Spring 4-1-1965

YUSN Alumnae Newsletter

Yale School of Nursing

Follow this and additional works at: http://elischolar.library.yale.edu/ysn_alumninews

Recommended Citation

This Article is brought to you for free and open access by the School of Nursing at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale School of Nursing Alumni Newsletters and Magazines by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.
Yale University School of Nursing
ALUMNAE ASSOCIATION
Newsletter

New Haven, Connecticut  Spring, 1965

REUNION - JUNE 12, 1965

The Alumnae Association program on Saturday will honor Dean Emeritus Effie Jane Taylor, who celebrated her 91st birthday in April.

Registration, coffee and the annual business meeting will be held in Brady Auditorium, Saturday morning. In lieu of the usual banquet, we will have a luncheon at the Yale Commons at 1 p.m., which Miss Taylor looks forward to attending.

Reuniting classes this year are '30, '35, '40, '45, '45W, '50, '55 and '60. Following the luncheon program, individual classes will be free to get together for their own special events. One of your classmates will be contacting you about reunion. If you cannot return to New Haven, please send your latest news so that others here may have it to share.

Combined Alumnae Fund Alumnae Association Appeal Results as of April 28, 1965

<table>
<thead>
<tr>
<th>Total number of Contributors</th>
<th>Total Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>633</td>
<td>$6,517</td>
</tr>
</tbody>
</table>

Thank you who have contributed. Those of you who have yet to respond to the 64-65 appeal will help us meet or surpass last year's gift of $6,964 if you make a contribution before June 30th.
FEBRUARY ALUMNAE DAY

YSN Alums returned to Brady Corridor February 20th for coffee and registration, and to hear two papers presented on nursing care of elderly patients.

John Thompson presented a summary of a study which was done by three students in the Hospital Administration program of the Department of Epidemiology and Public Health, in which several of our faculty members assisted, entitled "A Study of the Patient Population in Proprietary Nursing Homes of the Bridgeport-New Haven Area" by Mr. Michael E. Kove, Capt. Norman R. Penner and Mr. Wallace W. Smith.

Space does not permit a complete summary of the methodology and findings, but here is some of the information we heard.

For the most part today's nursing homes have developed from the old boarding houses. Two factors strongly influencing the need and consequent development for such homes are: 1) Social Security Old Age Assistance programs which since 1935 have given financial allotments to those over 65, and 2) medical developments which have lengthened life expectancy and increased the proportion of those over 65 in the total population.

Licensure of homes caring for two or more persons over the age of sixty has been required in Connecticut since 1917. Since 1950 licensing and inspection of these homes has been the responsibility of the Division of Hospitals, State Department of Health. Homes are classified into five categories, ranking from A (highest) to E (lowest), following inspection of facilities and services. Since Connecticut owns no nursing homes, the owners are reimbursed for the care of public patients on a scale based upon the home's classification.

The hypothesis of the study was that the "sicker" patients would be found in the class A and B homes where services and facilities would be superior to those of lower classification.

The conclusions of this study based on a sample of 13 proprietary homes were:

1. "There was no significant difference in the distribution of patients according to degree of illness between the five classes of homes."

2. "Medical records for the most part were uniformly poor...the medical care provided the patients...leaves much to be desired."

3. The provision of physical therapy only in class A and B homes, was the only clear-cut separation between classes of homes found in the study of criteria in areas of medical and professional nursing care.

4. "There was no evidence in any of the homes studied that any serious attempt is being made to rehabilitate those patients whose condition indicates positive results would accrue from the techniques of rehabilitative medicine."

Recommendations included:

1) Discontinuance of the present rating system and development of minimal acceptable standards for all nursing homes.

2) Re-evaluation of present rating system.

3) Development of a standardized medical record for use in nursing homes.

4) Development of an "integrated and continuing program of care for...patients in cooperation with the patient's physician".

5) Requirement of a complete history and well documented physical examination upon admission as well as an annual complete physical examination thereafter.
6) Institution of a periodic medical audit of nursing homes which should be a part of the classification system to measure effective use of services and facilities offered, and to evaluate the results of this use.

During man's declining years however, creative living is threatened by the possibility of four great losses:

- Loss of occupation;
- Loss of Health;
- Loss of Family Ties;
- Loss of Purpose.

Each of these threats can be a traumatic experience at any period of the life cycle, but the impact is more loaded with a Sense of Finality, when it occurs during one's later years. Any three of these threats, coming close together, may bring on the fourth loss of zest for life, or even the will to live. Any two may bring on a third, and then the fourth. Any one of them may pave the way for a second. Thus an uncanny affinity seems to link these four portentous threats; loss of occupation, loss of health, loss of family ties, loss of purpose.

