Nursing History Literatures

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Abstract: Nursing is a professional work within the health care system on the care of individuals, families, and communities so that they may attain, maintain, or recover optimal health and quality of life. Nurses provide care within the ordering scope of physicians. In the postwar period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male attendants, who may have been early nurses. This article introduces recent research reports on nursing history as references in the related studies.

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1. Introduction

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses are differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in a wide diversity of practice areas with a different scope of practice and level of prescriber authority in each. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers.

Before the foundation of modern nursing, members of religious orders such as nuns and monks often provided nursing-like care. Examples exist in Christian, Islamic and Buddhist traditions amongst others. Phoebe, mentioned in Romans 16 has been described in many sources. During the Reformation of the 16th century, Protestant reformers shut down the monasteries and convents. Those nuns who had been serving as nurses were given pensions or told to get married and stay home. Nursing care went to the inexperienced as traditional caretakers, rooted in the Roman Catholic Church, were removed from their positions. The nursing profession suffered a major setback for approximately 200 years.

Florence Nightingale was an scientist in the development of modern nursing. No uniform had been created when Florence Nightingale was employed during the Crimean War. Both nursing role and education were first defined by Florence Nightingale. Florence Nightingale laid the foundations of professional nursing during the Crimean War. Her Notes on Nursing became popular. The Nightingale model of professional education spread widely in Europe and North America after 1870.

Other important nurses in the development of the profession include: Agnes Hunt from Shropshire was the first orthopedic nurse and was pivotal in the emergence of the orthopedic hospital The Robert Jones & Agnes Hunt Hospital in Oswestry, Shropshire; Agnes Elizabeth Jones and Linda Richards, who established quality nursing schools in the USA and Japan; Linda Richards was officially America's first professionally trained nurse, graduating in 1873 from the New England Hospital for Women and Children in Boston of America; Clarissa Harlowe Clara Barton, a pioneer American teacher, patent clerk, nurse, and humanitarian, and the founder of the American Red Cross; Saint Marianne Cope, a Sister of St Francis who opened and operated some of the first general hospitals in the United States, instituting cleanliness standards which influenced the development of America's modern hospital system.

Catholic orders such as Little Sisters of the Poor, Sisters of Mercy, Sisters of St. Mary, St. Francis Health Services, Inc. and Sisters of Charity built hospitals and provided nursing services during this period. In turn, the modern deaconess movement began in Germany in 1836. Within a half century there were over 5,000 deaconesses in Europe.

Formal use of nurses in the modern military began in the latter half of the nineteenth century. Nurses saw active duty in the First Boer War, the Egyptian Campaign (1882) and the Sudan Campaign (1883).

Hospital-based training came to the fore in the early 1900s, with an emphasis on practical experience. The Nightingale-style school began to disappear. Hospitals and physicians saw women in nursing as a source of free or inexpensive labor. Exploitation of nurses was not uncommon by employers, physicians and educational providers.

Many nurses saw active duty in World War I, but the profession was transformed during the second World War. British nurses of the Army Nursing Service were part of every overseas campaign. More nurses volunteered for service in the US Army and Navy than any other occupation. The Nazis had their own Brown Nurses, 40,000 strong. Two dozen German Red Cross nurses were awarded the Iron Cross for heroism under fire.

The modern era saw the development of undergraduate and post-graduate nursing degrees. Advancement of nursing research and a desire for association and organization led to the formation of a wide variety of professional organizations and academic journals. Growing recognition of nursing as a distinct academic discipline was accompanied by an awareness of the need to define the theoretical basis for practice.

In the 19'th and early 20'th century, nursing was considered a women's profession, just as doctoring was a men's profession. With increasing expectations of workplace equality during the late 20th century, nursing became an officially gender-neutral profession, though in practice the percentage of male nurses remains well below that of female physicians in the early 21's century.

Although nursing practice varies both through its various specialties and countries, these nursing organizations offer the following definitions:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

The use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.

Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations.

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery that he would perform unaided if he had the necessary strength, will or knowledge.

The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at the national or state level.

The aim of the nursing community worldwide is for its professionals to ensure quality care for all, while maintaining their credentials, code of ethics, standards, and competencies, and continuing their education. There are a number of educational paths to becoming a professional nurse, which vary greatly worldwide; all involve extensive study of nursing theory and practice as well as training in clinical skills.

Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs. The profession combines physical science, social science, nursing theory, and technology in caring for those individuals.

To work in the nursing profession, all nurses hold one or more credentials depending on their scope of practice and education. A licensed practical nurse (LPN) (also referred to as a licensed vocational nurse, registered practical nurse, enrolled nurse, and state enrolled nurse) works independently or with a registered nurse (RN). The most significant differentiation between an LPN and RN is found in the requirements for entry to practice, which determines entitlement for their scope of practice. For example, Canada requires a bachelor's degree for the RN and a two-year diploma for the LPN. A registered nurse provides scientific, psychological, and technological knowledge in the care of patients and families in many health care settings. Registered nurses may earn additional credentials or degrees.

In the USA, multiple educational paths will qualify a candidate to sit for the licensure examination as a registered nurse. The Associate Degree in Nursing (ADN) is awarded to the nurse who has completed a two-year undergraduate academic degree awarded by community colleges, junior colleges, technical colleges, and bachelor's degree-granting colleges and universities upon completion of a course of study usually lasting two years. The Bachelor of Science in Nursing (BSN) is awarded to the nurse who has earned an American four-year academic degree in the science and principles of nursing, granted by a tertiary education university or similarly accredited school. After completing either the LPN or either RN education programs in the USA, graduates are eligible to sit for a licensing examination to become a nurse, the passing of which is required for the nursing license.

Nursing practice is the actual provision of nursing care. In providing care, nurses implement the nursing care plan using the nursing process. This is

based around a specific nursing theory which is selected based on the care setting and population served. In providing nursing care, the nurse uses both nursing theory and best practice derived from nursing research.

Nurses practice in a wide range of settings, from hospitals to visiting people in their homes and caring for them in schools to research in pharmaceutical companies. Nurses work in occupational health settings, free-standing clinics and physician offices, nurse-led clinics, long-term care facilities and camps. They also work on cruise ships and in military service. Nurses act as advisers and consultants to the health care and insurance industries. Many nurses also work in the health advocacy and patient advocacy fields at companies such as Health Advocate, Inc. helping in a variety of clinical and administrative issues. Some are attorneys and others work with attorneys as legal nurse consultants, reviewing patient records to assure that adequate care was provided and testifying in court. Nurses can work on a temporary basis, which involves doing shifts without a contract in a variety of settings, sometimes known as per diem nursing, agency nursing or travel nursing. Nurses work as researchers in laboratories, universities, and research institutions. Nurses have also been delving into the world of informatics, acting as consultants to the creation of computerized charting programs and other software.

The fast-paced and unpredictable nature of health care places nurses at risk for injuries and illnesses, including high occupational stress. Nursing is a particularly stressful profession, and nurses consistently identify stress as a major work-related concern and have among the highest levels of occupational stress when compared to other professions. This stress is caused by the environment, psychosocial stressors, and the demands of nursing, including new technology that must be mastered, the emotional labor involved in nursing, physical labor, shift work, and high workload. This stress puts nurses at risk for short-term and long-term health problems, including sleep disorders, depression, mortality, psychiatric disorders, stress-related illnesses, and illness in general. Nurses are at risk of developing compassion fatigue and moral distress, which can worsen mental health. They also have very high rates of occupational burnout (40%) and emotional exhaustion (43.2%). Burnout and exhaustion increase the risk for illness, medical error, and suboptimal care provision.

In the United States, the Occupational Health Safety Network (OHSN) is an electronic surveillance system developed by the National Institute for Occupational Safety and Health (NIOSH) to address health and safety risks among health care personnel, including nurses. It focuses on three high risk and preventable events: musculoskeletal injuries from patient handling activities; slips, trips, and falls; and workplace violence. Hospitals and other healthcare facilities can upload the occupational injury data they already collect for analysis and benchmarking with other de-identified facilities, in order to identify and implement timely and targeted interventions.

There are a number of interventions that can mitigate the occupational hazards of nursing. They can be individual-focused or organization-focused. Individual-focused interventions include stress management programs, which can be customized to individuals. Stress management programs can reduce anxiety, sleep disorders, and other symptoms of stress. Organizational interventions focus on reducing stressful aspects of the work environment by defining stressful characteristics and developing solutions to them. Using organizational and individual interventions together is most effective at reducing stress on nurses.

