Lillian DeYoung

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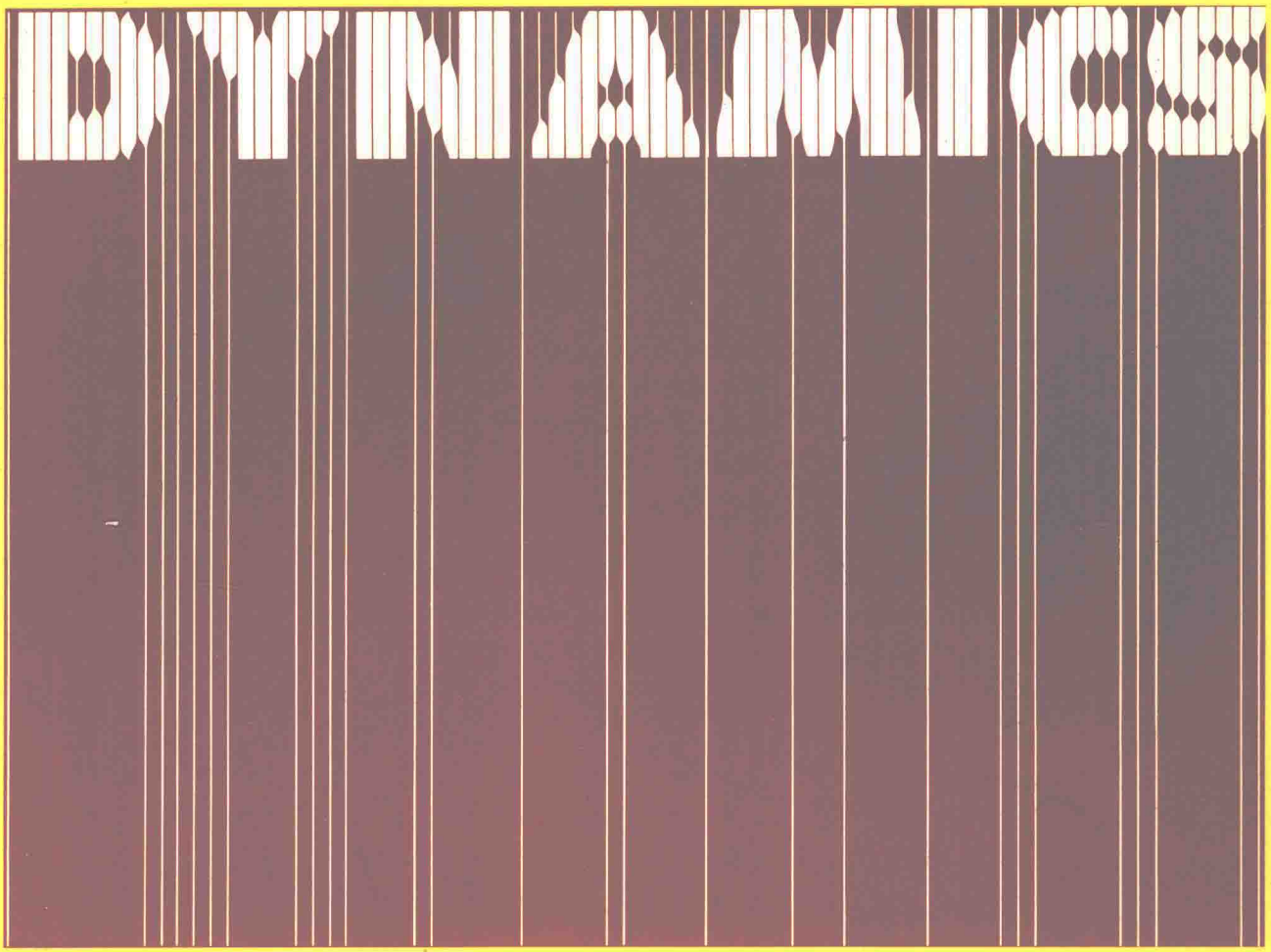

OF NURSING

DYNAMICS OF NURSING

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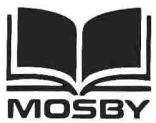

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To students past and present
who have contributed to my belief
in nursing as a dynamic profession

Preface

When *The Foundations of Nursing: As Conceived, Learned, and Practiced in Professional Nursing* was published in 1966, its success was evidence of a need well met. The world of nursing was drastically changed in 1981; with that in mind the fourth edition became basically a different text. *Dynamics of Nursing*, a text of the 1980s, was written to capture the spirit of the past and the movement of nursing from a vocation to a profession.

