this pertinent to add to the historical record for nursing in America.

Historiographical literature: While there have been articles written about the Tuskegee School for Nurse-Midwifery in the 1940's, there is scant information about the overlap of education of the traditional Black midwives and the nurse-midwives that occurred at Tuskegee at the John A. Andrew Memorial Hospital. These were some of the first efforts in the United States to formalize education for Black traditional midwives in the 1920's. In 1940 the Tuskegee School for Nurse-Midwifery opened and was only the third nurse-midwifery educational program in the country and the first with the stated goal of training Black nurse-midwives. The historical perspective will discuss the overlap of traditional midwives and nurse-midwives working together, and the separate training of both.

Methods: The documentation to support this presentation was retrieved from historical records in the Alabama State Archives, the Tuskegee Institute archives, Columbia University archives, Alabama State public health records, and the annual transactions for the Medical Association of the State of Alabama during the timeframe of the 1900's-1940's. The combination of public and academic archival information paints a picture of one institution's attempt to raise up the educational standards for both Black traditional midwives as well as the early Black nurse-midwives as the institution could see by offering the training site this would improve maternal and neonatal outcomes during a time when Jim Crow was in full effect.

Summary and Implications: The purpose of the presentation is to encapsulate historic events regarding the two midwifery education programs and demonstrate that midwives and nurse-midwives overlapped their time at the historically Black institution which is unique. The nurse-midwifery delivery service in Macon County that provided clinical experiences for students attending the Tuskegee School of Nurse-Midwifery improved maternal and newborn outcomes for the area served. The early history of American Black traditional midwifery and Black nurse-midwifery education are important to preserve and consider in the context of current public health policy and the recent CDC report on maternal mortality for 2021 that saw sharp rise in the US with Black maternal mortality at 69.9 deaths per 100,000 live births, or 2.6 times higher than for White non-Hispanic rates. We need to learn what worked in the past to understand what solutions might work for the future.

“Used for Service”: Psychiatric Nursing Students and Post-World War II Work
(Individual Paper)

Overview: This presentation will focus on the history of the psychiatric nursing program in which Ashland State General Hospital (PA) School of Nursing students participated at nearby Danville State Hospital in the post-World War II period. It will investigate how and why nursing scholars, desperate parents, and the federal government relied on the labor of young nursing students to advance the psychiatric nursing profession, to respond to a collapsing industrial economy, and to ease local and national Cold War anxieties.

Historiographic literature on the topic: This history of psychiatric nursing education draws on scholarship that encompasses the history of psychiatry and the history of psychiatric nursing in the United States. Many secondary sources about the history of psychiatry focus on the development and professionalization of the medical specialty while others critique the ideas and institutions that marginalized the mentally ill and led to their being exploited, abused, and neglected. Histories of psychiatric nursing include general surveys of the field, publications on the evolution of the discipline and on the contributions of exceptional academic nurses, case studies of specific hospitals, and works that study the political, economic, and social pressures on nursing education. The story of the Ashland nursing students contributes to the field by focusing on an understudied population in an understudied region to show how nursing educators, family members, and Cold War bureaucrats depended on student labor to aid a profession, a community, and a nation.

Methods, including primary sources, and perspective: This presentation is a qualitative study, it uses institutional records from Ashland State General Hospital, archival sources found in the Pennsylvania State archives, and oral history interviews conducted by the author, and it adopts a social history approach.

Summary and Implications: The Ashland nursing students who completed the psychiatric nursing program at Danville State Hospital worked hard and their labor supported a rapidly developing psychiatric nursing profession, propped up a sagging and deindustrializing regional economy, and responded to the demands of Cold War federal bureaucrats. Ultimately, the students’ service resulted in small personal gains for them but proved unable to stop the twin forces of psychiatric deinstitutionalization and economic deindustrialization. The history of psychiatric nursing education in central Pennsylvania is significant because it contributes to scholarship that traces the academic development of psychiatric nursing, it reevaluates the exploitation that characterized psychiatry by considering the work expected of student nurses, and it shows the professional, personal, and political reasons that motivated students to enroll in nursing schools.

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Title: 'Fragmentation destroys unity': Psychiatric Nurses in British Columbia, 1960-1970

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Overview

This paper will examine the struggle of registered psychiatric nurses (RPNs) in British Columbia, Canada, to achieve better representation during the 1960s. During that decade, RPNs were engaged in a significant struggle over their professional identity. Things came to a head in 1965. In April that year, psychiatric nurses, almost all of whom worked at the same provincial mental hospital, decided that they wanted to shape their own future. The British Columbia Psychiatric Nurses Association (BCPNA) concluded that the British Columbia Government Employees' Association (BCGEA) was not serving their best interests. To take one example, RPNs were frustrated that in some cases, nurses' aides could earn more than RPNs. RPNs concluded that they needed better representation and pushed forward the idea that their professional association, the BCPNA, should bargain on their behalf. This brought them into conflict with the provincial government, the BCGEA, the Civil Service Commission, and other unions. The public dispute between the RPNs and the BCGEA posed a major threat to labour relations throughout British Columbia and beyond that will be examined. The struggle of RPNs was fundamentally about who was best positioned to represent RNs during labour relations.

