In Harn’s Way – Nursing in World War II
Carlene J. Campbell, MSN, RN

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Guest Editor

William T. Campbell, EdD, RN

Dr. Campbell is a firm believer in the importance of history. While not a fan of history in school, he has learned to appreciate it over time and today it accounts for a major portion of his professional endeavors and personal past times. Over 100 presentations, posters, and journal articles on various topics of nursing and medical history; especially during the Civil War era, have been authored by him. He is a member of the American Association for the History of Nursing (AAHN) and a member, volunteer, and docent at the National Museum of Civil War Medicine in Frederick MD.

Dr. Campbell is a Professor of Nursing at Salisbury University (SU) in Salisbury MD. He teaches undergraduate courses in Pediatrics and Pharmacology. He is also faculty in the Honors College where he is most proud of, The History of Nursing, a course that he originally developed.

Prior to his arrival at SU 20 years ago, he taught at Delaware Technical & Community College in Georgetown. His nursing career began at Milford and Nanticoke Memorial Hospitals. All located in Sussex County where he continues to reside today with his wife, Carlene.

Dr. Campbell earned his Doctor of Education at the University of St. Mary. The 5 C’s are commitment, conscience, competence, confidence, and care. I was thinking about this, it gave my mind a chance to wonder more about the profession that I have worked for over the last fourteen years. I started randomly searching varied adjectives that are used to describe nurses when I came across Sister Simone Roach’s 5 C’s of caring from the University of St. Mary. The 5 C’s are commitment, conscience, competence, compassion, and confidence.

Commitment is described as going above and beyond what is expected and constantly striving to improve oneself through education and training which can lead to improved patient care and outcomes.

Conscience is the ethical and moral principles that help guides the nurse’s actions to do the right thing though other pressures may want to distract from caring for the patient to the best of their abilities.

Compassion is what gives patients a positive experience by knowing the nurse can empathize with them while providing kind and competent care. In return, this nurtures the value the nurse finds in their work and has greater affect on patient care.

Confidence brings all parts together–a high level of excellence achieved through knowledge, guided by high ethics and moral principles while providing compassionate care to patients when they are going through the joys and sadness of life.

In this issue of the DNA Reporter we will spend some time on the history of nursing! “If you have no history, you have no future.” ~ A. Toynbee

History is important to each of us and equally so to a profession. If we as individuals, or as a profession, do not learn from our mistakes, we are doomed.

Guest Editor continued on page 2

Executive Director’s Column

Sarah J. Carmody, MBA

The Delaware Nurses Association and Delaware Today Magazine celebrated Top Nurses in our state at a wonderful gala held in May. Each year that I attend this event, I have the pleasure of seeing old friends, meeting new ones, and seeing the families that support and care for these nurses. Nursing can be hard, dealing with difficult patients with compassion and understanding, balancing work and life, and the aches and pains that seem to creep into joints and backs over the years of caring for patients at the bedside.

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The Delaware Nurses Association
The Official Publication of the Delaware Nurses Association
Constituent member of ANA
The mission of the Delaware Nurses Association is to improve healthcare in Delaware by the advancement of nursing. Quarterly publication direct mailed to approximately 12,000 RNs and LPNs in Delaware.
Carlene Campbell, MSN, RN, will share stories of the brave nurses of WWII who risked their lives for their patients. Nicole Hall, EdD, MBA, RN, CNE, and Karen Pickard, MSN, RN, CNE, will enlighten us about the three year diploma nursing schools that were so popular once, but so rare today. Lynn Derskom, EdD, MS, RN, CNE, will discuss Florence Nightingale and her impact on nursing today. And then an article by me, William T. Campbell, EdD, RN, FAAN, Hospital Stewards will present what may have been the first Advanced Practice Nurses over 150 years ago.

The Delaware Nurse Peer Support Group strives to create a safe space for nurses to share their experience, strength and hope with other nurses in recovery, and supports the goal of abstinence from addictive substances and achievement of recovery, and supports the goal of abstinence during their experience of care. This monthly meeting is open to all nurses that have experienced problems related to alcohol or substance use. A confidential meeting, or are interested in co-facilitating a group, free to join us. If you have any questions about the meeting, please email: gamblenp@comcast.net. Meeting times and locations will be listed on the DNA web site and changes such as cancellations will be posted on DNA's Facebook page. Advanced registration is not required to attend.

