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**A GLIMPSE INTO THE EMERGENCY NURSES'
ASSOCIATION COLLECTION**

One of the rare delights of directing the Center is having the pleasure of exploring material in our archival collections. As a historian interested in the development of advanced nursing practice, I have been particularly fascinated by our newest collection, the Emergency Nurses Association papers. The ENA, founded in 1970, was the result of a merger of two emergency nurse groups, one on the East and one on the West Coast. Anita Dorr, in the East, was the leader of the Emergency Room National Organization, and Judy Keller, in the West, was the president of the Emergency Department Nurses Association. Historical information on the activities of the earlier emergency groups plus that of ENA is well represented in the collection.

One of the more fascinating accounts of the nurses' activities is that of Anita Dorr's development of a "Crisis Cart" in 1967. Dorr's "crisis cart" was a homemade handcart that she stocked with the necessary equipment and medication needed to respond quickly to critical incidents in the emergency room. According to the newspaper account that accompanied the photo below:

In an emergency, saving seconds may mean the difference between life and death. This is what prompted Mrs. Anita Dorr to design a "Crisis Cart." ... Dorr was dismayed at the loss of precious time in scurrying about the vast hospital for medical equipment and medication to be used in emergency cases. ... Then the idea dawned on her to build a portable cart which would ... be furnished with all needed items to attempt saving lives in split seconds. ... The homemade cart proved itself to be so



CNHI ENA Collection

The
CENTER for
NURSING
HISTORICAL
INQUIRY



The Center for Nursing Historical Inquiry (CNHI), established at the University of Virginia in 1991 to support historical scholarship in nursing, is dedicated to the preservation and study of nursing history in the United States. The history of nursing in the South is especially emphasized as a focus of inquiry. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

(Continued from page 1)

effective that hospital officials have had 10 more built and they are being put into use as fast as they can be equipped. . . . The cart is used for all types of emergencies, but is pressed into use the most for accident victims and cardiac patients.¹

Dorr's "crisis cart", although not the first used in medicine, was the first to be developed by an emergency nurse. Earlier, in 1962, cardiologist, Dr. Hughes Day, of Bethany Hospital in Kansas City, developed what he called a "Code Blue" cart. His cart was designed to deal with cardiac patients whose hearts went into cardiac arrest.

Dorr's leadership in developing the crisis cart for the emergency department was both visionary and innovative. It was her visionary leadership, and that of Judith Kelleher, that allowed two nursing organizations to join forces and develop into a vibrant international organization that has kept pace with the advances in medicine and the growing needs of patients for emergent care. Currently the ENA represents over 30,000 professional nurses residing in 32 countries.

Many thanks to the ENA for donating their collection to the University of Virginia and the Center for Nursing Historical Inquiry. And many thanks to our new archivist, Maureen Spokes, for organizing this fascinating set of papers.

Alex W. Keeley

1. Margaret Fess (November 21, 1967), "Crisis Cart Helps Save Lives". Courier Express (Buffalo, New York). ENA Collection, Box 2, folder 1.

CENTER NEWS

2006-07 HISTORY FORUMS

McLeod Hall Room 5044
12:00 - 1:00 PM

SEPTEMBER 26, 2006

"Does Nursing Service Receive Proper Credit?":
A Reappraisal of UVA Hospital Nursing Services,
1945-1965

John C. Kirchgessner, PhD, RN, PNP
Assistant Professor, UVA School of Nursing

OCTOBER 17, 2006

Sisters Devoted to Mothers:
Nurse-Midwives at the Catholic Maternity Institute
in Santa Fe, New Mexico, 1944-1968

Anne Z. Cockerham, CNM, MSN
UVA SON PhD Candidate

NOVEMBER 14, 2006

Unknown Anesthetist in White:
Olive Berger, 1922-1967

Rebekah Carmel, MSN, CRNA
Nurse Anesthetist, UVA Medical Center

FEBRUARY 13, 2007

Entering the Full Circle: Field Nursing
among the "Five Civilized Tribes", 1917 to 1943

Gina K. Alexander, RN, MPH
UVA SON PhD Student

MARCH 20, 2007
4:30 Health Sciences Library

Rites of Passage:
Death Awareness and the Quest for the Good Death

Joy Buck, PhD, RN, Post-Doctoral Fellow
Barbara Bates Center for the Study of the
History of Nursing
University of Pennsylvania School of Nursing

STAFF ACTIVITIES

Keeling, A. (Feb 2006) "Nursing Among the Navajo Indians, 1924-1955: A Story of Cultural Sensitivity and Cooperation." Southern Association for the History of Medicine and Science conference, San Antonio Texas.

