



Routledge Handbook on the Global History of Nursing

Edited by Patricia D'Antonio, Julie A. Fairman
and Jean C. Whelan

ROUTLEDGE HANDBOOK ON THE GLOBAL HISTORY OF NURSING

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and Jean C. Whelan*

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ROUTLEDGE HANDBOOK ON THE GLOBAL HISTORY OF NURSING

The *Routledge Handbook on the Global History of Nursing* brings together leading scholars and scholarship to capture the state of the art and science of nursing history, as a generation of researchers turn to the history of nursing with new paradigms and methodological tools.

Inviting readers to consider new understandings of the historical work and worth of nursing in a larger global context, this ground-breaking volume illuminates how research into the history of nursing moves us away from a reductionist focus on diseases and treatments and towards more inclusive ideas about the experiences of illnesses on individuals, families, communities, voluntary organizations, and states at the bedside and across the globe. An extended introduction by the editors provides an overview and analyzes the key themes involved in the transmission of ideas about the care of the sick. Organized into four parts, and addressing nursing around the globe, it covers:

- new directions in the history of nursing;
- new methodological approaches;
- the politics of nursing knowledge;
- nursing and its relationship to social practice.

Exploring themes of people, practice, politics, and places, this cutting-edge volume brings together the best of nursing history scholarship, and is a vital reference for all researchers in the field, and is also relevant to those studying on nursing history and health policy courses.

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INTRODUCTION

Patrica D'Antonio, Julie A. Fairman and Jean C. Whelan

Almost a generation ago, both Ellen Lagemann and Celia Davis, in their respective introductions to edited collections of new essays on the history of nursing in the United States and Great Britain, captured the excitement that existed in this field of scholarship. New scholars with different backgrounds and experiences had come to the history of nursing with different methodological tools from women's history, labor history, and sociology. They also sought answers to innovative questions and mined new sources of evidence for insights that brought the history of nursing out of narrow disciplinary perspectives of institutions and people and into a broader historical world that placed their actors within the context of social and political imperatives.¹

The succeeding years have seen an impressive range of work that builds upon this tradition. Recently, a new generation of scholars with, again, different backgrounds and experiences have been turning to the history of nursing with new paradigms and methodologies that bring new analytic tools and theoretical perspectives to traditional sources. Some of these scholars have also moved the history of nursing beyond a traditional nation-state analysis that structured Lagemann and Davis' collected essays and have used nurses to historically track the global flow of ideas and practices. Other scholars have turned to new actors in the history of nursing and have used such men and women to chart different forms of activism and ways of using power. Still others use nurses and nursing as a concept of analysis and, in doing so, tell a more nuanced and gendered history of hospitals and health care. And some are moving beyond the structure and function of a professionalization paradigm, focusing instead on the intersectionality of race, class, gender, and place on professional identity formation. The field of nursing history, to paraphrase Ellen Lagemann, is once again in ferment and its scholars, to paraphrase Celia Davis, see themselves working on the cutting edge of history, policy, and practice.

The *Routledge Handbook on the Global History of Nursing* brings these scholars and scholarship together in a way that captures the state of the science and invites readers

to consider new understandings of the historical work and worth of nursing in a larger global context. The history of nurses and nursing is now mined for insights that help explain or illustrate the global circulation ideas about the care of the sick; about gender and the valuation of care work; about the intersections of lay and professional care; and about the definitions and valuations of vulnerable populations. This handbook is necessarily about the history of nursing; but the history of nursing also moves us away from reductionist foci on diseases and treatments and towards more inclusive ideas about the experiences of illnesses on individuals, families, communities, voluntary organizations, and states at the bedside and across the globe. It moves us away from amorphous definitions of care and towards clearer understandings of how those involved in care – both as caregivers and as patients – more fully operationalized their work. It allows new approaches to a construct about a fundamental human need that nonetheless finds different expressions in particular kinds of social, political, and religious contexts.

