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Anglo-American Nursing: A Historical Timeline of the Field from the Renaissance to WWII

Carlyn Homann

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Introduction

A modern nurse stands as a highly specialized and educated individual who works within a hospital or community in order to provide the best care to the hundreds of patients that pass through each year. They have received a minimum of a bachelor's degree, which is accompanied by a set number of clinical hours and the National Council Licensure Examination (NCLEX), which tests student nurses to ensure they are properly trained. After completing their education, nurses are considered to be qualified and important members of the healthcare system. Nursing has not always been so distinct a career option; the profession evolved from home practices and nuns working in the service of the Catholic Church and was ultimately shaped by the events occurring in the places they worked, including wars. This timeline stands as an extensive- although not comprehensive- review of the evolution of Anglo-American nursing as a profession, but it will also explore the contributions of other nations where it is appropriate. It seeks to summarize the field and its limitations from the early 15th century to World War II, as well as the capability for upward movement within an existing hierarchy while also considering the education required of a nurse during the selected time period in order to provide context for current nursing students.

Renaissance/ Early Modern / Elizabethan

Nursing as an occupation was deeply engrained in other aspects of women's lives. From the 16th century up until the early 19th, the field was provided a majority of its infrastructure by the Catholic Church and aristocracy. Deborah Harkness seeks to showcase the humble beginnings of what can be considered organized nursing by outlining the limited abilities of women to work in a healthcare profession in her article, "A View from the Streets: Women and Medical Work in Elizabethan London." Private practice of healthcare by women was difficult,

and often lead to prosecution; only midwives could receive licensure under the watchful eye of male authority (Harkness 69). Barbra Wall tells a similar story in “American Catholic Nursing. An Historical Analysis,” but speaks about the reaches of Catholic nuns outside of the Anglican Church, where secular matrons replaced Catholic nuns when the Catholic Church was removed from power (Harkness 72). Outside of the reaches of the King Henry VIII, Renaissance-era nuns were allowed to continue practicing, and were readily available to take care of the sick because their dedication to charity made them good caretakers of both the body and the soul (Wall 161, 164). In Florence, Italy, Sisters would work closely with their parish to provide pharmaceutical drugs, which brought in revenue for the convent in return for readily available medicines (Strocchia 627). Churches could also hire wet nurses to aide in their community when they ran low on helpers; wet nurses were paid to feed, watch, and care for the children of aristocracy, and could be occasionally called upon to care for children with chronic illness or injury in the area (Harkness 65). This meant that wet nurses could not be separated from what is considered a traditional nurse, and the variance in job title and location would lead to different opportunities for growth and an extensive (but generalized) skillset.

The leadership amongst nurses during this period was entirely dependent on where they spent their time. Traditional nuns learned their pharmaceutical and nursing skills from their convents, typically from an older and more respected member of the church (Strocchia 640). They would apprentice under this master in order to pass on the financial and spiritual stability of the convent. The church also managed poor women as potential nurses; in order to receive alms, women would be required to care for the ill in the parish, or- if they refused- act as searchers for plague amongst dead bodies (Harkness 67). Women lucky enough to work for the aristocracy answered to the family that paid them to take care of their children or to the church that provided

the family with funding (Harkness 66). In hospitals, nurses (often times referred to as sisters) worked under a female matron, an established nurse who managed all of the nurses who worked underneath her (Harkness 73). She would monitor all of the janitorial, pharmaceutical, and nursing labor in the hospital, and would keep close tabs on the younger ladies behavior (Harkness 75). These women- unlike their subordinates- could marry and continue to keep a job and were often well respected by their male colleagues (Harkness 74, 78). The matron title would continue to persist throughout the coming wars; the Crimean War, Civil War, and both World Wars altered the profession irrevocably, allowing the definition of “nurse” to expand and the profession’s responsibilities to grow in scope.

First Half of 19th Century

Prior to the Crimean War (1853-1856), a conflict pitting Russia against the United Kingdom and its allies on a small peninsula south off of Ukraine, there were limited schools available for prospective nurses (Wall 165). Nurses were still largely nuns and received training from the other sisters. The transition of nurse training from convents to schools would begin with one English woman- Florence Nightingale. In her introduction to a 2008 edition of Nightingale’s Notes on Nursing, Ramona Salotti lays out the details of Nightingale’s life that shaped her eventual rise to nursing legacy. Nightingale was born in Italy to a wealthy English family and served as a nurse during the Crimean War after receiving her education in one of the rare nursing schools in Germany (Nightingale and Salotti vii, ix). Her time in Crimea was spent fixing the poor conditions the soldiers were experiencing and organizing the nursing there (Nightingale and Salotti ix). Nightingale’s experiences during war led her to write her book, detailing the best ways to care for someone of ill health. While dissuading the reader from using her notes as a teaching tool, she offers helpful advice on topics like hygiene (Nightingale 1). Regardless of her

wishes, Notes on Nursing was an important part of nursing education- student nurses were required to read it, and her teachings helped to shape hygiene standards and bring attention to the practices of nursing that led to further decline in patients.

