Chapter 2

An Historical Overview of Nursing

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PURPOSE

- To familiarize the reader with the impact of historical events on nursing
- To present social factors that have influenced the development of nursing
- To explore political and economic factors influencing nursing today
- To introduce nurses and other leaders in health care who have had an impact on nursing

The Impact of Nursing on the Evolution of Health Care

This chapter provides a brief historical overview of health care and identifies nurse leaders who have influenced the events that changed or improved the healthcare system within the framework of specific historical events. Additional nurse leaders who have more recently influenced the healthcare system are identified and presented throughout this book.

It is important to be familiar with the efforts of those who have gone before us, because they have a special meaning to our future. It has been said that "those who cannot remember the past are condemned to repeat it" (Santayana, 1953). Much of the early history of and information about nursing health care is based on information about ancient cultures that has been gathered by anthropologists and documented by historians (Spector, 2004).

Introduction: Ancient Cultures Before Christ

Care of the sick is not new. People have cared for their sick throughout recorded history, and we assume, before that. The term *to nurse* comes from the Middle English words *nurice* and *norice*, which are contractions of *nourice*, from Old French that was originally derived from Latin *nutricia* (Klainberg, Holzemer, Leonard, & Arnold, 1998). This term means "a person who nourishes" and often referred to a wet nurse. (A wet nurse is a woman who breastfeeds infants for those who are unable to do so.) (Klainberg, et al., 1998).

Although we often assume that life in ancient and earlier cultures may have been a basis for what we consider nursing today, care of the sick at that time was clearly very different because of the needs of and the lifestyles in society and the impact of science and technology. Back then, palliative care was primarily provided for the sick.

Life in ancient cultures (and in some non-Western cultures today) was nomadic and was built around finding food and maintaining warmth. Health practices were varied and based upon ingenuity, prior experiences, and the environment. People used plants and herbs to heal, and they harbored the notion that evil spirits and magic affected well-being. Early people viewed illness and death as part of the natural phenomena of life, and of course there were variations of practices among cultures (Spector, 2004).

Persons designated to care for the sick—usually men—passed information verbally through the generations. Some of the information we know about these ancient cultures and their forms of health care comes from the work of anthropologists, and some comes from information that has been handed down from generation to generation.

As people's lives and environments became more developed, irrigation and waste were the first issues related to treating disease. Priests, spiritual guides, or "medicine men" were the healthcare providers for their communities. During these times, the sick became their responsibility (Kalisch & Kalisch, 1978). Sickness was often attributed to evil spirits or something that had been done to offend the priests or gods. Health care was often the result of trial and error, because science and technology as we know them today were not available. If a person ate something that made him ill, that person was told not to eat it again; if an herb made someone feel well or seemed to improve health, then that herb would be used for its assumed curative powers.

As early as 3000 B.C., the Egyptian healthcare system was the first to maintain medical

records. The Egyptians were also the first to classify drugs and develop a planned system to maintain the health of their society. Rules regarding food safety and cleanliness were first attributed to the Egyptians and are still maintained today by many of the Muslim and Jewish faiths.

Babylonia was the second oldest society to maintain medical records (Donahue, 1996). During this time, the Persians, Italians, Chinese, and Indians also developed rudimentary and early attempts at the provision of health care. Greek society put an emphasis on personal health more than community health and believed that personal health was influenced by the environment. The Romans recognized the importance of the regulation of medical practice and created punishment for medical negligence.

During the Middle Ages, A.D. 500 to 1500, Christianity attempted to bring forth the notion of personal responsibility for self, as well as for others, and this was reflected in the care of the sick. Religious communities established care for the sick poor in *hospes*, places that could offer nurturance and palliative care and from which the terms *hospital* and *hospice* derive (Nutting & Dock, 1935).

From A.D. 50 to 800, these hospes, or hospitals, were usually near a church or a monastery. Men were the caregivers during this time, and women were permitted to be midwives or wet nurses and were considered witches if they attempted to usurp the role of the male healthcare provider (Ehrenreich & English, 1973).

The Crusades (A.D. 1095–1291)

War has always had an impact on the health care of society and on nursing. Woven throughout the history of humans and throughout this chapter are the impact and legacy of war upon health.

During the time of the Crusades, monks often tended to the sick. It was during this time that the Church established military nursing orders, such as the Knights Hospitalers (the Knights of Saint John of Jerusalem), made up exclusively of men who provided care for pilgrims and travelers who were in need of care (Beyond the French Riviera, 2007). Their fame was widespread, and it even influenced some crusaders to lay down their weapons and join the Knights of St. John in their work to provide for the poor, the pilgrims, and travelers (Nutting & Dock, 1935).

The Renaissance

Throughout the Renaissance period, from 1500 to 1700, growing interest in science and technology led to some advances in medicine and public health. In 1601, the Church of England mandated the Elizabethan Poor Law, which created overseers for the poor, blind, orphans, and lame (Bloy, 2002). Poverty was considered a way of life for some. The rich paid for nurses to take care of their sick at home. The Poor Law was intended to provide a place where the poor sick and orphaned would be cared for.

It was under this law that provisions for the poor to receive care in either hospitals or almshouses became available. Because many of the poor were very ill when they arrived at hospitals, and little more than palliative care could be provided for them, they often died in the hospitals. Therefore, to most people the idea of being hospitalized had negative connotations, and hospitals were considered places where people were sent to die.

Those who were sick but rich continued to be cared for at home by private duty nurses, who were privately reimbursed. Often nurses who took care of the sick in their homes were also

expected to do other jobs within the household, including housekeeping, cleaning, and cooking.

