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for the  
Decatur Public Library

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(Education of nurses, early superintendents of nursing, wages and duties, changes in techniques, care and treatment, new drugs, standards of nursing)	

## INTRODUCTION

As I considered my forty three years in nursing, I suddenly realized it covers close to half a century. Many things have occurred in those years which have affected nursing either directly or indirectly.

I will give a brief history of nursing but most of my talk will be on the diploma school and nursing service as I remember it. Since most of my nursing education and nursing experience has been in Decatur and Macon County Hospital, which later became Decatur Memorial, most of my references will be to D.M.H. Other factors which have affected nursing education and nursing service will be discussed.

The scope of nursing has expanded considerably. Nurses now perform many functions which forty years ago were considered the practice of medicine. As medical procedures became more routine they were shifted from the physician to the nurse. This has resulted in nursing evolving from an occupation similar to a serving woman who cared for the sick to a highly educated profession.

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LOCAL HISTORY

Florence Nightingale is considered to be the founder of modern nursing. She opened a school for nurses in London, England in 1860. She received her training at Kaisewerth, Germany, then worked with the Sisters of Charity in Paris, France before returning to London. She was interested in improving the care of the sick, by giving proper training to those to who cared for the sick.

In the United States those who were ill were usually cared for at home by the servants or members of the family. If people had no home or anyone to care for them they were placed in the hospital or Alm house. They were cared for by people who had no training in the care of the sick, in many instances they were mistreated.

The first schools for nurses were opened in the United States in the last quarter of the nineteenth century. The first school in the United States was opened in the New England Hospital in 1872. It was a one year program with no books, no classes, but lectures were held in the evening during the winter months. The Bellivue School for Nurses in New York City was opened in April 1873. The Boston School for Nurses, which later became the Massachusetts General Hospital School for Nurses was opened in November 1873.

In hospitals with schools for nurses the nursing care of the patients improved.

Many hospitals in the United States established schools for nurses for the purpose of supplying nursing care without much thought given to the education of the student. The students worked long hours. In some of the early schools, from 5A.M. to 9 P.M. Besides performing their nursing duties they were required to do the cleaning. The nurses of the 19th

century had few privileges. They worked seven days per week and from twelve to fourteen hours per day.

During this period of the nineteenth century and early twentieth, some nursing leaders were emerging in the United States. In 1895 The Society of Superintendent of Training Schools for Nurses was founded. Its objective was to establish a framework for the improvement of nursing schools. This organization later became the National League of Nursing Education. In 1896 the Nurses Association of Alumnae of the United States and Canada was founded. This was to provide a united voice to speak for nurses. In 1911 it became the American Nurses Association.

With nurses organized and some improvement in the schools for nurses, the need for legislation to distinguish the trained nurse from those without any training became evident. Some type of law was needed to protect the public from those who represented themselves as trained nurses, but who actually had no training. The first Licensing Act for Nurses in Illinois was passed in 1907. It has been revised and changed many times, the last in 1980. It was changed in 1952 to include the Licensed Practical Nurse. A licensing act in Illinois defines the professional nurse or R.N. and the practical nurse or L.P.N. It establishes an administrative body or Board of Directors.

The board of nurse examiners sets the standard for accrediting schools of nursing, qualifications for student graduation and administers the qualifying examination for the graduate to become licensed. The board also has the power to recommend disciplinary action against any person found guilty of violation of the Nursing Act.

Even though nursing leaders were attempting to improve the education

of nursing students, they met with resistance from physicians, who considered the nurses as a handmaid, hospital superintendents who were looking at cost and felt the nurses education was secondary to the nursing care of patients. Even some nurses could not understand the need for better education.

#### DECATUR, ILLINOIS

There are two acute general hospitals in Decatur. St. Marys Hospital was the first hospital in Decatur, It was established by the nurses of the Third Order of St. Francis in 1878.

The Decatur and Macon County Hospital was opened January 1, 1916. At the same time the Decatur and Macon County Hospital School of Nursing was opened.

Miss Helen Cleland, a graduate of Massachusetts General Hospital School for Nurses, was employed as the first superintendent of the hospital in August 1915. Miss Ethyl Goss, also a graduate of Massachusetts General School of Nursing became her assistant and was in charge of the school in 1916.