Historiographical Literature

There are relatively few studies of the relationship between RNs and the labour movement in Canada. In her book, *Bedside Matters*, Kathryn McPherson observed the "infrequency with which historians of nursing have considered the occupation as labour." Several labour historians have considered RNs, including Alvin Finkel, Ben Issitt, and David Frank. A few nursing historians in Canada have been attentive to the relationship between RNs and the labour movement. Sharon Richardson provides a helpful overview of nursing unions, while Linda Kealey explored important strikes in New Brunswick. The history of health care unions is one of the great silences that needs to be addressed. This silence is especially surprising given the large number of work stoppages by RNs in the late 20th and early 21st centuries, with more than 106 public sector strikes by nurses' unions across Canada between 1960 and 2009, involving 163,872 Canadian nurses.

Methods

This paper is a social history, based on original research at BC's provincial archives, the Vancouver City Archives, and other repositories across Canada. It is based on correspondence, newspaper accounts, government documents, and other records.

Summary and Implications (inc. conclusion and implications)

The struggle between the psychiatric nurses and the BCGEA was part of a broader discussion that concerned government employees' associations, nursing's professional organizations, and a different trade unions. Many health care workers in Canada, including some RNs, were members of provincial civil service associations like the BCGEA. But these public sector unions have been understudied in Canada. The conflict over who could best secure better wages and working conditions for RPNs was part of a broader discussion of who could best represent RNs during collective bargaining, the relationship between professional organizations and unions, and whether RNs should be part of unions. It was an early harbinger of an important shift that took place in these years that marked a new relationship between labour and nursing.

The Role of Psychiatric Nurses in the Holocaust

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Topic overview:

In Germany in the early 1900's, nurses had low social status and were subservient to powerful physicians, many of whom were members of the Nazi party. Nursing education and nursing organizations largely fell under control of the National Socialist Party, and the eugenics movement combined with a distortion of utilitarian ethics fueled public health initiatives that mirrored Nazi ideology. In 1933 the National Socialist Party began implementing programs to rid Germany of "defective" individuals, and in 1938 a program was established allowing doctors and nurses to "euthanize" children with congenital deformities. In 1939, the T4 program expanded the practice to include handicapped and mentally ill adults in six specifically designated killing centers, five of which were established in psychiatric hospitals. In 1941 the T4 program was ended and a period of "wild euthanasia" continued in which the murder of psychiatric patients was decentralized and far more widespread. During these programs nurses directly participated in killing tens of thousands of disabled and mentally ill German citizens.

Historiographical literature on the topic:

Understanding how psychiatric nurses became involved in the atrocities of the Holocaust is complex. There is not a lot of literature, particularly written in English, on this topic, however, it is far too simplistic to assume these murders were committed by sadistic, Nazi nurses. Nurses in general would be mistaken to believe that human rights abuses can only occur elsewhere or in the past. In fact, psychiatric patients and prisoners have been subject to abuse and neglect in the United States, Britain, Greece, Canada, Japan, New Zealand, and Australia. Understanding psychiatric nurses' role in the Holocaust provides an example of what can happen when nursing voices and values are ignored.

Methods:

Primary sources of information included the few English language books and journal articles describing nursing under the Nazi regime. Susan Benedict from the University of Texas is a prominent author of English language materials related to nursing during the Holocaust. Literature regarding the role of physicians in the Holocaust was a secondary source of data.

Summary and Implications:

The primary professional lessons to learn from nurses' role in the atrocities of the Holocaust are that there is power in unity, there is strength in autonomy, and that very bad things can happen when outside forces such as medicine and the government act to impact upon us nurses. It is incumbent upon nurses to remain vigilant and aware of threats to our nursing autonomy, to stand united behind our nursing's robust value systems and to advocate as strongly for our the profession as for our the patients.

The History of Education in Nursing: The Time is Now

Patricia D'Antonio, Director

Jessica Clark, Archivist

Barbara Bates Center for the Study of the History of Nursing

The [Barbara Bates Center for the Study of the History of Nursing](#) is privileged to serve as the manuscript and digital repository of materials and videos from the [National League for Nursing \(NLN\)](#). In 2017, with generous funding from NLN donors and the Independence Foundation, we initiated a four-year process of identifying and preserving NLN archives; and of developing and implementing an archival repository that includes the League's annual reports, educational videos, and significant publications of data not easily found elsewhere.

Historiography

The study of the history of education in nursing was once a vibrant field of study. Yet as questions about practice and policy have, since the "new social history" movement, have now assumed center place. The [National League for Nursing Archives Project](#) (Archives Project) is an invaluable resource for those interested in exploring new topics in the history of education in nursing. And it is a place that might highlight the new role of social media in disseminating its importance in such broad as nursing and the history of women's education in the United States or as focused as that of the debates behind the 1960s and 1970s "Curriculum Revolution" in nursing education. We would also like to suggest several critically important questions for nursing education today that we believe the Archives Project may be able to help us better understand. These questions, we admit, are by no means exhaustive. We offer them only to serve as examples of how the NLN's history continues to influence our present and future directions.

Methods

Review of online material found on the Archives Project site, particularly the digitized Annual reports

Findings / New Questions

What is our history of perpetuating structural racism in education?

Today, in our commitment to equity, inclusivity, and diversity, we are now called to seriously reexamine how structures and practices of nursing education reinforce structural racism. But we are now asked to dig deeper and to explore how materials taught in classrooms, memorized from texts, and practiced on wards refract and reinforce heretofore invisible assumptions and biases about what kinds of knowledge – validated by the social and racialized positions of those acknowledged as experts – counts as authoritative. We are asked to wonder about the erasure of indigenous and personal knowledge systems and argue about what may have been lost, what may have been gained, and what may have been so seamlessly absorbed that we can now speak of "nursing intuition."

