Barbara Cherry / Susan R. Jacob

Contemporary Nursing

Issues, Trends, & Management

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Contemporary Nursing

Issues, Trends, & Management

Sixth Edition

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To all the student nurses whose curiosity and enthusiasm for nursing will provide strong leadership for the profession far into the future and to all practicing nurses who face serious challenges but reap great rewards for providing high-quality patient care

Being a Nurse Means . . .

You will never be bored,
You will always be frustrated,
You will be surrounded by challenges,
So much to do and so little time.
You will carry immense responsibility
And very little authority.
You will step into people's lives,
And you will make a difference.
Some will bless you.
Some will curse you.
You will see people at their worst,
And at their best.
You will never cease to be amazed at people's capacity
For love, courage, and endurance.
You will see life begin
and end.
You will experience resounding triumphs
And devastating failures.
You will cry a lot.
You will laugh a lot.
You will know what it is to be human
And to be humane.

Melodie Chenevert, RN

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At no other time in the history of modern nursing have nurses been presented with such tremendous opportunities to improve health care and advance the nursing profession. By understanding and providing leadership to address the very serious issues currently facing the U.S. health care system, nurses can advance health care delivery to promote the health and well-being of each individual in our society. These important issues include patient safety and quality care, health care reform and the uninsured population, nursing workforce challenges, advancing technology, changing legal and ethical concerns, evolving nursing education trends, rising health care costs, and working within a multicultural society.

WHO WILL BENEFIT FROM THIS BOOK?

The sixth edition of *Contemporary Nursing: Issues, Trends, & Management* is an excellent resource to help nursing students and practicing nurses understand the very complex issues facing today's health care systems and implement strategies from the direct patient care level to the national legislative arena that can significantly improve patient care, the health care system, and the nursing profession.

ORGANIZATION

Unit 1: The Development of Nursing

The book opens with a presentation about the exciting evolution of nursing, its very visible public image, and its core foundations, which include nursing education, licensure and certification, nursing theory, and nursing research and evidence-based practice. These opening chapters provide the reader with a solid background for understanding and studying current and future trends.

Unit 2: Current Issues in Health Care

This unit provides a comprehensive overview of the most current trends and issues occurring today in nursing and health care, including health care financing and economics, legal and ethical issues, cultural and social issues, complementary and alternative healing, workplace issues and nursing workforce challenges, collective bargaining and unions, technology in the clinical setting, and emergency preparedness. Students, faculty, and veteran nurses will be challenged to critically examine each of these significant issues that are shaping the practice of professional nursing and the health care delivery system.

Unit 3: Leadership and Management in Nursing

This unit offers a foundation of knowledge in nursing leadership and management, with a focus on the basic skills that are necessary for all nurses, regardless of the setting or position in which they work, to function effectively in the professional nursing role. Chapters examine leadership and management theory and roles, budgeting basics, effective communication, delegation and supervision, staffing and nursing care delivery models, quality improvement and patient safety, quality and safety education in nursing, and health policy and politics. The updated content in this unit provides the most current information available related to nursing leadership and management and will serve as both a valuable educational tool for students and a very useful resource for practicing nurses.

Unit 4: Career Management

The final unit prepares the student to embark on a career in nursing. Making the transition from student to professional, managing time, understanding career opportunities, finding a good match between the nurse and the employer, and passing the NCLEX-RN examination are all presented with practical, useful advice that will serve as an excellent resource for both students and novice nurses as they build their careers in professional nursing.

LEARNING AIDS

Each chapter in the sixth edition contains the same features that made the previous editions so successful:

- Real-life **Vignettes** and **Questions to Consider** at the beginning of each chapter, which pique the reader's interest in the chapter content and stimulate critical thinking
- **Key Terms** that contain clear and concise definitions of terms that are critical to enhance readers

understanding of the topics and expand their vocabulary related to health care issues
- Integrated **Learning Outcomes** that provide instructors and students with a clear understanding of what behaviors can be expected after a study of the chapter is completed
- **Chapter Overview** is an overall perspective and guide to the chapter content
- **Case Studies,** included as appropriate, apply theory to clinical practice
- **Summary** at the end of each chapter provides a wrap-up and helps students focus on points to remember
- **References** related to chapter content help students explore further the issues that were covered
- **Helpful Online Resources** that are particularly relevant for further exploration of the topic are included at the end of selected chapters

NEW TO THIS EDITION

Every chapter in the sixth edition has been updated to include the most current and relevant information available. New and expanded content in this edition includes the following:
- Health care reform and the Patient Protection and Affordable Care Act of 2010
- The nursing workforce supply, changing demands, and new employment opportunities for nurses
- Technological advancements and their impact on health care and nursing practice
- Meaningful use criteria for electronic health records
- Implications for nursing practice from the following major new reports:
  - *The Future of Nursing: Leading Change, Advancing Health* released by the Institute of Medicine and the Robert Wood Johnson Foundation
  - *LACE (Licensure, Accreditation, Certification, and Education) Consensus Model* for advanced practice registered nurse (APRN) regulation published by the American Association of Colleges of Nursing
  - *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response* released by the Institute of Medicine
  - *A Nurse's Guide to the Use of Social Media* released by the National Council of State Boards of Nursing
- The most current legal issues facing nurses
- Technological trends in nursing education such as e-learning, iPads, and digital messaging

ANCILLARIES

The student and instructor resources for the sixth edition have been expanded to provide numerous activities to engage students in active learning, both within and outside the classroom.