I have not seen a record of the number of graduate nurses employed by the hospital, but there were 18 students in the first class. The students lived in the fourth floor dormitory of the hospital. The William Johns Nurses Residence was not opened until May 1920. The students worked twelve hour shifts with time off for class. They were assigned to night duty early in their training period. They were used for staffing or caring for the patients. One of the first graduates recorded that because of the nursing needs of the patients, the class was divided in half. While one

group was in class the other half was on the ward caring for patients.

There was a problem of the school obtaining its first state accreditation. One of the first graduates recorded there seemed to be a difference of opinion between the nurses from the east and the west. Miss Cleland had stated she would never allow a class of student nurses to graduate without the school being accredited.

In 1918 Miss Nona Ellis a graduate of Wesleyan Memorial School of Nursing, in Chicago was employed as the first Superintendent of Nurses. She compiled the necessary records and the school was accredited April 1, 1919. Twelve of the first class graduated April 2, 1919. The new graduates were soon off to Chicago to write the state board examination. In order for a nurse to be eligible to write the state board examination she must have graduated from an accredited school.

Efforts were made to improve the education of the student in Decatur and Macon County Hospital School of Nursing throughout the twenties and early thirties. A program was established with the James Millikin University. The student who completed the diploma program in nursing for the R.N. and two years of academic work at the University could receive her Bachelors of Science Degree.

During this period in nursing education most nurses who had a degree had received it in a program of this type. There were very few if any nursing programs under the complete control of the university.

My nursing education began in Decatur and Macon County Hospital School for Nurses in February 1935. Nineteen years after the school had opened. Decatur and Macon County Hospital was a 150 bed hospital.

It was the middle of the depression following the Wall Street Crash

of 1929. Franklin D. Roosevelt was President of the United States. He was trying to bring the country back to prosperity. Many people were unemployed, which included many nurses.

Some unmarried nurses lived in the nurses residence and paid ten dollars (\$10) per month for their room. They were waiting for a private duty case.

A private duty nurse was assigned to care for one patient at the request of the physician of the family. The nurse was paid by the patient or the family. A private duty nurse was employed by the patient for one of two reasons. If the patient was seriously ill needing more nursing care than it was possible for the nursing staff to give or if the patient wanted a nurse with him or her at all times.

A private duty nurse usually worked a 20 hour shift for this she was paid seven dollars (\$7) per day. She slept on a cot in the patients room and had four hours off in the afternoon. If the patients illness required much nursing care at night, two private duty nurses might be assigned to a case, each worked a twelve hour shift. A private nurse working twelve hours was paid six dollars (\$6) per shift.

During this period private rooms in Decatur and Macon County Hospital rented for three dollars (\$3) per day, and ward beds were two dollars and fifty cents (\$2.50) per day. This furnished a bed, meals, dressings and nursing care.

There were some public health nurses in Decatur and one Industrial Nurse. Luéille Rammel May, a graduate of the first class, worked for the A.E. Staley Manufacturing Company.

Occasionally an R.N. living in the residence worked for the hospital.

This occurred when there were more patients than the students were able to care for. When the R.N. worked for the hospital she was paid two dollars (\$2) per day plus her meals.

When I entered the school, the nursing department was staffed with a superintendent of nurses, one night supervisor, one supervisor on each unit, an operating room supervisor and two R.N. instructors for the students.

Students worked twelve hour shifts with two hours off plus class time. Students working the night shift had two hours at night to rest, providing the nursing needs of the patients were not too great. At times she worked the full twelve hours. Students had two half days off each week, one of which was on Sunday. If classes were scheduled during the students time off duty, she was required to attend class. There was no skipping class even when she was on night duty.

All students were required to live in the nurses residence. The door to the residence was locked at 10:00 P.M. Any student who was late was required to report to the Superintendent of Nurses the following day. Disciplinary action taken depended on the standing of the student and the reason for her being late. Unless the student repeatedly came in late, the discipline usually meant no late leaves would be granted for two to three weeks. A late leave allowed the student to come in at 12 midnight on Saturday night provided she was not to be on duty at 7:00 A.M. on Sunday. If the student continued to disobey the rules, she could be suspended from the school.

Students were not allowed to marry. If a student married she was discharged from the school. Upon occasion a married student was allowed to return and complete her training but she was required to live in the



residences and observe all the rules.

Someone asked how the young women felt about the rules of the school. Most of the students didn't question the rules. They were aware of the rules before they entered the school. Remember this was fifty years ago when students did not question the authority of their parents or of the schools as so many students do today.