Catholic religious institutes were influential in the development of Australian nursing, founding many of Australia's hospitals - the Irish Sisters of Charity were first to arrive in 1838 and established St Vincent's Hospital, Sydney in 1857 as a free hospital for the poor. They and other orders like the Sisters of Mercy, and in aged care the Sisters of the Little Company of Mary and Little Sisters of the Poor founded hospitals, hospices, research institutes and aged care facilities around Australia.

A census in the 1800s found several hundred nurses working in Western Australia during the colonial period of history, this included Aboriginal female servants who cared for the infirm.

The state nursing licensing bodies amalgamated in Australia in 2011 under the federal body AHPRA (Australian Health Practitioner Registration Authority). Several divisions of nursing license is available and recognized around the country.

Australia enjoys the luxury of a national curriculum for vocational nurses, trained at TAFE colleges or private RTO. Enrolled and registered nurses are identified by the department of immigration as an occupational area of need, although registered nurses are always in shorter supply, and this increases in proportion with specialization.

In 1986 there were a number of rolling industrial actions around the country, culminating when five thousand Victorian nurses went on strike for eighteen days. The hospitals were able to function by hiring casual staff from each other's striking members, but the increased cost forced a decision in the nurses' favor.

In the European Union, the profession of nurse is regulated. A profession is said to be regulated when access and exercise is subject to the possession of a specific professional qualification. The regulated

professions database contains a list of regulated professions for nurse in the EU member states, EEA countries and Switzerland. This list is covered by the Directive 2005/36/EC.

To practice lawfully as a registered nurse in the United Kingdom, the practitioner must hold a current and valid registration with the Nursing and Midwifery Council. The title "Registered Nurse" can only be granted to those holding such registration. This protected title is laid down in the Nurses, Midwives and Health Visitors Act, 1997.

First-level nurses make up the bulk of the registered nurses in the UK. They were previously known by titles such as RGN (registered general nurse), RSCN (registered sick children's nurse), RMN (registered mental nurse) and RNMS (registered nurse (for the) mentally subnormal). The titles used now are similar, including RNA (registered nurse adult), RNC (registered nurse child), RNMH (registered nurse mental health) and RNLD (registered nurse learning disabilities).

Second-level nurse training is no longer provided, however they are still legally able to practice in the United Kingdom as a registered nurse. Many have now either retired or undertaken conversion courses to become first-level nurses. They are entitled to refer to themselves as registered nurses as their registration is on the Nursing & Midwifery Council register of nurses, although most refer to themselves as ENs or SENs.

In order to become a registered nurse, one must complete a program recognized by the Nursing and Midwifery Council. Currently, this involves completing a degree, available from a range of universities offering these courses, in the chosen branch specialty (see below), leading to both an academic award and professional registration as a 1st level registered nurse. Such a course is a 50/50 split of learning in university (i.e. through lectures, assignments and examinations) and in practice (i.e. supervised patient care within a hospital or community setting).

These courses are three (occasionally four) years' long. The first year is known as the common foundation program (CFP), and teaches the basic knowledge and skills required of all nurses. Skills included in the CFP may include communication, taking observations, administering medication and providing personal care to patients. The remainder of the program consists of training specific to the student's chosen branch of nursing. These are:

As of 2013, the Nursing and Midwifery Council will require all new nurses qualifying in the UK to hold a degree qualification. However, those nurses who hold a diploma, or even a certificate in nursing are still able to legally practice in the UK, although they are able to undertake university modules to obtain enough credits to top up to a degree.

Midwifery training is similar in length and structure, but is sufficiently different that it is not considered a branch of nursing. There are shortened (18 month) programs to allow nurses already qualified in the adult branch to hold dual registration as a nurse and a midwife. Shortened courses lasting 2 years also exist for graduates of other disciplines to train as nurses. This is achieved by more intense study and a shortening of the common foundation program.

Before Project 2000, nurse education was the responsibility of hospitals and was not based in universities; hence many nurses who qualified prior to these reforms do not hold an academic award.

After the point of initial registration, there is an expectation that all qualified nurses will continue to update their skills and knowledge. The Nursing and Midwifery Council insists on a minimum of 35 hours of education every three years, as part of its post registration education and practice (PREP) requirements.

In order to become specialist nurses (such as nurse consultants, nurse practitioners etc.) or nurse educators, some nurses undertake further training above bachelor's degree level. Master's degrees exist in various healthcare related topics, and some nurses choose to study for PhDs or other higher academic awards. District nurses and health visitors are also considered specialist nurses, and in order to become such they must undertake specialist training. This is a one-year full-time degree.

All newly qualifying district nurses and health visitors are trained to prescribe from the Nurse Prescribers' Formulary, a list of medications and dressings typically useful to those carrying out these roles. Many of these (and other) nurses will also undertake training in independent and supplementary prescribing, which allows them (as of 1 May 2006) to prescribe almost any drug in the British National Formulary. This has been the cause of a great deal of debate in both medical and nursing circles.

Canadian nursing dates all the way back to 1639 in Quebec with the Augustine nuns. These nuns were trying to open up a mission that cared for the spiritual and physical needs of patients. The establishment of this mission created the first nursing apprenticeship training in North America. In the nineteenth century there were some Catholic orders of nursing that were trying to spread their message across Canada. Most nurses were female and only had an occasional consultation with a physician. Towards the end of the nineteenth century hospital care and medical services had been improved and expanded. Much of this was due to Nightingale's influence. In 1874 the first formal nursing training program was started at the General and Marine Hospital in St. Catharines in Ontario.

All Canadian nurses and prospective nurses are heavily encouraged by the Canadian Nurses Association to continue their education to receive a baccalaureate degree. They believe that this is the best degree to work towards because it results in better patient outcomes. In addition to helping patients, nurses that have a baccalaureate degree will be less likely to make small errors because they have a higher level of education. A baccalaureate degree also gives a nurse a more critical opinion, which gives him or her more of an edge in the field. This ultimately saves the hospital money because they deal with less problematic incidents. All Canadian provinces except for the Yukon and Quebec require that all nurses must have a baccalaureate degree. The basic length of time that it takes to obtain a baccalaureate degree is four years. However, Canada does have a condensed program that is two years long.

Nursing specialty certification is available through the Canadian Nurses Association in nineteen practice areas. Some of those specialties are cardiovascular nursing, community health nursing, critical care nursing, emergency nursing, gerontological nursing, medical-surgical nursing, neuroscience nursing, oncology nursing, orthopedic nursing, psychiatric/mental health nursing, and rehabilitation nursing. Certification requires practice experience and passing a test that is based on competencies for that specialty.

Nursing was not an established part of Japan's healthcare system until 1899 with the Midwives Ordinance. From there the Registered Nurse Ordinance came into play in 1915. This established a legal substantiation to registered nurses all over Japan. A new law geared towards nurses was created during World War II. This law was titled the Public Health Nurse, Midwife and Nurse Law and it was established in 1948. It established educational requirements, standards and licensure. There has been a continued effort to improve nursing in Japan. In 1992 the Nursing Human Resource Law was passed. This law created the development of new university programs for nurses. Those programs were designed to raise the education level of the nurses so that they could be better suited for taking care of the public.

Nurses that are involved with midwifery are independent of any organization. A midwife takes care of a pregnant woman during labour and postpartum. They assist with things like breastfeeding and caring for the child.

In 1952 Japan established the first nursing university in the country. An Associate Degree was the only level of certification for years. Soon people began to want nursing degrees at a higher level of education. Soon the Bachelor's degree in Nursing (BSN) was established. Currently Japan offers doctorate level degrees of nursing in a good number of its universities.

There are three ways that an individual could become a registered nurse in Japan. After obtaining a high school degree the person could go to a nursing university for four years and earn a bachelor's degree, go to a junior nursing college for three years or go to a nursing school for three years. Regardless of where the individual attends school they must take the national exam. Those who attended a nursing university have a bit of an advantage over those who went to a nursing school. They can take the national exam to be a registered nurse, public health nurse or midwife. In the cases of become a midwife or a public health nurse, the student must take a one-year course in their desired field after attending a nursing university and passing the national exam to become a registered nurse. The nursing universities are the best route for someone who wants to become a nurse in Japan. They offer a wider range of general education classes and they also allow for a more rigid teaching style of nursing. These nursing universities train their students to be able to make critical and educated decisions when they are out in the field. Physicians are the ones who are teaching the potential nurses because there are not enough available nurses to teach students. This increases the dominance that physicians have over nurses.