Student Resources

At the beginning and end of every chapter, students are referred to the dedicated **Evolve website** for the book, *http://evolve.elsevier.com/Cherry/*, where they can find additional online resources that provide them with the opportunity to become actively engaged in the learning process:
- **Student Learning Activities** cover the major content in the chapter with fill-in-the-blank, short answer, complete-the-chart, true-false exercises, and crossword puzzles.
- **Resumé Builder** offers templates and samples of resumés and cover letters.
- **Glossary** of key terms and definitions from the book.
- **Appendixes** include additional resources such as a list of nursing organizations, state boards of nursing, state nursing associations, and Canadian nursing associations.

Instructor Resources

On the same dedicated website, instructors will have access to all of the Student Resources as well as the following resources that are designed to engage the student in active learning within the classroom and provide instructors with excellent in-class and online teaching-learning activities:
- **TEACH Instructor's Manual** containing **case studies**, **critical thinking questions,** and **answer scenarios** to bring the content alive and help instructors facilitate discussion
- **PowerPoint** slides and **Audience Response** questions giving rationale and level of difficulty for each chapter
- **Test Bank** with NCLEX-RN® exam alternative-format questions and rationales and level of difficulty based on Bloom's Taxonomy
- **Image Collection** includes images from the book

All instructor resources are password-protected, so please contact your local sales representative for further details.

ABOUT THE AUTHORS

Barbara Cherry, DNSc, MBA, RN, NEA-BC, received her diploma in nursing from Methodist Hospital School of Nursing, her BSN from West Texas A&M University, her MBA from Texas Tech University, her MSN from Texas Tech University Health Sciences Center, and her Doctor of Nursing Science from the University of Tennessee Health Science Center. Dr. Cherry's clinical background is in critical care, medical-surgical, and nephrology nursing. Her research is focused on the long-term care nursing workforce and technology. She has more than 20 years of clinical and nursing leadership experience and is currently Professor and Department Chair for Leadership Studies at Texas Tech University Health Sciences Center School of Nursing in Lubbock, Texas.

Susan R. Jacob, PhD, MSN, RN, received her BSN from West Virginia University in 1970, her MSN from San Jose State University in 1975, and her PhD from the University of Tennessee, Memphis in 1993. Her extensive experience as a clinician, educator, and researcher has been focused in the community health arena, specifically home health and hospice. She has been an educator for more than 25 years and has taught at both the undergraduate and graduate levels. Dr. Jacob's research has addressed the bereavement experience of older adults and enhanced models of home health care delivery. Dr. Jacob, Professor Emeritus in the College of Nursing at the University of Tennessee, Health Science Center, Memphis, Tennessee, serves as an educational consultant.

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Our contributors deserve our most sincere thanks for their high-quality, timely work that demonstrates genuine expertise and professionalism. Their contributions have made this book a truly first-rate text that will be invaluable to nursing students and faculty and will serve as an outstanding resource for practicing nurses. We extend a special thanks to our reviewers who gave us helpful suggestions and insights as we developed the sixth edition.

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UNIT 3 Leadership and Management in Nursing

UNIT 4 Career Management

UNIT 1 The Development of Nursing

CHAPTER 1

Building on a strong foundation for a bright future.

The Evolution of Professional Nursing

Susan R. Jacob, PhD, MSN, RN

evolve WEBSITE

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VIGNETTE

Toba Kamotu is a 17-year-old African-American college freshman who has been treated for depression for the past year at a local mental health center. It has also been reported that she suffered from anorexia and bulimia, in that she was vomiting frequently. Her treatment consisted of Zoloft 100 mg once daily and psychotherapy sessions once each week. Toba also had been complaining of somatic pain for the past 6 months. The pain radiated up her right leg and had a "pins and needles sensation." Her therapist told her that these symptoms sometimes accompany depression and would dissipate as her depression improved. The pain in her leg kept her awake at night and was affecting her ability to study.

Toba's college roommate was a nursing student who insisted that she be seen for her physical complaints. Because Toba had no insurance, she knew that her access to care would be limited. Therefore, she was reluctant to seek health care services. The clinic that she preferred did not take Medicaid or medical assistance patients of any kind. Her roommate asked one of her nursing professors what Toba should do, and the professor referred them to a clinic that provided care to individuals in the community who had limited funds. Toba called immediately but was told that the earliest available appointment would be 2 months later. She made the appointment and placed her name on a waiting list to be seen earlier.