I wouldn't want you to believe the students were all angels and obeyed all of the rules all the time. There were always ways students could enter the residence besides coming in through the front door. They arranged with a friend to let them in through a side door or to help them in through a window. The boyfriends were always ready to help the girls in.

Besides caring for the patients, students were responsible for cleaning the patients rooms after the patients were discharged, keeping the utility rooms clean and stocked, and keeping the kitchen on the nursing unit clean. The floors were mopped by the housekeeping maid.

Since most hospitals with schools of nursing did not employ a great number of registered nurses there seemed to be an oversupply of nurses in the United States in the mid thirties. Many hospitals with schools of nursing had not been concerned about the education of the students, therefore many nurses were poorly prepared in caring for the real acutely ill patient. They did not understand the principle associated with the care. In 1936, the National League of Nursing Education recommended that smaller schools be closed. The Decatur and Macon County Hospital School of Nursing was a good school and had maintained its standards.

The Board of Directors of Decatur and Macon County Hospital gave careful consideration to the cost of the school versus employing an all graduate staff.

The board voted in 1936 to close the school. The students who had been admitted in September of 1935 were transferred to other schools of nursing. Since most of our class work had been completed by the spring of 1936, our class remained to finish our education in Decatur and Macon County Hospital. More registered nurses were employed to fill the vacancies left by the transfer of the students.

It was customary to have breakfast a 6:15 A.M. By 6:45 A.M. the Superintendent of Nurses, followed by the instructors, supervisors, Registered nurses, then students left the dining room. They were on the nursing unit by 6:50 A.M. to review a report on the patients conditions from the night nurse.

One morning in the spring of 1937 the Superintendent of nurses, instructors and supervisors followed by the students left the dining room, the Registered Nurses remained seated. They were on strike. It was probably one of the first strikes by nurses in the United States.

The Superintendent of the Hospital, the President of the Medical Staff and the Superintendent of Nurses met with the R.N.'s. I'm not sure about the issue. It probably was for more money. Whatever it was, the problem was soon resolved. By 9:00 A.M. all the R.N.'s were on the nursing unit.

Even though our school was closing, standards had to be maintained for the remaining students. One of the standards stated all clinical nursing experience in the nursing specialties must be in an organized department. Since Decatur and Macon County Hospital did not have an organized pediatric

department, the students affiliated for pediatric nursing with Michael Reese Hospital School for Nurses in Chicago.

This was a three month course in pediatric nursing. Sarah Morvill's the pediatric hospital was organized mainly by the age of the child. Visiting periods for the parents were two afternoons and one evening per week. Families who could afford to pay for a private room could visit more often and could stay with the child if they chose to do so. The rules and regulations for the students were much the same as at home. Because of the slum area close to Michael Reese in the mid thirties we were warned not to walk in the area around the hospital. If we wanted to go anywhere we were told to take the street car to the loop or to 63rd Street. At that time 63rd Street was safe. The last time I was there about 14 years ago it was a slum area.

Nursing procedures were very similar to those at Decatur and Macon County Hospital. Some policies were different due to the size of the hospital. Upon admission each child was bathed, their hair shampooed and treated for lice. This procedure was implemented because of the number of children admitted from the slum area where very poor personal hygiene existed in some homes. This was a necessary procedure to protect all children hospitalized from becoming infested with lice. Where there are many children together all children can become infested very rapidly if proper precautions are not carried out.

Sarah Morvill's operated a premature nursery for small babies born prematurely. Today this would be classified as a high risk nursery. The nursery at Sarah Morvill's was one of the first Premie Nurseries in the United States. I was one of the affiliating students fortunate enough

to have experience in this nursery. We had many small babies that lived because of the care they received there. Babies were brought to this nursery from other parts of the United States. I recall one night we admitted a set of very small twin babies from Ohio. When I left the nursery they were gaining weight and doing well.

I enjoyed my pediatric nursing very much. One of the head nurses asked me to return and work on her nursing unit as soon as I graduated. I never returned to Chicago to nurse.

We finished our pediatric experience in late December 1937 and returned to Decatur and Macon County Hospital to complete the number of days required for graduation. Any days lost due to illness had to be made up.

