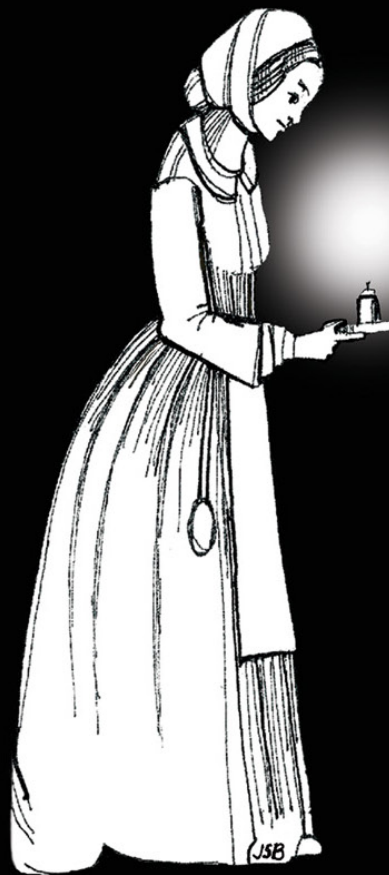


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B.C. HISTORY OF NURSING SOCIETY NEWS

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FLORENCE NIGHTINGALE

1820-1910

Florence Nightingale was one of the outstanding Victorians who, with a passion for hygiene and the conservation of health, as a nurse, a writer, a statistician, contributed much to the human and social progress in her own day and for future generations in many lands. She gave invaluable leadership to the promotion of reform in military hospitals and to public health and sanitation programs in Britain and in India. But, Nightingale's greatest and most lasting contribution was to nursing in the hospital and community – nursing which was so profoundly influenced by the educational program established at the Nightingale School of Nursing founded in 1860, and by the ideas communicated through her prolific, simulating writings. The Nightingale School of Nursing introduced an educational system which effectively raised nursing from a craft to a profession, and placed it in the hands of competent, educated women in Europe, America, Australia the Far East and finally in the continent of Africa.

During her childhood, in the village of Lea Hurst, Derbyshire, the story goes that Florence and the Reverend John Smithhurst became

Continued on page 4

For members who have already sent in their 2010 membership applications, we thank you! For those who have not done so, this will be the last issue of the History of Nursing News that you will receive. Visit our website (bcnursinghistory.ca) to print off an application form. If you have recently sent in your membership, we may not have processed it yet, and we apologize for this reminder.

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NEWSLETTER COMMITTEE

Diana Bright, Beth Fitzpatrick, Naomi Miller, Ethel Warbinek, Lynne Esson and Sheila Zerr (co-chairs).

The BC History of Nursing Society Newsletter is published 4 times Per year. Submissions are welcome. Deadline for the Summer Issue is May 15, 2010.

Please send submissions to: warbinek@telus.net

Credits:

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Editorial and production of this issue by Clare Kiernan, UBC School of Nursing



Operating room of the Royal Jubilee Hospital
circa 1896.



President's Message

BY KATHY MURPHY, PRESIDENT

BCHONS MAY 6TH INVITATION TO TEA

TOPIC: YOU ARE INVITED TO THE FORMAL PRESENTATION OF OUR FIRST HONORARY LIFE MEMBERSHIP AWARDED AS A SOCIETY

RECIPIENT: NAOMI MILLER: Long time member of BCHON

PLACE: HEATHER PAVILION AT VGH IN THE NURSES ALUMNAE ROOM

ADDRESS: Enter Heather Pavilion off Heather St. Between 10th & 12th Avenues [East entrance], then watch for signs or Ask anyone within reach!

TIME: 2:00pm – 4:00pm

The **VGH Alumnae** will exhibit “mini displays” of Artefacts and Archival materials.

RSVP: To help with the Tea arrangements, please email lenoremail@shaw.ca by May 4th.

Celebrating the
first full year of
the History of
Nursing Society!

Mark your calendar!