Kent County
Meets on the 1st Thursday each month from 7:30 – 8:30 PM St. John's Lutheran Church, 113 Lotus Street, Dover, DE 19901.
These qualities are what make nurses the most trusted profession and qualified to participate in and lead improvements in the delivery of healthcare. Additionally, to commitment can also include commitment to the profession of nursing by educating the public on the role of nursing and by advocating for the advancement of nursing and patient care in the policy arena.

The Delaware Nurses Association relies on volunteers to advocate for the profession at Legislative Hall. If this is of interest to you, please contact DNA at (302) 733-5880 or send an email to sarah@denurses.org.

The DNA Fall Conference is scheduled for October 12, 2018 at DelTech Community College-Terry Campus, Dover. I hope to see you there!

 This Continuing Education Committee is offering a training on how to develop and evaluate continuing nursing education. These training events will be held throughout the summer, however, if you would like to schedule a training session at a different time, please contact the DNA office at (302) 733-5880 or send an email to sarah@denurses.org.

Congratulations to our Top Nurses and to all nurses, thank you for what you do for caring for patients and our communities. If you are not a DNA member, please join us!

About DNA

Mission:
To improve healthcare in Delaware by the advancement of nursing.

Vision:
To shape the future of healthcare and promotion of innovative nursing practice.

Priority 1: Membership Growth and Engagement
Professional administration and governing bodies understand that membership in nursing happen best when nurses are supported by collegial networks of like-minded professionals. DNA will provide value to Delaware nurses and grow the association’s membership by connecting members through online communities and meetings, committee activities, membership directory, advocacy work, and offering free and discounted continuing education.

Priority 2: Professional Development
Continuing education actively engages all members of the DNA community in continuous professional growth, which is designed to increase competency and innovative nursing practice. Through an environment of collegiality and collaboration, DNA members will have opportunities to increase knowledge, improve performance, and enhance professional satisfaction.

Priority 3: Advocacy
DNA will meet the mission of advancing nursing to improve healthcare in Delaware requires the participation of all nurses in Delaware and input from their diverse areas of practice. The IOM’s Future of Nursing Report discusses the importance of transforming and advancing nursing practice to improve patient care. Our members should educate legislators with the message that all nurses should be allowed to practice to the fullest extent of their education and training and for workplace standards that foster safe patient care and support the profession. DNA will work to advance these foundational principles.

Priority 4: Programs
Nurses are the backbone of the healthcare workforce and nurses matter. DNA will support nurses through professional resources that help new nurses stay in the profession, retired nurses to maintain their license, and nurses to maintain sobriety while continuing to provide safe patient care.

Priority 5: Strategic Partnerships
DNA will partner with specialty nurse organizations, student nurses associations, educational institutions, hospitals, and other stakeholders to support DNA advocacy work and the lifelong learning needs of licensed practical nurses, professional registered nurses and advanced practice registered nurses.

Priority 6: Association Vitality
DNA will work to strengthen DNA’s operation, programmatic infrastructure and economic stability to ensure continued success in advancing association priorities.

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Bayhealth is the largest healthcare provider in central and southern Delaware. We are comprised of two acute care centers Kent and Milford Campus, the freestanding Emergency Department in Smyrna as well as numerous satellite facilities and employed physician practices encompassing a variety of specialties. We are a Magnet Designated Hospital, which recognizes healthcare organizations for quality in patient care, nursing excellence and innovations in professional nursing practice. Magnet is the leading source of successful nursing practices and strategies worldwide.

As a reputable community based health system, we are focused on the diverse needs of our patients delivering evidence-based award winning care. Bayhealth is a technologically advanced not-for-profit healthcare system with more than 3,700 employees and a medical staff of more than 400 physicians and is an affiliate of Penn Medicine for Heart and Vascular, Cancer and Orthopedics. Our committed staff of employees, physicians and volunteers work together to deliver our mission of improving the health status of all members of the Bayhealth community while demonstrating our values of compassion, accountability, respect, integrity and teamwork.