Decatur and Macon County Hospital was different ; there was an all graduate staff, no other students were present in the hospital. Three of us were left who had entered the school of nursing in February 1935. The school officially closed when we graduated in 1938. We went to Chicago to write our state board exams in early May. Our examination lasted two days. Instead of test questions with multiple answers from which the graduates select the best answer, ours were questions which required a written composition answer. By the time we finished we had writers cramps. We received our Registered Nurse Certificates in July 1938. We had all passed. I had an average of 87.4%. I almost failed obstetrics. My grade in obstetrics was only 75%, which was just passing. I had been working in obstetrics and thought I knew about that subject and hadn't studied. One question I failed was, "In the event of a prolapsed umbilical cord, what should the nurse do until the physician arrives?" I couldn't even remember reading about a prolapsed umbilical cord, much less knowing what

to do about it.

#### REOPENING OF THE SCHOOL

In 1938 the Board of Directors of Decatur and Macon County Hospital was approached by a Committee of the Alumnae Association asking that the school for nurses be reopened. The board of the hospital agreed to reopen the school if the Alumnae Association could raise \$5000 to meet the expenses of the reopening. In 1938 five thousand dollars was a lot of money. Members of the Alumnae Association sought the support of the medical staff and interested citizens in the community. The medical staff and people in the community gave their full support. The required money was obtained. The Board voted to reopen the school in September 1939. Miss Marjorie McLaughlin, a very capable nurse, was employed as Superintendent <sup>of Nurses</sup> to reopen the school.

By the time the school reopened, World War II had started in Europe. Germany had invaded Poland. Within two years the United States was in the war. The Japanese bombed Pearl Harbor on December 7, 1941.

What had been an over supply of nurses in the thirties was now a shortage. There were not enough nurses in the United States to meet the needs of the civilian hospitals and the military. In 1943 the Bolton Act was passed which established the Cadet Nurse Corps for the training of student nurses. The U.S. Public Health Service funded the program. It provided maintenance, uniforms, books, tuition, and a stipend for the student. The student promised to work for a military, essential civilian or government hospital for the duration of the war. Students were accepted in the program between the ages of 17 to 35.

The first cadet students were admitted in September 1944, and the last in October 1945. When the last students had graduated in 1948, 125,000 nurses in the United States had graduated from the Cadet Program. There was a threat to draft nurses during World War II.

President Roosevelt felt nurses were dragging their feet and not enlisting in the military. Troop ships were being sent overseas without being accompanied by at least one nurse. The President asked Congress to prepare <sup>and</sup> ~~to~~ pass a bill making it legal to draft nurses. All nurses in the United States were classified. Those classified as 1A were available for military service. Originally I was classified as 3A, essential in my civilian hospital job. I was employed as a surgical nurse in Decatur and Macon County Hospital. I was also married. The bill was drafted and passed by the House of Representatives. By the time it reached the Senate, enough nurses had enlisted to fill the military needs and the bill was not passed.

The military needed nurses but the men who were registered nurses and had been drafted were not assigned to nursing. They were assigned to combat duty. What a waste of nursing resources.

The military needs were met but the civilian hospitals at home were understaffed. Many married nurses took refresher courses and returned to help on the home front.

The Red Cross set up a program to train nurses aides to assist in the hospitals. Many school teachers, secretaries and other women volunteered to assist in the hospitals in the evenings and on their days off from their regular jobs.

## POST WORLD WAR II NURSING 1945-1946

It was believed that when the war was over the nurses no longer needed by the military would return to civilian nursing. In 1945 nurses were working six days a week with a weekend off every sixth or seventh week. Instead of working twelve hours per day with three hours off they were working eight hour shifts. It required more nurses to staff three eight hour shifts than to staff two twelve hour shifts.

Some nurses did return but they were no longer satisfied in civilian hospitals. There still existed in civilian hospitals an atmosphere of authoritarianism. Most hospitals were poorly staffed and equipment was outdated. In the military as a commissioned officer, nurses had some prestige. It was not the same at home.

Many reinlisted, some married and retired from nursing, and some took advantage of their veteran status and returned to school to finish their education.

During the late thirties, forties and fifties, new medicines, vaccines and new surgical techniques were discovered and perfected. Better techniques for stabilization of fractured bones was developed. These had a great effect on the nursing care of patients.

In 1937 the drug sulfonamide, commonly known as the sulfa drug, was available in Decatur for the first time. This drug could cure infections. Two of the diseases which it was very effective against were pneumonia and peritonitis caused by a ruptured appendix. In 1930 my mother died from peritonitis due to a ruptured appendix. Had this been eight to ten years later her life probably could have been saved.