Students that attend a nursing college or just a nursing school receive the same degree that one would who graduated from a nursing university, but they do not have the same educational background. The classes offered at nursing colleges and nursing schools are focused on more practical aspects of nursing. These institutions do not offer many general education classes, so students who attend these schools will solely be focusing on their nursing educations while they are in school. Students who attend a nursing college or school do have the opportunity to become a midwife or a public health nurse. They have to go through a training institute for their desired field after graduating from the nursing school or college. Japanese nurses never have to renew their licenses. Once they have passed their exam, they have their license for life.

Like the United States, Japan is in need of more nurses. The driving force behind this need this is the fact that country is aging and needs more medical care for its people. The country needs a rapid increase of nurses however things do not seem to be turning around. Some of the reasons that there is a shortage are poor working conditions, an increase in the number of hospital beds, the low social status of nurses, and the cultural idea that married women quit their jobs for family responsibilities. On average, Japanese nurses will make around 280,000 yen a month, which is one of the higher paying jobs. however, physicians make twice the amount that nurses do in a year. Similar to

other cultures, the Japanese people view nurses as subservient to physicians. They are considered lesser and oftentimes negative connotations are associated with nurses. According to the American Nurses Association article on Japan, "nursing work has been described using negative terminology such as "hard, dirty, dangerous, low salary, few holidays, minimal chance of marriage and family, and poor image".

In the US, scope of practice is determined by the state or territory in which an RN is licensed. Each state has its own laws, rules, and regulations governing nursing care. Usually the making of such rules and regulations is delegated to a state board of nursing, which performs day-to-day administration of these rules, licenses nurses and nursing assistants, and makes decisions on nursing issues. It should be noted that in some states the terms "nurse" or "nursing" may only be used in conjunction with the practice of a registered nurse (RN) or licensed practical or vocational nurse (LPN/LVN).

RNs are not limited to employment as bedside nurses. They are employed by physicians, attorneys, insurance companies, governmental agencies, community/public health agencies, private industry, school districts, ambulatory surgery centers, among others. Some registered nurses are independent consultants who work for themselves, while others work for large manufacturers or chemical companies. Research nurses conduct or assist in the conduct of research or evaluation (outcome and process) in many areas such as biology, psychology, human development, and health care systems.

The oldest method of nursing education is the hospital-based diploma program, which lasts approximately three years. Students take between 30 and 60 credit hours in anatomy, physiology, microbiology, nutrition, chemistry, and other subjects at a college or university, then move on to intensive nursing classes. Until 1996, most RNs in the US were initially educated in nursing by diploma programs. According to the Health Services Resources Administration's 2000 Survey of Nurses only six percent of nurses who graduated from nursing programs in the United States received their education at a Diploma School of Nursing.

The most common initial nursing education is a two-year Associate Degree in Nursing (Associate of Applied Science in Nursing, Associate of Science in Nursing, Associate Degree in Nursing), a two-year college degree referred to as an ADN. Some four-year colleges and universities also offer the ADN. Associate degree nursing programs have prerequisite and corequisite courses (which may include English, Math and Human Anatomy and Physiology) and ultimately stretch out the degree-acquiring process to about three years or greater.

The third method is to obtain a Bachelor of Science in Nursing (BSN), a four-year degree that also prepares nurses for graduate-level education. For the first two years in a BSN program, students usually obtain general education requirements and spend the remaining time in nursing courses. Advocates for the ADN and diploma programs state that such programs have an on the job training approach to educating students, while the BSN is an academic degree that emphasizes research and nursing theory. Some states require a specific amount of clinical experience that is the same for both BSN and ADN students. A BSN degree qualifies its holder for administrative, research, consulting and teaching positions that would not usually be available to those with an ADN, but is not necessary for most patient care functions. Nursing schools may be accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

Completion of any one of these three educational routes allows a graduate nurse to take the NCLEX-RN, the test for licensure as a registered nurse, and is accepted by every state as an adequate indicator of minimum competency for a new graduate. However, controversy exists over the appropriate entry-level preparation of RNs. Some professional organizations believe the BSN should be the sole method of RN preparation and ADN graduates should be licensed as "technical nurses" to work under the supervision of BSN graduates. Others feel the on-the-job experiences of diploma and ADN graduates makes up for any deficiency in theoretical preparation.

The International Council Of Nursing (ICN), the largest international health professional organization in the world, recognizes the shortage of nurses as a growing crisis in the world. This shortage impacts the healthcare of everyone worldwide. One of the many reasons is that nurses who pursue to become nurses do so very late in their lives. This leads to a non-lengthy employment time. A national survey prepared by the Federation of Nurses and Health Professionals in 2001 found that one in five nurses plans to leave the profession within five years because of unsatisfactory working conditions, including low pay, severe under staffing, high stress, physical demands, mandatory overtime, and irregular hours. Approximately 29.8 percent of all nursing jobs are found in hospitals. However, because of administrative cost cutting, increased nurse's workload, and rapid growth of outpatient services, hospital nursing jobs will experience slower than average growth. Employment in home care and nursing homes is expected to grow rapidly. Though more people are living well into their 80s and 90s, many need the kind of long-term care available at a nursing home. Many nurses will also be

needed to help staff the growing number of out-patient facilities, such as HMOs, group medical practices, and ambulatory surgery centers. Nursing specialties will be in great demand. There are, in addition, many part-time employment possibilities.

Levsey, Campbell, and Green voiced their concern about the shortage of nurses, citing Fang, Wilsey-Wisniewski, & Bednash, 2006 who state that over 40,000 qualified nursing applicants were turned away in the 2005-2006 academic year from baccalaureate nursing programs due to a lack of masters and doctoral qualified faculty, and that this number was increased over 9,000 from 32,000 qualified but rejected students from just two years earlier. Several strategies have been offered to mitigate this shortage including; Federal and private support for experienced nurses to enhance their education, incorporating more hybrid/blended nursing courses, and using simulation in lieu of clinical (hospital) training experiences.

Furthermore, there is a shortage of academically qualified instructors to teach at schools of nursing worldwide. The serious need for educational capacity is not being met, which is the underlying most important preparation resource for the nurses of tomorrow. The decrease in faculty everywhere is due to many factors including decrease in satisfaction with the workforce, poor salaries, and reduction in full-time equivalent. Throughout the span of 6 years the nursing faculty shortage has been written about an increasing amount.

The following introduces recent reports as references in the related studies.

Barreira Ide, A. and S. Baptista Sde "[The movement for reassessing education and research in nursing history]." Rev Bras Enferm. 2003 Nov-Dec;56(6):702-6.

The thematic focus of this work is a call for reconsidering Education and Research on Nursing History (NH). Such movement is deemed a late manifestation in a process of improvement in Nursing knowledge, mediated by the development of stricto sensu Postgraduate programs, by the end of the 20th century, when a wakening of the Nursing area was seen due to a need to search for balance between technical and scientific competence and the ability for social criticism and professional self-assessment. An analysis of the possibilities and limitations of education and research in NH is presented, as well as its contribution to the advancement of the profession, and implications from understanding NH as an interdisciplinary field are discussed.

Barron, D. and E. West "Leaving nursing: an event-history analysis of nurses' careers." J Health Serv Res Policy. 2005 Jul;10(3):150-7.

The current shortage of nurses is a major problem for health care systems around the world and has revitalized interest in the dynamics of nurses' careers. This paper investigates the factors associated with qualified nurses in Britain moving to different employment statuses, including jobs outside nursing, unemployment, maternity leave and family care over time. British Household Panel Survey (BHPS) data collected between 1991 and 2001 were used to estimate the effects of covariates on transition rates between different employment statuses. RESULTS: Individual characteristics associated with shorter tenure in the profession include being male, being younger, having a degree, and having been born in the UK. Many nurses leave to care for their families, which suggests the possibility of returning to the profession at a later date. A number of job characteristics are also related to leaving, including low pay, managerial responsibility, full-time work and lack of opportunities to use initiative. Nurses seem to be particularly vulnerable to leaving early in their careers, but those who survive the first few years are likely to remain in the profession for the rest of their working lives. It is particularly important in policy terms that ability to use initiative is related to leaving nursing for another form of full-time employment and, in particular, to leaving for a better job. This finding is consistent with results from studies of the Magnet hospitals in the US.

Boschma, G. "Community mental health nursing in Alberta, Canada: an oral history." Nurs Hist Rev. 2012;20:103-35.

Community mental health nurses had a central role in the construction of new rehabilitative practices and community mental health services in the 1960s and 1970s. The purpose of this article is, first, to explore how nurses understood and created their new role and identity in the turbulent context of deinstitutionalization. The development of after care services for patients discharged from Alberta Hospital in Ponoka (AH-Ponoka), a large mental institution in Calgary, in the Canadian province of Alberta, will be used as a case study. I specifically focus on the establishment of outpatient services in a new psychiatric department at Foothills General Hospital in Calgary. Second, I examine how deinstitutionalization itself shaped community mental health nurses' work. Oral history interviews with nurses and other mental health professionals, who had a central role in this transformation process, provide a unique lens through which to explore this social change. The article concludes that new rehabilitative, community-based

mental health services can better be understood as a transformation of former institutional practices rather than as a definite break with them.