Nightingale's teachings for student nurses about cleanliness and adequate care did not stop in war hospitals. Frank Norbury writes about Dorothea Dix, a mental health advocate who would later go on to serve as Superintendent of Army Nurses for the Union during the Civil War, in his article *Dorothea Dix and the Founding of Illinois' First Mental Hospital* (Norbury 26). Mental illness was a personal subject for Dix; she had troubles with her own health in her thirties (Norbury 15). This experience left her with the groundwork for ideas about mental health reforms. She believed in access to treatment and was against imprisonment (Norbury 26). Dix never served as nurse after the war, but she understood the importance of nurses in the treatment of all unwell people- including the invisible illness. She called for institutions, staffed with medical personnel, to open and care for the afflicted, even going so far as to become involved in policy bills regarding the treatment of the mentally ill (Norbury 21).

Civil War

The American Civil War (1861-1865) saw the beginnings of patriotism as a facet of nursing. In her article, "The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine," Jane Shultz describes how, while the nuns that have been a mainstay still appear here, volunteer nurses from both sides of the war begin to frequent hospitals and battlefields as way to showcase their support for their home states (Shultz 367). Catholic nuns did not have to be paid, and had prior experience with medicine, so there was a great deal of hesitancy to bring civilian women into the battlefields (Shultz 367). Initially, the civilian women were mostly relegated to laundry and janitorial positions, but a need for medical personnel pushed them in

with traditional nuns (Shultz 367). These women were largely untrained; they relied upon on-the-job experience and their homemaking abilities (Wall 165). The nuns, who had trained in hospitals and had a lot of experience working under pressure, were just not numerous enough to handle the casualties the war provided on either side (Wall 165).

The term “matron” also begins to take on new meaning during the war; while it maintains its leadership association in the North, Southern nurses were all considered to be matrons (Shultz 370). The word carried more weight than “nurse”, allowing Confederate women to command respect when there was none to be found; women answered to male surgeons with military status, who barely tolerated their presence (Shultz 376). They would have no recourse for the mistreatment and adapted in whatever ways they could (Shultz 376). Nurses did not have input in the treatment of their patients and had to work behind the scenes to give their patients the best care (Shultz 377). The war was also accompanied by a refinement of the nursing profession. Instead of acting as pharmacist, maid, and nurse, women started with limited responsibility- such as caregiving for a few charges- and worked their way up to assisting in physicians with their tasks (Shultz 370).

Second Half of 19th Century/ up to WWI

After the Nightingale School of Nursing was established, more schools were opened by hospitals to meet the demand for trained nurses. Douglas Baldwin details the life of a nurse during this era in his article, “Discipline, Obedience, and Female Support Groups: Mona Wilson at the Johns Hopkins Hospital School of Nursing, 1915-1918,” by following a young nursing student named Mona Wilson through her time at the John Hopkins Hospital School for Nursing. This school, founded in 1889, required a clean bill of health, a high school diploma, and a series of letters of recommendation from local clergy paired with personal statements (Baldwin 604,

605). The education itself was extremely rigorous; it required student nurses to meet standards set up by the school in order to proceed in their education and made sure the nurses leaving the school were equipped to deal with any challenges (Baldwin 608). Exceptional performance was required in every aspect of life, even ones that did not involve caregiving. Women who behaved inappropriately outside of the classroom- including interacting with the opposite sex in a non-professional environment- could be dismissed for poor conduct, as they did not reflect well on the push to make nursing into a respectable field (Baldwin 607). Women were trained to be just short of pious- meaning, they were celibate and developed the good habits of nurses (Baldwin 609). They typically remained in the field until they were married, when their partner could be reassured that they acted appropriately. If they survived the schooling and rigorous management, they were required to take exit exams, where a certain percentage was required in order to enter the workforce (Baldwin 611). This kind of end examination still exists today in the form of the NCLEX, allowing for the assessment of students after the completion of their courses. Without this exam, nursing student are not considered to be registered nurses and would not be allowed to practice.