Keeling, A. (Feb 2006) "My Treatment was Castor Oil and Aspirin": Field Nursing among the Navajo, 1924-1955." History Forum, The University of Virginia. Sponsored by the Center for Nursing Historical Inquiry.

Keeling, A. (May 2006) "Nursing and Pandemic Influenza, 1918," Sigma Theta Tau Chapter Anniversary, Invited Speaker, Lynchburg College.

Keeling, A. (May 2006) "Between the Contract Doctor and the Medicine Man": Nursing Among the Navajo Indians, 1924-1955. American Association for the History of Medicine Conference, Halifax Nova Scotia.

Keeling, A. (Spring 2006) UVA School of Nursing Intramural Award, "Nurses' role in the Influenza Pandemic, 1918-19." (pilot project, \$5,000)

Snyder, A., **Keeling A.**, Razonale, C. (2006) "From 'First Aid Rooms' to advanced practice nursing: A glimpse into the history of emergency nursing." *Advanced Emergency Nursing Journal* 28(3): 193-204.

DOCTORAL STUDENT

Weierbach, F.M. (June 2006) Poster. "Field and Administrative Nursing Roles in a Visiting Nurse Organization, 1953-1966." Association of Community Health Nursing Educators. Pasadena, Ca.

CENTER NEWS

GENEROUS BENEFACTORS OF THE CENTER



We are delighted to announce that the Center is the recipient of an annuity, valued at over \$100,000, from William and Lorraine Albrecht. Both of the Albrechts are 1951 graduates of the University of Virginia: Bill, from the commerce school and Lorraine, from the nursing school. The Albrechts have a long standing interest and commitment to the Center, and Lorraine served as a member and Chair of the Center's Advisory Board from 1996 to 2000. Lorraine shares that her interest in the Center began "when I heard Arlene talk about 'Pioneer Women's Nursing Activities on the Overland Trail' at an alumni event in the early 1990s. From then on, I knew that supporting this history center was something I had to do!"

The Albrechts presented their gift to the Center on September 7, 2006. In attendance at the event were: Jeanette Lancaster, Dean of the School of Nursing; Dr. Arlene Keeling, Director, Dr. John Kirchgessner, Assistant Director of the Center; and David Black, Assistant Vice-President of Nursing Development plus several members of his team. Our profound thanks to Bill and Lorraine Albrecht for their generous gift; it is an investment in the Center's future!

— CENTER ACQUISITIONS —

AAHN, Inc: back issues of the AAHN bulletin.

Lorraine Albrecht: notes from 1951 SON Anatomy class.

Betty Joe Elliott Coiner: nursing management books.

Emily Drake: WWII American Red Cross volunteer nurse jumper, cap, and logo patch.

Virginia Marco Hancock: class of 1956 capping ceremony program.

Gladys Harris: memorabilia.

Patricia Kempton: framed original Edmundson U.S. Cadet Nurse Corps recruiting poster.

Aurelie Knapik: polio vaccination photos, 1964.

Mary Maxwell: "Nurses were needed at the 'Top of the World'": The first Fifty Years of Professional Nursing in Nepal, 1951-2001. Booklet.

Martha Gay Morton: nursing texts.

Anne Rutherford: *Men Without Guns*, reproductions of paintings related to Army Medicine.

Martha Coupe Schneider: video — "A Long, Proud Tradition: The Army Nurse Corps", 2 postcard reproductions of WWII Coast Guard recruiting posters.

Fredona Stenger: nursing books and documents.

Michael Swanberg: public health visiting nurse bag and supplies, 1960s.

Sharon Utz: *The Scope of Cardiac Rehab Nursing Practice*, 1993.

Scope & Standards of Advanced Practice Registered Nursing, 1996.

Standards of Rehab Nursing Practice, 1986.

CENTER STAFF

Salute to Aurelie Knapik

The Center has benefited over the years from the generosity of many people, and Aurelie (Lee) Knapik has been one of our most faithful volunteers. Armed with a BSN from the University of Pittsburgh, a MSN from Catholic University, and doctoral work from New York University, Lee has, for four years, archived our collections. Currently she is working on Dr. Rita Chow's extensive collection. Always a delight to work with, Lee brings her diverse experiences as a psychiatric nurse, psycho-therapist, educational consultant, and historian to her work in the Center. Thank you Lee for your help and friendship, we look forward to working with you for many more years!



