Past Event: 2023 NCSBN Annual Meeting - Nursing Licensure and the 1918 Influenza Pandemic: Lessons Learned Video Transcript

Event
Past Event: 2023 NCSBN Annual Meeting

More info: https://www.ncsbn.org/past-event/2023-ncsbn-annual-meeting

Presenter
Cindy Connolly, PhD, RN, Rosemarie B. Greco Term Professor, University of Pennsylvania School of Nursing

Hi. Good morning. And it's an honor for me to be here. And as an Irish-American, what a wonderful way to start this conference. I've never heard a conference started with such a wonderful way. So I'm already getting ideas for the conferences I'm going to this fall, that we ought to be doing something like that.

So congratulations on your anniversary. And I was really pleased to see your 2023 conference theme, Shaping a Brilliant Future. As a historian, that really interested me, and I'll explain why in a minute. First of all, I want to thank you and your group.

As a professor who's taught undergraduate professional issues nursing courses for decades, more than 40 years, I've been really always drawn to your organization's work, and it's helped me bring students' responsibilities to life for them in ways that they can really understand it. In fact, the historical research I'm going to talk about this morning, let me just grab the clicker here, was greatly enhanced by the work over the years that I have found on your website, and through the "Journal of Nursing Regulation."

In specific preparation for this talk, I examined your most recent documents, your workforce study, and your one on the impact of COVID on nursing education. And I tried to analyze them through the lens of history and compare them to the regulatory work of our predecessors more than 100 years ago in the wake of the 1918 flu.

And I want to argue that in order to shape that future that you're discussing at this meeting, you really need to have a sense of the past. And there's many quotes I could have pulled about the importance of the past, this just happens to be one of my favorites, the science fiction author, Robert Heinlein, the importance of really being able to use your past to think about the future.

One enduring theme in history is that every major societal crisis, whether it's war, pandemic, economic collapse, has drawn attention to the need for nurses and that there are never enough of them. My colleagues at Penn Nursing and the Barbara Bates Center for the Study of the History of Nursing, Julie

Fairman, Patricia D'Antonio, and I, decided to do this study in 2020 because of the so many debates that were happening early on in the COVID pandemic about the shortage of nursing, about temporary licensing for nursing, about trying to move nurses from state to state, and the meaning of licensing that we heard politicians and others think about.

And in terms of the pandemic, there were lots of comparisons to that 1918 flu. Some of them were grounded in solid historical scholarship, but many of them weren't. And so we were lucky enough to apply for and secure funding to do this study. And here's the question that we asked, and it is a Pennsylvania case study.

And as a historical research, it has no predictive power. So, of course, we couldn't predict the future and nor can it be generalized to other states outside of Pennsylvania. But what it can do is to look at unintended consequences made at a particular moment in time and learn from them to consider the future.

So in order to appreciate how nurse regulation in the U.S. evolved in the context of that 1918 flu pandemic, you need to know a little bit about the back story of professional licensing in general in the U.S. And I'm going to start with medicine partly because it informed so much, it informed the template that we, in nursing, would use, but it also has such a surprising history that even most physicians don't know.

In colonial America and early 19th-century America, local professional medical societies regulated who could and couldn't call themselves a physician. And by the early 19th century, multiple states enacted Medical Practice Acts, and then they were all thrown out in the 1930s under the presidency of President Andrew Jackson who argued against any kind of elite knowledge amidst a wave of popular movement of skepticism that any kind of specialized knowledge, especially those by so-called elites, was suspect.

So for most of the 19th century, it was a free-for-all. Anyone could call themself a physician. Medical education in the United States could be a correspondence course. It could be an apprenticeship. It could be anything. There were dozens of correspondence schools for physicians, and there were virtually no standards.

This would all change in the end of the 19th century, amidst the scientific revolution, and physicians who used the power of science to argue state legislators that they had a unique and specialized body of knowledge that needed to be codified into Medical Practice Acts.

They were successful, and that would then be one of the factors that would help change medical education into a university-based model. So, why is any of this relevant to nursing? Because as I mentioned, it was the same template we used. Although, of course, physicians had one thing going for them, most, but not all of them were white men, meaning that they could vote in that era, and the trained nurses who made up the self-proclaimed elite in nursing, most but, again, certainly, not all of whom were white, could not.