With respect to loss of occupation or position, reference here is mainly to the meaningful or achieving interests and activities that all too often diminish or vanish altogether with retirement from roles of participation. And because of changes occurring in our society, there are now two different kinds of retirement:

1) Technological or occupational retirement associated largely with chronological age and confined more and more uniformly to about age 65;

2) Psychological retirement, when personal resignation from life sets in, and which appears very loosely related to chronological age and is, moreover, highly individualized.

Should technological and psychological retirement come close together, it is possible that the "jig's about up" for some of us, with zest for life facing and resulting, at times, in premature death. But if technological retirement comes somewhat ahead of psychological retirement, therein may lie a golden opportunity for what can become a
"silver lining" for the elder, fulfillments for the persisting life interests.

The longer one lives, the more different one becomes from others, and the more unique one's personal fulfillments, including final, long-cherished wishes. Social welfare does the aged a great disservice, when it stereotypes and segregates the elderly as all alike, or nearly alike. If agers are stereotyped as a commonality, fewer of us will have an opportunity to age successfully or to achieve our peculiar fulfillments. Perhaps the chief secret in successful aging, after all, is to find the fit in fulfillment for one's individualized propensities and to have an opportunity to achieve them up to a very timely end.

The focus of this discussion is Needs -- The needs of aged patients, especially those confined to nursing homes. Before considering needs, it may be helpful to briefly discuss some of the broad, or widely generalizable, motivations of the aged, the kinds of interests that may be relied upon to carry ailing oldsters on with zest into their last days. These interests or motivations can be divided into two broad categories: Instrumental and Fundamental.

The instrumental motivations or needs are time- and culture-sound, such as income, shelter, equipment, medicine, refinements in nursing care. They are the interests that the service professions and agencies are best qualified to discuss and provide.

The fundamental interests or motivations of the aged are those that are nearly universal and that underlie the instrumental interests. When they fade out these other interests are not worth very much. But as long as they hold, all kinds of compromises can be made with the instrumental interests.

Let us now consider more pointedly the problem of coping with senescent life closure.

Death can hardly be a stranger to really old people. Any long life has had some close calls; and part of the price of living long is to witness the passing of loved ones, be it relatives or friends.

In a society that prizes youth above age, that venerates knowledge more than wisdom, that accords status to work over leisure, and that, above all, abhors death, the very aged and spent find themselves at major disadvantages, whether they are "living on-and-on" or coping constructively with closure to life. Never-the-less, among all peoples that we know anything about, primitive or civilized, a point is reached in aging when further worthwhileness of life is difficult to see, at least from the vantage point of one's associates. Then the incumbent is regarded as a surviving liability, perhaps to himself and certainly to others as they view it, and the prospects are uniformly dismal, irrespective of cross-cultural variables. Senility may be a suitable label for this state of survival. Other terms used are: over-aged; superannuated; the useless stage; the sleeping period; the dying phase, or even, prolongation of death. There is no question about this generalized social decision on the dire extremities of aging; but great differences are encountered cross-culturally, not only with respect to the point in aging, when "over-age" is reached, but also what may be done about it.

A significant fact is that in all societies, until modern times, the senile, or over-aged, phase, was not of major importance for relatively few persons reached such a stage, and almost none lasted very long into it. Societies usually could do something about it, but if they did not, nature and hard circumstances resolved the matter with relative dispatch. But even among groups of people where nature brooked few delays, some primitive societies faced the problem of life closure with greater realism and philosophical poise, than do some of our civilized contemporaries. We tend more to withdraw from the issue. This
is true despite the fact that the helpless and hopeless period (as a result of modern skills, life-prolonging techniques, and welfare programs) is taking on vastly greater importance in our civilized times. It may be redundant to stress that, with the ever more developing life-sustaining facilities and practices, it is becoming more and more difficult for the aged in their superannuation, to reach a timely death.

To come back now to the needs of all ill persons, and more specifically to our present study, which, as has already been noted, is concerned with nursing care of terminally ill, aged persons. While instrumental needs are more closely related to patient care, the interdependency of instrumental and fundamental needs cannot be over-emphasized. No nursing procedure may be said to be "well done" unless the practitioner has taken into account both of these needs. Fundamental needs may be said to be the values instrumental needs seek to serve.

In the present project we have committed our efforts to two objectives. The first is a practical, short-term endeavor—the preparation of a handbook for nursing personnel involved in direct patient care, to guide them toward meeting the more personal needs of their aged, terminally ill, patients. While we are directing the handbook primarily to those working at the bedside, it is hoped that it will also have a wider appeal and have meaning for all of us, who are deeply concerned with the welfare of our aged ill citizens.

