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Home Care's Role
in the
**TREATMENT OF
INFECTIONS**

The Evolution of Contemporary Nursing

Reflecting on the State of Nursing in Home Health Care — Then, Now, and in the Future

By Debbie Savage



National Nurses Week is celebrated annually May 6 through May 12, the birthday of Florence Nightingale, founder of modern nursing. With health care reform on the horizon and the aging of the baby boomer generation looming, it bears reflecting on how far nursing has come since Florence Nightingale's time as well as glancing towards where the nursing profession, and indeed national health care, seem to be headed.

Currently, registered nurses make up the single largest component of our complex health care system, providing the 24/7 bedside care that is at the heart of health care in the United States. According to the U.S. Department of Labor Bureau of Labor Statistics, employment for registered nurses is expected to increase 23 percent between 2006 and 2016. Today's nurses perform duties originally reserved solely for physicians, with increasing patient care responsibilities. Often described as an art and a science, nursing now encompasses many roles – from staff nurse to educator to nurse practitioner and nurse researcher.

However, back in the early 1900s, nursing was a profession that essentially boiled down to little more than house-keeping. Nurses were earning barely enough to live on (about \$5 a week), with the bulk of their education in the hospi-

tals rather than colleges or universities. Working 10-12 hour shifts seven days a week with only a few hours dedicated to classroom instruction, nurses provided facilities with cheap and abundant labor.

After graduating, many nurses in this time period went to work as private-duty nurses in patients' homes. They spent much of their time doing tasks such as sweeping, mopping, cooking, filling kerosene lamps, and washing and folding linens. They also inserted catheters, administered medications, and generally monitored a patient's appearance.

At this time, nurses were also a major force in health education. From 1820 to 1910, nearly 30 million immigrants arrived in America, many settling in slums and tenement housing within major cities. At the turn of century, these visiting nurses went out to people's homes all over the country and taught them about cleanliness, nutrition, and child care to decrease disease and suffering in these poor environments. In 1912, the National Organization for Public Health Nursing was founded.

World War II marked a move to the bedside. As nurses joined the war effort, civilian hospitals that had sprung up around shipyards and military bases became short-staffed. In 1943 Congress initiated the Cadet Nurse Corps Program to

subsidize education for nursing students who promised to work in underserved areas for the duration of the war.

Over 150,000 nurses gained training through the program over the next three years, according to the U.S. Army Center for Military History. During a brief shortage of military nurses in 1945, more than 100,000 Cadet Nurse Corps trainees volunteered for duty.

Nurses returned from the war armed not only with solid public support, but with new skills. The military had trained nurses in specialties such as anesthesia and psychiatric care, and offered valuable hands-on experience that would ultimately broaden the scope of the profession for future generations.

After the war, Congress passed acts that poured billions into health care, and medical insurance became part of employment packages. A pharmaceutical revolution followed. Penicillin drastically changed health care by curing infections and allowing more invasive surgeries. Other advances included TB treatments, a polio vaccine, new contraceptives, anti-inflammatory drugs, and valium.

Despite the modernization of health care, in the 1950s some aspects of nursing still lagged. Donna F. Ver Steeg, PhD, RN, FAAN, a researcher of health care manpower who graduated from nurs-

ing school in 1950, said she remembers preparing an injection by mashing pills in a mortar, then heating the powdered mix in a teaspoon over an open flame, and finally drawing the liquid into a glass syringe. Also, hospitals still strapped oxygen tanks to patients' beds, didn't have much disposable equipment and nurses still autoclaved catheters and sharpened needles.

Historians point to numerous changes in health care, medicine, and nursing during the 1960s. "In the '60s, the intensive care unit was developed," Ver Steeg said. "With ICUs you have top-level doctors and nurses taking care of acutely-ill patients. The technology drove a higher level of training, so you got specialization in nursing and along with that, advanced degrees."

Another big development in the '60s was the nurse practitioner movement. These were nurses who were semi-independent and did many of the things physicians had done. With most hospital nursing schools closing by this time, there was an attempt to have everybody become a baccalaureate-prepared nurse.

In recent decades, nurses have become much more responsible for the care of patients. Some see nursing as "going back to the future," with an emphasis on public health care rather than hospital-based nursing. For example, nurses will work in greater numbers as disease managers, case managers, home health providers, clinic-based providers, and parish nurses.

The practice of nursing is constantly changing, due in part to technological advances such as wellness kiosks in waiting rooms, text messaging in hospitals, the Internet, and robotic technology. According to various studies and surveys, technology in the nursing world has increased patient satisfaction and overall outcomes, reduced clinical errors, and decreased the amount of paperwork that nurses were once required to perform.

In 10 or 20 years, nursing may look nothing like the nursing of today. New technologies, new drugs, changes in public attitudes towards health care, and a

shrinking workforce will all be factors influencing the nursing force. Just what role the nurse will play in the future, according to some, depends on everything from how well the profession can recruit new trainees, to how much money the public is willing to spend on health care. Others say no matter how much money is spent, or how many more new nurses are brought in, there's no getting around it: out of necessity, machines will do much of the work that nurses do now.

The nurse's primary job always has been and will continue to be providing a human touch – in the hospital, private practice, and the community. As much as nursing has changed since Florence Nightingale's time, the core values remain unchanged. Nurses will still provide the hands-on caring.

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About the Author: *Debbie Savage is a registered nurse and president of Responsive Home Health in Fort Lauderdale, Florida. With a long history of caring for the elderly, Ms. Savage started her career in assisted living in 1981. She co-owned and managed multiple assisted living facilities (ALF's) in the South Florida area and started her home health agency in 1994. Serving as president of the Florida Assisted Living Association, she worked with the State of Florida in the development of funding sources for assisted living through the Medicaid Waiver Program. She also served on the National Board of the Assisted Living Federation of America (ALFA) from 1998-2002. Ms. Savage is currently active in the Leadership Broward Foundation and serves on the Board of Broward Meals on Wheels.*

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