>>>**It's All About Transportation! B.C. Historical Federation Conference**, May 6-8, 2010 Plaza 500 Hotel and Convention Centre 500 West 12th Avenue, Vancouver, B.C. Workshops, book fair, lectures and presentations, including the inside story on the award winning **City Reflections: Vancouver in 1907** DVD. More information www.vancouver-historical-society.ca/bchf2010.htm

>>>**Annual UBC Alumni Weekend Luncheon**, May 29, 2010 Reception Centre, UBC Botanical Garden, 6804 SW Marine Drive, Point Grey Campus. Join Director Sally Thorne and guest, Ciro Panessa, BSN'02, MSN'05, for an update on the School and to learn about the differences nursing is making in local and national communities. Ciro's talk is titled **Nursing the Health System: Unlocking the Mysteries of Ministry Stewardship**. Please RSVP by Friday, May 21, 2010 at www.alumni.ubc.ca/events/alumniweekend

>>>**Canadian Committee on Women's History Conference** August 12-15, 2010 Vancouver, B.C. BCGS members Brenda Smith, Jacqueline Gresko and M. Diane Rogers will be speaking on the theme of “Putting Granny in Context.” www.chashcacommittees-comitesa.ca/ccwh-cchf/english/site/conference2010.html

smitten with each other. Unfortunately, the two were first cousins and forbidden to marry by their parents. Devout Christians and in obedience to family wishes, they parted forever. John Smithhurst returned to Canada where he had once served briefly as a missionary and became the first pastor of The Church of St. John the Evangelist in Elora, Ontario.

Florence Nightingale was exposed to influential social and political leaders as the younger daughter of wealthy socially prominent parents. She was gifted and under the tutelage of her father her rare personal abilities developed. Nightingale was fortunate to have contact with the great philanthropists of her time early in her life. She dedicated her life to social causes and to improving the lot of the suffering.

Nursing was considered a menial occupation when Nightingale was growing up. Because the Nightingale family considered nursing unbecoming a lady, Florence met fierce opposition from her family and peers when she proposed to devote her life to nursing. Her preparation for nursing was limited to 15 days in the program for Protestant Deaconesses in Kaiserworth, Germany, in 1850 and a year later, three more months at the same institution under the tutelage of Pastor Fliedner.

Nightingale had obtained a broad knowledge of social and nursing conditions through her extensive travels. Her meticulous observations and data gathering of statistical facts would serve to support the important reforms she was able to accomplish later in life. In 1853, at the age of 33 years, she became Superintendent of the "Institution for Care of Gentlewomen" at Number One Harley Street in London. Here she prepared research papers on all manner of faults in the English hospital and became recognized as a leading authority on hospital reform. At the end of 1854, she drew up plans for recruiting farmer's daughters to be trained as nurses along the Kaiserworth lines.

With the advent of the Crimean War, Nightingale was asked, by her good friend Sidney Herbert, to recruit nurses to care for the wounded British soldiers. In 1854, she set sail with a party that consisted of some professional nurses, Anglican sisters and nuns from a Roman Catholic convent. They arrived to find deplorable conditions in the Barrack Hospital at Scutari. Nightingale's superb leadership and organizational skills brought change to the appalling conditions of the wounded and dying. Nightingale and her nurses made history when in six months the mortality rate dropped among the sick and wounded from 42 % to 5.2%. Her battles with military authorities are legendary but resulted in significant changes to military medicine as well as establishing nursing as a noble service and profession.

The British public rewarded Nightingale's success in the Crimean War with a public subscription campaign to raise funds to be dedicated to prepare a professionally trained nurse. A School of Nursing was established at St. Thomas Hospital in London, in 1860, based on the Nightingale principles of nursing education. The St. Thomas training program opened up a secular career path for women, giving them an opportunity to develop caring nursing practice based on the principles of high moral and intellectual character.

The influence of the Nightingale School of Nursing was felt throughout the world as trained nurses spread out to other countries to open schools of nursing. Nightingale worked tirelessly to write and promote her vision of nursing. It has been said that the Nightingale disciples that pioneered schools of nursing in various countries were the most effective in promoting professional nursing education. Canada and United States felt this influence as Nightingale ambassadors opened school of nursing supplementing the many Roman Catholic hospitals already in place in North America before 1860. The distinction of being the first school of nursing to be established on the principles of the Nightingale School of Nursing in Canada was in 1874 at the General Marine Hospital Training School, later known as the Mack Training School in St. Catharines in the province of Ontario.

Nightingale died in London in 1910 and was buried according to her will in her family cemetery at Hampshire-East Wellow. On her grave is written only "F.N. 1820-1910".

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RN NETWORK OF BC

Background Information

Changes to legislation governing professional regulation led to the folding of the RNABC and the creation of the CRNBC. The more intense focus on regulation required by the provincial legislation, along with other constraints imposed by this change, have meant that the "Association" functions, including articulating the perspectives of the registered nurses in regard to the profession and health care planning and delivery have been either severely constrained or extinguished in the new College structure.

