

Back To Nurse I Go!



Keystone

Mrs. Ellen M. Hartford, Staff Nurse

IN 1925, I graduated from the Binghamton (New York) City Hospital. Following one year of private duty I withdrew from nursing to be married and engage in family and community activities.

Last year, due to the newspaper and radio publicity regarding the need for inactive nurses, I entered the second refresher class at the Binghamton City Hospital and completed 300 hours of theory and practice. I am serving three days a week from 9:00 to 5:00 as general staff nurse. Rather than go home at noon I have lunch at the hospital.

I have five lovely children ranging in age from six to seventeen. My oldest daughter is now away at college. The older children help about the house. I do not find that working at the hospital handicaps me in my housework, because of the assistance which my children give me. I am very happy in my work.—**MRS. CATHERINE FOLEY, New York.**

After graduating from the Kings County Hospital in Brooklyn, New York, in 1905, I served for four years as private duty nurse in New York. I then married, living in New Rochelle, New York, where I followed the life of the usual suburban housewife, including golf, bridge, music, church work, and various community activities.

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During World War I, I applied for overseas service with the Red Cross but was rejected because of health. Wishing to be of service, I offered my automobile and services as a home defense nurse for the local Red Cross and was placed on call for duty at Fort Slocum at New Rochelle. I also did district nursing during the "flu" epidemic which raged at that time.

In April 1942, I applied to the Greenwich (Connecticut) Hospital offering to serve on a part-time basis as general staff nurse. With the increasing need for nurses, during the last few months I have been working full time on day or night duty. Although I did not take a refresher course, the supervisors and head nurses were especially helpful to me in getting back into nursing.

I believe that every older nurse who is inactive at present should give part or full time to the hospitals and institutions in her community for the duration.—**MRS. ELLEN M. HARTFORD, Connecticut.**

Upon graduation from the Indianapolis City Hospital in 1920, I married a physician and re-



Mrs. Treva Steed Lukenbill, Head Nurse



Mrs. Helen Reiser, Public Health Nurse

tired from active nursing. I have a son in the army and a married daughter. In May 1943, I volunteered for service at the City Hospital where I trained and have since been appointed head nurse of the infant ward. Although I enjoy my work, maintaining our home is still an important responsibility.—Mrs. TREVA STEED LUKENBILL, Indiana.

Throughout eighteen years of married life, though I maintained an interest in nursing through rearing my family, reading, and helping friends and neighbors, I had remained on the inactive list professionally. Then my younger daughter became Girl Scout age and I started working in the Health and Safety field of that organization, becoming the camp nurse at the summer camp of our local Girl Scouts.

In 1940, having become a resident of New York State, I applied for a licence as a registered nurse and found I would have to take the state board examinations, since I was a graduate of a small school in Indiana, and originally registered in that state—later registering by reciprocity in Michigan.

The challenge to see if "once a nurse, always a nurse" would prove true in my case was so great that Pearl Harbor found me taking my own refresher course in the form of intensive

reading and reviewing up-to-date nursing textbooks, most of the studying done over the ironing board and kitchen sink. The first day of examinations was a nerve-racking one; after that I was encouraged and felt as if it might be 1920 again.

After receiving my New York licence, I continued reading the *Journal* and nursing texts and kept busy for some time teaching home nursing and continuing in Scout work. I was also assigned to a casualty station under the Emergency Medical Service. Now I am happy to be back in active service with our public health nursing association, and Monday always finds me eager to begin my three days work.—Mrs. HELEN REISER, New York.

I graduated from Agnew Hospital, San Diego, California, in 1916. After fifteen months of private duty, seven months in the Navy Nurse Corps, and two years as an office nurse, in 1921 I married and retired from nursing.

It is now twenty-three years since I retired. My family consists of my husband and a daughter who is twenty-one years old. When my husband was recently sent from California, our permanent home, to Oklahoma for war work and my daughter accepted a position as meteo-



Mrs. Harriett M. Kellie, Rapid Treatment Center Nurse

rologist at LaGuardia Field, New York, I was free to return to nursing.

I took an intensive course in personnel work at Oklahoma City University and applied for a position with the Oklahoma State Health Department. In preparation for this work I was sent to the Seminole County Health Department for six weeks orientation. At the time I finished this course, nurses were needed in the Rapid Treatment Hospital for Venereal Diseases at Rush Springs, Oklahoma.¹ On June 8,

¹ PEARCE, DONNA: Rapid Treatment Centers, *Am. J. Nursing*, Vol. 43, pp. 658-660 (July) 1943.

I reported for duty as a clinic nurse interviewing patients in order to find contacts and helping to make adjustments regarding employment while patients were in the hospital for treatment.

I have a feeling of gratefulness that it has been possible for me to return to my profession which I love so dearly. There is a feeling of satisfaction in being able to serve humanity. Working keeps me mentally and physically alert and gives a zest for living. Especially do I feel gratified to be in an institution which is aiding in the war effort.—MRS. HARRIETT M. KELLIE, Oklahoma.

Soon after graduating from the Shreveport (Louisiana) Charity Hospital in 1930, I married and devoted my time to raising a family.

However, because of the current lack of nurses, I thought it was my patriotic duty to return to active nursing. I engaged a maid to assist with my children and I drive forty miles a day to work to serve as floor supervisor at the Highland Sanitarium in Shreveport. I work a fifty-four-hour week.

The many nurses who feel their professional responsibility as nurses and have returned to active duty are helping both the home front and the armed forces.—MRS. M. ORENE WALTERS, Louisiana.