In the early forties penicillin was also available for treating infections.

This drug in its earliest form was not absorbed into the blood stream from the intestinal tract. The drug had to be given intramuscular or IM (injected into) every three hours to maintain a level in the blood stream high enough to be effective against bacteria. Prior to this time nurses had not been taught to give IM injections. This had been a function of the physician. Nurses were taught this procedure. Giving IM injections every three hours to several patients added more hours to nursing care.

Fluids were also given IV or intravenously, by inserting a needle into the vein. This procedure was carried out when the patient could not take fluids by mouth. This became a nursing function.

Blood transfusions which were rare in my students days and were given only by the physician had become much more common and also became a function of the nurse.

With better methods of stabilization of fractured bones without heavy casts, patients could be out of bed earlier. This was especially true of patients who had obtained fractures of the hip. With patients out of bed earlier there was less stasis pneumonia. This was very noticeable in the older patient.

During the fifties, Jonas Salk perfected the vaccine for polio myelitis. With this vaccine a crippling disease was almost completely eradicated. Scientists had perfected vaccines for most communicable diseases. With these vaccines, communicable diseases were being eliminated. Communicable Disease Hospitals closed.

The antibiotics together with other drugs were used to arrest cases of tuberculosis. This made it possible for patients to be treated and to remain at home with their family. Tuberculosis sanatoriums closed.



With the vaccines available and drugs for treating infections, communicable diseases were virtually eliminated as a medical and nursing problem in the United States.

In the late forties and early fifties other changes were taking place which affected nursing. With hospitalization insurance or third party payers, more and more people were being admitted to the hospital. Previously these illnesses or injuries had been treated at home or in the physicians office.

Hospitals were crowded and understaffed. More nurses aides were employed to assist the R.N. to care for the patients.

In 1956 the fourty hour week was adopted at Decatur and Macon County Hospital. This presented more staffing problems in nursing. Nursing employees working full time were off duty two days out of seven. We were able to employ some nurses who could work two to three days per week but not five. These nurses were most helpful.

There were changes taking place in nursing education in the late forties and early fifties.

The National League of Nursing Education, worked with a committee from the state boards of nurses and developed standard tests for licensure. The tests could be used by all the state boards for licensure qualification and could be graded by machine. By 1950 all the states were using the standard tests.

Each state set the norm which the graduate must receive on each test to be granted a license. The norm in Illinois was set at 350. Until 1980 this test was provided by the N.L.N. At that time it was assigned to a private firm.

The standardized testing program pointed to the need for a standard curriculum for schools of nursing throughout the United States. The National League of Nursing Education which had merged with several other nursing organizations became the National League for Nursing in 1952. The League, working with the state boards for nurses, established a national accreditation program.

Conferences and workshops were held to teach directors of nursing education the requirements for accreditation of their schools by the National League for Nursing. This accreditation was not mandatory but it was something to be desired. It added prestige to the school and also to the graduates.

The Decatur And Macon County Hospital school for Nurses was first accredited by the National League for Nursing in the early fifties and except for a short time in the sixties remained accredited by the League until it closed in 1980. The loss of accreditation was due to the lack of a qualified director and some faculty.

In 1953 the Nursing Service Department in Decatur and Macon County Hospital and the school of nursing became separate departments. With this separation, students were no longer used for staffing the hospital.

The school continued to show improvement especially as we moved into the sixties. The most difficult problem was the recruitment of qualified faculty.

In 1968 the name of the hospital was changed to Decatur Memorial, thus the name of the school became Decatur Memorial Hospital School of Nursing.

The life of the student improved. They were no longer required to live in the nurses residence. Students were allowed to marry. They were considered

to be adults capable of making their own decisions. Hours of clinical nursing were greatly reduced. The length of the educational program was reduced from three calendar years to 27 months.

Since the students were enrolled in the school for education and no longer used for service, more time could be spent in the classroom. When the student was on the nursing unit for clinical experience, or nursing practice, they were supervised by their instructor. The student could spend time learning. With closer supervision and teaching not as many hours were needed in clinical nursing.

