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Matron Eli Magnussen, the State University Hospital (Rigshospitalet) 1954
( Photo: Rigshospitalet)
Between 1896 and 1966, the Colonial Nursing Association sent 8,450 nurses to the British Empire and to areas overseas with substantial British populations. The British Empire often seems an emphatically masculine space given over to men ‘dressed to kill’ - literally portrayed in hunting garb and sporting elaborate regimental regalia. But in terms of sheer numbers, nurses were amongst the most populous groups of women to venture out to the corners of the colonies and certainly their position as working women raises important and underexplored questions about their contribution to colonial rule. The qualifications demanded of nurses defined them both in contradiction to the rugged masculinity associated with men in empire and the traditional role of delicate, physical passivity associated with femininity. Yet the sheer physical demands of working in inclement climates meant that the nurse had to be physically robust and mentally resilient to thrive in the sometimes extreme conditions of the tropical colonies in particular. They needed to be triple trained in general nursing, midwifery, fever nursing and sometimes public health nursing marked nurses who went to work in the colonies as amongst the best qualified of the profession. The need to be resourceful, independent and a capacity to improvise and adapt did not always mesh well with the expectation that such nurses would yield readily to the demands of colonial life.

The findings presented here form part of a collaborative project within the Centre for Humanities and Healthcare at King’s College, London with Drs Rosemary Wall and Jessica Howell and Anna Snaith. As we shall demonstrate the heroic qualities valorised by the Association in its recruitment rhetoric sometimes clashed with the reality of colonial life in the field. We argue that the figure of the nurse, as a working woman occupied an ambiguous and ambivalent position of ‘in-betweeness’ within the colonial hierarchy but that it was this very ‘in-betweeness’ which enabled the colonial nurse to contribute to the feminisation of empire in multiple ways. Specifically, we argue that nursing contributed to the feminisation of empire; first as symbolic of the benign face of colonial rule; second as romantic figures furnishing would-be wives for colonial officials and finally as conduits into local populations by winning the confidence of women and children. We conclude that the figure of the nurse provides a unique and neglected indexical resource through which to analyse the role that gender plays in global history more generally.

Rafferty, Anne Marie. ‘Women who ‘rough it’ - Braving Disease and Death’: The Contribution of Nursing to the Feminisation of the British Empire, 1896-1948
The portrait of the “Lady with the Lamp” is one of the most effective images in the history of nursing. Yet, the most famous British reformer of nursing, Florence Nightingale, represents only one of numerous European traditions of nursing care. In many southern European countries, catholic nuns shaped this profession until well into the second half of the 20th century. In contrast, in northern and central Europe, the Protestant equivalent to the nun, the deaconess, proved to be very successful. In addition, independent nurses who did not establish a permanent bond with a sisterhood and received a salary for their work had existed in different forms in the various European countries.

This presentation is an introduction to the diversity of European nursing traditions, focusing in particular on the German speaking countries, Scandinavia, and France of the 19th and 20th centuries. While the question what constitutes a “good” nurse was answered differently all over Europe, the carers were in close contact even beyond national borders. When communities of nurses founded themselves in Germany, they drew on French orders, and the concept of the motherhouse of the deaconesses became a German “export hit” that was adopted worldwide in the 19th century.

Hence both catholic and protestant communities of nurses can be regarded as early “global players”. Their history is an example that labor migration also has a female face. Finally by leaving Europe, the nurses intensified the understanding of a common European tradition of nursing care. For that reason, a history of nursing in Europe has to be written also as a history of mutual relationship – not only within Europe but also in the discussion of nursing traditions outside of Europe.
HISTORY COUNTS: HOW NURSING HISTORY SHAPES OUR UNDERSTANDING OF HEALTH POLICY

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Nurse Historians inform and provide perspective and context to the discipline and to policy makers. This paper will provide several examples of the interplay of nursing history and health policy debates across time and place. From issues of the nursing workforce and discussions about the skill level needed to safely care for patients, to the issues of practice boundaries and registration, nursing history provides the evidence for shaping our understanding of and engagement with health policy. Nursing history provides a way to look forward, to understand the present and think about the future. It provides a critical perspective for both action and advocacy.
In 1890, a nurse writing under the pseudonym, ‘Sister Eva’ reflected on the state of the elite British nurse-probationer schemes. She observed that the care offered by some of her most highly-trained colleagues, whilst technically correct and scientifically based, appeared to be devoid of compassion. In the 1990s, a British government policy to reduce the hours of junior doctors resulted in an explosion in so-called ‘advanced’ nursing roles, which took medico-scientific knowledge and technical mastery as their central tenets. This paper takes these two focal points as the pivots around which it explores changing emphases within nursing knowledge and practice from 1840 to the present day. The emphasis is primarily on British nursing although international influences – particularly from Europe and the USA – are considered. The paper forms the starting point for a much larger exploration of those social, economic and political forces which have impacted on the practice of nursing. In particular, it considers four cultural influences which have had a profound effect on the way in which the profession has been viewed: religious self-abnegation; the idea of nursing work as female work; the association of nursing with intimate personal service; and the centrality of ‘emotional labour’. The paper argues that the embedding of the practice of nursing in such cultural influences has acted both as an ‘anchor’ and as a ‘millstone around the neck’ of the profession. It explores the shifts which have driven British nurses to view themselves at different times as self-sacrificing angels, heroines of the battlefield, bedside carers and technical experts. Ultimately, it asks why nursing – a vital element of civilized society – has undergone such dramatic oscillations in both its value-system and its knowledge-base. It argues that these shifts are a consequence of the nursing profession’s failure to assert the value of its core work in the face of society’s ambivalent attitudes towards those who care for the sick and vulnerable. The paper concludes by suggesting that a better understanding of the social and cultural driving forces and constraints influencing nursing practice might enable the profession to embrace a distinct identity.
A. 1. Concurrent Session: Deaconesses in Nursing

A. 1. CONCURRENT SESSION: DEACONESSES IN NURSING

Danish deaconesses - year unknown (The Danish Deaconess Foundation)
Aim of Study
This is a socio-historical research project that includes the investigation and analysis of the Actor-Network in which the Danish Deaconesses participated as part of Danish parish charities in the late 19th and first half of the 20th century. The objective of this study is to investigate the practice of the deaconesses and the range of conditions and possibilities under which they functioned at the nursing stations.

Rationale and significance
The Danish Deaconess Foundation was established in 1863 including a practical education of nurses. In 1879 a theoretical basis was added to the education and together with the practical training it intended to raise the quality of nursing care. So far research of the deaconesses' practice at the nursing stations in Denmark has been limited. Further knowledge will contribute to the present and future understanding of the nursing profession and the integrity of clinical practice, including the bridging and bonding between theory and practice.

Methodology
The methods of this study are based on an Actor-Network approach. The primary sources include documents from the archives of the Danish Museum of Nursing History and the Danish Deaconess Foundation. These documents include letters of correspondence as well as local newspapers, journals, and official documents from public authorities. Secondary sources include texts that document the history of deaconia in Denmark and the development of Danish nursing education in the period 1877-1967.

Findings and Conclusion
The parish charities can be viewed as a heterogeneous network gathered around following: 1) human and non-human actors, 2) varying and changing communities in practice, and 3) a common understanding of nursing stations functioning as bridging and boundary object. The growing theoretical education made the deaconesses more critical of patient care which influenced collaboration and networking. Physical, social, and psychological aspects resulted in geographical transfers of the sisters to different nursing stations, which led to dissolution of the networks. Moreover, the study shows that networking not only exists in daily nursing care, but also extends into a social and material context. Nursing practice should not only be seen as an act between nurse and patient, but rather as a whole based on the actions between all involved in the network. The religious commitment and spreading of Christianity in their activities became further challenged by the increase of theory in nursing education and by secular and financially organization and practice. This contributed to the change of network activities, which finally caused the networks fall to apart.
This paper investigates the role and significance of the deaconess movement in the international nursing community from its foundation in 1836 to the Great War. It examines the question: What role and significance did the German Deaconess Movement have in the international nursing community? How did the movement establish itself internationally?

In the Western world, the breakthrough of modern nursing was based on three nursing traditions: two religious and one secular. The religious were the Roman Catholic nursing congregations founded in France in 1633 and the Protestant Deaconess Movement founded in Germany in 1836. Florence Nightingale founded the third tradition when opening a secular School of Nursing in London in 1860. However, much of Nightingale’s inspiration came from earlier religious nursing models.

Nightingale is, in posterity, recognized as the founder of modern nursing, and her influence on the nursing profession has been investigated continuously. This stands in contrast to the religious nursing tradition, which, when it concerns the establishment of professional nursing, is considered to play a minor role. This one-sided focus on Nightingale has, in recent years, been challenged by increased research on Catholic nursing congregations. However, this has not been the case for the Deaconess Movement, which remains overlooked in nursing history.

In the paper a macro-historical approach will demonstrate the international statistics and demographics of the Lutheran Deaconess Movement from 1836 to 1914. A micro-historical approach will shed light on the establishment of the Danish Deaconess Home in Brush Colorado in the USA in 1903 and how professional nursing was argued and practiced here. The background picture is that the Danish immigrant nurse Marie Hvidbjerg (1872-1925) was appointed the first deaconess of the Danish Deaconess Home in USA. To qualify her she was sent to Denmark to be educated and consecrated a deaconess at the Danish Deaconess Foundation. The study is based on archival documents previously unknown to scholars and the method of interpretation is statistics and textual analysis including a biographical approach.

Conclusions add to our knowledge about the Deaconess Movements significance to the early professionalization of nursing globally and in individual nations. It will be demonstrated that at the turn of the 20th century, the Deaconess Movement was significantly settled in Lutheran societies in Europe while the settlements in the USA proved to be more difficult.
A 1.3. “REASONABLE SERVICE” FAR FROM HOME: THE WORK OF NORWEGIAN LUTHERAN DEACONESES IN CHICAGO’S IMMIGRANT COMMUNITY, 1891-1930

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This paper is concerned with the work of the Lutheran deaconesses who were recruited from Norway to work among the members of Chicago’s Norwegian immigrant community. The focus of the paper is the Norwegian Lutheran deaconesses’ lives, work, roles, and interactions with an urban community that included not only Norwegians, but also immigrants from disparate ethnic and religious backgrounds.

In response to an appeal for health care and social services for destitute Norwegian immigrants in Chicago, deaconesses were recruited from the motherhouse in Christiana (now Oslo) to found and staff a hospital, provide home-based nursing care, and educate American church women in the deaconess role. When they arrived, the deaconesses found the Norwegian immigrant community splintered by disputes among members of rival Lutheran synods. This community discord posed a serious threat to their mission. Further, the deaconesses were chastised by some members of their community when they attempted to care for impoverished immigrants who were not of Norwegian ancestry. However, the deaconesses endured, raising funds to open a deaconess home and hospital as well as helping to found and staff a variety of social service agencies including a day care center, an orphanage, and a retirement home.

Primary source materials for the paper included archival holdings of the Norwegian American Historical Association, Luther Seminary, and the Evangelical Lutheran Church of America. These included annual reports, memoirs, and correspondence. Other sources included: the Norwegian language newspaper, Scandinavia; the deaconess newsletter, Diakonissen, published from 1909 to 1920; and My Reasonable Service, the autobiography of Sister Ingebord Sponland, first sister Superior of the Chicago Lutheran Deaconesses.

Because the Lutheran clergy and congregations of Chicago were unfamiliar with the full extent of the role of the deaconess, misunderstanding and prejudice often resulted. With time, the institutions the deaconesses founded were placed under the direction church boards of directors, their roles were usurped by Lutheran clergy, and their work no longer held appeal for Norwegian-American women.
A 1.4. THE RELATIONSHIP BETWEEN NURSES AND PATIENTS IN THE 19TH CENTURY - AN ETHICAL HISTORICAL APPROACH

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The focus of this presentation is the relationship between nurses and patients in the 19th century, an area that has not received much attention in the history of nursing care. Employing an ethical historical perspective and drawing on German sources I will analyse and question the power structures between nurses and patients. At the same time I will also investigate what opportunities for action each group of agents had.

My main source are the letters of deaconesses from the German nursing care school in Kaiserswerth who reported regularly to the motherhouse from the places they had been sent to for work, i.e., hospitals, community and private care positions. In comparison I will analyse the letters by the self-employed nurse and famous German reformer Agnes Karll written between 1887 and 1893. During this period, Karll regularly reported to her mother, initially about her work at the hospital and later about her daily experiences as a private nurse.

The close relationship between nurses and patients had problematic dimensions. When the deaconesses used the term "difficult care", they rather pointed to their difficult relationship with the patients than to physically hard labour and the amount of responsibility. A nurse-patient relationship was always regarded as burdensome when the patients reacted against the religious teachings - the so-called care for the soul. In community care, the deaconesses did not only insist on a Christian and moral but also a healthy and hygienic life-style that corresponded to bourgeois notions of cleanliness. While patients often tried to escape this kind of social disciplining, terminally ill patients were particularly dependent because they did not receive the urgently needed physical care without attempts to being converted. The Christian interpretation of severe diseases and pain as touchstones or punishments from God could impair the patient-nurse relationship when patients were not devout.

In contrast, I will address the question of how the relationship between nurses and patients developed when the nurses were self-employed and not influenced by the protestant notions of nursing care. When answering this question, I will draw on Agnes Karll’s letters to her mother. Karll received her practical training at university hospitals. There, nurses served as mediators between doctors and patients and their care followed scientific-medical principles. Through the letters I will show what Karll regarded as key factors for a good relationship to the patients. Furthermore, I will analyse how Karll dealt with the physical closeness to the patients while treating them in their own homes and the conflicts she described. Moreover I will address the question what ethical principles the “free” nurse drew on when she cared for terminally ill patients and how she responded to patients suffering from severe pain. Finally, in the case of the private nurse it is fascinating to pursue what effect her economic dependency from the paying patients had on the relationship between them.
A. 2. CONCURRENT SESSION: NURSES IN WORLD WAR II

Nurses of a field hospital who arrived in France via England and Egypt after three years service
(U.S. National Archives and Records Administration - Wikimedia)
With the outbreak of WWII, the FAU was re-activated to provide conscientious objectors with an alternative to military service. Membership was open to anyone who adhered to the Quaker peace testimony - the beliefs that pacifism should demonstrate its ability to alleviate the devastating effects of war and that there was another alternative to conflict. Women, nevertheless, had to battle for inclusion as FAU soldiers of peace. Between 1940-1950, FAU teams, working bravely and creatively in varied sites of encounter, forged new frontiers of humanitarian aid in war torn China, both geographically and intellectually. FAU teams engaged in medical transport, hospital, rural rehabilitation, and public health work and manned mobile surgical units on the front lines. The FAU was the only international agency to negotiate the delivery of medical supplies and personnel to the communist held territories. In so doing, the China Convoy sought to distance itself from the “old fashioned” religious zeal of pre-war missionary societies, and the politically encumbered post-war international agencies, such as the United Nations Relief Administration and its Chinese counterparts, CNRRA and CLARA. Although FAU members purported to be governed by the peace testimony, in practice, there was considerable debate about the active stance adopted during the war and the nature of its future contact with the Chinese community. This paper focuses on the nurses in Team 19, operating deep behind Communist lines in Yennan, to analyze the fluid power relations, praxis of faith, racial and gendered constructions that shaped the delivery of medical relief within this contact zone. It epitomized the FAU's challenges and contribution throughout its work in China.

The paper, a prelude to a comprehensive study with Dr. Sonya Grypma and Dr. Robynne Healey of the FAU’s cross-cultural brokerage role in wartime China, offers the opportunity to push the boundaries of scholarly research on international nursing. Deepening our understanding of the contested dynamic frontiers of the Convoy’s diverse contact zones within wartime China necessitates employing a wide range of methods informed by recent trends in nursing history and international relations theory to make sense of materials, which range from official records to personal testimonies, diaries, letter, photographs and films.
World War II was a truly global war; its theatres crossed Europe, Africa, the Middle and Far East. Many of the British nurses who went overseas on active service had barely left the county of their birth before they enlisted. They now travelled to war zones all over the world to care for the troops. The purpose of this article is to explore the impact that the desert had on nursing work for the British nurses in the North African and Middle Eastern theatres of war. The material used will be a combination of archival unpublished data, most especially letters sent to their families, friends and colleagues, published diaries, memoirs and oral histories. One of the most revealing archives has been the letters from the nursing sisters on active service overseas to the Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service (QAs).

The nurses in the African and Middle Eastern theatres of war describe the perpetual sand, sun and a War that was never far away. The sand seems to have found its way into every space possible, including the operating theatres during surgery. The sun was hotter than they had ever imagined and at least one tented hospital was built in the desert in an area of no shade. Moreover the insects plagued them day and night, finding themselves in the soldiers' wounds and everybody's food. Nevertheless, their memoirs rarely appear complaining. The nurses' descriptions are also replete with parties and dances and plenty of young men to escort them wherever they should choose. They talk of falling in love and marriage which too often ended in separation and sometimes death. It is clear from their memoirs, diaries and autobiographies that this was an exhilarating time, when many of the disciplining forces of home were abandoned for freedoms hitherto unknown. However, they also describe their dedication to the men under their care; whatever the conditions; their 'being a nurse' and the work of nursing was the imperative. The nursing sisters moved from surgical to medical wards, between day and night duty, they were even transported into the desert to care for dangerously ill patients who could not be moved. I would that the nurses were vital for the war effort, their place in the desert of great value to the troops.
During Christmas 1944 ten planes departed from Sweden and landed in Kirkenes, a severely bombed town in the eastern part of Finnmark, where German soldiers had outnumbered the civilians 10:1 during the occupation. On board the planes, which arrived during the long polar night, was an equipped Red Cross hospital, as well as staff to operate desperately needed health services. Finnmark was in a very bad shape. The eastern part of the county was demolished by bombs in the air war between the allies and the Nazis. The western part of Finnmark was burned and blasted to ashes, including homes, public buildings, bridges and the infrastructure, all in the name of the scorched earth tactics. The population was forced to evacuate or flee to live in caves and huts during the winter of 1944 -1945.

Amongst the staff of the field hospital were two newly educated Red Cross nurses, Gerd and Unni. They were set to work in hospital in Trondheim, which were requisitions by the Germans. During their days off, they escaped to Sweden where they signed up as Red Cross nurses. They did not know their destination, or what to prepare for or expect.

When they arrived in Kirkenes the town was a severely damaged, but it was liberated from the Germans. As bad as the conditions were in Kirkenes, the provisional hospital was in a bombed school, the field hospital was moved to Porsanger in the western part of Finnmark in February 1945. Porsanger was at this time still in war, and the nurses were faced with challenges it was impossible to be trained for in advance. They had to learn to drive on demolished roads, handle motorbikes, assist dentists as well as perform as midwives in a land of ashes.

The courage, determination, ingenuity, humanity and skills of nurses who serve in times of disasters stand out. I intend to highlight the inventiveness to solve practical problems, as well as search for the personal and professional motivation of nurses who witnessed the biggest tragedy in the history of Norway in 1944 - 1945. They nursed soldiers on sides, Russian prisoners of war and civilians of Sami, Kvensk and Norwegian ethnicity with equal care. How did they cope as nurses? How did they experience being young women in a male dominated environment? How did they manage to maintain a everyday life under the extreme circumstances?
A 2.4. SAVING LIVES BY USING ALBUMIN AND GAMMAGLOBULIN - THE ROLE OF NURSES IN CARING FOR SOLDIERS DURING 2ND WORLD WAR AND LATER FOR INDIVIDUALS WITH IMMUNODEFICIENCIES

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This presentation focuses on the history of the development of the life-saving albumin and gammaglobulin solutions and the role of nurses in dissemination and establishment of the therapies. It also looks ahead at a new nursing speciality, Immunodeficiency Nurses, and the founding of an international immunodeficiency-nursing organisation.

The nurses' role in the use of albumin during World War II
The need for blood-infusions at the battlefields was enormous to save wounded soldiers. However, fresh blood sent to the various frontiers often became unusable due to difficulties in transporting and storing the blood at field. Therefore, the Pentagon in the US gave financial support to the researcher Dr Cohn for developing a blood replacement-product that would be stable enough to be transported, stored and used during the extreme situation of war. Dr Cohn developed a fractionating method of the proteins in plasma resulting in albumin and gammaglobulin solutions. The albumin could be freeze-dried and now easily transported to the needing soldiers. A massive campaign started to recruit blood donors and the American Red Cross set up blood donation centres ran by Red Cross nurses. Nurses were also the ones to collect the albumin, to transport it to the battlefields and to give the infusions at the field hospitals.

The use of gammaglobulin from 1950’s and onwards to individuals suffering from primary immunodeficiencies (PID)
The most common type of PID is a reduced production of antibodies leading to recurrent, frequent and long-lasting bacterial infections mainly in the respiratory tract with a significantly reduced quality of life. However, once diagnosed these individuals are given replacement therapy with gammaglobulin to prevent infections. Gammaglobulin is a concentrate of antibodies derived from plasma from blood donors using the Cohn's fractionating method and given as subcutaneous or intravenous infusions weekly to every 4th week. The therapy aims at replacing the missing antibodies and do not constitute a cure - instead this is a chronic disease and a life-long therapy. The first publication on PID and replacement therapy with gammaglobulin was published in 1952 and since then the therapy is an established treatment. Many ten-thousands of patients are today on replacement gammaglobulin therapy world wide. Nurses are the ones to give the gammaglobulin infusions and interact closely with the patients and families. The last 30 years have seen the development of the Immunodeficiency Nurse Specialist and in 1994 the International Nursing Group for Immunodeficiencies (INGID) was founded.
A.3. Concurrent Session: Civil War

A.3. CONCURRENT SESSION: CIVIL WAR

Miss Minnie Affleck, Nursing Sister, 1st Canadian Contingent, South Africa
(Library and Archives Canada . Wikimedia)
This paper analyzes the work of the Medical Missionaries of Mary from Drogheda, Ireland, as sister nurses, midwives, and physicians in Nigeria during the Nigerian Civil War in the late 1960s. The war resulted when Nigerians in the southeastern provinces, where the sisters worked, proclaimed themselves the Republic of Biafra. The war was the culmination of political and ethnic alliances that had plagued the country since independence in 1960.

Nigeria was the “showcase” of the Irish religious domain in Africa. The Medical Missionaries of Mary had been working there since 1937. The paper relies on their missionary documents, which remain some of the most valuable sources to determine not only the missionary experience but also the reconstruction of African history. It uses letters to religious superiors, newsletters, diaries, scrapbooks, maps, and newspaper accounts. The paper brings together an understanding of the social context of mission medicine and nursing in Nigeria with the lived reality of missionary work on the ground where health care actually took place.