Now does nursing express its own sense of power and authority?

Casting aside gendered definitions of labor activism (IE: strikes, slow-downs, unionization), some newer studies of activism and nursing now emphasize collective actions. What other area of historical power and authority did nurses know they possessed. We think particularly of the much understudied "Curriculum Revolution" of the 1960s and 1970s. The Archives Project offers clues to where and how leading nurses educators conceived of this Revolution. It can identify sources of support both within and outside the discipline. It can chart the course of intellectual thinking about the essential triumvirate of education, research, and practice. And, as we think about a new revolution in competency-based, connected education, it can offer some important insights about how to proceed.

Moving forward / Summary and Implications

There are so many more questions for which the Archives Project and provide answers. These newer questions, we would say in closing, are not sterile academic ones. We ask you to come, explore and, in the end, ask and answer the kinds of questions you think are essential to understand the history of nursing education. Your answers can shape a course as we engage with 21st century challenges and possibilities.

COLLOQUIUM FOR NURSING HISTORY AND ANTI-RACISM AFFIRMATION: AN INNOVATION TO NURSING CURRICULUM

AAHN Abstract Submission

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Overview: There is not one facet of today's nursing practice that is not influenced by nursing history. This ranges from the professionalization of nursing, the evolution of nursing practice, and the progressive journey for quality and safety. Furthermore, issues in nursing, such as structural racism and biases in healthcare warrants historical knowledge for sufficient undertaking and resolve. Affirmation of anti-racist nursing curriculum and practice has been declared as a commitment by almost every learning institution. If students are unable to relate to or identify nursing history in the academic setting, we are assembling a defective foundation of didactic and clinical education. It is vital that faculty and students examine history, acknowledge origins of racial inequities in healthcare, and provide clarity to events and experiences that influenced the nursing profession's current state, prior to the attempt to resolve an issue that acquired centuries to cultivate. Currently, there is a nursing curricular gap in this history of nursing. This series promoted active learning through discussion of nursing history and employed students with skills and resources to further explore history while addressing current racial inequities in healthcare. In addition, the series served as a faculty guide for facilitating historical content and discourse in nursing curriculum.

Historical pedagogy/Methods: When incorporating historical pedagogy into nursing curriculum, strategies to improve student learning experience includes reflective discussions and assessments and the inclusion of narrative pedagogy to promote storytelling of historical truths and to build self-awareness of historical knowledge and comprehension. Nursing history explores the foundation of the profession and creates context for the syndemic inequities we are seeking to address as nurses and solve as a healthcare professional community. As a start small venture, the strategy is to use micro learning and asynchronous videos detailing measureable instances of racism (specifically the eGFR lab values and pulse oximeter). With digitized nursing history, students are exposed to historical nursing content that customarily requires archival research and experience in historical research. Digitization of nursing history fosters accessibility to historical content and will assist in their learning and practice of history to address contemporary issues.

Summary: Structural racism and biases in healthcare warrant historical knowledge for sufficient undertaking and resolve. This presentation offers faculty an innovative way to include nursing history and anti-racism affirmation that can be built into a nursing curriculum. It uses a two-week introductory model with reflective student evaluations. This model integrates historical pedagogy into nursing curriculum and strategies to

improve student learning that include reflective discussions, assessments, and narrative pedagogy to promote storytelling of historical truths and to build self-awareness of historical knowledge. Digital historical pedagogy is incorporated to foster the historical literacy of nursing students while building their professional identity through historical exploration. It is vital that faculty and students examine history, acknowledge origins of racial inequities in healthcare, and provide clarity to events and experiences that influenced nursing's current state.

**A Permanent Solution: Filipino Nurses and the
U.S. Immigration Nursing Relief Act of 1989**
[AAHN 2023: Individual paper]

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Overview of Topic: In the 1980s, amid a severe nursing shortage in the United States, legislators passed the Immigration Nursing Relief Act of 1989. The law made it easier for foreign-educated nurses to stay in the U.S. as legal permanent residents and to continue to work in hospitals that were otherwise short-staffed. Legislators recognized that the majority of foreign-educated nurses migrated from the Philippines, and during a Congressional session, one even called the bill the “Philippine Nurses Bill.” However, Filipino American nurses’ perspectives on the bill and their political action to support it have received scant attention from historians and health services researchers.

Historiographical Literature: Historians (especially Catherine Ceniza Choy, Barbara L. Brush, and Reynaldo Capucao, Jr.) have focused on why Filipino nurses have migrated to the United States, tracing historical causes such as the U.S. colonization of the Philippines from 1899 through the end of World War II and immigration reform. However, they have yet to follow how Filipino nurses in the U.S. have asserted some influence on immigration policies for foreign-educated nurses. Thus, this presentation reframes Filipino American nurses as political stakeholders.

Methods: Using Congressional records, organizational archives from the Philippine Nurses Association of America, and opinion pieces published in nursing journals, I blend approaches from social and political history to examine Filipino American nurses as they supported the Immigration Nursing Relief Act. I focus on a Filipino American nursing leader named Filipinas Lowery who testified at a Congressional subcommittee meeting to support the bill.

