NURSING SERVICE
Carol M. Wilson BA MA

The Nursing Service at University Hospital began when the hospital opened on September 3, 1917. The first Director, Charlotte Burgess, arrived in Omaha early in August of 1917. At the time there were four graduate nurses. One was in charge of the operating room, one was in charge of the first floor, another was in charge of the second floor, and the fourth functioned as night supervisor. Recruitment and retention were problems even at the beginning. Some of the first four nurses recruited stayed less than a month as they were called away to start their army work. Nurses employed later to take their place were all short-term people, and many were called away to take care of the soldiers sick with flu at various camps. Miss Burgess also started the School of Nursing and nursing students provided the majority of nursing service in the hospital.

In November, 1927, Unit 2 of the University Hospital was opened. The new unit housed the pediatric ward, the orthopedic ward and the psychiatric ward. At the official reception, the nursing faculty and student nurses functioned as tour guides.

Early in the 1930’s, Miss Burgess began hiring general duty staff nurses. At this time, very few nurses worked in-hospital; most did private duty work. Hospital work was considered “student work” and not a respectable thing for graduate nurses to do. Because of dismal economic conditions, unemployment was high, and many nurses found themselves out of work. Thus, some nurses returned to the hospital to work.

A typical ward at University Hospital accommodated 16 to 20 patients. Each ward had one or two private rooms utilized for isolation patients or acutely ill patients. The remainder of the beds were on an open ward. Portable screens were used to provide privacy for the patient while the nurse was doing any type of procedure. The nursing staff spent much time moving the screens from patient to patient. These were later replaced with cubical curtains. Until about the mid 1940’s, all patients being admitted were given a bath in the “admitting room” which was on level 3 of Unit 1. Those patients who could were instructed to take a bath and those who could not had to get into the tub and were given a bath by the nurse.

New equipment purchased either expanded the role of the nurse or made the work easier. In 1931, major improvements were made in the operating room. A multi-beam surgical light replaced the old chandeliers. Comment was made in the “Nurse Reporter” that had these lights been purchased ten years earlier, the entire surgical staff would be in better humor. The following year, University Hospital had its first oxygen tent. It was described as the most complicated piece of equipment but was put to much use.

In 1934, the eight hour shift was introduced to replace the twelve hour shifts. Also, in this year, funds were made available through the Civil Works Administration (C.W.A.) to provide employment. Ten women were employed for sewing, and 60 men worked on construction projects. In addition to this, ten student nurses and several medical stu-
dents were employed to help in the hospital. They did this in addition to their regular duty time. In 1936, five nursing students from Clarkson Hospital were affiliating with University Hospital for their pediatric and obstetrical experience. At this time, the general duty staff of the University Hospital consisted of eleven University graduates and three Clarkson graduates.

In 1937, life was made easier for the nursing staff. The tunnel between the hospital and Conkling Hall (where all the students lived as well as the staff) was completed. It opened after the worst snow storm of the year. In 1942, the nursing staff had grown to 20 supervisors and instructors, two dieticians, 15 general staff nurses and 107 students.

In 1943, World War II had an effect on the hospital nursing service. In an address given by Charlotte Burgess on May 20th, she stated:

"About one third of our medical staff, many of whom were on the School Lecture Staff are now in the service. This affects our teaching program, and our clinical services in the Hospital and in the Out-Patient Department. Then there is the loss of Nurse Instructors, Supervisors, and Head Nurses. School of Nursing can't today be sure how long any of the assistants may continue their service. Then there is the shortage of the General Duty Staff. This is being eased in part by auxiliary workers, Red Cross Nurse Aides, Ward Helpers and other volunteer help. Such groups give valuable assistance but do not take the place of good professional nurses.....To conserve the time and experience of the students in our program, we are evaluating procedures to see what can be done by others than the student nurse..."

No history of the nursing service at University Hospital would be complete without mentioning three nurses who started during the Burgess era but worked many years after she retired. These nurses were Velma Mason, Mathilda Brock, and Helen Erikson. Mrs. Mason was affectionately referred to as "Mother Mason". She was a day supervisor for many years. She kept the staff "on their toes". Miss Brock was known as "Aunt Til" and was the evening supervisor for many years. Along with Mrs. Mason, she watched over the care of all patients with great scrutiny. Helen Erikson worked in the clinics for several years and then moved to the emergency department. The dedication and hard work of these three nurses did much to mold the development of nursing service at University Hospital.

In April, 1946, Irma M. Kyle succeeded Charlotte Burgess as Director of the School of Nursing and Director of Nursing Service. During the following two years, many improvements were made to make the working conditions in the hospital easier. A central supply room was set up. This relieved the nurses on the units from preparing their own supplies. This department reported to Miss Kyle. An order book was started.
with an order sheet for each patient. This relieved the head nurse from transcribing orders. Several nurses aides and ward clerks were added to the nursing staff. Miss Kyle recognized the need for graduate nurses and appealed to Alumnae to work at University Hospital, especially on evening shifts, weekends and in the summer to relieve students, head nurses and supervisors for vacations. Her appeal in 1948 offered graduates $180 per month for full-time employment and $6.50 per day for part-time work. A $10.00 bonus was offered for each three weekend tours of evening or night duty. Her appeal apparently went unheeded as she repeated her plea many times the next few years. In spite the lack of general duty nurses, Miss Kyle did have a small group of dedicated women to assist her in running the hospital and the school. The distinction between faculty and hospital staff was nebulous; most had responsibility for nursing service as well as nursing education.