This fifth edition, like previous ones, offers undergraduate students a historical perspective to help them understand today's issues in nursing. Brevity continues to be a positive aspect of the text; faculty knowledge and additional student reading can effectively augment content. It is my hope that students will be stimulated sufficiently by the content to accept the challenge of past and present nurse leaders and advance nursing to greater accomplishments.

The text is a valuable source book for faculty who teach history, issues, or trends courses; recruiters or counselors of prospective students; and graduate faculty and students. Content is intended to extend beyond an introductory course in nursing throughout the undergraduate educational program.

In the fifth edition, each chapter begins with an objective to guide the student in study and ends with discussion questions to assist in developing dialogue about the content.

Part One, Evolution of and Trends in Nursing, discusses the historical perspective of service, education, theories, and changing patterns of nursing. Each of these chapters is important, but Chapter 4, Evolution of Theories of Nursing, is perhaps the most significant for tomorrow's practitioner. Joanne Marchione guides the student through theory development to the theories of nursing now influencing practice. All chapters were revised and updated.

Part Two, Contemporary Perspectives, discusses nursing practice, leadership, entry into practice, research, and issues in nursing. This entire section provides the student with a perspective on where nursing is today and the leadership role nurses are assuming. The chapters on research, collective bargaining, and politics in nursing discuss areas that will have the most significant impact on the future of nursing.

In this part, five completely new chapters were prepared. They are Professional Nursing Practice, Nursing Leadership, Ethical Aspects of Nursing, Collective Bargaining in Nursing, and Power, Politics, and the Nurse. All other chapters were revised and updated.

Part Three, Professional Perspectives, discusses professional nursing, legal aspects, opportunities in nursing, continuing education, and dynamic nursing. The section is written primarily for the senior who is about to move from student to practitioner. Shirley Mowdood, in the chapter on legal aspects, addresses a neglected issue: the consequences of becoming a professional, while I end the text with thoughts about dynamic forces in nursing.

I am grateful to the following persons for contributing new chapters to this edition: Marianne Crawford, Mary Fisher, Nancy Kilbane, and Joann

Holt wrote Chapters 7, 8, and 10. This was a collaborative effort from nursing service administrators to share what they believed to be important in nursing practice, nursing leadership, and collective bargaining. Janice K. Lanier, lobbyist for the Ohio Nurses Association, willingly shares her knowledge of power, politics, and the nurse in Chapter 11. Leah Curtin provides insight into ethical aspects of nursing in Chapter 9.

I continue to be grateful to the following for their contribution to whole or parts of chapters: Marilyn Burkhart for the section on diploma nurse education, Gay Lindsay for the section on practical nurse education, Joanne Marchione for the chapter on theories of nursing, Shirley Mowdood for sections in the chapter on legal aspects, and Virginia Newbern for the chapter on continuing education.

Leah McPherron, graduate assistant at the University of Akron, was valuable in doing the library research for several chapters. Other colleagues read the fourth edition and offered constructive criticism that served as a guide in discarding much of the old material and adding the new. No author is without someone who is technically skilled in typing and professionally astute in editing. I am therefore grateful to Brenda Freiberg, who provided this expertise.

Revision is not an easy task, nor is writing a book. However, if *Dynamics of Nursing* is read by students and used by faculty to promote the growth of nursing as a responsible, accountable profession, then the painful task of writing becomes a satisfying one.

Lillian DeYoung

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PART ONE
EVOLUTION OF AND TRENDS IN NURSING

Florence Nightingale Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble, compared with having to do with the living body—the temple of God's spirit? It is one of the Fine Arts; I had almost said, the finest of the Fine Arts.