The genesis of this book reaches long back to our own discussions about the nature of care in general, and nursing care in particular, across time, place, and cultures. Our own position as clinicians as well as historians led us to wonder – who are the sick? Who has responsibility for them? How does the work of the individual, the family, the strangers – be they individuals, formal philanthropies, the community and the state – intersect with these responsibilities? We found, however, that we were not alone in posing and pondering these questions. A new generation of scholars – steeped in global studies – were looking outside their own nation states to examine the inevitable tensions that existed as the self-proclaimed “new ideas” associated with modernity confronted local assumptions about and traditions of care for the sick both in homes and in hospitals. Historians of medicine of the British Empire and of United States imperialism have long focused on disease eradication as central to colonial projects; they have pointed to the role of the state in forming the structures of power and policy that native communities might resist, accommodate, or incorporate into indigenous healing practices.

But when one turns one's focus to the history of nursing, quite different perspectives become more visible. Most concretely, the role of religion – notably Catholic and Protestant congregants whose orders did not neatly conform to nation-state boundaries – in developing systems of care appears more pronounced. But one also sees how the development of such systems was never hegemonic. As Ryan Johnson and Amna Khalid argue, what they term intermediaries and subordinates – those actually working in villages and towns – in the practice of public health in the British Empire influenced the implementation of national public health practices and, in some instances, changed the direction of policies of the Empire.² But where do trained nurses lie? With whom are they aligned? For what purpose? And how does this change over time and across place?

The history of nursing also complicates understanding of what is meant by the term “global.” Certainly, the iconic figure of the nineteenth century, Florence Nightingale nursing the British troops in Scutari, fighting for health reforms for the British army, and capturing the public's imagination with the possibilities inherent in the training of

women to care for strangers, represents the globalization of an idea that had a profound impact in Western Europe and in North America. From the beginning, this particular form of nursing was tightly linked to the development of later nineteenth and early twentieth century medicine – a form of practice rooted in rational science, the laboratory, and gendered practices. Yet the idea of care has its roots in very intimate and private processes built on deeply held assumption and long traditions of attention to details that escape a Western gaze. How, then, to trace the circulation of ideas about the care of the sick in ways that do not flatten the complexities of local customs? How do bio-medicine, on one hand, and local customs, on the other, shape or constrain circulation of ideas about the care of the sick? Or the challenges of a diaspora?

It is also important to note that the primary actors in these chapters are trained nurses. They are primarily (although not necessarily) women who received specialized training in Western knowledge about health and illness care, engaged in skilled practice, and identified as a professional member of any hospitals or clinics in which they worked. To be sure, their training could be very different, ranging from three year hospital-based diploma programs to shorter and more focused ones that dealt with the care of mothers and infants. The reciprocal recognition of their status also varied enormously. It ranged from the complete devaluation of the work and worth of black nurses in Helen Sweet's apartheid South Africa to nurses' recognition by the state, physicians, and patients in Jonathan Hagood's Peronist Argentina. But implicit in their identity was also a sense of authority. Karen Nolte's deaconesses' sense of themselves as facilitators of faith strengthened their positions with respect to ministers and physicians. And in Jonathan Cole's colonial Senegal formal training allowed women to challenge traditional roles as wives and mothers by providing them with new and significant opportunities. Indeed, issues involving knowledge, both nursing and gendered authority, practice and identity run through all the essays in this book. But we have decided to group the essays in ways that highlight the most significant contributions to new formulations of the global history of nursing. We recognize that our particular themes are an editorial decision that may not meet the needs of readers. We encourage you to reassemble the essays in ways that are most relevant to the questions you wish to ask.