Aurelie and grandchildren

Introducing our New Archivist

We are pleased to announce that Maureen R. Spokes joined the Center's staff as a part-time archivist on May 22, 2006. A recent graduate of Catholic University's Master in Library Science program, Maureen brings both her archival skills and a refreshing enthusiasm to the task of processing the Center's many collections. Although not a health care professional, she is quickly learning about the significant contributions of nurses to the care of patients. Speaking about her archival work



she notes: "I like the idea of organizing [nursing's] past so that people can ... learn from it." Maureen, who considers herself a late professional bloomer, is also employed as a part-time reference librarian at Piedmont Community College. Maureen and her husband, Jon, are the parents of four children ranging in ages from 20 to 15 years old.

We are delighted that Maureen has joined us. She looks forward to helping those interested in learning more about the Center's collections. Her e-mail address is: <mrs8t@virginia.edu>

CONGRATULATIONS TO DR. JOHN KIRCHGESSNER

Congratulations to Assistant Professor and Assistant Director of the Center Dr. John Kirchgessner! John, an assistant director of the Center since 2001, completed his dissertation study, "A Reappraisal of Nursing Services and Shortages: A Case Study of the University of Virginia Hospital, 1945-1965" in spring. John received his PhD in Nursing degree from the University of Virginia Graduate School of Arts and Sciences on May 21, 2006. Bravo John for a job well done!

THE AGNES DILLON RANDOLPH AWARD

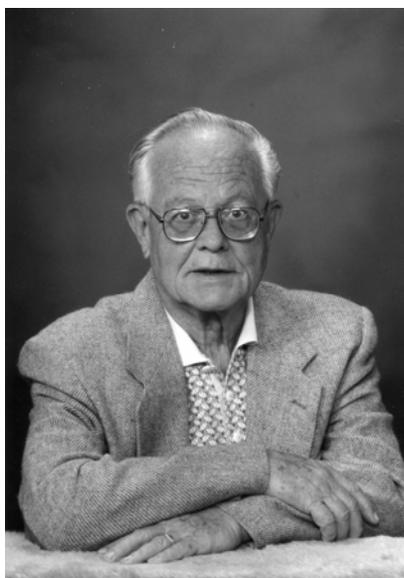
This past spring Dr. Vern Bullough was selected to receive the Center's 2007 Agnes Dillon Randolph Award. Unfortunately, when he was informed of this honor, Dr. Bullough told us that he was suffering from a late-stage kidney cancer. Although he wished to come to Virginia to give the Randolph Lecture and receive his award, Vern's disease claimed his life on June 21, 2006. With great sorrow but deep appreciation for Vern's multiple contributions to the field of nursing history, we publish the text of our salute to Dr. Bullough.

THE 14TH ANNUAL AGNES DILLON RANDOLPH AWARD 2007

VERN L. BULLOUGH, PhD, RN, FAAN

It is an honor and privilege to award the Center for Nursing Historical Inquiry's highest honor, the Agnes Dillon Randolph Award, to Vern L. Bullough for his exemplary work in the field of nursing history. For almost 45 years of his distinguished career, Dr. Bullough served as a pioneer in providing scholarly and insightful information on the history of the nursing profession, its issues, values, and challenges, to nurses, physicians, and social scientists. Emboldened by his intellectual curiosity and writing talents, as well as his skills as an accomplished historian and his knowledge of nursing practice, Vern forged new directions for scholars and nurses to pursue in their quest for pertinent knowledge about the origins and development of the nursing profession. In opening these new pathways, Dr. Bullough contributed to the advancement of the field of nursing history and to the nursing profession.

Dr. Bullough was one of the most prolific contributors to the nursing profession. Beginning in 1969, he co-authored with his nurse wife, Bonnie, a popular text book: *The Emergence of Modern Nursing*. Over the next three decades, he added to his publication record a nursing



historical bibliography, numerous historical articles in nursing and medicine publications, and co-edited five books on current nursing issues and developments. He also wrote several books that focused on problems that impeded the profession's ability to deliver health care to all Americans, and a major undergraduate Community Health Nursing text book. Beginning in the late 1980's Vern, serving as its senior editor, created a three volume series of biographies of

early nursing leaders who shaped the profession from 1850s to 1980s. This series serves as a landmark reference guide for those interested in learning about the profession's earliest leaders and their accomplishments.

Vern's list of presentations matches his long and impressive publication record. He presented his research and scholarship at numerous nursing, medical, hospital, governmental and medical history national and international conferences. In the last two decades he was the invited key note speaker at these conferences

Not content to write only about nursing's history, Vern served as a mentor to young nurse historians as they struggle to become seasoned

THE AGNES DILLON RANDOLPH AWARD

and published historians. He was one of the early leaders in creating, in 1978, the profession's premier history organization, the American Association for the History of Nursing. (AAHN) He served on the organization's first Executive Board and was a frequent contributor to the *Nursing History Review*. He also served as the first editor of the *Bulletin*, the organization's newsletter. As its editor, and a frequent published author, he helped establish standards of journalistic excellence that have served the organization well. As a member of the AAHN, he has been a true colleague, a loyal supporter of the organization, and a steadfast champion of all historians of nursing.

