1. Introduction: The Nature of Nursing

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Introduction: The Nature of Nursing

It has been said and written scores of times, that every woman makes a good nurse. I believe, on the contrary, that the very elements of nursing are all but unknown.

—Florence Nightingale

The professionalization framework is the starting point for understanding the written history of nursing, as this remains the predominant approach to nursing’s past. Two factors help to explain this. First, professionalization has long been the dominant strategy of nursing leaders. Second, historians of nursing have been inclined to use this strategy as their framework in interpreting nursing history. Indeed, for much of nursing’s past, the historians and leaders of nursing were one and the same. As Oderkirk explains, “Nursing history has been counted among that historiographical species pejoratively called ‘in-house’ history, written by practitioners for practitioners, and identified by a propensity toward hagiography, evangelism, and images of professional destiny.”

Underlying this framework is the assumption that nursing is advancing through a process of professionalization. Among the leaders of nursing, this idea has been so deeply ingrained that ideas to the contrary are unfathomable. Thus, in the texts that are written to help socialize fledgling nurses into their chosen work, nursing authors regularly exhort their readers to recall nursing’s emergence as a profession from a dark past. Typical of such treatises, one author remarks, “From its unorganized and poorly defined beginnings, a profession based on ... competence, autonomy, determination, and human caring evolved.” Small wonder, then, that doubts about the professionalization of nursing seem almost as improbable as questioning the
nature of nursing itself, which in contemporary discussions is often typified by the phrase “nursing is caring.”

Professionalization in nursing is most often viewed as occurring in a series of stages, as professions are typically understood. Progress through each stage is thought to involve certain accomplishments: a focus on academics or theory-driven knowledge, including a constant upgrading of educational standards; consolidation of authority; establishment of state registration and accreditation of schools; and attainment of self-regulation or autonomy. Of course, specific descriptions often vary in terms of the aspect of professionalization emphasized. However, the underlying message remains the same.

Some authors spotlight the consolidation of authority among the major nursing organizations in describing the path to professionalism in nursing. One such individual warns against “the dilution of the profession’s strength and the diffusion of its leadership.” In a slightly different example, another writer stresses the increased quality and length of nurses’ training, along with greater control over their education and work, in tracing “nursing’s progress toward professionalism” during the period 1850 to 1920. Another cites “the silent battle” over nurse registration, between 1903 and 1920, as the pivotal factor in the ongoing conflict to distinguish nursing from a skilled trade and to raise it from the status of a “semi-profession” to that of a full profession.

Accounts that boldly raise an alternative explanation of nursing’s past tend to quickly revert to familiar patterns. For instance, in an essay entitled “Constructing the Mind of Nursing,” a leading nurse historian reflects that “revisionist historical scholars have lately expanded the explanations of nursing’s conception beyond ‘the great woman theory’ of Nightingale’s genius” to encompass a wider array of ideas. Yet venturing only slightly beyond Nightingale, nursing is seen here as a field of “emerging professionals,” in an “intellectual terrain” dominated by three of North America’s nursing’s elite: Lillian Wald, Annie Goodrich, and Lavinia Dock. The outcome is predictable, as the account continues: “And once again, the idea of compassion and caring as a central virtue in nursing appeals to the core of nurses.” As this study will explore, caring has become the rallying point for academicians in nursing have sought to define a unique occupational knowledge base that will establish the field’s full-fledged professional status.