Bradshaw, A. E. "Gadamer's two horizons: listening to the voices in nursing history." Nurs Inq. 2013 Mar;20(1):82-92. doi: 10.1111/j.1440-1800.2011.00584.x. Epub 2011 Nov 1.

Brian Abel-Smith's A History of the Nursing Profession published in 1960 marked a new critical approach to interpreting British nursing history in the light of modern culture. This approach was taken forward by most nursing history writers. In addition, some British nursing history writers, notably Monica Baly, Celia Davies and Anne Marie Rafferty, as well as Abel-Smith himself, have influenced the direction of British nursing policy. This study argues that the current method of interpreting nursing history, through the revisionist lens of what Patricia D'Antonio calls 'the mighty triumvirate of race, class and gender', makes a crucial omission. According to Hans-Georg Gadamer, the hermeneutical philosopher, historical interpretation should be a mutual dialogue of the 'then' and the 'now'. But in modern nursing history writing the present horizon dominates. In order to allow the past horizon to speak to the present, this study examines the textbooks of British nursing matrons and tutors 1873-1971.

Brown-Benedict, D. J. "The Doctor of Nursing Practice degree: lessons from the history of the professional doctorate in other health disciplines." J Nurs Educ. 2008 Oct;47(10):448-57.

Despite the American Association of Colleges of Nursing's adoption of the Doctor of Nursing Practice (DNP) degree as the appropriate level of education for advanced practice, a number of controversies have persisted, including questions of timing, academic support, grandfathering, diffusion of nursing research, and economics. This article discusses the path to the professional doctorate in optometry, osteopathy, public health, pharmacy, physical therapy, audiology, chiropractic, and naturopathy. It reveals similar struggles to professionalism and the consensus drawn from doctoral development in these fields. It concludes with lessons for a path forward for the DNP.

Buckingham, S. "Nursing history for the net generation." Can Bull Med Hist. 2010;27(1):185-97.

This article describes the development and delivery of an online history of nursing course. The course enables learners to take an in-depth look at the rich and complex history of nursing in Canada and gain an understanding of nurses' influence on society and the contributions nurses have made to building this country, as well as to the health of Canadians. The paper examines the pedagogy of teaching and learning on the web and the implications of a technologically savvy generation of learners. The article outlines some of the course highlights, including an overview of a variety of innovative, interactive learning objects, used to enhance knowledge and stimulate discussion. As the first online history of nursing course in Canada, we have taught some history, learned some history and, perhaps, we even made some history.

Campos, P. F. "[The academic dossier of Maria de Lourdes Almeida: history and nursing in post-1930s Brazil]." Hist Cienc Saude Manguinhos. 2013 Jun;20(2):609-25.

The Special Public Health Service (Servico Especial de Saude Publica) reframed both the training and the professional identity of Brazilian nursing when it reopened the doors to black men and women. This is the premise of the present article, which uses the historical method to analyze the results of Brazil's Nursing Program based on the personal experience of one of its actors. Primary sources consist of the documents attached to the academic dossier of Maria de Lourdes Almeida, one of the first beneficiaries of a grant from the Service and head nurse with the Araraquara Special Health Service, part of the Center for Training School of Hygiene and Public Health at the Universidade de Sao Paulo. It is argued that the Nursing Program, which was implemented in Brazil under the Estado Novo, changed the professional profile of Brazilian nursing after the 1930s and solidified the interventionist policy promoted in the Vargas era.

Carvalho, V. "[About the Brazilian Nursing Association--85 years of history: punctual advances and conquests, remarkable contributions, and challenges]." Rev Bras Enferm. 2012 Mar-Apr;65(2):207-14.

This is to point upper specific aspects of the Brazilian Nursing Association 85 Years of History (ABEn), an historical-evolutionary time that is quite a secular. The most objective intention is to emphasize the advances and remarkable conquests that distinguished the associative entity in the Brazilian reality. The thematic approach is of appreciative reflections referring to the idea of considering some changes accomplished in the associative development plan and social compromise, but with emphasis to reconsider some permanent challenges.

Choy, C. C. Nurses across borders: foregrounding international migration in nursing history, Nurs Hist Rev. 2010;18:12-28.

Although the international migration of nurses has played a formative role in increasing the

racial and ethnic diversity of the health care labor force, nursing historians have paid very little attention to the theme of international migration and the experiences of foreign-trained nurses, A focus on international migration complements two new approaches in nursing history: the agenda to internationalize its frameworks, and the call to move away from "great women, great events" and toward the experiences of "ordinary" nurses. This article undertakes a close reading of the life and work of Filipino American nurse Ines Cayaban to reconceptualize nursing biography in an international framework that is attentive to issues of migration, race, gender, and colonialism. It was a Hannah keynote lecture delivered by the author on June 5, 2008, as part of the CAHN/ACHN (Canadian Association for the History of Nursing/Association Canadienne pour l'Histoire du Nursing) International Nursing History Conference.

Corbellini, V. L. "[Fragments of nursing history: a knowledge created in the web of the theoretical submission process]." Rev Bras Enferm. 2007 Mar-Apr;60(2):172-7.

The purpose of this research is to rescue from the 1950s onwards, in the State of Rio Grande do Sul, both the discursive and non-discursive practices, on how the nursing teaching went on being redesigned, in search of a profession that would be more scientific, less technicistic, and how the nursing theories had had a participation in such process of transformations and contradictions. The survey has involved teaching nurses that had lived that period in history and, the discourse analysis was used for the documentary analysis. One of the analyses points out the importance of the nursing theories in the validation of the nurse's know-how between the 1950s and the 1980s.

Crihfield, C. and T. W. Grace "The history of college health nursing." J Am Coll Health. 2011;59(6):470-6. doi: 10.1080/07448481.2011.563433.

Almost from the beginning of formal college health programs in the second half of the 19th century, college health nurses were there to care for students in college and university settings. By the end of the 20th century, the role of college health nurses had evolved with the nursing field in general, but with enough unique features for the American Nurses' Credentialing Center to recognize college health nursing as a professional subspecialty and administer the first College Health Nurse Certification examinations. In addition, new nurse practitioner programs provided practicing nurses with more independence, and their duties continued to expand beyond care of the sick to include health promotion, administrative, and teaching activities. As a result of these changes, college health nurses now play a larger role in the life of students and promoting a healthy campus community than ever before in the history of college health.

Davis, R. S. and L. K. Connelly "Nursing and en route care: history in time of war." US Army Med Dep J. 2011 Oct-Dec:45-50.

The mission of the en route caregiver is to provide critical care in military helicopters for wounded Warriors. This care minimizes the effects of the wounds and injuries, and improves morbidity and mortality. This article will focus on the history of Army Nursing en route care. From World War II through Vietnam, and continuing through the War on Terrorism in Iraq and Afghanistan, Army nurses served in providing en route care in military airplanes and helicopters for patients being transported to higher echelons of care. From aid stations on the battlefield to forward surgical teams which provide life, limb, and eyesight saving care, to the next higher level of care in combat support hospitals, these missions require specialized nursing skills to safely care for the high acuity patients. Before the en route care concept existed, there was not a program to train nurses in these critical skills. There was also a void of information about patient outcomes associated with the nursing assessment and care provided during helicopter medical evacuation (MEDEVAC) of such unstable patients, and the consequent impact on the patient's condition after transport. The role of critical care nurses has proven to be essential and irreplaceable in providing full-spectrum care to casualties of war, in particular, the postsurgical patients transferred from one surgical facility to another in theatre. However, we have only recently developed the concepts over the required skill set, training, equipment, functionality, evidenced-based care, and sustainability of nursing in the en route care role. Much of the work to quantify and qualify nursing care has been done by individuals and individual units whose lessons-learned have only recently been captured.

Dreher, H. M., F. Cornelius, et al. "The fusion of gerontology and technology in nursing education: History and demonstration of the Gerontological Informatics Reasoning Project--GRIP." Stud Health Technol Inform. 2006;122:486-9.