It was primarily Catholic missionary sisters who either established Catholic hospitals and clinics in Africa or administered them for the local diocese. Sisters also were the ones who opened and taught in schools of nursing and midwifery. While the idea of “religion” was central to sisters’ work, mission activities also were shaped by political and social events and actors on the ground. By focusing on sisters’ intentions with the realities of their practice, the paper will disentangle, although not disconnect, modern missionary work with colonialism.

The Nigerian Civil War resulted in Catholic missionaries from various religious orders being on different sides of the conflict. Through their texts, we learn how sisters saw themselves as helping the “starving Biafrans,” which was a thorn in the side of the Irish government trying to remain neutral. Complex relationships developed among Irish sisters, priests, Nigerian leaders, international peacekeeping groups, and the Irish government. The paper ends with an analysis of the consequences suffered by the Medical Missionaries of Mary as a result of being on the “losing” side.

The paper’s examination of process by which ethnicity, gender, and religion shaped nursing and medicine in Nigeria during this time of transition will be of particular interest to historians of nursing, medicine, religion, and gender.
Typhoid fever posed a threat to the success of the British army during the Anglo-Boer War of 1899 to 1902, causing the deaths of more soldiers than combat wounds or injury. With no definitive treatment regime for typhoid, effective nursing care was routinely prescribed; this included the reduction of fever, providing nourishment and the administration of stimulants. However, as will be explored in this paper, the itinerant nature of nursing provision across the wide open spaces of the South African veldt meant that effective care was regularly compromised. Nurses were frequently faced with the challenges of caring for patients with a dearth of equipment and minimal support, witnesses to the disorganised army medical system. These clinical challenges resulted in the efficacious treatment of soldier’s being dependent upon where on the veldt nurses were working, who they were working for and the equipment and supplies available to them. Despite the growing presence of army nurses in South Africa, civilian nurses were still employed within the military hospitals, some in supervisory positions. Emily Peter and Eleanor Constance Laurence were two such nurses who traversed the veldt caring for the soldiers of the British army and their experiences will be considered in this paper. Their firsthand accounts and testimonies are all the more significant as they were in the army but not of the army thus their views were not constrained by loyalty. They meticulously recorded their experiences of nursing the numerous cases of typhoid fever during the epidemic and the blatant inadequacies of the army medical system. By the close of the Anglo-Boer War there was public recognition regarding the deficiencies of the army medical system as witnessed by Peter and Laurence in their accounts, which resulted in widespread reform to the medical and nursing care provision. This paper explores how the inefficiency of medical care provision led to the establishment of the Queen Alexandra’s Imperial Military Nursing Service in 1902.
A 3.3. 75 YEARS LATER. INTERNATIONAL SOLIDARITY: NURSES OF THE INTERNATIONAL BRIGADES IN THE SPANISH CIVIL WAR (1936-1939)

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The intervention of foreigners in the Brigadas Internacionales in the Spanish Civil War (SCW, 1936-1939) has attracted considerable historiographical debate. Although there is disagreement as to the origins, motivations and the significance of foreigners joining the anti-fascist forces during the war, there is consensus among scholars that “outside intervention in the form of deliveries of weapons and combatants or financial support or by diplomacy, was an important factor in the Spanish civil conflict in their development both cash and in its final denouement”. Between 30,000 and 70,000 people travelled to Spain to defend the Second Republic. They came from 70 countries. 17% died and only 7% avoided being injured or taken prisoner.

During the middle of 1937, about 1400 health personnel were enrolled in the IIBB (International Brigades). Approximately 600 were orderlies, 580 were nurses and 220 were doctors. These health workers were distributed across 23 hospitals with 5000 beds (in total) in 13 well-equipped surgical teams, 130 ambulances, 7 railcars and in 3 groups of surgical evacuation of the wounded, and several convalescent hospitals. The departure from Spain of the health teams, along with the rest of interbrigadistas occurred before the end of the war, following the Second Spanish Republic’s proclamation in Geneva to the League of Nations troops on September 21st 1938, its decision to withdraw all foreign.

This paper offers a synthesis of the available literature on individual nurse volunteers and argues the case for a more extensive examination of the origins, motives and experiences of the nurse brigadistas. The paper presents original documents and photographs of international nurses obtained from Spanish archives.
A 3.4. NURSING IN THE BOER WAR

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**Aim**
At the start of the Boer War the Army Nursing Service had less than 100 trained nurses. By the end of the Boer War over 1,400 trained nurses had deployed to South Africa. What is now evident that the numbers of nurses involved in the Boer War has been largely under-calculated. It is also clear that this body of nurses contains not just military nurses, but those already working in South Africa plus a large number who travelled to South Africa and worked in Military Hospitals. Who were the nurses that cared for sick and wounded servicemen in South Africa?

**Rational and Significance**
Although much is written about army nursing in the Crimea, and again in the Great War of 1914-1919, little has been published about the Boer War. This campaign was the first time that nurses had been deployed in support of the Army in any significant numbers, and was also the testing ground for the policies and procedures adopted by army nurses. At the end of the Boer War the Queen Alexandra’s Imperial Military Nursing Service was formed based on the lessons learned.

**Methodology**
This study has become a prosopography (which can be seen at [www.boerwarnurses.com](http://www.boerwarnurses.com)). The prosopographical database collates data from medal rolls, shipping lists, census, contemporary journals and newspapers as well as ephemera from the nurses themselves. There are interesting issues about creating a prosopography in public.

**Findings**
There is a clear picture emerging about the background of these nurses in terms of age, social class, previous nursing experience and their Boer War experiences. There are very few prosopographical accounts of nurses and much of what is being discovered in this study, also illuminates nursing generally at this time. The database shows the general mobility of nurses and highlights the confusion in the records between locally employed, civilian and military nurses. It is also clear that there were women involved in nursing, who were not necessarily trained as nurses.

**Conclusions**
Many of these nurses went on to become important figures in both civilian and army nursing and took with them their experiences from the Boer War.
A.4. CONCURRENT SESSION: PROFESSIONALIZATION AND EDUCATION

Danish student nurses around 1960
(The Danish Museum of Nursing History)
A 4.1. TEACHERS’ EDUCATION IN NURSING IN THE GERMAN DEMOCRATIC REPUBLIC (GDR) 1949-1990

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Aim of the study
This paper will show the development of teachers education in nursing during the GDR from 1949 until 1990 before the re-unification with (West) Germany happened. It's based on the results of my research analyzing documents and using interviews with former teachers in nursing education during this period.

Significance
In relation to professionalization and education in the history of nursing, academic education became (and still is) an important role. So this happened in the GDR already during the 1960ties, much earlier compared to the first academic study programs for nurses’ teachers in (West) Germany in the late 1980ties.

The first study program for nurses teachers in the GDR was called Medical Pedagogy - but what was behind this study program?

Methodology
All collected historical data like laws etc. plus 14 interviews with teachers in nursing education who worked in the former GDR have been analyzed content related.

The main questions are: Which development lines can be carried out about teacher’s education of nursing? Which educational structure within the educational system in the GDR did exist? Which contents of these programs regarding to nursing education can be identified? Are thereof some coherences to some aspects of professionalization in nursing? And, at last, what’s behind medical pedagogy understood as a discipline of nursing?

Findings
Based on the different academic educational opportunities for nurse’s teachers, its scientific basis “medical pedagogy” did appear with it. It also pushed forward thereof research in the field of nursing like e.g. history, knowledge and competencies of nurses – as it has been observed in the topics of the diploma thesis. Even if the scientific subject medical pedagogy can be understood as medical-oriented nursing, it contributed forward the development of modernization in nursing in the GDR.

Conclusions
The academic programs for nurses’ teachers and the implementation of medical pedagogy as its scientific basis can both be evaluated critically as a scientific basis for nursing and its targets. It could be interpreted as a contribution towards professionalization respective modernization of nursing in the GDR. All research fields and topics of the diploma thesis resulting through the academic educational program did correspond always to the socialistic ideology of the social system in the GDR. The results of the study contribute to a critical understanding of nursing (education) for teachers within the political context of the GDR.
A 4.2. NURSING PROFESSIONALIZATION AND EDUCATION IN THE SOVIE UNION, 1920s-1930s

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This paper examines the development of nursing in the early years of the Soviet Union. After the First World War and Revolution, nursing in Russia assumed a different direction to that taken in the West. Communist nurses would be educated in a different way that would reflect the ideals and practices of the new socialist society being built. The Tsarist Sisters of Mercy were soon replaced by ‘red’ sisters and the system of nursing care was repeatedly modified over the course of the 1920s and into the 1930s. This system placed nurses in a mid-level stratum of medical personnel that included midwives and feldshers (most commonly translated as physician’s assistants), but their education and professional status remained obscure and undervalued throughout the Soviet period.

By using a wide range of archival material - Russian, British and North American - this paper aims to shed light on nursing education in the Soviet Union as well as explore attitudes to nurses and the nursing profession. It situates nurses within a broader social, cultural and political framework, addressing issues such as gender, education, and healthcare. Russian scholars have recently questioned the level of care and compassion in relation to Soviet nursing and so this paper analyses the different relationships at play within the medical hierarchy in order to establish just how nurses interacted with patients, doctors, and feldshers and the extent of compassionate nursing care in the scientifically oriented Soviet healthcare system.
A 4.3. DIFFERENCES IN CONTEXTUAL, VOCATIONAL AND LINGUISTIC FORMS OF HEALTH EDUCATION IN SLOVENIA BETWEEN RELIGIOUS AND SECULAR NURSING DURING THE PERIOD 1753-1960

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The article presents the contextual, vocational and linguistic differences in education aimed at health workers in present day Slovenia from the period of the Habsburg monarchy and the time between the two world wars (1918-1941), when four different states dictated education in Slovenia (Yugoslavia, Italy, Austria, Hungary), to developments after World War Two. On the basis of the archives and printed material (and the results of cultural-historical exhibition School of Nursing: Health Service Education in Slovenia) the paper shows the differences between religious and secular nursing (i.e. between the vocational education of nuns and civilian nurses). The beginnings of health education in Slovenia are linked to the education of midwives (midwifery schools) and the spread of health awareness to rural areas. Midwifery schools, which appeared from the late 18th century onwards in provincial capitals (Ljubljana, Klagenfurt, Graz, Trieste), also represented the beginnings of vocational education for women in the Slovenian language, while Slovenian textbooks were an important linguistic and cultural milestone. Even prior to World War One, health education also took place in the form of courses for students at teachers' colleges and courses organised by the Red Cross. Education for hospital work was mainly aimed at nuns and only after World War One did secular education of civilian nurses for hygiene, home care and hospital care begin to develop. In 1924 the Health Institution in Ljubljana opened a School of Children's Nursing (from 1931 as a School of Preventive Nursing). The aim of the School of Nursing (from 1928-1931; reopened in 1939 in Ljubljana and Maribor) was the education of nurses in hospitals; its members were mainly Sisters of Mercy. Following the education reform in 1960, schools of nursing transformed into four-year secondary training schools. Higher education of nursing in Ljubljana began in 1951, from the end of 20th century on university level.

Bibliography
A 4.4. MOVEMENT OF NURSES FOR TRAINING: A MODERN PHENOMENON?

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Registers of trainee nurses have been used for some time to determine various social attributes, e.g. age, length of training, and where trainees have come from and go to. This movement of nurses is illustrative of the concept of migration.

Using documentary analysis based upon Ravenstein’s Laws of Migration as a framework, the discussion will be illustrated by comparing and contrasting a register from the period 1923-29 and containing 192 entries, with a second register covering 1948-57, with 152 entries. Each register pertains to Poor Law hospitals, with one being a ‘major’ hospital and the other a ‘minor’ hospital. During each period, the major hospital became a training hospital for trainees wishing to become State Registered Nurses, whilst the minor hospital became a training hospital for pupil nurses, who would be entered onto the Roll of the General Nursing Council.

There is clear evidence of local recruitment to both hospitals, which is in keeping with Ravenstein’s assertion that the majority of migrants only travel short distances, but there is also evidence of long distance migration. Social factors e.g. unemployment and poverty would be ‘push’ factors, as seen by the number of trainees from Wales and Ireland. With the major hospital there is evidence of a probationary period, but not so with the minor hospital. The later period of the minor hospital demonstrates the introduction of the cadet nurse scheme. This experience appears to have been counted towards their overall training period and trainees were entered for the examination earlier than those with no previous experience. This may have provided a ‘pull’ factor. However the experience of onward migration is different. At the major hospital, it is clearly stated why trainees left and it can be seen that 93 out of 192 left before completion of training; either because of unsuitability, ill health or marriage. At the minor hospital, this aspect is more difficult to determine as frequently it states ‘left’ after the enrolment date. On occasion it states reasons such as marriage, or further training, but deeper research, possibly through oral history, may provide a greater understanding for why nurses at the minor hospital left. Using Ravenstein’s Laws of Migration has provided a useful tool to attempt to address some of these issues around the movement of nurses.
A.5. CONCURRENT SESSION: PSYCHIATRIC NURSING

Frederiks Hospital, Copenhagen, Denmark around 1900
(The Danish Museum of Nursing History)
**A 5.1. THE PROFESSIONAL IDENTITY OF LUNATIC ASYLUM ATTENDANTS IN THE UK 1850 - 1914: THEIR INFLUENCE ON THE CULTURAL DIMENSION OF THE INSTITUTION**

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Within the history of British psychiatry, the evolution of mental nursing is an under-researched subject. Contemporaneous depictions of nineteenth-century asylum attendants were often negative, with the allegedly dissolute nature of their character and conduct often brought in to question. A number of historians have asserted that attendants were recruited from the lowest social groups, and that asylum work was seen as a temporary or ‘last resort’ occupation. However, despite attendants being of considerable interest for reasons of abuse or cruelty, the more nuanced aspects of their work, roles, and sense of professional identity remain a relatively hidden dimension.

Some historians have questioned earlier assumptions, suggesting that the calibre of attendant staff was related to local economic conditions and individual institutional particularities. It would appear that the men and women who sought work in the asylums did so for a number of reasons. Despite its drawbacks, asylum work was steady, year-round employment that rewarded constant service, as well as providing benefits such as board and lodging, and some protection against age and incapacity. These were significant advantages for many nineteenth-century workers. For some individuals, attending became their life's work. Collectively, they could be construed as ‘crafting’ an occupational identity.

This paper will introduce my current research on whether a ‘cultural agency’ existed among attendants. Focussing initially on Horton Road Asylum in Gloucester, I aim to explore the extent to which asylum workers participated in creating their own imaginative, influential and material worlds within the shared experience of the workplace. I intend to re-examine the previous histories of asylum work, by exploring the possibility that attendants possessed a discernible moral and compassionate dimension to their role, constituting a key aspect in humane patient care and recovery.
This paper analyzes the history of Electroconvulsive Therapy (ECT) from the point of view of nurses in the particular context of Dutch psychiatry. After a period of dwindling use and much controversy over ECT in the late 1970s and 1980s, its application increased again over the last 25 years. In the latest, 2010 Dutch ECT guideline the role of nurses was explicitly included. The guideline listed 36 ECT Centres, the majority of which are located in psychiatric departments of general and university hospitals. Little is known, however, about the history of nurses' work in these clinical environments, nor about general hospital psychiatry as a context suitable to the application of ECT.

As of 1940, ECT has been applied in both mental hospitals and psychiatric departments in general and university hospitals in the Netherlands. I examine the developments in one general hospital as a case study, the university hospital in the city of Groningen, where ECT was first performed in 1941 and continued to be applied in the psychiatric clinic to the present day. Based on an analysis of archival documents and interviews with nurses and psychiatrists, using technology, place, and identity as key analytic concepts, I argue how competent nursing has always been a key component in ECT treatment. I examine how nurses took up this work and how their professional identity was depicted and changed, especially as public debate over ECT arose in 1970s, fuelled by a rising anti-psychiatric movement. The growth of mental health as an interdisciplinary field, I argue, particularly as of the late 1970s, pressured nurses to articulate their (psychiatric) nursing expertise. Once public controversy faded, and ECT was applied more widely again, reflecting the scientific and cultural acceptance of biological psychiatry in the 1990s, nurses' role in ECT gradually developed into a specialized one.

The paper concludes that while nursing's traditional close ties to medicine and medical knowledge and therapies has been a source of ambivalence and professional tension, the connection also gave nurses new opportunities to renegotiate their expertise in the domain of biological psychiatry. As ECT became more accepted during the 1990s nursing's grounding in the medical domain realigned them with medicine in new ways, opening new professional avenues in nursing expertise and advanced practice.
A.5.3. “THERE WAS ALWAYS A LOT OF WORK TO DO” - THE IMPACT OF DAILY LIFE IN MENTAL HEALTH NURSING

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This paper presents an ongoing study about mental health care in the two northernmost counties of Norway in the twentieth century. Though legislation on psychiatric care was enacted in 1848, there were no institutions for mental illness in these parts. The majority of persons registered as mentally ill were taken care of in private family care in local communities. Those who according to the medical officers would improve from professional treatment were transferred to psychiatric hospitals further south. Private family care, however, as a small-scale decentralized care system, depended on institutions in the vicinity that could be called upon when a crisis occurred. A nursing home in Hammerfest, in the county of Finnmark was opened in 1930. When it closed down in 1942, more than 100 patients were staying there. The first psychiatric hospital for the two counties, Åsgård hospital in Tromsø, opened in 1961. Mentally ill persons living in private family care and in nursing homes, moved into the new institution.

**Aim of study**
The study aims to describe and analyse daily life and interaction between patients and staff within three different levels of clinical practice in the mental health care system in the North of Norway: in private family care in a local community in the 1930’s, in a nursing home for mentally ill in the 1940’s, and in a psychiatric hospital in the 1960’s.

**Methodology**
Letters written by the mentally ill, telling about their lives both in the family care, in the nursing home and in the psychiatric hospital, will be analysed, together with several archive sources and interview material.

**Findings and discussions**
At first sight, daily life activities, interaction and treatment seem to differ greatly between private family care, the nursing home and the psychiatric hospital. By describing aspects of daily life and interaction as seen by the patients, and changes in clinical practice, the importance of daily life in mental health nursing is made explicit. The clinical practice of mental health nursing is not only founded upon psychiatric knowledge, but has roots outside the walls of psychiatric institutions. One aim of the study is to explore these roots.
Psychiatry is based on the double function of care of the patients and maintenance of the social order. Accordingly, psychiatric nurses were responsible for the well-being of the patients on the one hand and the discipline and order in the ward on the other. Coping with the tasks and duties in a psychiatric hospital meant a tightrope walk for the nurses as it often involved contradictory expectations. The balance act of managing the daily challenges demanded steady nerves and a good portion of equability. Not all nurses were able to cope with it over the long run. Based on a case study from the psychiatric hospital of Basel in Switzerland, my presentation aims at analyzing how psychiatric nurses dealt with their own health condition. Personnel records are an excellent source to explore how nurses were confronted with personal working crises, what symptoms became manifest in everyday nursing, and how they dealt with it. Some nurses started to react in a sadistic way towards patients, some fell ill with depression. Others got physically ill and needed long weeks to recover. The following questions are of particular relevance in understanding the daily routine on a ward in those times: How did they cope with the difficulty of not sufficing anymore? How did they try to improve their health condition? Did female and male nurses act and react differently? And how did the psychiatric hospital support the nursing staff?

At a more general level I analyze whether psychiatric experts did deal with physical and mental health problems of the nurses based on the dilemma between care and discipline of psychiatry. And similarly, did the professional associations of nurses consider it? In fact, psychiatrists were aware of the possible exhaustion of longtime staff and were discussing different solutions to this problem.

To date, historical research has largely ignored questions around work-related diseases of psychiatric nurses in the first half of the 20th century. The present paper is an attempt to shed some light on these issues and thereby contributing to an enhanced understanding of nursing in those days.
After the christianization of the Scandinavian countries, convents and monasteries served as clinics and hospitals in providing health services to their own residents, neighboring villagers and travelers, as they did on the Continent. However, the area was often sparsely populated and the religious institutions relatively few.

Did conventual nursing in Scandinavia differ from nursing in countries like France and Germany? Was there a difference between nursing in urban and rural areas? Our sources are too limited to allow very detailed answers, but exploring three examples respectively from Denmark, Sweden and Norway will demonstrate significant aspects of conventual nursing in the northern part of Europe.

Our sampling, involving three religious families – Cistercians, the Order of the Holy Savior ("Brigittines") and the Order of Saint John of Jerusalem - will also illustrate the variety evidenced by conventual nursing. What happened to conventual nursing when the reformation came to Scandinavia in the 1530s? Some of the important consequences of this religious shift in healthcare in the region will also be considered. Was this novelty a loss or a gain for people in need of treatment, care and attention?
B 1.2. FROM MEDIEVAL TO MODERN NURSING IN SPAIN IN THE 16TH CENTURY: NEW TECHNIQUES, NEW PLACES, NEW IDEAS AND NEW NURSES

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Abstract
The numerous historical research carried out in Spain in the last 20 years are enabling a much more comprehensive and accurate nursing developments in Spain and its expansion into the rest of the world since the sixteenth century, especially in the Latin American area, and finding ways completely unknown until recently.

Objectives
With this study we wish to show the important changes experienced by nursing practiced in sixteenth century Spain, with the foundation of new orders and congregations of nurses, some of them devoted exclusively to the training of highly qualified personnel in nursing and nurses modeling, representing a radical change with respect to the understanding of nursing in medieval times; reforming health care institutions and creating a complex network of health centers who know a substantial improvement in the delivery of care. In this context, were founded the Order of Saint John of God and the Congregation of Obregones Nurses, among others shortly after, being this one, especially, who have received the attention of our research.

Historical sources
This investigation is based on the documentation consulted directly in various archives and libraries throughout Spain and Portugal, mainly at the Archivo General del Arzobispado de Sevilla, the Biblioteca de la Universidad de Sevilla, the Archivo General de Indias en Sevilla, the Archivo Histórico Nacional de España (Madrid), the Biblioteca Nacional de España en Madrid, the Archivo General de Simancas (Valladolid), the Biblioteca Nacional de Portugal (Lisboa) and the Archivo da Torre do Tombo, also in Lisboa, and other archives smaller, locating in all of them a very rich documentation.

