Nursing From Past to Present Healthcare Systems
Ancient Civilizations ~ 3000 BCE - 0

- **Egypt ~3000 BCE**
  - Treat illnesses, dietary and hygiene laws
  - Medical records and prevention planning

- **Ancient China ~3000 BCE**
  - Acupuncture, pulse theory, medications, yin/yang
  - Approach to examination (look, listen, ask, feel)
  - Women considered vastly inferior

- **Ancient India ~3000 BCE**
  - Systems of sanitation, major & minor surgery
  - Treat nervous & urinary system diseases
  - Prevention, prenatal care, & staffed mostly by men

- **Mayan and Aztec ~2000 BCE**
  - Balance between man, nature, and supernatural
  - Rites, herbal treatments, charms, & human sacrifices
Ancient Civilizations ~ 3000 BCE - 0

- **Babylonia ~ 2100 BCE**
  - Illness was a punishment
  - Surgery more advanced than internal medicine

- **Ancient Israel ~ 2100 BCE**
  - Mosaic Code included disease prevention
  - Isolated communicable diseases

- **Greece ~ 800 BCE**
  - Hippocrates: (born 400BC)
    - natural causes for disease,
    - patient –centered approach
    - necessity of observations and record keeping
  - **Men** gave nursing care, **women (slaves)** cared for children

- **Rome ~ 800 BCE**
  - ‘Hospitals’ for the wounded soldiers, but may have sacrifice and herbs to seek healing
  - Practiced advanced hygiene and sanitation
Early Christian Era ~ 1–476 CE

- **European Focus**
  - Deacons (men) had equal rank in the church
  - Deaconesses (women) were lesser
    - Usually widows, or daughters of officials
  - The ‘image’ of Nursing began to develop
    - Folk
      - Caring, common sense, nurturing, etc
    - Religious
      - New order with focus on caring for the sick
  - Servant image
    - Woman’s duty was to bear and care for children
    - Hospitals for prostitutes and alcoholic nurses
Early Middle Ages ~ 476–976 CE

- “Dark period” – learning almost stopped
- Hospitals began in monasteries
- Catholic church dominated
- Arabia
  - Islam established strict rules of living, cleanliness, eating
High Middle Ages ~ 1000–1475 CE

- **European Focus**
  - Church influenced society
    - Established nursing ‘Orders’
    - Monasteries established hospices
  - Medicine declined, nursing prevailed

- **Global Issues**
  - The bubonic plague killed ¼ of Europeans
  - Famine and war killed more
  - Economy faltered
The Renaissance ~ 1300–1600 CE

- Revival of learning
- Medicine took a lead among sciences
- Nursing went into a decline
The Reformation ~ 1517–1700 CE

- Martin Luther began the Reformation
  - Protestantism opened way for new ideas
- Monasteries were closed
- Women considered subordinate to men
  - Prostitutes and alcoholics staffed hospitals
- Nursing lost its status in society
  - Stay at home, have children
18th - Early 20th Century ~ 1700–1940

- Social conditions deteriorated
- Industrialization replaced agriculture
- Cities were deplorable places
  - (Gangs of NY movie)
Reformers:

- John Howard: Public health & prisons
- Elizabeth Fry: Secular Nursing Sisters - London’s poor
- Fliedner(s): Deaconess at Kaiserwerth in Pittsburg
- Nightingale: Public /hospital health expert
- Durant: International Red Cross
- Clara Barton: American Red Cross
- 1860s: Training Schools started
- 1878: Boston City Hospital req. 2 yrs training
- 1886: First school for black nurse
- 1888: First school for male nurses
Florence Nightingale 1820-1910

- 1820 Born
- 1837 Interested in nursing, later hospital reform
- 1851 Studied at Kaiserwerth x 3 months
- 1854 Crimea war - recognized as hospital expert
  - sanitation, organization, statistics, records &
  - drop death rate
- 1856 War over –a recluse, but continued to write
- 1859 Notes on Nursing
- 1860 Creation of School of Nursing in London
- 1910 Died at age 90
Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion.