In a well-researched book on technology, gender, and American nursing, another author similarly promises new insights into the nature of nursing. “Angling for space (with doctors and others) in the ‘narrow passageway’ leading to the bedside of patients,” this individual contends, “... nurses believed that the tangibility of things and the visibility of proce-
dures embracing those things would make their knowledge and work more perceptible and discrete.” However, incorporating new technologies into nursing practice failed to differentiate this field from other health-related pursuits. As a consequence, nurses eventually “realigned their practice with . . . feminine caring,” in an effort “to separate themselves from technology” and to reclaim “tender loving care” (TLC) . . . as true nursing.” This is an interesting interpretation yet, as in the previous example, new information in this narrative for the most part only props up old arguments. Thus, technologizing is described as failing nursing because it did not “fulfill nurses’ desires . . . for professional autonomy and visibility.” The focus is once again on traditional characteristics of professions and the aspirations of nurses are as tightly bound as ever to the idea of professionalization.10

Contrary to the stereotypes suggested by its subjects, a study of nineteenth-century nurses, nuns, and hospitals actually comes the closest of these examples to overturning usual ways of viewing nursing’s past. The author sets out to debunk the traditional heroic nursing narrative, focusing instead on the Irish, German, French, and Scandinavian immigrant women who became nursing nuns and deaconesses in North America. She argues that “nursing needs to look beyond the veil and see that its progenitors were not the meek and obedient slaves to medicine that Florence Nightingale and Dorothy Dix would have us believe.” With such statements the account challenges traditional approaches to nursing history and bolsters some of the lessons learned from the women of St. Luke’s, the focus of our narrative. Still, this study of religion and nursing parallels other descriptions in its ultimate focus, which is the story of how “the sisters overcame the obstacles and restrictions placed in the way . . . as the nursing profession emerged and training became routine.” “Pious professionals” are described as presiding over a revolution in “the history of the rise of professional nursing.” Thus, rather than offering a significantly different vantage point from which to consider nursing, for the most part Nightingale is simply replaced by another group of heroes who in their turn take up the mantle of professionalization.11

These customary ways of viewing nursing all emanate from the assumption that nursing is an emerging profession. Though the works just cited are all from contemporary writers, the basic approach to nursing’s past has changed little over time. In an argument that could easily be heard today, a classic history from 1920 emphasizes the need to strengthen the theoretical and scientific side of nurses’ training in order to advance the struggle for professional independence and to prevent “the possibility that nursing becomes little more than a trade.”12 The same perspective is echoed twenty-nine years later in Roberts’s contention that if apprentice training on the job
had not typified early nursing, the evolution of American nursing might have more nearly paralleled that of other professions. More optimistically, Roberts goes on to outline “the triumphs of nursing in its rise . . . toward the stature of a profession.” In her praise, she singles out the success of leaders in nursing education, the growth of professional organizations, and the rise of state boards of examiners.

Descriptions such as these, whether from past or present observers, share common threads, including the assumption that the professionalization track accurately portrays nursing history, the implicit belief in the desirability of professionalization as distinct from a trade, and an emphasis on familiar features of professionalization. The predominance of these ideas is perpetuated by incomplete, broad-brush research into the apprenticeship system of work and training that characterized nursing around the turn of the century. Lacking are detailed accounts of apprentice nurses, the key to expanding our understanding of how nursing evolved from the late nineteenth century to the present.

A major work on Nebraska nursing education, for instance, concludes that little direct evidence exists about early training programs because, in general, programs did not keep records. In place of such evidence, the study is typical of others in its dependence on accreditation material from the state board of nursing, along with legislative documents, to infer what apprenticeship in nursing was like. Because these sources recorded the activities of nursing leaders, rather than rank-and-file nurses, the narrative is predictable in reinforcing established notions of professionalization, attributed in this case to “the organizational revolution in nursing.”

Documentation from apprentice nurses is also conspicuously absent in a similar investigation of nurses’ training in Ohio, covering the years 1892 to 1980. The study focuses on the milestones in the professionalization of nursing, culminating in a lengthy argument in favor of the baccalaureate degree as “the minimum requirement for the professional nurse.” Detailed information from students is also missing from a history of Iowa nursing programs, though this does not stop the writer from claiming her study as proof of the “development of a profession.” Like the Ohio history, this one also highlights the need to establish minimum educational requirements for nursing.