A small informal group of interested CRNBC members began to explore the issue with several of the key players (CRNBC, BCNU, MoH, CNA, etc.). Based on these discussions, it was decided to carry on discussions with a larger number of nurses with varied perspectives from around BC. Out of this a Registered Nurses Network of BC has been formed.

Purpose

The RN Network serves as a temporary voice for articulating a nursing perspective on matters of public policy or concern outside of the mandate of existing organizations until such time as a more permanent mechanism for professional nursing policy involvement emerges.

Membership

- Interested nursing groups
 - Interested individual nurses
- 2009-2010 Interim Steering Committee
Heather Mass/ Sally Thorne –Co-Chairs
Lynette Best, Paddy Rodney, Maureen Shaw, Sharon Toohey, Jo Wearing

First Annual Meeting of the RN Network of BC:
May 19, 2010, 6pm - 8pm
Paetzold Auditorium, Pattison Pavilion
Vancouver General Hospital

Web-site: www.nursing.ubc.ca/scholarship/rnnetwork

To join: put "RN Network" in the subject line in an email and send to Rebecca.Armstrong@nursing.ubc.ca



Prepared by K. Murphy from information sent by the RN Network of BC. on Oct.29, Nov.5 and Dec.16, 2009.

BOOK REVIEW

Royal Inland Hospital School of Nursing Alumnae Association: A History

For a variety of excellent reasons, nursing historians will be interested in a history of the Royal Inland Hospital School of Nursing Alumnae Association – even if they are not graduates of the School or members of the Alumnae Association. The School opened in 1904, and its first class of nursing students graduated in 1907. Melrose Scott has also written a history of the School, which graduated its last class in 1974. Her new, small-size, well-illustrated, well-written book is about the Alumnae Association, which was formed in 1949, and covers its activities through to the present.

Although much of the book is simply a basic record of this non-profit association (founding members, constitution and bylaws, lists of presidents), it also contains several excellent chapters related to problems of all contemporary nursing alumni associations, such as the difficulties in organizing, maintaining, and keeping archives and artifacts. Chapter 9 on "The Archives" should be required reading for all nurses interested in preservation of nursing history.

A copy is available in the CRNBC Library. And, just for information, you may want to check the Alumnae Association's excellent website at www.rihalumnae.com. A complete list of graduates is also available on the website.

Reviewed by Glennis Zilm

Scott, Melrose. (2009). Royal Inland Hospital School of Nursing Alumnae Association: A History. Kamloops, BC: [Royal Inland Hospital School of Nursing Alumnae Association]. iv, 73 pp. Illustrated.

LEAVING A LEGACY: HUMANITARIAN AND DEVELOPMENT OPPORTUNITIES FOR PERIOPERATIVE NURSES

EXCERPTS OF A TALK GIVEN BY GENELLE LEIFSO AT THE FALL LUNCHEON, NOV 14, 2009

I want to introduce some international humanitarian and development work that I have engaged in over the past three years. Many of you have led the way, leaving a huge legacy throughout the world. And so, I do not see myself as a pioneer, only someone willing to take my particular knowledge and skills and use them in low-income areas of the world.

Sometimes I wonder just where these desires to get involved further afield came from. Perhaps something from my basic nursing education rubbed off? I am a diploma graduate from the Holy Cross Hospital School of Nursing, in Calgary - a Grey Nuns facility, originally established in 1891 as part of the heritage of the Sisters of Charity, an order founded in Montreal by Marguerite d'Youville in 1737.

But it's a long way from Calgary to Cambodia or Ethiopia.....

I teach perioperative nursing in the BCIT Specialty Nursing Program, and also practice this clinical specialty in the Operating Room at Vancouver General Hospital. In the past three years I have had the opportunity to expand my practice horizons by participating with an Operation Rainbow Canada surgical team as they engaged in humanitarian missions, performing plastic surgery (primarily cleft lip and palate repairs) on children who would otherwise not be able to have this surgery.

While Operation Rainbow Canada teams have travelled widely, my experience with them has been in Cambodia, at a suburban "hospital" (Chey Chumneas) in Phnom Penh, the capital. Into this environment Operation Rainbow brings a team of skilled volunteers, complete with all the supplies and resources necessary to complete the mission.

If non-specialist practitioners can provide essential surgical service to the unserved population, countless lives are saved.