Summary and Implications: Despite comprising only a fraction of the U.S. nursing workforce, Filipino American nurses have influenced policy. I show how their political action (in this case, organizing in Filipino American professional organizations and testifying in Congress) has been central—not peripheral—to policy related to foreign-educated nurses. I show how ethnic identity can inform political action. Finally, I show how class intersects with ethnic identity and migration status. In this presentation, I explore how the 1989 law marks a debut for a particular class of Filipino American nurses: an elite among this immigrant group. By tracing the formation of a Filipino American nursing elite, this presentation complicates overgeneralizations of immigrant nurses as powerless or passive to policy.

POLITICS, PEDIATRICS, AND NURSING IN SCHOOLS, 1960-1980
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Overview of the Topic

School nurses and school health services have been an integral component of pediatric care since the late nineteenth and early twentieth century, which began with Henry Street Settlement nurse Lina Rogers. Her work highlighted that school health services serve as an important intermediary between the hospital, primary care office, and the home. However, despite its strong beginning, the distribution of school nurses and health services today is poorly understood. Even though we have witnessed a reduction in inequality in access to pediatric care there are still significant racial, geographic, and socioeconomic disparities in access to pediatric health services.ⁱ Offering a historical perspective on the work of school nurses during the mid-twentieth century will provide the necessary context to understand how school nurses have evolved as a specialty and importantly to understand how disparities in school health have continued to persist.

Historiographical Literature

Historians such as Diane Ravitch, Ira Katznelson, Margaret Weir, and Carl Kaestle have all argued against the tendency to view education as “above politics” and instead propose that education has reflected “alignments of power in the broader polity, expressing the influence of the haves and the exclusions of the have-nots.”ⁱⁱ This argument builds upon Michael Katz’s work and his analysis of schools as class systems and their ability to reproduce social and economic inequality.ⁱⁱⁱ While schools are expected to address the ills of society and other large scale social problems, they are also sites of inequality. Therefore, when examining the work of school nurses, we must not separate them from the highly politicized space they exist in or from their place in both the histories of education and nursing. Additionally, Marilyn Irvin Holt and Anne Marie both investigate how childhood and children were shaped by and contributed to Cold War politics in the U.S.^{iv} School nursing from 1960-1980 cannot be viewed as separate from the politics of the Cold War, but these works also offer a meaningful point to add to the historical knowledge of children’s health and policy in the twentieth century.

Methods

Through utilization of historical research methods archival research at the National Education Association (NEA) archives explains that school nurses organized nationally under the NEA as the Department of School Nurses. The records suggest that their political activity on both the national and state levels were among their top goals. This was coupled with intense debate around who should lead school nurses, either the nurse led DSN or the physician lead American Association for Health, Physical Education and Recreation. On the state level, the Illinois Association of School Nurses archives offer insight into the creation of school health programs, the creation of certificate programs, and an understanding of how school nurses organized locally.

Summary and Implications

School nurses existed and continue to exist in a highly politicized space. Not only in terms of mediating the relationship between healthcare and education, but also both inside and outside of their profession. Their labor activism sparked incredible tension within the NEA and was based on nurses exerting their professional authority. Furthermore, the backdrop of the mid-twentieth century intensifies this moment as children’s lives were impacted by the inequities of healthcare and education.

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ⁱⁱ David Tyack, *Law & the Shaping of Public Education: 1785-1954* (Madison, WI: University of Wisconsin Press, 1991), 4.

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^{iv} Marilyn Irvin Holt, *Cold War Kids: Politics and Childhood in Postwar America, 1945-1960* (University Press of Kansas, 2014); Ann Marie Kordas, *The Politics of Childhood in Cold War America* (London: Routledge, 2016).

THE NURSES OF ELLIS ISLAND: THE POWER OF PLACE

Individual Paper Presentation

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Overview: The purpose of this study was to explore the historical role of nurses in caring for immigrants in the United States by analyzing and describing nursing care at the Ellis Island hospitals in the early twentieth century. This research centered the concept of place—the physical environment, the particular social and geopolitical context, the designated role and status of nurses at the time, and the professional space of Ellis Island nurses who worked as both compassionate caregivers and agents of the state.

Historiographical Literature: Given Ellis Island's status as a national symbol of immigration, most histories have focused on preserving and highlighting the experience of the millions of immigrants who proceeded through the Great Hall on their way to becoming American citizens. Nearly absent in those narratives, however, are the nurses' stories about what happened in the now-abandoned hospital buildings on the southwest side of the Island, where hundreds of thousands of patients received state-of-the-art care. Regardless of race, culture, age, citizenship, or economic status, all patients were offered kindness, compassion, and clinical expertise from a small cadre of trained nurses who lived and worked on the Island.

Methods: Traditional historical methods with a social history framework were utilized for data collection, analysis, and the development of themes. Primary source material included data from the U.S. Public Health Service at the National Archives and Records Administration, the Ellis Island Museum, and oral histories, personal diaries, and memoirs of Ellis Island staff.

Summary: Despite the challenging environment, Ellis Island nurses managed to offer high quality and compassionate care to all immigrant arrivals through the Port of New York. When Congress took control of immigration laws in 1891 and used the threat of communicable disease to justify medical deportations, it created an explicit link between federal immigration restrictions and public health policies. As employees of the U.S. Public Health Service, nurses on Ellis Island practiced within this intersection, their duties as caregivers to individual patients overlapping with their commitment to guard the health of the nation. Learning to navigate these potentially conflicting responsibilities became the most challenging aspect of their work, especially when they cared for immigrant patients with mandatory excludable conditions. In these cases, protecting the health of the American public meant destroying the hopes of an immigrant and their family. To help them through the hardest times, Ellis Island nurses drew on the qualities of discipline, self-sacrifice, and duty that defined the profession at the time.

