

Everyday Heroes: Nurses Working Quietly Behind the Scenes Saving Lives and Protecting Their Patients

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Abstract

Nursing is the one of the most trusted professions in the world, and for good reason. Nurses care for fellow human beings at their most vulnerable moments. It is a profession where compassion for others is foremost in the minds of most nurses. Thus nurses are willing to do what needs to be done to improve their patients' lives, even if it means going above and beyond that with which they are charged. A heroic deed may be as simple as skipping a break to hold a dying patient's hand so they are not alone in their final act of life; or it may be more global, such as pursuing social justice policy for vulnerable patients or changing care models to affect the lives of many. Nurses generally do not seek the label of heroism, but are willing to do what they think necessary to protect patients and change systems. This article begins with a discussion of heroism and its typical public perception. The notion of a quiet hero in the context of altruism is explored so as to introduce more fully the topic and provide a foundation for the exemplars of nursing heroes. Exemplars include the areas of civilian nursing, military nursing, and the

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contributions of religious throughout nursing history. It concludes with a synthesis of the article's content and a reflection on nurses as everyday heroes.

Keywords: hero, nurses, nurses and heroes, military nursing, religious and nursing

An Introductory Backdrop

There are as many public definitions and perceptions of heroes and heroism as there are perceptions about the essence of humanity. Even common dictionaries have several definitions, ranging from a fictional character who has been endowed with uncommon powers, to the main character in a literary work, or an individual who displays an extraordinary amount of courage --- such as someone who has great character and is seen as a role model (Merriam-Webster 7 July 2018, <https://www.merriam-webster.com/dictionary/hero>; Dictionary.com, 2-18 <http://www.dictionary.com/browse/hero?s=t>).

The purpose of this article is to discuss heroes and heroism as it pertains to the profession of nursing. The significance of discussing nurses as everyday heroes lies in the fact that nurses lend credence to the notion that heroes stoke one's consciousness. They create positive feelings and perhaps even healing beyond the illness being treated. Considering the terms people frequently use to describe an everyday hero (Sullivan & Venter, 2010), such as "caring", "hardworking", "intelligent", and "kind," nurses possess almost all of them and should receive recognition for the things they do. Nurses regularly deal with people and their vulnerabilities. They may be positioned to perform what others may perceive as heroic acts. For example, a particular nurse may use her own lunch money to provide taxi fare for a patient who otherwise would have to walk a long distance to get home. These small sacrifices and/or deeds, done on a daily basis, have a cumulative effect on how the profession is perceived. Yet for the most part, even nurses who have had a profound effect on the profession are relatively unknown, preferring instead to pour their energy into making a difference.

We define nurses as healthcare professionals with a nursing license, to include: Licensed Practical Nurses (LPNs), Registered Nurses (RNs) with either an associate or baccalaureate degree, Advanced Practice Nurses (APNs) with graduate education, and scholarly academic nurses. Nurses practice in all arenas of healthcare, including but not limited to: hospitals, patients' homes, skilled nursing facilities, outpatient clinics, community centers, academic healthcare centers, and within the military and veteran healthcare systems. Nurses also practice as volunteers for underserved and poor communities globally and for humanitarian missions.

This article will be delineated within the context of nurses' often unrecognized work. Keczer, File, Orosz, and Zimbaro (2016) distinguish everyday heroes from general social exemplifications of heroes. They contend that everyday heroes may a) go unnoticed by the public; b) they may or may not have challenges socially; c) their heroism may occur in everyday situations; and, d) they may or may not possess the personal characteristics associated with public heroes. Nursing is a discipline where compassion and altruism are the cornerstones of the profession. Because of their enculturation, nurses tend to put the lives and well-being of those for whom they are entrusted to care above their own needs, even sometimes at their own expense.

This does not mean that all nurses act in this manner and, in rare cases, some nurses can even be quite callous and harm their patients. A well-known example of this is Nurse Ratched

from “One Flew Over the Cuckoo’s Nest”, authored by Ken Kesey (1962). Nurse Ratched’s character created an icon of the nurse who displayed no compassion for the patients over which she had charge. It is unfortunate for the profession that a few nurses of this type exist. On the other hand, while they often gain disreputable attention, they are not the norm for the profession. Generally, nurses possess the characteristics that would define them as everyday heroes. Such characteristics include: perseverance, caring, compassion, fortitude, and the willingness to self-sacrifice to perform daily actions. As the framework for the article, we will use the definition of hero that most fits this context, namely one who possesses notable character and who acted to improve the lives of their charges.

When one thinks about a hero within the nursing context, the first person to come to mind is Florence Nightingale. Her life story of being a nurse hero, while real, may seem fictional. Her many contributions to health care and to nursing are found in textbooks, lecture halls, and classroom discussions throughout the health care world. They are so influential as they cut across all the sectors used as examples for this article. Born in England into a gentrified family over two hundred years ago, Florence Nightingale has become an international hero within nursing communities. As a young woman, she sacrificed an aristocratic and loving home lifestyle to pursue an education in nursing, which at that time was considered lowly work. Eventually she became involved in the Crimean War, a war judged by today’s standards with health conditions considered atrocious (Nightingale, 1992). Standards for cleanliness in the 19th century were poor even for hospitals (Whyte, 2010). It is important to remember that governing agencies such as the Joint Commission for monitoring quality and safety within hospitals did not exist at that time.