Male doctors had political power that nurses didn't. And once approved, those physicians who oversaw Medical Practice Acts had a strong stake in keeping nursing regulation under their purview. They and legislators were much less comfortable with notions of professional autonomy for a woman's profession, and reading their language this era, you can see their ambivalence about giving women too much authority.

And another aside, because physicians got there first in terms of Practice Acts, they could and did pull some tasks that fell in the purview of others such as apothecaries, who would later be pharmacists, and nurses into the domain of Medical Practice Acts, because they believed that work should fall under the purview of medicine because they simply thought so or because they could charge for them or for whatever reason.

And I say this because, when you look at these acts, historically, you can see that the domains of knowledge and practice were not for ordained, but they were shaped by cultural and political forces that once they became locked in, they were considered normative and often very difficult to change.

And that's been a big part of our journey in American nursing. By the 20th century, jumping back to nursing, there was an explosive growth in hospitals and hospital schools of nursing where students would learn and apprentice to become trained nurses. Nurse leaders hoped that developing state regulation could bring some order on the chaotic field of people who called themselves professional nurses and be successful as Medical Practice Acts had been for physicians.

Like 19th-century medical education, early 20th-century nursing education was really variable. It could be anything from six weeks to three years. Many specialty hospitals, such as children's hospitals, tuberculosis hospitals, psychiatric hospitals, would only educate students in the type of care that they provided at their hospital.

And then after you graduated, one or two nurses might stay on and supervise the next group of students, but most would go out and provide care to people in their homes, in called private duty nursing. Running alongside this vein is the development of public health nursing, pioneered by Lilian Wald and her Henry Street Settlement in New York City.

So nurse leaders wanted to bring some of the order to nursing practice that medicine had just accomplished. But as I mentioned, they couldn't vote, and it's also important to note that this wasn't just happening in the U.S. It's happening all around the world, in discussions that were largely occurring through the International Council of Nursing.

And I understand there's a new history out of the ICN that I haven't had a chance to take a look at yet, but I'm very anxious to. But early 20th century, American nurse leaders, such as Isabel Hampton Robb and Adelaide Nutting, Lavinia Dock, were part of those ICN discussions and attending those meetings.

So Pennsylvania nurse leaders, in their battle for nurse registration, began as early as 1904 with a bill. It would take them five years, until 1909, for it to become a law. They immediately had to jettison.

They followed New York, that had just passed a registration act and had tried to get nurse registration mandatory and had abjectly failed. So that was the first thing the Pennsylvania nurse leaders jettisoned, much to their disappointment, but they knew they couldn't get it through.

Registration would have to be voluntary. And there was strong opposition to nurse registration, particularly mandatory registration. It came from hospitals, but it also came within the ranks of nurses themselves, because those Pennsylvania nurse leaders, most of whom hailed from Philadelphia and Pittsburgh, wanted to set a standard curriculum that students would pay for that many people couldn't afford to pay for and that many hospitals just simply couldn't meet.

And those self-proclaimed elite nurses, they were pretty high-handed and insensitive to the rank-and-file nurses and hospitals and what this might mean for them, that they might be put out of work because their school didn't meet the standard.

And so despite a major campaign by those nurse leaders to do so, only 5% of Pennsylvania's nurses wrote to their legislators in support of the bill that became the 1909 law. And so it had very weak support. It would only call for voluntary registration.

It protected the title of registered nurse, but it had a strongly-positioned control enforcement board. So that's the state of things when the 1918 flu begins in Pennsylvania, and historians have written, actually, quite a lot about Philadelphia's reactive, highly politicized, and disastrous response to the 1918 flu pandemic.

So I'm just going to tell you a little bit about it briefly. But World War I had already depleted the city of a quarter of the city's physicians and a full one-third of the city's nurses were away serving during World War I. The city was more crowded than usual because it was a major industrial base and because it was also a port where soldiers left for Europe.