The Kent Emergency Department (located in Dover, DE) is a Level III Trauma Center, certified Primary stroke center with ADVANCE Designation with over 50,000 in annual ED visits. Our professional nurses provide high quality, safe care and are committed to professional growth! Teamwork is emphasized and the nursing culture is empowered through shared governance. Professionals in practices requiring specialized critical thinking and skill are performed in accordance with hospital policy, procedures and nursing philosophy.

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What was happening in nursing in America and Delaware in 1911?

1911 was a time of change in nursing. The Spanish American War had ended and had created a demand for nurses; Delaware was a strong contributor to the last war in the 1860s. The Army Nurse Corp was organized. The American Red Cross had recently been organized. The American Nurses Association (ANA) was founded by Dock and Stewart; the publication year: 1920!

There had already been many changes in the profession and there would be many more in the next 107 years.

Where were nurses trained in Delaware?

These nurses learned their profession at hospital-based training schools such as The Delaware Hospital School of Nursing. That school started in 1901 and in 1911 graduated 6 students—the largest class in 11 years! Some years there were only 3-4 students. Delaware State Hospital in 1908 became Wilmington General, then Memorial Hospital, then Memorial Division in 1965, and is Delaware’s only hospital-based school of nursing…today. We have noted how other powerful nurses’ training schools merged in 1965 to create the Nursing School of Wilmington which merged with the University of Delaware. Its curriculum is based on strong Catholic morals and values. It opened in 1924 in the former Hilles Memorial Hospital and is Delaware’s only hospital-based school of nursing with the philosophy of preparing nurses to better care for mentally ill patients. Milford Emergency Hospital (later Milford Hospital, today Bayhealth Milford Campus) also opened a school of nursing in 1911. In 1921 it became part of the University of Delaware and is a southern Delaware patient population. All four would close during the 1970-80’s era when hospital-based schools began to close. The Board of Nursing doesn’t have records to tell us how many, but they do know that in 1911, that year 18 new nurses received their licenses. The Delaware Board of Examiners for Nurses had started in 1909 charged with “regulating the practice of nurses,” and in 1911 had become the only state to require licensing. They had to hold a written examination of the student nurse with 265 questions. Each lecture had the name of the male physician instructor and gives the student the name of the male physician lecturer at the top. The licensing exam was used and decreasing what were previously 100% fatal conditions, like appendicitis. Some nurses were used and decreasing what were previously 100% fatal conditions, like appendicitis. Some nurses were used and decreasing what were previously 100% fatal conditions, like appendicitis. Some nurses were used and decreasing what were previously 100% fatal conditions, like appendicitis.

There were jobs in hospitals for nurses as supervisors/instructors. Most would take jobs as supervisors/instructors. Many would take jobs as nurse agencies. Most would never return, but elected to remain homemakers.

What did these nurses do?

Nursing skills remain much the same: bathing, assisting, feeding, recording ambulatory care, giving a Foley, giving an enema, injections, medication administration, and documentation, only the instruments and tools have changed. Auscultation was being performed, the monaural stethoscope had been replaced by the binaural stethoscope, the diaphragm catheter (a sound) had been replaced by a flexible latex one (the Foley) and then a silicone one due to latex allergies. Today there are over 18,000 nurses in Delaware.

The reader is left with this quote, very much abbreviated from its original 2 pages, “we have found an endless source of information; the accomplishments of women have only just begun. It is highly organized, widely varied, and expert forms of nursing service represented by the profession of nursing.” It has journeyed an even further distance from its beginning at the beginning of the American Civil War. If not the birth, then most certainly it was the catalyst that initiated the birth. Florence Nightingale laid the groundwork for nursing in the 1850’s through her nursing in the Crimean War, her research of hygiene and ventilation, and her development of a sanitation program. She wrote: “A link of the present day rests.”

Most nurses worked in private duty, not in hospitals. Remember the nurses had free apprentice labor for 3 years; the students would then graduate, only to be replaced by the next cohort of students. There were jobs in hospitals for nurses as supervisors/instructors. Many would take jobs as nurses in nurse agencies. Most would never return, but elected to remain homemakers.

August, September, October 2018
Talking to Parents about HPV Vaccine

Recommend HPV vaccination in the same way and on the same day as all adolescent vaccines. You can say, "Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and pertussis." Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

Why does my child need HPV vaccine?
HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot series today.

