

Original Paper

Are We Walking to the Future or to the Past? A Retrospective Analysis of Professional Nursing during the Pandemic of 2020, Dating back to the Crimean War, 1853-1856

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Abstract

This retrospective analysis, based on facts derived from contemporary news media, videos, and journal articles, scrutinizes a White House televised ceremony that celebrated National Nurses Day on May 6, 2020 during the COVID-19 pandemic and the #MeToo movement. On the surface, it appears that nurses were honored by the President, but a deeper look beneath reveals otherwise. This historian explores two pivotal moments during the ceremony that changed the focus from a celebration to a campaign event, which occurred when a female nurse practitioner stepped out of line to posit that personal protective equipment was “sporadic” and President Trump’s reaction to it. Although counterintuitive, queries arise as to whether the Commander-in-Chief celebrated professional nursing or denigrated it, as nurses kowtowed to authoritarian rule and unwittingly abandoned the time-honored principles of facts, science, and caring in professional nursing extant since its inception. Retrospectively, documents from archives are examined and the biographies of two transformational leaders, Hildegard Peplau and Florence Nightingale. These questions are asked: In 2020 how would they uphold their high standards and teachings today that set the stage for the evolution of professional nursing? What role would therapeutic interpersonal interactions of caring in nursing play in the 21st century?

Keywords

Peplau’s interpersonal theory, Nightingale in Crimea, psychiatric nursing history, nursing science development, COVID-19 pandemic, #MeToo movement, Trump’s White House, paternalism in nursing

1. Introduction

In 2020 the inhabitants of Earth are faced with a novel Coronavirus of pandemic proportions. Countries worldwide are working to prevent the spread of infections and to decrease mortality rates. The USA leads in COVID-19 cases and in deaths, which is a quandary for epidemiologists and scientists alike because it is a country that prides itself on its resourcefulness, its technology, its science, and its prosperity. The virus has been extensively politicized as a hoax by President Trump and his team at the White House so that the simple wearing of face masks is considered a partisan act and fodder for re-election campaign rhetoric.

On TV news it is reported that the current pandemic is “unprecedented” so extraordinary measures must take place to gain control in hospitals, in homes, and in public spaces. Yet, historians who have studied the plagues of the past, such as the Black Death, inform us that pandemics of immense proportions have killed an estimated 200 million people worldwide at a time when there were no vaccines, no isolation of organisms in labs, and no knowledge of how it was spread. So how unprecedented is the current pandemic, and what can epidemiologists and politicians learn from it for future applications?

In his book, *The Great Mortality* (2005), Kelly wrote about a small fishing village in Crimea called Caffa that was settled by the Genoese in 1266. Nearly 80 years later, with a population of 80,000 citizens, one can envision the Genoese proconsul sitting in a white palace above the harbor of the fastest growing city of the Middle Ages. In the spring of 1340, residents expected that Caffa would continue to prosper, but human hubris, Kelly espoused, comes with a price. Conflicts arose between the Italians and the Mongols, and a mysterious disease began to appear in Asia and make its way to Caffa through trade routes. The Genoese fled the city, riddled with pestilence and the stench of the unburied dead, as they spread the plague to Europe from the rat-infested ships they boarded.

Centuries later, spread from European travel, New York City (NYC), the world’s financial capital, became the first and largest US epicenter of COVID-19. Frontline nurses played significant roles in hospitals and society to stem the tide of Coronavirus and experienced many stressors of caregiving when overwhelmed with untenable conditions that captured newscasters’ attention. Investigative reporters and videographers began to inquire about why government and public health officials did not see it coming. Why were they slow to respond? What could have been done to prevent the widespread devastation?

2. Method

2.1 *Contemporary Nurses in the Media*

Using psychohistorical methodology, this historian examined primary and secondary sources, beyond the facts and dates associated with historical events, to understand the motivations, beliefs, attitudes,

felt needs, and emotions of contemporary nurses during the 2020 pandemic. Inside TV camera angles cast light on a White House ceremony where nurses were honored as heroes by President Trump and how human hubris paid its price when a nurse practitioner stepped out of line to claim that Personal Protective Equipment (PPE) distribution was sporadic. Questions were asked as to how and why nurses, when pressured to conform by the Commander-in-Chief, did cleanup duty, readily acquiesced, and unwittingly abandoned time-honored principles of facts, science, and caring of professional nursing extant since the Crimean War, 1853-1856.

2.2 Exemplary Nurses from the Past

In addition to exploring the unfolding drama experienced by nurses during the #MeToo movement and pandemic, selected highlights reflected upon the lived experiences of two transformational nurse leaders from past centuries, Hildegard Peplau (1909-1999) and Florence Nightingale (1820-1910). Such reflection contributed to the understanding of how they not only stood up to authority, but how they became authoritative voices themselves to advance professional nursing that contemporary nurses are privy to in this century.

3. Result

Retrospective analysis of historic data provided substantive interpretation to answer these queries: Based on their past performances, how would these two nurse visionaries, Peplau and Nightingale, uphold their high standards and teachings today that set the stage for the evolution of the professionalization of nursing, based on facts, science, and caring? What role would therapeutic interpersonal interactions of nursing care play today when nurses are faced with social pressures to conform to authority, paternalism, and misogyny? What is the relevance of the foundational principles laid down by them in past centuries within the context of professional nursing in the 21st century?

4. America Celebrates Nurses

The World Health Organization (WHO), abandoned by President Trump during a global pandemic, has designated 2020 as the “International Year of the Nurse and the Midwife” to honor the 200th anniversary of Florence Nightingale’s birth (May 12, 1820) and to elevate the status of nursing worldwide, where nurses are not held with the highest regard. During the COVID-19 pandemic, America’s nurses have been honored as heroes because of their courageous action on the front lines. Thousands of citizens applauded nurses from their front porches, balconies, and rooftops in the NYC epicenter. While body bags piled up in refrigerated trucks and mass graves were dug on New York’s Hart Island, the US Navy Blue Angels flew overhead, lined up in the sky with military precision to give homage. At the White House the President gathered nurses at the Oval Office to honor them for their heroic service, but was this staged, partisan campaign event in the spirit of celebration or denigration of

nurses?

5. The Onslaught for Nurses

5.1 Reality TV

In 2020 nurses ministered to ordinary people in hospital Emergency Rooms (ER) and Intensive Care Units (ICU) and in COVID-19 makeshift areas where patients were hooked up to all too few ventilators while gasping for breath. Triggering fear for onlookers, citizens saw, on Reality TV, these nightmarish images upfront in hospitals and felt helpless. The frantic voices of nurses, panic-stricken and overwhelmed by the onslaught of mounting new cases and hospital bed deficits, were heard on cable news. Frontline nurses expressed their fears, hysteria, and frustrations about untenable hospital conditions, with a lack of PPE, testing for healthcare workers and patients, and life-sustaining ventilators. An intense angst plagued nurses when they had to comfort patients as they lay dying and connect remotely with their families on Facetime to say farewell, because no visitors were permitted on hospital units.