#### CHANGES IN NURSING EDUCATION

In 1960 the House of Delegates at the American Nurses Convention in Miami Beach, Florida voted to accept a report on long term goals. One of the goals was that in the future, next twenty to thirty years, nurses entering the profession should receive their basic nursing in a baccalaureate program. Since a high percentage of nurses employed in the care of the acutely ill patients were graduates of diploma schools, this statement caused dissention in the membership of A.N.A. Diploma graduates considered themselves as professional nurses, and saw themselves as being down graded to the rank of a technical nurse. Many diploma graduates dropped their membership in A.N.A. They were not looking at the long term goals but looking at it as the present which would affect them in the immediate future.

In 1965 at the A.N.A. convention in San Francisco, a position paper was issued which stated education for nurses should take place in institutions of learning with general systems of education.

Nursing, as we will see later, was becoming very complex.

Besides the diploma schools for nurses in hospitals, associate degree programs had been established in junior colleges. This was a two academic year program. When the nurse graduated she took the qualifying exam, for the registered nurse and became an R.N. These programs had started in the early part of the fifties.

In the early part of 1950 to provide nurses with an education in basic nursing, the Practical Nurse program was established in the vocational education department of District #61. This was a one calendar year program. When the student graduated she took the qualifying examination to become a Licensed Practical Nurse or L.P.N.

The L.P.N. works under the direction of the Professional Nurse. She assists the professional nurse with many aspects of nursing. They are valuable members of the health team.

The Professional nurse has the responsibility of coordinating the nursing care of the patients. She/he is responsible for caring for, planning for care by others and assisting the patient in time of stress. Many times she is responsible for making the decision in a life-threatening situation. She/he is the member of the health care team who is responsible for the patient in the absence of the physician.

The Board of Directors of Decatur Memorial Hospital had been working with the Trustees of James Millikin University, encouraging the university to establish a Baccalaureate program in nursing. Such a program for nurses opened in the fall of 1978, with a baccalaureate program for nurses at James Millikin University. The Decatur Memorial Hospital Diploma School for nurses closed with the December graduation of the class of 1980.

The first class of student nurses graduated from the James Millikin University in May 1981.

The education of the student was improving but in the mid fifties problems remained in the nursing service departments in many hospitals.

There were more patients and fewer nurses working in the acute general hospitals. There was a lack of higher educational programs in Illinois to prepare nurses for leadership positions. Most schools offering a Baccalaureate Program in nursing were located in Chicago. Not all nurses, especially those who were married and had children, could leave their home and job to attend school in Chicago. For a period of time there were no Masters Programs in nursing in Illinois.

The nurses in leadership positions were good nurses but needed assistance in administration and supervision of others. This assistance was provided through workshops, conferences and in-service-education.

Other changes were needed to relieve nursing of all non-nursing functions, and to prepare other personnel to assist the nurses.

1. In 1956, all the cleaning of the patients rooms after the patient was discharged was assigned to the housekeeping department.
2. The cleaning , sterilizing and preperation of all supplies and equipment was transferred to the central supply department.
3. Some chart forms were redesigned to eliminate unnecessary charting. An example: medicines ordered by the physician were written on the medicine sheet of the patients chart, then a small 3" x 2" card, color coded according to the schedule for giving the medication, was made out for each medication ordered for each patient. These cards were used for identification when giving the medication to each patient. Each patient could have from 3 to 8 different medications, multiply this by 40 patients and there could be as many as 320 little cards to be checked at the beginning of each shift. not only was it time consuming but frequently a card could be lost or misplaced and a dose of medication missed.

After the medication was given it had to be recorded in the patients record. The first improvement was to design a medication card for each patient. The card contained the patient's name, room number,

3. (continued)  
and the physicians name. The card contained the name of each medication, dosage and schedule for giving the medication. This was an improvement, but the medication still had to be recorded in the patient's record.

The next improvement was to design a record which could be used when giving the medication and when the record was full in three days it became a permanent part of the patient's chart. This saved the necessity of recharting the medication. This was more efficient as well as saving time.

4. A messenger service was established to transport patients, supplies and equipment. This permitted the nursing personnel to remain on the nursing unit to care for the patients.

Inservice Education Programs were developed.

1. Refresher courses were given for nurses who desired to return to nursing but felt inadequate because of their long absence from nursing.
2. Classes were held for all nurses aides to teach basic nursing, because they were assisting the nurse in giving nursing care.
3. Operating room and obstetrical technician programs were developed to train assistants to help the professional nurse in the operating room and the delivery room. The operating room and obstetrical technicians were taught anatomy and physiology, use and care of instruments, and aseptic technique. The O.R. technicians were taught to scrub and assist in the operating room by handing the instruments, sponges and sutures to the surgeon. This program has been greatly expanded since its early beginning.