Phase I of our Gerontological Reasoning Informatics Project (GRIP) began in the summer of 2002 when all 37 senior undergraduate nursing students in our accelerated BSN nursing program were given PDAs. These students were oriented to use a digitalized geriatric nursing assessment tool embedded into their PDA in a variety of geriatric clinical

agencies. This informatics project was developed to make geriatric nursing more technology oriented and focused on seven modules of geriatric assessment: intellect (I), nutrition (N), self-concept (S), physical activity (P), interpersonal functioning (I), restful sleep (R), and elimination (E)--INSPIRE. Through phase II and now phase III, the GRIP Project has become a major collaboration between the College of Nursing & Health Professions and College of Information Science and Technology at Drexel University. The digitalized geriatric nursing health assessment tool has undergone a second round of reliability and validity testing and is now used to conduct a 20 minute comprehensive geriatric health assessment on the PDA, making our undergraduate gerontology course the most high tech clinical course in our nursing curriculum.

Dudley-Brown, S. "The genetic family history assessment in gastroenterology nursing practice." Gastroenterol Nurs. 2004 May-Jun;27(3):107-10.

Genetic factors influence the risk for disease and the overall health of persons throughout their lifespan. The systematic collection of family history information in a three-generation format is the most important approach for the identification of individuals with a genetic susceptibility to most common diseases, and applying genetic concepts in healthcare. The detailed family history can play a critical role in diagnosis, lay the foundation for accurate risk assessment, and be used to develop subsequent education, individualized monitoring and management of the disease, and prevention measures. The purpose of this article is to familiarize nurses with why, what, how, when, where and for whom a genetic family history assessment should be used in gastroenterology nursing practice. Risk assessment specific to the development and prevention of colorectal cancer will be described.

Earl, C. E. "Medical history and epidemiology: their contribution to the development of public health nursing." Nurs Outlook. 2009 Sep-Oct;57(5):257-65. doi: 10.1016/j.outlook.2009.04.003.

The nursing profession historically has been involved in data collection in research efforts notably from the time of the Framingham Tuberculosis Project (1914-1923). Over the past century, nurses have become more sophisticated in their abilities to design, conduct, and analyze data. This article discusses the contributions of medicine and epidemiology to the development of public health nursing and the use of statistical methods by nurses in the United States in the 19th and 20th centuries. Knowledge acquired from this article will inform educators and researchers about the importance of using quantitative analysis, evidenced-based knowledge, and statistical methods when teaching students in all health professions.

Fairman, J. "Context and contingency in the history of post World War II nursing scholarship in the United States." J Nurs Scholarsh. 2008;40(1):4-11. doi: 10.1111/j.1547-5069.2007.00199.x.

PURPOSE: To examine the context for the development of nursing scholarship post World War II. METHODS: Historiographical analysis of the social, political, and cultural context of nursing scholarship in the postwar period, with an understanding of how this context shaped nursing scholarship. FINDINGS: The development of nursing scholarship was influenced by three contextual strands: Nurses' use of experiential clinical knowledge to situate practice questions in the changing clinical care milieu of the 1950s to the 1970s; The development of an intellectual genealogy through new educational opportunities at the baccalaureate and graduate level from the 1960s to the 1980s that provided the foundation for reintegrating practice and education; and the creation of a growing cadre of nurse scholars and their political influence on the relationship between power, knowledge, and clinical practice. These formulations are critical for understanding how scholarship changed over time and help us understand contemporary clinical practice, its authority structure, how it helps us define a body of knowledge from which practice proceeds, and then, how it responds to public demands. CONCLUSIONS: Nursing scholarship is nested in a particular social, political, economic, and cultural context. This context also determines how and why it is generated, debated, and used. Its production does not always follow a rational, logical pattern. Nursing knowledge development is influenced as much by the political underpinnings of health care as it is by social, economic, cultural, and scientific foundations.

Formiga, J. M. and R. M. Germano "[Inside history: the teaching of administration in nursing]." Rev Bras Enferm. 2005 Mar-Apr;58(2):222-6.

This article traces some developments in the teaching of Administration in Nursing, from its origins to the present time. The role of Florence Nightingale and her modern ideas in Nursing, are emphasized, focusing on the administrative vision of work in nursing. The work presents the trajectory of this teaching in nursing education in Brazil. Therefore, the goal is to register its evolution and analyze the different phases and factors that determined the changes that have occurred. We can affirm that this teaching, up to the 70's, was marked by conservative authoritarian practices. Beginning in the 80's, there have been changes in this posture and this has been

expressed in the more critical publications and through debate within the profession, in syntony, naturally, with the democratic opening that has taken place in the country.

Happell, B. "Moving in circles: a brief history of reports and inquiries relating to mental health content in undergraduate nursing curricula." Nurse Educ Today. 2010 Oct;30(7):643-8. doi: 10.1016/j.nedt.2009.12.018.

Since the abolition of specialist, undergraduate education in mental health nursing, serious concerns have been raised about the inadequate amount of theory and clinical experience devoted to this specialty in most pre-registration nursing programs in Australia. A number of government initiated reports and inquiries have been undertaken to scope the problem and provide recommendations with the aim of overcoming the identified deficits. Most inquiries have agreed that mental health nursing is under-represented in undergraduate programs and this has serious consequences for establishing a sustainable mental health nursing workforce and for providing optimal care for people experiencing a mental illness. The recommendations tend to support the continuation of comprehensive nursing education, but emphasise the need for increased mental health content. Terms like significant and substantial are often used which are not easily quantifiable. The repetitive nature of the recommendations and findings of the reports suggests that real change is not likely to occur unless specific minimum standards for the mental health content of undergraduate nursing programs are set.

Hardill, K. "From the Grey Nuns to the streets: a critical history of outreach nursing in Canada." Public Health Nurs. 2007 Jan-Feb;24(1):91-7.

This article traces the historic antecedents of outreach nursing in Canada, going as far back as the Grey Nuns in what is now Quebec. It attempts to place modern-day street nursing in a historical context, which includes Nightingale, Wald, the early Victorian Order of Nurses, and the social reform movements of the early 20th century. The article critiques the involvement of nursing in less than virtuous aspects of social control with respect to impoverished and otherwise marginalized groups. The article goes on to trace the origins of modern Canadian street nursing in three cities: Vancouver, Toronto, and Montreal. It uses both a search of the nursing literature and, because much of this history is undocumented, oral history and anecdotal information as well. It critiques nursing's traditional avoidance of political action and calls upon modern-day nurses to support and educate one another to engage in this work.

Holme, A. Why history matters to nursing, Nurse Educ Today. 2015 May;35(5):635-7. doi: 10.1016/j.nedt.2015.02.007. Epub 2015 Feb 21.

This paper proposes that poor knowledge and understanding of the history of nursing particularly in the UK influences the media and public analysis of nursing practice. Comparing reports of current poor practice with a 'golden age' of nursing in the past undermines public confidence in today's nursing and nurse education and has the potential to lead to simplistic and flawed policy decisions in response. The lack of detailed knowledge of past nursing practice, experience and values suggests the need for more historical research in this field. A greater critical understanding of nursing history could strengthen and enrich nursing identity and further develop critical thinking skills in nursing students.

Honey, M. L. and L. A. Westbrooke "Nursing informatics in new zealand: from history to strategy." NI 2012 (2012). 2012 Jun 23;2012:171. eCollection 2012.

As technological advances saw computers become more common, nurses in New Zealand were inspired to look for ways to harness the use of computers and other technologies to aid patient care and their practice. This paper traces the history of the development of nursing informatics in New Zealand from the earliest days in the 1980s through to the present, when nurses have leadership roles in informatics and are represented at the highest levels in national decision making, thereby influencing the development of national strategies. Nurses have developed a strong informatics profile through working collaboratively with other organizations, yet ensuring that the interests of nurses are maintained. In addition, the support from international nursing informatics pioneers and New Zealand nurses contribution to the international nursing informatics community is highlighted.

Jayasekara, R. S. and H. McCutcheon "The history of nursing services and education in Sri Lanka and the effects on developing professionalism." J Nurs Educ. 2006 Oct;45(10):391-5.

Understanding the evolution of nursing in a country provides perspective on the origins of current successes and dilemmas and enables the development of strategies and plans for future trends in the profession. This article explores the evolution of nursing services and education in Sri Lanka and the effects on developing professionalism in nursing. Internet database searches, personal communication, and published and unpublished literature and reports were reviewed to obtain historical information on nursing services and education in Sri Lanka. The Sri

Lankan health system is reviewed, and the establishment of Western medicine in Sri Lanka and its effects on developing institutionalized nursing education is presented, with a focus on the evolution of nursing education. Major challenges for the nursing profession in Sri Lanka are discussed, and some recommendations are shared.

Kalauz, S., S. Cukljek, et al. "The history of written word in Croatian nursing." Croat Med J. 2012 Dec;53(6):631-4.