5.2 Negative Impact on Nurses and Society

Nurses fell ill and died from Coronavirus, too. So did their relatives, colleagues, and friends. In the event that nurses contracted COVID-19 at work, their hospital healthcare coverage was extended for two weeks only. If they lingered longer, many shouldered the cost by using up their annual vacation and sick time. This author's niece, who works at New York-Presbyterian/Columbia University Medical Center as a Registered Nurse (RN) administrator, contracted it and had to go out of State to be tested. There were few masks for staff members, so she gave hers to them. While she was recuperating, a nurse manager died at Mount Sinai West in NYC, which angered co-workers, yet the White House claimed no shortages. In fact, without evidence Trump denigrated nurses and other healthcare workers by accusing them of smuggling PPE for resale on the black market, suggesting NY officials investigate their shadiness (Higgins, March 30, 2020).

5.3 Emotional Outlets for Nurses

As the thick miasma leached out across America, not all nurses accepted empty praise for heroism. Protesting for heightened federal intervention for PPE production and distribution, a Brooklyn nurse brandished a sign that said: "Please don't call me a hero. I am being martyred against my will" (Palus, April 23, 2020). Another protestor's placard read: "20 seconds won't scrub 'hero' blood off your hands".

Other nurses vehemently expressed their concerns that served not only as an emotional outlet for them but also as a warning to citizens to take the pandemic seriously. Nurses bravely came to the forefront while the President and those in his administration called the pandemic a hoax. With cowardice, in the absence of accountability, they abrogated their responsibilities and failed not only nurses but all citizens,

causing delays, inaction, ineptitude, and a lack of public health preparedness that could have prevented the virus's widespread devastation to save lives (Glanz & Robertson, May 20, 2020).

6. A Nurse's Lived Experience

Treating people who are sick and dying is nothing new to professional nursing. This historian (participant observer) knows this personally as an RN, who entered a hospital-sponsored, all-female apprenticeship nursing school at the age of 16 in Brooklyn, NY. At that time, during the 20th century, a cleanup duty for student nurses was to care for patients, postmortem, and to disinfect their beds and rooms with Lysol, while scouring bedpans for the next occupants. During her first experience of bathing a newly deceased person, placing an identity tag on a toe before pulling up the shroud, she recalled her classmates giggling nervously. Learning from her instructor on the first class day as a freshman that nursing care is holistic, which entailed caring for patients as persons in body, mind, and spirit, she told her classmates that dying was a spiritual transcendence and that they should be reverent. When she and other students struggled to transfer the assigned body onto the cold morgue refrigerator slab, she recalled feeling for the first time the true meaning of "dead weight". Years later, engraved in her memory she still hears the clank of the refrigerator door closing and the lingering fetid odor in the autopsy room, where she felt faint, but the most important lesson she learned as a teenager taught her about the sanctity of human life and about how to care for and about people.

7. Take One: The White House Ceremony on Camera

7.1 Nurse Practitioner Stands out

In the spirit of comradery, this participant observer watched on TV eight nurse colleagues (5 women and 3 men) who represented more than 3.5 million US nurses, proudly line up unmasked behind the President in the Oval Office as he signed a proclamation honoring them during National Nurses Day on May 6, 2020 (Mangan; CNBC). During the ceremony she felt that nurses were due credit for work well-done and was pleased when the president of the American Association of Nurse Practitioners, Sophia Thomas from Louisiana, stepped out of line when asked by a reporter about shortages and posited that PPE supplies were "sporadic" in pockets around the US. Her assessment was based on a survey she conducted by conferring with colleagues nationwide. Thomas confessed that she had worn the same N95 mask for a few weeks but exchanged it for a fresh one to visit the White House in case she needed it, for she did not want to infect the President, who did not believe in the merits of mask usage.

7.2 Nurses' Defense Unprecedented

In her defense, the Nurse Practitioner (NP) explained that none of the sanitized, white-coated nurses in the lineup wore masks during the ceremony because they all tested negative for the virus. Before the

crisis, the standard antiseptic protocol for PPE learned as a student nurse was for single use of gowns, masks, and gloves, Thomas admitted. Even after her stark revelation about continued shortages, her one caveat during the “unprecedented” pandemic was her lame excuse that nurses’ work entailed learning how to adapt selflessly to make due and get the best job done for the good of patients.

The NP mentioned that her youngest COVID-infected patient she had treated was a 4-day-old infant. This comment garnered no attention from the President, even though this age group was not thought to be adversely affected by the virus. In contrast, Governor Cuomo (May, 8, 2020) of NY during his daily COVID briefings expressed concern and started an investigation into the mysterious Kawasaki-like syndrome that was killing babies and children diagnosed with Coronavirus.

7.3 Reports are just Fake News

A nurse supervisor lined up on the TV screen to the right of the NP opined about how she had no problems obtaining PPE at her hospital in New Jersey (NJ), situated near the NYC hotspot. She expressed dismay in relating to the constant reports of colleagues’ shortages because it was not her experience. Her fears, she acknowledged, were lessened by knowing that the equipment she needed was at hand because it was supplied by her assistant director. The President, later calling her testimony “beautiful”, took advantage to jump into the fray and assert that the reports of equipment shortages were just “fake news”, while insulting the integrity of journalists present because he disagreed with their facts. Some of the nurse honorees openly giggled nervously and smiled over Trump’s expressed opinion about negative media coverage. The NJ nurse said nothing, but made a shrugged gesture, implicitly agreeing with the President.

8. Presidential Rebuke

8.1 Politics as usual

In response to the NP’s lamentation about a lack of supplies, the President continued his partisan tirade about how Obama, his predecessor, was responsible for empty storeroom shelves more than 3 years into his own presidency (Mangan; CNBC, May 6, 2020). He stated that his reports showed that supplies were “tremendous” and that they were loaded up with gowns, shipping some reserves to foreign countries in need, although some US nurses resorted to wearing garbage bags. The White House, Trump repudiated, was doing the best job ever in its response to COVID-19, while listing a litany of administration accomplishments that included saving the Second Amendment “under siege” that fosters open-carry of guns and semi-automatic weapons in public places, schools, and churches.

8.2 Nurses Nod in Conformity

Trump threaded doubt about the effectiveness of testing for Coronavirus, by saying: “I hope the test works, right?” The President had previously announced his opposition to testing, stating that he wanted to keep his numbers down to protect his record. Knocked off guard during the ceremony by Trump’s

rebuke, Thomas readily agreed with the President, and some nurses nearby nodded their heads in conformity. Of course, there was no mention of nor empathy expressed for the millions of those infected and the thousands of souls lost, some of whom were those of nurses and other healthcare workers who selflessly sacrificed their lives to save others.