Nightingale was a leader for change among the military with a vision of the need to improve sanitary conditions (MacMillan, 2012). She established what might have been the first laundries in hospitals (Whyte, 2010). Proper ventilation, another major concern of hers, was addressed by establishing ventilation standards (Whyte, 2010). Nightingale often acted alone and advocated for desperately needed changes. Many times she found herself fighting the medical establishment of her day. Obstacles Nightingale faced, especially considering she was acting as a lone woman for change during a time when women did not have equal rights, were many and varied but not insurmountable in her eyes.

While Quality and Safety Education for Nurses (QSEN) would not be introduced to nursing schools until two hundred years later, quality and safety were of utmost importance to Nightingale when creating the Florence Nightingale School of Nursing at St Thomas’s Hospital in London. She espoused a thorough education for her student nurses while seeing to it that nursing would be taught as a distinct profession rather than training individuals to be physician helpers (MacMillan, 2012). Nightingale took a holistic, patient-centered approach to nursing education, an approach even in the 21st century that continues to be emphasized. Supervising, teaching, and caring for patients with compassion were not the only activities that occupied this remarkable woman’s time. An interest in mathematics and statistics eventually led her to tracking and recording health outcomes, including population mortality findings. These findings served as the necessary catalyst for instituting change to improve health conditions. Few would argue Nightingale was not deserving of the respect and recognition she received as a nurse hero. Florence Nightingale was remarkable and intelligent, but also a stubborn woman (Whyte, 2010). These characteristics enabled her to break down the many barriers posed to

nurses in her day. While working as an everyday hero, her work put her well ahead of her time. For such courage and innovation, she is widely regarded as the “mother of nursing” (Karimi & Alavi, 2015).

The Hero: Exploring Its Nature

As noted in the definition of hero above, a hero is constructed differently and according to one’s beliefs and value systems. Kinsella, Ritchie, and Igou (2015) carried out a series of studies in which lay participants defined heroism, described traits of heroes, and the impact a hero might have on persons during difficult times. In general, heroes were seen, often symbolically, as protectors and as those who upheld good morals and values. Individuals used heroes to inspire and motivate them when they perceived a psychological or physical threat. Goethals and Allison (2012) describe a hero as one who arises from a “narrative of struggle and redemption (p. 188).” In other words, a hero is one who acts to overcome considerable obstacles and challenges. A good example would be Helen Keller, who, even though blind and deaf, earned a bachelor’s degree and went further to become a noted author and lecturer. But conversely, it could also be someone who was deemed a hero at the beginning, ended up going down a wrong path, but who later found redemption and re-achieved hero status, such as Louis Zamporini, a troubled youth who rose to fame as an Olympic-level runner, and who lived through terrible horrors in World War II as a prisoner of war (POW) in a Japanese camp. Upon his release, he returned to running, but was plagued by flashbacks of the war, and began drinking heavily. As he was hitting rock bottom, he attended a Billy Graham crusade. He found escape from the demons haunting him and positively turned his life around, ultimately forgiving the very Japanese prison guards who tried to break him (Hillenbrand, 2010). He died in 2014 at the age of 97, both a war hero and an everyday hero.

Sullivan and Venter (2010) performed three studies in an effort to determine if the term “hero” could be defined by presenting participants with various characteristics and/or scenarios. They concluded that the term eludes a universal definition because it is highly contextually dependent and crosses heterogeneous populations. Eden, Oliver, Tamborini, Limperos, and Woolley (2015) further rationalize that assessments of others as good or bad examples of heroes are based on personal moral ideals. Interestingly, there are also heroes who became so by mockingly violating good societal morals time after time (Klapp, 1948). Such examples ironically would include those judged as outlaws or persons undeserving of the title, if based on defining characteristics.

Many heroes are willing to do extraordinary things, going so far as giving their own lives for the greater good. We have read many accounts of people dying to save a drowning child, or of service members putting themselves in harm’s way to save fallen comrades. Many heroes go about their lives in a quiet way, performing seemingly small deeds that ultimately have a cumulative effect on the moral fabric of society. Even children serve as examples of this kind of quiet hero, such as the small boy who chose to use his own birthday gift money to replace a stolen bicycle for a homeless stranger, or a young person inviting an autistic boy, who always ate lunch alone at school, to be his friend. Both made a significant difference in the lives of the recipients of their actions. Not all heroes are real. Some heroes in literature are mythical entities such as the Greek gods, or modern superheroes such as Superman and the Avengers. Some are animals, such as the dog Lassie or the famous racehorse Seabiscuit. Yet, we submit that most of

our heroes in life are real people who will altruistically go beyond what is expected on a daily basis, performing those small deeds that provide the potential for optimism in our lives.

Ross (2017) asserts that heroes are not born, but rather are *made* through a transformative journey. Ross (2017) spoke of an actual journey involving travel, but suggested the transformation could also include significant experiences that enable an individual to conceive of and fulfill a purpose. Allison and Goethals (2017) discussed a process by which common people can become heroes within their own world, or the world of others. They emphasize four “Heroic Arcs” that one must negotiate on the route to heroism. These include the type, depth, openness, and source of transformation. Allison and Goethals (2017) also stress the importance of a mentor figure, one who can assist with the transformative experience.

Isaacs (2016), in describing the process of heroism, stated that it requires deliberate effort to evaluate the risk and then consider how to overcome tremendous obstacles. While Franco, Blau, and Zimbardo (2011) agree that an act of heroism is a personal choice, they also believe that heroism ultimately is something externally and socially attributed to an individual by others. They further state that when an individual chooses the heroic pathway, personal gain is not expected. The science of heroism is a nascent science through which multiple definitions must be navigated and researched to arrive at those characteristics that would define one as a hero (Allison and Goethals, 2017; Efthimiou, 2017; Ross, 2017).