The 18th Century

The industrial revolution began in the late 18th century in England (1760) and continued into the early 19th century. It was a time of technological advancement throughout the world. Early technology influenced the economy. Because of the evolution of technology, factories emerged that had the ability to manufacture and produce specific products in volume rather than goods acquired from farming, manual labor, or craftspersons. The use of machinery and the development of factories quickly spread throughout the world.

As factories evolved, people left rural and farming communities for cities to find employment. During this time, many people migrated to cities that were unprepared for a population increase; in turn, many of the new residents found themselves living in overcrowded, unsanitary housing and working in dangerous conditions for long hours. There was little protection for the worker—no sick pay or leave and poor working conditions.

Later, as science made society more aware of the relationships between hygiene and health, efforts were made to improve the poor and unsanitary conditions of overcrowding by providing places for people to take hot baths and sanitariums for the ill. Although there were persons interested in improving health care and who attempted to find ways to meet these challenges, plagues remained a major source of sickness and death.

It was not until the 18th century that any formal interventions were made by the government toward providing health care for the community. The 18th century was a turbulent time. In 1776, the United States declared independence from Britain, and in 1789 the French Revolution began. The 18th century was also a time of scientific innovation. Benjamin Franklin invented eyeglasses that addressed both near- and farsightedness, Leeuwenhoek improved the microscope invented earlier by Galileo so that body cells and bacteria could be identified, and the functioning of the heart was described. These changes began to influence how people lived. It was during this time that the role of the nurse began to be acknowledged and schools of nursing were established.

The 19th Century

Change is often a result of challenges in the community and the world. The 19th century was also a time for innovation and reform. Throughout history those who we consider healthcare leaders have changed or influenced the well-being of a community or society. Those transformations may have been influenced by need or have resulted from changes in or outside of a system. The identification of a leader is often dependent upon how the leader creates or deals with change based upon the needs of a society. Dr. John Snow, a physician, is an example of how one person can significantly influence the well-being of an entire community by identifying and acting upon a need for change.

John Snow

In the 19th century, John Snow intervened and was able to contain a major outbreak of cholera in London. Although he was not a nurse, I mention Dr. Snow here because his role in controlling a major outbreak of cholera with little sophisticated equipment or knowledge of bacteriology was critical. Snow and his assistants calculated

the actual number of deaths from cholera by going door to door and collecting information from residents about the status of health within their households. They collected information about who provided water to the homes in the various districts in London. Snow discovered that the areas supplied by the Southwark and Vauxhall Water Company had 114 deaths per 100,000, while those supplied by the Lambeth Company had few deaths from cholera.

After a tedious investigation, Snow was convinced that the source of the epidemic was contaminated water. He knew the water from the Southwark and Vauxhall Water Company was from the lower Thames, which was closer to London. London was a big city and greatly inhabited. Without sewage disposal as we know it today, waste was disposed directly into the Thames. Lambeth Company water was from an area north of London, which was less inhabited and therefore an uncontaminated area of the Thames. Because there was no indoor plumbing at that time, water was drawn for whole communities from a local pump. The pump in the Southwark and Vauxhall Water supply was from the local Thames, which was contaminated.

Upon determining this, Snow removed the handle from the pump for the water that was supplied by the Southwark and Vauxhall Company. This required the community to draw water from another source, one that was not contaminated. That simple act stopped the outbreak of cholera in London (Klainberg, et al., 1998). The pump without the handle remains in London as a tribute to John Snow's work.

Nursing Leaders of the 19th Century

The following nurses made changes in the practice of nursing in small or great ways and were among the nurse leaders of the 19th century.

Florence Nightingale (1820–1910)

It was during the 19th century that Florence Nightingale forever changed the practice of nursing. Nightingale was often referred to as "the Lady with the Lamp," which was how she was described in a poem by Henry Wadsworth Longfellow in 1857. She has also been called a pioneer of modern nursing.

Florence Nightingale was a philanthropist from a wealthy English family who lived during a time when well-bred women from the upper class were not usually involved in caring for the sick. Despite convention, Nightingale wanted to study the care and treatment of diseases and afflictions, so she enrolled in a 3-month program to study nursing under the direction of Pastor Fliedner and his wife Erika at Kaiserwerth Germany (Kelly & Joel, 1996). Upon graduation from the program, Nightingale became involved in creating the organization called "Establishment for Gentle Women During Illness." Ultimately, she was appointed to the leadership position of this organization, because she was knowledgeable as a result of prior experience in the administration of hospitals and she had an expertise in nursing. As her work in nursing was acknowledged, she was consulted in the organization of training nurses; however, her efforts in the Crimean War intervened.

Florence Nightingale became involved in the Crimean War (1853–1856) after hearing about the squalid conditions of soldiers who had been injured. She organized other nurses who joined her in bringing aid, comfort, and supplies to injured soldiers. When she arrived in the Crimea what she saw was beyond her expectations. She found injured soldiers in neglected and filthy conditions with dirty rags covering their wounds. She brought clean sheets, bandages, and simply soap and water to cleanse the wounds of the soldiers, who were dying of infections caused

by the squalid conditions. Because of Florence Nightingale and the women volunteers she led, the death rate from infections for wounded soldiers was almost obliterated.

When Nightingale returned home to London, she was honored as a national heroine. She remained committed to establishing a program to train nurses. In 1860, Nightingale established a training program for nurses at St. Thomas's Hospital in London, where the Florence Nightingale Museum is presently housed.