Within 2 weeks, Toba awakened vomiting and complaining to her roommate of feeling very hot. She was unable to walk because of excruciating pain in her right leg and was taken to the hospital by ambulance. When she arrived, her temperature was 103° F. A computed tomography (CT) scan was performed that indicated she had a liver mass measuring 10 cm. On biopsy the mass was determined to be malignant. Dr. Tabitha Winthrop, her oncologist,

We thank Shiphrah A. Williams-Evans, PhD, APRN, BC for her contribution to this chapter in the 4th edition.

VIGNETTE—cont'd

recommended chemotherapy to decrease the size of the mass so that surgery could be performed. It was also speculated that if this therapy worked, she could become a candidate for liver transplant and would be placed on the transplant list. Toba was placed under the care of the palliative care team, an interprofessional group of health professionals that was coordinated by an advanced practice nurse who was nationally certified by the National Board for Certification of Hospice and Palliative Nurses. The palliative care team consisted of a clinical nurse leader, clinical nurse specialist, and a registered nurse (RN), all nationally certified in palliative and hospice nursing; a counselor; medical director; case manager; and a representative from pastoral care. In this case, a child life specialist was also included as part of the team, as a result of the patient's age. Palliative care at this institution was defined as treatment of any patient who was experiencing a life-altering, debilitating, and/or life-threatening illness or injury. Toba was definitely experiencing a condition that would alter her life as an adolescent and might eventually become debilitating and life threatening, depending on the disease process and treatment options.

The palliative care team assists with symptom management and assessment of family dynamics, and provides emotional and spiritual support. The team also assists the patient to set goals to maintain her optimal level of functioning throughout treatment, with consideration of cultural aspects of care, in addition to discharge planning and communication deficits that are prominent in patients who are undergoing life-altering experiences. The ultimate goal is to maintain the highest optimal functioning and provide the highest-quality comprehensive care.

Florence Nightingale and Mary Seacole were trailblazers who began the work of organized nursing. Since their time, nursing has evolved into a profession that is focused on meeting the needs of the people it serves and preparing providers who can meet those needs. This vignette demonstrates just one instance of how a variety of nurse providers can assist in enhancing the quality of care.

Questions to Consider While Reading This Chapter:

1. What were the challenges faced by nurses historically?
2. How has access to care and managed care affected professional nursing practice?
3. What are the challenges facing nurses in the twenty-first century?
4. What areas of nursing specialization enhance patient care?

KEY TERMS

Clinical nurse leader (CNL): A master's degree–educated RN who assumes accountability for client care outcomes through the assimilation and application of research-based information to design, implement, and evaluate client plans of care. The CNL is a provider and a manager of care at the point of care to individuals and cohorts or populations. The CNL designs, implements, and evaluates client care by coordinating, delegating, and supervising the care provided by the health care team, including licensed nurses, technicians, and other health professionals (AACN Updated White Paper on the Role of the Clinical Nurse Leader, July 2007).

Doctor of nursing practice (DNP): A practice-focused doctoral degree in nursing. The degree that is recommended by the American Association of Colleges of Nursing (AACN) for all advanced practice nurses by 2015.

Clinical nurse specialist (CNS): An advanced practice nurse who possesses expertise in a defined area of nursing practice for a selected client population or clinical setting. The CNS functions as an expert clinician, educator, consultant, researcher, and administrator.

Florence Nightingale (1820 to 1910): Considered the founder of organized, professional nursing. She is best known for her contributions to the reforms in the British Army Medical Corps, improved sanitation in India, improved public health in Great Britain, use of statistics to document health outcomes, and the development of organized training for nurses.

Professional nurse: A specially trained *professional* that addresses the humanistic and holistic needs of patients, families, and environments and provides responses to patterns and/or needs of patients, families, and communities to actual and potential health problems. The professional nurse has diverse roles, such as health care provider, client advocate, educator, care coordinator, primary care practitioner, and change agent (Katz et al, 2009).

LEARNING OUTCOMES

After studying this chapter, the reader will be able to:

1. Summarize health practices throughout the course of history.
2. Analyze the effect of historic, political, social, and economic events on the development of nursing.
3. Describe the evolution of professional challenges experienced by nurses of diverse ethnic, racial, and educational backgrounds.

CHAPTER OVERVIEW

Throughout the pages of recorded history, nursing has been integrated into every facet of life. A legacy of human caring was initiated when, according to the book of Exodus, two midwives, Shiphrah and Puah, rescued the baby Moses and hid him to save his life. This legacy of caring has progressed throughout the years, responding to psychologic, social, environmental, and physiologic needs of society. Nurses of the past and present have struggled for recognition as knowledgeable professionals. The evolution of this struggle is reflected in political, cultural, environmental, and economic events that have sculpted our nation and world history (Catalano, 2012).

In the beginning, men were recognized as health healers. Women challenged the status quo and transformed nursing from a mystical phenomenon to a respected profession (Catalano, 2012). Florence Nightingale and Mary Seacole played major roles in bringing about changes in nursing. Using the concept of role modeling, these women demonstrated the value of their worth through their work in fighting for the cause of health and healing. During the twentieth century, nurses made tremendous advancements in the areas of education, practice, research, and technology. Nursing as a science progressed through education, clinical practice, development of theory, and rigorous research. Today nurses continue to be challenged to expand their roles and explore new areas of practice and leadership. This chapter provides a brief glimpse of health care practices and nursing care in the prehistoric period and early civilization and then describes the evolution of professional nursing practice. Box 1-1 summarizes some of the important events in the evolution of nursing.