Implications: Nurses have a professional responsibility to advocate for compassionate and dignified care for all individuals, particularly the most vulnerable. Refugee and migrant populations are at high risk of poor health outcomes, as many have fled violence, persecution, or resource poor countries and suffer immense trauma in their journey to escape. Comprehensive nursing care for immigrants requires a sophisticated level of cultural sensitivity and policy awareness. As the worldwide refugee population continues to grow amid global unrest and a worsening climate crisis, all nurses must have the knowledge, training, and resources necessary to provide culturally sensitive care and advocate for equitable access to health services. Evidence from nursing history can document how nurses have been on the front lines of health promotion for migrant populations in the past and offer insight into the development of patient-centered, culturally appropriate, and health justice-focused policy solutions now and in the future.

Development of an Honors Course in Nursing History

(paper or thematic presentation)

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Overview: Nursing majors who were Honor students were failing to complete their Honors designation for graduation due to the lack of an appropriate upper-level Honors course at this eastern university. The author was engaged in developing an undergraduate nursing elective course in Nursing History at the time of this discovery. The author revised the proposed course to include less lecture, additional books, more student lead discussion, small group activities & presentations, and an academic paper. The new 4-credit course was approved as an upper-level Honors course for nursing majors and other interested healthcare majors and also as a nursing elective course. The course incorporates primary literature and modern film. The 14 weeks of the course are structured by a textbook reading, power point, and an in-class discussion for each decade beginning with the 1850's to the present. Each class ends with a discussion of a historical artifact from that decade. Emphasis is placed on the wars and the advancements in healthcare during those war years.

Literature/texts for the course include: Judd & Sitzman, *A History of American Nursing*; Nightingale, *Notes on Nursing*; Oates, *A Woman of Valor: Clara Barton and the Civil War*; Arthur, *Fatal Decision: Edith Cavell WWI Nurse*; Norman, *We Band of Angels*; Evans, *Healing Wounds*.

Methods: Each 3-hour class is preceded by an assigned reading in the textbook and posted power points on Canvas for a decade. Nursing and healthcare of that decade are discussed at the beginning of the class. That review of the decade is followed by the discussion of a representative book or the viewing of clips from a modern movie, educational film, or TV special related to the decade. A student leads the discussion on this visual. The student leader prepares by pre-viewing the visual in its entirety and utilizes an instructor developed study guide and thought questions. There are also independent small group discussions followed by presentations to the class on one of three war related historical nursing books. Each class ends with a discussion of a historical artifact, how it was used, how it evolved, and what impact it has on healthcare today.

Summary and Implications: The course has been taught for 9 years. It is very popular with nursing students and each offering is filled with the maximum of 18 students and has a waiting list. Nursing students are able to graduate with the Honors designation and a much better understanding of nursing history than their non-Honors classmates. Furthermore, the School of Nursing and its curriculum with this course are partly fulfilling the new AACN Essentials' history requirement.

A Loose Thread? Nursing Theory as Critical Educational Content

AAHN 2023 Conference

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AAHN 2023 Conference Abstract Submission: Paper

Overview of the topic: Nursing education programs have evolved from their inception based on criteria established by national organizations. The innovative curriculum development of one young midwestern Ohio nursing program in 1975 will be presented with a focus on the content thread of nursing theory.

Historiographical literature on the topic: Newspaper articles, Wright State University Archives, and oral histories from at least 6 key participants.

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

Summary and Implications:

To meet the needs of a hastily developed curriculum at the fledgling nursing program at Wright State University a new dean was hired who had been employed at the National League for Nursing. This dean, Dr. Gertrude Torres led the faculty in the development of an innovative integrated curriculum with a strong emphasis on nursing theory. This was a totally opposite approach to the traditional medical model; the curriculum was organized with horizontal and vertical concept threads. The outcome of this curriculum can be measured by the impact on the students as future leaders of the profession of nursing and the scholarship of the faculty. The role of nursing theory in their curriculum however would evolve over time as the nursing profession matured in the development of its science (Tobbell, 2023). The impact of future curriculum evolution on students and the nursing profession will be discussed.

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“Hello, operator? Send an ambulance-quick!”: Nursing and Medical Collaboration with Prehospital Technicians to Create Mobile Coronary Care Units (MCCUs) Improves Coronary Care Outcomes 1970-1977

Overview President Lyndon Johnson suffered a heart attack in Charlottesville Virginia during a 1974 family visit. Johnson’s emergency treatment and successful recovery brought national attention to the city’s mobile coronary care unit (MCCU), medical team, and the nurses of the University of Virginia Hospital (UVA) Coronary Care Unit (CCU) (Rogers & Crampton, 2019). The MCCU was established in 1970 when prehospital teams were equipped and trained in advanced care with a new Lifepak defibrillator and biophone technology to transmit electrocardiogram data to the UVA CCU. This innovative technology and training enabled early recognition and treatment of patients experiencing cardiac events. This presentation describes how interprofessional collaboration between nursing, medicine, and prehospital providers led to advances in emergency cardiac care in the 1960s and 1970s.