The 1950’s saw many changes in hospital nursing. The length of hospital stay for patients continued to decline; medical treatment of patients became more complex; new surgical procedures, such as open heart surgery, were being done; the types of medications available and used increased dramatically. All of this caused a greater demand for professional nursing at a time when there was a shortage of nurses. To meet this challenge, University Hospital began the utilization of practical nurses and increased the number of nursing assistants. This added a new dimension to the role of the professional nurse; that of supervising nonprofessional personnel. Unfortunately, not enough attention was given to prepare the nurses for this period.

In 1957, Miss Kyle reorganized the School of Nursing in an attempt to separate the teaching and nursing service functions. Although Miss Kyle was still responsible for both education and service, the reorganization was the forerunner of the complete separation of education and service as mandated by the National League for Nursing (NLN) the accrediting agency for schools of nursing. Clare Fleming was appointed Assistant Director of Nursing Education, and Carol Wilson was appointed Assistant Director of Nursing Service. The distinction between faculty and nursing service staff was still nebulous. Many nursing service personnel functioned as instructors and were responsible for much of the clinical instruction of students. Nursing students continued to provide much of the nursing care.

In 1958, Team Nursing was introduced at University Hospital. With the increased use of practical nurses and nurses aides, functional nursing was utilized. Usually this meant that the R.N. did medications, the practical nurse did treatments and the aide gave the baths and made beds. This resulted in very fragmented care to the patient, whereas the purpose of team nursing was to have different levels of personnel working together under the direction of an R.N. team leader to give coordinated care to the patients.

In 1960, NLN accreditation of the School of Nursing was denied due to the reliance on nursing students to provide nursing care. This meant that more staff needed to be hired so that Nursing Service did not need to rely on students for nursing.
This was very difficult at a time when there was a shortage of both nurses and money. In May, 1963, the administration of nursing at University Hospital officially changed. The decision was made to create a Department of Nursing Service responsible to hospital administration. Carol Wilson was appointed Director of Nursing Service; Irma Kyle relinquished her responsibility for nursing service and was the Director of the School of Nursing (69).

In 1967, work began on the new hospital building. Also, a new unit was opened on the 7th floor of the old hospital. This unit gave the nursing staff a sample of what was to come in the new hospital: call lights for each patient, high-low beds, piped in oxygen, complete air-conditioning, and a central food service system. This system was also started in the rest of the hospital (70).

Because of hospital expansion and the increased nursing shortage, much emphasis was placed on the improved utilization of professional nursing and on the elimination of non-nursing functions from nursing personnel. Changes initiated during this time included: an enlarged housekeeping service to clean the units of dismissed patients, clean utility rooms and some porches, and to keep the patient wards orderly; a messenger and patient transportation system; revision of charting forms to shorten the time nurses spent in charting; extension of ward clerk coverage; extension of pharmacy service; and extended central service functions (70).

Senior nursing students were also employed as Assistant Nurses. They could function at the level they had reached in the School of Nursing and were always under the supervision of a professional nurse. This was thought to be an innovation at the time; but Charlotte Burgess had done the same thing many years earlier (70).

At this time, emphasis was also being placed on improved patient centered care. Nursing Care Plans were more widely used and became a part of the patients permanent record. Selective menus were available for patients on a general diet. Patients no longer had to change to hospital attire before going to the inpatient unit. They could keep their own clothes in the unit and even wear their own pajamas and gowns. Things were also improving for the nursing staff. Salaries increased substantially, and more educational opportunities were available. The Inservice Education Department was started in Nursing Service to support this function. Josephine Pinckley was the first director.

Early in the 1970's, the University Hospital was the first in Nebraska to utilize Primary Nursing as the modality of care for patients. Each patient was to have a primary nurse who was responsible for the planning and coordination of the patient's care. The purpose of this system was to provide more personalized and coordinated care to the patients. Primary Nursing was also more satisfying to the professional nurses. It allowed them to utilize their skills more effectively and also to make decisions about patient care. In 1970, the dress code was changed in Nursing Service and the staff was allowed to wear pantsuits. This helped the problems created by mini skirts in some of the staffs uniforms (71).
The nursing shortage continued and in the 1970’s recruitment and retention were top priorities. A recruitment committee was appointed. Senior nursing students, particularly from University and Creighton, were “wined and dined” each year. There was a window display emphasizing recruitment at Kilpatrick’s (a downtown department store). University Hospital was one of the first hospitals to utilize radio and television for recruitment. This drew some criticism from other hospitals. Later, billboards were utilized to help recruit nurses to University Hospital. Primary Nursing was a big asset to recruitment. It attracted many new graduates because it allowed them to practice their profession as they had been taught. Barbara Bideaux Kaplan was employed as Assistant Director responsible for recruitment and staffing in 1974.