And as the flu spread around the United States, by the third week in September 1918, there were already hundreds of soldiers sick with the flu in the Philadelphia Navy Yard. But despite that, Philadelphia went ahead with...succumbed to political pressure to raise money for the war effort and had what we today would call a superspreader event.

You can see all those people, you know, standing. This is the center of the city, looking south from Philadelphia's city hall. And the reason for why there was such pressure was that Philadelphia had long considered itself among the first tier of cities in the United States, and they had long been supplanted by New York and more recently supplanted by Chicago and were feeling very, very insecure about their place as a leading city.

And they wanted to really raise a lot of money for the war effort. Within a couple of weeks, there were thousands of people that were ill and dying. Just an aside, they thought it was a bacteria because they really didn't have any good understanding of a virus.

And they could see a bacteria on a microscope, but it wouldn't be until the 1930s when they had an electron microscope that they could even see a virus. So they had no real idea what they were dealing with. So within weeks, there were hundreds dying, thousands sick, and then, soon, thousands dying. This just shows you some of the beds and some of the newspapers.

Philadelphia would close its schools, its theaters, its houses of worship, and it would mount a public health campaign, but it was far too little, far too late to prevent the spread of the flu. And then just briefly to give you a sense of what nurse's work looked like, it was not very high tech, according to our standards today, but it was very labor intensive.

It was mostly fresh air, keeping patients clean, ice packs and aspirin for fever, opiates to reduce cough, cooking specific foods, and then making poultices such as mustard plasters. But the infection would quickly overwhelm the city's ability to even maintain basic municipal services such as policing, firefighting, and garbage collection.

Those people just didn't show up for their jobs or they were sick themselves and dying. Bodies began to pile up in the streets. It was really apocalyptic in Philadelphia. The city ran out of coffins, and then they ran out of wood to build coffins. Family after family were affected.

The city's infrastructure simply crumbled. At one point, a public health leader, a physician in charge of Philadelphia's response responded to the dire crisis of nurses to care for all these sick people by saying, "If you would ask me the three things Philadelphia needs most to conquer this epidemic, I would tell you nurses, nurses, and yet more nurses. Doctors we have enough of. Supplies are plentiful. Buildings are offered us everywhere. We have many beds that might be open to students. But without enough nurses to tend those we already have, we're helpless."

External groups, such as the Council of National Defense that was coordinating war efforts and the Red Cross, quickly moved into Philadelphia to try and bring nurses from outside to care for the sick, but there was really poor coordination because nobody was really in charge.

The need for nurses was desperate and unremitting, October, November 1918. Most of the sick were cared for at home. It wasn't unusual for nurses to go to 40 different houses a day to arrive at a home with a dead parent, with sick children or babies sitting next to them, who had been not cared for or fed for hours or days.

In fact, the nursing situation became so dire that people would follow nurses to their houses and coerce/beg them to come with them to care for their sick family members. And of course, many nurses and nursing students were getting sick and dying themselves.

But here's one thing that didn't break down despite that catastrophe. Despite everything I've described to you, Philadelphia's segregated social and healthcare system remained largely intact.

Black flu victims in Philadelphia were cared for by black nurses and black physicians, in black hospitals, such as Frederick Douglass and Mercy hospitals. And so it shows how deeply interwoven into the culture segregation was, even in a northern city that long prided itself on being enlightened and politically progressive.

There was no question that those lines would be crossed and an available black nurse or black physician would care for a white patient, or vice versa. As the pandemic unfolded, Philadelphia's leaders, and along with the Philadelphia and Pennsylvania Health Department, quickly realized a surprising and unintended benefit of nurse registration, even though, as I mentioned, it was controversial and not mandatory.

It was the only central repository of nursing personnel in Pennsylvania, both those who were registered and those who wanted to be registered. The council could then use this list to figure out where nurses were and try and move them around. They also were able to identify nurses of color through this list that they couldn't identify through the Red Cross, which also kept such lists because nurses of color and men could not join the Red Cross during this era.

So that was not nearly as useful as those lists of nurses who were registered and wanted to be registered. And I'll just put up this slide. This is an early sort of...this was some of the early data that would inform the power of social distancing. You can see that this is, you know, the death rate of Philadelphia.