PREHISTORIC PERIOD

Nursing in the prehistoric period was delineated by health practices that were strongly guided by beliefs of magic, religion, and superstition. Individuals who were ill were considered to be cursed by evil spirits and evil gods that entered the human body and caused suffering and death if not cast out. These beliefs dictated the behavior of primitive people, who sought to scare away the evil gods and spirits. Members of tribes participated in rituals, wore masks, and engaged in demonstrative dances to rid the sick of demonic possession of the body. Sacrifices and offerings, sometimes including human sacrifices, were made to rid the body of evil gods, demons, and spirits. Many tribes used special herbs, roots, and vegetables to cast out the "curse" of illness.

EARLY CIVILIZATION

Egypt

Ancient Egyptians are noted for their accomplishments in health care at an early period in civilization. They were the first to use the concept of suture in repairing wounds. They also were the first to be recorded as developing community planning that resulted in a decrease in public health problems. One of the main early public health problems was the spread of disease through contaminated water sources. Specific laws on cleanliness, food use and preservation, drinking, exercise, and sexual relations were developed. Health beliefs of Egyptians determined preventive measures taken and personal health behaviors practiced. These health behaviors were usually carried out to accommodate the gods. Some behaviors were also practiced expressly to

BOX 1-1 IMPORTANT EVENTS IN THE EVOLUTION OF NURSING

1751 The Pennsylvania Hospital is the first hospital established in America.
1798 The U.S. Marine Hospital Service comes into being by an act of Congress on July 16. It is renamed the U.S. Public Health Service in 1912.
1840 Two African-American women, Mary Williams and Frances Rose, who founded Nursing Sisters of the Holy Cross, are listed as nurses in the *City of Baltimore Directory*.
1851 Florence Nightingale (1820-1910) attends Kaiserswerth to train as a nurse.
1854 During the Crimean War, Florence Nightingale transforms the image of nursing. Mary Seacole, a black woman from Jamaica, West Indies, nurses during the same time.
1861 The outbreak of the Civil War causes African-American women to volunteer as nurses. Among these women are Harriet Tubman, Sojourner Truth, and Susie King Taylor.
1872 Another school of nursing opens in the United States: the New England Hospital for Women and Children in Boston, Massachusetts.
1873 Linda Richards is responsible for designing a written patient record and physician's order system—the first in a hospital.
1879 Mary Mahoney, the first trained African-American nurse, graduates from the New England Hospital for Women and Children in Boston, Massachusetts.
1882 The American Red Cross is established by Clara Barton.
1886 The Visiting Nurse Association (VNA) is started in Philadelphia; Spelman College, Atlanta, Georgia, establishes the first diploma nursing program for African Americans.
1893 Lillian Wald and Mary Brewster establish the Henry Street Visiting Nurse Service in New York.
1896 The Nurses' Associated Alumnae of the United States and Canada is established.
1898 Namahyoke Curtis, an untrained African-American nurse, is assigned by the War Department as a contract nurse in the Spanish-American War.
1899 The International Council of Nurses (ICN) is founded.
1900 The first issue of the *American Journal of Nursing* is published.
1901 The Army Nurse Corps is established under the Army Reorganization Act.
1902 School of nursing is established in New York City by Linda Rogers.
1903 The first nurse practice acts are passed, and North Carolina is the first state to implement registration of nurses.
1908 The National Association of Colored Graduate Nurses is founded; it is dissolved in 1951.
1909 Ludie Andrews sues the Georgia State Board of Nurse Examiners to secure African-American nurses the right to take the state board examination and become licensed; she wins in 1920.
1911 The American Nurses Association (ANA) is established.
1912 The U.S. Public Health Service and the National League for Nursing (NLN) are established.
1918 Eighteen black nurses are admitted to the Army Nurse Corps after the armistice is signed ending World War I.
1919 *Public Health Nursing* is written by Mary S. Gardner. A public health nursing program is started at the University of Michigan.
1921 The Sheppard-Towner Act is passed providing federal aid for maternal and child health care.
1922 Sigma Theta Tau is founded (becomes the International Honor Society of Nursing in 1985).
1923 The Goldmark Report criticizes the inadequacies of hospital-based nursing schools and recommends increased educational standards.
1924 The U.S. Indian Bureau Nursing Service is founded by Elinor Gregg.
1925 The Frontier Nursing Service is founded by Mary Breckenridge.
1935 The Social Security Act is passed.
1937 Federal appropriations for cancer, venereal diseases, tuberculosis, and mental health begin.
1939 World War II begins.
1941 The U.S. Army establishes a quota of 56 African-American nurses for admission to the Army Nurse Corps. The Nurse Training Act is passed.
1943 An amendment to the Nurse Training bill is passed that bars racial bias.
1945 The U.S. Navy drops the color bar and admits four African-American nurses.
1946 Nurses are classified as professionals by the U.S. Civil Service Commission. The Hospital Survey and Construction Act (Hill-Burton) is passed.
1948 The Brown Report discusses the future of nursing.
1948 Estelle Osborne is the first African-American nurse elected to the board of the ANA. The ANA votes individual membership to all African-American nurses excluded from any state association.