History offers an opportunity to trace cause and effect in the social achievement or failure of nursing from precivilization to the present. It is the spectacle of human nature and social organization in a process of struggle, of challenge and response. The history of nursing must be viewed from the total picture of the times, since most of nursing history is interwoven with general history. Almost any incident, influence, progress, or change that has affected general history is reflected in nursing history. Drawing from the past helps in understanding the present and anticipating the future, making history become an endless cycle.

Nursing as a profession is comparatively young; it has been considered a respectable profession for the past 100 years. Because nursing has a great tradition, the following chapters are designed to give to the student an understanding of how nursing evolved to its present status and what the future holds for the profession of nursing. A knowledge of nursing history will help the student to acquire an appreciation of the relationships of nursing to religious, cultural, sociological, and economic phases of human progress and will give to nurses a

feeling of belonging to, identification with, and pride in their chosen profession.

Of necessity the following chapters must be an overview of the history of nursing. There are many other sources available to give the student a broader picture of nursing. Students may continue to reinforce their knowledge of nursing by reading the reference material suggested at the end of each chapter.

CHAPTER 1
Evolution of nursing—service

OBJECTIVE: On completion of this chapter, the student of nursing will have an understanding of the historical perspective of nursing and the impact our society has had on nursing.

To understand the problems of nursing today, an overview of how nursing services have been given through the ages is invaluable. Nursing has not always been an organized effort based on scientific principles; its history has been one of frustration, ignorance, and lack of sympathy toward the ill.

NURSING SERVICE BEFORE THE FLORENCE NIGHTINGALE ERA

Nursing service before ancient civilizations

The evolution of nursing service has been extremely uneven in the world, probably because of the basic differences in the cultures of East and West. History actually tells us little of how the service of nursing was performed or what methods were used until the pre-Nightingale period. Most of nursing history is interwoven with general history.

Nursing itself is as old as humankind. Primitive people lived in tribes primarily for mutual protection. Each individual was expected to serve to his or her utmost capacity. Nursing of the sick seems to have been one of the assignments designated for the women of the tribes. Women learned to meet the emergencies created by the illness of a member of the tribe and also learned methods for prevention of sickness. The ill and helpless became the special charge of the tribal women. The beliefs of the pre-civilization tribes had tremendous influence on how the "nurse" cared for the ill. Innumerable superstitions, beliefs, and practices developed.

The comforting effects of water were learned early, and the invention of fire making made primitive people cognizant of the value of heat. In their experimenting with certain herbs and plants, they probably discovered which ones could cause them to vomit and which ones would act as laxatives. Because these people attributed illness to an evil spirit within the body of the person who was ill, these concoctions were used to rid the person's body of the evil spirit. Pummeling was also used to pound the evil spirit out of the body. Trephining, or boring holes in the patient's skull, was introduced to allow the evil spirits to be released from the head.

In their journeys afield, the men brought back new remedies for curing illness. Some of the men became expert in curing and were called medicine men. These medicine men lived apart from the group and attempted to keep many of their practices secret. The medicine man became a person with high standing in the tribe. He dressed fantastically, conceived wild dances, and made strange noises. This ancient practitioner used both "black" and "white" magic to cure ills and impress the rest of the community with his abilities and powers. The medicine man was required to demonstrate his ability to get the assistance of the good spirits to drive

off evil ones, and he had to prove he could bring disaster or disease on the enemies of his tribe. He was actually invested with a social power comparable to that of the chief of the tribe.

White magic practices were for helpful purposes, whereas black magic was more destructive in its goals and was aimed at enemies rather than members of the community. The cure of illness gradually took on a ritualistic religious tone, and the medicine man was set apart from the rest of the community as a "holy person."

As nursing of the ill became associated with religion, the medicine man was replaced by the priest-physician, whose practice had a strange mixture of superstition and fact. Often the priest and the physician were not the same person, but both dealt with problems of life and death and were authorities on the folklore of the community they served.