What diseases are caused by HPV?
Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

Is my child really at risk for HPV?
HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

How do you know the vaccine works?
Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

Why do they need HPV vaccine at such a young age?
Like all vaccines, we want to give HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

I'm worried my child will think that getting this vaccine makes it OK to have sex.
Studies tell us that getting HPV vaccine doesn't make kids more likely to start having sex. I recommend we give your child her first HPV shot today.

I'm worried about the safety of HPV vaccine. Do you think it's safe?
Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We'll protect your child by having them stay seated after the shot.

Can HPV vaccine cause infertility in my child?
There is no known link between HPV vaccination and the inability to have children in the future. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

Would you get HPV vaccine for your kids?
Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because it's important for preventing cancer.

What vaccines are actually required?
I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.

Why do boys need HPV vaccine?
HPV vaccination can help prevent future infection that can lead to cancers of the penis, anus, and back of the throat in men.
Nurses have cared for the sick and injured during war time in the United States beginning with the Revolutionary War. During the Spanish-American War and World War I, African-American soldiers were admitted in 1941, but were permitted to work only as the Army Nurse Corps. In 1943, the United States declared war against Germany four days after Pearl Harbor, plans were begun for the European invasion. Shockingly, 57 unarmed nurses were included in Operation TORCH and landed under enemy fire along with combat troops on the beaches of Algeria carrying a bed roll, canteen belt, and gas mask (Monahan & Nesdel, 2003). Li. Ruth Haskell made the following statement after arriving on the beach:

> An extraordinarily helpless feeling prevails in any medical group at such a time. We are technically noncombatants and unarmed. But we knew that someone out there in the darkness whom we could not see was taking pot shots at us and we could not retaliate. (1944, p. 77)

Nurses were not safe at sea, in the air, or on the ground. During the transport of American and British nurses via a British hospital ship (BHS) Newfoundland it was attacked by a German plane. Many American nurses were injured as they tried to escape the burning and flooding ship, but seven British nurses perished due to the impact of the bombs (Monahan & Nesdel, 2003). Flight nurse training to transport soldiers was begun in 1942 (Fessler, 1996). In 1944, one nurse was killed during a transport when the plane crashed into a mountain in France. Another transport, enroute to pick up patients with 13 flight nurses on board, crashed in the Alps (Fessler, 1996). In 1944, one nurse was killed during a transport when the plane crashed into a mountain in France. Another transport, enroute to pick up patients with 13 flight nurses on board, crashed in the Alps (Fessler, 1996).

More than 100 books on World War II nurses: https://ww2nurses.wordpress.com/world-war-ii-nurse-books/
Diploma Nurse, Triumphant! and Trials

Nicole Hall, EdD, MBA, RN, CNE, and Karen Pickard, MSN, RN, CNE

Dr. Hall earned her nursing degree from Salisbury University in 1998, and soon after began practicing in Delaware at Peninsula Regional Medical Center. In 2004, she completed a master’s degree in educational leadership at Wilmington University. Her dissertation was titled “The Integration of Nursing Education Programs into the Community through the Preparation of Nurse Faculty.”

Karen Pickard earned a diploma in nursing from Beebe School of Nursing, a bachelor’s degree in nursing from Gettysburg College, and a master’s degree from the University of Delaware. She is currently enrolled in an American Sentinel University program to earn a doctorate in educational leadership.

The early 1800s and early 1900s (Kalisch & Kalisch, 2004, p. 416). The number of diploma schools has at times nearly doubled from single digits in the 1870s to more than 400 schools in just 20 years as these students staffed and were trained “primarily for service in the hospital” (Kalisch & Kalisch, 2004, p. 416).

In the mid 1900s, the approach to nursing education was changing. Nurses were doing less work in the hospital and more work in the community. This integration coincided with and was surely influenced by the American Nurses Association (ANA) 1966 resolution: “The preparation of nurses began to move from the hospital setting into the academic setting where education was becoming increasingly integrated into the academic system and called ‘baccalaureate education’” (Judd & Sitzman, 2014, p. 233).