As important as nursing history was in Vern's life and career, it is essential to note that he also was a pioneer and leader in the study of gender and sex. His research studies and insightful publications brought to society a needed awareness and understanding on some of the critical questions and issues that surround human sexuality and the role of gender in human behavior. His work encouraged health professionals to include such information in their programs, and by doing so, they have become

better prepared to provide quality care to patients.

Although Vern did not begin his career as a nurse, the significance of his contributions to the profession has been acknowledged in the many nursing awards he has received. To name only a few; he became a fellow of the American Academy of Nursing in 1988; honored with the Luther Christman Award, given by the Assembly of Men in Nursing; the Ray Cox Award for service by the California section of the American Nurses Association; and the California Nurse of the Year Award in 1999.

Dr. Bullough, we are indeed pleased and grateful that you gave so generously of your intellectual talents and passion for nursing history to nurse historians and the profession. I join with my colleagues, Drs. Brodie and Kirchgessner, in congratulating and awarding you the 2007 Agnes Dillon Randolph Award!

Arlene W. Keeling, PhD, RN
Director, CNHI

BARBARA BRODIE NURSING HISTORY FELLOW 2007

The Center for Nursing Historical Inquiry Barbara Brodie Nursing History Fellowship, a postdoctoral award, is open to nurses engaged in historical scholarship that advances the field of nursing history. Applications for the \$3000 award are due October 15, 2006, and the recipient will be announced in December, 2006. The selected Barbara Brodie Nursing History Fellow will present a paper from their research in the Center's History Forum series.

Selection of the fellow will be based on the scholarly quality of the investigator's project including: the clarity of the project's purpose, its rationale and significance, the rigor of its methodology and questions posed, and its potential contributions to the field of nursing.

The application and a curriculum vitae should be sent to Dr. Arlene Keeling, Director, Center for Nursing Historical Inquiry, University of Virginia School of Nursing, PO Box 800782, McLeod Hall, Charlottesville, Virginia 22908. Applications are available on the Center's Web site, at:

www.nursing.virginia.edu/centers/cnhi/hrfellowship.html.

“STRETCHING OUT A HAND TO HEAL”: A BEGINNING HISTORY OF PARISH NURSING IN THE UNITED STATES, 1984-1997

Lisa M. Zerull, MS, RN, PhD Student
University of Virginia School of Nursing

“At the core of every major faith tradition stands an explicit commitment to be with the sick, the poor, the alienated, the marginal, the wounded, and the dying. The commitments are very old, but the implications are ever new.”¹ This ethos of compassion for one’s fellowman ignited the fervor of Lutheran Chaplain Granger E. Westberg to restore to the church the health ministry role of the parish nurse. This article examines the factors that led to the inception and subsequent expansion of parish nurse movement beginning in 1984.

Religious Women Nurses. Nursing in America emerged from the faith-based care of various Judeo-Christian denominations, namely the Roman Catholic and Anglican Sisterhoods, and Protestant Deaconesses. In the 19th century, these religious women followed Christ’s example of healing and caring for “the sick, the poor, the fallen and the unbelieving”, while also founding and operating hospitals supported by their denomination.² During this same time, American cities were expanding due to increased immigration, urbanization and industrialization. These factors forced cities to find new ways to deal with the problems of inadequate housing and sanitation, increases in infectious diseases, and higher morbidity and mortality rates among their citizens. Cities were especially in need of hospitals and public health care services.

In 1849, at the request of an American Pastor William A. Passavant, four German Lutheran deaconesses trained at Kaiserswerth Institute (where Nightingale briefly studied nursing) were sent to Pittsburg to act as nursing staff for

a newly constructed Lutheran hospital, provide visiting home services, and to serve as parish nurses.³ Parish nursing, a unique health ministry role, gave opportunity for nurses to interact with parishioners in congregations as interpreters of faith, health, and illness.

Revival of Parish Nursing. The parish nurse of the 20th century was recreated by Lutheran Chaplain Granger E. Westberg (1913-1999). Westberg, whose career spanned 63 years, was a dynamic pioneer in merging elements of religion, medicine and whole person health care in new ways to care for patients and members of a congregation. Based on his chaplain ministry experiences, that included creating a dozen church-based family practice clinics with teams of physicians, pastoral counselors and nurses, Westberg recognized that while “hospitals and physicians deal with illness . . .there [was] a need for preventative medicine and wellness in the community and churches fit right in.”⁴ He was convinced that nurses, because of their broad background in medicine, health care and social work, were the key players in his plan to revive the deaconess concept of parish nursing in churches or congregations.