Our methods for the fulfillment of the practical purpose are simple, direct, and essentially two-fold: 1. To find out from the literature and from a broad sample of the professional leadership in nursing what are considered to be the special needs of aged patients in nursing homes and how these leaders would go about meeting such needs—had they the time and the opportunity to do so. 2. To learn by inter-

view and some observation, what a sample of nursing personnel (staff R. N.'s, P. N.'s and Nurse Aides) perceive in their practice to be the special needs of their aged dying patients and how they attempt to meet these needs. For these interviews nurses and ancillary nursing personnel are chosen out of institutions of high repute and who are regarded by their supervisors as "among the best on the floor".

The second major objective of our project is to draw upon the experience, the ideas, and the findings for the preparation of a more limited, design-tight and systematic project for a long-term study or studies in senescent death.

CLASS NEWS

1931

Adelle Baldwin (Mrs. Russell E.) passed away on December 3, 1964. Her husband is the Rev. Russell E. Baldwin, 308 Douglas Trail, Madison, Wis. 53716.

1932

Shirley Shingle Speir (Mrs. Edward B.) is art docent at the Seattle Art Museum. She is currently doing the same kind of docent work in seven European cities. Her interest in art was aroused when some years ago she visited the New Haven Hospital and noticed that the walls in the corridors were hung with art. Her present address is 6740 55th Ave., S. Seattle 18, Wash.

Charlotte Life Stringham (Mrs. James) wrote interestingly about their third year in India in the fall. Her husband is Clinical Director of the Nur Manzil Psychiatric Center, Lucknow, India.

1937

Louise Zellner Tuttle (Mrs. Frederick B.) is working part-time at St.
Luke's Hospital, New Bedford, Mass. She resides at Front St., Marion, Mass.

1940

Nelliana Best was recently named "Teacher of the Year" at the University of Bridgeport. This choice was made by the College Deans, and the award is given by the Board of Associates of the University. Not only does this honor speak highly of Nelliana Best, we can imagine how this recognition pleases Martha Jayne, YSN '36, Dean of the College of Nursing at the University of Bridgeport.

1943

Esther G. Howes, 15 Gingerbread Lane, Yarmouth Port, Mass. 02675, is now Director of Nursing Education at Barnstable County Health Department for Cape Cod.

1945W

Julia Wolverton Meinikheim (Mrs. B. Felix) wrote a very interesting letter about her travels all over the world. Her latest address is c/o Harzint, P.O. Box 267, Lahore, West Pakistan.

1946

The marriage of Elizabeth M. Brockway to Mr. W. Everett Doe, Jr. took place on December 19, 1964 in Berwick, Pa. Mrs. Doe is now teaching at St. Anselm's College School of Nursing. They are residing in Meredith, N.H.

1947

Pearl Turner Siegel (Mrs. Seymour), 1525 Robbins Street, Philadelphia, 49, Pa. is now working as a school counselor. Her husband is studying for his doctorate in social work.

1947W

Rosemary Kuhn Clooney (Mrs. James F.) has her sixth son, Joseph, born on September 16, 1964. She now has a family of eight children.

1947W

Mary Ralston Benua (Mrs. M. C. Ralston) writes she "discovered that I was the wrong peg for nursing. Since August '64 I have been working as Executive Housekeeper at a nice Co-op Apartment Building, 650 Park Avenue, New York City".

Dorothy Burchette started working at the University of Oregon Hospital during the fall of 1964.

1951

Gertrude Vogel Graham (Mrs. Thomas) welcomed a son, Larry, in 1964. Her present address is 1527 Hudson Drive, Tempe, Arizona.

1952

The death of Helen Mollette Sullivan's husband (Mrs. Robert L.) occurred in August of 1964. She resides at 8469 Fullbright Ave., Canoga Park, Calif. 91306.

1953

Rauha E. Koski (Mrs. Alex William) became director of a new nursing school at Hibbing Junior College in March 1964. She is on the Education Committee of the Mental Health Association. Her address is 2018 Seventh Avenue East, Hibbing, Minnesota 55746.

1956

Priscilla Dillingham Kissick (Mrs. William) 1342 4th Street, S.W., Washington, D.C. 20024, welcomed a baby girl to join her family of three older brothers in the late fall.

Ruby McIntosh Jefferson (Mrs. Frederick D.) now has a family of five. Norma Mitchell was born on September 3, 1964. Her new address is Box 93, Wilberforce, Ohio.
Gray Priebe Guilfoil (Mrs. Martin) had her fourth daughter in March 1963. Her present address is 5916 Mission Road, Shawnee Mission, Kansas.