Conclusion
These bases of the sixteenth and seventeenth centuries made us say that the modern Spanish Nursing traces its origins not to the nineteenth century, with much of the Anglo-Saxon countries, but this period of our history.
Research in History of Nursing developed in recent decades in Spain has been offering interesting findings, including the importance of nursing practiced by lay nurses was higher since the seventeenth century than traditionally assumed, which recognized only nursing quality care practiced by religious.

**Objectives**

The study presented at this Conference seeks to show that in the seventeenth century Spain nursing practiced by both religious and secular nurses had reached a high quality, reviewing many of the nurses practices inherited from the Middle Ages, incorporating knowledge from Medicine (and Science in general) and even wrote different nursing treaties, made by both religious and secular nurses, which show a care of high quality.

**Historical sources**

In our 20 years of research we have located in various libraries and archives in Spain and Portugal books, as the entitled Instrucción de enfermeros (Training to nurses), printed first time in 1617 and composed by a nurse belonging to Obregones Congregation; or Directorio de Enfermeros (Directory to Nurses), which remained unpublished manuscript in Salamanca (Spain) and was finished in 1651, written by Simon López, a layman nurse; biographies, rules and constitutions and other works of great value to understand nursing practiced in Spain and largely in the Spanish colonies of America from the late sixteenth century.

This shows the high level of professionalism attained by nurses, men and women who worked for wages and who provided health services get better.

**Conclusion**

These bases of the sixteenth and seventeenth centuries made us say that the modern Spanish Nursing traces its origins not to the nineteenth century, with much of the Anglo-Saxon countries, but this period of our history.
B1.4. WHO WAS THE MEDITERRANEAN NURSE?

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We could perhaps as well ask: was there a nurse, if we are looking for the professional nurse and even more when trying to find the secular nurse. The woman called nurse in Greece was a wet-nurse, more a domestic than a nurse. Nor can we find a reference to a nurse in Corpus Hippocraticum.

Much has been written about caring for sick people from late antiquity up to the fall of Constantinople in 1453. There were different kinds of people taking part in caring for the sick. But were any of these more or less professional carers a nurse?

Timothy Miller describes in his book, “The Birth of the Hospital” the carers at Pantocrator Xenon in a hierarchical structure starting with the physicians (iatroi). Next came the ordained medical assistants (hypourgoi embathmoi), followed by the extra medical assistants (hypourgoi perissoi), and last the servants (hyperetai). Miller uses the term medical assistant when he speaks about the male hypourgoi, but gives the female hypourgissai the name of nurse and even trained nurse!

Volk in his thesis translates hypourgoi with servant but also with nurse (Krankenpfleger). Paul Gautier states in his article “Le Typicon du Christ Sauveur Pantocrator” “...le terme hypourgos, était analogue à celui des infirmiers de nos hôpitaux”. There are more examples from other xenones (hospitals) during this period and we can see the same uncertainty in using the terms nurse, assistant and servant.

Parabalani “the reckless ones” is another interesting group of care givers to take in account when discussing the early professional nurse. Some sources describe them as taking care of infectious cases, but they should also have worked in public baths.

Last we have to consider the Knights of Saint John who founded a hospital in Jerusalem in the middle of the twelfth century. Referring to their statutes the brothers could win the same rewards of virtue by serving the sick. Could we look at the brothers as the first real professional nurses?

In my paper I will discuss on which premises we could call any of these carers a nurse in modern sense.
B 1.5. THE ACTIVITY OF CHARITY SISTERS OF PRIEST VINCENT DE PAUL IN LATVIA

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Introduction
The congregation of the Sisters of Priest Vincent de Paul (Vincent de Paulo) (1581-1660) was established in France in 1633 and was supported in many countries including Latvia. Their aim was to raise and educate children in the spirit of Christianity. Their work gained much publicity and was appreciated in many countries. In Latvia this movement reached the town named Kraslava and existed from 1789 till 1864.

Purpose
The aim of the research is to give an analytic review of the activity of the Charity Sisters of Vincent de Paul in Latvia.

Method and Sources
Materials from Lithuanian State Archive, funds of Belarusian National Historic Archive and resources of the Krakov’s Community of the Sisters of Charity Library (Poland) were used for the elaboration of the paper. Data was collected using qualitative, descriptive research methods, content analysis of documents.

Findings
The estate of charity sisters was invited to Latvia by the congregation of catholic priests. In 1789 in Kraslava a women’s monastery was built and the first three sisters of charity of Vincent de Paul arrived from Warsaw (Poland). In Latvia the sisters were also called Lazarists and Vincentians. Sisters were working according to the rules of conduct and Regulations issued by the archbishop of Paris in 1672. Sisters dedicated their work to charity and education. In 1789 a hospital was built in Kraslava, where sisters of charity served the poor and the sick. Later, in 1793 a girl’s school was established in Kraslava to educate and raise girls. Sisters of charity were involved in the revolutionary movement, which led to their extradition from Latvia in 1864.

Conclusion
Christianity had significant influence on the development of health care. The lifestyle of sisters of charity did not respond the principles stated at the monasteries. According to the Regulations of the sisters of charity “they were more disposed to the worldly threats than nuns”. The sisters operated in the strict compliance with their rules, described in the Regulations. Serving the sick and the poor meant serving the God. Their work based on charity included also raising and education of orphans. During this period the profession of nurse in Latvia was at its initiation stage, but the activity of the Sisters of Charity of Priest gave solid grounds for further development of the profession of nurse in the country.
B.2. CONCURRENT SESSION: CLINICAL AND PALLIATIVE CARE

Danish hospital in the 1950s
(The Danish Museum of Nursing History)

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In the first half of the twentieth century, pulmonary tuberculosis was one of the major causes of death in Ireland. The disease was socially constructed within cultural, religious and secular discourses that attributed multiple meanings and associations to the disease, including climate-related ‘decline’, familial ‘delicacy’, and possession by fairies. Holding a particular place in the collective Irish consciousness, fear and stigmatisation of the disease meant that many people were reluctant to seek medical treatment. Professional literature of the period constructed the ‘consumptive’ as an infective threat, and this construction provided the basis for the public health response to the disease. Providing a place of containment and treatment, the sanatorium institutionalised the construction of the consumptive as a public health risk, who should be confined until the risk was removed, either through cure or death.

This paper examines the history of sanatorium treatment of pulmonary tuberculosis in the early twentieth century in Ireland. With a focus on the ‘the life of a consumptive’, the paper narrates the experience of the sanatorium patient, as told by individual patients and by nurses and doctors writing in the professional literature of the period. The paper is based on documentary primary sources, including the archives of the National Sanatorium at Newcastle, and the medical and nursing literature of the period. Secondary sources, including histories of Irish sanatoria, were also consulted.

The sanatorium discourse of hygiene, morality, and adherence to treatment incorporated the sanatorium ideal of a community of those ‘similarly afflicted in happy and beautiful surroundings’. However, this ideal belied a reality for most patients in the Irish sanatorium, who experienced prolonged confinement in dilapidated buildings and ineffective and often unpleasant treatments. The spatial arrangements of the sanatorium were related to the particular forms of medical theory and practice of the period and these arrangements included veranda wards, spacious grounds and the colony or ‘village settlement’. The sanatorium nurse also inhabited the places of treatment of the sanatorium patient. With the aim of ensuring that the sanatorium patient obtained the correct amount of prescribed rest, fresh air and exercise, the duties of the sanatorium nurse were held to be ‘chiefly those of supervision’. In this way, she acted as an agent of the state in promoting compliance with sanatorium treatment and propagating the sanatorium ideal.

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This paper uses the development of the Hospice and Palliative Nurses Association (HPNA) from its inception in 1986 to the present, as a case study to investigate (1) the processes by which early and subsequent hospice and palliative care leaders developed core constituencies and negotiated boundaries, responsibility, and authority for clinical care (2) the move toward specialization and certification at the generalist and advance practice levels and (3) the ways in which identities formed around specialization or “exclusion,” do and do not inform arguments for inclusion and delimit moral domains of engagement, exchange, and collaboration.

In 2008, HPNA removed the word “hospice” from its mission statement, thereby sparking a controversy that exposed deep divisions among its ranks. More than a mere question of semantics, the division was reflective of debates within the hospice and palliative care communities and the nascent field of palliative medicine. Whereas nurses were central to hospice’s vitality in the U.S., palliative medicine practitioners cite its limitations in their quest for legitimacy and new models and formalized reimbursement streams. Less apparent in their rhetoric, but nevertheless real, is the hegemonic dominance of medicine and the marginalization of nursing within the field’s future.

Primary data were collected and interpreted using a blended cultural/policy history framework. Data included in-depth oral histories with 25 key palliative nursing leaders and over 1,750 narrative responses to HPNA membership surveys. Archival data included HPNA organizational papers and those of palliative nursing and political champions; Congressional records; and, primary and secondary research data and reports. Jackson’s definition of cultural politics as the “domain in which meanings are constructed and negotiated, where relations of dominance and subordination are defined and contested” was then used as an analytical framework.

Early palliative nursing leaders were radical thinkers, articulate and deeply committed to improving care for the terminally ill. HPNA offered them a network for peer support, the development of standards and certification, and the opportunity to mentor physician colleagues when they followed suit. Specialization offered credibility and cultural authority to lead and many HPNA leaders were adept political players. Yet, distinctions of class, gender and disciplinary power often permeated their negotiations with other nursing and non-nursing specialty organizations thereby limiting their ability to extend their reach beyond their ranks and dampening their voice within the policy arena.
B 2.3. MULTI-CULTURAL ASPECTS OF THE KAISER FRIEDRICH-KRANKENHAUS, GERMAN HOSPITAL IN SAN REMO, ITALY AROUND 1900

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Aim of Study
To describe aspects of importance to nursing activities in a specific context (a small hospital in Italy inspired by a German model).

Rationale and Significance
The hospital was founded in 1890 and developed from the efforts of benefactors to meet the needs of a growing number of people up to 1914, becoming quite significant - serving both the substantial German population in the San Remo area and its environs and others. The following are investigated: the hospital’s patient base, the main problems in providing nursing care, nurse-patient relations, the origin of the nurses, Hospital working conditions and staff selection criteria, promotion of professionalism and training.

Methodology
Bibliographic study of German and Italian primary and secondary literature (e.g. the book by Marie Cauer called Eine glückliche Insel. Ein Vierteljahrhundert deutscher Arbeit in San Remo - A happy Island, 25 years of work by Germans in San Remo, Stuttgart, 1931).

Findings
Patients largely presented with tuberculosis, cardiac and renal disorders and typhoid. Tuberculosis was the reason for the influx of so many northern Europeans over the winter months in San Remo consistent with medical beliefs of the time. The sick, often young men, used hotels and private lodgings in particular. The hospital opened seasonally from October to April. Even so, the reasons for hospitalisation were generally varied. Patients included hotel staff of foreign origin and rootless Germans in need. Mortality rates were high. The hospital’s matron, Marie Cauer (1861 to 1950), an important figure in the history of German nursing, co-ordinated most aspects of the institution, with responsibility for the appointment and training of staff from the moment when the hospital was set up to its temporary closure in 1914. The sources describe the approach adopted to issues which remain of fundamental importance in the health system even now. These included privacy, the involvement of family members in the caring process, the information to be given patients on their state of health, patients’ rights, organisational models of care which emphasise the importance of the individual, domiciliary assistance and the question of leadership etc.

Conclusions
This is a significant example of multi-cultural nursing care, using nursing staff of international origins working with patients also of different national, social, cultural and religious origins with different levels of education.
B.3. Concurrent Session: Early Nursing 1

B.3. CONCURRENT SESSION: EARLY NURSING 1

Nurse at Frederiks Hospital, Copenhagen, Denmark circa 1900
(The Danish Museum of Nursing History)
B 3.1. A COMPARATIVE STUDY OF NURSES WORKING IN THE ROYAL VICTORIA HOSPITAL, BELFAST AND THE ROYAL INFIRMERY, GLASGOW 1900-1920

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Aim of study
The aim of this study is to explore, analyse and compare the lives of the nurses working in two major hospitals in Scotland and Ireland in the early twentieth century. The use of primary sources will provide a better understanding of the nurses as individuals in terms of their social origins and religious backgrounds, how their training was organised and their subsequent career development.

Rationale and significance
Nursing history has focused too much on the major figures within the profession. We are largely unaware of the micro history of nursing in terms of the individual nurse working in the wards. Aside from a small number of authors such as Sue Hawkins (2010a, 2010b) who has attempted to look at ordinary nurses within a specific historical period, nurses are a collective group who are largely hidden in obscurity. The research attempts to redress this situation by focusing on the lives of everyday nurses in the first two decades of the twentieth century.

Methodology
The use of historical research methodology is employed combining quantitative and qualitative approaches to data collection from historical documents. The sources used include the records of the two hospitals, census data and other primary material from British and Irish archives. Secondary sources include published histories of both hospitals, unpublished Ph.D theses as well as contemporary journal articles. All the relevant data from a variety of sources (primary and secondary) has been transcribed and the resulting information compiled within a relational database (FileMaker Pro).

Findings and conclusions
This is a work in progress. This research represents an opportunity to develop the understanding of who the ordinary nurses were in two hospitals in Scotland and Ireland and how they worked in the early twentieth century prior to the introduction of state registration.

References

In 1872 senior clergy within the Diocese of Salisbury became concerned about the state of health of the poor of the Parish. They seemed to be unable to understand how to take the drugs the Doctors were prescribing for them. Not only that, but their living standards were so poor as to be contributing to their ill health. Physicians often gave up treating such patients as their efforts were not having any effect.

It was decided that the solution might lie in 'training nurses to co-operate with the Doctor in carrying out his orders'. These nurses would also be expected to teach members of the family the skills of feeding the patient and keeping the house clean and free from contaminants which would lead to the ill-health of its members.

It was decided to set up an Institution to train Nurses for this role. It was not thought there was any other similar Institution in the country at the time. It was stated that such nurses should 'acquire the habit of strict subordination to medical authority' as 'it rarely happens that a nurse is of any value who has not been under Hospital discipline'. This meant that although a separate House was obtained in which to set up this Institution it was agreed that their nursing skills should be acquired in a Hospital and an agreement was made with the local Salisbury Infirmary. In doing so the Report quotes from Florence Nightingale who said 'a nurse is no amateur the work cannot be learned outside the walls of a Hospital'. Comparisons will be made between the Rules for the Infirmary nurses and those of the Institution.

This paper will discuss the need for such nurses and the way they were selected and employed. There was an implication that as it was the Diocese who were taking this initiative they were setting up a 'religious order or sisterhood'. This was strongly denied; but in the Report at the end of January 1873 it was stated that candidates 'should have a religious motive' and certainly they were expected to be members of the Church of England.

Regulations were laid down firmly for those who did employ the nurses trained at this Institution. Regulations were also written for the Nurses. Formal reports of the Committee set up to manage this work will be used to illustrate this.
B 3.3. THE CONTRIBUTION OF NURSES TO HEALTH CARE IN NEWFOUNDLAND AND LABRADOR, CANADA: AN HISTORIC PERSPECTIVE

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This presentation focuses on the contribution of locally and internationally educated nurses to health care in Newfoundland and Labrador (NL). Three oral history research projects focusing on nursing history in NL were completed over an eight year period. The first project focused on nurses graduating in the 1920s and 30s who related what life was like for women and nurses of that era. The second project focused on nurses who graduated prior to 1949 when NL became a province of Canada. These nurses practiced until the mid-1980s and provided a 60 year picture of nursing in the province. The third project focused on nurses who immigrated to and practiced in NL between 1949 and 2007 and revealed the personal and professional challenges they experienced.

The purpose of each project was to document the lived experiences of individual nurses and aspects of NL nursing history not previously recorded.

All interviews were analyzed and revealed the following common themes: Nurses encountered challenges but adapted. They were independent and autonomous practitioners and often the only health care provider for large, isolated rural regions of the province. Their stories revealed their strengths as women as well as their skills as nurses. They provided insight into nursing education in NL and how the practice and roles of nurses have evolved. They related the social and cultural influences on their practice. Finally, in telling their stories the participants’ love for their profession was evident.

These oral history projects revealed nurses’ contribution to health care along with their tremendous service to the people of NL and provided evidence of why nurses should be proud of the history of their profession in the province.
B 3.4. ‘GO NORTH YOUNG NURSE’: PLACING ARCTIC CANADIAN NURSING IN LANDSCAPES AND NURSING STATIONS, 1930-1970

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Throughout the twentieth-century first mission nurses, and later federal government employed nurses went to Canada’s north to work in Aboriginal communities. Sometimes they went alone, and acted as the only westernized medical experts in their communities, and sometimes they were sent in teams of two. These nurses left a substantial record of their experiences in diaries, letters, official reports and in various autobiographies and biographies. While we learn much about them and their sense of adventure, we also learn about their perceptions of Aboriginal people with whom they worked, and the communities in which they worked.

This paper will explore two central concerns. The first is related to the ways that nursing and adventure became conflated, and the places that the nurses were sent to became constructed as lands of adventure. The ironic aspect of this idea of adventure and the portrayal of the landscape is that it revealed very little about the true nature of the place/space where the nurses laboured, nor did it prepare nurses for their new experiences. In fact, interestingly ideas about nursing in the north, which circulated in the south, often portrayed the travel and adventure in rather masculinist discourse.

The second point of this paper is to depict the actual nature of the “nursing stations” in northern communities and to discuss the more intimate nature of nursing in northern nursing stations in order to provide a contrast with the image of the Arctic. The relations which emerged at the site of day to day medical encounters in and around the nursing stations tells us much about bodily matters on each side of the relationship. We learn about nurses’ ideas of hygiene, comportment, morality, and sexuality, and the way that, at times, they contrasted with their patients’ notions.
B.4. CONCURRENT SESSION: FLORENCE NIGHTINGALE TEXTS

Florence Nightingale

Florence Nightingale
Florence Nightingale is universally considered the founder of modern nursing. Her "Notes on Nursing" has been considered the first book of the newly founded discipline. However only scarce if no attention has been given to the contribution of previous nursing authors on the shaping of Nightingale's vision of nursing. The goal of this research was to compare the contents of Nightingale's "Notes on Nursing" (1860) with the "Pedagogia dell'Infermiere" (Pedagogy of the Nurse) written in Italian by Giuseppe Cattaneo and published in 1846 in Milan as a handbook for the training of Nurses.

Method
Content analysis.

Results
Several important similarities emerged from the comparison. Cattaneo defines nursing as "the art of governing the sick people, in order to second the will and the efforts of nature", not differently from Nightingale according to whom "What nursing has to do is to put the patient in the best condition for nature to act upon him". To do so, Cattaneo reckons that the Nurse has to drive his primary attention and actions to some specific factors: the air breathed by the sick; the temperature and lighting of the room; the disposal of evacuations; the cleanliness of the patient and of the bed; the positioning on the bed, in order to prevent bed sores; the sleep and the rest; the adequate food and beverages; the moral support to the suffering. Similarly, the "Notes on Nursing" stresses the importance of regulating air, light, temperature, rest, cleanliness, warmth and giving the sick a proper diet. The comparison of the following two sentences in particular well exemplifies the analogies between the two authors.

Cattaneo: "We often think to have well taken care of the sick for having administered them some pills, some spoon of water or a decoction. And we seem not to pay attention, instead, to the air they breathe, to their evacuations, to the food to nourish them, to the rest, to the peace of soul and to the quietness of conscience"

Nightingale: "The word nursing...has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet".

A relevant different between the two authors is that while the Nightingale's Nurse is exclusively a woman, Cattaneo always uses the masculine form of the Italian word for "Nurse" (Infermiera) and doesn't ever use its feminine form (Infermiera).

Conclusions
Cattaneo and Nightingale show in their books a vision of nursing with relevant similarities and common points. Considering that the book of Cattaneo was written 16 years before "Notes on Nursing", and considering that Nightingale visited Italy after the "Pedagogia dell'Infermiere" was published and had a
good command of Italian, further research should explore the influence of Cattaneo's work on Nightingale's thought.
Florence Nightingale has been identified as the foundational philosopher of modern nursing and the first
to distinguish this vocation as a profession. However, little substantive research has been completed
which isolates the underlying philosophical domains that guided Nightingale’s philosophical exploration
of nursing. She documented her vision and expectations as to how the profession could evolve into an
essential component of healthcare though her major manuscripts, some for public consumption and a
few as an exploration of her private thoughts and concerns. The purpose of this research was to
examine a selection of Nightingale’s major writings to identify thematic patterns which consistently
appear and thus represent the primary tenets which underpin the early development of modern nursing

The primary sources selected for review spanned her most productive years from 1851-1895. These
included Institution of Kaiserswerth on the Rhine (1851); Florence Nightingale at Harley Street (1853-
4); Notes on Hospitals, (1859); selections from Suggestions for Thought including Cassandra (1860);
Notes on Nursing (1860); Sick Nursing and Health Nursing (1893); Rural Hygiene (1894); Nursing the
Sick (1895); Nurses, Training Of (1895).

Thematic analysis methodology was utilized to determine patterns. Patterns were identified through
reading of the data by a primary reader. Themes were identified and confirmed or rejected by secondary
and tertiary readers. Each researcher had previous experience with reading the Nightingale literature.

Six philosophical domains were identified as being repetitive themes in Nightingale’s major publications.
These include egalitarian gender potential, empiricism as a means of knowing, nursing as a profession,
the necessity of a moral imperative to guide decision making, environmental change as the means of
achieving health and formalized education as the method of creating consistent and effective care
modalities.

Nursing, in some form, has been perceived as a social construct in all cultures, ancient and modern.
Identifying the tenets which guided Nightingale serves to clarify the trajectory of the early development
of modern nursing. Each exists in contemporary practice in multiple settings and can be directly linked to
the philosophical beliefs of Nightingale.
A primary reason for developing knowledge in nursing is for the purpose of creating expert and effective nursing practice. However, nursing knowledge has been often equated with empiric forms to the exclusion of other forms of expression; for example: the art of nursing. The basis for best practices in nursing has therefore come to be associated almost exclusively with empiric evidence.

This presentation will focus on six fundamental patterns of knowing as the foundational knowledge for a practice discipline. It is the information warranted as useful and significant to nurses and patients in understanding and facilitating the human health processes. This presentation will also highlight Florence Nightingale's (1860/1969) writings and how she applied these patterns of knowing to the early underpinnings of nursing practice.