Shortly thereafter, Nightingale took to her bed until her death in 1910. It was believed that she was ill resulting from a weakened condition attributed to her work during the Crimean War. She wrote extensively from her sickbed, and many feel her writings remain significant and influential in nursing today. Her most well known book, *Notes on Nursing*, is still revered. She made nursing a profession for respectable women. Up until that time, nursing was not considered appropriate for women, and men played a major role in nursing. Nightingale died in her sleep at age 90. Every year during the week in which she was born, nurses in the United States celebrate National Nurses week in her honor.

Mary Seacole (1805–1861)

Mary Jane Grant Seacole was born in Kingston, Jamaica, to a Jamaican mother who was a nurse and a Scottish father who was a career soldier. Not formally trained as a nurse, she learned her nursing skills from her mother (Carnegie, 1995). As a nurse, she traveled to Cuba and Panama and worked during cholera and yellow fever epidemics. In 1836, Mary married Edwin Seacole, who subsequently died in 1844.

In 1854, after learning about the war in the Crimea, Seacole asked the war office of the British government to send her to the Crimea as an army nurse. She was refused even an interview because of her race and ethnicity (Carnegie, 1995). Seacole, determined to help the war effort, funded her own trip to the Crimea, bringing supplies with her. She soon established a hospital and respite home for wounded and fatigued soldiers in Balaclava. She worked as a volunteer and did not receive army recognition or rank in the British Army. She was known as "Mother Seacole" on the battlefield, because she nursed the wounded. Unlike Florence Nightingale, Mary Seacole received little fame or notoriety for her work or her role in the Crimean War. After the war, she returned to England destitute and in poor health. Her plight was publicized by newspapers, and eventually she was recognized in England and Jamaica for her work in the Crimea.

Clara Barton (1812–1912)

Clara Barton, born in Massachusetts, was a New England school teacher (Donahue, 1996). Despite not having formal training as a nurse, she volunteered as a nurse during the American Civil War. She was instrumental in organizing and acquiring needed supplies for the troops during the Civil War, often using her own financial resources. She was referred to by the soldiers she cared for as the "little lone lady in black silk" (Donahue, 1996).

Following the Civil War, she remained active in attempting to locate missing men who were in the army and helped to establish the first national cemetery for soldiers killed in war (Donahue, 1996). Exhausted following the war, she went to Europe to recover. There she learned about the International Red Cross. Clara Barton is best known for her role in establishing the American Red Cross in the United States. Barton was able to convince Congress to affiliate with the International Red Cross. This affil-

iation created the ability for the Red Cross to function during times of peace.

Mary Mahoney (1845–1926)

Mary Mahoney, the first African American registered nurse educated in the United States, was born in Boston. In 1879, at age 34, Mary Mahoney graduated from the New England Hospital for Women and Children. She was the first black woman to graduate from a professional school of nursing (Carnegie, 1995). Schools in the United States at that time either limited the admission of black women to schools of nursing or did not permit admission at all. Her graduation had a tremendous impact upon the future of all black nurses.

As a nurse leader, she recognized the need for nurses to work together to improve their role in the nursing profession, and she became a member of the American Nurses Association (ANA). She was the cofounder of the National Association of Colored Graduate Nurses (NACGN) and helped make it possible for black nurses not only to be recognized but officially received by the president of the United States, Warren G. Harding. She left a legacy behind for all black nurses. She was named to the Nursing Hall of Fame posthumously, and in 1972, the United States Congress honored Mary Mahoney for her dedication to nursing.

Mary Adelaide Nutting (1858–1948)

Mary Adelaide Nutting, a suffragette and nurse historian, was well known as an advocate of higher education for nurses. Born in Canada, she was a member of the first graduating class of nurses at Johns Hopkins University in 1891 and was to become the school's second superintendent of nursing. She was instrumental in creating changes to improve the education of the nursing students at John's Hopkins Hospital by expanding the program from two to three years, allowing for greater time in the classroom, and by decreasing the number of hours the students were required to work in the hospital. (Hospitals frequently had students working long hours at the hospital in addition to their student requirements.) She realized that students needed time to study to become good nurses (Pipkin, 2001).

Subsequently, Nutting established the first higher education program for nurses as the Department of Nursing and Health, Teachers College, Columbia University, New York, and was appointed the chairperson from 1919 to 1925. She was the first woman to hold a professorship at Columbia University.

During World War I, because of the shortage of nurses, Nutting was called upon to chair the Nursing Committee for the Counsel of National Defense. It was the charge of this committee to find ways to recruit and train women as nurses for the United States Army. Nutting was also instrumental in the development and creation of the *American Journal of Nursing*.

Lavinia Dock (1858–1956)

Lavinia Dock was a graduate of the Bellevue Training School for nurses in 1888. She was a nurse leader who helped change and advance the profession of nursing. She used her nursing skills during the yellow fever epidemic in Jacksonville, Florida, and provided care at the Johnstown flood in 1890. Ultimately, she worked with Isabel Hampton Robb at St. Johns University. Like Nutting, Lavinia Dock was a suffragette, working for women's rights. Dock was an activist, interested in changing society. Dock worked with the New York Women's Trade Union League and walked picket lines for the Shirtwaist strike in 1913. She spoke at an

ANA convention urging nurses to support a union movement for nurses. In 1896, she joined Lillian Wald at the Henry Street Settlement, where they worked together for 20 years.