Today the development of a unique professional language and publishing of professional and scientific publications is the basis of every profession, including the nursing profession. The task of the unique language specific to the nursing profession is to describe the nursing profession (to make it more familiar to the other team members and clients/customers), improve communication between nurses and other team members, help in health care improvement and administration, enable comparison of health care results, improve health care outcomes, as well as facilitate health care documentation and encourage research related to nursing. From the historical point of view, the development of nursing practice in Croatia was not accompanied by professional writings until the end of the 20th century, especially not by professional articles written by nurses themselves. By analyzing old writings and handbooks, the historical development of the written word of nurses is reconstructed for the first time in the region.

Kangasniemi, M. and A. Haho "Human love--the inner essence of nursing ethics according to Estrid Rodhe. A study using the approach of history of ideas." Scand J Caring Sci. 2012 Dec;26(4):803-10. doi: 10.1111/j.1471-6712.2012.01010.x. Epub 2012 May 22.

The aim of this study is to describe the idea pattern of nursing ethics in the textbook written by the Swedish nurse Estrid Rodhe (1911). The purpose is to increase understanding of the ideas in early written history of nursing ethics by using the method of history of ideas. A theoretical premise, but also a fascinating factor in this study, is that the ethics of one profession is always contextual in relation to current period. The historical context of Rodhe's time was a time of difficult societal circumstances in Europe. Nurses' work was demanding, but a distinctive feature was enthusiasm to develop nursing. Discussion of the moral issues of nursing was intense, and the characteristics of a good nurse consisted of being as altruistic and unselfish woman. Based on our analysis, the inner essence of Rodhe's idea pattern consists of human love. It is reflected in her ideas of calling-based altruism, virtuous woman as a personal reason for being a nurse and nurses' ethical duty to implementation and subservience. Rodhe's thinking reflects the conventions of her time. The role of personal moral characteristics of nurses was highlighted and not viewed as separable from the professional. Her textbook represented nursing knowledge of ethics written by a nurse and making her a pioneer of the early written history of nursing in general. Understanding the past helps us comprehend current issues in nursing and makes visible cultural values that form the basis for today and tomorrow. It also provides a possibility to observe the same fundamental features in spite of temporal distance. Here, the history of ideas is a beneficial and fruitful method to increase our understanding of nursing ethics.

Keady, J., B. Woods, et al. "Community mental health nursing and early intervention in dementia: developing ractice through a single case history." J Clin Nurs. 2004 Sep;13(6B):57-67.

People Nursing in association with Journal of Clinical Nursing 13, 6b, 57-67 Community mental health nursing and early intervention in dementia: developing practice through a single case history This paper reports on a single case history taken from the 'Dementia Action Research and Education' project, a 15-month primary care intervention study that was undertaken in North Wales in the early part of 2000. The study sought to address the meaning, context and diversity of early intervention in dementia care and employed a community mental health nurse and a psychiatric social worker to undertake early and psychosocial interventions with older people with dementia (aged 75 years and over) and their families. The workers tape-recorded, documented and analysed their interventions with 27 older people with dementia and their families over the 15-month duration of the study. Clinical supervision was also undertaken during the intervention phase. One case history is presented in this paper to illustrate the work of the community mental health nurse and to identify areas of practice development. Greater role transparency, collaborative working and improvement in educational preparation for practice are called for.

Kearney, G. "We must not forget what we once knew: an exemplar for helping nurses reconnect with their history and rediscover their passion for nursing." J Holist Nurs. 2010 Dec;28(4):260-2; quiz 263-5. doi: 10.1177/0898010110376322. Epub 2010 Jul 22.

Whether it is adhering to the latest regulatory requirements, measuring performance, evaluating the patient's experience of care, or preventing pressure ulcers, nothing is more vital to the success of any

initiative than the requisite skill and observations of a professional nurse. Yet, for many nurses, getting through the day can be a struggle. Feeling overwhelmed, disconnected, and scattered, reshaping the identity and passion once recognized as an individual's "calling" to professional nursing leads to poor outcomes for nurses and patients alike. Nursing was not intended to be such a struggle, and many "new" performance indicators contain elements that have been recognized as proper nursing practice throughout the history of the profession. Nurses must be reminded of their rich history and the teachings of Florence Nightingale. This article summarizes one hospital's experience with a newly developed tool used during nursing orientation. While connecting past and present, both standards and expectations for nursing practice are communicated, leaving nurses feeling supported, validated, and energized.

Kirschbaum, D. I. "[The history of psychiatric nursing in Rio Grande do Sul: Part I]." Rev Gaucha Enferm. 2003 Apr;24(1):95-108.

The objective of this article is to contribute towards the history and historiography of Psychiatric Nursing in Rio Grande do Sul by reconstituting the Professional School of Nursing that functioned from 1939 to 1952 at the Sao Pedro Hospital. Since this is recent history, documentary research and oral history were used as primary sources of information. It was possible to characterize the context that favored its organization, the main characteristics of the process used to train nurses in the field of psychiatry and its effects in attaining the discipline of these professionals in relation to the psychiatric project, which at that time was hegemonic.

Lagerwey, M. D. "Ethical vulnerabilities in nursing history: conflicting loyalties and the patient as 'other'." Nurs Ethics. 2010 Sep;17(5):590-602. doi: 10.1177/0969733010368746.

The purpose of this article is to explore enduring ethical vulnerabilities of the nursing profession as illustrated in historical chapters of nursing's past. It describes these events, then explores two ethical vulnerabilities in depth: conflicting loyalties and duties, and relationships with patients as 'other'. The article concludes with suggestions for more ethical approaches to the other in current nursing practice. The past may be one of the most fruitful sites for examining enduring ethical vulnerabilities of the nursing profession. First of all, professional identity, which includes moral identity, comes in part from knowledge of the nursing profession's past. Second, looking to the past to understand better how events and ideologies have brought vulnerabilities to the fore raises questions about ethical nursing practice today.

Leishman, J. L. "Back to the future: making a case for including the history of mental health nursing in nurse education programmes." Int J Psychiatr Nurs Res. 2005 May;10(3):1157-64.

Reflections on nursing history, the nature of its workforce and its evolution as a profession can be powerful tools in the development of professional identity. Historical accounts of mental health nurses' practice and how they are socially, politically and culturally positioned within a particular time frame serve to illustrate that as practitioners we are precariously placed within a certain point in history. This paper emphasises the importance of mental health nursing historical research within nurse education curricula as a means of situating current theories, practice and professional identity. It further proposes that as today's practice becomes tomorrow's history, mental health nursing will continue to respond in a dynamic way to the practices and policies of the day.

Lewenson, S. B. "Integrating nursing history into the curriculum." J Prof Nurs. 2004 Nov-Dec;20(6):374-80.

Understanding nursing history helps us to comprehend current issues in nursing and anticipate future trends in the profession. Faculty need strategies that will assist them in making history meaningful in the crammed, packed undergraduate and graduate curricula. This article examines how nursing history has been taught in the curriculum since the National League of Nursing Education first introduced a standardized curriculum in 1917 until the present. It explores the teaching strategies used in the past and expands on some of these methods and strategies in order to include them in nursing curricula today.

McAllister, M., W. Madsen, et al. "Teaching nursing's history: a national survey of Australian Schools of Nursing, 2007-2008." Nurse Educ Today. 2010 May;30(4):370-5. doi: 10.1016/j.nedt.2009.09.010.

This paper reports on a survey of Australian Schools of Nursing that took place over an 8months period between 2007 and 2008. This study was implemented to extend understanding of effective teaching of nursing history, an area not previously researched in Australia. A critical interpretive method enabled us to problematise the issue, to highlight what was said about the importance of history teaching as well as ad hoc practices and barriers. The study found that participants value history of nursing teaching, but the crowded curriculum is erasing history's place and potential. It revealed ideological tensions shaping and constraining history of nursing teaching. In Australia, the way nursing's history is taught varies and teaching content, strategies and resources utilised are not evenly available. Pedagogical innovations are not effectively

disseminated. Our recommendations for Australian Schools of Nursing that have more general applicability are: (1) Nursing curriculum needs to be developed from a set of principles and standards that define the attributes of the professional nurse, not in response to interest groups and (2) History of nursing pedagogy should be systematically developed and disseminated through a national virtual centre, linked to international centres, to enhance teachers' understanding of the discipline area and to support their teaching practice.

McLeod, M. and K. Francis "A safety net: use of pseudonyms in oral nursing history." Contemp Nurse. 2007 May-Jun;25(1-2):104-13.