I attribute my success to this – I never gave or took any excuse.

Florence Nightingale
## American Nursing Leaders ~ 1830-1930 CE

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorothea Dix</td>
<td>1802-1887</td>
<td>Mentally ill</td>
</tr>
<tr>
<td>Clara Barton</td>
<td>1821-1912</td>
<td>Amer. Red Cross</td>
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<tr>
<td>Harriet Tubman</td>
<td>1822-1913</td>
<td>Nrs, Scout, Spy (C War)</td>
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<tr>
<td>Linda Richards</td>
<td>1841-1930</td>
<td>1st US Trained Nurse</td>
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<tr>
<td>Mary Mahoney</td>
<td>1845-1926</td>
<td>1st African Amer. Nurse</td>
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<td></td>
<td>1861-1865</td>
<td>Civil War</td>
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<tr>
<td>Isabel Robb</td>
<td>1860-1910</td>
<td>Visiting Nurses, Theory</td>
</tr>
<tr>
<td></td>
<td>1898-1898</td>
<td>Spanish Amer. War</td>
</tr>
</tbody>
</table>
Dorothea Dix & mentally ill

Clara Barton & Red Cross
Harriet Tubman
Underground RR & Nurse, Spy, Scout

Civil War Nurse Kit

Visiting Nurses
US Nurse Training & Wars ~ 1898 - 2010

1898-1898 Spanish Amer. Demand for trained nurses
1901 Army Nurse Corps
1908 Navy Nurse Corps

1914-1918 WW I Mobilized Nurse Corps
1918 Influenza epidemic

1939-1943 WW II Recruit, officers, flight nursing,

1950-1953 Korean MASH & Triage care evolved


1990-1991 Gulf Chemical warfare & MASHs

2003-2010 Iraq Perfecting field hospitals, aero-
medical evacuation, & staging
Nurse Theorist and their Theories of Nursing
Nursing Theory

- Defines what is nursing
- Explains the nature of nursing
- Delineates nursing from medicine
- Guides the practice of nursing
- Sometimes called nursing model
<table>
<thead>
<tr>
<th>Year</th>
<th>Theorist</th>
<th>Theory/Concept</th>
</tr>
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<tbody>
<tr>
<td>1859</td>
<td>Nightingale</td>
<td>provide the right environment</td>
</tr>
<tr>
<td>1952</td>
<td>Peplau</td>
<td>interpersonal process between 2 or more</td>
</tr>
<tr>
<td>1955</td>
<td>Henderson</td>
<td>Develop./needs to assist individual independence</td>
</tr>
<tr>
<td>1969</td>
<td>Levine</td>
<td>conservation/adaptation - nurse is supportive in this</td>
</tr>
<tr>
<td>1978</td>
<td>Leininger</td>
<td>transcultural nursing – culture care</td>
</tr>
<tr>
<td>1980</td>
<td>Orem</td>
<td>self-care deficits</td>
</tr>
<tr>
<td>1980</td>
<td>Watson</td>
<td>caring is central unifying force</td>
</tr>
<tr>
<td>1980</td>
<td>Johnson</td>
<td>systems approach - nursing is external regulator</td>
</tr>
<tr>
<td>1981</td>
<td>King</td>
<td>open systems in constant interaction w/ environs</td>
</tr>
<tr>
<td>1982</td>
<td>Newman</td>
<td>systems approach, holistic, response to stressors</td>
</tr>
<tr>
<td>1984</td>
<td>Roy</td>
<td>adaptations to stimuli</td>
</tr>
<tr>
<td>1984</td>
<td>M Rogers</td>
<td>science of unitary man</td>
</tr>
<tr>
<td>1992</td>
<td>Kolcaba</td>
<td>holistic theory of comfort, nursing enhances comfort</td>
</tr>
</tbody>
</table>
Callista Roy’s Adaptation Model