9. The NP Retreats

The executive director of the NY State Nurses Association applauded the NP's statement to Trump, saying she had it right because reports showed that supplies continued to be sporadic. However, Thomas recanted her statement the next day during a less publicized TV interview with host Craig Melvin on MSNBC (May 7, 2020). Melvin asked if she agreed with the President's correction on shortages or was she just being polite. She remarked that she was unsurprised by Trump's rebuke and had not given it much thought.

By commending Trump's efforts, the NP stated that the President understood that more PPE was needed and believed that he and his task force were doing everything they could to provide it and improve healthcare for all Americans. A mark of improvement she noted was better outreach to marginalized people through telehealth to decrease health disparities that had already been implemented in many hospitals but was underutilized before the pandemic. Melvin hesitated and appeared perplexed by the NPs clean up, commenting that the President had not agreed with her during the ceremony. He then asked if Trump had stated otherwise after the camera stopped rolling. Thomas indicated that he had not and expressed appreciation for the honor bestowed upon her and more than 290,000 NPs she represented as president, seemingly unaware that they were all being trumped by President Trump.

10. A Picture Says a Thousand Words

After reviewing the TV video footage of the ceremony when Trump rebuked the NP (Mangan; CNBC, May 6, 2020), this participant observer noticed that there was a NYC nurse responder (male) standing on the left side of the screen behind the President (Eyewitness News, May 6, 2020). He clutched his hands in front and twirled his thumbs agitatedly while Trump spoke. When directly asked about shortages by the President, he did not speak up. What was his body language saying while remaining silent? What was his lived experience? What would have been the words spoken to Trump, given the gumption?

11. Take Two: Discourse on the White House Ceremony

11.1 Nurses Curry Favor

As representatives of all nurses, eight honorees were invited to the Oval Office to celebrate their

heroism during the pandemic. They arrived with no apparent agenda other than accepting the honor bestowed upon them by the President and his task force. The White House staff, however, had a different intent, which was not to honor nurses or to give them a seat at the roundtable of healthcare provision they had earned, but to use the ceremony as a photo opportunity for Trump's campaign. Like others who enter the Oval Office, the nurses, particularly the NP, found out that they had to curry favor with Trump who demands loyalty, or they would stand the chance of being demoralized, denigrated, or fired. This fear accounts for the NP's retreat.

It is unfortunate that these honorees were not coached on their agenda prior to receiving the dubious award. If they were well-versed in nursing's history, which is an epic about rising up against oppression, paternalism, and misogyny as women to make professional nursing what it is today, perhaps there would have been a better outcome. The following discourse delineates what went wrong at the ceremony and why.

11.2 Sexism and Lack of Empathy in White House

On the surface, while watching the White House Ceremony that honored nurses, one would not ordinarily notice the nuances that are described in this discourse relating to sexism, that is, before the normalization of misogynistic and paternalistic rhetoric spoken by President Trump. For him, Filipovic (December 5, 2017) wrote:

Sexism moves in two directions: Women who are young, slim, white, and attractive are sex objects, while women who don't fit his narrow ideal of femininity are dismissed as pigs and dogs. Either way, there's one status no woman seems to achieve: Human being.

The President's lack of empathy for the thousands of humans who died of Coronavirus in the US was evident in his dialogue at the ceremony. This was particularly true when he spoke about how he gave tax cuts to the rich, while the US has high unemployment and long bread lines, when he expressed no concern about infants dying from COVID-19, and when he promoted the use of open-carry weapons that kill thousands of Americans yearly.

11.3 Significance of Female NP Stepping out

One could ask: Why is it significant that a female NP stepped out of line to acknowledge the sporadic distribution of PPE? It holds significance not only because of her low status as a woman, at least in Trump's eyes, but also because of her position as a presidential leader. RNs in the US, regardless of educational level, possess the same license, so those with doctorates and those with two-year associate degrees hold the identical credential. Advanced practice RNs (APRN), having additional training and State certifications and licensure, are at the hierarchy of nursing because they possess diagnostic and prescriptive privileges, have a master's degree or higher, and work independently from medical doctors in their private practices. As experts, NPs serve as trusted professionals for other nurses and the public,

and must exercise vigilance in their messages.

11.4 Nurses Blindsided

What is most disarming about the NP's performance at the ceremony was when she contradicted her own survey facts and readily acquiesced to the President's demands while seemingly oblivious and blind to the objective reality captured by the media. By seeing PPE shortages as a laughing matter, when the President declared reports as "fake news", these nurses being honored at the White House, representing millions of nurses globally, were irreverent in spirit to those absent colleagues who became the sacrificial lambs as a direct result of it.

With eyes shielded what scenes were these nurses sanitizing? The NP and the other honorees present had to have known that the President directed Americans to inject themselves with Lysol to kill the infection and that he "prescribed" a non-approved drug that could kill them. They had to have observed that Trump does not believe in science or facts and works in opposition to epidemiologists, without credentials. They had to have seen nurses posing on TV, wearing garbage bags instead of PPE. They had to have heard their colleagues' voices of desperate moms broadcasted on TV as they traveled home from exhausting shifts, reused masks besides them, while they disrobed in their garages to avoid infecting their families—all the while pretending to their children that everything was normal.

11.5 Nurses Breach Scientific Tenets

When the NP and others gave deference to Trump that supported the repeated reuse of PPE for weeks as the "new normal" during these "unprecedented" times, they betrayed the trust of other nurses, the public, and their profession, since "Nursing art, like medical art, is based on science or knowledge of true facts and principles" (Dock & Stewart, 1931, p. 7). According to these tenets, standard sterile surgical protocol cannot be blithely compromised by Presidential proclamation. Nor can they be breached by an edict from the Centers for Disease Control (CDC) to break precedent that runs counter to 19th-century scientific principles and antisepsis set forth by Joseph Lister, Robert Koch, and Louis Pasteur, for safety and protection.

11.6 Rebound Effect

During the siege, frontline nurses (women) were targeted by the media to be interviewed on TV so they could express their fears of contracting the virus at work with supply shortages, a lack of ventilators, relief staff, and beds. Their effusive language served as an emotional outlet. In the absence of federal and public health leadership and healthcare initiatives, it also served as a warning to the public of the seriousness of the virus. Nurses viewed their actions as part of their roles as patient advocates. However, this "advocacy" runs counter to nursing theory and therapeutic interpersonal interactions, according to Peplau (1991), where nurses are expected to monitor their own emotional reactions to stressors to help patients recover. Otherwise, they run the risk of empathically transmitting their anxieties to them, thus impeding progress (Silverstein, 2006). This rebound effect may have occurred when citizens became

agonizingly fearful about catching the virus, being sick, and dying from it, without the availability of ventilators, so they deferred going to hospitals for testing and treatment and died at home, skewing the actual death rates initially computed by hospitals (Hogan, April 7, 2020).