Betty Putnam Huebner (Mrs. Walter) is spending this year in Europe. Mail may be sent to her in care of her husband, Max Planck Institut fur Physik and Astrophysik, Institut for Astrophysik, Much 23, Fohringer Ring 6, West Germany. A son, Richard Putnam, was born on May 17, 1964.

Ellen Seligson, 156 West 86th St., New York, N.Y. is now Psychiatric Nursing Instructor at Roosevelt Hospital.

The three boys of Helen Ewing Duschak (Mrs. Robert) 5125 South Sandusky, Tulsa, Oklahoma 74136, have a new little sister, Diane Margaret, born June 3, 1964.

Betty Ford, 230 Babcock St., Brookline, Mass., is now an instructor in public health nursing at Boston University.

A son, Michael, was born to Anne Graham Packer (Lester), 32 Charles Hill Road, Orinda, Calif. on July 24, 1964.

1956

Joan Meister, 400 Comly Ave., West Collingswood 6, New Jersey, received her Master of Public Health from the University of North Carolina in August 1964. She is now Communicable Disease Consultant for the State of New Jersey.

1957

Lois Geeslin (Mrs. Roger) after spending almost seven years at the International Christian University in Tokyo, Japan, is returning to the United States this summer. She will be at the University of Louisville where her husband will teach in the mathematics department and where she has been accepted at the medical school. They have three children aged 4, 6 and 7.

Barbara Norton Klaus' (Mrs. Robert Reuben) present address is 14 Rue Bugeaud, Casablanca, Morocco. She has her M.S. Nursing Education and is still pursuing language study in Arabic and French. Her husband is a graduate specialist in agriculture including animal husbandry.

1958

Carmella Siena was married to Mr. Francis John Lattizoni on February 20, 1965. They are living at 133 Orchard Street, New Haven, Conn. 06511.

Sally Yeomans was appointed Consultant, Mat. -C. H., State Dept. of Health, New Mexico.

1961

Mary Ann Bochnak Tarasuk's (Mrs. Paul E.) new address is Heidelberg American High School, APO 403, New York, N.Y. Mrs. Tarasuk is school nurse at Mannheim American High School where her husband is counselor.

1962

A son, John Michael, was born to Ieva Saltenis Kades (Mrs. Norman) on December 6, 1964. She lives at 2911 W. 78th Place, Inglewood, Calif. Plans to return to teaching at Univ. of Calif. at L.A. in September.

1964

Perry R. Mahaffy, Jr., and his wife had a daughter, Kimberly, born in November 1964. His present address is Health Sciences Bldg., The Circle, State Univ. of New York Nursing School, Buffalo, N.Y. 14214.

Joan Wojey was married 3/20/65.
to Mr. Henry Wagner, Address: 406 Edgewater Dr. C-2, Tonawanda, New York 14151.

1965

Patricia Davis is nurse-midwife at the Hospital Sao Paulo, Sao Paulo, Brazil. She is continuing the research work in the maternity-psychology field which she began two years ago.

FACULTY MEMBERS

Our part-time Executive Secretary and Associate Professor Emeritus, Miss Betty Tennant, was the recipient of the honorary degree of Doctor of Humanities from Wayne State University, Detroit, Michigan, on February 24, 1965. This honor related to her international work in nursing with the Rockefeller Foundation.

Miss Augusta Patton, former faculty member, died on January 16, 1965 in Fairfield, Conn. Miss Patton was formerly supervisor of medical nursing at New Haven Hospital, assistant and instructor in the Yale School of Nursing, assistant professor and supervisor of nursing service in the New Haven Dispensary and assistant director from 1924 to 1936.

FACULTY AND SCHOOL NEWS

The first Sybil Palmer Bellos lecture was given on April 8 by Miss Jean C. Quint, Research Sociologist, School of Nursing, University of California, San Francisco Medical Center. The topic of the lecture was "Awareness of Death and the Nurse's Composure".

Dean Wald, Vera Keane and Rhetaugh Dumas represented the School at the NLN convention in San Francisco, the first week in May. A dinner meeting was planned for YSN Alumnae in the area as well as those attending the convention, on Wednesday evening, May 5.

Dean Wald will be giving a paper at the Upper Midwest Hospital Conference in Minneapolis on May 14, the subject being "Emerging Nursing Practise".

YALE UNIVERSITY SCHOOL OF NURSING
ALUMNAE ASSOCIATION
310 Cedar Street, New Haven, Connecticut

Non-Profit Org.
U.S. POSTAGE PAID
NEW HAVEN, CONN.
PERMIT NO. 470