LILLIAN WALD (1867–1940)

Another nurse to bring about change during this era was Lillian Wald. Wald, a nurse and social worker born to a middle-class Jewish family in Rochester, New York, is most famous for her influence in initiating the Visiting Nurse Service of New York. She initially worked as a nurse at an orphanage. During that time, she was asked to volunteer to teach home classes for women at the Henry Street Settlement on the Lower East Side of New York, a place that educated mostly immigrant poor. At one of those classes, a young child approached Wald and asked her to come to the tenement where the child's family was living to help care for her sick mother. Wald found the place to be in a very poor state and the mother, who had recently delivered a baby, in a bed of blood-soiled clothing (Visiting Nurse Service of New York, 2007). Wald cared for the woman, cleaned her bed and room, and comforted the family.

This event changed Lillian Wald's life and health care forever. Not long thereafter, Lillian Wald began to care for sick residents of the Lower East Side and soon decided to devote her life to this cause. In 1893, along with another nurse, Mary Brewster, Lillian Wald founded the Henry Street Settlement Visiting Nurse Service, which would become the Visiting Nurse Service of New York. By 1910, the notion of the visiting nurse was supported and endorsed by health departments, the Public Health Service, and schools. The idea of keeping people healthy and not spreading disease had taken hold.

The 20th and 21st Centuries

At the end of the 19th century and the beginning of the 20th century, issues related to sanitation in relationship to the health of communities were the primary concern of healthcare planners and providers. During the 20th century, the discovery of new and more potent antibiotics and other scientific breakthroughs changed forever how the healthcare system dealt with infection.

Toward the mid-20th century, a shift in priority from the health of the community to the health and well-being of the individual occurred, and toward the end of the 20th century another shift toward care of the patient in the community occurred. Technological innovations improved and advanced how healthcare providers approached disease. The impact of health insurance also addressed and changed how healthcare providers address the well-being of the individual and the community. Furthermore, the cost of health care began to increase continually, and ethical issues arose regarding who should receive treatment based on their age or socioeconomic status; these issues continue today.

The world during these times has grown smaller with advances in transportation and the speed at which people can travel around the world. Although many of the recent technological advances have improved health and affected society positively, some, such as the rapidity in which people can travel the world, have increased the possibility of transmitting contagious diseases. The future of health care is fluid and not only depends on the advances made in technology but the economy and social issues throughout the world.

Nursing Education in the United States

Nursing education has been determined not only by the evolution of technology and advances in science, but by the needs and development of society. Initially, nursing education programs were informally part of hospitals and prepared young women to provide palliative care to patients. Courses could be completed in as few as six months. These programs trained students to provide food and a clean environment.

Hospital-based diploma schools of nursing were the first form of nursing education in the United States. These programs restricted their admission to white women. The first program to admit one black and one Jewish woman in each class was established at the New England Hospital for Women and Children in Boston, Massachusetts in 1863. It was not until 1872 that formal training schools for nurses were established and students graduating from these programs were given a diploma upon graduation (Carnegie, 1995).

The history of baccalaureate education cannot be discussed without mentioning the impact of the Flexner Report on nursing education. In 1910, Abraham Flexner, a social worker, wrote a paper identifying a profession. This report was part of work established by the Carnegie Foundation addressing medical professionalism (Klainberg, et al., 1998). Since its publication, there have been many others who have built upon the Flexner Report, adapting what stipulates a profession. The impact of this report affected many professions, particularly nursing. The amended guidelines of a profession include the following:

- Professional preparation (as opposed to an occupation)
- Preparation that takes place in an institution of higher learning, such as a college (community college or 4-year baccalaureate) or a university
- A specific and unique body of knowledge
- An affiliation with a professional organization
- Ethical codes
- Licensing
- A service orientation
- Specific educational guidelines

Diploma programs have, for the most part, been replaced by associate degree or baccalaureate programs, but there are still some diploma schools of nursing, which are nursing education programs provided by hospitals. Most nursing education programs that exist today are either in community colleges, which provide an associate's degree in science, or are baccalaureate programs from which students graduate with a bachelor of science degree. Students who graduate from any of these programs can take the National Council Licensure Examination (NCLEX) examinations to become registered nurses.

Graduate education beyond a baccalaureate education includes a variety of advanced practice roles. Master's degrees fulfill a variety of areas, such as clinical nurse specialist, nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, informatics specialist, and doctorate (Doctor of Philosophy [PhD], Doctor of Education [EdD], Doctor of Nursing Science [DNS, DNSc], Doctor of Nursing [ND], and Doctor of Nursing Practice [DNP]).

The notion of clinical specialization grew as the nursing profession grew and as a result of the needs of society. It began early in the 20th century when nurses acquired specialties through

hospital-based courses, and it became more complex after World War II (Mezey, McGivern, & Sullivan-Marx, 1999). In 1964, the Nurse Training Act was enacted, which provided funding to support the education of advanced practice nurses. It was not until 1965 that the first nurse practitioner program was created. There was some initial resistance to the notion of the nurse practitioner, but by the 1980s this focus became a part of master's programs. Until then, many nurse practitioners could acquire their advanced practice certification following graduation by taking an accreditation examination.

Licensure

In 1901, the first conference of the International Council of Nurses (ICN) met in New York State and passed a resolution stating that all nurses should be licensed by examination (Kalisch & Kalisch, 1978). Although licensure of nurses was met by strong opposition in most states, North Carolina was the first state nursing association to put this forward to its legislature (Kalisch & Kalisch, 1978). Subsequently, a bill was approved requiring nurses to pass an examination to practice as nurses in North Carolina, regardless of where they were trained.