BOX 1-1 IMPORTANT EVENTS IN THE EVOLUTION OF NURSING—cont'd

1949 M. Elizabeth Carnegie is the first African-American nurse to be elected to the board of a state association (Florida).
1950 The Code for Professional Nurses is published by the ANA.
1952 National nursing organizations are reorganized from six to two: ANA and NLN.
1954 The Supreme Court decision *Brown v. Board of Education* asserts that "separate educational facilities are inherently unequal."
1965 The Social Security Amendment includes Medicare and Medicaid.
1971 The National Black Nurses Association is organized.
1973 The ANA forms the American Academy of Nursing.
1974 The American Assembly of Men in Nursing is founded.
1978 Barbara Nichols is the first African-American nurse elected president of the ANA. M. Elizabeth Carnegie, an African-American nurse, is elected president of the American Academy of Nursing.
1979 Brigadier General Hazel Johnson Brown is the first African-American chief of the Army Nurse Corps.
1985 Vernice Ferguson, an African-American nurse, is elected president of Sigma Theta Tau International.
1986 The Association of Black Nursing Faculty is founded by Dr. Sally Tucker Allen.
1990 Congress proclaims March 10 as Harriet Tubman Day in the United States, honoring her as a brave African-American freedom fighter and nurse during the Civil War.
1990 The Bloodborne Pathogen Standard is established by OSHA.
1991 *Healthy People 2000* is published.
1993 The National Center for Nursing Research is upgraded to the National Institute of Nursing Research within the National Institutes of Health.
1994 NCLEX-RN®, a computerized nurse-licensing examination, is introduced.
1996 The Commission on Collegiate Nursing Education is established as an agency devoted exclusively to the accreditation of baccalaureate and graduate-degree nursing programs.
1999 Beverly Malone, the second African-American president of the ANA, is named Deputy Assistant Secretary for Health, Department of Health and Human Services, Office of Public Health and Science.
1999 The IOM releases its landmark report: *To Err Is Human: Building a Safer Health System.*
2000 M. Elizabeth Carnegie is inducted into the ANA Hall of Fame. The American Nurses Credentialing Center gives its first psychiatric mental health nurse practitioner examination. *Healthy People 2010* is published. The AACN reports a faculty vacancy rate of 7.4% among the 220 nursing schools that responded to a survey. According to the AACN, the average age of full-time faculty is older than 50 years of age; the average age of doctorally prepared professors is 55.9 years of age.
2001 Beverly Malone is appointed General Secretary, Royal College of Nursing, London. The Health Care Financing Administration (HCFA) becomes the Centers for Medicare & Medicaid Services (CMS).
2002 Johnson and Johnson Health Care Systems, Inc. launches The Future of Nursing, a national publicity campaign to address the nursing shortage.
2002 To address the nursing shortage, the Nurse Reinvestment Act is signed into law by President George W. Bush.
2002 Significant funding is obtained for geriatric nursing initiatives.
2003 The American Nurses Foundation launches an "Investment in Nursing" campaign to deal with the nursing shortage.
2003 The IOM report *Keeping Patients Safe: Transforming the Work Environment of Nurses* is released.
2003 The AACN White Paper on the Role of the Clinical Nurse Leader is published.
2005 The CCNE decides that only programs that offer practice doctoral degrees with the Doctor of Nursing Practice (DNP) title will be eligible for CCNE accreditation.
2005 The NLN offers and certifies the first national certification for nurse educators; the initials CNE may be placed behind the names of those certified.
2006 The AACN approves essentials of doctoral education for advanced nursing practice (DNP) (www.aacn.nche.edu/DNP/pdf/Essentials.pdf).
2007 The Commission on Nurse Certification, an autonomous arm of the AACN, begins certifying clinical nurse leaders (CNLs).
2008 The Commission on Collegiate Nursing Education begins accrediting DNP programs.
2010 The Patient Protection and Affordable Care Act (Public Law 111-152) is passed.
2010 The Health Care and Education Affordability Reconciliation Act is passed.
2011 The IOM Report *The future of nursing: leading change, advancing health* is released.

From AACN, 2003; Carnegie, 1995; Deloughery, 1998; Donahue, 1999; Kalisch and Kalisch, 1995; IOM, 2003; 2011.

appease the spirits of the dead (Catalano, 2012). The Egyptians developed the calendar and writing, which initiated recorded history. The oldest records date back to the sixteenth century BC in Egypt. A pharmacopoeia that classified more than 700 drugs was written to assist in the care and management of disease (Ellis and Hartley, 2012). As in the case of Shiphrah and Puah, the midwives who saved the baby Moses, nurses were used by kings and other aristocrats to deliver babies and care for the young, older adults, and those who were sick.