Historiography of the topic The history and impact of intensive care and coronary care units is well documented in the nursing and medical history literature. Eugene Braunwald (2012) has described the creation of the coronary care unit (CCU) as the “single most important advancement in the treatment of (acute myocardial Infarction).” Fairman and Lynaugh examined the specialization and collaboration of nurse and physician teams in intensive care units. Keeling explored the technological advances in cardiac medicine and leadership of coronary care unit nurses. Kevin Hazzard’s recent publication *American Sirens* provides a detailed account of the Black men in Pittsburgh who became the first paramedics in America and examines the very origins of prehospital emergency care. Less is known about nursing collaboration with physicians and prehospital emergency crews to create MCCUs to improve coronary care outcomes.

Methods A case study approach was used to explore the development of a prehospital team to treat coronary emergencies in the 1970s at the UVA Hospital. Primary sources include minutes, newsletters, educational materials and correspondence from the UVA hospital and the personal collection from coronary care unit nurse Dr. Arlene Keeling. Secondary sources include the historical accounts from the Emergency Medical Association, histories of emergency medical services, the Virginia Department of Health Professionals, the Charlottesville-Albermarle Rescue Squad (C-ARS), and the Department of Health and Human Services.

Summary and Implications Expert care of an former US President placed a national spotlight on the UVA MCCU and left a lasting emphasis on the importance of interprofessional collaboration to transform clinical practice. A team of expert coronary care unit nurses and cardiac medicine physicians developed standing protocols and training to extend the practice autonomy of prehospital providers. In 1977, Newsweek named the Charlottesville Albemarle Rescue Squad (C-ARS) one of the top four Emergency Medical Services (EMS) in the United States. C-ARS received nationwide recognition for their improved outcomes for prehospital coronary events, evidence-based practice, and team approach to patient care.

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A Product of War: Red Cross Hospital and Recreation Corps, 1918-1960s
(paper presentation)

Overview: Affectionately known as “Gray Ladies,” these volunteer women took on duties that we now assign to professionals – nurses, social workers, occupational therapists and others. Their uniforms were gray in color to signify their “non-medical” role in hospitals. During WWI, as women took on significant roles to support the war effort, women volunteered state side and abroad to provide recreation and comfort to troops by writing letters, serving food, reading to patients, and taking on more skilled roles. During WWI these volunteers became a vital force in caring for the sick and wounded throughout the war zones even prior to the U.S. involvement in the war. By WWII, the Gray Ladies were the largest group of Red Cross Volunteers numbering over 50,000. What led to the rise and fall of this important service? What role did these women play in disasters and how did race influence participation and delivery of services? The recent discovery of my mother’s Gray Lady certificate and pin drove me to explore these questions.

Historiographical Literature: Historical literature has neglected this group of women and the materials available are American Red Cross historical pieces and local articles or blogs that recall times past and the volunteer activity of these women. Marian Moser Jones’ *The American Red Cross from Clara Barton to the New Deal* informs the time period and reveals some of the larger forces in play in the bureaucratic organization. Several period articles relating to volunteer work among people of color hint at issues affecting the receipt of services as well as the ability of those women to volunteer. *American Journal of Nursing* articles about wartime nursing as well as civilian hospital use of Gray Ladies inform the myriad roles that these women played in those settings, and their cooperation with the medical establishment as it became more complex. Women’s magazines also contribute some context to the project. More research is necessary to fully analyze the work and the contributions of the Gray Ladies as they advanced acceptable women’s work and its place in society. American Red Cross organizational records are also employed.

Methods: Social history methods are used in this study.

Summary and Implications: As women moved from the home to the workplace in the later part of the Progressive Era, acceptable forms of volunteer employment emerged. War drove patriotic women to volunteer to support their patriotic duty. The professions that women pursued often reflected the maternalist aspects of their roles, and the Gray Ladies fit that model, nurturing service men and bringing comfort. As nursing, social work, and occupational therapy became more professionalized, the role of the Gray Lady became narrower and less gendered. By the late 1960s, the Red Cross instituted a general volunteer program to replace the Gray Ladies that included men. More exploration of the role of race needs to occur as this study advances.

“INTERESTED IN THE WHOLE MARITIME AREA:” THE KELLOGG
FOUNDATION AND
NURSING EDUCATION IN THE MARITIME PROVINCES 1950-1970

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Paper Presentation

Overview of Topic: In 1954 the Dean of Science at the University of New Brunswick, C. W. Ague applied to the W. K. Kellogg Foundation for a grant to fund an analysis of the state of nursing education in New Brunswick and the feasibility of a baccalaureate program at UNB. This study, conducted by Kathleen Russell and published in 1956 fundamentally changed nursing education in NB. Three years later, the UNB School of Nursing was founded and operated solely with funding from the Kellogg Foundation. Correspondence between faculty at UNB, and the New Brunswick Association of Registered Nurses illustrates the interest of the Kellogg Foundation in nursing education not only in NB, but throughout the rest of the Maritime provinces. It is this interest that will be explored in this paper which examines the goals, foundation, and first ten years of baccalaureate education at UNB.

Historiographical Overview: The work of the Kellogg Foundation and nursing was the focus of Jan Lynaugh’s *W.K. Kellogg Foundation and the Nursing Profession: Shared Values, Shared Legacy* published in 2012. However, this book primarily examines the role of foundation program directors and not individual grants or the relationship between the Kellogg Foundation and Canadian nursing education. Similarly, discussion of UNB’s School of Nursing in historiography has been confined to biographical studies Katherine MacLaggan the school’s first director. However, a general discussion of nursing education in Canada can be found in work by Kathryn McPherson and Myra Rutherford.