Both the medicine man and the priest-physician performed those rituals of the particular tribe or culture that were believed to drive out the evil spirits and cure the patient. Potions, pummeling, rubbing, applications of hot and cold, purging, and trephining all became a part of the repertoire of these "sages" of precivilization time.

Primitive people endowed natural objects with the same qualities that they possessed. The belief that grew up around this basic concept is called animism. The influence of the basic belief caused primitive people to explain disaster or disease on the basis of supersition and a system of empirical medicine, which to some extent still influences people today.

Nursing service at the beginning of civilization

With the establishment of complex social systems and institutions of the ancient civilizations came primitive medicine (naturalistic) in combination with religion and magic. The cultures that developed along the Indus, Euphrates, Tigris, and Nile Rivers all had some form of naturalistic medicine. In the history of these early civilizations is found no counterpart for the nurse of the twentieth century.

Ancient nurses were probably domestic servants who gave instinctive care to the sick and needy. Whether these nurses were male or female is not clear, but whatever their sex and whatever their duties, they lived in a civilization of people skilled in calculation and observation.

Hammurabi of Babylonia formulated a code of laws that established for the first time legal and civil measures that regulated the practice of physicians and protected the safety of the patient. The concepts of both hygiene and social medicine were at a high level in ancient Babylonia.

In Egypt the people were skilled mathematicians and architects. They also made great progress in sanitation. The Egyptians were probably the healthiest of all ancient peoples. According to Egyptian mythology, the control of health was in the hands of gods. Imhotep was the most famous of all these gods and was called the first priest-physician and the god of medicine. He was noted for his great wisdom and learning in the field of health, magic, and religious rituals.

Diagnosis seems to have been important in the Egyptian culture. The Ebers Papyrus lists approximately 1000 prescriptions. Some of the remedies used by the Egyptians are known to us today. There were no hospitals, but undoubtedly the temples had some kind of housing for the sick. But who cared for the sick in these temples remains a historical mystery.

In all probability much of the knowledge of the Hebrew people was borrowed from the Egyptians, since Moses, the adopted son of Pharaoh's daughter, most likely was educated at the University of Heliopolis (now Cairo). Undoubtedly Moses was well versed in the wisdom of the Egyptians.

The Hebrews believed that all persons were entitled to the same medical treatment. They provided a house for travelers called the xenodochium. Attached to the xenodochium was a "sick house" where the ill and infirm were given care.

The Hebrew people attained a high level of hy-

giene and sanitation. Bathing was an important part of the purification and sanitation process. Probably some of the nursing duties in the sick houses of the Hebrew people were done by women, but the only specific person to be mentioned as a nurse at this time is Deborah, who was actually a child's nurse and companion. Deborah was the first nurse to have her name come down in history.

Hebraic medicine provided a basis of social hygiene for all other civilizations. Historically, Moses has been regarded as the father of sanitation because many of his concepts of isolation, quarantine, and disposal of wastes are pertinent in preventive medicine and nursing today. In the regulations now known as the Mosaic Code, Moses organized a method of prevention of disease that included personal hygiene, rest, sleep, cleanliness, hours of work, selection and inspection of food, regulation of diet, public hygiene, diagnosis, and the reporting of communicable disease. The priest-physician was the health inspector, and every person who became ill reported to him and could not return to the tribe without the permission of this authority.

In Greece, treatment of diseases was primarily in the hands of priests. Hippocrates (Father of Medicine) is the most outstanding individual in the medical history of Greece. In 400 BC Hippocrates admonished his students to "treat the whole patient." Today both nursing and medical students are taught to think in terms of the total or whole patient and not just the affected physical area when planning the nursing or medical care of patients.

In addition, nursing has fostered the philosophy that a person is greater than the sum of all of his or her parts, thus taking on the concept of holistic nursing. This concept will be further explored in Chapter 2.

Hippocrates does not mention nurses in his writings, but it can be inferred that nurses were present, since he refers to cold sponging, hot gargles, cool drinks, fluid diet, and warm baths. Someone would have had to perform these functions and initiate the physician's orders. What nursing care was actually like must of necessity be left to the imagination of the reader.