11.7 The Mind and Body are One

As if it were a recent phenomenon, frontline nurses expressed feeling overwhelmed with the physical care of intubation and with talking to dying patients and families on Facetime to convey messages of condolences. Starting from 1952, the Theory of Interpersonal Relations has been incorporated into the way nurses communicate with patients as persons, and not merely as objects of care, which sets nursing apart from the medical model of the 17th century promulgated by Descartes, where the mind and body were separate (Silverstein, 2003). This theoretical concept of nursing care began at the turn of the 20th century when mind-body principles became embedded into nursing curricula. It was further developed into practical uses at a time when women's voices were squelched, as illustrated in the short story *The Yellow Wallpaper* by C. P. Gilman (1892). These changes occurred as the Mental Hygiene Movement began by Clifford Beers in 1908 and the Women's Suffrage Movement took hold simultaneously.

12. Father Knows Best: Paternalism in Nursing

12.1 Nurses Stereotyped

The fact that a female nurse voiced her opinion at the White House ceremony to address issues of insufficient supplies and lack of preparedness during the pandemic was significant, but so was her prompt retreat. The NPs fall back is interpreted in this retrospective analysis as a missed opportunity for women, based on women's studies, and as a step backwards for nurses, based on a quote from Nightingale, who stated: "No system can endure that does not march. Are we walking to the future or to the past? Are we progressing or are we stereotyping?" (Ulrich, 1992, p. 11)

Although nursing in the US has been ranked as the most trusted profession, this has not always been the case. Prior to the professionalization of nursing through Nightingale's efforts, "nurses" were prostitutes of ill repute, prisoners, and drunkards. Entering the alms houses was the kiss of death. To counter these negative views and to improve clinical outcomes, Nightingale upheld high standards for women, by saying, "A good Nurse must be a good woman—to say this is like saying, put your hats on your heads & your shoes on your feet" (Nightingale Papers, 1874).

12.2 Derogatory Name-Calling

Throughout nursing history, female nurses, who were always in the majority and remain so today at 91 percent in the US, have experienced paternalism and misogyny. They were called derogatory names and were stereotyped as battleaxes, tyrants, jailers, Nurse Ratched (Forman, 1975) and handmaidens, and were portrayed as dumb sex idols in movies and on TV. Their practical knowledge and expertise were disparaged by scientists as being thoughtless and mundane (Silverstein, 2003).

12.3 Unquestioned Obedience

Paternalism was rampant when student nurses were not permitted to speak unless spoken to by physicians. American nursing's founders insisted that "implicit unquestioning obedience must be the foundation of nurse's work" (Callaway, 2002, p. 47). Peplau, psychiatric nurse of the 20th century, described her student nurse days in a hospital-sponsored, all-female apprenticeship nursing school in 1928. She grew up in a working-class family of German descent. Many student nurses were immigrants who wanted to secure a career and raise their standard of living. When Peplau expressed an interest in nursing at 19, her mother was appalled. She did not understand why her daughter would want to clean up the filth of others. Since the labor needs of hospitals were a high priority, there was rigid and paternalistic discipline. Her first assignments were to scour bedpans, scrub floors, and disinfect rooms.

12.4 Doctors Patronize Nurses

Physicians were the main educators of student nurses. Most doctors believed that nurses were incapable of assimilating complex material. A fatherly physician named "Daddy Bushong" spoke baby talk to Peplau (Callaway, 2002, p. 39). Such talk was illustrative of the nurse-doctor relationship. Having high intelligence, Peplau was encouraged by doctors to attend medical school with a scholarship because she was too bright to be just a nurse. She declined because she saw nurses' work as caring for ill patients to get them well to save lives, unlike that of medical doctors. Peplau's viewpoint of nurses as women in American culture is summarized in the following quote (Peplau, 1991):

The culture has rewarded nursing in terms of prestige for the ability of nurses to express a womanly role in an active way; it also takes cognizance of the passive aspect in total nursing functions. The valuable role played by male nurses is recognized; but, the culture usually refers to women when the symbol of nurse comes to mind (p. 45).

13. Peplau Enters World War II

Against all odds, in June, 1943, Peplau earned a bachelor's degree from Bennington College, where women were educated as free thinkers. Peplau's education there included studying at the Chestnut Lodge in Maryland with Harry Stack Sullivan and other noted psychologists of the time, which supplied her with a strong concentration and background in psychology. After graduation, she enlisted in the Army Nurse Corps and maneuvered her way to the 312th Station Hospital and School for Military Neuropsychiatry, located on the estate of the Earl of Litchfield, Staffordshire, England, where psychiatrists from around the world came to study. At the 312th, Peplau lived in a Nissen hut with six to seven other people, slept on a cot, and was warmed by a pot-bellied coal stove that polluted the air (Callaway, 2002).

14. Wartime Unpreparedness Evident

Psychiatry was unprepared for the onslaught of war. Adding to the challenge, there was a lack of knowledge of the ideology of mental illness, a lack of adequate methods, and a lack of understanding of the role of prevention. Military nurses had little preparation to care for the mental reactions of soldiers and for the hardships they had to endure. A nurse, who served in the South Pacific, related her travail (Brown, 1944):

Top of all this with the major emotional shocks—grief for the laughing comrade suddenly and grotesquely dead beside him, compassion for the suffering of the wounded, fear itself, and the physiological reaction to the unfamiliar smells of fear and pain and to the stench of the unburied dead (p. 1135).

In Norman's (1999) account of the challenges American nurses trapped on Bataan by the Japanese during the war, she told of the struggles of women in nursing:

Before the buckets of bloody limbs and the white crosses on the jungle floor, the women of the Army Nurse Corps did not really think themselves part of the profession of arms. Yes. They were in the army...but they were healers, not soldiers...The army was an arena for men, and women were on the periphery of that domain, that place of male passage (p. 39).

Since there were so few "trained" psychiatrists, many physicians took a one-to-six week crash course on how to become one (D'Antonio, 1985; Peplau, 1992). Peplau knew all of these men personally and became acquainted with Menninger, Chief US Psychiatric Consultant to the Office of the Surgeon General (Callaway, 2002). During evenings at the Officer's Club, she was the sole nurse permitted to audit courses and was the only nurse in charge of her unit without a physician.

15. Experimental Treatments

15.1 Deep Sleep Therapy

Soldiers pinned down by mortar fire were brought to the 312th to be treated for combat exhaustion and were given Deep Sleep Therapy (DST) induced with sodium amytal for 8 days (Silverstein, 2008). Peplau detailed the treatment of Dr. Sampliner. She viewed his obscene experiments with "utter contempt" because she believed them to be dangerous (Callaway, 2002, p. 111). Voicing her views early on, Peplau urged for modification in the prescribed treatments. She hated experimentation with young soldiers, "who could not say no" and were so trusting (Peplau, 1992).