Methods: This paper is based on correspondence, meetings minutes, and annual reports filed by the UNB School of Nursing to both the Kellogg Foundation and the President of UNB. These primary sources are held in the UNB Archives and Special Collections in Fredericton as UA RG 166. This fonds also includes correspondence between the New Brunswick Association of Registered Nurses (NBARN), UNB, and Kellogg. Finally, the Russell report and the PhD dissertation by MacLaggan (*Portrait of Nursing*) lay out the idealised vision for nursing education in New Brunswick.

Summary and Implications: The founding of the UNB School of Nursing offers a lens to analyse the Kellogg Foundation’s role in nursing education during the 1950s and 1960s and how baccalaureate nursing education spread in Canada.

Contributions to Inclusivity: Briefly examines who was perceived to be the ‘ideal nurse’ along ethnic, language (French/English), and class lines.

ACADEMIC LEADERSHIP IN EVIDENCE-BASED NURSING PRACTICE

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Paper Presentation

Overview

The rich history of leadership in evidence-based nursing practice starts with Florence Nightingale's work within military hospitals in the 1800s. The medical profession has successfully documented, published, and promoted its leadership in evidence-based medicine beginning in the 1970s. There is a gap in the literature related to nursing. A study of past evidence-based practice academic leadership is valuable to inform planning for leadership in the future. This project increases awareness and knowledge about the impact of three leadership styles on evidence-based nursing practice and research.

Historiographical Literature

In 1996 the Joanna Briggs Institute was established with a grant from the Royal Adelaide Hospital Research Foundation and named after the first (1855) Matron of Royal Adelaide Hospital. The Indiana Center for Evidence-based Nursing Practice, started in 2005 at the Purdue University Northwest College of Nursing, is a member of the Joanna Briggs Institute International Collaboration.

Methods

Archival materials from the Purdue University West Lafayette and regional campus system over the past 25 years pertaining to The Indiana Center for Evidence-based Nursing Practice were analyzed. Primary sources were from the Women's History at Purdue University, the Purdue University Archives, and materials in The Nursing Department Collection in the Purdue University Northwest Archives. Secondary sources included relevant articles published by local, national, and international organizations. Data were analyzed using content analysis framed by a comparison of three leadership style themes: transformational, transactional, and *laissez-faire*.

Summary and Implications

Transformational leadership was actualized through the significant personal and professional bonds of the Center's one founding director, two previous, and one current deputy director with the Joanna Briggs Institute leadership. The transactional leadership processes of the directors facilitated mentored Comprehensive Systematic Review Training, on-location workshops for evidence implementation training, four funded research projects, and 14 publications. COVID-19 pandemic policy caused limited faculty access to campus and a number of faculty retirements, resulting in a *laissez-faire* approach to directing the Center. In the face of continuing changes, academic leaders can learn from the effect of the Center's leadership transition when planning for the future.

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Submitted for a podium presentation

THE INFLUENCE OF PEPLAU'S THEORY OF INTERPERSONAL RELATIONS ON UNDERGRADUATE PSYCHIATRIC NURSING EDUCATION

Overview: In an increasingly technical health care environment that emphasizes disease and biological processes, nursing education continues to face the challenge of balancing the need for technical and skill-based knowledge with knowledge of the interpersonal dimension. Interpersonal relationships continue to have significant present-day relevance and remain a cornerstone of nursing practice and education. This emphasis can be traced back to the mid-twentieth century introduction of Hildegard Peplau's (1952) *Interpersonal Relations in Nursing*, which provided a nursing theory with the nurse-patient relationship at the center of nursing. This paper analyzes the influence of Peplau's (1952) theory on nursing education historically; and specifically, how it infused undergraduate psychiatric nursing curricula between 1950 and 1974.

Historiographical Literature: Peplau's (1952) theory of interpersonal relations in nursing led to a transformation in thinking about the nurse-patient relationship, altering the way in which nurses both engaged in, and thought about, their relations with patients (Smith, 2018). Fundamentally, "the nurse-patient relationship has become the center of nursing practice" (D'Antonio, Beeber, Sills, & Naegle, 2014, p. 312). Peplau provided not only the theoretical framework, but methods for interpersonal work and evaluation, as well as methods for teaching these skills to nurses through education. Peplau's role in the development of graduate education and specialization in nursing is well established, however her influence in undergraduate nursing education remains underexplored.

Methods: Data were drawn from both primary and secondary sources and analyzed for authenticity, congruency, and historical context. Primary sources included Peplau's (1952) book, *Interpersonal Relations in Nursing*, the National League of Nursing Education's (NLNE) curricular recommendations for schools of nursing (1919, 1927, 1937), various other NLNE publications, the oral history of Hildegard Peplau (D'Antonio, 1985), and documents pertaining to the Hospital of the University of Pennsylvania School of Nursing that are archived at the University of Pennsylvania's Barbara Bates Center for the Study of the History of Nursing. Journal articles and film were used as secondary sources. The Hospital of the University of Pennsylvania (HUP) School of Nursing was selected as a case study to look at curricular changes reflecting Peplau's theoretical influence.