In the ancient Roman civilization, medical advancement was considerably less than in Greece. The citizens of Rome appreciated hygiene. Their system of sewers, drains, and street paving tended to make their cities cleaner than those of any of the other ancient civilizations. Great aqueducts brought pure drinking water to the citizens of Rome. Bathing eventually developed into a cult, involving the use of hot and cold water, inunctions, and massage. Rome had many epidemics of disease, probably because of the influx of conquered people, the rapidity of growth, and the malaria-infested marshes that surrounded Rome.

The Romans clung to their gods, superstition, and herbs to cure the ills of their people. After 200 BC the Greek physicians who were slaves of the Romans did the medical work. Army hospitals were well conducted, and the Roman soldiers received good nursing care wherever they were fighting. Who gave them this care besides the Greek slave-physicians is not known.

Many hospitals were built along the frontiers of the Rhine and the Danube Rivers. Some of these hospitals could house 200 sick or wounded soldiers. These hospitals contained wards, baths, rooms for attendants, recreation areas, pharmacies, and even convalescent centers for war-weary officials. The physicians were nocombatants in the army. The auxiliary medical personnel who accompanied the physicians probably acted as the nurses. These ancient physicians always avoided near-dead persons and pregnant women. The nurse-midwife was still the attendant at childbirth.

Civilizations also appeared early in China and India. In China, dissection was permitted before 2000 BC. Studies of the circulation of the blood were carried out, and diagnosis of illness was made on the basis of a complicated pulse theory. The Chinese classified 200 types of pulse beat. There is no reference to nurses in the literature of the ancient Chinese. If there were professional nurses, they were probably not women, since Confucius

clearly defined woman's position as inferior to that of man. The woman's only place was in the home, and her value was greatest when she produced a son.

India was the first country to record the use of a nurse in the care of the sick. The sacred books of the Hindus outlined the duties of the nurse. Four qualifications seem to be the most significant for the attending nurse of ancient India: "The Nurse (usually male, or in rare cases, old women) must have knowledge of the manner in which drugs should be prepared or compounded for administration, cleverness, devotedness to the patient waited upon, and purity (both of mind and body)."*

King Asoka (250 BC) established hospitals throughout India and was the first to require the licensing of physicians. Trustworthiness and skill were demanded of physicians, as well as nurses and midwives. They were admonished to have short fingernails, to maintain high moral standards, and to consider the prevention of disease their prime objective. All operations were preceded by religious ceremonies and prayer.

Nurses were employed in the hospitals of India. Requirements for the nurses, who were always men, were similar to those for practical nurses today. The public hospitals in India were also schools of medicine.

In the precivilization and ancient history of the world, little mention is made of nurses or nursing as separate entities. From the earliest times the midwife has probably been accepted in her role during childbirth, as has the child's nurse. Priestesses probably assisted the priest-physicians in the various temples built by the people of these ancient civilizations. During the eras discussed, religion, nursing, medicine, superstition, and education all centered around the temples, and the beliefs, mores, and culture of each civilization influenced the way in which the nursing care was given, who gave it, and what was given.

*Vyas, K.C.: India through the ages (translated by F.A. Steele), New York, 1963, E.P. Dutton & Co., Inc., p. 10.

Nursing service at the beginning of the Christian era

Nursing as an organized service to society began in the early Christian era. Unselfishness and the responsibility of each individual for the general welfare were emphasized. The world was one in which a minority was wealthy and the majority of humanity was either poverty stricken or in a state of slavery. Christianity taught a better way of living built on kindliness and brotherly love. Since this period in history, the service of nursing has been recognized as one of the tenets of the Christian way of life. The women in the early Christian church shared the activities with the men in caring for the ill and infirm. Considerable carry-over of the magic, empirical remedies, and home treatments of the earlier periods of history is apparent in the nursing care given by the early Christian nursing orders.

Phoebe, the bearer of St. Paul's Epistle to the Romans, is considered the first deaconess and first visiting nurse because of her interest in the welfare of people and her nursing of the poor in their homes.