In 1984, a semi-retired Westberg contacted an old friend, George



Granger Westberg,
International Parish Resource Center

Caldwell, who was the president of Lutheran General Hospital (LGH), a 700 bed not-for-profit hospital in Park Ridge, Illinois. After discussing with Caldwell his idea of what a parish nurse could mean to the health system, the community, and the lives of countless individuals, Westberg gained not only his support for the parish nurse project but also financial assistance to subsidize parish nurse salaries for four years. Caldwell firmly believed in establishing community partnerships to promote health and he understood the role of the church in healing, faith and health. Moreover, he believed parish nursing followed the LGH mission: "It was a natural extension of the hospital's philosophy of Human Ecology . . . that is the understanding and care of human beings in light of their relationship to God, themselves, their families and the society in which they live."⁵

Parish Nurse Program. An enthusiastic Westberg immediately began to discuss with church leaders in the area the merits of parish nursing. LGH posted the part-time parish nurse positions for both internal and external nurse applicants. Approximately thirty nurses, all of whom were women, applied for the positions. Within a short time, eight churches; four Protestant, three Roman Catholic, and one non-denominational church agreed to partner with LGH in adding a part-time parish nurse to their church staff.⁶

Interviewed by Westburg, LGH staff, and the clergy from the church in which the nurse would function, eight nurses were selected and offered a salary of \$10,000 per year. Although the salary was small, the majority of the parish nurses were married with adequate income from the husband's salary.⁷ These women were motivated and intrigued by the possibilities of blending their faith and health knowledge into a new nursing role.

The LGH parish nurses brought to their roles diverse professional nursing experiences, spiritual maturity, a flexibility in dealing with

challenges, and excellent communication skills, including their ability to listen. Other qualities included their knowledge of health prevention, ability to be independent, a sense of humor and a compatibility with the belief structure, culture and leadership of the congregation. They would soon learn effective ways to also provide spiritual care to members of a church.

Developing the Role. To introduce these new parish nurses to their individual congregations, the church pastors publicly commissioned them to their healing ministry during a worship service. This act confirmed to the congregation that the parish nurse was a valued member of the churches' staff.

This newly formed group of parish nurses met weekly at LGH with Westberg, Chaplain Flo Smithe, and the newly appointed Director of Parish Nursing Services, Anne Marie Djupe, RN, who provided administrative leadership to the program. The LGH parish nurse group met for several purposes: enriching their own spiritual formation, discussing their nursing experiences within the congregation, and further defining the role of the parish nurse. Djupe provided ongoing support to the nurses including developing a formalized educational program, and establishing standards for the role.

Parish nurse Saralea Holstrom, of Our Saviour's Lutheran Church in Naperville, Illinois captured the feelings of the beginning nurses when she noted: "When I started out [in 1985] I wasn't exactly sure what a parish nurse did but I knew in my heart that it was to make



Saralea Holstrom,
Lutheran Parish Nurse

the church a part of the parishioners' lives. In my community . . . people have their personal physician and their personal health in place basically--I was not there to take the place of their physician, I was there to be an adjunct to that, to be easily accessible. . . . I'm a professional [nurse] . . . not just

a nice lady [at] church, although I hope that I am that too!"⁸

In the beginning, the LGH team defined the parish nurse as a registered nurse called to serve as a minister of health for a congregation. Over time five dimensions of the parish nurse's role were identified: health educator, personal health counselor, referral agent, volunteer coordinator, and developer of support groups. In each of these activities the parish nurse served as an interpreter of the close relationship between faith and health.⁹ The nurses' experiences soon led to the creation of a new dimension, that of a health advocate liaison between parishioners and congregational or community resources.¹⁰

Through trial and error, and by sharing experiences and ideas with other parish nurses, they began to master how to link faith and health in their nursing practice. They initiated, as needed, a variety of services for their parishioners including; home and hospital visitation; health screenings, such as blood pressure; wellness education on a variety of topics; end of life care; grief support; referral to physicians or agencies; and psycho-social support. They constantly strove to promote within church members, the wholistic concept of care of the body, mind and spirit. For parish nurses, spiritual care was truly the *hallmark of their nursing care* provided to parishioners. As noted by one of the nurses: "It is a rare interaction with a parishioner where prayer, a gentle touch or warm embrace are not a part of my parish nursing care!"¹¹

With the LGH parish nursing program launched Westberg increased his efforts to introduce the concept of parish nursing as a way to expand upon existing health ministries within a congregation. He published numerous articles on the work of the nurses and accepted numerous invitations to present internationally. At speaking engagements, Westberg was warmly received by nurses, clergy, other health professionals, and hospital administrators who recognized that many individuals' health and

personal concerns were not being met in the current medically focused health system. Because organized healthcare primarily focused on medical technology and treatments, devoid on any spiritual care, parish nursing emerged as a welcome opportunity for nurses to reclaim the church's historical roots of healing ministry.