Palestine

From 1400 to 1200 BC, the Hebrews migrated from the Arabian Desert and gradually settled in Palestine, where they became an agricultural society. Under the leadership of Moses, the Hebrews developed a system of laws called the Mosaic Code. This code, one of the first organized methods of disease control and prevention, contained public health laws that dictated personal, family, and public hygiene. For instance, laws were written to prohibit the eating of animals that were dead longer than 3 days and to isolate individuals who were thought to have communicable diseases. Hebrew priests took on the role of health inspectors (Ellis and Hartley, 2012).

Greece

From 1500 to 100 BC, Greek philosophers sought to understand man and his relationship with the gods, nature, and other men. They believed that the gods and goddesses of Greek mythology controlled health and illness. Temples built to honor Aesculapius, the god of medicine, were designated to care for the sick. Aesculapius carried a staff that was intertwined with serpents or snakes, representing wisdom and immortality. This staff is believed to be the model of today's medical caduceus. Hippocrates (460 to 362 BC), considered the "Father of Medicine," paved the way in establishing scientific knowledge in medicine. Hippocrates was the first to attribute disease to natural causes rather than supernatural causes and curses of the gods. Hippocrates' teachings also emphasized the patient-centered approach and use of the scientific method for solving problems (Catalano, 2012).

India

Dating from 3000 to 1500 BC, the earliest cultures of India were Hindu. The sacred book of Brahmanism (also known as Hinduism), the *Vedas,* was used to guide health care practices. The *Vedas,* considered by some to be the oldest written material, emphasized hygiene and prevention of sickness and described major and minor surgeries. The Indian practice of surgery was very well developed. The importance of prenatal care to mother and infant was also well understood. Public hospitals were constructed from 274 to 236 BC and were staffed by male nurses with qualifications and duties similar to those of the twentieth-century practical nurse (Ellis and Hartley, 2012).

China

The teachings of the Chinese scholar Confucius (551 to 479 BC) had a powerful effect on the customs and practices of the people of ancient China. Confucius taught a moral philosophy that addressed one's obligation to society. Several hundred years after his death, Confucius' philosophy became the basis for Chinese education and government. Central to his teachings were service to the community and the value of the family as a unit. However, women were considered inferior to men.

The early Chinese also placed great value on solving life's problems. Their belief about health and illness was based on the yin and yang philosophy. The yin represented the feminine forces, which were considered negative and passive. The yang represented the masculine forces, which were positive and active. The Chinese believed that an imbalance between these two forces would result in illness, whereas balance between the yin and yang represented good health (Ellis and Hartley, 2012). The ancient Chinese used a variety of treatments believed to promote health and harmony, including acupuncture. Acupuncture involves insertion of hot and cold needles into the skin and underlying tissues to manage or cure conditions (such as pain, stroke, or breathing difficulty) and ultimately to affect the balance of yin and yang. Hydrotherapy, massage, and exercise were used as preventive health measures (Giger and Davidhizar, 2004). Baths were used to reduce fever, and bloodletting was used to release evil spirits from the body (Ellis and Hartley, 2012).

Rome

The Roman Empire (27 BC to 476 AD), a military dictatorship, adapted medical practices from the countries they conquered and the physicians they enslaved. At the end of the Dark Ages, there were a series of holy wars, including the Crusades. The first military hospital in Europe was established in Rome to care for the injured. Military nursing orders that

were made up exclusively of men were developed to care for the injured. They were very well organized and dedicated, and they wore suits of armor for protection with the emblem of the red cross. (Catalano, 2012; Walton et al, 1994). The Romans practiced advanced hygiene and sanitation and emphasized bathing (Ellis and Hartley, 2012).

THE MIDDLE AGES

The Middle Ages (476 BC to 1450 AD) followed the demise of the Roman Empire (Walton et al, 1994). Women used herbs and new methods of healing, whereas men continued to use purging, leeching, and mercury. This period also saw the Roman Catholic Church become a central figure in the organization and management of health care. Most of the changes in health care were based on the Christian concepts of charity and the sanctity of human life. Wives of emperors and other women considered noble became nurses. These women devoted themselves to caring for the sick, often carrying a basket of food and medicine as they journeyed from house to house (Bahr and Johnson, 1997). Widows and unmarried women became nuns and deaconesses. Two of these deaconesses, Dorcas and Phoebe, are mentioned in the Bible as outstanding for the care they provided to the sick (Freedman, 1995).

During the Middle Ages, physicians spent most of their time translating medical essays; they actually provided little medical care. Poorly trained barbers, who lacked any formal medical education, performed surgery and medical treatments that were considered "bloody" or "messy." Nurses also provided some medical care, although in most hospitals and monasteries, female nurses who were not midwives were forbidden to witness childbirth, help with gynecologic examinations, or even diaper male infants (Kalisch and Kalisch, 1986). During the Crusades, which lasted for almost 200 years (from 1096 to 1291), military nursing orders, known as Templars and Hospitalers, were founded. Monks and Christian knights provided nursing care and defended the hospitals during battle, wearing a suit of armor under their religious habits. The habits were distinguished by the Maltese cross to identify the monks and knights as Christian warriors. The same cross was used years later on a badge designed for the first school of nursing and became a forerunner for the design of nursing pins (Ellis and Hartley, 2012).