The days were long (7am – 7pm) in a hot, humid environment

and there was always great concern that staff would become dehydrated. Perhaps the hardest thing to reconcile is that when doing this sort of work you can't help everyone. Some of the children's needs were too complex, given that we had limited supplies, and no ICU backup. Other practices require ingenuity and adaptation – i.e. the power goes out and there is no running water or light, no marking pens, no surgical, no pillows for elevation and no stretchers!

The typical "mission" is nine surgical days and during that time in the first mission 122 surgical procedures were performed.

As important and worthwhile as humanitarian aid is to those who need help, there is even more important help that also must be offered. It is critical that development assistance also be provided. It harkens to the well known Chinese proverb... "give a man a fish and you feed him for a day; teach a man a fish and you feed him for a lifetime".

And so, last Easter I went to Ethiopia. I was a resource "expert," facilitating workshops for perioperative nurses under the auspices of the Canadian Network in Surgery, a non-governmental, non-profit organization. Typically, the CNIS sends volunteer Canadian surgeons and obstetricians to share skills with colleagues in Africa, who then pass the knowledge on to African medical students. If non-specialist practitioners can provide essential surgical service to the unserved population, countless lives are saved.

The perioperative environment is one where skilled teamwork is essential. And so, while the CNIS provides educational support and skills training for surgeons and residents, they recognized that the nurses working with the surgical team were often lacking comparable skills within their own profession.

In 2007, a workshop exploring this need and how to proceed was held in Vancouver. Several discussions followed. The problem: where to begin without having done an actual "needs assessment" in the care environment? With the advent of the WHO's Safe Surgery Saves Lives (SSSL) initiative, it was suggested that a perioperative nursing workshop might be

constructed to fit within the outline of the SSSL Checklist. This initiative was seen as a way of introducing the perioperative nurse participants to the idea of a culture of safety within their operating rooms, gathering information about local perioperative practice problems, and identifying potential leaders for future educational initiatives.

The workshops I was involved in were organized by the Addis Ababa CNIS office at the request of operating room nurses at the Black Lion Hospital, the local “university teaching hospital”. Not only did they request this education, but nursing leadership from this environment both organized and presented the majority of the workshop content, with organizational support and funding by the CNIS.



Genelle Leifso and HoN President, Kathy Murphy at the Fall Luncheon in November, 2009.

The participants were very keen. I was told by many of these nurses that this was the first continuing education or professional development that they had received since completing their nursing education (whether that was six months or 30 years ago).

Based on this experience, what am I doing now?

I feel very privileged to have worked for this brief time on this pilot project with these Ethiopian nurse leaders. We exchanged e-mail addresses, and I have managed to continue contact with two of them (no mean feat given the difficulties with internet access – cost and reliability – in these low-income areas). They have felt free to ask questions and further explore some of the

issues that were identified during the workshops.

Providing the local perioperative nurses who serve as presenters of the workshop materials with the support and encouragement of “expert” perioperative nurses from Canada is an elementary strategy which can aid in empowering and building local capacity.

Building capacity is required at this end as well. During these workshops, when the presenters were challenged by

“Don’t ask yourself what the world needs. Ask yourself what makes you come alive and then go do that.” *Howard Thurman*

the participants around change to local practice that would be required if the checklist were going to be implemented, the presenters routinely looked to me for some definitive statement. And so, a strategy aimed at training a pool of “expert” Canadian perioperative nurses is required.

Conclusions

As a result of working this experience, I generated a fairly lengthy report for CNIS which was taken directly to the Chief of the Hospital (the head of CNIS is suggesting he may take it to the Ethiopian Ministry of Health).

Currently I am writing a manual for CNIS so that this workshop material can be taken to other venues and presented by other “trainers”. I have also been working at adapting the PowerPoints constructed by my Ethiopian colleagues. In December, another forum will be held in Vancouver for perioperative nurses interested or already involved in international nursing ventures. In addition to introducing the Surgery Saves Lives (SSSL) nursing course which we piloted in Ethiopia; the CNIS wishes to expand our knowledge of what might be done to improve pre- and postoperative patient care in these low-income environments. And so, there will also be an opportunity for these nurses to share their experiences with other interested Canadian nurses. I believe that more effective patient care in the countries where CNIS works can be assured by mobilizing Canadian nurses to be part of CNIS.

Recently I read this quote Howard Thurman, an American philosopher, educator, theologian and civil rights activist. He said, “Don’t ask yourself what the world needs. Ask yourself what makes you come alive and then go do that. Because what the world needs are people who have come alive.” Being involved in these ventures has given me this sense of being “alive”...this is my legacy.



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