In 1986, to deal with the multiple requests sent to LGH for information and consultation on how to establish a parish nurse program, the hospital created a Parish Nurse Resource Center under the direction of P. Ann Solari-Tadwell, a long-time LGH community nurse. The Center provided information on how to promote the development of quality parish nurse programs and study the organizational models, functions, educational preparation, and denominational affiliations of the nurses. The Center served as a ready resource for parish nurse programs in a varied mix of congregations, institutions, and denominations, which were springing up across the U.S. and Canada.

Education and Expansion. In these early years, no formal training for parish nursing existed. In the late 1980's, in collaboration with the LGH Resource Center, two highly regarded nurse educators, Rosemarie Matheus of Marquette University and Dr. Norma Small of Georgetown University, developed orientation programs, as well as academic credit courses and continuing education offerings. Concurrent to formalizing parish nurse education, the Health Ministries Association was established in 1989. This group served as the *membership* organization for all professionals, including nurses, engaged in health ministries from all faiths traditions.

For the next several years, articles on parish nursing began appearing in news print and in professional journals, such as the *Journal of Christian Nursing*,¹² the *American Journal of Maternal/Child Nursing*¹³ and the *Journal of Community Health Nursing*.¹⁴ Recognizing the need to evaluate the outcomes resulting from parish nurse activities, a three year evaluation of

parish nursing, funded by the W.K. Kellogg Foundation, was conducted by the LGH Resource Center. Published in 1992, the report documented the structure, resources, goals, activities and accomplishments of the more than 40 parish nurse programs operating throughout Chicago and Moline, Illinois.¹⁵ More than 1,000 surveys were distributed to members of congregations with parish nurses. Primary findings suggested that parish nurses needed to better educate their congregations to the role of the parish nurse. In addition, parishioners showed a strong preference for health education through seminars and workshops, newsletters, bulletin board displays, and health screenings. The results of the study reflected the tremendous growth of parish nursing and the move of parish nurse towards a new professional role. The report also indicated that additional research needed to be done to ascertain the impact of parish nursing on the health of individuals, families, congregations and communities.

Recognizing that parish nursing was an emerging area of specialized professional nursing practice on an international level, the LGH Resource Center sponsored two educational colloquia and invited key nurses involved with parish nursing from across the country to participate. The first was held in June 1994, and its participants reviewed the basic preparation of parish nurses from more than 65 programs.¹⁶ From their review, an orientation program was developed that assured both quality and uniformity in parish nurses' preparation. The developers of the new program took special care not to limit the uniqueness of parish nurse practices or to mandate restrictions on how the content was to be taught.

A second LGH sponsored colloquium held in April 1997, invited as participants an external panel of accomplished experts including representatives from the American Nurses Association, the National League for Nursing, ministerial leaders, nurses, educators, and international parish nurse partners from Canada and Australia. After careful consideration, the

group endorsed a curriculum for the preparation of professional parish nurses. Within a year, an additional curriculum was designed for Parish Nurse Coordinators who were responsible for a network of parish nurses.

What began as a pilot program with eight nurses in 1985 in Park Ridge, Illinois, soon expanded to thousands of parish nurses spread across the Midwest, then to the West and East Coasts, followed by the South. With each LGH quarterly newsletter, news of emerging parish nurse programs across the U.S. was reported. By 1997, the expansion of parish nurse initiatives was evident in Canada, Australia, Singapore, England, and Africa. Although LGH's program began as an institutional paid nursing model, a growing number of congregations around the world reported they had both paid and unpaid volunteer parish nurses working in their communities.¹⁷

Conclusion. Comparable to the work of early religious nurses in history, parish nursing provided nurses a welcome opportunity to promote whole person health within congregations. Parish nurses continued the church's historical tradition of providing a healing ministry. In a span of 13 years, parish nursing went from a pilot project initiated by one mission-driven Lutheran hospital, to a growing network of multi-faith parish nurse programs. The efforts of Westburg, LGH, and the pioneer parish nurses led to the creation of a vibrant parish nurse movement that has spread across the globe. Parish nurses, eager and willing to help fill the void that exists between scientific medical healing and man's need for spiritual healing, have developed effective ways to provide members of congregations a viable link between their faith and their health needs.