THE RENAISSANCE AND THE REFORMATION PERIOD

Following the Middle Ages came the Renaissance and the Reformation, also known as the rebirth of Europe (the fourteenth to sixteenth centuries AD). Major advancements were made in pharmacology, chemistry, and medical knowledge, including anatomy, physiology, and surgery. During the Renaissance, new emphasis was given to medical education, but nursing education was practically nonexistent.

The Reformation that began in Germany in 1517 was a religious movement that resulted in a dissention between Roman Catholics and Protestants. During this period, religious facilities that provided health care closed. Women were encouraged toward charitable services, but their main duties included bearing and caring for children in their homes. Furthermore, hospital work was no longer appealing to women of high economic status, and the individuals who worked as nurses in hospitals were often female prisoners, prostitutes, and drunks. Nursing was no longer the respected profession it had once been. This period is referred to as the "Dark Ages" of nursing (Ellis and Hartley, 2012).

During the sixteenth and seventeenth centuries, famine, plague, filth, and horrible crimes ravaged Europe. King Henry VII eliminated the organized monastic relief programs that aided the orphans, poor, and other displaced people. Out of great concern for social welfare, several nursing groups, such as the Order of the Visitation of St. Mary, St. Vincent de Paul, and the Sisters of Charity, were organized to give time, service, and money to the poor and sick. The Sisters of Charity recruited intelligent young women for training in nursing, developed educational programs, and cared for abandoned children (Ellis and Hartley, 2012).

THE COLONIAL AMERICAN PERIOD

The first hospital and the first medical school in North America were founded in Mexico—the Hospital of the Immaculate Conception in Mexico City and the medical school at the University of Mexico. During this time in the American colonies, individuals with infectious diseases were isolated in almshouses or "pesthouses" (Ellis and Hartley, 2012). Procedures, such as purgatives and bleeding, were widely used, leading to shortened life expectancy. Plagues, such as scarlet fever, dysentery,

and smallpox, caused thousands of deaths. Benjamin Franklin, who was outspoken regarding the care of the sick, insisted that a hospital be built in the colonies. He believed that the community should be responsible for the management and treatment of those who were ill. Through his efforts, the first hospital, called the Pennsylvania Hospital, was built in the United States in Philadelphia in 1751 (Ellis and Hartley, 2012).

FLORENCE NIGHTINGALE

Florence Nightingale was born in Florence, Italy, on May 12, 1820. The Nightingale family was wealthy, well traveled, and well educated. Nightingale was a highly intelligent, talented, and attractive woman. From an early age, she demonstrated a deep concern for the poor and suffering. At 25 years of age, she became interested in training as a nurse. However, her family was strongly opposed to this choice and preferred that she marry and take her place in society (Joel, 2006). In 1851, her parents finally permitted her to pursue training as a nurse. At 31 years of age, Nightingale attended a 3-month nursing training program at the Institution of Deaconesses at Kaiserswerth, Germany. In 1854, she began training nurses at the Harley Street Nursing Home and served as superintendent of nurses at King's College Hospital in London (Ellis and Hartley, 2012). The outbreak of the Crimean War marked a turning point in Nightingale's career. In October 1854, Sidney Herbert, British Secretary of War and an old friend of the Nightingale family, wrote to Nightingale and asked her to lead a group of nurses to the Crimea to work at one of the military hospitals under government authority and expense. Nightingale accepted his offer and assembled 38 nurses who were sisters and nuns from various Catholic and Anglican orders (Ellis and Hartley, 2012).

Nightingale and her team were assigned to the Barracks Hospital at Scutari. When Nightingale arrived at the Barracks Hospital, she found deplorable conditions. Between 3000 and 4000 sick and wounded men were packed into the hospital, which was originally designed to accommodate 1700 patients. There were no beds, blankets, food, or medicine. Many of the wounded soldiers had been placed on the floor, where lice, maggots, vermin, rodents, and blood covered their bodies. There were no candles or lanterns. All medical care had to be rendered during the light of day (Ellis and Hartley, 2012).

Despite the distressing conditions at the Barracks Hospital, the army physicians and surgeons at first refused Nightingale's assistance. However, within a week, faced with scurvy, starvation, dysentery, and the eruption of more fighting, the physicians, in desperation, called her to help. Nightingale immediately purchased medical supplies, food, linen, and hospital equipment, using her own money and that of the Times Relief Fund. Within 10 days, she had set up a kitchen for special diets and had rented a house that she converted into a laundry (Gill, 2004; Small, 2002). The wives of soldiers were hired to manage and operate the laundry service. She assigned soldiers to make repairs and clean up the building. Just weeks later, she initiated social services, reading classes, and even coffeehouses, where soldiers could enjoy music and recreation (Nies and McEwen, 2011).

Nightingale worked long, hard hours to care for these soldiers. She spent up to 20 hours each day caring for wounds, comforting soldiers, assisting in surgery, directing staff, and keeping records. Nightingale introduced principles of asepsis and infection control, a system for transcribing physicians' orders, and a procedure to maintain patient records.