The obstetrical technician was taught to assist the R.N. in the delivery room, and scrub for deliveries, to assist in handing instruments and supplies to the obstetrician during the delivery. She also assisted the R.N. in the labor room with the patient.

Before these technicians, it required a nurse to scrub and the second

nurse to circulate. It filled the spot of one nurse.

4. Ward clerks were reclassified, retrained and assigned the clerical duties on the nursing unit. Prior to this the nurses had been responsible for all the clerical work.

5. As more practical nurses became available they were employed and added to the nursing staff. Their education continued in In-service-education.

With new designs in hospitals the post operative recovery room was developed. Patients were moved from the operating room, after their surgery was completed, to the recovery room. Two nurses could check the vital signs and watch several patients until they had recovered from the anesthetic and their vital signs were stable before they were returned to their room. Prior to this the patient was returned directly to their room from the operating room. One nurse was needed to stay with each patient checking vital signs until they were stable and the patient was awake.

Intensive- or special care unit

The number of patients needing continuous nursing care were increasing, without qualified private duty nurses available to care for them.

An intensive care unit was opened in November 1958. Two nurses could care for four or more patients needing continuous care. With these seriously ill patients removed from the regular nursing unit, the remaining personnel could better care for the other patients.

As we moved into the sixties and seventies other departments were established to perform functions which were no longer considered to be nursing, or because the number of nurses available for employment was not great enough to meet all the needs. Ward Managers were employed to relieve

the head nurse of the responsibility of checking on equipment and furnishings on the nursing unit to make sure they were in proper working order when needed. She was also responsible for having supplies available on the unit.

A respiratory therapy department was established to be responsible for treating patients with respiratory or breathing problems. They were also responsible for all equipment used for the administration of oxygen to the patient.

A social service department was established. Decatur had grown and many patients needed assistance with finding a social agency to assist them with their problems of their daily living, which could include a place to live, meals and in some cases nursing care.

Joint accreditation standards for accreditation of hospitals were placing more emphasis on the nursing service departments of hospitals. Prior to this time they had looked at administration, medical staff, the physical facilities and medical records, but had paid little attention to nursing.

Now all departments in hospital are affected by these standards and a nurse has been added to the visitors team. Formerly it was a hospital administrator and a physician.

As we entered the space age, the nurse seemed to have more and more responsibility for managing the patient care, and electronic equipment. She was also required to learn more about new drugs made available for treating the patient.

CardioPulmonary resuscitation became a function of the nurse. If the



patient was to be resuscitated, the person present when an arrest occurred was the one who made the decision. There was not time to wait for a physician. Some nurses were taught to read the electro cardio gram on the scope and to be able to start treatment. A code blue was established to bring assistance to those giving C.P.R.

Working with the medical staff, standing orders for treatment of arrhythmias were established to provide a guide for the nurse to treat the patient until the physician arrived.

The Cardiac Intensive Care Unit was opened in 1968. Nurses were educated in the treatment of patients who were on cardiac monitors. Physicians were present only a short time each day. The nurses carried the responsibility the remaining 24 hours.

I recall one very dramatic incident. A patient had been directed to Decatur Memorial Hospital to be admitted. Suddenly in the admitting area, the patient had what appeared to the admitting clerk to be a cardiac arrest. The clerk dialed the operator and called a code blue, which meant there was a cardiac arrest in the admitting area. The nursing team arrived and started C.P.R., by the time a physician arrived at the scene, the nursing team had revived the patient and started supportive treatment. The patient was transported to the cardiac intensive care unit. He recovered and went home. Each year on the anniversary of his arrest he visits the cardiac care unit and brings a cake to the nursing staff. This has been going on for over ten years. Visitors present in the lobby looking on, remarked, "It's just like on T.V."

All patients admitted to the hospital who were known or suspected of having a myocardial infarction or heart attack were admitted to the cardiac

unit. They were monitored until the physician determined it was safe for him/her to be moved to a regular nursing unit.

While monitors were being developed for the adult patient, monitors were also being developed for infants and children. A monitor was developed, which made it possible to monitor the fetus in utero while the mother was in labor.

This not only required more nurses, it required nurses who were better prepared to meet the challenge. It was not possible for everyone to go back to school, but through workshops, in-service, and continuing education, nurses have made great advancements. If a nurse is not willing or able to continue to learn, soon she will not be able to function as a nurse.