It was so much higher than so many other cities in which things were similar, lots of poor people, you know, crowded tenement districts, congested cities, shortages of nurses and doctors. So in the wake of the pandemic, those leaders in Pennsylvania felt like they were on top of the world, both because of the war and because of the pandemic.

They believed that they had demonstrated the critical importance of nurses, and they moved to, again, amend the Practice Act and upgrade the educational standards for nurses. But again, they did so without linking nursing education to science nor a clear rationale for why this should happen, or, again, trying to bring nurses together.

They didn't lean into the fact, what everyone agreed on is that a central repository of nursing, a list of nurses, would be very, very useful, and from that, perhaps, they could build their next step. They just ignored that.

Of course, ultimately, licensure would become mandatory. We would develop Nursing Practice Acts across all 50 states, and we would have exams to become a nurse. I know I don't need to tell this group that. And the NCSBN was founded. So as 2020 and 2021 fade into history, it won't be long until it seems as distant to 1918, at least to young people.

I doubt that it will to most of us in this room. As a historian, I want to applaud what you did that'll shape the future in positive ways that our forebears didn't 100 years ago. First of all, I've already mentioned, leaders kept focusing on upgrading and standardizing nursing education without a clear rationale to the public.

But you used the crisis as an opportunity to engage with broader societal issues such as the underrepresentation of men and nurses in color in the U.S. You documented it clearly as well as its importance. In 1919, even in the northern states, nurses attempting to amend Practice Acts rarely mentioned segregation, the barriers to nurses of color of becoming registered, which were formal, and by law, in the south, and in many places, by custom, in the north.

And also, to men, it was a real catch-22 for men who were nurses because, at most nursing schools, men could not do an obstetric rotation, and in order to become a registered nurse in almost every state, you had to have an obstetrics rotation.

Second, you generated and used data. In the wake of 1918, the flu, nurses in Pennsylvania did not do that. They could have. Indeed, it was Florence Nightingale whose statistics on morbidity, on mortality in the Crimean War had helped usher in a whole new era of statistics, not just in nursing but in public health.

In the wake of the 1918 flu, nurse leaders assumed that all the great press that nurses had gotten from the war and from the pandemic would pay off. But public valorization can be fleeting. When epidemics subside, that valorization can be quickly tempered by economic forces and previous interdisciplinary conflicts.

And that is exactly what happened in Pennsylvania. The 1919 Registration Act looked very similar to prior ones. They got a few additional nurses on the board. But your group saw the wisdom of tracking...sorry.

Again, they didn't lean into the data that they had. But spending time with your workforce report and your report on the use of students, nursing students, during COVID, you documented, first of all, not only in real time, important issues related to COVID, also, issues that really mattered to nurses, all different types of nurses, as well as to the American public, such as staffing challenges, nurse burnout, and again, issues of diversity important to the profession.

So, in other words, I think your sophisticated efforts don't just assume that society is going to reward nurses for their efforts during the COVID-19 pandemic. You've provided them with data and rationale and a roadmap for what needs to happen and why. But one final caveat, one of the things we can see from history, data alone is never enough.

You also need to have a political voice and capture and mobilize unheard voices. And again, I think your materials make it possible for nurses to do this. Those nurses in 1919 did not yet have the vote, and it would not be decades that both men and women of color everywhere in the United States would be able to vote.

There were also barriers to other ethnicities, such as, for example, Chinese people could not achieve citizenship in the United States until the 1960s by law. So I put up here some of the tools that we used to do our study that, if anyone's interested in looking at their state or using this as a student assignment, you can also email me.

My email address, you can just go on the UPenn website and find my email address. And I'd be happy to answer any questions that you might have about how to go about it for your particular state. Those first two are particularly helpful.

We have lots of materials on our website, and the University of Michigan has a fantastic database that has hundreds of thousands of newspaper articles and other materials from all around the U.S. And so I'm just going to end by thanking you for showing the profession and society what a responsive regulatory approach to a crisis can look like, one that shapes a brilliant future.

Thank you so much.