Nightingale is credited with using public health principles and statistical methods to advocate for improved health conditions for British soldiers. Through carefully recorded statistics, Nightingale was able to document that the soldiers' death rate decreased from 42% to 2% as a result of health care reforms that emphasized sanitary conditions. Because of her remarkable work in using statistics to demonstrate cause and effect and improve the health of British soldiers, Nightingale is recognized for her contributions to nursing research (Nies and McEwen, 2011).

Nightingale also demonstrated the power of political activism to effect health care reform by writing letters of criticism accompanied by constructive recommendations to British army leaders. Nightingale's ability to overthrow the British army's management method that had allowed the deplorable conditions to exist in the army hospitals was considered one of her greatest achievements (Nies and McEwen, 2011).

After her return from the Crimea, Nightingale experienced ongoing health problems. Early writers suggest that she retreated to her bedroom for the next 43 years and continued her involvement in health care from her secluded apartment. More recent research, however, indicates a more active involvement (Ellis and Hartley, 2012).

Florence Nightingale's work, from the Crimean War to the establishment of formal nursing education programs, was a catapult for the reorganization

and advancement of professional nursing. Nightingale wrote extensively about hospitals, sanitation, health and health statistics (creating the first pie chart), and nursing education. Among her most popular books is *Notes on Nursing* published in 1859.

In 1860, Nightingale established the first nursing school in England, St. Thomas' Hospital of London. By 1873, graduates of Nightingale's nurse training program in England migrated to the United States, where they became supervisors in the first of the hospital-based (diploma) nursing schools: Massachusetts General Hospital in Boston, Bellevue Hospital in New York, and the New Haven Hospital in Connecticut.

Until her death in August 1910, Nightingale demonstrated the powerful effect that well-educated, creative, skilled, and competent individuals have in the provision of health care. She is honored as the founder of professional nursing (Ellis and Hartley, 2012). Nightingale had the means to support her work and the stamina to drive forward in her belief concerning health care. Her theory of environmental cleanliness is still applicable today, even though Louis Pasteur's germ theory was not widely known and was very controversial at the time.

MARY SEACOLE

Mary Seacole was a Jamaican nurse who learned the art of caring and healing from her mother. In her native land of Jamaica, British West Indies, she was nicknamed "Doctress" because of her administration of care to the sick in a lodging house in Kingston (Carnegie, 1995). Seacole learned of the Crimean War and wrote to the British government requesting to join Nightingale's group of nurses. However, she was denied the right to join because she was black. She was confused about this denial because many of the British soldiers had lived in Jamaica, where she had already provided health care to them.

Seacole had previously served as a nurse in Cuba and Panama during the yellow fever and cholera epidemics. She had also conducted forensic studies on an infant who died of cholera in Panama. She felt that her experience would be valuable in treating disease in the Crimean War, and she sailed to England at her own expense. She provided a letter of introduction to Nightingale, which was blocked because Seacole was black, even though she had been trained by British army physicians (Carnegie, 1995).

After several efforts to join Nightingale's group failed, Seacole, who was not a woman of wealth, purchased her own supplies and traveled more than 3000 miles to the Crimea, where she built and opened a lodging house. On the bottom floor of the house was a restaurant, and on the top floor an area was arranged like a hospital to nurse sick soldiers (Carnegie, 1995).

When Seacole finally met Nightingale, the response was still the same: "no vacancies" (Carnegie, 1995). However, being denied enlistment did not deter Seacole; she remained faithful and nursed the sick throughout the Crimean War. Her efforts did not go unnoticed by the English people. Long after the war was over, the British government finally honored Seacole with a medal in recognition of her efforts and the services she provided to the sick and injured soldiers.

NURSING IN THE UNITED STATES

The Civil War Period

During the United States Civil War, or the War Between the States (1861 to 1865), health care conditions in the United States were similar to those encountered by Nightingale and Seacole. Numerous epidemics plagued the country, including syphilis, gonorrhea, malaria, smallpox, and typhoid (Nelson, 2001; Oermann, 1997).

The Civil War was initiated by the attack on Fort Sumter, South Carolina, April 17, 1861. At this time, there were no nurses formally trained to care for the sick. However, thousands of men and women from the South and North volunteered to care for the wounded. Hospitals were set up in the field, and transports were put in place to carry the wounded to the hospitals (Carnegie, 1995).

Secretary of War Simon Cameron appointed a schoolteacher named Dorothea Dix to organize military hospitals and provide medical supplies to the Union Army soldiers. Dix received no official status and no salary for this position.

Women providing nursing care during the Civil War worked under very primitive conditions. Maintaining sanitary conditions was an overwhelming challenge and often not possible. Greater than 6 million patients were admitted to hospitals. There were approximately one-half million surgical cases performed. Unfortunately, there were only about 2000 individuals who served as nurses, far less than the number needed to provide adequate care (Fitzpatrick, 1997; Kalisch and Kalisch, 1995). According to records kept at three hospitals, 181 male