When asked why the parish nurse movement came about, parish nurse Holstrom responded: "Part of it was God's plan . . . and [Westberg's] plan, seeing hospitals and health institutions and churches open to actually go back to what Jesus said--go out and teach and heal and care--not just

say we care, but actually make sure that caring is done for individuals and for families."¹⁸ The parish nurse can indeed, "Proclaim [the] message with great boldness by stretching out [a] hand to heal."¹⁹

Notes

1. *Parish nurse ministry in faith community nursing: A specialty practice of professional nursing*, (Park Ridge, IL: Advocate HealthCare, 2006). Health ministry advocate Gary Gunderson has a long and public history of promoting whole person health and congregational health ministry.
2. Barbara Mann Wall, *Unlikely entrepreneurs: Catholic sisters and the hospital marketplace, 1865-1925*. (Columbus: The Ohio State University Press, 2005).
3. Mary M. Roberts, *American nursing. History and interpretation*. (New York: The Macmillan Company, 1954), 7-8.
4. Jean Lewis, "Church nurse", *The Christian* 6 (1989): 1. From 1966 to 1977, Westberg struggled to achieve success with more than a dozen Wholistic Health Centers funded by the W.K. Kellogg Foundation and the University Of Illinois College Of Medicine. These centers were located in a variety of income areas in cities across the country, and were a creative attempt to respond to some of the weaknesses in the system of health care by meeting on all aspects of an individual's health needs including their spiritual needs.. Unfortunately, the venture proved too costly to operate after initial grant funding ceased. These financial constraints ,coupled with the hesitation of church leadership to embrace the Health Centers operating out of churches, proved to be insurmountable, resulting in the centers closing in the late 1970's.
5. Nancy Durbin, *Parish nurse ministry/ faith community nursing: A specialty practice of professional nursing*, (Park Ridge: Advocate HealthCare, 2005), 1.
6. Granger E. Westberg and Jill Westberg McNamara, "The parish nurse: How to start a parish nurse program in your church." (Park Ridge, IL: Parish Nurse Resource Center, 1987) 10-11. LGH partnered with eight churches and created a four year shared salary agreement: The first year LGH paid 75% + benefits and the church partner paid 25% of the nurse's salary. The second year LGH paid 50% + benefits and church 50%, and in the third year LGH paid 25% + benefits and church paid 75%. In the fourth year and beyond, LGH paid benefits only and church partners assumed all salary costs for the nurses. This creative plan enabled churches to budget and plan for this special health ministry, and also gave them time to evaluate what a parish nurse could bring to the life of their congregation.
7. Ibid, 11.
8. Saralea Holstrom, interview by Lisa M. Zerull, January 11, 2006, interview DS 20014 transcript, Lisa Zerull Private Papers, Winchester, VA (hereafter cited as LZP).
9. Anne Marie Djupe, Judith A. Ryan, & Harriet Olson, *Reaching out: Parish nursing services*, (Park Ridge, IL: Lutheran General Health Care System, 1994). See also *Parish nurse ministry: Faith community nursing: A specialty practice of professional nursing*, (Park Ridge, IL: Advocate HealthCare, 2006).
10. Durbin, *Parish nurse ministry*, 1. See also Phyllis Ann Solari-Twadell and Mary Ann McDermott, *Parish nursing: Development, education, and administration* (St. Louis: Elsevier Mosby, 2006), 17.
11. Lisa Zerull, interview by Martha Erbach, October 10, 2005, LZP.
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13. G. E. Carlson, "Minister of health... the parish nurse", *MCN: American Journal of Maternal/Child Nursing* 14, 5 (1989): 305-6.
14. Mary Ann McDermott and Joan Burke "When the population is a congregation: The emerging role of the parish nurse." *Journal of Community Health Nursing* 10, 3, (1993): 179-90.
15. Anne Marie Djupe and Robert C. Lloyd, *Looking back: The parish nurse experience*, (Park Ridge: National Parish Nurse Resource Center, 1992).
16. Ibid, 123.
17. Westberg & McNamara, *The Parish Nurse*, 10-11. See Ann Marie Djupe, *Looking back: The parish nurse experience*, Report to the W.K. Kellogg Foundation (Park Ridge: National Parish Nurse Resource Center, 1992), 2-17.
18. Saralea Holstrom, interview by Lisa M. Zerull, January 11, 2006, interview DS 20014 transcript, LZP.
19. Taken from Acts 4:29-30 (New International Version).

SNIPPETS FROM THE PAST

Challenges Faced by Private Duty Nurses

The work site for most graduate nurses, from 1880 to the 1920s, was in the homes of families who hired them as private duty nurses to care for an ill family member. This work place, very different from the rigid hierarchical hospital structure, allowed nurses more opportunities to function as independent professionals but their success was measured by the quality of their patient's care, how well they pleased the family's physician, how friendly they were to the families, and how unobtrusive they were in the families' routines. Below is some sage advice to new graduates beginning their careers as private duty nurses.