This paper explores the use of pseudonyms in a historical study that weaves oral testimony throughout the narrative. The research was undertaken to unveil the experiences of Australian Army nurses in Malaya's Communist insurgency (1948-1960). Thirty-three women from the Royal Australian Army Nursing Corps served in this conflict termed the Malayan Emergency, but only four nurses could be located for this study. After almost fifty years of silence the female nursing voice emerged as the informants spoke at interview of their unique personal and military experiences in Malaya. It is acknowledged that assigning the nurse informants pseudonyms, as opposed to using their names, constitutes a significant deviation from the established traditions of oral history. However, it is argued that the use of pseudonyms provided an opportunity for candid disclosure by the nurses on a range of topics whilst keeping the informants safe from adverse public or military scrutiny.

Mudd, G. T. and M. C. Martinez "Translation of family health history questions on cardiovascular disease and type 2 diabetes with implications for Latina health and nursing practice." Nurs Clin North Am. 2011 Jun;46(2):207-18, vii. doi: 10.1016/j.cnur.2011.02.008.

Cardiovascular disease (CVD) and type 2 diabetes (T2D) are leading causes of morbidity and mortality among US Latinas. Family history is increasingly used to determine risk for these chronic, multifactorial diseases and to direct prevention interventions. This article provides a brief review on family history screening for CVD and T2D risk identification and presents the results of a pilot study to translate and evaluate the use of a family history tool for Spanish-speaking Latinas. Implications for the use of family history screening to guide CVD and T2D prevention interventions with Latinas are discussed.

Munro, M. L., A. C. Dulin, et al. "History, policy and nursing practice implications of the plan b((R)) emergency contraceptive." Nurs Womens Health. 2015 Apr-May;19(2):142-53. doi: 10.1111/1751-486X.12186.

Numerous policy changes have expanded access to emergency contraception, such as Plan B(R), in recent years. Plan B(R) is a progesterone-based medication that prevents pregnancy from occurring up to 120 hours after unprotected intercourse by preventing ovulation and tubal transport. Increased access to Plan B(R) allows women to make independent decisions regarding reproductive health. Nurses play an important role in providing education as well as comprehensive, compassionate and holistic care.

Nelson, S. "The lost path to emancipatory practice: towards a history of reflective practice in nursing." Nurs Philos. 2012 Jul;13(3):202-13. doi: 10.1111/j.1466-769X.2011.00535.x.

This paper historicizes the taken-for-granted acceptance of reflection as a fundamental professional practice in nursing. It draws attention to the broad application of reflective practice, from pedagogy to practice to regulation, and explores the epistemological basis upon which the authority of reflective discourse rests. Previous work has provided a series of critiques of the logic and suitability of reflective practice across all domains of nursing. The goal of this paper is to commence a history of nursing's reflective identity. The paper begins with a discussion of Dewey and Schon then focuses on Habermas's Theory of Communicative Action as the epistemological basis of reflective practice's standing as a authoritative discourse in nursing.

Newbold, S. K. and B. L. Westra American medical informatics association nursing informatics history committee update, Comput Inform Nurs. 2009 Jul-Aug;27(4):263-5. doi: 10.1097/NCN.0b013e3181ae647e.

Neyen, C. "[Life history in a nursing home, a working tool]." Soins Gerontol. 2012 Jan-Feb;(93):16-7.

Elderly people suffering from Alzheimer's disease or related dementia sometimes testify to a difficult life. A life history recorded on arrival in the nursing home throws light on the behavioural disorders of the residents. It helps caregivers to take measures offering them some relief and to see the residents differently, beyond their illness.

Ozbolt, J. G. and V. K. Saba "A brief history of nursing informatics in the United States of America."

Nurs Outlook. 2008 Sep-Oct;56(5):199-205.e2. doi: 10.1016/j.outlook.2008.06.008.

From the beginning of modern nursing, data from standardized patient records were seen as a potentially powerful resource for assessing and improving the quality of care. As nursing informatics began to evolve in the second half of the 20th century, the lack of standards for language and data limited the functionality and usefulness of early applications. In response, nurses developed standardized languages, but until the turn of the century, neither they nor anyone else understood the attributes required to achieve computability and semantic interoperability. Collaboration across disciplines and national boundaries has led to the development of standards that meet these requirements, opening the way for powerful information tools. Many challenges remain, however. Realizing the potential of nurses to transform and improve health care and outcomes through informatics will require fundamental changes in individuals, organizations, and systems. Nurses are developing and applying informatics methods and tools to discover knowledge and improve health from the molecular to the global level and are seeking the collective wisdom of interdisciplinary and interorganizational collaboration to effect the necessary changes. NOTE: Although this article focuses on nursing informatics in the United States, nurses around the world have made substantial contributions to the field. This article alludes to a few of those advances, but a comprehensive description is beyond the scope of the present work.

Padilha, M. I., M. S. Borenstein, et al. "[Nursing history research groups: a Brazilian reality]." Rev Esc Enferm USP. 2012 Feb;46(1):192-9.

The objective of this study is to examine the activities of Nursing History research groups in Brazil and their relationships with the nursing undergraduate and graduate courses. This exploratory, descriptive, qualitative documental study was performed from July 2008 to March 2010. We identified 34 research groups that had Nursing History as the focus of at least one of the lines of research. Results showed that the groups have produced a great amount of bibliographical material, research lines and broad participation of undergraduate and graduate students. It was also found that there is a communication network among groups working within the same line of research. In conclusion, there is a need to increase interdisciplinarity and also strengthen some lines of research in order to support knowledge of the history of Brazilian nursing.

Padilha, M. I. and S. Nelson "Teaching nursing history: the Santa Catarina, Brazil, experience." Nurs Inq. 2009 Jun;16(2):171-80. doi: 10.1111/j.1440-1800.2009.00446.x.

Nursing history has been a much debated subject with a wide range of work from many countries discussing the profession's identity and questioning the nature of nursing and professional practice. Building upon a review of the recent developments in nursing history worldwide and on primary research that examined the structure of mandated nursing history courses in 14 nursing schools in the state of Santa Catarina, Brazil, this paper analyzes both the content and the pedagogical style applied. We postulate that the study of history offers an important opportunity for the development of student learning, and propose that more creative and dynamic teaching strategies be applied. We argue the need for professors to be active historical researchers, so they may meaningfully contribute to the development of local histories and enrich the professional identities of both nursing students and the profession. We conclude that historical education in nursing is limited by a traditional and universalist approach to nursing history, by the lack of relevant local sources or examples, and by the failure of historical education to be used as a vehicle to provide students with the intellectual tools for the development of professional understanding and self-identity.

Scaia, M. R. and L. Young "Writing history: case study of the university of Victoria School of Nursing." Int J Nurs Educ Scholarsh. 2013 Apr 23;10. pii: /j/ijnes.2013.10.issue-1/ijnes-2012-0015/ijnes-2012-0015.xml. doi: 10.1515/ijnes-2012-0015.

A historical examination of a nursing curriculum is a bridge between past and present from which insights to guide curriculum development can be gleaned. In this paper, we use the case study method to examine how the University of Victoria School of Nursing (UVic SON), which was heavily influenced by the ideology of second wave feminism, contributed to a change in the direction of nursing education from task-orientation to a content and process orientation. This case study, informed by a feminist lens, enabled us to critically examine the introduction of a "revolutionary" caring curriculum at the UVic SON. Our research demonstrates the fault lines and current debates within which a feminist informed curriculum continues to struggle for legitimacy and cohesion. More work is needed to illuminate the historical basis of these debates and to understand more fully the complex landscape that has constructed the social and historical position of women and nursing in Canadian society today.

Silva, J. M., P. F. Marques, et al. "[Sexual and reproductive health and nursing: a bit of history in Bahia]." Rev Bras Enferm. 2013 Jul-Aug;66(4):501-7.

The study aimed to analyze the introduction of sexual and reproductive health concepts in the curriculums of nursing course of the Federal University of Bahia, from 1972 to 2006. It was carried out through qualitative approach, documentary research and semi-structured interview with professors who work exclusively for the institution. The results showed that, initially, the academic disciplines were exclusively related to biological aspects of women's health, focusing only on the maternal condition. The concepts of sexual and reproductive health in the female perspective were introduced later, in response to political demands for the creation of labor force in the field of healthcare with commitment to women's social condition. It was concluded that the curriculums evolved with the introduction of such concepts, especially from the decade of 1990's on.

Silverstein, C. M. "From the front lines to the home front: a history of the development of psychiatric nursing in the U.S. during the World War II era." Issues Ment Health Nurs. 2008 Jul;29(7):719-37. doi: 10.1080/01612840802129087.