The ANA made no mention of diploma programs and where they fit into the plan to educate nurses. Early in the 2000s, the era of diploma programs was triggered by the realization that running these schools was costly. The main means of preparing graduate nurses who excel on the National Council Licensure Examination (NCLEX) exam as well as in the nursing workforce.

The school maintains a close working relationship with the University of Delaware. The ANA made no mention of diploma programs and where they fit into the plan to educate nurses. Early in the 2000s, the era of diploma programs was triggered by the realization that running these schools was costly.

The primary functions of the Board of Nursing are to license nurses to practice nursing, to regulate nursing education programs, and to work with the community to ensure the promotion of the public health, safety, and welfare. The Board of Nursing is the state agency that oversees nursing education programs, regulates the practice of nursing, and investigates and disciplines nurses for violations of the Nurse Practice Act. The Board of Nursing is composed of five members appointed by the Governor, with the advice and consent of the Senate. The Board of Nursing is empowered to establish rules and regulations to carry out the provisions of the Nurse Practice Act.

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A Case for Going with “Flo”: Why Modern Nursing and Nursing Education Should Embrace Florence Nightingale

Lynn Derickson, EdD, MS, RN, CNE

Dr. Derickson is an Associate Professor of Nursing at Wor-Wic Community College in Salisbury, MD. She is a Lieutenant Colonel (Ret.) Maryland Army National Guard, is a member of the Maryland Nurses Association and has served on the Maryland Board of Nursing.

Many nurses today would cover at the atrocities and shaming that Florence Nightingale endured during more than 50 years of efforts to make the world a better place. Ms. Nightingale felt her calling at an early age to serve those who had no voice and defined the social norms of her station to do so (“Information and Articles,” 2014) in order to further her belief that equal and competent health care were basic rights for all people (Selander, Lake & Crane, 2010). Her achievements have been vilified, minimized, and ridiculed over the last 150 years (Tye, 2011; Thorp, 2015). Even so, history bears witness to her contributions to modern nursing and healthcare. Many of the concepts taught in nursing programs and practiced by nurses were first identified as important by Ms. Nightingale.

In their nursing education, students are instructed in the basics of documentation, infection control, nutrition, patient education and empowerment, the importance of effective and efficient care, teamwork, and triage. These are themes that Ms. Nightingale identified as important to health care delivery and practice (Tye, 2011). Where in nursing education curricula are students taught that this was identified as being important and why? Let us look at each.

Documentation, and the importance of keeping accurate medical records, is important not only for legal reasons, but so there is a record of what was done and recorded changes in patient conditions. Florence began doing this in Scutari, so that symptoms, treatments and reactions to treatment could be accurately assessed (Tye, 2011; Nightingale, 1992). Infection control is taught from the fundamental courses in nursing education programs, but do students know that it was Florence who demanded cleanliness in hospitals? Prior to Florence’s teaching, the mortality rate was 42.7%; infection control practices reduced the mortality rate to 2.2% (Payne, 2010), all without knowing anything about germ theory. She also supported the revolution of hospital design, endorsing the pavilion-style (Campbell, 2017) which prevented as much traffic as possible from passing through patient wards and allowing for light and fresh air. This innovative design maximized cross ventilation to decrease infectious diseases. It is as important to know why nurses do something as it is to know what nurses do. This enables us to look at practices and change outcomes.

Nutrition was identified as a basic need by Florence at a time when the poor and the lower ranking military men were given scraps left over from the wealthy and higher ranking military officers (Tye, 2011; Nightingale, 1992). Why was nutrition and fundamental nursing courses, are students taught why and how this was discovered? To do something and not know why, or what the outcome would be without doing it, is practice without science.

The patient centered care movement of today is a result of Nightingale’s efforts to provide her patients with an alternative to negative habits. She provided soldiers with an alternative to drinking away their pay. A library was established for them, and they guaranteed that their pay would be sent home to their families (Tye, 2011). Today’s nursing education programs focus on teaching-learning outcomes and having the patient leave the hospital, rehab, or home care well informed as to their treatment. Today, nurses provide patients with choices and alternatives to treatments and interventions that will empower them to control their health outcomes.