15.2 Insulin Shock Therapy

Another treatment used on the front lines was sub-coma insulin shock therapy that lasted from 5 to 7 days. Peplau set up protocol on her unit to get the soldiers to talk and calm down during the treatment. She trained the corpsman to sit between the beds of patients as they entered a sub-conscious twilight stage. When the soldiers heard food carts rolling down the plank-board walkways, they became

hysterical because they thought they were cannons (Peplau, 1992; Silverstein, 2008).

15.3 Development of PTSD Protocol

Peplau developed the first treatment for combat exhaustion, now called posttraumatic stress disorder, when she introduced the concept of walking and talking with soldiers. She spoke about her protocol (Peplau, 1992):

I was permitted to have groups of patients in the kitchen. Sitting around the table and talking. I was not a sophisticated interviewer or psychotherapist. But I was interested—I'd make eggnog and buttered toast. They were amazingly useful...Also I was allowed to talk with individual patients. There was no private place—so it was hard to do. I took them on walks, I would listen (p. 33).

16. Nurse Casualties Post WW II

Since one out of every three casualties returned home from war with neuropsychiatric illness, nurses on the home front were advised to prepare themselves for the returning servicemen. A physician, Gregg, (1944) suggested that homebound nurses needed acceptance to reconvert to civilian life because “They changed, irrevocably; they have been changed by experiences too deep and lasting to be erased, forgotten, or ignored” (p. 923). Despite the doctor’s admonitions, nurses discharged from military service felt their suggestions had little value to or impact on hospital administrators (David, 1947):

Being an ex-Army nurse and familiar with the “suggestion box”, I believe such a plan would be welcome at a large hospital such as the one I am employed by. A nurse can see many times...just what changes might save work...At our hospital, no suggestions whatever are taken from a nurse (p. 457).

A nurse from Bataan, Eleanor, became despondent and depressed when she was looked over for captaincy. Norman (1999) spoke about Eleanor’s challenge:

Her disquiet really came from the war. She simply could not reconcile the sacrifice she’d made—the suffering that had earned her the sobriquet of hero—with the indifference and anonymity she was experiencing in everyday life (p. 256).

17. Nursing Theory Development Postwar

17.1 Psychodynamic Nursing

Postwar, Peplau developed and taught a world-renowned course on psychodynamic nursing at Columbia University (Silverstein, 2013). She published her book, *Interpersonal Relations in Nursing* in 1952, based on the frontline notes she took. Initially, the publication was challenged when publishers felt uneasy about a nurse being the sole author without a physician’s input. Her book is considered a classic and is still in print today in 6 languages, although she never received royalties for it.

17.2 Therapeutic Interpersonal Relations Theory

Peplau's book is considered the first nursing theory in which nurses were taught to "know themselves" by observing, examining, and monitoring their own emotional and behavioral responses to others and by applying this self-knowledge to enhance their therapeutic relationships with patients (Peplau, 1991). It was posited by Peplau that "The kind of person each nurse becomes makes a substantial difference to what each patient will learn as he is nursed throughout his experience with illness" (p. x). This theory was extended to nurse-nurse relationships, doctor-nurse relationships, as well as those of other disciplines (Peplau, 1984). These principles of interpersonal relations were later incorporated into all of nursing by psychiatric nurses through federally-funded "integration grants" (Silverstein, 2006).

18. Workshops and Research Studies

18.1 Improved Humanistic and Effective Treatments

For over ten years, starting in 1954, Peplau gave complimentary one-to-three week workshops across the US to nurses during summers off from Rutgers, to teach nurses more humanistic and effective ways to work with warehoused patients in mental hospitals who had no hope. They were placed in restraints and cuffs, and were subjected to ice packs, electroshock, and lobotomies. Patients were deprived of personal items, even dentures and eyeglasses. By the late 1940s the deplorable conditions prevalent in mental institutions could no longer be hidden from the public, as dramatized in the movie *The Snake Pit* (Litvak, 1948), based on a novel by Mary Jane Ward and in Deutsch's explosive book, *The Shame of the States* (1948).

18.2 Nursing Distinct From Medicine through Science

Peplau believed that nurses could play a pivotal role in the recovery process of persons in mental hospitals. A goal for her was to promote nursing's impact on patient care that was distinct from medicine so as to define its unique scope of practice through research and scientific investigation. Against the closed mindset of many nurses, Peplau was a proponent of infusing science and scientific methods into nursing education. She encouraged workshop participants to build on their own strengths and to integrate theory into practice, to take notes, to record, to articulate, to understand the dynamics of the nurse-patient relationship, and to publish the research results of their ward studies (Callaway, 2002; Silverstein, 2003).

18.3 Nurses Learn to Talk Therapeutically

The importance of this contribution is significant when it is put into context in the 1950s. At this time, nurses in mental hospitals performed custodial care (Silverstein, 2006). As Peplau saw it, nurses only dealt with patients when they had something in their hands, such as a thermometer, bedpan, or lunch tray. Talking to patients was discouraged for fear that nurses would say something wrong. Nurses were taught to report observations of patients to doctors so they could diagnose and treat. Absent was the

concept that interpersonal interactions by nurses with patients could be therapeutic and that they could fill the gap of one-on-one care that was non-existent, in part, because of low funding. In the hospitals where Peplau gave workshops, patient care improved, sometimes dramatically, and nurses began to take interest in learning, making an overall positive impact on health care.

19. Standing up and Speaking out

19.1 Never to Denigrate Nurses

Peplau practiced what she preached while standing up for herself and nurses. She never deserted nursing or betrayed it, nor did she ever suggest that it was less than other professions. More importantly, she never let anyone denigrate nursing or devalue it in any way (Callaway, 2002).

19.2 Setting the Standards for Advanced Practice

In 1954 Peplau traveled the US, promoting the revolutionary idea of specialization in nursing and encountered much opposition, mostly from nurses (Silverstein, 2013). After obtaining funding, she developed the first accredited master's program for psychiatric nursing in the US and created the curriculum for the clinical nurse specialist, a forerunner for nurse practitioner education. She predicted that APRNs would someday be allowed to hang out their shingles in private practice, as seen today (Peplau, 1962).

19.3 Peplau Talked the Talk

On one occasion, Peplau was invited by the director of the Yale Psychiatric Institute to discuss a case with a distinguished psychiatrist (Callaway, 2002). The physicians expected her to be deferential. Appalled with the way the teen was treated and analyzed by the psychiatrist, Peplau tore his case apart, while suggesting meaning. The physicians became defensive because they were out staged by a mere nurse.