The patterns of knowing that have been identified are: empirical, aesthetic, personal, ethical, socio-political and unknowing. Knowing is not static; but is dynamic and changeable. Patterns of knowing in a discipline are not discrete. They are related and integrated and arise from the whole of the experience. Patterns of knowing are constantly evolving, and reflect societal trends and may change. It has been argued that all patterns of knowing form an integrated whole and the whole of knowing is essential for best practices in nursing.

Chinn and Kramer (2011) described the failure to integrate patterns of knowing as “Patterns Gone Wild”. The failure to develop knowledge integrated within all the patterns of knowing leads to uncritical acceptance, distortion, narrow interpretation and partial utilization of knowledge. Integration of all patterns of knowing presents a challenge for nurses to create praxis. However, the benefits of utilizing all patterns of knowing as anchor points for a practice discipline are far-reaching. More than ever, the need to seek balance between fiscal and political imperatives and social responsibility mandates us to examine the foundational knowledge base as a discipline, and to seek anchor points that will help us to focus on creating expert and effective nursing practice.

References

This social-historical study aimed to historically contextualize nursing as a social practice in the context of nursing prior to its institutionalization in the XIX century and to identify and analyze discourse on the multiple dimensions of nursing knowledge and practice in the works of El arte de Enfermería and Notes on Nursing, as well as possible consequences of this discourse on current management, practice and care. The analysis was based on methodological mechanisms created through the interpretation of Foucault's writings, which considers that archeological work has, in discourse analysis, two possibilities: its constructive nature and the primacy of interdiscursivity and intertextuality. The organization of findings was developed according to the following steps: pre-analysis, rereading and highlighting the themes, exercise of questioning, theoretical support, composition/reconstruction. The works mentioned are true reflections and knowledge that portray beliefs, values and practices about care and the interactions that are established between those who cared and those who were cared for in the context of hospitals and families. Meanings and role of nursing, Power and observation, Discipline and power, Care of the patient’s body, Technical and scientific knowledge in the area of nurses' performance, are some of the elements that converge in both González and Nightingale works. Both authors' discourse reveals that the incorporation of administrative knowledge in nursing acquires particular characteristics in response to the dynamics and functioning of the capitalist production mode, in which the medicalization of the hospital environment and patient care took form. Clinical medical knowledge arose in the late XVIII century, in the same social movement that transformed the hospital into a place of cure. El arte de Enfermería serves as an example that the organization of nursing techniques started before the institutionalization of nursing in the XIX century, before Florence Nightingale. However, her
recommendations and instructions for the training of nurses, legitimized discipline and hierarchy in nursing work, as disciplinary elements are important in nursing education in Nightingale's education system. Also, they determined the agents' social space in the hospital hierarchy.
B.5. Concurrent Session: Red Cross/Red Crescent

B.5. CONCURRENT SESSION: RED CROSS/RED CRESCENT

Red Cross Society in Biggenden, Queensland, Australia 1918
(State Library of Queensland - Wikimedia)
**B 5.1. THE DEVELOPMENT OF NURSING WITHIN THE RED CROSS AND RED CRESCENT MOVEMENT FROM 1890 TO 2011**

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**Introduction**

In 1859, Henri Dunant from Switzerland, witnessed the battle in Solferino and the suffering among the soldiers. In 1863 the “International Committee for Relief to the Wounded” held its first meeting. It later became the International Committee of the Red Cross (ICRC). Henry Dunant suggested creating national relief societies, recognizable by the common emblem, and an international treaty to protect the wounded on the battlefield. Shortly thereafter states responded by establishing nursing schools educating Red Cross/Red Crescent (RCRC) nurses.

**Methods**

The historical data on RCRC nursing education derives mainly from two of our research projects; i) the 2009 international questionnaire-survey of nursing activities within the International Federation of the RCRC 186 Societies, and ii) an on-going study where a questionnaire has been sent to RCRC nursing education institution in 30 countries from Africa, Asia, Europe, Middle East and South America.

**Results**

Already during the late 19th century, Japan and Sweden as pioneer countries commenced RCRC nursing education, as a response to the humanitarian needs forced by wars and disasters. Later on in 1919, the International Federation of the RCRC established a Nursing Division at the headquarter in Geneva to support and guide its member societies in nursing related issues. In 1947 the Nursing Division was reorganized as a respond to the situation after the Second World War and called Nursing and Social Service Bureau. In 1984 the Nursing Bureau was dissolved and nursing issues organized within the Health and Care Department. However, this reorganization did not support a focus on nursing issues including nursing education for the years to come. As a result the Red Cross Nursing Education institutions in Japan and Sweden invited RCRC nursing institutions from all over the world to set up a new Global RCRC Nursing Education network for educational issues with focus on disaster preparedness and response. This new and unique network was launched in connection to the ICN International Nursing Conference in 2011.
Discussion and conclusion
Nursing education within the RCRC Movement has over time been responsive to local and global vulnerability. Countries affected by unrest and disaster and with weak health systems could benefit from the experience of nursing education within the RCRC Movement and the newly created Global RCRC Nursing Network can be seen as a vehicle of such knowledge.
B 5.2. A 30 YEAR FOLLOW-UP ON RED CROSS AND RED CRESCENT NURSING EDUCATIONS AND ACTIVITIES RESPONDING TO LOCAL AND GLOBAL VULNERABILITY AND DISASTERS

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Introduction
From its very inception in 1863, the Red Cross and Red Crescent (RCRC) Movement has worked towards assisting vulnerable people, and as long as the nursing profession has existed, nurses have been ready to respond to public health threats. The main aim of the current research project was to perform a 30-year follow-up to investigate to what extent nurses’ competences are utilized within the RCRC 186 National Societies and to identify Societies running nursing education programmes, including identification of education in nursing disaster preparedness and response.

Methods
The questionnaire from 1979 was slightly adapted to reflect the current global health situation and sent to all 186 National Societies. The questionnaire was translated into all four of the International Federation’s official languages. After two reminders, 84/186 replies were received, giving a response rate of 45.2%. Among the 79 National Societies that responded to the 1979 survey, 43 (54.4%) responded to the 2009 survey.

Results
The results showed that nurses’ competence was regarded as important by a majority (76%) of the National Societies. More than 50% of the National Societies considered nurses’ competence to be specifically important for the International Federation’s working areas, which includes ethics, pandemic/disaster preparedness/response and health and care in the community. However, 12% of the National Societies did not consider nurses’ competence important in achieving their national mission. Moreover, we found that there is approximately the same number of RCRC nursing education institutions throughout the world today, as compared with 30 years ago. However, at some institutions a higher level of education (up to PhD) is now offered. Some of the educational institutions are old, starting the nursing education in the mid 19th century, and already from this time with focus on nurses’ help in wars and disasters.
Discussion and conclusion
The RCRC Movement is 150 years old and has through history gained a wealth of knowledge and experience of disaster preparedness and response. Most National Societies considered that nurses are important in responding to humanitarian needs and health threats in the community. However, a further utilization of nurses' competence should be considered as one vehicle to reach the goals set by national and international organizations to reach quality and access to health, especially among marginalized groups affected by wars and disasters.
B 5.3. DISASTER RESPONSE NETWORK. NURSES’ COMPETENCE WITHIN THE RED CROSS AND RED CRESCENT: DISASTER PREPAREDNESS AND RESPONSE

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Introduction
Nursing education within the Red Cross/Red Crescent (RCRC) Movement was initiated already in the late 19th century as a response to situations of war and disasters. In a previous study we have shown that more than 50% of the RCRC National Societies consider nurses competence to be important for disaster preparedness and disaster response. The aim of the current research project was to conduct a global base-line survey of the Red Cross and Red Crescent Nursing Education Institutions.

Methods
The data derives from an on-going study where a questionnaire has been sent to the existing RCRC Nursing Education Institution in 30 countries from Africa, Asia, Europe, Middle East and South America. The survey includes questions in the following areas: History of Nursing Education, Administration of Nursing Education, Partnership and Cooperation.

Results and conclusions
Preliminary results indicate that RCRC Nursing Education Institutions have a very long tradition and knowledge in teaching disaster preparedness and response, as they over time have emerged and developed in relation to disasters and armed conflicts. Nurses within the RCRC movement get unique experiences through their work as international delegates in disaster prone areas/armed conflicts. Among the Nursing Education Institutions, the Japanese Red Cross Nursing Schools stands out in terms of giving significantly more education in national as well as international disaster preparedness and response. Although some countries are performing on a relatively high level in providing education in disaster nursing, there is room for improvement. Belonging to the unique global network of National Societies, Nursing Education Institutions should focus more on education in international disaster preparedness and response to be ready to support each other in terms of catastrophic events.
C.1. CONCURRENT SESSION: THE INFLUENCE OF CHRISTIANITY

Newly graduated nurse taking the Nightingale Pledge at Sct. Joseph Hospital, Copenhagen, Denmark
(Archive of the Sisters of Sct. Joseph)
C.1. Concurrent Session: The Influence of Christianity

**C 1.1. THE DEVELOPMENT OF SPIRITUAL NURSING IN TAIWAN**

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**Aim of study**
This study describes the development of spiritual nursing in Taiwan.

**Rationale and significance**
Nightingale’s style of nursing was introduced by Christian missionaries to Taiwan in the late 19th century. The missionaries established hospital nursing system for the purpose of saving people’s life and spirit. However, there are different definitions of spiritual needs in such a multi-faith society like Taiwan. It is expected that the examination of previous historical instances of cross-cultural experiences in spiritual nursing will facilitate the understanding of the concepts of multiculturalism, diversity, and globalization.

**Methodology**
Literature review, document analysis, and oral history research methods were used. Content analysis was performed on the information collected.

**Findings and conclusions**
Spiritual nursing was mainly introduced by the Christian hospital affiliated nursing schools in Taiwan. Nursing students at these schools were required to study the Bible and learn the story of role models with Christian spirit. The first textbook of spiritual nursing was published by the Taiwan Christian Nurses Association in 2000 and most of the examples were from Christian perspectives. In order to develop teaching material to cope with native spiritual care challenge, a group of nursing scholars led by Dr. Shih designed a spiritual nursing curriculum for graduate school level. A series of spiritual nursing workshops and seminars were held by hospitals, nursing homes, and nursing schools since 2002. Spiritual care has received increasing attention over the past decade. The Department of Health and Ministry of Education also took significant efforts on the development of spiritual care and organized conferences and programs to promote spiritual nursing. The major issues been addressed include theory and practice, patient and family, eastern and western religion perspective of spiritual care. Emphases were placed on self awareness of the meaning of life, spiritual need assessment, and spiritual care ability from a global perspective. More cross field cooperation is needed to further develop spiritual nursing.
Each nation has its own history, which influences the conditions of historical periods and events. Knowing the history of healthcare in the country to clarify the health status of citizens in different historical periods is very important to understand and interpret the past, analyze the present and also to predict the future.

Slovakia as a small, relatively mountainous country which lies in Central Europe was involved in European efforts, changes, struggles and suffering. This position of our nation caused a lot of suffering, low living standard, which reflect negatively on the health of the nation. For many people the treatment, healthcare and healing were only an accessible care. Nursing as the assistance profession in the historical development was affected by social, cultural, economic and political factors and was influenced by the scientific discoveries, wars, epidemics and some nursing personalities as well. The origins of nursing and its development in the mid 20th century are associated with charity care and focusing on contemporary meaning of life and mission of man on the Earth. Within the period of Enlightenment the meaning of the human care was influenced by the Church. In the 18th century the establishment of monasteries, shelters and hospitals starts and the secular power enters to provide the nursing care. The Church maintains its dominant position by nuns in bed sick and by their altruistic care for the sick. Caring for the sick and nursing for bed sick was the main role of religious orders and filled the ethical principles of charity care. Foundations of European culture and the fact that also our country is built on Christian principles and religious dimension of life were cultivated by the traditional institutions associated with religious and cultural traditions of mankind. After establishing The Nursing School in Prague in 1874, a lot of qualitative changes occur in the development of nursing also in our county. The different methods of preparation in nursing practice and the profession have been intertwined since the past to the present, and it should be noted that the conditions in society, health status of population, social, economic, environmental, generational, cultural and multicultural changes are also required in modern nursing.
In the preface to the Italian translation of the book "Notes of Nursing", Florence Nightingale wrote "My opinion, based on my personal experience, is that the Italian Woman has a special attitude towards the care for the sick. This opinion comes from the observation of the San Vincenzo de 'Paoli Italian Sisters while attached to the Sardinian troops in Crimea ".

But who were these women who so impressed Florence Nightingale? How were they included in the Savoy Army during the war? What were their functions and training? What were their relations with Florence Nightingale and with other key figures of the Allied armies?

Through analysis of primary historical sources we would like to highlight the role of health care and nursing in the Sardinian-Piedmontese Army which was involved in the Crimea war by 1855.

Thanks to the political capacity of Prime Minister Cavour, who saw in it an opportunity for drawing attention of European governments to the national aspirations of a united Italy, the Sardinian-Piedmontese contingent arrived in Crimea on May 8, 1855 under the command of General Alfonso La Marmora.

Through careful analysis of the records stored in the archive of the Inspectorate in Turin and the reports by army chief physician Dr. Comissetti, as well as with the surveys in the archive of the Sisters of Charity at the convent of San Salvato in Turin, the letters of Florence Nightingale and the French doctors' testimonies, we were able to shed light on the people involved in assistance, health and mortality of Piedmont-Sardinia Army.

The nursing staff was a total of 451 units, of which nineteen officers out of a contingent of about 18,000 soldiers.

The army was accompanied by the Sisters of Charity of St. Vincent de Paul, a total of sixty-four, who were involved in the care for the sick, but also in the management of kitchens, laundries and medicines.

A new, unprecedented historical research which shows the dedication and the daily work of laical and religious people, a little known aspect of what will then become the basis of Italian nursing.
C.2. CONCURRENT SESSION: WAR NURSES

Interior of a ward on a British Ambulance Train in France
(National Library of Scotland - Wikimedia)
C.2. Concurrent Session: War Nurses

C 2.1. COMMEMORATING FIRST WORLD WAR NURSE CASUALTIES IN CANADA, 1918-2011

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Nurses - particularly military nurses - are among the very few elite women to have been recognized as historic actors in commemorative monuments. Drawing on the literature on the nursing history, historic memory, and gender and war, this paper examines prominent memorials commemorating over 60 Canadian nurses who died during the First World War, 1914-1918. The product of compromise, the most effective memorials are ambiguous enough to speak in multiple voices, with the national criteria governing public spaces, the wishes of mainstream allies, and at times, a profound ambivalence toward women serving in war zones, obscuring the nurses’ “minority discourse.” Evident in Canadian memorials to British nurse Edith Cavell, executed by the Germans in Belgium in 1915, and to fourteen nurses who died when the hospital ship, Llandovery Castle, was sunk in 1918, the wartime image of the Canadian nurse was one of brave yet paradoxically helpless victims, in need of male protection. These nurses’ deaths were used to entice battle weary soldiers to carry on the fight.

After the war, as Kathryn McPherson has noted in her analysis of a prominent nurse memorial erected (1926) by the Canadian Nurses Association in the Canadian Parliament, nurses played a more subtle role as symbolic mourners and generic caregivers. Reflecting a deep and widespread ambivalence toward acknowledging that women actually died in the war, nurse memorials tended to ignore or downplay their sacrifice. Examining this and other monuments, including the National Cenotaph (1939) and a memorial window (1928) by the Nursing Sisters Association, the author explores the manipulation of such images as the uniform; the lack of work tools; and the way that nurses used their memorials to create their own Remembrance Day traditions. Perhaps reflecting an acceptance of the role of women in combat, the most recent commemorations, and those sponsored by nurses, depict the nurse unambiguously, as a soldier. A statue depicting a Nursing Sister (2007) joins an earlier memorial of an infantryman on the legislative grounds in Regina, in Saskatchewan, Canada. Less permanent, but telling, in its explicit link between nurses and the entry of women into the military, was an ice sculpture in Ottawa (2011) sponsored by the Department of Veterans Affairs. It valorized women in the military and granted nurses a pioneering role, one suspects with an eye to recruitment, given Canada’s involvement in the conflict in Afghanistan.
C 2.2. ENSHRINEMENT AND THE NATION: MILITARY NURSES AND COMMEMORATION IN TWENTIETH-CENTURY AUSTRALIA

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The history of nursing has frequently utilized the experiences of military nurses to introduce women into the essentially masculine space of the combat zone. These experiences, and their subsequent commemoration, are fundamental in the formation of the self-identity of peacetime nursing, as well as serving to feminize the militaristic rhetoric used in remembrance ceremonies. This process is of particular interest in Australia, where members of the Australian Army Nursing Service (AANS) have come to represent idealized examples of the contribution made by women in wartime, as well as embodying “correct” feminine citizenship during the development of post-war Australian nationalism. This paper examines the ways in which nurses have been celebrated within various monuments and museums in Australia and Southeast Asia, as well as the role nurses have played in Australia’s annual Anzac Day celebrations. It also investigates the relationship between the experiences of military nurses, historical commemoration and the development of peacetime nursing.

After the Fall of Singapore in February 1942, one specific group of AANS Sisters were captured by the Japanese and interned as civilian POWs on Sumatra for over three years. Their collective experiences, coupled with the fact that one of the nurses survived an execution that killed twenty-one of her colleagues, has caused these women to become cultural icons in Australia, as well as gaining a unique role in Australia’s relationship with, and commemoration of, its wartime experiences. These women have come to personify devotion to the nursing profession and the nation as whole, socially acceptable roles for women in both war and peacetime, and Australia’s “Anzac Spirit”, an essential part of the development of twentieth-century nationalism.

The majority of the commemorative endeavors involving Australian nurses are state sponsored, although several are the result of charitable collections on the part of the nurses, or efforts by local people to pay tribute (for example the planned POW museum in Palembang, Indonesia). How these dedicatory activities are funded and organized reveals a complex relationship between state-approved acts of historical remembrance, and individual or group efforts to produce a record of the past. How do these of contested rituals of remembrance shape modern nursing practice? What place does commemoration have in the ongoing formation of professional identity? This paper explores these issues and contributes to ongoing debates in nursing history and the nature of commemoration.
C.2. Concurrent Session: War Nurses

C 2.3. STALINGRAD INFERNO: THE FORGOTTEN MEMOIRS OF SOVIET FEMALE MEDICS IN THE BATTLEFIELD

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The battle for Stalingrad (August 1942-January 1943), the decisive battle of World War II, is best known for its ferocity and for tactical duels between German and Soviet male military commanders, soldiers and snipers. Much less known is the courage, determination and horrors endured by Soviet women nurses in Stalingrad. In the Soviet era, there were authorised, heroic, depictions of Soviet military nurses. Among the first to pay homage to the unprecedented role of women was Lt. General Vasily Chuikov, commander of the famous 62nd Army that defended to the last the main bridgehead in central Stalingrad. 'They bore all the burdens of military life on the same footing as men', he recalled in his 1959 memoir'. But the demise of the Soviet Union, and unprecedented access to Soviet era archives has enabled new light to be shed on the reality of life and death for Red Army nurses. Hitherto unpublished memoirs and recently released interviews with female battlefield medics deployed at Stalingrad expose the extraordinary experiences of these young women. In the Soviet era such memoirs largely went unpublished, clearly unfit for the sanitized, official Soviet depictions of Stalingrad. But newly accessible memoirs depict young women yearning to go to the front, equipped more with courage than medical knowledge or equipment. They write of the perilous quest to save soldiers’ lives in the rubble of a shattered city and of the Volga River as the only route to transfer the sick and wounded to safety. Whereas Soviet accounts of a battle in which 1,347,214 Red Army personnel died focused on patriotic heroism and military tactics, sideling the human dimension, recent memoirs and recollections provide a more human approach; as well as courage, female veterans talk openly about luck, destiny, fear and disbelief they survived such carnage.

This paper uses the experiences of women medics and nurses at Stalingrad as a basis to consider the scarcely researched role of Soviet female military medical personnel in World War Two. It will briefly overview their training, their work on the frontline and their memories of this battle. The paper argues that a mixture of official and personal censorship has muffled the real voices and roles of Red Army women medical personnel at war.
C 2.4. MARY BRECKINRIDGE AND THE COMMITTEE FOR DEVASTATED FRANCE

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Mary Breckinridge is well known as the founder of Frontier Nursing Service (FNS). However, even before her work in rural Kentucky, she was an active and tireless advocate for child welfare causes. On such cause was the American Committee for Devastated France, which provided relief in the Picardy region of France after World War I. Organized, by Anne Morgan, daughter of financier J. P. Morgan, the American Committee for Devastated France, most often called by its French initials, CARD, was one of many relief organizations primarily founded and staffed by women, launched in the United States at the end of World War I. Although the group was relatively small, consisting of only 350 women, of a total of 25,000 American women who served in the war, its impact was profound. The American volunteers focused on the needs of families, emphasizing the needs of young children, through the provision of food, clothing, and medical care, but also went beyond emergency aid to develop schools, libraries and other social institutions.

Between 1919 and 1921, Breckinridge served as director of public health nursing at Vic sur Aisne in Northeastern France. It was during her work in France that Breckinridge was first introduced to the British model of nurse-midwifery, and it was in France that she first conceived the possibility of organizing nurses rather than physicians as the primary providers of health care in rural settings. Through her work with CARD, Breckinridge honed her administrative skills, expanded her network of influential associates, and developed comprehensive approaches to health care which she later put into practice at FNS. Many of the women Breckinridge worked with in France became supporters and contributors to FNS in later years, and a few even worked as nurse-midwives in the early years of the program.