In 1971, Nursing Service underwent an organizational renewal. The Unit Director position was initiated to expand the head nurse role. The Unit Director had 24 hour responsibility for the nursing care on her unit. By this time, the role of the shift supervisors had been eliminated. There was a person on each unit “in charge” of nursing on evening and night shifts. The Unit Directors gradually became involved with the hiring of their own staff and with the preparation of the budget for their unit. The purpose of this was to give appropriate responsibility to match the accountability of this position.

The Nursing Department started working on a Patient Classification System in 1974. The purpose of this was to have staffing based on the acuity and needs of the patients, rather than on numbers. This was done manually for several years but was later computerized.

In 1975, the concept of a Clinical Career Ladder was introduced. The purpose of this was to recognize staff nurses with different levels of expertise. It was hoped that this would reduce the turnover and keep expert nurses at the bedside. This took several years to develop, and University Hospital was the first hospital in Omaha to implement a Career Ladder. There were levels in the Career Ladder and criteria were established for each area of nursing. It was a very difficult program to develop and to manage and was replaced later by the Professional Achievement Program. This program recognized staff nurses who were truly “top achievers”. Not more than five percent of the staff nurses were anticipated to meet the criteria. When the criteria were met, staff nurses received a cash stipend.

Continuing education and research have long been valued in the nursing department at University Hospital. It started with Charlotte Burgess who encouraged nurses to earn their bachelors degree and has continued throughout the years. After the School of Nursing became a four year baccalaureate program in the 1950’s, nurses at University Hospital were encouraged to take classes. There was a substantial tuition reduction for employees and work schedules were adjusted to accommodate the classes. The development of the Inservice Education Department within Nursing Service provided an orientation to new employees and coordinated the teaching of new procedures and new equipment.
Research has also been an integral part of nursing service at the University Hospital. The nursing staff supported the research done by the College of Medicine and School of Nursing by assisting in the collection of data and specimens. The nursing staff also did research on their own to find ways to improve patient care. In 1967, two studies were documented in the “Communicator”. The first, was a study regarding the delay in the Emergency Department on the admission of patients. The study showed that the biggest delay was in time spent in x-ray. The other study done was to determine if the personnel were justified in their complaints about being called frequently to work extra, and if so how the situation might be corrected. This resulted in trying a “No Pulling Policy” and having each unit responsible for replacing needed staff. Some earlier studies done involved the role of the ward clerk, the administration of medicines, and patient satisfaction.

In 1981, a Research Coordinating Committee for Nursing was started in conjunction with the College of Nursing. June Eilers, Clinical Nurse Specialist, was the first chairperson. Later, in the 1980’s, the importance of research in Nursing Service was demonstrated by the development of a new position, Director of Nursing Research in the Clinical Area. Dr. Fannie Gaston-Johannsen was recruited from the College of Nursing faculty to fill this position. Under her direction, the Research Nurse Intern Program was established. The purpose of this program was to increase the utilization of nursing research in the hospital. This program has received national recognition.

Two other unique aspects of nursing service at University Hospital have been “discharge planning” and “patient education”. In 1982, the responsibility for discharge planning was given to nursing by the Utilization Review Committee of the Medical Staff. In the majority of hospitals, discharge planning is the responsibility of the Social Service Department and nursing is not involved. The nursing staff at University Hospital felt that discharge planning was a very important part of patient education. Social Service has a large role to play in discharge planning, particularly placing patients in alternative healthcare settings and in dealing with complex family problems. This system has worked well at University Hospital both for the patients and for the staff. Patient education has become an integral part of nursing service. While many disciplines contribute to educating the patient, the Primary Nurse is responsible for coordinating these efforts and assuring that the patient knows what to do upon dismissal. With hospital stays becoming shorter, this is more important to do and also more difficult. On each patient unit, a staff nurse has been designated as the Patient Education Resource Person. This person maintains the patient education materials on the unit, and functions as a resource person to other staff.

Another distinctive feature of the Nursing Service at University Hospital is the utilization of Clinical Nurse Specialists (a Master’s prepared nurse with expertise in a particular area of nursing). Barbara Winfield was the first Clinical Nurse Specialist employed in 1965. There are now over 20 Clinical Nurse Specialists on the staff. Their functions are quite varied depending on the areas in which they work. This has greatly enriched the
nursing staff and quality of care delivered.

The administrative placement of the Director of Nursing changed a great deal over the years. When Carol Wilson was appointed Director of Nursing Service of 1963, she had Department Head status. By 1982, the Director of Nursing Service was also an Assistant Hospital Director, and the Unit Directors achieved the same status as department heads. In 1988, the Director of Nursing Service became an Associate Hospital Director. In 1992, Carol Wilson retired after 40 years of service at the Medical Center. Another reorganization was occurring at that time. The position of Director of Nursing Service was changed to Chief Nursing Officer. Dr. Pam Triola was appointed to this position in 1993, and also has an appointment as an Associate Dean in the College of Nursing.

The history of nursing service at University Hospital has been rich in accomplishments and as a result, the hospital has earned an excellent reputation for providing outstanding nursing care.