Another situation when Peplau spoke out with authority was when she met with the secretary of Health, Education, and Welfare (HEW), Elliot Richardson, while American Nurses Association's (ANA) president (Callaway, 2002). Prepared to present her agenda of 15 major points, Richardson showed disrespect by reading his mail while she spoke. With a measured reaction, Peplau emptied the contents of her purse onto Richardson's desk, explaining that as he opened his mail, she would sort out her pocketbook. With this action, she gained respect, and thereafter the secretary invited her to a State dinner and to Washington luncheons.

20. Hollywood Debut of Documentary

20.1 Film Showcasing Peplau's Work

In 1957 Peplau was approached by Smith, Kline, and French (SKF), the drug company that produced the first psychotropic drug, Thorazine, that served to decrease severe anxiety and open up patients to

therapeutic dialogue. The company wanted to finance the making of a film that showcased Peplau's work (Callaway, 2002). A writer from SKF attended a workshop Peplau had given and made a transcript that was developed into a pamphlet. When the director, Peter Hickman, at the medical film department of SKF read the pamphlet, he was impressed. The film would present a vignette that demonstrated Peplau's method of a nurse interacting with and examining her reactions to a patient, while keeping detailed notes. The movie was to be filmed at Greystone State Hospital in NJ, using professional actors and two scriptwriters. Peplau rejected the scriptwriters' version because they missed her point, so she perfected and wrote the script herself, for which she did not ask or receive any credit or fee.

20.2 *Box Office Hit*

The film, *The Nurse Patient Relationship* (1958) was a great success, and all 160 prints were in constant use, with 1,200 showings to an audience of 58,550 (Callaway, 2002). After the first year, the ANA was given distribution rights, and it was marketed to all hospital and college schools of nursing, to physicians and nursing organizations, to every graduate program in psychiatric nursing, and throughout the mental hospital system, as well as the Public Broadcasting System (PBS).

20.3 *Nomination at the Oscars and Film Festivals*

In March 1959, Peplau was informed that the film had been nominated for an academy award by the Academy of Motion Picture Arts and Sciences in Hollywood in the full-length documentary category with 3 other films, including Disney's *White Wilderness* (Callaway, 2002). The film was also accepted by the Edinburgh Film Festival Council, the Vancouver International Film Festival, and the Festival of Contemporary Arts. In addition, it received an award in the sociological film category at the Yorktown International Film Festival in Canada.

20.4 *Honored on the International Stage*

Peplau held honorary degrees from nine universities and was the only nurse to be named one of "Fifty Great Americans" by Marquis Who's Who and the Library of Congress. There was one honor that she received and rejected simultaneously on June 27, 1998, nine months before her death, because of the adversarial relationship she faced from "old guard" nurses at the ANA. To everyone's surprise, her speech was uncharacteristically brief as follows (Callaway, 2002):

I haven't been in the ANA headquarters in Washington, D. C., for several decades now. I don't know if there is a hall for the Hall of Fame. Or whether it is just a photo album. Or maybe it's just a folder in a Steelcase file drawer. Whatever. I thank you (p. 440).

20.5 *International Positions Held*

In 1948 Peplau held her first advisory position at the WHO. By 1965 she accepted the Surgeon General's appointment as the National Nurse Consultant to the Air Force (Silverstein, 2013; Callaway,

2002). Elected onto the board of the International Council for Nursing, she lectured globally. During her career, Peplau's primary goal was assiduously focused on promoting professional nursing and its contribution to patient care that was distinct from medicine so as to define its unique scope of practice through research and scientific investigation. This was encouraged through the development of nursing theories and studies that countered the prevailing beliefs of scientists that nurses lacked the intellect (Silverstein, 2003).

21. Overcoming Science Biases

21.1 Facts Clutter Women's Minds

Science took giant leaps during the Victorian Era, and this provided scientists and doctors with a new misogynistic campaign (Gill, 2004). It was feared that girls' intellectual training weakened their bodies, fed hysteria, and impaired reproduction. Once her mind was trained, questions arose: "What would a woman gain from thinking for herself or having a great many facts at her disposal? What man would care for her if she did?" (p. 120) It was fortunate that Nightingale's education prepared her as a leader to overcome biases held against women.

21.2 Nightingale: A Formidable Opponent

William Nightingale was Cambridge-educated. He taught his daughters Greek. At 16, Florence had already read works of Homer and Plato (Gill, 2004). Fluency in Greek had enormous symbolic import in the high-caste system. Encouraged by her father to compete handily with men, Nightingale was accepted as both colleague and adversary. Growing up in an upper-echelon family, she presented at Court as a debutant. Her family had friends in Parliament and was privy to the latest court gossip.

22. Nightingale's Preparation for Nursing Career

22.1 Training Infused with Spirituality

In 1837, God called Nightingale to service at 16 (Gill, 2004). Known in social circles for her expertise in healthcare provision, she prepared by studying the psychosocial conditions of the poor and statistics with her father. At this time during the evolution of epidemiology and medical statistics circa 1842, William Farr, known as a founder of statistics as a science, began to compile data on mortality and morbidity and issue reports. By the age of 25, she was eager to start her life's work as a nurse to care for the sick in public institutions, feeling ashamed and tired of her idle socialite life, but she was met with family opposition. "How could one imagine fine, fastidious, cultured Florence cleaning up human waste, stripping the rags and vermin off diseased bodies, and holding howling patients down during amputations?" (p. 195) Nightingale's mother accused her daughter of having a lascivious relationship with a surgeon.

Despite discouragement Nightingale in 1851 got her chance to study at a religious institute in Kaiserswerth, Germany, that trained lay-deaconesses to serve the indigent (Gill, 2004). The founder was a pastor not a doctor, so the main concern was to care for the soul rather than the body. She noticed that the wards smelled cleaner and fresher than in public hospitals in England. Gill suggested that by assisting with an amputation on a patient who later died, while taking copious notes of her keen observations, she learned how to care for patients during the Crimean War.

22.2 Nursing Based on Public Service

In mid-19th century England, middle-and upper-class women took care of the sick at home. Nightingale did not aspire to become a physician (Gill, 2004). The mere concept of a lady doctor was considered aberrant in Victorian society, and medical men were committed to deny women that option. Medicine was not advanced, except for the burgeoning sciences applied to antisepsis. Surgery was glorified butchery, and most patients treated died. Nightingale's vision for nursing was based on an ethic of public service—an area tolerated by men. She was convinced that with sufficient knowledge and intelligent care, it was possible to ease pain and to make people healthy. Nursing, as she saw it, was an avenue for middle-class women to enter the workforce for the first time and be useful to the community more than doctors could ever achieve.

23. Nightingale Enters Crimean War

23.1 Poor Provisions for Nurses

The horrific conditions in Crimea were telegraphed by journalists back to England to inform the public. In 1854 Nightingale was asked by Sydney Herbert, Secretary of War, to go to the front lines and minister care (Gill, 2004). Although promised otherwise, upon arrival the nurses found rat-infested accommodations that were appallingly squalid, without space or privacy. There were no tables, chairs, or beds in the Barrack Hospital. Each woman had a copper basin that she used for drinking, eating, and washing. Potable water was at a premium. Under these circumstances, retreat for Nightingale could have been a welcomed option, “How easy it would have been to act the woman, to weep, and expostulate, and explain” (p. 330).