The Context of Altruism: Heroism in Nursing

While Franco, Blau and Zimbardo (2011) would argue that heroism is distinct from altruism, their research shows the only difference is the degree of risk a person takes in performing an extraordinary act. They concluded that oftentimes a hero is not considered as such until after events have occurred. For example, an individual who rescued someone from an approaching train is not a hero until after the event. However, since the various conceptualizations of heroism seem to be action-based and individual choices, but within a social context, one could also argue that altruism is rather a different form of heroism. It may be important to understand that altruism is the foundational base upon which heroism is built. Hence, the accumulation of small acts over time by one, or many persons, could hypothetically create more change than the rescue of a single person as in the example above.

Becker and Eagly (2004) described traditionalist gender differences in heroic actions. In some contexts, more masculine representations of heroism seem to require risk-taking, while more feminine representations involve actions evolving out of empathy for others. We realize that this distinction between the masculine and feminine images may be considered somewhat sexist. Yet moving beyond the problems of gender stereotyping, it is more the so-named feminine context of “other concern” from which heroes arise in nursing whether the nurse be a woman or man. Gray (2010) describes moral transformation as “the hypothesis that doing or merely attempting to do moral deeds imbues people with agency (p. 253).”

According to Efthimiou (2017), one area worthy of heroism research is with healthcare professionals and how they provide greater holistic care through deeper perceptions of their patients’ personal journeys. Nurses care for their fellow human beings at their most vulnerable moments. They perform heroic deeds on a daily basis. A few get noticed, but most go quietly

about their business, making a positive difference in the lives of their patients and their families. As expected, nurses are called to authenticity. As such, nurses are gifted individuals who often must guide and assist patients away from dangerous precipices. They remain present to those in pain. They promote the gift of life itself. And when a patient approaches death, nurses help one make that approach with dignity. Sometimes their giving comes at great cost. Nurses are able to cast aside many factors, even personal commitments, so as to bring healing to those under their care. And nurses do all this simply by being human themselves. Perhaps for this reason alone, nursing is one of the most trusted professions in the world.

Nurses do not seek heroism, but have surely earned this right. Goethals and Allison (2012) illustrate several traits of heroes as described by their study participants. Among these are the traits of being caring, reliable, and selfless --- all traits seen in most nurses as they go about their daily business. We will further describe nursing heroes in the following contexts within the profession: heroes seen in the religious context, those within the military, and those in the context of civilian nursing.

Heroes in Nursing

The Religious Ministry Context

There are numerous instances of the religious influence on healthcare in society. Many of them are well known examples of nuns and brothers who served selflessly, shaping the profession of nursing as we know it today. In the ancient world, virgins and widows were sometimes considered among the monastics in the early Christian church. They came together as groups and often provided altruistic charitable services, including care of the sick. Some of the early monastic societies later in history grew into some well-known religious communities such as the Sisters of the Hotel-Dieu in Paris and the Sisters of Charity (Dock, 1920). Some individuals in the religious context quietly but definitively were important in the revolutionary renewal of healthcare throughout history. Even Florence Nightingale, who is hailed as the “Mother of Nursing,” was highly influenced, not only by her own internal stance that nursing is a “calling from God,” but also by the Daughters of Charity who welcomed her in France, by the Sisters of Mercy who mentored her in Crimea, and by Mary Jones from St. John’s House in Britain (Nelson, 2001).

Part of the difficulty in examining evidence regarding the influence of the religious context in nursing history is what Nelson (2001) terms the “veil of invisibility.” Nelson found most of the public in earlier history did not have an appropriate understanding of the prominence of women in senior healthcare administration positions. Yet healthcare actually had been led and administered for centuries by religious women. This women’s role was largely unrecognized. Christian religious life emphasized community and commitment to God rather than self. The religious were called to embody the posture of a quiet, altruistic hero. One of the most recent examples of this would be Mother Teresa, herself not a nurse, but who gained renown because of the sheer scope of her impact on the lives and health of the poor in India. She gained a great deal, not by setting out to do so, but by setting aside her own needs so as to selflessly help others (Gray 2010). A recent personal conversation with a Sister of Charity emphasized this: “A hero is a person who does something; puts the good, safety, reputation, and needs of others ahead of the self.” (Sr. Rosemary Donley, PhD, APRN, FAAN, personal communication, 31 July 2018).

In a little known example, religious women figured very heavily in the development of the current atmosphere of patient care in Colorado Springs, Colorado. In 1887, four Sisters of St. Francis were called to Colorado to work in an infirmary for railroad workers. A few weeks after arriving, there was a major derailment. The most severely injured patients were taken to Colorado Springs where they received expert trauma care. Of the Sisters, it was said:

In the scant comfort provided by the small pot-bellied stove, the Sisters cared for their charges during the cold winter months....Genuine nursing care was the greatest asset the Sisters had to offer their early patients. Drugs and related equipment that are now commonplace were unknown.” (Original St. Francis Hospital founded by Midland Railway, 1966)