During World War II, psychiatric nurses learned valuable lessons on how to deal with the traumas of war. Using psychohistorical inquiry, this historian examined primary and secondary sources, beyond the facts and dates associated with historical events, to understand why and how psychiatric nurse pioneers developed therapeutic techniques to address the psychosocial and physical needs of combatants. Not only is the story told about the hardships endured as nurses ministered to soldiers, but their attitudes, beliefs, and emotions, that is, how they felt and what they thought about their circumstances, are explored. In this study the lived experiences of two psychiatric nurses, Votta and Peplau, are contrasted to explicate how knowledge development improved care and how this knowledge had an impact on the home front in nursing practice and education, as well as in mental institutions and society, long after the war was won.

Smith, M. and N. Khanlou "An Analysis of Canadian Psychiatric Mental Health Nursing through the Junctures of History, Gender, Nursing Education, and Quality of Work Life in Ontario, Manitoba, Alberta, and Saskatchewan." ISRN Nurs. 2013 Apr 28;2013:184024. doi: 10.1155/2013/184024. Print 2013.

A society that values mental health and helps people live enjoyable and meaningful lives is a clear aspiration echoed throughout our Canadian health care system. The Mental Health Commission of Canada has put forth a framework for a mental health strategy with goals that reflect the virtue of optimal mental health for all Canadians (Mental Health Commission Canada, 2009). Canadian nurses, the largest group of health care workers, have a vital role in achieving these goals. In Canada, two-thirds of those who experience mental health problems do not receive mental health services (Statistics Canada, 2003). Through a gendered, critical, and sociological perspective the goal of this paper is to further understand how the past has shaped the present state of psychiatric mental health nursing (PMHN). This integrative literature review offers a depiction of Canadian PMHN in light of the intersections of history, gender, education, and quality of nursing work life. Fourteen articles were selected, which provide a partial reflection of contemporary Canadian PMHN. Findings include the association between gender and professional status, inconsistencies in psychiatric nursing education, and the limitations for Canadian nurse practitioners to advance the role of the psychiatric mental health nurse practitioner.

Spindola, T. and S. Santos Rda "[Woman and work: the history of life of nursing professionals who are also mothers]." Rev Lat Am Enfermagem. 2003 Sep-Oct;11(5):593-600. Epub 2004 Feb 13.

This study focused on the life of women who are both mothers and nursing professionals, applying the method of life history. The goals were: to describe the every day life of these professionals; to identify the influence of the profession on these women and to analyze the perception of this reality based on their history of life. Data partial analysis showed that the profession interferes in women's lives, considering their type of activity, and that quite often it changes deeply the family's daily routine. Women pointed out that their extremely hard working days cause tiredness and stress. Authors concluded that although women value their career, they are overburdened with the amount of functions, pointing out the importance of the husbands' role sharing the family daily routine.

Steurbaut, S., L. Leemans, et al. "Medication history reconciliation by clinical pharmacists in elderly inpatients admitted from home or a nursing home." Ann Pharmacother. 2010 Oct;44(10):1596-603. doi: 10.1345/aph.1P192. Epub 2010 Aug 24.

BACKGROUND: Accurate medication histories at hospital admission are an important element of medication safety. Discrepancies may have clinically significant consequences, especially in the elderly population. OBJECTIVE: To assess the clinical pharmacist's performance in obtaining patients' medication histories and in reconciling these data with the medical records and medication orders and

whether the patients' residential situation prior to hospitalization influences the number of drug discrepancies. METHODS: A prospective observational study was conducted at a 29-bed acute geriatric ward of a Belgian university hospital. Medication histories acquired by clinical pharmacists were compared with those documented in the medical records by the attending physicians. All discrepancies were identified and categorized by an independent pharmacist and were scored for their clinical relevance in consensus by a senior internist and a senior geriatrician. RESULTS: Of the 215 screened geriatric (aged >/=65 years) patients admitted between October 27, 2007, and September 23, 2008, 197 were enrolled in the study. For patients living in the community, as well as those residing in a nursing home prior to hospitalization, clinical pharmacists identified significantly more preadmission drugs compared with physicians, with a median number of 8 correctly identified medications versus 6, respectively ($p < 0.001$). Extra identified drugs consisted of over-the-counter as well as prescription medications. Furthermore, 117 other medication discrepancies were noted, mainly related to erroneous drug identification and incorrect drug dose. In all, the clinical pharmacists identified 379 (24.2%) medication discrepancies, of which 188 (49.6%) were judged clinically relevant. CONCLUSIONS: Pharmacist-acquired medication histories enhance the medication reconciliation process, both in patients residing at home and in a nursing home prior to hospitalization. A focus should be placed on seamless care procedures that facilitate the transfer of medication histories between primary and secondary care in both of these populations.

Underwood, S. M., K. Richards, et al. "Pilot study of the breast cancer experiences of African American women with a family history of breast cancer: implications for nursing practice." ABNF J. 2008 Summer;19(3):107-13.

Experts in the area of breast cancer detection and control recommend that women at increased risk discuss their risk status and risk management with their health care providers. In spite of the excessive breast cancer burden borne by African American women, little attention has been given to studying breast cancer risk communication and/or breast cancer risk management in this at-risk population group. This report summarizes the outcomes of a study undertaken to explore the degree to which breast cancer, breast cancer risk, and breast cancer risk management were discussed by African American women and their health care providers Targeted for inclusion in the study were African American women who had a first degree relative or multiple second degree relatives that had been diagnosed with pre-menopausal breast cancer. Of particular interest was the extent to which African American women with a family history of breast cancer perceived themselves to be at risk for developing breast cancer and the extent to which they discussed their family history, their breast cancer risk, and, breast cancer risk management with their providers.

Walker, K. and C. Holmes "The 'order of things': tracing a history of the present through a re-reading of the past in nursing education." Contemp Nurse. 2008 Oct;30(2):106-18.

For the best part of modern history, nursing's education system has tended to fore-ground the pragmatic over the esoteric, the practical over the theoretical and the primacy of character over intellect. As a consequence of this binary logic at work, nursing education inoculated its neophytes with a set of troublesome values about the importance of nursing education vis-a-vis nursing practice and, as a result, created a powerful cultural climate which both wittingly and unwittingly perpetuated the subjugation of nurses to other health professionals rather than the obverse. In this paper, a number of historical educational texts are read from a 'presentist' perspective to illustrate how a certain 'order of things' inscribed itself on the body/subjects of generations of nurses. This history has left an unfortunate legacy that ensures nurses' political voice continues to remain muted and their contribution to healthcare under-recognised and under-valued.

Wildman, S. and A. Hewison "Rediscovering a history of nursing management: from Nightingale to the modern matron." Int J Nurs Stud. 2009 Dec;46(12):1650-61. doi: 10.1016/j.ijnurstu.2009.06.008.

OBJECTIVES: This paper presents an examination of distinct periods in the development of nursing in order to rediscover a history of nursing management in England. The overall purpose is to demonstrate that uncritical accounts written in the past have not adequately explained the complex factors that have shaped nursing management in England. It is also suggested that the approach taken may be usefully applied to other national contexts. DESIGN: This is a review article which first establishes the value of historical perspectives in increasing understanding of nursing and then goes on to analyse the professional, social and political forces that contributed to the development of nursing management. DATA SOURCES: A range of historical and contemporary sources is accessed to support the review. REVIEW METHODS: The review is informed by an historical approach which also seeks recourse to current literature to develop a critical narrative analysis which

has an international dimension. CONCLUSIONS: The history of nursing management has been 'lost' in celebratory and uncritical accounts of nursing as a whole. The important influence of key figures other than Nightingale has been overlooked and it emerges that nursing management has a longer and more complex history than is generally accepted.

Wood, P. J. "Professional, practice and political issues in the history of New Zealand's remote rural 'backblocks' nursing: the case of Mokau, 1910-1940." Contemp Nurse. 2008 Oct;30(2):168-80.

The new role of 'backblocks' nursing, established in 1909 to provide a nursing, midwifery, emergency and public health service to New Zealand's remote rural regions, created opportunities and challenges for the profession. For three decades, the novel nature of the role also provided numerous stakeholders with the opportunity to contest their authority and influence. This article explores the professional, practice and political issues of backblocks nursing through a case study of Mokau, a remote rural community in the North Island of New Zealand, 1910-1940. In particular, it considers professional issues of recruitment and retention, practice issues in delivering the new service in a challenging environment with few resources, and political issues in defining the scope of nurses' practice and dealing with competing stakeholders keen to determine its potential and limits. These issues were exacerbated by the location of the Mokau district in two administrative health regions.

The above contents are the collected information from Internet and public resources to offer to the people for the convenient reading and information disseminating and sharing.

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