Before the rise of the monasteries, three nursing orders developed—the Virgins, Deaconesses, and Widows. Their main responsibility was the nursing care of the sick. Women in these orders concentrated on social work and nursing, which is suggestive of the present role of the public health nurse.

Many of these orders flourished because they were an outlet for the philanthropic aspirations of some of the women as well as a form of security for women made destitute by wars. They were required to be devoted in hospitality, have a reputation for piety, and be anxious to relieve the afflicted. The Virgins' chief duty seems to have been distributing alms, but they were awarded great honor by the church and ranked in equality with clergy.

One of the great social contributions of early Christianity was the establishment of hospitals for the poor. In these institutions were places for orphans, old persons, persons with contagious diseases such as leprosy, the ill, the maimed, and the deformed, and there were hospitality centers for

strangers. One of the most famous of these hospitals is the one founded by St. Basil the Great, often referred to as the "Basilias." According to Walsh (1929), there were both resident physicians and resident nurses, carriers of the sick, and also working men and women to do the menial or artisan work connected with the establishment. Nearly everything used in the hospital had to be made on the grounds, since there were no industries or manufacturing plants from which the administrators of the institution might order the necessary supplies.

In Rome one of the ways the wealthy matrons made their contribution to society and the culture of the time was through helping the poor and the ill. Three of the most famous of these matrons were Marcella, Fabiola, and Paula. Each contributed to the care of the sick in a different way. Their friendship with St. Jerome inspired them to become advocates and teachers of the Christian way of life.

Marcella converted her home into a monastery for women, thus establishing the first Christian monastery in Rome. Marcella devoted her time to the instruction of other women, charitable work, and prayer. She was also a highly educated woman for that time and was able to help St. Jerome in the translation of writings of the Hebrew prophets.

The first Christian hospital in Rome was founded by Fabiola in her own palace. It is said that Fabiola did much of the nursing care of the poor herself and was particularly proficient in the dressing of wounds and sores.

Paula established hospitals for the pilgrims on the way to Palestine and Bethlehem. St. Jerome has described the nursing duties of Paula and her followers in his letters, *Nicene and Post-Nicene, Fathers of the Christian Church*. Besides doing the bathing, treatments, and other duties connected with the nursing care of patients of this period, Paula and her nurses trimmed lamps, lighted fires, swept floors, cleaned vegetables, washed dishes, and waited on others. Perhaps this is the beginning of the tradition in nursing service that a nurse must do hard manual work to be an efficient or good nurse.

The care of the sick became a function of many religious orders. Monasteries assumed prominence in the social structure of the early Middle Ages.

Among the more influential groups to take the responsibility of giving nursing service to the sick and wounded were the religious communities organized by St. Benedict of Nursia in the sixth century. His monastic organizational pattern consisting of the novice and three groups of monks within the order—seniors ("wise-folk"), middle class, and juniors—can be seen reflected in the patterns of nursing service and education of the twentieth century.

Privileges and duties were arranged by the Benedictine rule in accordance with the preceding four divisions. The hardest work and strictest rule fell to the lot of the novitiate. The "pecking order" was later adapted by both Catholic and Protestant nursing orders and in parts of Europe by the Red Cross.

The period of being a novitiate was not easy in St. Benedict's order because it was a time of probation to determine the person's fitness for monastic life. The fledgling was under constant supervision, restrictions, and isolation. No one spoke to him without permission from the master in charge, and the novice was required to rise to receive reproof. The restrictions and supervision placed on the beginning student nurse in the late 1890s and early 1900s compare closely to Benedictine rules of conduct and promotion.

Monastic houses for women grew in number in the sixth and seventh centuries because of the prevailing need for protection. Many of these women were wealthy and had great influence. Some even became heads of monasteries and were called abbesses. One of the most renowned of these was St. Radegonde. She founded a hospital for lepers and nursed them herself. She advocated bathing to maintain good health.

One of the most famous of the abbesses was St. Hildegarde. She belonged to the Benedictines in Germany. Hildegarde was well educated and devoted her time to the study of medicine, nursing,