This paper explores Breckinridge's experiences in France, focusing on how her work there impacted the future development of FNS. Sources include personal letters from Breckinridge to her mother, letters of friends and associates, official reports and contemporary secondary sources describing the work and conditions in France.
C.3. CONCURRENT SESSION: TOWARDS UNIVERSITY EDUCATION FOR NURSES

Christiane Reimann. The first Danish nurse to go to Teachers College in the 1920s, New York. Founder of ICN’s Christiane Reimann Prize. (The Danish Museum of Nursing History)

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In the 1970s and early 1980s the diploma schools of nursing in Switzerland underwent a transformation from the nurses' communities of live, work, vocational training and paths of career into institutions of professional education in nursing. The Swiss Red Cross, mandated by the cantons to regulate and control nurses' theoretical and practical training, established an experimental period called Experimentierphase. It allowed nursing schools to build new educational programs and to respond to conceptual developments and to social changes that challenged nursing as a traditional woman's occupation. This paper focuses at two important players in these years of educational reform: the Schweizerische Pflegerinnenschule, after 1976 part of the Krankenpflegeschule Zürich with its experimental program Integrated Nursing (existing from 1973 to 1999) and, also in Zurich, the Kaderschule für die Krankenpflege, which since 1950 trained teachers of nursing and managers for different levels. I discuss the thesis that both institutions contributed to gradually replace the vocational culture of shared life, discipline, obedience and silence by a culture of professional conversation and reflexion in nursing. The analyzed sources - general principles, catalogues of goals for the phases of the curricula, published articles and books of teachers - show us that next to knowledge and skills, both institutions declared intention to promote the personal development of the students. "Autonomy in learning, thinking and acting" as well as "relational capability" were the two characteristics of the enhanced nurse's personality. The teaching staffs elaborated the concept of autonomy by adopting the Nursing Process of U. S. American theoreticians. None of the institutions was in those years yet ready to use it as an approach to nursing research but both applied it as a tool for theoretical learning and for management instead. Furthermore, within the process-model they emphasised the decisive role of the nurse's capability to "helpful" or "positive" relations for good nursing, maintained likewise with patients, students and with colleagues. The anthropological pattern that personal growth required enhancing human relations as well as the learning techniques for self-development were adopted from Humanistic Psychology. Thus, nursing education claimed to understand oneself and the other and forced to verbalize individual perceptions and emotions in different group constellations. The self of the nurse became a topic of professional discussions and qualifications both in education and at work. Consequences of this person oriented professional culture are discussed in conclusion.
C 3.2. VOICES ECHOING FORWARD: THE MGH SCHOOL OF NURSING ORAL HISTORY PROJECT

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The presentation will describe the oral history project of the Massachusetts General Hospital School of Nursing Alumnae Association (MGHNAA). The development, purpose, implementation and selected outcomes of this ongoing project will be highlighted. The MGH School of Nursing (formerly the Boston Training School for Nurses) was one of the original Nightingale Schools in the United States. Started in 1873, the school graduated 7032 nurses before closing in 1981. Early graduates of the school were leaders in American nursing and played an active role in establishing other training schools worldwide, the Nurses’ Associated Alumnae, the American Journal of Nursing and the American Nurses Association. The school’s history is well documented, but limited information focusing on the lives and careers of the graduates exists. The oral history project was proposed to document and preserve the evolution of professional nursing, changing nursing education, and roles of women in American society over the past century. The MGHNAA provided the required resources to support the project. The project was designed in two stages: dissemination of a four-page questionnaire to alumni including early graduates of the MGH Institute of Health Professions (MGHIHP), followed by oral history interviews. IRB review deemed the project exempt. Over 2000 questionnaires were mailed asking alumni to discuss their rationale for career choice, school selection, social forces influencing their lives during school years, memories of school and social life, career path with reflections on their education and career development. Over 450 were returned, many with additional commentary, and over 250 expressed interest in being interviewed. Training materials were developed to guide the interview process. Interviews were conducted by alumni and MGHIHP students and faculty. Interviewer and interviewee were required to sign consent to allow all materials to be used for research and educational purposes. A data base was established to track participants and was organized by cohort starting in 1929 through 2005. A review of the questionnaires and initial interviews reveal distinct patterns and career paths. Leadership in specialty practice, nursing education, nursing administration, research and health policy is evident. The personal reflections and professional journeys of graduates of the MGH highlight the challenges of economic constraints, wartime, technological developments, nursing shortages, social redefinition of barriers to collegiate degrees for nurses, and changing roles and opportunities for women.
The purpose of this study is to explore the professional impact of a collaborative nursing honor society on three university schools of nursing from 1992-2012. The research questions focus on how the honor society affected working relationships among the three schools, and the particular impact of the honor society on leadership development, research productivity, and professional community service among faculty and students. Data sources include historical records such as newsletters, minutes of board meetings, programs from events, financial records documents research and scholarship grants and taped oral interviews of chapter leaders during the first twenty years. This study documents the evolution of a collaborative nursing honor society from its rocky beginning in 1992 to its designation as an award winning chapter of an international nursing honor society in 2011.

The move to collegiate nursing education in the United States accelerated in the 1980’s and 1990’s. Membership in the international nursing honor society, Sigma Theta Tau International, was limited to collegiate institutions of higher education. Emerging baccalaureate nursing programs were eager to establish chapters of the international honor society to aid in their professionalization, and transition and acceptance into academia. This study documents the effort of three schools of nursing to establish a collaborative honor society, designated as an “at-large” honor society beginning in 1989. The initial rejection of one of the colleges for eligibility to be chartered by STTI in 1992 was a profound blow to the fledgling collaboration but was surmounted by chartering of the college in 1994. For twenty years, the three sponsoring nursing programs have used the honor society as a mechanism to support leadership development, scholarship and research, and professional community service. The professional impact of this joint venture is explored in this historical study that documents the first twenty years of this chartered honor society.
C 3.4. TRANSFORMATION OF NURSING FROM CLUBS TO COLLEGES IN THE 20TH CENTURY IN TERRITORY OF SLOVAKIA

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History of nursing in Slovakia is the field of Slovak historiography investigated a little. This paper deals with transformation of nursing in Slovakia since the early 20th century, its forms, organization and major personalities. Nursing underwent an interesting development in the 20th century. The first professional nurses were members of Slovak women's associations and the most important was the association called Zivena, which was the cradle of Slovak women's special education. Some of the important personalities of this association should be mentioned: Janka Hrebendova, the first organizer of health care for the wounded on the battlefields, and Elena M. Šoltésová, the league organizer.

In 1919 The Czechoslovak State University was established where the nursing lectures were presented at the Medical Faculty. In 1929 the first nursing school was set up in Slovakia and later, in the 30th, there were five of them. After World War II nursing education obtained the legislative framework, developed rapidly, and the number of secondary medical schools arose.

Today there are several faculties offering nursing study programmes/curriculum at all levels of university study in Slovakia. The paper would like to emphasize the alliance of nursing and religious environment since Slovakia was and still is a relatively conservative Catholic country.

Some aspects of the relationship between nursing and the female emancipation movement in Slovakia in the first half of the 20th century are also mentioned in the framework of the paper.
C. 4. Concurrent Session: Gender, Culture & Ethnicity

C. 4. CONCURRENT SESSION: GENDER, CULTURE & ETHNICITY

Susie King Taylor, educator and army nurse Aug. 6, 1848 - Oct. 6, 1912 (Wikimedia)
C 4.1. THREE GENERATIONS OF NURSES – FROM PRACTICE TO THEORY AND RESEARCH IN A 99 YEAR PERSPECTIVE

C. 4. Concurrent Session: Gender, Culture & Ethnicity

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In 1848 Florence Nightingale (1820-1910) started nursing education, in London. The first education, in Sweden, for women in care started for church welfare workers in Ersta in 1851, by Marie Cederschiöld. The education in Kaiserswerth, Germany, was the model (where also Nightingale had been educated). From Sweden, Emmy Carolina Rappe visited the Nightingale School in 1866 and the year after she started the first secular nursing education in Uppsala, and in Stockholm (The Red Cross Nursing School). Significant developments in the advance of Swedish nursing came when Queen Sophia (1836-1913) founded the Sophiahemmet School in 1884, in Stockholm. Its first principal was Alfhild Ehrenborg, who obtained some of her training at the Nightingale School.

In year 1624 the Danish King Christian IV (1577-1648) build a hospital in my home city Kristianstad, in the south part of Sweden (belonged to Denmark -1332 and 1360-1658). Nursing education started in 1893 in Kristianstad (one of the first ten nursing schools in Sweden). The education was mainly based on practice, and from 1908 theoretical education was introduced. Its first principal was Sigrid Lothigius, and she had her education from the Red Cross Nursing School in Stockholm.

My own family nursing history begins with my grandmother Hanna Åkesdotter (1890-1955) who studied in Kristianstad (1910-1911, 1 ½ years education), a great focus was on practical training. She worked as a municipality nurse (1911-1921) until marriage. My mother, Ingegärd Nilsson (1922-1988) studied in Jönköping (1946-1949, 3 ½ years education), and it was both theoretical as well as practical training. She worked as a paediatric nurse, school nurse, district nurse, and as a director for primary health care. During her last years she got an increasing interest for “the new field” of nursing research (during the 1980s). I myself, Albert Westergren (born 1967) became the third generation of nurses and graduated in Kristianstad in 1989 after 2 years education. The education had a 50/50 balance between theory and practice, and research was introduced during the education. In 1993 I studied one more year in order to get a bachelor of science, and became Ph.D in 2001. It took 99 years from that my grandmother began her nursing education till that I became a professor in year 2009. Today, I am a chair professor at the Kristianstad University, School of Health and Society. The students get both a practical degree (Registered Nurse) as well as an academic degree (Bachelor of Science).
In order to rescue the historical memory of the black presence within the University of Sao Paulo, more specifically in the School of Nursing (EEUSP) we proposed a study that aimed to describe the central issues of being a black nurse graduated by the EEUSP, from the perspective of the Theory of Transcultural Nursing through the analysis situations of prejudice experienced by these nurses facing their career choice, their academic training and their integration into the labor market. This proposal is linked to the art and science of care to the extent that forms of prejudice and intolerance can powerfully influence the action of care, as disqualifying care and who runs it. As the study has a descriptive, historical, social and exploratory character, was chosen the method of Oral History, which is a method that uses the interview and other processes linked together in the narrative record of human experience. It was also chosen the method of Oral History Thematic considering the fact that this method helps people to speak freely in their respective contexts. The black nurses were, at first, identified through the admittance forms of nurses trained by EEUSP, between 1942 and 2006. After this, a search within the Regional Council of Nursing of the State of Sao Paulo raised the contacts of these graduates to offer them participation in the study. The School of Nursing, University of Sao Paulo, graduated, in the period of 1947 to 2006, 2,886 nurses, of which 128 identified themselves as non-whites. 45 of the above were located at the state of Sao Paulo, of which 14 were interviewed for this research. It was noted that the terminology “moreno” was the most used for self reporting and that of those interviewed. Although most reports had experienced prejudice at some point in their academic life, they experiences bring different points of view, which reiterates the importance of advancing and further research on this topic. This research led to a more democratic history over the view of its own communities, because it allows the construction of history from the very words of those who participated and experienced, in a given period of time, through its references and imagination, allowing the registration of reminiscences of individual memories or the reinterpretation of the past.
In Israeli Arab society, nursing care and midwifery underwent significant modification in the 20th century, the result of modernization and changes in the influence of religion, the political context, and the status of women.

The research behind the lecture was based on archive documents, oral history, and research literature.

This paper examines nursing activities of men and women, up to the 1960s, using the broadest definition of nursing. I argue that nursing and midwifery were practiced at the folk level not only due to religious and traditional factors but also as an outcome of constraints stemming from political tension between Jews and Arabs.

The traditional activity as described was affected by behavior patterns originating in religion and faith, such as the imperative of charity, that are reflected in a rich variety of religious and folk rituals and customs. The paper will devote attention to the functioning of the folk midwife. Her activities transcended care for mother and baby and branched into assistance in women’s healthcare, reflecting perceptions of gender separation and the injunction against men and women treating each other.

I further discuss the development of nursing care among Israeli Arab men and women within the framework of nursing as a profession. The British regime in early twentieth-century Palestine (1918-1948) found it difficult to recruit Muslim women nurses, mainly due to the image of the profession as something that brings women into contact with men away from home and is based on physical labor - aspects that prejudiced marriage prospects.

Today, in contrast, Arab students are well represented among nursing students. Arabs also stand out among the 57,609 male and female nurses in Israel (2010), including managerial positions, and about one-third of working nurses in Israel are Arab nurses (2007).

This paper examines the transformation of nursing and midwifery from traditional activities to professional ones in view of the potential of these professions as bridges to peace.
C 4.4. THE NATIVE NURSES OF QUEENSLAND - 1940’S

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Aim of Research
There are few historical accounts of Aboriginal Australian women entering nursing. This research discusses the native nurses training scheme on 3 Aboriginal Missions. It also identifies the little known roles they played in providing nursing care to their communities.

Rationale and Significance
Woorabinda, Cherbourg and Palm Island were gazetted as Aboriginal Missions between 1901-1927 and operated as such until the 1970’s. Throughout this time they were administered by non-Indigenous Superintendents under the Chief Protector of Aborigines in Queensland.

In the 1940’s it was advocated and supported that Woorabinda Mission through the initiation of the Matron offered a two year nurses training program for Native girls. This was followed by Cherbourg and Palm Island each with differing levels of success. The native nurses were allowed to be ‘traded’ between the mission hospitals for work.

There is a dearth of literature available outlining the experiences of Aboriginal women who undertook formalised and recognised nursing qualifications at hospitals throughout Queensland. There are even fewer publications that discuss the ‘native’ nurses’ schemes administered on the Aboriginal reserves and missions.

Methodology (include primary/secondary sources)
Primary archival sources were utilised to explore the native nurses training scheme. This included records from the Department of Native Affairs and Department of Home and Health. Archival data was also retrieved from the Australian Institute of Aboriginal and Torres Strait Islander Studies. These records include Matrons Hospital notes and the Visiting Medical Officers notes of the 3 missions. Secondary sources included newspaper accounts of the native nurses training scheme’s inception.

Findings and Conclusions
The harsh exclusionary practices administered by the Queensland Government under the Aboriginal and Opium Protection Act, 1909 were the enactment for not allowing Aboriginal women from these missions to undertake their registered nurses training at public hospitals.

This research presents the historically excluded knowledge and experiences of the ‘native nurses’ of Woorabinda, Palm Island and Cherbourg Missions. The history of Australian ‘native nurses’ is a rich and new area of nursing history that is yet to be researched and documented fully.
C.5. CONCURRENT SESSION: MODERN PUBLIC HEALTH

Children's Health Visitor in the 1940s, Denmark
(The Danish Museum for Nursing History)
C 5.1. NURSING AND MATERNITY IN NEW ZEALAND IN THE TWENTIETH CENTURY

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In 1988 the New Zealand College of Midwives was established. Until that time midwifery had been a special branch within the New Zealand Nurses Association. The split occurred because some midwives argued at the time that the core business of midwifery was distinctive from nursing, and midwives should not be confused with nurses. Two years later, direct entry midwifery courses were set up, once again to distinguish midwifery from nursing.

In writing the history of midwifery in the twentieth century, midwives have charted the process by which the male obstetrical profession, with the help of the State, progressively disempowered midwives as they sought to establish their own authority over childbearing mothers in the hospital setting.

This paper will suggest an alternative way of viewing the history of midwifery in the twentieth century, primarily as practitioners within a modern hospital setting. This interpretation rejects the concept of disempowerment, in favour of one of professionalisation within the nursing profession.

In 1904 Grace Neil, herself a trained nurse, was responsible for establishing midwifery registration and training schools for midwives in New Zealand (called St Helens hospitals). From 1925 midwives were categorised as maternity nurses or midwives, with midwifery becoming a postgraduate course, and the Nurses and Midwives Board was established to oversee training. In the St Helens hospitals, maternity nurses and midwives embraced modern obstetric science. For instance, through strict adherence to aseptic principles they brought down rates of puerperal sepsis even before the introduction of the sulphonamides which is usually credited with revolutionising maternity care.

The founder of the New Zealand College of Midwives, Joan Donley, asserted in her 1986 history of midwifery that most New Zealand midwives had become a 'nurse-midwife, a hybrid, a medically-oriented handmaiden, while the real midwife is an endangered species'. Furthermore, she wrote, they were 'simply members of a medical team', suggesting they held a subordinate or marginalised status. However, evidence suggests that these midwives were highly-valued members of that team and that they viewed their own role not with disdain and disappointment but with pride. Far from being the handmaidens to doctors, they effectively ran the maternity wards. Their prior nurse training and 'indoctrination' or integration into modern obstetrical science, did not disempower or disadvantage them. These 'obstetrical nurses' hold a place in the modern history of nursing in their own right.
Background
In the nineties of the last century, home nursing in the Netherlands was reorganized in a radical way. Tasks that previously were performed by home nurses were taken over by regional and national bodies, as a result of which home nurses lost their central position. Nursing was seen as a bundle of tasks instead of a profession with knowledge and competencies, responsible for the whole state of a person. The care was fragmented among several healthcare workers, as a result of which the quality decreased. In 2009 the program ‘Visible Link; the home nurse for a healthy neighbourhood’ was launched by the Dutch Organization for Health Research and Development, and the Ministry of Health. About 350 higher educated nurses were appointed to improve people’s quality of life, mainly in the so-called run-down suburbs. Among others to be the visible link between prevention and care, and between health care, housing and welfare. Besides, this program offers home nurses the opportunity to recapture their central position in health care.

Objective
To gain an insight into the work of Visible Link home nurses and evaluate the impact of their work for patients, GPs and nurses themselves.

Methods
Home nurses, GPs and other health care workers in general practices in the northern region of the Netherlands participated in a questionnaire survey.

Results
Tasks of these home nurses are identifying patients’ problems, giving support to patients and fulfil case management responsibilities. Features of these tasks are availability, quality, substitution, and nursing expertise. They mainly see people who do not know where to find the proper authorities, people with social problems, care avoiders and older people. GPs are very satisfied with the substitution of tasks and the quick assistance of these home nurses in emergencies. For the nurses themselves this ‘new’ way of working means that they can use their nursing competencies, like knowledge, attitude and skills. By having more time to carry out nursing procedures they can get a picture of the overall condition of the patient, in order to transform a patient’s sense of surrender into a sense of safety.

Conclusions
The first cautious results show that the program Visible Link meets the professionalism of higher educated nurses, takes the quality of care for patients in run-down suburbs to a higher level, and relieves GPs from a lot of their tasks. In order to present more results, the research will be repeated in 2012.
Aim of study
This study is about the downgrade of the Registered Mothercraft Nurse to the status of Enrolled Nurse (second level nurse) in NSW Australia when nursing preparation moved to the education sector in 1987.

Rationale and significance
The regulation of any activity is based on the principle of safety for the public. When the nursing profession campaigned to move nurse preparation to the education sector it was expected that patient care would improve with a trained nurse workforce. In the wake of the removal of the fifteen month training programme leading to Mothercraft Nurse Registration, direct entry education for early childhood nursing ceased. In NSW volunteers with parenting experience were recruited to assist mothers in their homes.

Methodology
The history of one of the mothercraft nurse training schools, Karitane in Sydney NSW, provides the background to the study. Primary sources include the minutes of the NSW Nurses Registration Board, NSW Nursing Legislation and details of educational courses and volunteer programmes. In recorded interviews nurses, doctors and patients talk of the skills and status of mothercraft nursing. Secondary sources cover the use of volunteers in the welfare sector and the development of early childhood care and education in Australia.

Findings and conclusions
The specialised training of the Registered Mothercraft Nurse did not fit the model of nurse education adopted in NSW in 1987. Mothercraft nurses lacked advocates within the nursing or medical professions and their professional organisation set up after the fact. The domiciliary demand for well baby community care was increasing but there seems to have been little consideration given to the needs and safety of care for this group of customers/patients/clients.
C 5.4. HISTORICAL DEVELOPMENT OF HOME CARE IN BRAZIL

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In Brazil, the first nursing school following a modern system was created in São Paulo, at the Samaritan Hospital (private) in 1894. At that time there was already a nursing school in the city of Rio de Janeiro, the Republic’s capital, created in 1890, by psychiatrists who were also its teachers. That São Paulo Nursing School was created by a group of nurses trained in the Nightingale system, brought by American and German physicians from London. Maggie Grosart was in charge to manage nursing services and training new nurses. Besides these services, the contract included also visiting patients at their homes as families resisted to take them to hospitals, considered a place for poor and dying people.

In 1919, due to a yellow fever epidemic in Rio de Janeiro, the government created a public health service with nurses visitors, assisted by the Rockefeller Foundation, which sent Ethel Parsons with a group of nurses. They organized another nursing school at the Public Health National Department, in 1923, which became officially the current Nursing School Anna Nery, at the Federal University of Rio de Janeiro. In 1967, the Public Servant State Hospital implemented a home care service for convalescents and chronic diseases patients.

From the 1990’s public and private home care services have increased offering visits, assistance and care at home, replacing hospitalization, based on modern models applied by nurse-entrepreneurs. The great increase of aging population with reduction of family members to care for them at home, higher hospital costs, as well as advancement of technologies, professionals better qualified and understanding of families to have their sick members to be cared at home have stimulated early discharge from hospitals.

In 2001 a Resolution from the highest nursing body pioneered when defined and established a safe nursing home care including responsibilities of enterprises. Also the Brazilian National Health Services have recognized in 2001 that home care was part of services that should be offered to the public. It is a new system just being officially implemented in the country and the nursing team plays a vital role as they represent 60% of the total team. Therefore nurses became ethically and professionally responsible and accountable for patients in home care. It is believed that more personal care, professionalism and humanization are better achieved through this home care model.
D.1. Concurrent Session: War Nurses - Conditions and Experiences

D.1. CONCURRENT SESSION: WAR NURSES - CONDITIONS AND EXPERIENCES

Nurse Verona Savinski, 802nd Medical Evacuation Transport Sqd., and Cpl. Claude W. Thomas 3rd Auxiliary Surgical group, with Pfc. Joe Kirach of Brooklyn N.Y. 504th Parachute Infantry, who was strafed after rushing to the front after jumping D-Day. (National Archives and Records Administration – Wikimedia)
D 1.1. WOMEN’S HEALTH AND HYGIENE EXPERIENCES WHILE DEPLOYED TO THE IRAQ AND AFGHANISTAN WARS, 2003-2010

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Introduction
The purpose of this study was to describe women’s health and hygiene experiences while deployed with the United States military forces in Iraq and Afghanistan wars, 2003-2010.

Methods
Phenomenology was the qualitative methodology used to research the health and hygiene experiences of 24 female nurses. Single interviews were conducted with nurses from the Army, Navy, and Air Force. Both purposive and snowball sampling were used and data saturation was achieved. Data analysis followed Colaizzi’s sequence.

Results
Seven themes emerged from the data:
(1) Bathroom trips and facilities: A walk on the wild side; (2) Shower challenges: Lack of privacy, water problems, and location issues; (3) Menstruation: To suppress or not to suppress; (4) Staying clean: A monumental task; (5) Various infections: Annoying distractions; (6) Unintended pregnancies: Wartime surprises; and (7) Safety issues: Enemy attacks and sexual assaults.