New York State passed a more stringent bill shortly thereafter that required nurses to pass a nursing examination and also to graduate from a school of nursing approved by the Regents of the State University in New York State (Kalisch & Kalisch, 1978). Since then, there have been many changes in the methods of testing nurses for licensure. Today, the National Council Licensure Examinations (NCLEX) examinations are given online in the United States and in some other countries. All nurses graduating from established and credentialed nursing programs and successfully passing the NCLEX examination may practice nursing in the state in which they have applied to take the examination. Many states offer reciprocity.

The Great Depression

The Great Depression followed the stock market crash of 1929. The crash, also referred to as Black Thursday, was one of the most devastating stock market crashes in American history. The economic impact created a shift in employment and approximately 30% of the population became unemployed. This affected the economic well-being of the entire nation, creating large numbers of homeless people. Many people did not have money to purchase food or health care, and the Depression profoundly influenced how nursing was practiced.

Until that point, most nurses worked in private homes caring for patients who could afford their services. Hospitals mostly utilized students to care for the ill. Students provided cheap labor, but when they graduated they could not find jobs in hospitals, so most sought employment in patients' homes where they cared for the sick or elderly who could afford private care. Hospitals replaced graduating students with new students. After the crash and the Depression, many nurses working in homes lost their jobs, because many families could no longer afford their services. Hospitals found they could hire trained nurses for very little, because the nurses were in need of jobs, and they could be hired for either low wages or in exchange for room and board (Hott & Garey, 1988). Hospitals began to use trained nurses instead of students to provide care for their patients. Students continued to have a role in hospitals after that, but they no longer provided primary care for patients independently.

Nurses in Wars Fought by the United States

During and following the American Revolution, men served as corpsmen, providing nursing care for soldiers. Following the Civil War and before the Spanish American War in 1898, nurses in the United States Army were also men. These men were known as hospital corpsmen. They were trained at differing caregiving levels. However, there were not enough hospital corpsmen, and a need for trained nurses was evident.

In 1898, the United States Congress appropriated funds for the employment of trained nurses and for the development of the Army Nurse Corps (McGee & Hughes, n.d.). There were no restrictions on whether the nurses should be male or female. Those who applied to be trained as nurses were mostly women, and these women performed well in their role as nurses. Following this, there was little objection to women in the Army Nurse Corps. The contribution of the female nurses during the Spanish-American War and during the yellow fever outbreak positively advanced their role in the Army Nurse Corps. Female nurses along with male nurses have served in every American war since. Army Nurse Corps did not become a part of the Army Medical Department until 1901.

World War I (1914–1918)

The United States entered World War I in 1917. Before entering World War I, the United States established the Bureau of War Risk Insurance in 1914. The Bureau of War Risk Insurance was originally intended to insure ships and cargo but was amended in 1917 to meet the needs of the returning veterans. This was to become the Veteran's Bureau.

During World War I, the number of nurses in the military grew from about 4000 to 20,000, serving both overseas and domestically. Army Nurses served in the United States, France, Hawaii, Puerto Rico, and the Philippines. Nurses also provided care on transport ships carrying wounded home across the Atlantic.

In 1917, because of its outstanding record of caring for merchant seamen and controlling disease, and despite the uncertainty of its role, the Public Health Service (PHS) was made part of the military by President Woodrow Wilson (Mullan, 1989). The Public Health Service, in addition to being concerned with issues related to the war, was dealing with other health issues, particularly venereal disease among soldiers and the Spanish flu, which killed 50,000 Americans by 1919 (Mullan, 1989). As the war generated veterans in need of health services, the PHS was furthermore asked to be responsible for returning soldiers and to oversee the Marine Hospital system, which was called upon to provide care for returning soldiers (Mullan, 1989).

World War II

The United States entered World War II after being attacked at Pearl Harbor on December 7, 1941. At that time, the number of nurses in the Army could not meet the demand and needs of the military. Initially, this was a dilemma for civilian nurses who were torn between joining the military or continuing to work in their civilian jobs (Kalisch & Kalisch, 1978). To help encourage nurses to join the military and to prevent hospitals from being depleted of nurses, the National Council for War Service established guidelines for the recruitment of nurses (Kalisch & Kalisch, 1978). Other issues that prevented nurses from enlisting were the low salary nurses

who joined the military at the beginning of the war received compared to men and that nurses received no official rank or benefits.

In May 1942, with the fall of Corregidor in the Philippines, 54 Army nurses became Japanese prisoners of war (Norman, 1999). During their captivity, they suffered greatly but continued to care for patients in internment hospitals. Under equally poor conditions, other brave nurses cared for patients under German shellfire in Europe.

In 1943, Frances Bolton introduced a bill to Congress to provide military rank for the nurses to correct the inequity between males in the military and military nurses (who were mostly female). In 1944, Congress enacted a law that provided military nurses with a temporary officer's rank for the duration of the war. Also in 1944, the military was desperately in need of nurses, and under the Bolton Act, the United States Public Health Service created the United States (U.S.) Cadet Nurse Corps to create an accelerated program to educate nurses. One hundred twenty-five nurses were admitted during the first two months and 125,000 during the next two years (Kalisch & Kalisch, 1978). The U.S. Cadet Nurse Corps program was phased out in 1948, three years after the end of the war. See Box 2–1 to read about how international events influenced one woman to join the U.S. Cadet Nurse Corps.