This consensus in interpretation has made historical conclusions about nursing almost routine, especially in regard to the apprenticeship system of work and training that characterized nursing in the late nineteenth and early twentieth centuries. Thus, Ashley uses her oft-quoted essay to sharply rebuke the apprenticeship system for enforcing “unquestioning subservience.” She concludes that it is an unfortunate and repressive part of nursing’s past because it impeded nurses’ professional development. Pick-
ing up this same theme, one of today’s most prominent historians of nursing condemns the apprenticeship system for “turning out . . . human machines” and creating a situation “that stymied efforts to achieve professional autonomy.” Still others criticize early hospital programs for their “failure to educate for a profession,” describing apprenticeship in nursing as “three years of diligent, dreary practice and work” designed to produce “quiet, submissive slave(s).” Or, as a popular contemporary text sums up nursing’s apprenticeship past: “school(ing) in submission.”

A much less noticed, yet important, alternative to a focus on professionalization concentrates on the craft tradition of nursing. Far from being a form of subservience, early nursing was a skilled field that generated pride in work well done and allowed for relative independence within a context of quite rigid gender roles. This alternative is most clearly presented in the work of Melosh and remains largely unexplored by other researchers. Melosh argues that professionalization offers “a distorting lens for looking at the history of nursing.” She explains that historians who adopt this “pervasive paradigm” express the narrow view of a nursing elite, but not the position of the vast majority of nurses. According to the craft-focused framework, the distinctive history of the hospital schools of nursing shaped and strengthened a coherent ideology that offered a powerful option, and even a direct challenge, to the values of professional ideology.

The challenge to professionalization came from nursing’s legacy of pride in manual skills, direct involvement with the sick, respect for experience and concomitant mistrust for theory. Academic pursuits were downplayed, while the values of apprenticeship were stressed—empathy and self-discipline rather than intellectual curiosity, carefully honed craft skills rather than research or study. These values led the average nurse to resist the professionalizing efforts of nursing leaders with a defiance that “verged on anti-intellectualism.” As one nurse who trained in the 1890s observed, “This underemphasis of the need for skilled craftsmanship . . . seems never to have had import to those nurses who dominate the educational field, and who have clamored so loudly for the recognition of nursing as a profession and not a vocation.”

More than half a century later, in the 1960s, another nurse expressed similar sentiments, complaining that an emphasis on academics in nursing was creating a situation in which nurses are “afraid to handle bedpans and give backrubs.” During the same decade a hospital staff nurse wrote, “If I am hospitalized, I hope that the nurses who care for me have a thorough education in nursing. I hope that they know pharmacology, aseptic techniques, symptomology, and so on. I shall not care if they know a Van Gogh from a Rembrandt or have six credits in physical education.”
As one historian affirms, supporters of apprenticeship education emphasized the importance of craft skills and quality patient care. They proudly defended the virtues of hospital-based education, including “the opportunity to practice techniques and tricky manual procedures until they became second nature, and the chance to work on the wards and benefit from the advice of seasoned veterans.”

Between these opposing positions lies an occupational divide that has pitted ordinary nurses—the torchbearers of skilled craftsmanship—against nursing leaders—the champions of professional advancement—for more than a century. Nursing literature is replete with references to “the deep divisions within nursing,” “the gap that continues to exist between practicing nurses and the American Nurses’ Association leadership,” and “the huge gulf between what nurses are taught in nursing colleges and the pragmatic . . . approach to nursing that continues to be adopted in many clinical areas.” One of the most salient examples of these differences—the controversy involving the necessary preparation to become a nurse—surrounded the opening of the first nursing programs in the United States in the last part of the nineteenth century. The ensuing conflict foreshadowed the present, confusing situation in which basic entry into nursing practice is achieved by any one of three routes: a two-year community college degree, a three-year diploma, or a four-year baccalaureate degree.

With each side continuing to hold “very different beliefs about the nature and purpose (of nursing),” there is little sign of a rapprochement within nursing. Yet there has never been a greater urgency to better understand this impasse. Indeed, we are now faced with a nursing shortage of near catastrophic proportions that shows few signs of diminishing, and there is every indication that internal occupational tensions are as much to blame as external forces for frustrating the aspirations of prospective nurses and prompting many graduates to leave their jobs.