In nursing education programs, students are taught about effective and efficient patient care and how to use the least amount of resources to accomplish the most positive outcome. This reduces cost per patient per day. Every system uses a supply system that is a well-run and efficient materials management system. This began with Florence Nightingale (Tye, 2011; Snyder & Frandsen, 2016). These concepts are taught in nursing leadership and management courses and students should know this came from Florence’s work. What Florence did was to put into modern medicine what she learned in her experiences as a nurse, physician, and communication, working with multiple team members, as well as other nurses to achieve a positive experience and outcome for patients. Florence was the first to encourage this, prior to which, there were providers at conflicting odds and frequently in disagreement with one another. In a letter to nursing students at the Nightingale Training School, Florence spoke of “…backbiting, petty scandal, misunderstanding, misrepresentation, flirtation, injustice, bad temper, bad thoughts, jealousy, murmuring, complaining. Do we ever think that we bear the responsibility of all the harm we do in this way” (Tye, 2011)? Bullying and incivility are ‘hot topics in today’s nursing environment, nursing education, and in hospitals (Cohen & Epstein, 2016; Tye, 2011). Derickson, 2012). We need nurses now more than ever before for extinguishing this blight on our profession and it begins in nursing education.

Many nurses give credit for developing triage systems to the military. Indeed, military medicine should receive credit for the improvement of triage systems. However, it was Florence Nightingale who first developed a basic triage system so that all would be considered equally according to their need (Tye, 2011). As students go through rotations in the emergency rooms and participate in disaster training, they should be taught how the systems used today came about.

In a study of evidence-based practice (EBP), Campbell (2017) found that “in the 1850’s FN [Florence Nightingale] used most of the steps of EBP, within EBP, within the time period, to identify and support her conclusion. This was the beginning of the best hospital design: the pavilion-style hospital.” Also, “in the 1850’s she researched and disseminated her best practices for improving patient outcomes” (Campbell, 2017). This is a real-life example that can be shown to students demonstrating the concept of EBP that was used over 150 years ago and still used today.

“In the 1880’s, Nightingale wrote that it would take 100 to 150 years before evidence-based reasoning would arrive to change the health care system. We are that generation of 21st century Nightingales who have arrived to transform health care and carry forth her vision…” (Dossey, 2010, p. 15). It is up to us to keep her vision alive, by giving it to future generations of ‘Nightingales’.

References


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Lynn Derickson

Lynn Derickson, EdD, MS, RN, CNE
The Hospital Steward: His Relationship to Nursing

William T. Campbell, EdD, RN

See Guest Editor for complete bio on page 1

During the American Civil War (1861-1865) there was a military medical position called the Hospital Steward. Most Civil War enthusiasts would define the Hospital Steward as an enlisted man while this position does not exist today as a single individual, at the time of the Civil War this man was commonly seen as the druggist/chemist (pharmacist today) and the hospital administrator. This author believes we are more closely related to the Steward from this era.

To better understand the Hospital Steward, it is best to read the primary reference on this position written by J.J. Woodward. The Hospital Steward’s Manual: For the Instruction of Hospital Stewards, Ward Masters, and Attendants in their Several Duties, published by Lippincott & Co. in Philadelphia in 1862. Dr. Woodward was an Assistant Surgeon in the US Army. In the manual, Woodward (1862) stated the medical qualifications of this applicant: “must have...sufficient knowledge of...pharmacy to take charge of the dispensary, acquainted with minor surgery, ...application of bandages...” (p. 20-21). One should note that the qualifications are much broader than just pharmacy. The manual not only included the roles and responsibilities of the Hospital Steward, but also continued in later chapters to include hospital attendants and nurses.

The Hospital Steward was selected and appointed to his position and title. In contrast, the male nurse was usually temporarily detailed from inexperienced enlisted men. Woodward’s (1862) qualifications included “18-35 years old, able-bodied, free of disease...” and, ”good intelligence, having a knowledge of English, able to spell and write...correctly,” and “industrious, patient, and good tempered” (p. 20).

The roles and responsibilities of the Hospital Steward were numerous. In the hospital and acting as the pharmacist, he compounded (measured and mixed) prescriptions, rather than just filling them from a bulk supply. The Hospital Steward also verified that the medication was actually administered although he was usually not the person who gave it. As Hospital Administrator, he was responsible for inventory and ordering of medical supplies, hospital supplies, record keeping, and overall hospital administration. It included the Steward’s Weekly Report, an enormous spread sheet manually recorded. On it were recorded weekly the number of bed patients, clothes, dishes, and even spittoons.