Original St. Francis Hospital of Colorado Springs, c.1890

These Sisters became experts in trauma care and saved many lives of miners and railroad workers. According to the Penrose-St. Francis Health Foundation (2012), one of the nuns, a teenager known as Sr. M. Silveria, became known not only for her caregiving skills, but also for her fundraising efforts to build a new hospital for the growing community. She would go into the mountains where the miners and industrial workers worked. There it was said that everyone contributed because she would not go away until they had given something. Shortly after the arrival of the Sisters of St. Francis, the Sisters of Charity also came to Colorado Springs and opened a sanatorium for patients with tuberculosis to take advantage of the fresh air and sunshine inherent to the area. The numbers of religious declined sharply in the city over the years. Yet growth continued. The two original religious orders merged their efforts later in the history of healthcare in Colorado Springs. One of the most forward thinking in this achievement was Sr. Myra James, SC, the Director of Nursing at Penrose Hospital, who saw the

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different hospitals through to unification while preserving the best parts of them and creating the still vibrant Penrose-St. Francis hospital system (Penrose-St. Francis Health Foundation, 2012). Though today there are few nuns in the system, their influence still stands strong throughout the many healthcare facilities in Colorado Springs. In this system, the nuns' values are still part of the hospitals' mission.



St. Francis Medical Center of Colorado Springs, c. 2018

A current exemplar of a quiet, everyday nursing hero is Sr. Rosemary Donley, SC, PhD, RN, FAAN. Sr. Rosemary is a nursing professor and the Jacques Laval Chair for Social Justice at Duquesne University in Pittsburgh, Pennsylvania. Duquesne was founded over 140 years ago by a community of Catholic missionary men, the Congregation of the Holy Spirit (a.k.a. the Spiritans). They founded the university as a school for immigrant children, giving them an opportunity for an education they would not otherwise have had. It has since evolved into one of the foremost universities and maintains a very strong and long tradition of social justice (Duquesne University, n.d.). Sr. Rosemary undoubtedly promotes the university's founding spirit, embodying a spirit of care and vision for healthcare and social justice. She has for nine years planned, raised funds for, and managed the yearly McGinley-Rice Symposium on Social Justice for Vulnerable Populations. Its purpose is to raise public awareness and put a face to vulnerable groups such as homeless, trafficked individuals, and other minority groups. These symposia have been a major positive force for bringing needed attention to these suffering vulnerable groups. They have made a further deep impact by bringing to awareness the social determinants of health and community.

For many years, Sr. Rosemary has worked quietly behind the scenes to make substantial policy changes in the healthcare environment. She began when selected as a Policy Fellow in 1979 for the Robert Wood Johnson Foundation. Her work for vulnerable populations continued while Dean of the School of Nursing at The Catholic University of America, where she developed programs in gerontological nursing. Now at Duquesne, Sr. Rosemary remains an

active voice for those who cannot or dare not speak for themselves. She has been very active in numerous organizations and recognized for her efforts both with and in educating students to advocate for different vulnerable populations. Her work in preparing practitioners across the globe and with the military has resulted in changes in education, research, and practice. In an early article titled “A Brave New World of Health Care” (Donley, 1986), she details the movement of healthcare to a world of commodities. She states:

Concern with quality has often been a euphemism for control, dominance, and preserving the flow of dollars into individual and corporate pockets. The Brave New World may give us the opportunity to re-define quality of care and re-examine our notions of health care (p. 52).

In examining the environment of healthcare some 30 plus years later, care is rationed, sometimes subtly, and disparity between the “haves” and “have-nots” is more obvious than ever. We have not yet succeeded in defining or providing quality care. We are only beginning to recognize how social determinants affect one’s health. One would think this would have most people throwing up their hands in defeat. However, Sr. Rosemary, the powerhouse that she is, continues to chip away at those disparities by drawing attention to vulnerable populations and acting to change policy. In 2006, she was inducted as a Living Legend of the American Academy of Nursing, an honor reserved only for those who have had particularly notable and sustained contributions to the profession of nursing and to society at large. She has been widely recognized by her work. Yet interestingly, Sr. Rosemary does not want the spotlight to be on her, but rather on those vulnerable populations who are deserving of our consideration and support.



Sr. Rosemary Donley

The Military Context

The military has many examples of nursing heroes. During the American Civil War, Clara Barton sponsored women as volunteer nurses. She was the hero who nursed the injured and developed supply systems and methods for identifying the missing and dead. She also helped train others, including men, to perform first aid and provide food and water for the wounded. She was the first president of the American Red Cross in 1880 and was credited with improving the care of the wounded while providing comfort as others transitioned to death (MacLean, 2013). As the military evolved, so did the work and skills of those nurses who served. Lavinia

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Dock (1920) stated: “It cannot be gainsaid, even by those who most abhor war, that, as far back as we can see, both the medical and nursing arts have been greatly stimulated on the technical or efficiency side, by desperate wars (p.313).” Dock likely did not realize how prophetic her words were to become in the wars and conflicts that followed.