Box 2–1 How I Became a Nurse

Jacqueline Rose Hott

There are specific days anyone over the age of 50 always remembers: the day Kennedy was shot, November 22, 1963, and the attack on the Twin Towers, September 11, 2001. We can remember where we were and what we were doing when we heard about these national tragedies. Long before these events, though, came the day the Japanese attacked Pearl Harbor, on December 7, 1941. For me, a 16-year-old freshman at New Jersey College for Women (NJC) in New Brunswick, New Jersey, that Sunday morning in December will always stand out as a life-shaping experience. It was the day that brought me into nursing as a career.

I was not one of those women who had always wanted to be a nurse. I wanted to be a reporter, so I was an English major. I had been editor of my high school newspaper and senior yearbook; I had a column in the college newspaper. Always interested in human behavior, I also studied psychology as my minor. I knew nothing about nursing, except that my physician at home in Jersey City had married a nurse who worked at Bellevue and who occasionally helped him in his office.

Unlike me, my older sister wanted to be a nurse so that she could leave home; however, my parents would not give permission because she was not yet 17. My family tried to dissuade my sister by saying, "Nurses just carry bedpans. Is that what you want to do?" She got married instead.

I was struggling at NJC, not with studies or grades (after all, I had been my high school valedictorian), but with the cost of living on

campus. I had scholarships to pay tuition, but to help my blue-collar family pay for the rest I was working jobs as a waitress in the college cafeteria, an aide in the Alumnae House, and a teacher in a religious school on Sundays. The attack on Pearl Harbor created a public relations bonanza of information about nursing and made me see that nursing could be a way to solve my economic problems in seeking an education.

I don't remember when I first saw the poster about joining the U.S. Cadet Nurse Corps: "Enlist in a Proud Profession." The atmosphere on our brother campus, Rutgers University, was heavy with the draft looming over its men. At NJC, we had special exercises to prepare ourselves physically for combat threats. I still don't know what triggered my change besides the public relations information from the U.S. Cadet Nurse Corps in pamphlets and posters that encouraged women to join the war effort. The educational bonus in becoming a nurse was continuing my baccalaureate education *for free*! As a sophomore student in the next semester, I would be able to transfer enough credits so that after graduation from a school of nursing in 33 months, I would have a bachelor's degree in nursing science (BSN), a profession, and no debt. Indeed, my next college would have *free* room, board, and tuition *and* give me a stipend of $15 a month. (Would some economist figure that out in today's prices?) *And* I would be serving my country! Now, if I would look good in that uniform . . . (I did!)

Deciding which college I would transfer to was not too difficult. I wanted a program that would accept my college credits, and NJC recommended two: Cornell University and Bellevue School of Nursing. The only thing I knew about Cornell was the song "Far Above Cayuga's Waters" and that it was a long distance from home in Jersey City. Otherwise, my doctor's wife had gone to Bellevue, it was famous for psychiatry, and it was just across the Hudson from home if I needed chicken soup. So, I became a cadet nurse at Bellevue.

Leaving NJC was hard. I was honored by the school as a Distinguished Alumnus after it became Douglass College. Surely, the roots of leadership for this woman started in a college for women and were nurtured and developed at Bellevue and later at New York University's graduate programs in nursing.

I started at Bellevue in September 1943 in one of the largest admitting nursing classes Bellevue had ever had. We had college graduates, baccalaureate students, new high school graduates, married and divorced women, blacks, Asians, Catholics, and Jews, although most students were white, Anglo-Saxon Protestants. Our faculty were all WASPs until we reached senior year in psychology.

Rigidity of rules and doing things the Bellevue way (the only way?) were the norm. Great chauvinistic pride in being a Bellevue nurse was instilled early. The goal was to be the best nurse, to give the best patient care. If we had problems, they were challenges and we were creative problem solvers. We were Bellevue nurses; we overcame. As U.S. Cadet Nurse Corps nurses, we were being prepared for combat; whether the combat was lack of equipment, personnel, or time, we persevered.

Looking back from more than 60 years later, I realize that my classmates were remarkably capable women, some just teenagers like me, others mature and seasoned. As part of our contract with the U.S. Cadet Nurse Corps, we promised to continue in nursing for three years after graduation in 1946. I am still proudly keeping that promise as an independent clinical nurse practitioner in adult psychiatric nursing. The Cadet Nurse Corps poster is on the wall of my den. It still inspires me. When I left the deanship at Adelphi University School of Nursing, I left my U.S. Cadet Nurse Corps purse in the display closet as a memento. I hope that it will continue to inspire others.

By the end of World War II, 215 nurses had died in service to the United States. Their service was important to the war effort during World War II, and they were not unlike the courageous nurses who served in the Korean War, the Vietnam War, and Desert Storm and who today serve in Iraq.

Nursing Leaders of the 20th Century

Mary Breckinridge (1881–1965)

In 1925, the Frontier Nursing Service was begun in Kentucky by Mary Breckinridge, a nurse, who remained its director until her death in 1965. This service provided care for the sick poor in rural communities. Nurses traveled by foot or by horse to reach patients who would otherwise not receive the care of a healthcare provider. Nurses cared for rural and isolated families and individuals who were ill or who had been injured and also delivered babies.

During World War I, while serving as a volunteer nurse in France, Breckinridge met a British nurse who was also a midwife. When she started the Frontier Nursing Service, she realized that the frontier nurses would need this skill and sent nurses to England to study midwifery. With the outbreak of World War II in Europe, Breckinridge was no longer able to send American nurses to Britain. Realizing the importance of midwifery to Frontier Nursing Service nursing practice, Breckenridge began the Frontier Graduate School of Midwifery. The name of the school changed to the Frontier School of Midwifery and Family Nursing (FSMFN) (Kelly & Joel, 1996).