Leadership changed drastically during the early 20th century. A preexisting and informal hierarchy become more organized, starting in the schools, and moving outwards as the world turned towards war. John Hopkins placed new students under strict regulations to ensure they had learned before they ever interacted with patients (Baldwin 607). These new students were called probationers, or “pinkies” and had to pass their rigorous examinations in order to proceed to junior nurses (Baldwin 607). Each tier of students responded to the demands of the one above themselves and, if they were a junior nurse or higher, could request tasks from the lower tiers (Baldwin 608). Similar hierarchies began to form outside of schools in other parts of the world

before the war even began. In “French Volunteer Nursing and the Myth of War Experience in World War I,” Margaret Darrow sets the stage for French nurses just prior to and during the first World War. Starting in 1910, French women who were trained and a volunteer under the Red Cross could become a recognized part of the military medical corps (Darrow 85). This addition to a normally male-only hierarchy opened the door for women as a part of the military in the future.

World War I / In Between the Wars

The advent of the first World War, waged from 1914 until late 1918, brought new opportunities for women outside of the church to pursue nursing without studying at an esteemed school. Women could volunteer through organizations like the Red Cross and become a nurse’s aide, which quickly became symbolic of patriotism (Darrow 84). Susan Reverby takes a look at the American side of the field during this period in her book, *Order to Care: The Dilemma of American Nursing, 1850-1945*. Reverby states that, while the flood of American women into the profession initially seemed a good thing, the lack of formalized education meant that the new nurses were eager but underqualified to treat soldiers (Reverby 160). The women entering the field as volunteers were usually wealthy and uneducated. The solution to the lack of experience was the implementation of a lowered nursing school standard, so that women could apply and graduate as a “sub-nurse”; sub-nurses could work alongside nurses, relieving the workload they carried (Reverby 163).

The twenty years between the world wars saw health insurance and other programs that allowed people more consistent access to healthcare become more common (Fagan 181). Nurses were needed now more than ever and were able to specialize into fields they enjoyed as a way to further themselves in the career. In their article entitled “Public Health Nursing: The Relation of

Industrial Nursing to Public Health Nursing,” the two authors- both named Hazel Latimer- describe how graduate nurses could further their education by studying public health, for example, and working in a school or other non-medical environment (Latimer 99). Industrial nursing, an offshoot of public health, evolves as factory work becomes more prominent; nurses who worked for plants or factories ensured that the employees received adequate medical attention when they were injured (Latimer 100). They work hard to make sure that the conditions of the factory did not have too much impact on the employees’ health. Regular sanitary and medical examinations are preventative measures that help keep production high (Latimer 101). First aid cabinets, set up around the area so that nurses had easy access to medical supplies, start to appear in all kinds of workplaces as well (Latimer 100). The tools placed in workplaces by nurses can still be found in them today; businesses undergo sanitation checks and usually have a first aid kit on hand.

WWII

WWII was accompanied by a callback to the distinct and patriotic role for nurses seen throughout previous wars. From 1939 until 1945, the World stage was filled with violence and technology that had never been used before, increasing the need for nurses on the front. Nurses rose to a new kind of respectability they had never had before during this era. Lucretia and Elizabeth Richter explained how books, like the *Cherry Ames* or *Sue Barton* novels, began to detail the intensity of the education and practice a nurse must undergo to become fully licensed (Richter 1280). Deborah Phillips writes a similar article about these fictional nurses; the novels followed student nurses through their education and into the field, where the character would jump around from job to job in an effort to demonstrate the numerous pathways a nurse could pursue (Phillips 68). The women in these novels are true protagonists; passionate and brave, they

tackle the nastier side of healthcare without complaint to show the reader the truth of the profession (Phillips 67). Reality, however, was a little different. The novels showed a level of rigorous education that was beyond the traditional schooling nurses received- while it attracted many to the profession, there is no telling how many it scared away (Richter 1281). In her article on nurses from Memphis Tennessee during WWII, Michele Fagan details how, when the war hit, the nursing schools were already battling alarmingly low enrollment (Fagan 185). To battle the negative perception of the system, institutions altered their curriculum to be easier and more valuable to a student nurse, including the creation of nurse-specific science classes and lower passing scores, instead of just utilizing the same classes for all medical personnel (Fagan 185). The United States Public Health Service also established the Nursing Corps, which worked to bring attention to nursing as a career and allowed students to request funding for tuition, increasing the attendance rate (Fagan 184-185).

Conclusion

The history of nursing is a vast and complicated beast. It is ever-changing and can be examined from a multitude of facets that give new perspective on the alterations to the institution of education, leadership, and field limitations that arose as time passed. Anglo-American Nurses are an important part of the health care system that have been shaped by the status of their world and its inhabitants, and the women of this field have worked hard to increase access and quality of nursing education as wars demanded more of trained personnel. The profession can only continue to grow in respectability as more people enter the profession through the education system that has grown out of this past.

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