Part 1: New directions in the global history of nursing

This part captures the two most significant perspectives that have emerged from a new generation of scholarship: that of situating nurses within a colonial (or post-colonial) agenda on a more global scale, and that of participation in war as a means of achieving full citizenship within one's own nation. Winifred Connerton shows the power of positioning nurses at the intersection of the interchange between the colonizers and colonized, as they at times mediate the exchange, and other times simply participate on behalf of the colonial power. Her essay on US nurses in the Philippines is emblematic of the ways in which looking at the history of nursing complicates dichotomies. Her nurses are not a monolithic group: they alternately or sequentially serve as civil service employees of the US government; as officers in the US Army; as missionaries; or as volunteers through the Red Cross, a non-governmental agency with its own global

reach and perspective. Nor can their motives be generally characterized as benevolent or coercive, although they might be either at any point in time. Their work lies in an “in-between” state: in between benevolent or coercive practices, in between the structures that framed the delivery of care and, as importantly, in between national policy and practices at a patient’s bedside. The power of the history of nursing lies in seeking to understand multi-determined ideas, motives, and actions.

Similarly, Kara Dixon Vuic complicates conventional understanding of the role of nurses in their nation’s military forces by grounding their experiences in the context of changing gender roles, assumed and ascribed power, and the changing meanings of military service for both these women and their nation. Like Connerton, she acknowledges the humanitarian motives of service to country. But Vuic also explores how nurses not only waged war but also waged power. For much of the twentieth century women could only serve their country as nurses; and nurses’ service slowly paved the way for an expanded role for women in the public sphere and, now, in the military itself.

Part 2: New methodological approaches in the history of nursing

This part moves to new methodical approaches that can take the history of nursing in even more innovative directions. Thomas Lawrence Long urges us to consider the meaning of cultural representations of nursing to confront the US (if not the global conundrum) of nursing’s place as the most trusted health profession while simultaneously struggling with issues of visibility and autonomy. Dianne Dodd shows the power of using the literature on historic memory to mine the meaning of representation of nurse categories. Her place is Canada, but her methods can be applied more globally to explore the ways in which memories and memorials might serve simultaneously as propaganda, tribute, and ambivalence about women’s military roles. J. Margo Brooks Carthon and Katherine Abbott ask us to consider Social Network Analysis (SNA) as a valid tool in historical research. Their approach uncovers important – and often invisible – relationships among individuals, communities, and institutions that move beyond the traditional triumvirate of race, class, and gender.

Part 3: The politics of nursing knowledge

As we mentioned earlier, Parts 3 and 4 represent our intent to strive for a certain coherency among themes presented in the essays of our contributors. We make no claims to comprehensiveness: regrettably, histories of nursing in the Indian subcontinent and South America have not been captured. But we also believe that the essays included in these chapters highlight one of the most exciting developments in the history of nursing: exploring the fluid nature of nursing knowledge and practice. Part 3 focuses on the politics of nursing knowledge – a focus that allows one to see a much more subtle interplay of knowledge and context. As Christine E. Hallett indicates, this quest for what would be nursing knowledge began as a messy and inchoate process during the late nineteenth and early twentieth centuries. Her essay examines the efforts of a small group

of leading British nurses to exploit the specific knowledge needed for wound healing demanded by World War I to advance an agenda of nursing knowledge as scientific, rather than innate, knowledge. Still the nursing–knowledge–science triad remained highly problematic.

But where nurses in Great Britain turned to their own internal professionalizing agenda, those in Jonathan Cole's Senegal had the power of the French empire behind them. To remake the African family in their own image in Senegal, the French had to expand educational opportunities so that women might serve as nurses and midwives. Granted, the work of nurses and midwives was to have been limited to the private sphere of home and household. But as women moved into these roles, they not only undermined the Senegalese traditional roles of wives and mothers, but also used their specialized knowledge in ways that created empowering opportunities. Still, as Steven Palmer argues, such specialized knowledge remains entangled with the politics of place. Palmer looks at the 1949 "sex scandal" of Windsor's Metropolitan Hospital School of Nursing, an imaginative and experimental school run by the Canadian Nurses Association. Although neither the nursing school students nor their faculty were implicated, the storm of negative publicity surrounding the discovery of the city's mayor and hospital administrator's entertainment of four hospital staff nurses at Detroit's glamorous Book-Cadillac Hotel undercut the political and social support the School needed to sustain its educational independence.