Margaret Sanger (1878–1966)

Margaret Sanger worked as a nurse with poor women on the Lower East Side in New York City. Through this work, she became aware of the impact of unplanned and unwelcome pregnancies upon these women. She was already familiar with this on a personal level, because she was one of 11 children and saw how multiple pregnancies caused her own mother's health to suffer. She believed women should have birth control available to them.

In 1916, Margaret Sanger opened a family planning and birth control clinic in New York City. Nine days after she opened the center, it was raided by the police and Sanger served 30 days in prison. This was one of her many arrests over the years that resulted from her efforts to provide education about contraception to women. In 1930, Sanger successfully opened a family planning clinic in Harlem, New York, with

support of the community, but it wasn't until 1939 that the American Medical Association officially recognized birth control as an integral part of medical practice. Shortly thereafter, the Birth Control Federation of America emerged. In 1942, the Birth Control Federation of America changed its name to Planned Parenthood Federation of America (PPFA) (Planned Parenthood, 2008). The conflict over birth control did not end there. Threats of bombing Planned Parenthood clinics continued late into the 20th century.

Virginia Henderson (1897–1996)

Virginia Henderson attended the Army School of Nursing in Washington, DC, and graduated in 1921. She went on to Teachers College, Columbia University, graduating with a master's degree in nursing education. In 1955, with Bertha Harmer, Henderson coauthored *Textbook of the Principles and the Practice of Nursing*, a fundamental textbook. Her book and subsequent writings redefined the practice of nursing. Henderson emphasized in the book that the goal of the healthcare provider is to help people become as independent as possible (Harmer & Henderson, 1955). She described the nurse's role as threefold: "*substitutive* (doing for the person), *supplementary* (helping the person), or *complementary* (working to help the patient)" (Harmer & Henderson, 1955).

Henderson believed that "the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible" (Harmer & Henderson, 1955). Henderson was one of the first nurses to point out that nursing does not consist of merely following physicians' orders. Virginia Henderson remained an active contributor to nursing and continued to lecture to groups of nurses about her philosophy until shortly before her death in 1996 at age 99.

Mildred Montag (1908–2004)

Orphaned at an early age, Mildred Montag was raised by her aunt and uncle on a farm. She attended Hamline University, in St. Paul, Minnesota, and graduated in 1930 as a history major. She then decided to become a nurse and attended the University of Minnesota, in Minneapolis, and graduated in 1933 with a bachelor of science (BS) degree in nursing. She went on to attend Columbia University, Teachers College, in New York, majoring in nursing education, and graduated in 1938 with a master of art (MA) degree in nursing education.

The United States' entry into World War II resulted in an urgent need for more nurses to serve in the military. In 1942, Dr. Montag was asked by Adelphi College (presently Adelphi University), under a grant from the United States Public Health Service, to determine whether local hospitals would cooperate in establishing a school of nursing at Adelphi College. In January 1943, the School of Nursing at Adelphi College, the first program for nursing on Long Island, was established and Dr. Montag was named the director. The first 25 students were admitted under the Nurse Training Act of 1943, also known as the Bolton Act. Montag remained director of the Adelphi College School of Nursing from 1943 to 1948. As founder and director of the program, Dr. Montag is credited with developing the nursing program and making it an integral part of Adelphi College.

In 1950, Mildred Montag graduated with a doctorate from Teachers College and her doctoral

dissertation changed how we educate nurses in the United States. At that time, most of the schools of nursing were 3-year diploma programs owned and operated by hospitals (Kalisch & Kalisch, 1978). In her doctoral dissertation, Montag proposed creating a 2-year program to prepare technical nurses to assist the professional nurse, whom she envisioned as having a baccalaureate degree. Dr. Montag's goal was to alleviate the critical shortage of nurses by decreasing the length of the education process from a minimum of three years to two years and to provide a sound educational base for nursing instruction by placing the program in community/junior colleges.

In 1958, as a result of her dissertation, the W. K. Kellogg Foundation funded the implementation of the project at seven pilot sites in four states (Haase, 1990). Associate degree education for nursing began as part of this experimental project at Teachers College, Columbia University, based on Montag's dissertation. In addition to creating a program that decreased the time to become a nurse, benefits of the associate's degree in nursing (ADN) program included reasonable cost and proximity of ADN programs to the community, access for diverse populations, the inclusion of adult learners, males, and married students. Seven community colleges were included in this 5-year nursing research project to evaluate the impact of an associate' degree education for nurses, and Dr. Montag was named the director of the project (Kalisch & Kalisch, 1978). Dr. Montag was the author of many publications and the recipient of many awards related to the development of the ADN program. She remained actively involved in nursing and particularly in Adelphi University School of Nursing (formerly Adelphi College) until her death at age 95.

HILDEGARD E. PEPLAU (1909–1999)

Dr. Hildegard E. Peplau, born in Pennsylvania in 1909, is known for her work and great strides in psychiatric nursing. She helped to create change in the collective way nurses and patients thought about their roles in the patient–healthcare provider relationship (Peplau, O'Toole, & Welt, 1989). Her groundbreaking work helped nurses to use their interpersonal skills therapeutically. She emphasized the nurse–patient *relationship* as the foundation of nursing practice. Peplau developed an interpersonal model emphasizing the need for a partnership between nurse and patient, and her theories were considered by many to be revolutionary. She opposed patients passively receiving treatment, as well as nurses passively acting out doctors' orders.