Duties of nurses to patients:

"The nurse's work is to do what is necessary for the patient, give treatments, keep her records; and if the inefficiency or negligence of others obliges her to supplement her work by doing some of theirs in order to insure the recovery of the patient, she should not maintain rigid rules at the expense of her charge. The difficulties associated with fulfilling this goal however, are often compounded by families' ignorance of the role of a trained nurse in their home?"

What should the family expect of her: "Is she a professional or servant ... should servants wait on her ... is the nurse responsible for the preparation of the patient's food and hygiene of the sickroom? The family should not require needless work of the nurse. There are many women however, who seem to feel that anyone who is 'in the house' and not busy just now, even if engaged for the care of a patient, should be kept busy. These women are prone to ask the nurse to tidy other rooms, care for small children including fixing their meals and giving them medications, or to diagnosis and treat other family members."



Springfield, IL, c. 1900s. CNHI Brodie Collection

Needs of the nurse: "The nurse is entitled to hours off each day for recreation, especially after the critical period of the patient's illness has passed. She needs it for her own mental and physical health, and the family should give her this time freely and ungrudgingly. The nurse, sometimes on duty for 24 or 12 hours for many weeks, also needs a good bed in which to rest. Too often a nurse is provided only an uncomfortable makeshift

couch to rest upon." Not only is this couch uncomfortable but it may be too short and narrow which adds to the nurse's fatigue. "This problem is compounded by the fact that the nurse goes from one patient and one temporary sleeping arrangement to the next, year in and year out. This practice alone often leads to the deterioration of a nurse's health."

Lippitt, Louisa C. RN (1919) *Personal Hygiene and Home Nursing*, Yonkers-on-Hudson, New York: World Book Company, 242-249.

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NURSING AND MEDICAL HISTORY OPPORTUNITIES

AMERICAN ASSOCIATION FOR THE HISTORY OF NURSING

The American Association for the History of Nursing and the Lienhard School of Nursing Pace University, are co-sponsoring the Association's 24th annual conference. It will be held in White Plains, New York on September 28-30, 2007. The conference provides a forum for researchers to present their completed research on a variety of nursing topics. Individual papers, posters and panel presentations are featured at the conference. Information about the AAHN, the conference, and guidelines for those interested in submitting an abstract can be obtained at: <www.aahn.org>

AMERICAN ASSOCIATION FOR THE HISTORY OF MEDICINE

The American Association for the History of Medicine will hold its 80th annual conference in Montreal, Quebec on May 3-6, 2007. Information about AAHM, the conference, and guidelines for those interested in submitting an abstract can be obtained at: <www.histmed.org>

SOUTHERN ASSOCIATION FOR THE HISTORY OF MEDICINE AND SCIENCE

The Southern Association for the History of Medicine and Science (SAHMS) is holding its ninth annual conference in Charlottesville, Virginia on March 2-3, 2007. The event is hosted by the University of Virginia's Center for Nursing Historical Inquiry and the Health Sciences Library Historical Collections. The keynote speaker will be Vivian Pinn M.D., Associate Director for Research on Women's Health for the NIH. Additional information is available at: <www.sahms.net>

FELLOWSHIPS/GRANTS

2008 National Endowment for the Humanities Summer Stipends Award

The program supports two months of full-time research on a project in the humanities. The stipend is \$5,000. Faculty – full, adjunct, or part-time – may apply for the grants. Additional information may be obtained through the NEH website: neh.gov/grants/guidelines/stipends.html

DOROTHY OREM COLLECTION

The papers of Dorothea Orem, a leader in nursing theory and research, are now held by the Alan Mason Chesney Medical Archives, the Johns Hopkins University School of Nursing archival repository. The Collection is being processed and is not yet open to the public.

For more information on this collection, contact:
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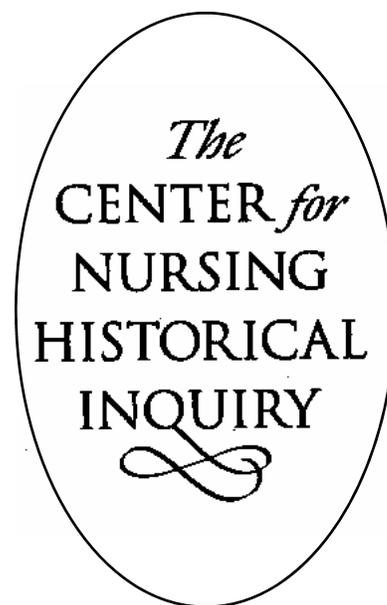
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