Honoring Our History, Protecting Our Legacy, Building Our Future

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This year, during Nurses Week, members and friends of the New Mexico Nurses Association gathered for a simple but meaningful act of remembrance. As solar lights illuminated the gravesites of nurses who came before us, we paused to recognize a truth that is often overlooked: the history of nursing in New Mexico was built by individuals whose names, stories, and contributions deserve to be remembered.

The project began with a question that has guided much of my work in nursing history: Who were they? Before us were generations of nurses who cared for patients during epidemics, delivered babies in rural communities, worked in public health, served in schools, hospitals, and military settings, and advocated for better healthcare across our state. Many of their names are unfamiliar today, yet their influence remains woven into the profession we practice every day.

The New Mexico Nurses Association has long recognized the importance of preserving our profession's history. After all, National Nurses Day itself has roots in New Mexico. In 1982, Nurse Carol Lewis proposed the idea of a national day to recognize nurses, and with the support of NMNA and Congressman Manuel Lujan, legislation was passed that ultimately led to the establishment of National Nurses Day. That remarkable piece of nursing history belongs to New Mexico, and it reminds us that nurses here have helped shape healthcare far beyond our state borders.

This year's cemetery lighting initiative was designed to honor that legacy. The lights symbolized the compassion, dedication, and guidance nurses provide throughout their careers. Watching those lights glow at dusk was a powerful reminder that while a nurse's shift may end, their impact does not. The care they provided continues to ripple through families, communities, healthcare systems, and future generations of nurses.

What surprised me most was the response from participants. Many shared stories of nurses they had known personally. Others reflected on how little they knew about the nurses buried in their own communities. Several remarked that they had never considered visiting a nurse's gravesite before. The experience transformed a historical project into something deeply personal. It connected us not only to the past, but also to one another.

This first effort is only the beginning.

Our vision for next year is to expand the project across New Mexico. We hope to partner with local nurses, nursing students, healthcare organizations, and community members to identify nurses buried in cemeteries throughout the state. By placing lights at these gravesites during Nurses Week, we can create a statewide tribute that honors the contributions of nurses from every region of New Mexico.

In doing so, we also hope to preserve stories that might otherwise be lost. Every nurse has a story worth telling. Some served their communities for decades. Others pioneered new roles, advocated

Cheryl A. Oglesby Nov. 08, 1947 - May 2, 2020, interred at Ft. Bayard Cemetery, Ft. Bayard, New Mexico

Clara M. Sweeny, NMNA member 1923, interred at the National Cemetery in Santa Fe, New Mexico

Charles Brian Miller, interred at the South Park Cemetery in Roswell, New Mexico

for patients, taught future nurses, or cared for neighbors during times of crisis. Together, these stories form the foundation of our profession.

As we look toward the future of nursing, it is important that we remember those who built the path we now walk. Honoring our history strengthens our professional identity and reminds us that nursing has always been more than a job. It is a calling grounded in service, compassion, advocacy, and leadership.

The lights we placed this year illuminated more than gravesites. They illuminated a legacy.

As NMNA continues this work, we invite nurses throughout New Mexico to join us in helping identify nurse gravesites, preserve nursing history, and ensure that the contributions of those who came before us are never forgotten.

Together, we honor our history, protect our legacy, and build the future of nursing. ■

The Importance of Doorway Observation

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Doorway observation is an assessment method is used for watching and recording events, behaviors, and health conditions as they naturally occur, rather than asking clients to self-report (Wiseman et al., 2024). In healthcare, observation is a core data collection method because it yields the kind of detailed data that interviews or chart reviews often miss because clients don't always recall or tend to minimize their own difficulties or behavior. Because observation captures real world physical or mental behavior, the nurse can follow up with questions that may not otherwise be asked.

Examples of observational data include:

- Does the client respond when their name is called or do they need a prompt from someone sitting next to them? This could indicate a hearing loss or a cognitive issue.
- Are verbal responses accurate, indicating orientation to person, time, or place?
- Is someone accompanying the client or sitting at the bedside?
- What kind of relationship does this person appear to have with the client?
- Are the gestures comforting or controlling or indifferent?

General hygiene and client condition:

- Is the client's clothing appropriate for the weather conditions or are they bundled up, but still shivering, or sweating when it is cold outside?
- Is footwear causing walking problems, resulting in the client stumbling or shuffling?
- Are shoes cutting off circulation to the client's legs?
- Are there observable tracks, cuts, bruises, scars, or markings on the skin which may be infected or show signs of abuse?

Regarding the client's physical abilities:

- Does the client have a limp or balance problem?
- How fast can the client walk?
- Do they use a walker or cane or lean on the railing or wall?
- How fast can the client move from a sitting to a standing position without stumbling?
- Does the client walk upright or bent over?
- If in bed, does movement appear to be impaired?
- Can the client turn to make themselves more comfortable or do they struggle changing position?
- Can movements be accomplished without the client's breathing being labored?

Vision is an important assessment and key observations can be made without specialized assessment tools:

- Can the client estimate how high or low steps are or judge depth?
- Is the client bumping into things?
- Does the client use eyeglasses to read; can they recognize people or objects?

When charting, be careful to state the observation without indicating a possible cause which could reflect one's own bias or beliefs (Wiseman et al., 2024). If unsure about what you have observed, ask another clinician to observe with you until you feel comfortable that your observations are accurate and important to the client's health. This is a helpful method to use for shift change report where nurses can compare findings and catch behaviors or signs that would otherwise go unnoticed.

Assessing a client involves more than the tasks we perform, such as vital signs or checking IV sites or wound dressing drainage or asking about pain levels. It involves the unspoken, visual observations that a doorway assessment will render.

Reference

Wiseman, T., Kourrouche, S., Jones, T., Kennedy, B. & Curtis, K. (2024). The impact of the whole nursing assessment framework on hospital patients. *Journal of Advanced Nursing, 80.* Pp/ 3444-3463. https://doi.org/10.1111/jan.16025