Summary and Implications: This paper argues that Peplau's (1952) *Interpersonal Relations in Nursing*, has prolifically influenced the undergraduate nursing education literature and curricula examined during the time period of study (1950-1974). The HUP collection specifically provides an outstanding case in which to witness this theoretical influence. Peplau's influential work has shaped nursing's values, language, and priorities as a discipline, and also demonstrates the ongoing importance of education about the interpersonal dimension in nursing education.

Military Experiences on the Great War's Russian Front Through the Eyes of Sophia V. Kiel, RN

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Overview

Sophia V. Kiel, RN, a 1907 graduate of St. Luke's Hospital School of Nursing in New York City, was an avid photographer who took her Brownie camera everywhere. She left a photographic legacy of her experiences as a Red Cross nurse on the Russian front during The Great War. Through her eyes, she chronicled injuries, hardships, living conditions, and ingenuity needed during her time. This study is a continuation of the photographic legacy of Miss Kiel.

Historiographical Literature

This study is unique as it uses Sophia Kiel's personal photographs. These photographs will contribute the visual aspect of Kiel's experiences as a member of the American Red Cross Nursing Corp caring for allies and injured during the early years of WWI before America's involvement.

Methods

Examination of journal articles written at the time by other nurses, Sophia Kiel's photographs, studying videos containing footage of life combat at that time, and of other primary and secondary sources provide the foundations for this paper.

Summary and Implications

This paper documents various types of injuries sustained whether from artillery or chemicals, which may be unknown to American, nurse historians. Kiel's photographs document the rigors and customs of life in Russia during The Great War. The significance of my findings are: 1). The challenges of everyday life at the Mission; 2). The challenges and inventiveness of the nurses providing care to their patients in this rugged setting, and 3). Bringing out of the archives and into the body of knowledge another aspect of Sophia V. Kiel's career and her impact on patient outcomes and international networking.

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

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Paper presentation

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

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

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

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

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

SITUATIONS SURROUNDING THE INTRODUCTION OF 'THE NURSING PROCESS' IN JAPAN IN THE 1970s -ANALYSIS OF NARRATIVES BY CONTRIBUTORS-

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Overview The nursing process was introduced to Japan in the 1970s. Confusion over the two implications of the word translated at the time as "kangokatei" later led to its conceptualization as a nursing term. In addition, the policy of "one-prefecture one-medical school" during the period of high economic growth provided an environment for clinical nursing to promote scientific thinking. The nursing process was accepted as a solution to the distress of Japanese nurses who were agonizing over writing nursing care plans. After World War II, the Japanese nursing profession reviewed its role in society as a profession, and doctors saw it as nursing independence. The nursing process rapidly penetrated as a professional inference system.

Historiographical literature The narratives of those who contributed to the introduction of new nursing knowledge in Japan, which aimed at nursing independence, are valuable literature that captures the situation at that time. The development of nursing in Japan is not only due to policy and cross-national exchanges, but also because the professionalization of nursing has changed the consciousness toward the nursing profession.

Methods

- 1) The study subjects were the narratives of five individuals with writings or articles related to the nursing process in the 1980s. They are four nurses and a doctor.
- 2) Narrative data were analyzed with the quantitative text analysis software KH Coder.
- 3) Ethical considerations: Approval of the Ethical Review Committee was obtained.

Summary and implications One talked about how "nursing" was influenced by different "people" compared to "now." When the nursing process was introduced, there were a few people who said that only the process of human relations was the nursing process, and initially there was confusion between 'nursing process' of human relations and 'the nursing process' as the approach of nursing. However, this led to the conceptualization of nursing terminology in later academic societies. In the early 1970s, Japan's "one-prefecture, one-medical-school" policy led to the construction of rural hospitals, and new university hospitals welcomed the introduction of the nursing process as a nursing practice based on scientific thinking. Unlike the U.S., nursing fees are regulated by the reimbursement system, and nursing records serve as evidence of practice. The nursing process was greatly influenced by the standards of practice proposed by the Japanese and U.S. nursing associations, and the POS of medical record keeping by physicians supported its spread. In addition, the nursing process rapidly penetrated as a professional inference system.

SITUATIONS SURROUNDING THE INTRODUCTION OF 'THE NURSING PROCESS' IN JAPAN IN THE 1970s -ANALYSIS OF NARRATIVES BY CONTRIBUTORS-

Poster

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Paper or poster presentation

Women's Health and Advertising: How to keep your man? Douche with Lysol

Overview: advertising directed at women and resulting medical complications 1920-1950
Lysol disinfectant was advertised as a douche to promote feminine hygiene in the 1920s-1950s

Historiographical literature on the topic: A review of advertising directed at women and resulting medical complications Lysol disinfectant was advertised as a douche to promote feminine hygiene in the 1920s-1950s. A review of advertisements from women's magazines from this era show douching with Lysol was an effective way to keep a husband from straying, preventing divorce, and promoting marital happiness.

Methods: Primary sources include actual prescriptions written for Lysol as a douche. Copies of advertisements for Lysol as a feminine hygiene product from women's magazines from the 1920s-1950s

Summary and Implications: Advertising as a means of health information led women to make unhealthy and unreasonable choices regarding their bodies. Women were led to believe that their vaginas were dirty and that in order to keep their husbands it was necessary to douche with a caustic disinfectant. This misleading health information in the form of advertisements shows how misinformed patients can and will follow any information available to them. Women deserved better then and all patients deserve better now.