Considering the hundreds of thousands of nurses who cared for the ill and injured during these times, countless examples exist of nurses from all parts of the military who quietly perform heroic acts on a daily basis. During World War I, nurses worked in many types of hospitals and most worked 14-18 hour shifts for weeks without a day free from duties. One hospital received more than 1,400 patients the first week it was operational. Nurses rose to support the challenge. They stabilized patients, administered whole blood and fluids, cared for those experiencing psychiatric breakdowns, and those who had suffered symptoms of differing types of attacks (U.S. Army Medical Department, Office of Medical History, 2016). But even in these conditions, they went beyond. One nurse recounted:



Nurses in the Pacific World War II

There was a dearth of Christmas decorations in France. There were no ten-cent stores and no red paper. Inventive minds were discovered in every hospital. Gauze and tin candy boxes, bits of string, tinfoil and the blue paper that had been wrapped about cotton were collected from all wards. Everyone cut the unwritten-on bits of paper from old letters to make chains. Wounded men forgot their pain as their busy fingers wrapped string with tinfoil or cut stars from cans. Overworked nurses cut out stockings and secretly sewed them. Even more cautiously they hid white sheets under the mattresses. On Christmas day every bed should be luxuriously white. A sheet was a rarity where the laundry problem made it sometimes impossible even to provide clean pajamas for the wounded men. (Jones, with Stimson, 1929. As cited in Sarnecky, 1999, p. 114)

During World War II, one of the first Navy flight nurses, Ensign Jane Kendeigh and her fellow Navy flight nurses helped with the evacuation of more than 2,000 injured service members during the Battle of Iwo Jima (Sobocinski, 2013). In the Battle of Corregidor in 1942,

77 nurses were captured. Called the Angels of Bataan, they spent 37 months in Japanese prison camps and all survived. In her study of these nurses, Norman (1999) stated:

The more I studied the women, the more I realized I was not dealing with individuals but with a collective persona. The women often answered my questions using the pronoun “we” rather than “I”. They were some of the least egocentric people I have met and as such were difficult interviews....they insisted on emphasizing their connections, their relationships with one another.... (Norman, p. xiv)

African American nurses served since the Civil War. Yet they did not receive benefits or a pension and most served as contract nurses with the American Red Cross. In 1941, after receiving pressure from civil rights groups, a small number of African American nurses were recruited. Della Raney Jackson was the first African American nurse to be commissioned in the U.S. Army. During World War II, over 600 African American nurses served in the Army Nurse Corps. They were given assignments at German prisoner of war camps and others at segregated bases, and in segregated units. Though they suffered discrimination at every turn, they quietly persisted in their desire to serve their country with distinction. They served in segregated units until 1948 when President Truman issued the order for integration (Clark, n.d.).

Military nursing heroes are found throughout the world and in every conflict. During World War II, Lieutenant Colonel Vivian Bullwinkel was one of 22 Australian nurses who survived the attack on the evacuee ship *SS Vynner Brooke* as it was leaving Singapore, which was under imminent attack. The nurses had rounded up and were caring for the other 150 or so survivors who swam to shore. Japanese soldiers found the survivors on Radji Beach on Bangka Island. The men were taken and killed while the nurses were ordered to walk into the sea. Though they all knew what was to come, none panicked as the Japanese began to fire on them. Lieutenant Colonel Bullwinkel was shot in the back. Only she and one of the men survived. After several days in the jungle, they gave themselves up to the Japanese. The man eventually died, but Lieutenant Colonel Bullwinkel nursed her own wound, keeping it hidden and further keeping quiet about what she had seen on the beach. This diminutive but larger-than-life woman was unwilling to risk the lives of other survivors picked up at sea and taken as prisoners. She cared for other prisoners, survived the war camp, and gave evidence at the Tokyo war crimes trial in 1947. Her obvious heroism came as she survived not one, but three different events. However, her true heroism was in protecting the lives of those around her through her silence during her internment, and in living with the horrors of what she had seen during the war. She died in 2000 at the age of 84 (Hughes, 2017; Australian War Memorial, n.d.).



LTC Bullwinkel

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In 2002, a Severe Acute Respiratory Syndrome (SARS) epidemic that began in China had spread to Taiwan. Because of the very rapid spread and high mortality, Taiwan's military nurses were called to care for large numbers of cases. At the beginning of the epidemic, the mode of transmission of the disease was unknown, creating panic among the Taiwanese people. The military nurses designated to care for these patients experienced stressors from many sources. They had no choice but to carry out their duties. They worked long shifts. Normal air conditioning was stopped to prevent cross-contamination of units, forcing the nurses to work in hot and humid conditions. Changing protective clothing was so time-consuming that the nurses minimized their own water intake so as to avoid having to change their clothing frequently. Family members were so afraid of contamination they shunned them and the public shunned their family members. Yet these military nurses never shirked their responsibility for the care of SARS patients for four months until Taiwan was removed from the list of epidemic regions (Chou, Ho, Wang, Kao, Yang, Fan, 2010).

Over 6,000 U.S. military nurses have deployed to support operations in the current wars in Iraq and Afghanistan. In a study by a team of military nursing researchers led by Navy Captain Patricia Kelley, it was discovered that almost all the deployed nurses had found themselves in situations where they were expected to care for local citizens, as well as enemies or prisoners of war. Despite their initial feelings of trepidation in caring for these populations, they all related that the "nurse in me came out" and it was their duty to care for all human beings who needed them. Even after being physically hit, spat upon, and yelled at, they provided the best care they could. Many knew that once their patients were stable, they would be taken to local hospitals, which was a virtual death sentence. One Navy nurse tearfully related caring for a teenage Taliban boy who had suffered leg amputations in an attack he had led. After a rough beginning, the boy began to trust this nurse. Upon releasing him to the local authorities, the nurse prepared some extra food for him in a pillowcase. Both knew he would not survive outside the military hospital walls. Upon his release, she could not believe her ears when the boy uttered "Thank you" in English as she left, reaffirming her belief that all persons deserve and appreciate humane care. In this young teenager's eyes, she was a hero, though it was never formally recognized.