In chronicling the tensions both within and outside of nursing, historians have tended to focus on documenting nursing’s progress toward professionhood. Occasionally this has meant seeing nurses struggling against one another, but for the most part it has meant envisioning nurses as moving forward in relative uniformity to overcome shared hardship and adversity. From a craft perspective, though, rank-and-file nurses are more likely to be seen as active participants in an apprenticeship culture rather than victims of a regrettable system of work and training. Of course this assumes that a deeply rooted craft tradition exists within nursing. As luck
would have it, evidence of the craft tradition depends on detailed information from those least likely to be represented in the most readily available historical records—average nurses. Most writers, as in the Nebraska example mentioned above, suggest that direct evidence from the rank and file in nursing is nearly impossible to find, leaving us to rely on inferences from scattered fragments and indirectly related sources. Given this situation, it is not so surprising that the record is mostly silent in terms of the developing craft approach to nursing, or of other possible alternatives to professionalization.33 This is exactly what makes the major source of information for this book, the St. Luke’s data, so tremendously valuable.

Despite the passage of time, the voices of the nurses who are at the center of this account are relentless in demanding that we carefully revisit the assumptions that have guided most written histories of nursing. In truth, only a few of the women were available for face-to-face interviews, but their insistence on our seeing their experience for what it was to them, not for what we might want it to be, comes through as well in the rich and detailed material that they left behind. Most of this material has been preserved in the records of the St. Luke’s Hospital Training School for Nurses, which operated from 1892 to 1937 in St. Paul, Minnesota.34 With the unexplained exception of the program’s first five years, the collection includes the individual files of all 838 women (graduates and nongraduates) who entered the hospital to become nurses. The files contain letters from the women explaining why they wanted to become nurses; applications that describe their qualifications; reference letters from neighbors, friends, family, and employers; detailed descriptions of their training and education; and records of their experiences after St. Luke’s.

Despite the richness of this source, the choice of St. Luke’s might seem unusual, given that other studies have tended to focus on exemplary training programs such as those at Johns Hopkins and New York Hospital.35 But it is exactly the ordinariness of the St. Luke’s school, both in historical perspective and as perceived by community groups, accrediting agencies, applicants, nurses, and the public at the time, that make it a particularly useful subject. The school earned a reputation for providing “good training” in a “proper hospital,”36 admirable traits but not traits unique to St. Luke’s. In fact, while the St. Luke’s nurses were well respected, none achieved national or even regional prominence. Nor was the school’s opening a path-breaking event, or any aspect of its organization and plan particularly stellar. Instead, the program was typical in length, schedule, and
focus, simply another part of a nationwide increase in hospital-based training programs. During this era, such programs were the source of nearly all “trained nurses,” with the national numbers increasing from 16 in 1880, to 549 in 1900, to more than 1,800 in 1920.37

Even in its closing, in 1937, St. Luke’s was consistent with national and local trends, in that the number of hospital schools plummeted in the 1930s.38 The hospital was typical also in terms of its size—150 beds—as well as in its focus on patients with general medical and surgical needs, and in its religious affiliation.39 Here, then, is an extraordinary collection of information involving an ordinary group of individuals in a standard context. As such, it provides an invaluable window into the historic nature of nursing—the largest healthcare occupation then and now.

Due to the fact that hospitals were dramatically increasing in number and size during the period of study, focusing on a training school to explore the nature of nursing seems especially appropriate. Historians regard “the fusion of the training of nurses with the practice of nursing,” as one historian points out, “as the fundamental conflict” of early nursing.40 Thus, within the apprenticeship system of hospital-based training, more than any other setting, nursing directly confronted issues crucial to its occupational evolution. Here nursing met head-on with the paradigmatic profession of medicine, the emergence of modern science, questions of gender and paid work, and class. These issues frame our research and highlight its broader significance. They also point to the underlying question of this account, “What is the nature of nursing?”