23.2 Learning to Navigate a Man's World

During the time when Nightingale stepped forward as a noble leader of nursing, women could not own property and were considered little more than mere chattel. Although she was well-educated and of high intellect, she faced paternalism and misogyny in British society and on the front lines of the Crimean War that excluded her from the coterie of a man's world. Women of her social status were expected to head households and to marry. Any woman, except for those who had taken religious vows, risked falling into disgrace, especially in the military (Gill, 2004). Nightingale spoke about how she saw her status as a female: “A woman must bring the best she has whatever that is, to the work of

God's world whether the world judges it to be woman's work or not...woman's work if done for men is considered 'men's work' " (Nightingale Papers, n.d.).

23.3 *Deplorable Conditions Beset Soldiers in Crimea*

Arriving in Scutari with hospital kitchen equipment Nightingale purchased, she began to improve the unsanitary conditions that beset soldiers who were filthy, despondent, and racked with fever. They were "dying like flies" (Gill, 2004, p. 337). Before the nurses' arrival, the wounded soldiers took care of each other. Despite being greeted with hostility by military officials, the soldiers loved her and she had the deepest respect for them, as is evident in her letter written to Rev. T. G. Clarke (Nightingale Papers, 1895):

And what I speak in my heart is something like this—the soldier has such good stuff in him. He really "loves" his comrades "as himself"—when he himself returns safe out of gunshot and finds his comrade or his officer missing, he goes back to bring him off.

Nightingale had a calm and confident demeanor. She never gave or took an excuse. Much of her time was spent changing wound dressings and offering individualized care as the soldiers died, often within hours of arrival.

23.4 *Fallacy and Fatal Deception*

In her notes on the conditions at Scutari, Nightingale wrote that the hospital buildings appeared spacious and magnificent from the outside but that the external appearance was "fatally deceptive" (Nightingale Papers, 1855). This was so because underneath these grand structures were sewers and cesspools. She contended that the wind blew effluvia up to the wards where the sick were dying. Since Nightingale studied modern scientific principles, she was aware of the new germ theory that viewed causation of disease as stemming from ingestion of contaminated food and drink. Living in close quarters, cholera spread like wild fire. Based on statistics, Nightingale knew that high death rates were caused more from lack of adequate nutrition and from diseases than battle wounds. Supplies and bedding were lacking, and the soldiers' filthy, tattered clothing "seemed moving with lice" (Gill, 2004, p. 34).

23.5 *Never Backing Down*

Lacking military status, Nightingale never backed down from the purveyor who reluctantly distributed supplies or from the commissary officer she called an "unfeeling fool" (Nightingale Paper, 1855). She wrote letters home, stating: "In England you go upon a fallacy, you think we want to save Men's lives—we don't—we don't care whether the men live or not..." (Nightingale Papers, 1855). By setting high standards for sanitary protocol, she saved lives. Within a short time, she disinfected and cleaned up the hospitals. Nightingale spoke about a marked improvement in the health of soldiers, stating: "In the first 8 days of February, we buried 506 from the Hospitals of Scutari alone—on the 9th day

72—during the last twenty four hours we have lost only ten (out of twenty-one hundred in the Hospital” (Nightingale Papers, 1855).

23.6 Nightingale Walked the Walk

At night she walked the wards for hours with her lamp and comforted soldiers, some just boys crying for their mothers. Although befallen with Crimean fever, she expressed this sentiment in a letter: “If it is any consolation to his family to know that he was not neglected, but had every care that medical skill & female nursing could give him, they may be certain of this” (Nightingale Papers, 1855.) The hospital and public health statistics Nightingale calculated proved that trained nurses made significant differences in the care of the sick in body, mind, and spirit, while saving many lives. By raising the standards of care, she improved the feasibility of having clean, well-run hospital options fit for consumers extant in the 21st century.

24. Nightingale Postwar

24.1 Postwar Honors

Queen Victoria sent Nightingale a brooch, designed by Prince Albert, to express her personal gratitude for her work. By the end of her tour in Crimea, Nightingale had become the most conscientious and supportive superintendent, “worrying over her nurses like an old sheepdog with her prized ewe lambs” (Gill, p. 412). She was adored by her nurse subordinates. When she returned from war, sleep was problematic, being haunted by the faces of dying soldiers. She refused to see anyone and did not accept the gifts, honors, and letters that poured in.

24.2 Royal Commission and Achievements

In 1857 she was invited by Queen Victoria to visit Balmoral where Nightingale received a Royal Commission to improve the state of the army. During 1858-1872, she had the greatest influence over public affairs, and wrote her book *Notes on Nursing* (1859), still in print today. The Nightingale fund was set up in 1855 and was used to start the first hospital training schools. After 1857, she voiced her opinions as a recluse because of lingering illness. Regardless, racked with pain and exhaustion, she completed her greatest achievements from her bed until her death, as she laid down the rudiments of the nursing profession that were firmly rooted on hallowed ground.

25. Discussion: Does History Repeat Itself?

25.1 The Fountain of Youth

It is said that “Youth is wasted on the young”. In the case of the spread of Coronavirus in Florida (FL), this adage has relevance, as the beaches filled up with young adult sun-worshippers during spring break of 2020. While not socially distancing or wearing face masks, they brazenly upheld their right to party, regardless of the CDC’s warnings. Although they were at low risk of getting lethally ill from

Coronavirus, they were asymptomatic spreaders, like “Typhoid Mary”. Governor DeSantis of FL, lacking accountability, agreed with youthful beachgoers because he endeavored to open up the economy before cases and deaths abated (Davis, April 17, 2020). As a consequence, hotspots emerged in FL and virus death rates soared in a State that has one of the largest vulnerable senior populations in the US. The question for historians of today is how will the events of unpreparedness of the 2020 pandemic be recorded to reflect upon what actually occurred, and how will history impact lessons learned for future generations?

25.2 *Black Death Wisdom*

We can look back to the writings of 14th century St. Julian of Norwich (1342-1416) to understand what could occur in the 21st century, since a syndrome killing children diagnosed with Coronavirus has been reported. St Julian’s, *Revelations of Divine Love*, is the oldest known preserved writing of a woman written in the English language (Coleman, 2014). Nightingale took a copy of it to the Crimean War, which is recommended reading during the COVID-19 pandemic.