Promote adaptation in the four ‘modes’, contributing to health, quality of life and dying with dignity

4 Domains
4 Modes
3 Stimuli
6 Steps

$4 + 4 + (3) + 6$
Four Domains

Person
- Bio-psycho-social being & constant interaction w/ changing environ.
- Open, adaptive system: uses coping skills for stressors (stimuli)

Health
- Process of being & becoming integrated & whole

Environment
- Conditions / influences that affect development and behavior

Nursing
- Involves a six step nursing process
Four Modes

1. Physiological – Physical
   • Physical & chemical processes involved in the function and activities of living organisms; the degree of wholeness achieved through adaptation

2. Self-concept & Group Identity
   • Psychological and spiritual integrity and sense of unity, meaning, and purposefulness in the universe

3. Role function (who one is)
   • Roles in society, fulfilling the need for social integrity. It is knowing who one is in relation to others

4. Interdependence
   • Relationships of people (or their purpose), structure and development individually and in groups, and the adaptation potential of these groups
1. **Assessment of behavior**
   - Observe in all four modes
   - Compare to norms to determine if adaptive or ineffective

2. **Assessment of stimuli** *(factors internally & externally)*
   - **Focal** immediately confronting the person
   - **Contextual** other stimuli present, affecting the situation
   - **Residual** stimuli whose effect on the situation are unclear
3. Nursing diagnosis
   - Interpret the data about adaptation status of the person, including the behavior and most relevant stimuli
   - Identify ineffective behaviors along with probable cause

4. Goal setting
   - Realistic and attainable behavioral outcomes for nursing care
   - Set in collaboration with the patient
5. Intervention (the ‘doing’ step)
   - Manipulation of the ‘stimuli’
   - how best to assist the person in attaining the established goals

6. Evaluation
   - Measure the effectiveness of interventions with the goals set earlier
   - Ineffective behaviors should be reassessed and new interventions applied
Janice is a 34-year-old married woman who has three elementary school-aged children. She moved to this area, six months ago because her husband was transferred by his employer.

Janice is currently on medical leave from her job as a teacher's assistant. She was referred to an outpatient psychiatric group therapy program in order to gain assistance in dealing with depression and anxiety.

Janice states she was feeling "reasonably well" until about six months ago when her husband informed her of the likelihood of his being transferred.

She has developed many friends at home, and she has made few friends since moving here.

Janice's extended family lives in Ontario, as does her husband's family.
They moved here in August, two weeks before school started. The children, aged six, eight and ten years, were upset with the move because they were leaving their friends behind. Janice feels guilty

Janice started her new job in September and was assigned to work with a child diagnosed with attention deficit hyperactivity disorder (ADHD). Janice did not agree with the management style of the teacher when dealing with this child, and she found it difficult to be assertive in dealing with this teacher.

Janice says she started experiencing anxiety attacks and insomnia in early December. The idea of Christmas approaching, which she had always enjoyed, now seemed overwhelming, "I wasn't doing well and I had no one to talk to". The time away from work at Christmas break was helpful, and she went back to work in January of this year. By the 2\textsuperscript{nd} week she was not coping well.
Janice saw her physician who suggested she take a medical leave and ordered her Prozac 20 mg every day and Xanax 0.5mg PRN up to QID. She was referred for outpatient group therapy.

After six weeks on medication, her mood has improved. Xanax, which she uses BID, "takes the edge off" her anxiety. Insomnia remains a problem.

Janice says that she grew up an only child with an "alcoholic" father and an "anxious" mother. She says she married at 20, because she couldn't stand being at home and she didn't want to live alone. Despite this, she says her marriage is good which she qualifies with, "he doesn't run around or anything. He works hard to provide for us, not like his dad who ran off with another woman".