Discussion
Women’s health and hygiene experiences while deployed to Iraq and Afghanistan pose difficult and challenging circumstances which can be a major source of stress. It is especially problematic when these concerns and issues are superimposed on the ever present reality of living in a war zone. Lessons learned have great potential for improving health and hygiene experiences for future deploying women.
Introduction
The purpose of this study was to describe the lived experience of military nurse parents separated from their children during deployment to the Iraq and Afghanistan wars. These wars have far reaching global effects and as they ebb and flow, military parents have endured separation from their children.

Methods
Phenomenology was the qualitative methodology used to study the parental separation experiences of 20 military nurses. Interviews were conducted with nurses from the Army, Navy, and Air Force. Purposive and snowball sampling were used and data saturation was reached. Colaizzi’s phenomenological method led discovery of the lived experience of military nurse parents separated from their children during wartime deployment.

Results
Five themes emerged from data analysis: (1) Leaving my children behind: A hole in my heart; (2) Childcare arrangements: Putting the puzzle together; (3) Will they remember me: Staying in touch; (4) Shadows of my kids: Caring for war-injured children; and (5) Coming home: Reunion at last.

Discussion
Parental separation experiences while deployed to the Iraq and Afghanistan wars proved to be a major source of sadness and stress for military nurse parents. It added to the challenge of performing nursing duties and living in a war zone. Much can be learned from this experience in planning future interventions to help nurses and other military personnel and their families cope with separation caused by deployment.
**D 1.3. THE TASTE OF WAR: THE MEANING OF FOOD TO ANZAC NURSES IN WORLD WAR ONE**

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**Abstract**

The sights, sounds and tangible horrors of war experienced by nurses are well recorded. Less attention has been paid to other forms of embodied experience, such as the taste of war. In the periods of either grim privation or relaxed leisure, nurses’ experiences of food served to highlight the stark difference and distance between war and home.

This paper considers representations of food in Australian and New Zealand (ANZAC) World War One nurses’ letters. Whether concerned about food shortages, nourishment for soldiers shattered physically and mentally by warfare, or the peculiarities of foreign food, ANZAC nurses’ descriptions of their worries, delights or yearnings for familiar food featured prominently in their letters to family, friends and colleagues. Food both sustained and challenged them. To a considerable extent, writing about food was a means of conveying to those at home the shock of caring for others as well as themselves in the extraordinary circumstances of war. This examination of nurses’ letters reveals not only the unfamiliarity and at times severe shortages of food, but also the symbolic significance that food carried in a time of war for these nurses serving so far from home.
D 1.4. CHALLENGES NURSES IN ARKHANGELSK (USSR) FACED DURING THE WWII

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Nurses in Arkhangelsk faced many difficulties during the war. In my presentation I’ll try to outline these challenges and describe the solutions which were made. During the Second World War the city of Arkhangelsk was the nearest peaceful city from Karelian front. More than 30 evacuation hospitals were established in the district during the war, most of them in Arkhangelsk. They came in addition to city’s 23 hospitals and about 50 clinics where almost 1600 nurses were employed.

Challenges
Since evacuation hospitals were started from scratch, there was an urgent need to provide them with necessary equipment.

Local hospitals also had difficulties, since many of the employees were mobilized already in summer 1941. Those who stayed had to work both for themselves and their mobilized colleagues. In general one nurse had to take care of more than 100 patients. Nurses were the number one staff members who stayed most of the time with patients.

The lack of medicines and bandages existed during the whole war. Hospital staff had to find substitution for materials they lacked on their own. Hospitals also lacked more common things like food and firewood. The city was in an extremely difficult situation because of constant delays with deliveries of food and other goods from Central Russia. Therefore everybody had to take care of himself on his own.

Solutions
All nurses stayed at work much longer than normal. Many of them almost lived at their working places. Sometimes children to nurses had to stay with their mothers at hospital also at night, because their mothers had no time to go home and take care of them there.

In order to solve the food problem, kitchen gardens were established, and it was up to hospital staff and patients to take care of such gardens. Hospital staff also went to the riverbank in their free time to catch some logs which they could chip to firewood. Even the measures which were taken were often not enough. Many people continued starving. They were extremely tired and were tuckered out, but they still continued to work and to take care of their patients.

Thanks to the good work of nurses despite all the difficulties, about quarter of a million wounded soldiers had recovered of their injuries and the Arkhangelsk city was insured from epidemics while the morbidity rate for dangerous diseases was even lower than it was before the war.
D.2. Politics and Nursing in South Africa

D.2. POLITICS AND NURSING IN SOUTH AFRICA

(Photo: Danish Nurses’ Organization)
D 2.1. INSIDE AND OUT OF THE AFRICAN RURAL CLINIC: CONFRONTATION OR COLLABORATION?

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Conventional accounts of the history of nursing and health care in South Africa focused on biomedicine's development and dissemination. With the end of apartheid combined with the impact of the AIDS pandemic, a fuller account of the cultural beliefs and practices of the African population of South Africa is beginning to be uncovered and with this, the relationships between professional nurses, volunteer and trained Community Health Workers and the indigenous healthcare practitioners or traditional healers - a broad group which includes sangomas and inyangas.

This paper considers the development of, and inter-professional relationships between, these three groups of healthcare providers focusing on their work in the more remote areas of South Africa during the apartheid and immediate post-apartheid eras with particular reference to the Cape and KwaZulu Natal. In doing so it will look at the complex interplay of race, culture and gender that was, and sometimes still is played out in the rural hospitals and outreach clinics there.

Nursing in South Africa developed in a fragmented way. Provision of domestic nursing care for Dutch and British families ranged from approved Dutch midwives to the untrained female slaves and family members of settlers and lay care providers - all of whom practised rudimentary home nursing and used folk remedies, patent medicines and herbal treatments. African health care was provided by an equally diverse range of indigenous practitioners, with nursing of the sick shared between family members, and the 'wise women' of the community who might also practise as traditional childbirth attendants or be 'called' by the ancestors to become sangomas i.e. diviners and healers with (usually male) inyangas or herbalists and 'muti' medicine men following their fathers or uncles via the apprenticeship route.

In working at the intersection of two contrasting worlds the African nurse seldom possessed either the professional self-confidence or the technical tools to be the effective conversion agent her superiors desired. Paradoxically, the relative success of some mission hospital-based nurses showed that, rather than achievement resulting from distancing themselves from their cultural background, the African nurse might operate more if she was seen to be both in, and of, the local community, and to be operating with the sanction of its traditional authority. A simple model of the nurse as the agent of substitution propounded by missionary societies therefore does not adequately explain this role and the complex process of cultural separation, convergence and assimilation involved.
D 2.2. GENDER, RACE AND CLASS: POLITICAL POWER AND PROFESSIONAL POVERTY

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In South Africa, remarkable advances have been made since the end of apartheid in 1994 in the quest for gender equality and women's empowerment. The South African Constitution, which includes the Bill of Rights, is hailed as the most progressive piece of legislation in the world. In less than two decades, South Africa has witnessed a transformation in women's legal rights: domestic violence is outlawed; women are guaranteed property rights; and they have a strong presence in parliament. However, despite legal guarantees of equality, there are gaps between laws on the one hand, and implementation and the lived experiences of millions of women on the other hand. This paper draws on a chapter on gender, race and class in a book entitled: Igniting Dreams, Confronting Realities: History of nursing in South Africa, 1960 – 2010, and examines political power and professional poverty within the nursing profession in South Africa.

Using archival material and in-depth interviews with nurses, we argue that there are spill-over effects of the "triple oppression" of patriarchy, racism and classism experienced by black nurses during the apartheid period, to the current democratic period. One of the consequences of institutionalised racism in South Africa was the relegation of black people to a lower class. We argue that within the health sector, black nurses experienced “quadruple oppression” of race, class, gender and position in the health hierarchy, particularly in relation to doctors. We examine why black nurses, despite being in the majority, have however not taken full advantage of enabling legislation and the new democratic order in South Africa. We suggest that the lack of a collective voice, agency and leadership has been the most glaring shortcoming in the profession. This is exacerbated by the lack of a feminist orientation and advocacy in the profession. Because black nurses have not succeeded in extricating themselves fully out of the quagmire of quadruple oppression, they are ill-equipped to deal with the health challenges of the 21st century. We conclude that a combination of individual agency, collective leadership and feminist advocacy is needed to overcome the disjuncture between political power and professional poverty.
D 2.3. IGNITING DREAMS, CONFRONTING REALITIES: HISTORY OF NURSING IN SOUTH AFRICA, 1960 - 2010

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Chosen theme 2: Nursing in Modern Times

Abstract

In South Africa, as elsewhere, the indispensability of nurses to promoting health and well-being and in providing health care is undisputed. However, the country faces a nursing crisis, characterised by shortages, declining interest in the profession, lack of a caring ethos, and an apparent disjuncture between the needs of nurses on the one hand and those of communities served on the other hand. Recent attention on the nursing profession by the South African government, philanthropic organisations, and the Democratic Nurses Organisation of South Africa in South Africa serves as a starting point for a critical, scholarly analysis of the politics and dynamics of the nursing profession in South Africa.

This paper will present initial findings from a scholarly book on nursing developments for the period 1960 until 2010, with a particular focus on the post-apartheid period (1994 until 2010). The book will be an analysis of developments in the South African nursing profession from a critical political, social and gender perspective.

The book will use archival material for the 50-year period from 1960 until 2010, and will also incorporate in-depth interviews with nurses in practice, those recently retired and those who have left the profession, with a particular focus on black nurses’ views. Questions include: What is the meaning of nursing in the 21st century in a post-apartheid South Africa from the perspective of nurses themselves? What does the history of nursing reflect about health and socio-political developments in South Africa, and vice versa? How are differences and inequalities among nurses and between nurses and other professionals shaped by dilemmas of caring? Underlining these questions are the challenges of the country’s disease burden, gender stratification, professional silos and hierarchies and individual agency. Written by nurses, the book will contain original and unpublished material on nurses and nursing in South Africa. We do not have any findings at present, but we envisage that there would be significant progress on the book by the time of the conference in August 2012.
Nurse students in the library, Denmark 1960s (The Danish Museum of Nursing History)

For thirty-five years The Journal of Advanced Nursing (JAN) has provided a forum for scholars to communicate their research and ideas. Articles published in the journal reflect professional concerns and illustrate trends in the methods of research and inquiry. These include a substantial number of articles concerned with nursing history. To date, there has been no critical examination of these articles. This paper presents a critical review of historical inquiry papers published in JAN for the period 1976–2011, and in so doing, examines the trends in nursing historical inquiry, as represented in a leading peer-review journal.

A systematic review of the journal’s online published abstracts for the period January 1976–September 2011 was conducted, using the key words ‘nursing’, ‘midwifery’, ‘history’ and ‘historical’. Articles were included if their substantive content was concerned with an aspect of nursing or midwifery history and if they were based on historical primary sources. Methodology papers, historiography papers, reviews and opinion items were excluded. Quality appraisal and data extraction were performed independently and simultaneously on retrieved articles. Findings were presented using a narrative synthesis.

Twenty-six articles were selected for review and were categorized according to a simple typology, as follows: (i) disciplinary development, (ii) place and context of practice and (iii) relationships and gender. Written within the broad paradigm of social history, the articles associated with each type illustrate a particular focus on developments in modern nursing. Some articles were written as rather broad and diffuse narratives. Others were more focused, in terms of temporal boundedness and subject. A substantial number of articles concerned the history of mental health nursing. Just one article concerned midwifery history. Articles did not reflect the emerging trend of research into histories of clinical practice. As a proportion of all research-based articles published in JAN, articles reporting the findings of historical research are significantly underrepresented.

Scholars who use the methods of historical inquiry might focus less on grand narratives about disciplinary development and instead examine research questions related to the micro world of clinical practice. Additionally, scholars should consider the many paradigms and perspectives in historical research and the full range of methods available for studying the field and also consider interdisciplinary and cross-national studies in history.
A systematic review of historical research papers published from 1976-2011 in the JAN concluded that the majority of historical research papers failed to report on aspects of methodological rigor specific to historical research (Fealy et al 2012). A plausible cause is that historical research papers are inadvertently consigned to the category of qualitative research. In this event non-specialist journal guidelines may be deficient in capturing key aspects of research based on historical inquiry. Historical inquiry is distinctly different and requires specific approaches and assessment criteria. No detailed assessment criteria exist to guide the evaluation of historical research papers. This project aims to address this deficit through the development and validation of an instrument to assess historical research papers.

An instrument to measure quality in historical research is developed and validated using qualitative and quantitative methods in 3 successive phases. The first phase involves a literature review followed by an online survey with (n=6) nursing historians recruited with the aid of the BAHN, UK and the ICHNM, UCD. Data is analyzed using thematic analysis. The second phase recruits (n=10) historians through the website www.BioMedExperts.com to evaluate items. To assess content validity, expert historians assess the relevance of items included. Expert historians will rate the items according to a Likert scale. Participants may add, refine or reject items. A pilot test is performed with (n=10) historians to establish the clarity and concreteness of the scale using a Likert scale.

The third phase will test the validity and reliability of the second version of the instrument. Using a Likert scale, 150-200 history of nursing delegates recruited aided by the Danish History of Nursing Society, are asked to recommend the articles. Finally to test the intra-rater reliability 1 expert historian provides global ratings of 1 historical research paper without the use of the scale. Data analysis will be conducted using descriptive statistics and supported by SPSS version 19. Following full ethical review we are in receipt of institutional ethical approval (REF 11/060). This paper presents the findings of the first two phases of this study.
D 3.3. THE NURSING LITERATURE IN ITALIAN LANGUAGE BEFORE THE NIGHTINGALE ERA: 1676-1846

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It is well known that Florence Nightingale travelled to Southern Europe and in particular to Italy and visited local Hospitals to learn about nursing care. In her "Notes on Nursing" she acknowledged that "In Roman Catholic countries both writers and workers are - in theory at least - far before ours". As a matter of fact, at the time of Nightingale's travels Italian hospitals such as the S. Maria Nuova in Florence or the Ospedale Maggiore in Milan were highly reputed for the care offered, and some of them had provided formal courses for the training of nurses for long before Nightingale. It looked therefore unlikely that such development of hospital nursing care in Italy could not come along with some form of literature on the subject.

Goal
The goal of this storiographic research was to detect possible texts, books or other form of literature regarding nurses' training and work.

Results
So far, we retrieved 4 textbooks specifically intended for the training of nurses: "La prattica dell'Infermiero" (The Nurse's Practice) by Francesco Dal Bosco, Venice, 1676, 399p.; "L'Infermiero Istruito" (The Educated Nurse) by Filippo Baldini, Neaples, 1790, 152p.; "Manuale dell'Infermiere" (Nurse's Handbook) by Ernesto Rusca, Milan, 1833, 141p.; "Pedagogia dell'Infermiere" (Pedagogy of the Nurse) by Giuseppe Cattaneo, Milan, 1846, 427p. Each textbook provides an original definition of the content of nurses' work. The books also contain general medical notions regarding the main diseases, symptoms and treatments and the description of many nursing care techniques. Dal Bosco (1676) describes the peculiar nature of nursing care as "...to assist well the sick with regard to eating, drinking, evacuation, vomit, movement, rest, air, sleep, waking, affections of the soul". According to Baldini (1790), nursing is "the art of regulating the sick to anticipate their needs and help them in their functions". Rusca (1833) reckons that "The sick person is similar to a child: he cannot provide to the living needs, nor defend his own existence from the perils that hang over him. It therefore behoves other to give him care and to satisfy all his needs. This is the special office of the Nurse". The nurse, according to Rusca, is specifically "in charge of regulating air, heat, light, sleep, food, beverages, neatness of rooms and beds". Finally, Cattaneo (1846) defines nursing as "the art of governing the sick people, in order to second the will and the efforts of Nature, providing about the air they breathe, the evacuations, the alimony to nourish them, the rest, the peace of soul and the quietness of conscience".

Discussion
Our research shows that the role and profile of the Nurse had been delineated and developed by several Italian authors in textbooks designed specifically for nurses' education and training long before Nightingale. These books offer clear visions of how nurses had to be, what they were expected to do and how they had to do it. Further studies are necessary to investigate the possible influence of these authors on FN's and other nursing authors' works.
D.3. Concurrent Session: Nursing Journals and Textbooks

D 3.4. THEATER NURSING IN NORWEGIAN TEXTBOOKS, 1877 - 2009

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Introduction
Modern surgery was made possible by the growing knowledge of aseptic techniques and anaesthesia in the late 19th century. The transformation of Norwegian hospitals into surgical hospitals caused at huge demand for special trained nurses to work in operation theatres. From the 1920s theatre nursing was more or less established as an own nursing speciality countrywide. Until 1974 fully educated nurses were apprentices in a two years training program to become theatre nurses. From 1974 the education of theatre nurses was transformed into a one and a half years internal hospital education. And from 2001 the education of theatre nurses in Norway was transferred from the hospitals to colleges and universities with a study program after a national curriculum giving 90 ECTS credits.

Aim of study
Although this is the oldest nursing speciality in Norway very little has been written about theatre nursing in Norway. Theatre nursing is a "silent profession" in the way that nursing during operations is not verbalized in Norwegian textbooks. The aim of this study is to identify non-verbalized values and traditions handed down by generations of theatre nurses and to research if the lack of verbalization can find an explanation in the textbooks.

Methodology
The study will be conducted with a literature review of Norwegian textbooks from 1877 to 2009 combined with collected stories from retired nurses, notes done by nurse students and articles in the Norwegian nurses monthly, "Sykepleien".

Findings and discussion
The deaconess, Rikke Nissen, wrote the first Norwegian textbook for nurses in 1877. After that, every textbook was written, or edited, by physicians. My main thesis is that the lack of verbalization can have an explanation in two findings in the textbooks. Operations were to be conducted in silence without speaking, or as little as possible, not to risk bacteria contamination of the wounds, and that this can have contributed to non-verbalization. Another finding is that when physicians started to write textbooks for nurses in Norway their focus was on their need for assistance and not on the nurses how to do and why to do assisting during operations. Using life stories and notes from nurses together with articles from “Sykepleien”, values and tradition will be identified and discussed and related to findings in the Norwegian textbooks.
D.4. CONCURRENT SESSION: EARLY PUBLIC HEALTH

Deaconess and visiting country nurse in Denmark (The Danish Museum of Nursing History)
In summer 1892 more than 8600 people died in the City of Hamburg. In the August heat a cholera epidemic had broken out. This outbreak was the result of a combination of ignorance and incompetence of the ruling classes in Hamburg. While the epidemic and its social and political background have been researched in detail (Evans 2005), the impact of the catastrophe for health care in the city and especially for nursing still needs attention.

Primary sources from the State Archives and the State Library in Hamburg, mainly reports, minutes of various meetings, regulations, and correspondence of governmental departments were consulted. Secondary sources include books and articles on Hamburg hospitals, the welfare system and health care. Studies on professionalization of nursing in Germany are included as well.

At the end of the 19th century Hamburg was a large city where trade and commerce were important aspects. Public health was not high on the agenda; the Medical Board only had an advisory function for the government both working with an insufficient administration. While there was some training for nurses most of the nursing work in the state hospitals was carried out by uneducated staff. The health care system and health care workers were not prepared to deal with the epidemic’s victims in 1892.

After the epidemic the government introduced a more efficient administration and employed civil servants. The Medical Board was restructured gaining more influence on public health than before. Nursing became a topic for the state run hospitals and a new system called “Schwesternpflege” replaced the former untrained nurses.

The epidemic certainly triggered reforms in the city’s health affairs. But the detailed analysis reveals that these reforms were long overdue and that some of the concepts can be drawn back to decades before.

**Literature**
This paper explores the manner in which American nurses succeeded in establishing an international standard for public health nursing education in the 1920s.

As a result of the 1918 influenza pandemic several international health organizations began initiatives in the training of public health nurses. Among these, the Rockefeller Foundation (RF) and the League of Red Cross Societies (LRCS) became the largest contributors to the international training of public health nurses during the interwar period.

Prior to the efforts of these international organizations however, nurse leaders in the USA had worked to establish a new professional standard for the role and education of the public health nurse. Through this work, nurse leaders such as Annie Goodrich and Mary Beard had raised consciousness of public health nursing within national and international organizations, including the Rockefeller Foundation. Therefore, after the First World War American nurse leaders contested the training standards promoted by international organizations, arguing that they failed to meet American standards and setting off an international debate.

Archival material from the: Rockefeller Archive Centre; the International Federation of Red Cross and Red Crescent Societies; King's College, University of London; and the Royal College of Nursing was examined in order to explore the influence of American ideas regarding public health nursing prior to 1918 on post WWI international developments in this field by the RF and the LRCS.

By the end of 1925, the work of Beard and her colleagues to obtain influential positions within the RF allowed them to bring about a change in the Foundation's international policy on nursing, implementing a higher standard of public health nursing education and limiting support to the Red Cross. That same year the RF tripled its budget for nursing and increased the number of international training fellowships offered to nurses for study in Canada and the USA, further extending its reach.
D 4.3. DISTRICT AND HEALTH NURSING 1893: A POPULATION HEALTH HISTORICAL-HERMENEUTIC METHOD STUDY

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Aim of Study
The purpose of this historical-hermeneutic method study was to examine district and health nursing in light of population health nursing. This was done by hermeneutically examining historical writings within Nursing of the Sick: 1893 (Hampton-Robb, 1893) that serve as the foundation for the current practice of Population Health Nursing.

Rationale and Significance
A population health nurse is as readily able to apply population health skills within intensive care environments as to community-based clinics. It is important, then, that there is an understanding of the historical foundational concepts and principles that serve as the basis for population health nursing. There is a social and practice mandate for nurses to practice and think in terms of the care of aggregates, and to provide and evaluate nursing services from a macro-perspective (Frisch, George, Govoni, Jennings-Sanders, and McCahon, 2003). There is a need to restructure nursing practice and education so that it is aligned with the needs of specific populations (Radzyminski, 2006). The key elements that set population health apart from both public and community health are its overall lack of boundaries and its evaluation approach (Radzyminski, 2007).

Methodology
The Historical-Hermeneutic Method (Dilthey; 1883, 1996; Gadamer, 1976; Ricoeur, 1981; Schleiermacher, 1902) was utilized to interpret the foundational concepts and principles of population health by means of the 'hermeneutic circle'. The historical-hermeneutic circle arose by relating the meaning of the foundational concepts and principles as a whole to the foundational historic parts of each document, and then the parts to the whole continuously until the explicit and implicit themes emerged.