Military nurses continue to provide high quality compassionate care regardless of the area of operations. Some, such as Captain Maria Ines Ortiz, volunteered to deploy to Iraq and made the final sacrifice. In a mortar attack in Baghdad in 2007, she was the first nurse killed in combat since the Vietnam War. Said of her by colleagues, "Her work wasn't finished until everyone was cared for" (Arlington National Cemetery Website, 12 July, 2017). Sometimes nurses were called upon to provide duties other than nursing, such as assisting a cultural support team. In countries such as Afghanistan where women are prohibited from interacting with men, nurses may be called on to be part of such a team. In another example of extreme selfless sacrifice, Lieutenant Jennifer Moreno was an Army nurse who was deployed with a Ranger Regiment in Kandahar. There, her unit came under ambush by the Taliban with several of the men being wounded. Realizing her nursing skills were needed, Lieutenant Moreno did not hesitate to rush toward the injured soldiers. She was killed by an improvised explosive device. Neither of these two hero nurses, Captain Ortiz and Lieutenant Moreno, flinched when called upon, and both made the ultimate sacrifice (Jennifer Moreno: 'epitome of no fuss', May 26, 2014). When duty calls, not one hesitates to step up and meet the challenge. Whether by land, air, or sea, military nurses are there like "Angels in the Midst."

On September 11, 2001 unimaginable terror changed the landscape of the United States as airplanes flew into both towers of the World Trade Center, the Pentagon, and the final plane

crashed in a field in Pennsylvania. Many heroes rose to the challenge on that day, including retired Lieutenant General Patty Horoho. General Horoho, an Army Nurse at the rank of Lieutenant Colonel at that time, was working in the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs in the Pentagon on that tragic day. When the airplane struck the Pentagon, she evacuated as they were all instructed. After letting her colleagues know she was not hurt, she went to the west side of the building near the point of impact and saw wounded and injured walking out dazed and confused. Lieutenant Colonel Horoho calmly took command of the situation, directing those who assisted with bringing the injured out of the Pentagon to a safe area where they could be assessed. Once the flow of patients was established, she went to the triage area and began assessing the severity of the injuries. Lieutenant Colonel Horoho worked in an administrative position at the time of the attack. She could have simply left the building and watched as events unfolded. However, she made a choice on that day to run back towards the point of impact, take command of the situation, and care for the injured. In December 2001, Time Life Publications honored Lieutenant General (ret) Horoho for her actions on 9/11 at the Pentagon. In 2002, she was one of 15 nurses honored by the American Red Cross and Nursing Spectrum as a “Nurse Hero.” (Condon-Rall, 2016).

Lieutenant General (ret) Horoho had a career filled with heroic opportunities. In 1994, she was the chief nurse of the emergency room at Fort Bragg when two airplanes collided mid-air trying to land at a nearby Air Force Base. At this time, 24 paratroopers were killed and about 100 others were injured. The emergency department at Fort Bragg was saturated with casualties, yet LTG (ret) Horoho controlled the chaos. She was chosen to command Walter Reed Health Care System in 2007, a few months after serious infractions and dilapidated conditions were reported. She took command with confidence, leading that facility from the worst in the Department of Defense to the best, a year later. A visionary and servant leader, Horoho went on not only to lead as the 23rd Chief of the Army Nurse Corps, but was also the first female and nurse to be nominated and confirmed by Congress to serve as the 43rd Surgeon General of the Army and Commanding General of the U.S. Army Medical Command. Lieutenant General Horoho retired from active duty on February 1, 2016. (Stassi, 2015).



LTG Patricia Horoho

The Civilian Context

Nurses in the public sector come from diverse lifestyles and specialties. Often they and their work go unrecognized. Bartol (2016) and Solheim (2018) describe nurse heroes as those who engage everyday with patients and their families to hold a hand, educate, counsel, encourage, support, or act as patient advocates. They may be seen in the Neonatal Intensive Care Unit (NICU) comforting first time parents over the loss of a newborn. Nurse heroes can be observed working in emergency rooms caring for violent individuals, drug addicts, or dealing with victims of physical abuse. Civilian nurses are challenged to put aside personal biases when caring for patients. It is what they do; it is what nurses are all expected to do. It is the reason for becoming nurses in the first place: to heal, treat, and save lives.

Not all nurse heroes in the civilian world are as well known as Florence Nightingale. One quiet individual hero who is no less deserving of acknowledgement is African American nurse leader, Mary Eliza Mahoney. Born in 1845, Mahoney was the first African American woman to complete the nurse-training program at the New England Hospital for Women and Children (NEHWC). The health care industry, led by men at the time, had just begun offering learning opportunities for women. A small woman in stature (Chayer, 1954), she stood tall as a strong advocate for African American women becoming educated nurses during the era of the Underground Railroad and women's suffrage --- a time when a woman's future was determined by her place in society.

Mahoney's parents, freed slaves, settled near the Boston area, where she was born (Chayer, 1954). Given a formal education in integrated schools from the age of ten, she had an advantage over other African American women her age (Encyclopedia of World Biography, 2011). Soon after the Civil War, while doing domestic work within the New England Hospital for Women and Children as a washer and cook, she developed an interest in nursing. Well known by the staff and encouraged by the founder of the hospital, a progressive German-born feminist physician, Mahoney applied to the hospital's nursing school (Chayer, 1954; Encyclopedia of World Biography, 2011). The majority of training occurred on the ward with 16-hour days seven days a week. After spending 16 months in this rigorous nursing program, Mahoney demonstrated her aptitude and superior ability for performing nursing skills and was one of three out of 41 students who successfully completed the program and became a nurse.