Janice's goals for group therapy are to learn ways to handle her anxiety without medication, and to learn ways to minimize her depression.
Apply Roy’s Nursing Process to assess behaviors in 4 modes

1. Assess behaviors in each of the four modes, note any ineffective behaviors

   • Physiologic
   • Self-Concept (Spiritual and Group Identity)
   • Role Function (who one is)
   • Interdependence
Apply Roy’s Nursing Process to assess behaviors in 4 modes

Physiologic
• frequent night-time awakening and anxiety symptoms

Self-Concept (Spiritual and Group Identity)
• dependence on medication

Role Function (who one is)
• inability to carry out her roles, as mother and teacher’s aide, to her satisfaction
• emotional distance from her parents and her loss of friends related to the move

Interdependence
• belief that her marriage is good because her husband ‘doesn't run around’
• feeling that she has no one to talk to
Apply Roy’s Nursing Process
assess/classify stimuli

Focal (immediately confronting)
• Expends energy dealing with - insomnia and a sense of a lack of control

Contextual (other stimuli present, affecting the situation)
• medications and her feelings about being on medication
• predisposition to depression
• lack of social supports
• recent move
• expectations of her roles as a mother, wife & teacher's aide
• guilty feelings regarding her children's' loss of friendships
Residual (whose effect on the situation are unclear)

- Hunch that Janice and her husband likely have some marital difficulties
- Suspect that her husband may be working excessively, repeating his father's pattern but replacing infidelity with work
- Janice's father is an alcoholic and she describes her mother as 'anxious'; the hunch is that Janice has some unresolved childhood issues
• Confirm the ‘stimuli’ with Janice

• Nursing Diagnosis
  • 'altered sleep pattern potentially related to taking Prozac at HS' and 'anxiety related to multiple stressors'.

• Goals
  • 'Janice will have 6 hours of undisturbed sleep per night within 1 week of HS Prozac cessation'.
  • 'Janice will report less anxiety within 2 weeks as evidenced by a reduction in her use of PRN Xanax'.
Professional Nurse
Nursing Profession
or
not?
Criteria for a Profession
Bixler and Bixler, 1945

1. Possess a body of specialized knowledge
   • Eclectic or Unique

2. Use scientific method to enlarge body of knowledge
   • Evidence based practice or Nursing Process

3. Education w/in institution of higher education
   • ADN, BSN, MSN, non-degreed

4. Control of professional policy, activity, autonomy
   • Plan, implement, and evaluate care
   • Standards of practice

5. Code of Ethics
   • ANA Code of Ethics and International CoE

6. Nursing as lifetime commitment

7. Service to the public
Legal Definition

Employee engaged in work:

1. Predominately intellectual and varied in character (not routine)
2. Consistent exercise of discretion and judgment
3. Of such a character that the output produced or the result cannot be standardized in relation to a given period of time
4. Requiring knowledge of an advanced type in a field of science or learning or
5. Completed the courses of specialized instruction &
6. Performing related work under the supervision of a professional person to qualify himself to become a professional
Nursing Pin

Maltese Cross

- Developed after observing the work of hospitallers during the crusades ~1100 CE
- Original symbol of service
- Symbolism in 16th century – privilege to wear a coat of arms - noblemen
- Wisdom, strength, courage, and faith
- Maltese cross was symbol of 1st Nightingale school
- Later symbolism changed to match a specific school
Nursing Pin

Rod of Asclepius

- Not the caduceus, associated with medicine and healing
- Asclepius was the son of Apollo (god) and a practitioner
- It consists of a single serpent entwined around a staff (not two) Hippocrates himself was a worshipper of Asclepius
Nursing Cap

Possible Origins

1. Evolved when nursing was greatly influenced by religion
   - A habit worn by Sisters of Charity
   - Cap worn by Protestant deaconesses
   - White cap and nun’s veil may have been the forerunners

2. Carry over of customary dress
   - Middle Age to 1800’s women wore hats indoors (proper)

3. Designed to control long hair when short haircuts were not acceptable

4. Now ....
Nursing Image

Uniform
Professional dress
Utility / function
Personal comfort
Trust
Sexual fantasy
Next Week

- Gina Parker