Many nurses who graduated from a diploma program have returned to school to obtain a bachelors degree. Not all have pursued a degree in nursing. Many collegiate schools of nursing require the nurse to repeat all the nursing subjects. Because of the time it would require to complete a four year nursing degree they have obtained degrees with other majors.

Many nurses with a bachelors degree have pursued a master's degree. Some become directors of nursing, some instructors and some pursue a nursing specialty. Mrs. Verna Kepler completed her masters in medical and surgical nursing at the University of Iowa. She became the first clinical specialist in Decatur Memorial Hospital.

Some nurses attend courses and take certification exams to become certified in a specialty such as pediatrics, obstetrics, urology, etc. These nurses usually work in a clinic or very closely with a physician.

The field for nurses with the proper education and incentive is almost endless. The choice can be his or hers.

Many men have entered the nursing profession. At one time a man who chose nursing as a profession was looked upon as unsuitable for other employment. This is no longer true. The first male student entered the Decatur and Macon County Hospital School for nurses in 1949 and graduated in 1952.

For many years the black or colored nurses were discriminated against. As late as 1944 at an American Nurses Convention in Buffalo, New York, I heard a white nurse make some very unkind remarks about the colored nurse. The colored nurses have played a very important part in the history of nursing in the United States. For many years they had their own schools for nurses as well as their own national organizations. They became a part of the American Nurses Association in 1952.

The first black student was admitted to Decatur and Macon County Hospital School for Nurses in 1952 and graduated in 1955.

When Medicare became effective in 1965 many people who had never been able to afford hospitalization or medical insurance began to seek medical care. Some had very serious health problems. Many of the people 65 and over had worked at a time when salaries were low and their savings were not large enough to afford medical treatment. It was not unusual for 30 to 50 percent of patients admitted to be 65 years of age or over.

I have not mentioned nursing homes, but many nursing homes have opened for the care of the chronically ill who could no longer be cared for at home.

I have covered many things which have affected nursing. Throughout this period which I have talked about, the nurses functions have continued to change. It has become more specialized. In the early history the nurse was considered to be nothing more than a handmaid. The nurse today, besides performing many of the functions formerly considered to be the practice of

medicine, also has the responsibility of making life threatening decisions in the absence of the physician. The nurse is responsible for the care of the patient and for teaching the patient and his family. The physician is responsible for the diagnosis of the patients illness or medical condition, for ordering appropriate examinations and tests and prescribing treatment. He is responsible for the cure or maintaining health at the highest level possible. As in nursing, most physicians are specialized.

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Once again the supply of nurses is now adequate. There are many empty beds in hospitals. Many factors have contributed to this. People who are unemployed no longer can afford health care insurance, Medicare and Medicaide have redefined what they will pay for. The nation as a whole is more health care minded and many people are eating right and exercising more. One day care units have opened where the patient can be admitted in the early morning, have tests run, treatment given or minor surgery performed, the patient is ready to go home by afternoon.

With a much lower census, not as many nurses are needed for staffing. The licensed practical nurses and nurses aides who were badly needed during the past thirty years in some instances have been laid off or the job ~~is~~ eliminated through attrition. I foresee there will be more emphasis placed on wellness. Only people needing acute care will be admitted to the hospital. Those who have a chronic disease condition will be cared for at home, in outpatient clinics, and nursing homes. Perhaps more home health care programs will be established and paid for by health care insurance.

*Olma M. Gardner*

The practice of professional nursing is very demanding. The Professional Nurse uses her head, her hands, and her heart...her head to know, and to continue to learn, her hands to touch, hold, and administer care, and her heart to reach out to help those in distress and grief.

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Today, on May 23, 1984, we are recording at the Decatur Public Library. The interviewer is Betty Turnell, and our guest is Mrs. Oma Gardner, Director of Nursing Care at Decatur Memorial Hospital from June, 1953, to November, 1978. We are asking Mrs. Gardner to tell her own story.

Welcome to our oral history series, Mrs. Gardner!

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Mrs. Gardner, you have given us a fascinating view of a field that many of us have known about as patients but haven't really known much about the background. You have given us an overall view not only of what has gone on in the professional field of nursing but what has happened right here in Decatur. We thank you very, very much for sharing your experiences with us.

You have been listening to the reminiscences of Mrs. Oma Gardner. This is Betty Turnell speaking for the Decatur Public Library.