Following Mahoney's graduation in 1879, other African American women were soon admitted to the nursing program. Race and color were no longer admission issues (Chayer, 1954). Mahoney worked in nursing as a private duty nurse for 40 years starting out at \$1.50 a day and sleeping on a couch next to the patient's bedside while on duty 24 hours a day. Committed to equal rights for women, Mahoney was one of the first women in Boston to register to vote (Chayer, 1954). She passed away in 1926 and her gravesite marker reads, "The First Professional Negro Nurse in the U.S.A" (Encyclopedia of World Biography, 2011).

Nurse heroes are known to lead the way against all obstacles. The idea of Mahoney accomplishing what she did during a time of uncertainty and prejudice against African Americans is cause for reflection. Her struggles were many, including some physicians refusing to work with Black women and patients who refused care from anyone not of the same color. Mahoney, a true hero, was a pioneer who crossed numerous barriers giving African American women a chance at entering a profession dominated by another race. While Mahoney is not best known for saving



Mary Eliza Mahoney

hundreds of lives as other nurse heroes, she remains to this day a hero for what she accomplished not only for women of African American descent but for all women. Gifted in so many ways, her strength and sheer determination overcame barriers standing in the way of opportunity. Mahoney is credited with being a founding member of the National Association of Colored Graduate Nurses (NACGN), an organization created to assist black nurses nationwide to gain equal access to education and aim for improving the status of professional black nurses (Davis, 1999).

Stories of nurse heroism certainly continue in our time. Some of them have a marked sense of impact on our awareness. Such is one recent case. In July 2017, Alex Wubbels was the charge nurse in the Burn Unit at the University of Utah Hospital in Salt Lake City, Utah. Early that evening an unconscious patient was admitted who had sustained severe burns over 45 percent of his body

as the result of an auto accident when a vehicle being pursued by police struck his truck. Police officers from Salt Lake City Police Department arrived soon after the patient's admission and informed Alex Wubbels that they wished to take a blood sample from her patient (KUTV2News, 2017, Sept. 4), though he was not at fault in the accident. She refused to permit it and showed the officers the hospital policy, which required patient consent or a warrant (Inside Edition, 2017). The police officers refused to accept the validity of the hospital policy and Alex Wubbels continued to refuse to follow the police officer's order for taking a blood draw. As a result, she was roughly grabbed by the officer, handcuffed, pushed, and shoved into a police vehicle, and taken to police headquarters where she was ultimately released without charges (Olson & Brous, 2018). According to the University of Utah Hospital chief nursing officer, Wubbels acted according to hospital policy and did exactly as she should have done (UofUHealth, 2017).

Reflecting on the case of Alex Wubbels, it is important to recall that The Institute of Medicine (IOM) in 2001 called for a movement to improve the quality of patient care (Masters, 2017). Patient-centered care is one of six aims for improving the health care system within the United States. Patient-centered care has been defined as "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions" (IOM, 2001, p. 40). Since this time, nurse educators and nursing leaders promptly promoted and supported patient-centered care initiatives that establish patient dignity and trust. Additionally, early on in their educations nurses are taught to act as advocates for their patients' rights, especially in the case of the unconscious or special needs patient. Alex Wubbels' refusal to permit a non-consensual procedure, a procedure which potentially could have harmed or damaged her patient, in essence epitomized the ideal of patient-centered care as she protected her patient's rights and safety. With all this in mind, it should come as no surprise that for 16 consecutive years Gallup Poll findings show nursing to be the most honest and trustworthy profession with superior ethical standards (American Hospital Association, January 10, 2018).

Wubbels' absolute commitment to the coordination of patient care for a patient who could not speak for himself showed a strength of character to which we all we must aspire. While nurses were once expected to be subservient to authority, (Lundy & Masters, 2017) this remarkable nurse proved to be the antithesis of subservience. Acting in her role as the shift charge nurse, Wubbels demonstrated characteristics of an effective nurse leader (Melnik, Malloch & Gallagher-Ford, 2017) when communicating with the police lieutenant in a clear and respectful manner yet refusing to break down under verbal and non-verbal pressure from the local law authorities (GLOBAL News, September 4, 2017). Wubbels risked her own safety and personal well-being in advocating for her patient, an individual whom only hours before she did not know. Interestingly, earlier in her life Alex Wubbels first showed this incredible dedication when she participated in two Olympic Games and won two national championships in alpine skiing. In a tense moment, Wubbels demonstrated those characteristics associated with being a hero: dedication, and courage in service to others (UofUHealth, 2017).

Wubbels' act of advocating for her patient has had a far-reaching impact. Her purpose in releasing the video of the event was to show rural nurses in Utah that aggressive incidents by authority exist and to educate other nurses of the potential for workplace violence. In the end, Wubbels' heroic act has gained national media attention, sparked international outrage (Fine Print, 2018) and caused other institutions to evaluate more closely and rewrite existing policies and procedures (UofUHealth, 2017). Wubbels brought a lawsuit against the Police Department and University and received a settlement of \$500,000 (Inside Edition, 2017). Wubbels stated that she was honored by the impact her story made on institutional policies for nurses worldwide. Once receiving the settlement Wubbels intentions included making a financial contribution to the American Nurses' Association End Nurse Abuse Campaign designed to stop workplace violence (ANA, n.d.), and a contribution towards helping other victims in gaining access to police body camera footage for incidents involving personal abuse (Coble, 2017).