There is nothing I have ever previously experienced in doing for others, as a nurse always does, which has equalled the thrill of coming back and getting in again on the battlefield of helpfulness where it is so urgently needed at this time. Nurses will find joys they have never known before. It is a thrill.

I have been at Bronson Hospital one year past, the twelfth of March. In 1936 I retired on an annuity from the Police Benevolent Association after twenty years' service as a policeman in Chicago, Illinois, to care for my disabled son, a veteran. After so much activity I was quite restless and when I realized the dire need of nursing service, I accepted a position in ——— Hospital where I worked seventeen hours a day for three months. I found that too much and went to ——— Hospital for special and relief duty, but that was twelve hours and a drive of nine miles night and morning. A classmate of mine in 1895, whose husband is superintendent of Bronson Hospital, Kalamazoo, persuaded me to come to Bronson because I would only have to work eight hours. By this time the shortage of nurses was greatly felt and after five months I was so enthused and happy and delighted with the homey, kindly atmos-

phere of Bronson, I decided to remain. After a talk with the superintendent of nurses about my efficiency, I bought me a home, one hundred steps from the door of the hospital, and moved to Kalamazoo.

By this time nursing shortage was something desperate. I applied for the refresher class and for eight weeks worked ten hours a day and studied like a trooper. Did I glory in my early training. It was all there embedded in my constitution, only the modern methods, new drugs, and equipment to learn. We had an instructor who was one in a million.

Ours was a wonderful class of women from lovely homes, who left crying husbands behind and waded in. I never saw such pleasure, such enthusiasm, or more interest in any class I ever attended. All those who possibly could are giving their services now in the hospital, and we need them. Words cannot express how badly, for people will be ill, regardless.

While in the class I arose at 4:30 A.M., attended a steam plant in my home, did my housework, and reported for class at 9:00 A.M. I never enjoyed anything more than seeing my patients day by day and being able to care for them. If all of our graduate nurses would only know the happiness of giving their services



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Mrs. Catherine Foley, Staff Nurse

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for the benefit of our country when they are needed so badly, I am sure they would come to the front. There is something that is noble in a nurse and that spark cannot be dead. It only needs to be kindled to give where it will mean as much as a bond in life-saving power.

I am proud of the school I graduated from. I am proud to have the physical ability to work with the young nurses in the hospital. All their youth and enthusiasm aids in making me happy. My patients sometimes call me Grandma and I say to them, "Grandma is not here, but cannot I do what it is you wish?" and they get the greatest thrill out of me refusing to be called Grandma. I am asked many times how old I am. I reply, "I was born in the Garden of Eden, I came over with my Uncle Christopher Columbus, landed on Plymouth Rock and eventually graduated in 1895 from the Illinois Training School. You'll have to figure that up. I only know I am happy and I want you to be happy, too."—MRS. FLORENCE N. VAN AMBER, Michigan.

In July 1919, I finished my nursing career. For twenty-four years I have been a housewife and mother, interesting myself in PTA work, doing some neighborly nursing in our small community, caring in part for pneumonia, cancer, convulsion, and children's disease cases, and two maternity cases delivered at home.

Three years ago I was adjudged too old for the refresher course being given in Brooklyn hospitals. I did some volunteer nursing work for the CDVO in a day nursery of eighty-six children,

then in November 1942, I was attracted by publicity relative to a refresher course for *older nurses* to be given by the Red Cross. I attended these classes in November and December 1942.

With fear gripping me, I went to the local official registry for placement as a volunteer. I was assigned to Kings County Hospital, Brooklyn, and gave one eight-hour day weekly. In March, through the registry again, I accepted a position as instructor of practical nurse student affiliates at Beth-El Hospital, Brooklyn. I am doing part-time work, 9:00 A.M. to 1:30 P.M., five days a week. I am teaching medical, surgical, and pediatric nursing; planning assignments, keeping their records of performance, and arranging time schedules.

I feel I have actually replaced a registered nurse. Meanwhile I have been reinstated as a registered nurse, proudly carrying my card. Part-time work allows for my home duties; my family is grown.—MRS. OLIVE GALLAGHER, New York.

I graduated from the Charity Hospital, New Orleans, in 1932. After marriage, I retired from nursing in 1940. Because the shortage of nurses was so tremendous, I am serving full time (forty-eight hours a week) as general staff nurse at the Veterans Facility in Alexandria, Louisiana. My baby is being cared for by a neighbor.

I feel that unmarried nurses should be in the military services. Something should be done to urge more married nurses to return to nursing serving with a community agency.—MRS. LUCY ONCALL THOMPSON, Louisiana.

Why Fear the Psychiatric Patient?

By BETTY J. SALLEE, R.N.

ALL TOO FREQUENTLY psychiatric nurses hear the statement, "You can have the crazy ward, I couldn't stand working with those patients." Such a statement implies both fear of the patients and repulsion to mental disease. The fear is clearly recognizable as lack of training and experience with mentally ill patients. The repulsion displays a personality lack that will be noticed in any of her nursing activities—even the simple procedure of bathing a surgical patient. She will do it mechanically, according

to all she has been taught. The patient will look immaculate, but he will not have been comforted or adequately nursed during the procedure. If he complained that she jarred the bed, did not rub his back correctly, or any other of the numerous complaints expressed by the physically ill, she will ignore his complaints, continue her work, and afterward tell the other nurses that there is an old crab in Room 10. If this nurse were able to understand the mental instability that always accompanies physical illness, she would be better equipped to win the patient's confidence, to understand his feelings instead of concentrating on her own, and leave the patient with a sense of comfort and gratitude for sympathetic care,

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