But if Palmer looks closely at the relationship between knowledge and context in one localized case study, Susanne Kreutzer widens the focus to encompass the state in the immediate aftermath of World War II. German nursing had been dominated for generations by the Catholic sisters and the Protestant deaconesses for whom the work of nursing was defined as a religious vocation. But, as Kreutzer points out, Christian and scientific concepts were not inherently incompatible: the denominational sisterhoods also believed in the value of theoretical and mid-twentieth-century scientific knowledge. But the sweeping changes of post-World War II German reconstruction reshaped all sectors of German society, and what counted as authoritative knowledge changed as well. New, more depersonalized forms of nursing knowledge emerged that fit better with the state and public ideas about the value of liberalization, individualization, and secularization of German society.

Part 4: Nursing and the "practice turn"

This part takes its title from Karen Nolte's exploration of Pierre Bourdieu's concept of social practice, a concept that asks us to focus on nursing's practices, discourses, and structures. An earlier generation of scholars focused on the meaning of nursing practice – to hospitals who needed students to care for patients; to families, physicians, and public health agencies who would employ them to care for the sick at home; and to the nurses themselves seeking respected and respectable work. More recent work, however, has focused on what nurses actually did and, while continuing an emphasis on nursing's work with families and communities as well as hospitals and health care agencies, it has found substantively broader sources of nursing authority and activism. This work

has brought a new sense of agency to those who nursed, and creates a more powerful paradigm to understand the discipline's work and worth to both the public it serves and in the global context of the exchange of ideas.

Nolte's essay stands as a case in point. As we mentioned earlier, her mid-nineteenth-century deaconesses assumed an authoritative role in their spiritual care of the sick; but their working and reworking of the motherhouse's rules of service also suggest how they appropriated and influenced the framework for how they lived their lives and cared for their patients. However, as Jonathan Hagood argues in his essay on Perón's Argentina, changes in scope and authority in practice also come from the complicated historical interplay of the needs of the state for more intensive public health systems, the professionalization of a discipline seeking independent practice opportunities, and a willingness of the part of some physicians to see nurses as members of a health care team.

Like Hagood, Helen Sweet argues that the rural and underserved countryside offered some limited opportunities for black women whom the missionaries trained as nurses. But unlike Hagood's nurses, those in apartheid South Africa practiced in the face of stiff government sanctions, raising important questions about the pernicious influences of race as well as gender in decisions on who can access what kinds of nursing knowledge under what kinds of circumstances. And, as we bring this volume to a close, Rosemary Wall and Anne Marie Rafferty's essay about the critical support of British nurses in the post-WWII "hearts and minds" campaign of the Malayan Emergency challenges our traditional assumptions about the function of nursing practices, noting the complexity of practice entangled with political actions and the demands of colonized nations. Finally, Geertje Boschma's study of the intersections of nursing and consumer identities in post-World War II Canada highlights the complex transformations that occur when place and perspectives intersect and, often, collide. We come back full circle to the essay that begins this collection: what happens when new ideas and ideologies confront local assumptions about and traditions of care for the sick? How do we account for the values nurses bring with them when they provide public health care outreach? And can nurses truly be self-interested "culture-brokers"?

The essays in the *Handbook on the Global History of Nursing* raise more questions than they definitively answer. But perhaps, in the end, this is the overarching message in this perspective. A global history of nursing demonstrates the multi-dimensional encounters of nurses with patients, families, and communities. This multi-dimensionality also uncovers the many ways in which nurses reinvented, renegotiated, and reinterpreted the meanings of nationalism, imperialism, and their place within these ideologies and practices. The nurses did not construct simple narratives; rather, they created multiple ones brimming with self-awareness, hubris, political insights, and quests for social, cultural, and professional authority. And this multi-dimensionality may be more emblematic of all encounters of people, professions, and cultures across the globe.

Notes

- 1 Lagemann, E. *Nursing History: New Perspectives, New Possibilities*. New York: Teachers' College Press, 1983; Davis, C. *Rewriting Nursing History*. London: Croom Helm, 1980.
- 2 Johnson, R. and A. Khalid, eds. *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850–1960*. New York: Routledge, 2012.