In addition to the roles and responsibilities previously mentioned, Woodward listed one other responsibility. The Hospital Steward was to be the Nursing Supervisor for the male detailed nurses (enlisted men). Woodward (1862) stated: “enlisted men are under the orders of the surgeon...look up to their commanding officer, and also under the orders of the hospital steward, to all whose lawful commands they must yield prompt obedience” (p. 30). Gillett (1987) in The Army Medical Dept 1818-1865 also mentioned the tie between Stewards and nurses when he said: “The duties of the Hospital Steward, who before the [Civil War] often added the role of nurse to his other duties...” (p. 156). Regarding the female nurses, Woodward stated “she should heartily co-operate with the steward, and strictly obey the orders of the medical officers” (p. 38). While all female nurses were under the orders of the hospital’s chief surgeon, the paid nurses were also under the supervision of Dorothy Dux, but they were not under the supervision of the Hospital Steward.

In an attempt to gain insight into the roles and responsibilities of the Hospital Steward, this researcher has been able to locate eight primary sources by and about Hospital Stewards in addition to Woodward’s official manual. These sources give us a glimpse into the lives of these individuals during the Civil War years. These books were written by the Hospital Steward himself post-war or were edited from journals, diaries, and/or letters written by the Hospital Steward during the war years. Primary sources often allow us to see what the individuals are doing especially if their performance differs from the official manual. Only duties above and beyond those expected and mentioned by Woodward will be noted in this research.

Allen (2012) edited from the diary of Albert Ballou, Wisconsin Volunteers. He described conducting sick call, diagnosing, prescribing, doing minor surgery, treating smallpox, pulling teeth, and treating a urethral stricture. He stated “went to see some sick children outside the lines...have to attend the sick, doctor has gone...called on the refugees...gave prescription” (p. 141-42).

Eaton (2002) edited from the journal of Marion Dodson. Dodson served as a Union Navy Steward aboard three ships. He described how he was involved in diagnosis, treatment, minor surgery, administering chloroform, and prescribing medications. He volunteered to serve on a ship quarantined for Yellow Fever where the surgeon was ill and he was the sole provider. In addition he served on a second ship where he was also the sole provider. He stated he had a male nurse detailed to assist him. (Originally from St Michaels MD, he became a physician after the war with a practice in Baltimore MD and later retired back to St. Michaels.)

Flannery and Oomens (2007) edited from the journal of Spencer Bonsall, Pennsylvania Infantry. Bonsall commented in his journal on dressing wounds. He also listed autopsies as one of his responsibilities. How are pharmacotherapeutic contact hours calculated and awarded?

Pharmacotherapy is that area of practice that is responsible for ensuring the safe, appropriate, and economical use of drugs in patient care.

Content eligible for meeting criteria for pharmacotherapy credit includes:

1. Overview of the disease or disease process for which medication therapy is required (context for appropriate medication therapy)
2. Scientific rationale or evidence-base of the use of medication therapy for a disease or disease process
3. All content related to prescribing/recommendation safe and appropriate use of medication therapy, including cost-effectiveness
4. All content related to the assessment, administration of medication therapy, including but not limited to dosage, route, frequency, delivery devices, administration devices and similar
5. All content related to monitoring of medication therapy
6. All content related to possible side effects and/or adverse effects of medication therapy
7. All content related to special considerations related to medication therapy
8. All content related to adjunct therapy that may be used in conjunction with medication therapy

How might an Approved Provider Primary Nurse Planner ensure that all Nurse Appointees are appropriately oriented/trained?

Strategies that might be used for orientation or training could include but are not limited to: workshops, self-learning packets, webinars, monthly calls, and/or mentoring, coaching and guidance.

Providing access to resources is critical. Nurse Planners must understand ANCC criteria and how it is applied to planning educational activities; therefore, the Nurse Planners must have access to individual educational activity information including educational design, requirements and criteria.

It is not sufficient for the Primary Nurse Planner to only provide access to resources. The Primary Nurse Planner must ensure that Nurse Appointees understand how to use educational resources and apply the principles of high quality educational design when developing activities.
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