It has been speculated that St. Julian survived the Black Death as a child when a large portion of the population died in Norwich, a thriving commercial trade center in England. Besides mentioning in her revelations that Christ thanked her for her service as a youth, it is unclear what that labor entailed, but one can speculate that at 19 she ministered to others during a revisit of the plague, where thousands of infants and children 10 and younger died from lack of immunity (Binion, 2009; Encyclopedia.com). In this historical narrative, St. Julian became devastated by her lived experience during the plague, seeing young children die, and turned to God for answers by becoming a recluse and mystic to help others spiritually (Chopra, 2000). Could a second wave of Coronavirus occur in this century that harms innocent children? The Trump administration demands that children return to the classroom before it is safe and threatens repeal of school funding for non-compliance, while asking teachers to become “heroes”, too (Manjoo, July 15, 2020).

25.3 *Nursing History is History*

Another saying that is relevant in this discussion is: “Nurses eat their young”. However, in this case they eat their “old”. This is not to say that nurses have reverted to consuming human flesh but have selflessly fed on human sacrifice of their colleagues and predecessors and have discarded the backbone, scraped clean, that supports the structural foundation of nursing, like the spine supports the physical body. This is because nurses are not taught their history and its relevance to today’s world and because nursing history has been watered down through interpretation of secondary and tertiary sources over time that discredits nursing’s own contribution to society.

One can easily view past historic events with present-day values and mores and pass judgement on them based solely on what is known in current times. In the field of historiography the term used to describe this phenomenon is called present-mindedness, and historians are cautioned to avoid this

pitfall. The use of present-mindedness by interpreters of nursing history is evident when discussing issues pertaining to whether unmarried Nightingale was a lesbian. The legacy of Nightingale has been maligned by “third-party” interpretations. The following quote of R. van der Peet (1995) is an example:

It cannot be said...that there is an unbroken thread joining the elements of modern nursing to elements in Nightingale’s thinking more than a century ago. Indeed, many of her ideas were long-forgotten or unknown to modern nurses and their relevance to modern nursing is, it may be argued, largely coincidental...And as for her image of the lady with the lamp...it remains to be seen whether this image has not been detrimental rather than beneficial to the development of nursing (p. 81).

25.4 Truth or Consequence?

In 2008, this historian presented at a conference in Paris on the history of Nightingale and Peplau’s work with PTSD during wartime. Afterwards, she was approached by a noted historian who informed her that archival investigation for primary sources is no longer necessary because all Nightingale’s papers are now available online and open for interpretation. In addition, he asked her if Nightingale was a lesbian: Was it true what they say? In 2020 disparaging a person’s sexual identity is politically-incorrect, even if it is true. This was not the case in the past. Gill (2004) viewed the lesbian innuendos of such historians as F. B. Smith, a man who found Nightingale to be power-hungry and overrated, to be lacking in evidence, as stated:

Florence Nightingale was not a lesbian. History, as opposed to imaginative literature, is based on evidence...Given the immense volume of documentation we have about Nightingale’s life, this lack of evidence must be given full weight...From everything we know about Florence Nightingale, if ever there was a woman conspicuously chaste, resolutely celibate, and absolutely virginal, it was she (p. 187).

25.5 McCarthyism Evident in Nursing

In January 1953 during the McCarthy Era when communists and homosexuals were deemed anti-American, Peplau was accused of being immoral, psychotic, alcoholic, and lesbian as a result of unsubstantiated rumors circulated by the Director of Nursing Education at Teachers College, Columbia University, R. Louise McManus (Peplau, 1992; Callaway, 2002). Insecurity and professional jealousy felt by the new director were contributing factors in the proliferation of rumors by her, for Peplau had already achieved worldwide acclaim through her book, her courses, and her creative teaching methods.

25.6 Unjust Charges

All unjust charges such as those waged against Peplau destroyed careers for nurse educators at this time. The immorality rumor arose because she had a child out-of-wedlock during the war, who was adopted by her brother. Being a disgrace, it was inconceivable to be an unmarried single mother in 1953. The charge of being mentally “sick” arose from a stigma-by-association for those working with

mentally-challenged people. However, the charge that Peplau was a lesbian was the most damaging, since it affected her relationships with her students who did not want the stain of homosexuality jeopardizing their nursing careers. She was forbidden to talk to her students outside the classroom. Her colleagues shunned her, and only one asked for evidence as proof (Peplau, 1992; Callaway, 2002).

25.7 Investigation Denied

Peplau demanded an investigation but was denied. She was asked to remain silent if she wanted to complete her doctoral dissertation (1953) and graduate. Devastated by the scandal, she resigned but had difficulty finding a new teaching position. It is impressive that Peplau, psychiatric nurse of the 20th century, was silenced from the start as a student nurse and then as a graduate educator but found the voice to continue her great achievements into what she called the “growing fringe” of professional nursing.

25.8 Walking to the Future or the Past?

Are nurses walking to the future or to the past? What would Peplau and Nightingale say today? It is clear from the substantive interpretation in this retrospective analysis that both these visionaries had a high Intelligence Quotient (IQ) and a high Emotional Quotient (EQ), according to Goleman (1998). Their personal and social competencies were used to induce desirable responses in others since the Crimean War. The same therapeutic interpersonal tools they applied can be used by nurses in the 21st century to combat compassion fatigue during a disaster, as evidenced in this quote (Van Eyck, 2005):

The lazy breeze belies the inner frenzy of the walking wounded, those survivors still traumatized but not showing their internal wounds. They are scarred so deeply that they cannot function. I wish I remembered more about post-traumatic stress syndrome and active listening! (pp. 28-29)

26. Conclusion

Defying the odds, Peplau and Nightingale, buttressed with strong backbones, laid a solid foundation for how nurses can stand up for their hard-fought principles, for themselves, and for those they serve in this century, based on facts, science, and caring. During the pandemic this participant observer has felt burdened by the dead weight of horrific images and stories of people agonizing needlessly but what feels heaviest now is the denigration of nurses both living and deceased, the degradation of Nightingale’s legacy, and the depreciation of valued endowments Peplau (1983) left behind for future generations. At this time of turmoil, in a conciliatory tone, nurse honorees abandoned their high standards of care slyly wrested from them and kowtowed to authoritarian rule. By doing so, they were unwittingly duped by President Trump who lacks empathy and does not uphold scientific principles, germ theory, and statistics as truth.

On the surface it appears that nurses were being honored by Trump in the Oval Office to celebrate National Nurses Day, despite his misogynistic and paternalistic overtures. However, underneath it all, like the crawling vermin and the underground cesspools in Crimea, nurses were used as political pawns while they did cleanup duty for Trump in the absence of Presidential accountability. During this fatal deception, nurses risked their lives under untenable conditions, and their mental health has been compromised, which may weigh heavy on them with depression, anxiety, drug addiction, and suicide long after the pandemic has passed (Wan, May 4, 2020). Fortunately, however, this nurse and others can take solace in a final note from Nightingale to lighten our steps marching forward: "Let us be anxious to do well, not for selfish praise but to honor & advance the cause, the work we have taken up" (Ulrich, 1992, p. 111).

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