Findings
The findings of this study were found in the explicit and implicit themes of caring, religion, health, and the professionalization of nursing. These themes emerged through a historical-interpretive process. The findings were consistent with the emerging principles of population health nursing: caring, social justice, appraisal, assurance, and public policy.

Conclusions
District nursing and health nursing have serve as the foundation of population health nursing and health promotion nursing practice. Over time, various aspects of these historical principles and concepts have shaped modern nursing practices.
In the first half of the twentieth century, concern for community health, particularly worries over the infant and maternal mortality rates and the increasing number of tuberculosis cases, spurred the development of public health nursing in the United States. Governmental and non-governmental agencies initiated such programs. Sometimes, states and local boards of health employed these nurses. Philanthropic and charity organizations such as the American Red Cross and anti-tuberculosis societies sent out nurses. The number of public health nurses and the diversity of organizations supplying them indicate that U.S. society strongly believed in their effectiveness. Yet, as in contemporary public health efforts, their very number and diversity raised issues that limited their potential to improve the lives of their communities. Not infrequently, a county nurse, a city nurse, a Red Cross nurse, and a school nurse would practice in the same locale at the same time. Each nurse provided important health care and instruction, but without clear boundaries, their activities overlapped, resulting in inefficiencies and conflicts in the health care system.

This paper analyses the processes and procedures that public health nurses employed to negotiate blurry professional roles. Written policies of various agencies give some insight into the goals of different nurses. However, it was the unwritten practices - the day-to-day interactions between health-care professionals - that illustrate the potentials and the obstacles inherent in such an uncoordinated public-health system.

These pivotal events can be reconstructed through a detailed study of published and unpublished records left by the nurses themselves. The Wisconsin State Historical Society Archives holds narrative reports of state and county nurses, statistical analyses of nursing in the state, and the annual reports of local and state boards of health. This paper evaluates these essential primary sources in light of organizational histories of government and non-governmental public-health agencies, the published and unpublished memoirs of nurses, and newspaper and journal articles that provide critical background for this analysis of public health work. The specifics of every-day life document the tensions and achievements of nurses struggling with an inchoate public health system. Their examples provide useful points for the analysis of evolving public health systems today.
D.5. CONCURRENT SESSION: NURSING ASSOCIATIONS

Photo of the founding of Nordic Nurses’ Federation in 1920, taken in Henny Tschernings home. Arm in arm: the Norwegian president Bergljot Larson (left) and the Swedish president Bertha Wellin. Seated from the left Henny Tscherning, the Danish president, and Sonja Koreneff, president for the Finnish nurses. Iceland was not invited, because Denmark still considered Iceland a part of Denmark. The Faroe Islands had not yet founded their own nursing association, and the Faroese nurses were members of the Danish Nurses Organization until 1988. (Photo: The Danish Museum of Nursing History)
D 5.1. “FOR THE COMMONWEALTH”: THE BRITISH NURSES’ ASSOCIATION IN THE ANTIPODES, AUSTRALIA, 1887-1901

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It is widely recognised that the professionalising model fashioned by the Royal British Nurses Association (RBNA) was replicated throughout the British Empire. In Australia, the RBNA model was emulated by two successful professional organisations for nurses: the Australasian Trained Nurses Association and the Victorian Trained Nurses Association, founded in late 1899 and mid-1901 respectively, to advance nursing as a profession and to protect trained nurses from those without recognised training.

The RBNA’s influence in twentieth century Australian nursing is undisputed, yet its reach can be seen earlier, in the 1890s. At that time, nurses working in Australia took membership of the RBNA, directly through the London headquarters. Also during the 1890s, there were serious attempts by three Australian colonies to establish local branches of the RBNA, only one of which ultimately succeeded.

This paper considers the impact of the newly-formed Royal British Nurses Association on Australian nurses and nursing in the latter years of the nineteenth century. It uses a combination of primary sources: newspaper reports and archival sources, to draw out the biographical details of the nurses in Australia who held membership of the London branch of the RBNA. It examines the context in which the formation of RBNA branches in Australia was envisaged and considers what benefits those branches were expected to bring to nurses, nursing, and the Australian community.
D 5.2. RECONCILING CARE AND FIGHT: COLLECTIVE INTEREST ORGANISATION OF FINNISH NURSES IN THE 1960S

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This paper studies the professionalization of nurses from the perspective of collective interest organization (trade-unionism) focusing on tensions between labour-market interests and work-related interests and loyalties. In particular it studies the Finnish nurses association's actions in the post-WWII years with focus on the 1960s.

The paper draws from the care research literature discussing the role of care in the welfare organisations. The welfare state has been a vehicle for professional projects. As the welfare state developed and expanded it opened up new professional fields and created a stable labour market providing good conditions for professional organizing.

A concern for the care researchers has been the fate of care and caring rationality in the welfare organizations where scientific, bureaucratic and market economic rationalities, values and interests prevail. As a result nurses have been faced with reconciling professionalism and caring as dilemmas of every day practice. In this paper attention is drawn to aspect of this dilemma, namely to the field of trade-unionism. A central feature of the Finnish post-war development was the growth of unionization and the development of collective bargaining system. The old professional associations, among them nurses' associations turned into interest organizations negotiating wages and other working conditions.

In the collective interest articulation of nurses the post-war years witnessed strengthening of the so called labour market interest. This created interest conflicts with the particular interests of employers but also with the more universal interests of health, wellbeing of the patients. It challenged the old loyalties related to the care ideals and public service. The development of profession was weighted against more traditional trade-union demands. The paper explores the ways these different, often contradictory rationalities and loyalties have been reconciled.

I discuss the post-war development focusing on the late 1960s, a period of societal change. For nurses the late 1960s was a time of strengthening of labour-market logic and fight for better pay and employment conditions. In 1968 the Finnish nurses organized their first nation-wide strike. The conflict contributed to the development of nurses' association into a union in a traditional sense and to the development of collective bargaining system for civil servants.
Modern trade unions and modern nursing emerged from social movements that were inherently gender bound. Trade unions were largely the province of men and trade union activism was a form of class struggle involving working-class men and their middle-class employers. The domain of women, modern nursing was built on notions of service and institutional loyalty, with a tacit acceptance of the economic hardships that inhered in a service vocation. Despite these disparities, nursing and trade unionism came together in 1919, when a small group of nurses in Dublin formed the Irish Nurses' Union. Formed at a time when other nurses' representative associations were actively campaigning for registration legislation, the union was formed with the explicit remit to represent nurses in their pursuit of better conditions of employment. Its status as a trade union set it apart from the other nursing associations at the time.

The paper examines the early development of Ireland's first trade union for nurses. The Irish Nurses' Union was founded in a year of great political and social upheaval in Ireland, which included the start of the Irish War of Independence and the re-emergence of the large Irish Transport and General Workers' Union after its earlier suppression in the Dublin Lockout of 1913. The paper examines the circumstances which led nurses to found the union, including their grievances over poor remuneration, long hours of work and the severe restrictions to individual liberty that hospital authorities imposed. The difficulties encountered in union activism at the time are also examined, including the fact that most of the union's original members were dispersed across many hospitals, each of which demanded employee loyalty. Additionally, since hospitals were charity institutions in constant need of charitable donations, the prevailing trade union rhetoric that pitted the poor worker against the wealthy employer did not readily apply to nurses and their employers. The paper examines this inherent contradiction and that ways that nurses negotiated the contradiction. The paper is based on a range of historical primary sources, including documentary materials retained by the Irish Nurses' and Midwives' Organisation, the union's modern-day equivalent. Selected secondary sources were also consulted, including histories of nursing and trade unions in Ireland. Labour history and women's history provide the critical lens through which the sources were examined.
Occidental health nurses (OHNs) are now grouped within the larger arena of public health nursing in
the UK - in terms of their education, their registration with the Nursing and Midwifery Council (NMC) and
through their professional interest group within the Royal College of Nursing (RCN). There has been
considerable debate and disagreement within the sector about the role OH nursing should have in this
new environment - with some arguing that OH nursing is losing its distinct identity and influence.

Historical analysis shows however that, far from being a new development, OH nursing originated in
public health. The 19th century saw the first Public Health Act, the first nurse training courses and
philanthropic provision of welfare, teaching, first aid and home visiting for some UK mine, mill and
factory workers. During the early decades of the 20th century increasing numbers of trained nurses
worked in industrial settings (especially during WWI).

In the 20th century, the RCN was at the forefront in developing industrial nursing into the profession of
occupational health nursing. It established the first OH interest group in the 1930s, appointed an
‘industrial nursing organiser’ in 1945, developed the first OH courses in the 1950s and appointed a full-
time OH nursing adviser in 1956. OH nursing thus developed as a thriving discipline in its own right in the
latter half of that century. By the end of 2009 the RCN OH nursing adviser post had been axed and OH
nursing had become a full member of the wider public health nursing agenda. In addition, the UK no
longer participate in the thriving specialist organisation FOHNEU (The Federation of Occupational Health
Nurses within the European Union).

Is the speciality in danger of disappearing or can OHNs become stronger as one group, using a wealth of
experience to make a difference to the health and well being of people of working age. Or, could this be
an unprecedented opportunity in danger of being missed by an inward focus on education and setting.
As the largest professional group working in occupational health, OHNS are particularly well qualified to
take a greater role in the government’s current health and well-being in the workplace programme.
E.1. CONCURRENT SESSION: WORLD WAR II AND HOLOCAUST

Entrance Auschwitz II (Wikimedia)
E 1.1. GUARDIAN ANGEL

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During World War II there was a place where neither the children nor the mothers died in childbirth, although certain death awaited them anyway. Ability to experience these wonderful moments of love during the birth in a cruel concentration camp Auschwitz II (Birkenau), has been made possible by an outstanding and caring midwife - Stanislaus Leszczyńska. Her life and service was a testimony how a man in the harshest and most inhumane conditions can achieve the highest dimension of his humanity. History of her service is worth to be reminded, as an important personal model for younger generations of midwives. The speech will aim to present her experience in the profession of midwifery in a concentration camp, where she was deported in 1943. As prisoner number 41335 she was there until 1945. During this period, in inhumane conditions, risking her own life, she assisted in about 3,000 births. The paper is based on both memories and historical sources. Description of the situation of pregnant women, nurses and midwives in Auschwitz would be an introduction to a more general reflection on the profession of midwifery in extreme situations. Also the description of the conditions under which in the reality of the Second World War Poland, the midwives took care of pregnant women, assisted in births and nursed newborns. This will allow both the historical and social analysis of the functioning of a midwife during the war, and the reflection associated with the reproductive health of people living in war-torn areas.
E 1.2. WHERE DID THEY GO? THE FATE OF JEWISH NURSES WHO SURVIVED THE HOLOCAUST

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At the University of Applied Sciences Frankfurt on the Main we study, record and publish the history of Jewish nursing in Frankfurt on the Main. The research team is under the scientific direction of Professor Dr. Eva-Maria Ulmer. The results of our research can be found on www.juedische-pflegegeschichte.de.

Within this research, one part of our interest is directed towards the fate of Jewish persons connected with nursing who went into exile as a result of prosecution during the Nazi regime. One can distinguish three groups of persons who went into exile: 1. nurses who already worked in their profession before they left, 2. nurses who worked in a different profession before they became nurses in exile and 3. young people who emigrated before having a profession.

In a theoretical part of our presentation we want to ask the following questions: who survived, where did they go to, and in which professions were they allowed to work in? The answers show “nursing history in a global perspective”.

In a practical part of the presentation we will discuss some biographies in detail. For the group of the already trained nurses we have data which are based on the work of the historian of nursing Professor Dr. Hilde Steppe. These data mainly concern nurses from Frankfurt who emigrated to South and North America, European countries, Palestine, Egypt and South Africa. For example Thea Levinsohn-Wolf survived working at the Jewish hospital in Alexandria/Egypt. Afterwards she went to Palestine and back to Frankfurt. Here memories are an invaluable source of information.

Anni Altschul e.g. represents the group of persons who had totally different educations before they became nurses. She had started studying mathematics before she was forced to emigrate in 1938. Working in her new profession she became an expert in psychiatric nursing. At the end of her career she was professor of nursing studies at Edinburgh University. As the doctoral adviser of Ruth Schröck, who was the first professor of nursing studies in Germany, she also affected the German nursing research. The Austrian writer Lili Körber too is a representative of this group as she worked as a nurse in New York/USA.

The third group is represented by Chaviva Friedman-Ron, born in 1925 she came to Palestine by the Youth Aliyha when she was 13 and later had the chance to work in the profession she always dreamed of.
The Nazi era in Europe has been the subject of extensive scholarship, and as part of that, and because of their involvement in egregious crimes, doctors have been studied. However, nurses have been largely ignored, despite that fact that the crimes of which the doctors were accused and in many cases convicted, took place in hospitals, and, as today, nurses constituted the largest workforce component in any hospital.

In the so-called “euthanasia” programmes, nurses killed patients who were mentally ill, disabled, epileptic, alcoholic, elderly, and as the war progressed, wounded soldiers. They also killed children with a disability, or with conditions such as Down’s syndrome. Midwives were mandated and paid to report infants born with a disability, and assisted with abortions. Nurses worked in the forced sterilization centres, and assisted in the medical experiments carried out in concentration camps such as Ravensbrück and Auschwitz. While some of these nurses were prisoners themselves, others were not. In essence, and similarly to the doctors, many nurses and midwives were complicit in these crimes. They could choose to work in these places; if they objected, they were not punished, but moved to another ward or hospital. In other words, they committed these crimes of their own free will.

Nurses who assisted doctors in the medical experiments are the subject of this paper. A pilot study was conducted at the Weiner Library in London in 2009. Testimonies of survivors held at the Weiner Library, and a website about the “Rabbits” of Ravensbrück were scrutinized for references to nurses. While this work is preliminary, it yielded references to nurses in several English language testimonies. The paper will present those passages about nurses, and set them in the context of the medical experiments and the fallout from them. Further work is needed, in particular in languages other than English, but this pilot demonstrates that a previously ignored population, nurses, are available to be found. The point of the paper is that nursing, as a profession, must not ignore the role of nurses in this era.
E.1. Concurrent Session: World War II and Holocaust

E 1.4. NURSES IN WAR – ETHICAL CONSIDERATIONS - CASE: FINNMARK, NORWAY, 1940-1945

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Introduction
Norway was during World War II occupied by German forces. Because the sea way past Northern Norway was important for allied transports to the Soviet Union, a great number of German soldiers were placed in Northern parts of the country. There was also the Litza frontier near the Norwegian border. As there were no Norwegian sanitary units working during the war, war activities meant great challenges for health authorities and nurses. Nurses were often under dual pressure as they had to meet with nursing ethics in their work, which could appear to be contradictory to the public opinion and having the right attitudes towards the hostile forces.

Interviewing nurses who worked in Finnmark during the war, they all tell of situations that caused ethical considerations.

Method
Interviews with nurses working in Finnmark in the period 1940-1945 were analysed. One main theme for “stories in the story” was ethical considerations. These substories are reflected on, analysing how nurses themselves describe the situations and challenges in them.

Findings and discussion
These substories show a variety in different situations that nurses describe and comment. Situations that nurses describe were for instance
• Nurses could be requisitioned for work in German wards with double pressure as a consequence: from the society outside the hospital and from within with hostile leaders.
• Catholic hospital sisters of Polish and German origin tell about nursing Norwegian and German patients and war prisoners. A couple of Catholic hospitals were requisitioned for German patients, others nursed both local patients and prisoners of war.
• With shortage of supplies, there was a need for prioritizing use of medicines and medical supplies, sometimes in an unorthodox way.

My work on these issues is still in progress. Findings so far indicate that nurses’ point of view was that each patient should be treated equally; this was part of nurses’ ethical codex retrieved from their training. Sometimes this could place them in difficult and also dangerous situations.

The fact that ethical considerations were raised in interviews indicates also that ethical questions were reflected on in daily work, nurses’ ethical codex was transferred into daily life, especially questions related to the war situation.
E.2. Concurrent Session: Gender: Men and Women

E.2. CONCURRENT SESSION: GENDER: MEN AND WOMEN

The first male nurses at the State University Hospital (Rigshospitalet) Copenhagen, Denmark 1954
(The Danish Museum of Nursing History)
This paper will explore gender in mental health nursing work by focussing on an issue that became the subject of vigorous debate in the early part of the twentieth century in Great Britain. This was concerning the employment of female nurses on the male wards in mental health institutions.

British mental health nursing has its origins in the large Victorian asylums that were built across the country in the nineteenth century (and some of the smaller voluntary institutions and ‘madhouses’ that preceded them.) All these asylums had similar design features, in accordance with the guidelines of the Commissioners in Lunacy. One of the most striking of these was the strict segregation of the asylum on gender lines, with patients being placed on the male or female sides. This has been referred to as the great divide. Male staff were recruited to work on the male side and women on the female side and strict rules ensured the separation of both patients and staff.

In Scotland however this 'great divide' was gradually breached by the increasing employment of female nurses on the male side. In England and Wales this did not become common practice until much later and was primarily as a result of the shortage of male staff that occurred during the First World War. Like many policies that are introduced by the exigencies of war, it endured in peace time. This led to a lively debate in the journals of the day. The National Asylum Workers' Union (NAWU) mounted a vigorous campaign to end this “degrading system of female nursing of insane male patients in asylums” and the exposure, they said, of women to the "revolting duties" on the male side. Ranged against them were some of the medical superintendents who ran these large institutions. In a series of exchanges they spoke in fulsome terms of the civilizing influence of female nurses on the male wards.

The union’s campaign was ultimately unsuccessful and female nurses were to become an accepted feature of male wards in mental health institutions, although it was to be many more years before male mental nurses were allowed to work on the female side.

The debate over this issue raises some interesting points about the nature of mental health nursing in this period and the ways in which gender was conceptualised in relation to nursing work.
Little has been known about the role of men in nursing. Many people are aware of men nurses and generally think that the "sexual revolution" and its multiple changes in sex roles and career paths as the impetus for men entering nursing. Few people are aware that men were a part of nursing from its earliest founding.

This presentation examines the concept of men as nurse and discusses the history of men from early history and into the founding of modern nursing. The presentation will discuss men in nursing from the Roman period through the early Christian period, the Middle Ages, the Reformation and the Renaissance, 17th, 18th and 19th centuries.

The presentation will highlight the role and presence of men in nursing through the historical periods highlighted and will also discuss the perceived and realistic reasons for men serving as nurses. The presentation will conclude with highlights of the history of nursing in a number of countries, including the United States, The United Kingdom, Denmark, Germany and countries in Africa.
In 1896, the pension fund for Swedish nurses turned to inventor Alfred Nobel for financial aid. Alfred Nobel declined to contribute in a letter dated San Remo, 4th of March, 1896 in which he also expresses doubts about the whole idea of a pension fund for nurses:

Dear Madam, I do not like to cut back on my charity budget, but in recent times I have suffered major losses and find myself forced to do so. This notwithstanding, I am not entirely certain that I would wish to contribute to your pension fund for nurses. It is my experience that the ladies who tend the sick without payment are incomparably better at it than hired staff. Nurses and priests or priestesses should provide their services for free. This would make their office an honorary duty that they would discharge with greater dignity. The nobility of women would be in a parlous state if enough nurses were not to be found among those who did not require pecuniary reward. With the utmost respect, A. Nobel

The letter raises several questions about the attitude towards the work of nurses and their socioeconomic status at the turn of the last century. The purpose of the study was to increase our knowledge of the context in which the letter was written and to discuss the related issues. Can the opinions in the letter be taken primarily as an expression of a single old man’s muddled perception of reality or negative experiences of professional care providers? Or does the content of the letter reflect more general attitudes of the time? What was the mindset regarding financial remuneration as expressed in the ethos and professional strategies of contemporary nurses?

In summary, the study suggests that several circumstances informed the tone of the letter, and these will be discussed.
In 1933, Dr. Atlee wrote a scathing condemnation of the nurse's uniform entitled “Uniforms and Stereotyped Minds” in the Canadian Nurse journal. He disparaged the thick fabric (the twill horror), the tight dress (hideous garment), and the cap (atrocious doo-dad).

Despite this editorial hyperbole, it is remarkable that the stiffly starched caps, bibs and aprons that defined the first generation of trained nurses in North America had persisted so long. Despite the end of the Great War, the Depression and significant changes in women's roles and in the construction of femininity, the uniform remained virtually unchanged from the turn of the twentieth century. While fashionable young women in the 1920s and early 30s were sporting skimpy tubular-shaped gowns, student nurses continued to wear long dresses that were pinched at the waist with apron strings and covered by voluminous bibs. Student nurses both appreciated and resisted the unrelenting regime that ruled their work and private lives. They chafed at the dress code that did not keep up with changing ideals of femininity and fashion. By end of the Second World War, nursing uniforms and the behaviors they embodied were little changed. Former students recalled being reprimanded for their skirts being too short, or for unladylike decorum. But students of the 1950s accepted the anachronistic uniform. Their oral testimonies give a strong sense of the uniform in the formation of occupational identity.

But the tide was turning: the supremacy of youth, gender and race in nursing was being challenged by the influx of older women, men and visible minorities to the culture of the hospital school and ward. As nursing tried to cling to the starched image, the last generation of hospital nursing school students in the late-1960s and 1970s began to contest it. The elimination of the bib and apron and the introduction of the pantsuit presaged the end of the traditional uniform. Spurred on by societal change and the needs of a more liberated generation of women, as well acceptance of cultural difference, nursing had to escape the time warp of a feminized culture within a paternalistic structure. It did so by adopting a more modern approach to nursing education and student culture, and, correspondingly, to the uniform.

This paper is part of a larger study of the nurse's uniform. It will be illustrated by a rich variety of primary sources, including actual uniforms and period photographs.
Unskilled nurse at the end of the 19th century - Frederiks Hospital, Copenhagen, Denmark
(The Danish Museum of Nursing History)
Dickens's fictional character of Sarah Gamp was widely accepted in mid-nineteenth century England as a credible representation of the worst of contemporary hospital nurses. In the 1980’s a number of historians took a second look at the pre-Nightingale nurses and claimed that most were actually competent and respectable; nurses were not the slatternly drunkards whom Charles Dickens described. These historians made little effort to set these women into the context of early nineteenth century society and its workforce. Peter Stanley’s fine 2003 book on British surgery from 1790 to 1850 reflected this more recent received wisdom when he wrote that there is abundant evidence that there were many competent nurses in the early nineteenth century. In this paper I argue that there is almost no evidence to support this thesis and much to support its antithesis. I conclude that Dickens's fictional character was based on a certain reality which is why Sarah Gamp so rapidly became an icon for the pre-Nightingale nurses. Nevertheless, those rather rare early nineteenth century nurses who had good clinical knowledge and skills became the backbone of the new model nurse who emerged in the 1880s and 1890s. It was their Gamp-like failings which were responsible for the rigid, highly disciplined and closely supervised new trained nurse.