During World War II, Hildegard Peplau was a member of the Army Nurse Corps. Following the war, she returned to school, and in 1947, she received a degree in psychiatric nursing from Teachers College, Columbia University, New York, and went on to receive a doctor of education degree in curriculum development from Columbia University in 1953.

RUTH LUBIC WATSON (1931–PRESENT)

Ruth Lubic Watson is a nurse–midwife and, in 1993, was the first nurse ever named a MacArthur Fellow by the John D. and Catherine T. MacArthur Foundation. Dr. Watson served as the director of the Maternity Center Association, which began in 1917. In 1975, she founded the first freestanding birthing center on the Upper West Side in New York City. In 1983, Watson became the president of the National Association of Childbearing Centers, which brought birthing centers to impoverished areas in the Bronx, New York, and Washington, D.C., to provide care to underserved communities.

The New York City Family Health and Birthing Center on the Upper West Side no longer exists, but Dr. Watson continues to be actively involved in the center in the Bronx and in Washington, D.C. Among many prestigious awards Dr. Watson has received, she was awarded the Institute of Medicine (IOM) Leinhard Award in 2001 for the advances she has made in personal health of others. Dr. Watson continues to speak to professional groups to promote the cause and efforts of the professional nurse–midwife.

M. Elizabeth Carnegie (1916–2008)

M. Elizabeth Carnegie was a nurse historian and the author of several publications of great importance to the history of nursing, including *The Path We Tread*. Her work to advance black and minority nurses has improved the status of nursing for all nurses.

Aware of the nursing shortage in the military during World War II, Carnegie applied to the Navy and was rejected. The Army took African American nurses, but during this time said they could not recruit and take any more black nurses because they could not house them with white nurses. In an interview, she stated, "During the shortage of nurses during World War II, I applied to the Navy and just got a letter saying they were not taking colored nurses; the Army's excuse was they couldn't house black and white nurses together, could not have them in the same bunks" (Hott & Garey, 1988). Carnegie and other African American nurses protested this with a campaign in the newspapers. Eventually, the Army did take African American nurses to meet the needs of the Armed Forces (Carnegie, 1995).

Dr. Carnegie was employed by the *American Journal of Nursing* from 1953, and upon her retirement in 1978, she became the editor emeritus of *Nursing Research*. Her groundbreaking book *The Path We Tread: Blacks in Nursing Worldwide 1854–1994* is in its third edition. Dr. Carnegie initiated the nursing program at Hampton University in Virginia, was the president of the American Academy of Nursing, and was the dean of the School of Nursing at Florida A&M University. She has been a distinguished visiting professor at many universities. Up until her death in February 2008, Dr. Carnegie was an independent consultant and received countless awards and honorary degrees from universities throughout the country. Most recently, she received a lifetime achievement award from Adelphi University and the Alpha Omega Chapter, Sigma Theta Tau International.

Today

Today we think of our healthcare system as more sophisticated than that of previous generations because it is based on technology and science. However, in some ways it is not unlike the past because it is dynamic and changing. For example, today men are more prevalent in nursing than they have been in previous years, and this is because of changes in society and the evolving image of the nurse. Much of the care nurses provide for individuals and communities is based on the needs of society and is driven not only by need and tradition, but by changes in society brought on by environmental changes.

Today, as in years past, we find that many cultures and individuals maintain relationships with the persons to whom they give the power to lead them to wellness, such as nurses,

physicians, or designated persons in the community. For many, these individuals serve as gatekeepers for their care. There are many communities that, either because of religious or other beliefs, require the healthcare provider to first deal with the designated gatekeeper to provide care for individuals or communities and must be considered and included when creating a plan of care.

Now, in the 21st century, there is an emphasis on the health of the individual within the community. Several factors have created this shift: the influence of insurance on the status of health and care; a decrease in resources, including fewer hospitals and fewer professional nurses; an aging population; early retirement; a shift to second careers; a struggling economy; and an emphasis on prevention, safety, and self-care.

Summary

This chapter provides a brief historical overview of health care. The nurse leaders identified influenced events that changed or improved the healthcare system. These nurse leaders played an important part in shaping nursing as we know it today. Some names, such as Florence Nightingale, are familiar and associated with nursing; the others recognized in this chapter played an important role in changing the profession. Many other nurses not mentioned in this chapter have made their mark on nursing and held a vision that affects the future of nursing. Although understanding our past and the history of nursing is important to our future, you, the reader, are the future of nursing and will also leave your footprint on the profession.

QUESTIONS

1. Mary Mahoney was the first
   a. African American registered nurse
   b. nurse to fight in the Civil War
   c. to graduate from a baccalaureate nursing program
   d. person to welcome Florence Nightingale to the Crimea
2. Mildred Montag's goal in creating the 2-year nursing program was to
   a. prepare registered nurses to replace baccalaureate nursing
   b. prepare technical nurses to assist the professional nurse
   c. lessen the burden created by the nursing shortage
   d. get evidence to complete her dissertation
3. Florence Nightingale was known as the
   a. nurse who changed nursing forever
   b. nurse responsible for the end of the Crimean War
   c. Lady with the Lamp
   d. mother of nursing

4. Dr. Hildegard E. Peplau is known for her work and great strides in
   a. medical surgical nursing
   b. nursing education
   c. psychiatric nursing
   d. caring for the sick poor
5. The first Frontier Nursing Service was begun
   a. by Florence Nightingale to help the sick poor in Wyoming
   b. by Elizabeth Carnegie in Washington, D.C.
   c. by Mary Breckinridge in Kentucky
   d. with help from Hildegard E. Peplau

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