Reflecting Forward.....

The discussion of nurses as heroes finds its relevance in the very midst of human experience. In our humanity, we vacillate on a spectrum of invincibility and vulnerability, health and illness, spiritual need and spiritual fulfillment. Our humanity is the overarching umbrella under which these three conditions fall. In all realms there are those who will provide in large or small ways, some measure of hope and comfort to an individual. We chose to use nurses to illustrate their caring above and beyond as an example of how their heroism can provide hope. We may reluctantly find ourselves having to reach out when in need. During times of need, nurses assist in meeting biological, psychosocial, and spiritual needs through their compassion for other humans, no matter who they are or from where they come. This is a vital part of the human connections we crave, especially when vulnerable. Nurses should be recognized for creating this connection as well as performing their caring role in healthcare systems that so unfortunately are becoming more and more depersonalized.

At the end of the day, these nurses will never claim to be heroes. They will not think they have done anything special. They will not acknowledge that the lunch break they missed, the 16-hour shift, or the extra time they spent with an ill child's parents is anything out of the ordinary. Many do it every day. One of the authors of this article was recently on a flight to a nursing conference. She knew there were many other nurses on the flight. A passenger suddenly

began having chest pain. At the very moment it occurred, several nurses were right at her side, asking for the oxygen, medications, and yes, barking orders to the flight attendants, and making sure the patient was comfortable. Even though asked to take their seats and buckle up, they would not leave the patient's side during the diversion and bumpy landing, only taking their seats after the emergency personnel had safely taken their patient off the plane. They asked for no recognition, no thanks. That day, there were at least 10 heroes aboard that plane. Those are the everyday, quiet heroes that elevate nursing as one of the most trusted professions in the world.

Franco, Blau, and Zimbardo (2011) may argue that this is simply altruism and they have done nothing heroic because there was little, if any, risk involved. However the role of everyday heroes in today's world is to offer hope. We read of literary heroes' struggles and emergence, often achieving remarkable feats. We are inundated with movies containing super-figures. Some are agents of goodness while others may not be so moral. The news is full of sports heroes who have won games, or hit a record number of home runs or those who have gained attention in a less than honorable way, and these people are often revered. We almost never hear of people who, in smaller ways, are creating a better world through what might be seen as insignificant actions. But they are there in many walks of life. They are there in daily examples of nurses as they go about their duties, making a difference with their patients. Their stories are important to tell, if only because of the unrecognized nature of their work. It is important to recognize those at the bedside performing many caring acts, those who are scientists collecting data in an effort to determine how to make patient care better, those in academia who do more than just teach, but who try to model and impart the caring attitude to students just learning the profession.

We all hear of heroes doing extraordinary things at times during catastrophic events. We often strive to emulate them and attain some notoriety ourselves. For the most part we try to make a difference with positive goals. Anyone with altruistic intentions who acts for the good of others creates hope for humanity, even if just a little at a time. Collectively, all such givers make a difference. The collective actions of nurses' daily heroic actions have shaped healthcare as it is today. It has maintained the primordial nature of our humanness itself in a healthcare environment that is today too fraught with technology, depersonalization, and profit margins. As such, citizens have their hopes strengthened that, when needed, they can trust nurses. Additionally, it is interesting that none of those nurses cited in this article sought recognition or credit for what they have done. What they accomplished was simply for them a daily matter of course as those called to care for others.

As the field of heroism science evolves, and as it is defined, situated, and shaped, one must realize it is transdisciplinary. Nursing cannot be left behind in this, but must be at the table in this nascent field. Given the empathic nature of nursing itself, and the fact that most nurses are willing to go above and beyond in caring for their patients, it is important to discern what characteristics are associated with nursing heroism. Some of the questions that could be investigated within the nursing profession could include:

1. What personal characteristics do nurses possess that allow them to change the shape of nursing as a profession?
2. What are those characteristics that create everyday heroes?
3. How do small bedside acts affect the lives of their patients?
4. How do they shape humanity and morality?

Articles

Knowledge in these areas could better inform future nursing students, advance caring science, and provide hope for a profession that is increasingly becoming more of a business and profit model.

While some of these examples were momentous, such as Lieutenant General Horoho's actions at the Pentagon, some were small such as the World War I nurses who helped make their patients' Christmas a bit brighter. We recognize that many examples of nurses as heroes are fairly well-known and that those small everyday actions often go unrecognized. Kinsella, et al. (2015) wrote that the moral modeling function of heroes should include reminding people about the good possibilities of society; illustrating morals and values; and demonstrating how to elevate the world or human position. We suggest the examples of everyday nursing heroes should give us much to consider for all of the aspects of our lives and professions.

How are we being called, whether in major or ordinary life moments, to be heroes as well? What demands might being a hero make upon us? What are we willing to risk to provide hope and courage? And, what good might we be called to promote and sustain as we give, in our own ways, the gift of care for those in need?

This article has provided examples of both large and small acts that could help shape one's thought of a nurse as a hero. Our final question to be posed would be for you, our readers to consider how you as individuals can become an everyday hero to someone, or perhaps many people, by providing hope and committing some small act that would make the world a better place. Providing small gestures such as the examples given throughout this article is one way to provide hope in a world that may be perceived to be broken. Indeed, as the wise who advise us we need to remember ---

“In a gentle way, you can shake the world” – Mahatma Gandhi

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