Many nurses in the first part of the century were illiterate, and those who could read often could not write. Hence we do not have their own perspective but there is a great deal of material about these women in contemporary medical writings as well as in the archives of the London teaching hospitals where the new model nurse developed. The Nightingale literature, particularly with reference to her experiences at the small hospital in Harley Street and the huge Crimean War hospitals provide a rich resource for the 1850s when the old nursing still predominated and the new nursing was just beginning to develop. Main secondary sources are Anne Summers, Dingwall, Rafferty and Webster, Guenter Risse, Richard Price and Peter Stanley.
E 3.2. “NURSES IN WAITING”. ANTECEDENTS OF FORMAL NURSE TRAINING AT THE MELBOURNE HOSPITAL (AUSTRALIA) 1848-1889

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The Melbourne Hospital established in 1848 was the first of Victoria's charitable hospitals. The received history is that nursing began there in 1890 with the appointment of Miss Isabella Rathie, a Nightingale nurse trained at the Royal Infirmary Edinburgh, as Lady Superintendent and the foundation that same year of a Training School for Nurses. The reality however is somewhat different.

There were staff designated as matron and nurses from before the Hospital opened its doors. As far as can be ascertained, prior to 1890 these individuals were given no organized training either before or after they took up their positions and they received very little reward either monetary or in terms of just recognition. Indeed they were often maligned or at best ignored in subsequent history; however this reputation seems undeserved as this paper will show. Some became very skilled and highly responsible nurses although this was clearly related to an individual desire to learn, ability and compassion rather than any systematic education. They were also the group who held the Hospital together, especially in the very early years when there were no Resident Medical Officers or even medical students but only Visiting Medical Staff some of whom were peripatetic in the extreme.

Despite the obvious lack of recognition and very poor wages, a great deal was expected of the first matrons and their nursing staff. Their stories, which closely parallel the Melbourne Hospital's foundation and development, form the substance of this presentation. It will be shown that although in its first 42 years very few Melbourne Hospital nurses were formally trained and their skills, prior education and personal motivation varied considerably, these (mainly) women nonetheless contributed significantly to the care of the destitute poor in the infant city of Melbourne.

What is more surprising and indeed remarkable is that, through their dedication and hard work, many also contributed to the developing vision of nursing as a profession, not just a means of earning a livelihood.
E 3.3. FEMALE PHILANTHROPY AND THE REFORM OF NURSING IN PROVINCIAL ENGLAND, 1862-1900

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Educated women from privileged and wealthy backgrounds were involved in the reform of nursing from the 1840s onward. Their active support was important for the success of these reforms but has not always been recognised. Male reformers such as William Rathbone of Liverpool have been widely feted but the contribution of women remains largely unknown. This paper seeks to evaluate women’s contribution in the creation and management of provincial nursing associations. Attitudes to the involvement of women in this movement and a comparison of male and female roles will be addressed.

Women’s involvement in nursing associations often mirrored the role that they were said to have within the home and society that related to domestic management and moral supervision of working-class women. Philanthropic ladies often had previous experience in visiting the poor in their own homes and some had been connected with other charities such as children’s hospitals. In about half the associations in this study the initial contact with other reformers, particularly with Nightingale, for advice came from women. Most associations had a ladies committee that was involved in the day to day management of the nurses and the home, some directly supervised district nurses in their work and many were responsible for raising the capital to fund activities. Women tended to support nurses caring for the sick-poor rather than private nursing work which was often a male preserve. Although in most cases women seemed to occupy subservient positions within a charity to men, their support and activity was seen to be crucial for its success.

In addition a case study will be used to analyse people’s attitudes to female philanthropists involved in the reform of nursing. In contrast to other associations the Lincoln Nurses’ Institution, was founded, managed and run by a committee of three women. It was created when their attempts to reform nursing in the Lincoln County Hospital was obstructed and opposed by an alliance of the resident medical officer and a section of male subscribers who objected to ‘petticoat government’ by ladies. They ran the institution without a committee, the involvement of doctors or annual general meetings. As the century proceeded the work of this institution was widely praised and the contentious nature of female management conveniently forgotten.

Overall, women had an important, and in some instances, a crucial role in the development and management of pioneering nursing associations which laid down the foundations for greater involvement of women in charitable enterprises.
E 3.4. URBANISATION OF MEDICAL CARE AND PROFESSIONALIZATION OF NURSING IN NINETEENTH CENTURY BRITAIN

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Nineteenth-century Britain witnessed an explosion in the number of voluntary hospitals. In 1861 there were 153 such institutions containing 14,772 beds in England and Wales and by 1891 these figures had risen to 409 and 29,520, respectively. The majority of these new beds were located within cities, over a third being found in London hospitals alone (Pinker 1966).

Reform of nursing, begun in the mid-century, coincided with the beginnings of this rapid growth in the hospital system which brought increasing numbers of the sick poor into its domain (Woodward 1974). The new hospitals (frequently sited within centres of urban depravity, where their patients were located) became the locus for reformed nursing and nurse training schools began to emerge within their walls.

Some of the London institutions were enormous: in the 1890s, St Bartholomew's had 674 beds, The London had 770, while Guy's could accommodate 690 patients. These behemoths had an insatiable need for nurses, employing upwards of 200 on staff and recruiting large numbers every year to their probationary departments, as nursing strove to match the professionalisation taking place in medicine.

This paper will discuss the impact of this urbanisation of nurse training on the type of women who were recruited. It will draw evidence from a selection of other teaching hospitals in London and the provinces. Did hospitals recruit local women primarily, or had they been drawn to the cities from more rural locations? Once trained, did they remain in the cities or disperse back to their home towns and villages, taking their newly acquired knowledge and skills with them?

Edward Higgs has suggested that domestic service acted as a bridging occupation, enabling women to move from a rural environment to an urban one, where they could experience of the mores and acquire the domestic skills more appropriate to a middle class setting. From such positions, the more ambitious could then either make socially advantageous marriages or move into other occupations with higher social standing.

This study will investigate whether similar patterns can be identified in nursing.
E.4. Concurrent Session: Children’s Health Care

E.4. CONCURRENT SESSION: CHILDREN’S HEALTH CARE

Koldingfjord TB Sanatorium – The Christmas Seal Sanatorium   (The Danish Museum of Nursing History)
In December of 1958 fire broke out in Our Lady of the Angles School in Chicago. It claimed the lives of 93 children and three Catholic nuns. Many more children were injured by the fire and their fall from school windows as they sought to flee from the flames. The focus of this study is on the nursing care given to the children admitted to St. Anne’s Hospital, the closest facility to the fire.

The treatment of thermal injuries, especially in children, was not well developed in the era and the multiple causalities that the medical and nursing staff faced placed a heavy burden on them and the hospital. The suddenness of this massive school fire in a closely knit neighborhood where many families either lost or had injured children added to the medical, emotional and social needs of the patients and their parents. These factors posed demands on the medical staff to keep the children alive, repair their damage bodies and emotions, and return them to health.

A social history framework was used to examine the fire and its impact on the children, their parents and the medical personnel that cared for them. Primary sources used for the study included archival collections of Chicago newspaper/magazine accounts of the fire, and interviews with former staff nurses and patients. Secondary sources included books on the fire such as To Sleep with the Angels by Cowen and Keunster and The Fire that Would not Die by Angela McBride, a survivor of the fire and medical and nursing texts of the era.

The findings reveal the challenges the medical staff, especially nurses, faced in dealing with causalities from the fire. Medical personnel and supplies from the city and nation were mobilized to provide essential medical care. Working in two nurse teams, children were provided 24 hour intensive nursing care. Staff learned to deal with the intense suffering of the children due to their injuries and their surgical treatments, such as frequent debridement of the wounds, before successful grafting could be accomplished.
In 1897 the world’s first hospital for newborns and infants was founded in Dresden and since then specialist nurses for newborn babies and later also for infants have been trained. As with geriatric nurses, the infant nurses’ training and area of work have to this day remained separate from those of general nurses in Germany.

The development of pediatric healthcare around the year 1900 must be seen in the context of the emerging modern medicine and scientific hygiene and the health care system that was established as a result. The new view that ‘children are not small adults’ led to pediatric medicine evolving as a discipline in its own right, forming the foundation for the development of pediatric nursing. The lecture therefore offers an outline of an infant nurse’s area of work.

It will also focus on the nurses’ professionalization and the corresponding discourse that was mostly conducted by pediatricians. The nurses’ own initiatives will also be presented, such as their organizing themselves in an association as well as the activities arising from that step. What is of particular interest is the baby nurses’ relationship with the general nurses that was by no means without conflict. The everyday life of the infant nurses and how they viewed their work will also be considered. They often had to coordinate their activities not only with the physicians but also with the wet nurses, who tended to live in the infant hospitals at the time, while being exposed to the critical and attentive eyes of the babies’ parents.

*In 1802 the first children’s hospital was founded in Paris (Hôpital des enfants malades); in Germany the first pediatric ward opened at the Charité in Berlin in 1829/30 with 30 to 45 beds.*
E 4.3. NEW CHALLENGES, OLD DILEMMAS: SULFONAMIDES AND CHILDREN’S HEALTH CARE DELIVERY IN THE UNITED STATES 1936-1949

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Using patient records from the Sydenham Hospital for Infectious Diseases in Baltimore, Maryland, I explore the therapeutic revolution “on the ground” as sulfonamides replaced therapeutic sera in the treatment of two infectious diseases in children in the 1930s and 1940s: meningococcal meningitis and pneumococcal pneumonia. A close reading of patient records tells something very different from an examination of reports in medical journals. The latter focus on the success [or failure] of new treatments; the former reveal the challenges of making them work and the many different clinical decision points involved. The patient records also show the personal responses of clinicians observing children recover from once uniformly deadly infections.

The idea that children, and especially newborns and young infants, reacted differently than adults to drugs and required distinctive dosage calculation and medication administration methods, had long vexed clinicians in terms of applying that understanding in practice. The sulfa drugs were no exception. But I contend that caring for infants and children receiving the agents made unique demands on nurses that differed from the work of caring for adult patients. The differences arose from age-related responses to the pathogenic organisms and the particular challenges of administering sulfonamides to the pediatric patient and monitoring youngsters for adverse reactions. I argue that as a result the nursing protocols developed for infants and children receiving sulfonamides not only laid the groundwork needed a few years later for the adoption of penicillin, they forged the template for postwar pediatric nursing in the United States and the contours of American pediatric nurses’ phenomena of interest going forward.

This study is important for multiple reasons. First, both scientific accounts of therapeutic reform and traditional historical narratives of antibiotic development often overlook sulfonamides in favor of penicillin. Second, an appreciation of the “real time” experience of clinicians struggling to adapt to a new treatment paradigm within a short window of time is meaningful and the rich data set afforded by the Sydenham records provides a case study to address this issue. Third, the history of pediatric pharmacology deserves further scrutiny and needs to be viewed apart from adult therapeutics. Finally, the normative experiences of pediatric patients and the practitioners caring for them must be distinguished from adult patients and their health care providers. This perspective has been underdeveloped in nursing and medical historiography.

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Robert Wood Johnson Foundation Investigator Award in Health Policy Research; American Association for the History of Nursing H-15 Grant
E.5 CONCURRENT SESSION: NURSING IN COAL TOWNS, MIGRANTS AND SCHOOLS

Miss Hazel Jamison, R.N., employed by company, weighs baby of Aubrey Cook, miner, who lives outside company housing project, renting a house from a relative. (Department of the Interior - Wikimedia)
E 5.1. NURSES IN COAL TOWNS, MIGRANT CAMPS AN SCHOOLS: BRINGING HEALTH CARE TO RURAL AMERICA, 1920-1950 - A PANEL PRESENTATION

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Purpose
The purpose of this panel presentation is to bring to light the role public health nurses played during the first half of the 20th century in meeting the health care needs of citizens in rural America. In so doing, the nurses increased, and in some cases, introduced modern health care to rural and often remote populations. Three case studies are presented that illustrate the work of nurses in the states of California, Washington, West Virginia and Virginia from 1920 to 1950.

Rationale and Significance
Today many regions of the world are experiencing a severe economic recession that is considered to be the worst since the Great Depression of the 1930s. Many remote populations, particularly those in rural areas, lack access to health care. In America, the recent Institute of Medicine report on the Future of Nursing expresses a vision in which nurses work to the full extent of their training to make quality care accessible. Evidence from the first half of the 20th century documents how nurses did work at the full extent of their training and in collaboration with physicians to provide access to care.

Methods
Traditional historical methods with a social history framework were used for data collection and data immersion. Critical analysis of social, political, and racial context, as well as the state of the art of nursing, public health, and medicine, was also done. Primary sources included: surveys of the WV bituminous coal region; WV and VA Departments of Health reports; papers of the Farm Security Association; reports of the Agricultural Workers Health Association; the Rockefeller Sanitary Commission official reports.

Conclusions
Meeting the health care needs of the rural poor in the first half of the 20th century required a collaborative effort by nurses, physicians, civic and community leaders, as well as public and private agencies. Nurses became the leaders in providing rural health care. Through their work, public health nurses improved the health of coal miners and migrants in West Virginia and California. In Virginia and West Virginia, school nurses provided care to children through their innovative school health programs and ultimately influenced the health of families.
Posters

POSTERS
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The Museum of Education in Nursing, Public Health Nursing and Midwifery, located in the Helsinki Metropolia University of Applied Sciences (UAS), is the only Finnish Museum that provides an exhibition on the development and history of the education of nursing, public health nursing and midwifery in Finland. The Museum presents unique image of the pioneers in the Finnish healthcare system and provides an insight on the development of the educational and professional context.

Nursing education first saw daylight in Finland in 1889. The Museum’s earliest collections consist mostly of the various items and study materials of the Nursing School and student dormitories. In 1946, the Nursing Education moved into new quarters, thus becoming a part of the Helsinki Institute of Nursing, where collecting articles for exhibition first began in 1979. The Museum also sheds light on the history of the Helsinki Institute of Nursing. A part of the exhibition is constructed to portray the everyday lives of the Institute’s staff and students. For example, portrayals of a student’s room, infirmary and professor’s and headmaster’s offices can be found. Photo collages are found on the corridors of the Museum and they depict the history and development of the Helsinki Institute of Nursing, for example its time as Finland’s Red Cross Invalid Hospital during the WWII in 1940-1947. Material from the 1952 Olympics Games, hosted by the Helsinki Institute of Nursing, can also be found.

In 1990’s the Museum’s collection grew as more room was acquired. The collection depicting a Finnish public health nurse’s profession in 1940’s and 1950’s was re-collected into a portrayal of a public health nurse’s office. Education and training in public health nursing began in Finland in 1924. In 2008, the old collection from the College of Midwifery and Nursing was added to the Museum’s collections. Midwifery education started in Finland in 1816. The collection in the midwife’s rooms in the Museum depicts midwife’s education and profession, dating all the way back to the late 18th century and early 19th century.

The Museum of Education in Nursing, Public Health Nursing and Midwifery is designed and put into life mainly by volunteer work. The Museum Board, mainly consisting of retired lecturers, is in charge of the Museum’s operation. The Museum’s action is directed and funded by the Helsinki Metropolia UAS, Faculty of Nursing and Health Care.
Background
Professional nursing in Denmark dates back to 1863 when the Danish Deaconess Foundation was founded in Copenhagen. In 1876, the first secular nurses were educated at The Municipal Hospital in Copenhagen, from where the new nursing system spread to the rest of the country. From early on, nursing history was part of the nursing curriculum, partly thanks to the fact that the preparatory schools for nurses from 1927 had nursing history on the syllabus (1). In 1958, when the nursing education was regulated by legislation, history was stated as part of the curriculum. It stayed so until 2008 where the mandatory history lessons disappeared.

Purpose
The Danish Nurses’ Organization (DNO) is concerned that new nurses know their roots and history (2). Therefore, DNO has developed a website on nursing history for its members to use - www.dsr.dk/historie. The aim is to make nursing history easily accessible and fascinating, and at the same time grounded in facts and literature. Due to DNO’s information policy, the pages are put behind login.

Content
The pages cover nursing history in Europe from the Daughters of Charity to Kaiserswerth and Florence Nightingale. This part of the website is mainly based on earlier articles in DNO’s nursing journal. The article on Florence Nightingale is written for the occasion building on the latest literature. The largest part of the website covers the Danish nursing history from the Deaconess Foundation till today. This part of the website is researched and written for the occasion. In addition, there are pages about the symbols in nursing: Badges, uniforms, caps, capes, the lamp, the Nightingale Pledge etc.

Literature, photographs and artefacts
The Danish nursing history is well documented, and the pages build on a solid range of literature and research. All pages are thoroughly referenced, and there are many active links to sources or pages for further reading. The Danish Museum of Nursing History has been a resourceful support and source of information, photographs and artefacts. The website is therefore richly illustrated with photographs and scanned material. As a special feature, members can download old articles from the Danish Nursing Journal included in the reference lists. The oldest articles date from 1901.

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Nursing badges are common all over the world, and Danish nurses traditionally wear two badges: The badge of the Danish Nurses’ Organization (DNO), and the badge of their nursing school.

**The badge of the Danish Nurses’ Organization**
DNO was founded 1899, and the new organization decided from the beginning to have a badge that would guarantee the public that they met a fully educated nurse. The badge was held in the Danish national colours, red and white, with a golden four leaf clover. Today the badge is almost unaltered, and it is still the strongest brand for professional nursing in the country since 90% of all Danish RN's are DNO members.

**Hospital and nursing school badges**
In 1961, The Danish Nurses’ Organization (DNO) received a collection of school badges from the 33 nursing schools in the Denmark. When preparing the opening of the Danish Museum of Nursing History, DNO decided to donate the collection to the museum. After a call for badges in DNO's nursing journal, 158 different badges arrived. It took Kirsten Stallknecht (KS) two years to compile their history and register all the information. Today, the badges are exhibited in the museum. KS also wrote a booklet about the badges, the first of its kind in Denmark (1).

**The history of the Danish nursing badges**
The oldest badge is from 1919, and during the thirties and forties, badges became common for the about 100 hospitals in Denmark. From 1958, due to new legislation on nursing education, nursing schools were established, from which time the badges mirror the schools. In 2001 the nursing school structure and legislation was changed, and there are now fewer schools. They still have badges, but they have been altered to mirror the new University Colleges.

**The nursing badge website**
In collaboration with Danish Museum of Nursing History, DNO has had all the badges photographed to show them and their history on a large website. The website www.dsr.dk/emblem was published summer 2011, and it was an instant success. The website encourages readers to write comments, a feature that is frequently used by nurses to write additional information about their badges. This information is continuously added to the website, and sometimes it changes the former chronology and history. Thus, the nursing badge website constitutes a new interactive platform where nurses contribute to nursing history in Denmark.

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HISTORICAL ANALYSIS AS A METHODOLOGICAL APPROACH IN NURSING EDUCATION

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Motivation
The Ministerial Order on the Bachelor of Science in Nursing Programme describes nursing history and the current situation including the legitimating, establishment and development of the profession in relation to society and the healthcare system as one of the central areas of the education. As responsible for this area of education, the motivation was to test a method of a more dynamic and involving approach to the teaching of this subject. The purpose was to support the entrepreneurial initiative and to increase the professional output of the students' workshops through a historical analytical reflection.

Statements
Through a focused specific method it is possible to practise the ability of students to reflect academically and to argue how historical problems in the profession have had an influence and how this knowledge can be important for the present and the future. Through the lecturer’s priorities acting as a role model and a facilitator it is possible to create a will, an urge and the energy among students. Moreover, it is very important that the lecturer supports successes and has high expectations to the students.

Approach
Core attitudes in didactics are that the best learning is obtained when the student understands the meaning of what has to be learned. Similarly, it is not enough to get the student to see the possibilities but a will and a sense of security to act on the possibilities have to be created. The framework for the teaching was:

• Introduction to historical analysis and a methodological approach
• Exemplary lectures based on the lecturer’s own historical analyses including perspectives for the present
• Workshops on the students’ self-elected subjects within the history of the profession; the lecturer acting as facilitator
• Presentation and feedback in plenum of the students’ historical analyses.
Results
The first evaluations show a generally higher commitment among the students. They also spontaneously express a will and an urge to search for and include more knowledge about the history of the profession in their future analyses of nursing professional problems.

Conclusions
In a mono-professional perspective, the historical analytical approach as a method could be included in the nursing education. In an inter-professional perspective similar approaches in connection with the history of other health professions, self-understanding and core professionalism could have obvious possibilities for new insights which could improve the encounter with a complex healthcare system locally and globally.
In the Polish Nurses Association there is a long tradition of documenting the history of Polish nursing, which are closely related to the turbulent fortunes of the Polish nation. The nurses took care of the wounded in time of wars and insurrections, and participated in international missions.

The Polish Nurses Association, since of the beginning (1957), set itself as the main target to save from oblivion the history of Polish nursing. Already in 1961, at the initiative of Jadwiga Kaniewska-Iżycka, Historical Commission was established to collect documents, records, photographs and memories.

An important event in the activities of the Commission was to cooperate with the Circle (Club) Graduate of Warsaw School of Nursing which possessed rich collections, carefully ordered by Aniela Jabłkowska-Sochańska. The result of this cooperation was the creation in 2008, the Central Archive of Polish Nursing name of Barbara Purtał.

Archive collects, protects and provides documents, biographies and memoirs of distinguished nurses and midwives, monographs of nursing schools and hospitals and archival books.

A major achievement was the creation of December 31, 2011 Virtual Museum of Polish Nursing. The purpose of the Museum is: disseminate knowledge about the history of nursing, use the experience to develop and promote the nursing profession. The museum draws attention to the humanistic role of the profession and the promotion of ethics of nurses. The virtual museum illustrates the history of the largest medical professional group constituted by nurses (280 000) and popularized it in the society.

The Polish Nurses Association and Historical Commission (led by mgr Krystyna Wolskaj-Lipiec) have the opportunity to present and disseminate the documents collected over the years, illustrating the history of this unusual profession. Polish Nurses Association as the originator of many measures for nursing history confirms words of Jadwiga Kaniewska-Iżycka that there is no future without a past.