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# The Development of Nursing in the 19th Century and its Socioeconomic Background

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## *Bachelor Thesis*

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26 March 2010

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Graz, am 26. März 2010

A handwritten signature in black ink, reading "Marlene Steiner". The signature is written in a cursive, flowing style with a large initial 'M'.

Marlene Steiner

# Abstract

Nursing has always been an inherent part of society and is considered a result of social structures by many experts. Today nursing is a profession similar to others and yet it was not until the nineteenth century that it became an acceptable trade in the eyes of society. The aim of this paper is to give a general idea of the social and economic circumstances in the nineteenth century and their impact on the development of nursing within Europe. Furthermore, it shall describe the status of women back then and examine their specific contribution to the evolving feminisation of nursing. Besides consulting libraries, the internet and various databases were used to collect relevant information. The results of the literature research show that even up to the mid-nineteenth century nursing was unstructured and certainly had no social standing. However, social and economic changes caused by the Industrialisation made it necessary to increase the nursing staff numbers. Social reformers like Florence Nightingale and Theodor Fliedner made an attempt to improve nursing, established proper training schools and created the new model nurse. In this context, women seemed to be perfect recruits and - resulting from the assigned gender roles of both men and women - they became the dominant gender in nursing. The nursing profession is still influenced by its historical development. In order to fully understand why nursing is what it is today we need to look at its history. Furthermore, future progress can only be achieved if nurses themselves understand the social and economic background of the nursing profession.

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# 1 Introduction

*“Woman is an instinctive nurse, taught by Mother Nature. The nurse has always been a necessity, thus lacked social status. In primitive times she was a slave, and in the civilized era a domestic. Overlooked in the plans of legislators, and forgotten in the curricula of pedagogues, she was left without protection and remained without education. [...] Drawn from the nameless and numberless army of poverty, the nurse worked as a menial and obeyed as a servant. Denied the dignity of a trade, and devoid of professional ethics, she could not rise above the degradation of her environment. [...] The untrained nurse is as old as the human race; the trained nurse is a recent discovery. The distinction between the two is a sharp commentary on the follies and prejudices of mankind.” (Victor Robinson 1946, in Donahue 1996, p. 1)*

Today nursing is considered a profession like many other trades. However, this has not always been the case. As the above quotation shows, nursing was seen as menial work even up to the nineteenth century and nurses enjoyed the status of a servant. Nevertheless, in the course of the nineteenth century social and economic circumstances made it necessary to increase the number of nursing staff and improve its social standing. Due to gender roles it was then women who entered nursing because they were seemingly more suitable for the profession. Thus, many experts consider nursing a result of social structures. Even though nursing is an accepted profession today, there are still difficulties it has to face: ever since the rise of hospitals medicine has been superior to nursing. Moreover, women are still the dominant gender represented in nursing. In order to fully understand why nursing is what it is today, it is important to look closely at the origins of modern nursing in the nineteenth century.

The major aim of this paper is to give a general idea of the social and economic circumstances in the nineteenth century and their impact on the development of nursing to an acceptable trade. Furthermore, this paper shall describe the status of women in the nineteenth century and examine their specific contribution to the evolving feminisation of nursing, which still has essential influence today.

Firstly, the social and economic consequences of the Industrial Revolution which built the foundation for a changing society will be looked at. In the course of the nineteenth century these circumstances led to an increasing need for nursing staff.

Secondly, the situation of nursing in the first half of the nineteenth century will be depicted. Both the social status and different areas of nursing will be described. Furthermore, the Christian background of nursing will be explained and various influencing reformers of that time will be introduced.

Thirdly, the evolving changes in nursing during the latter half of the nineteenth century will be analyzed more thoroughly: Social reforms and war not only demanded more nursing staff but also

caused a revolution in training programmes along with better social acceptance and brought forth the “new model nurse”.

Finally, the feminisation of nursing will be discussed. Due to gender roles and the rise of hospitals women became the dominant gender within the nursing occupation. Thus, the situation of women back then and its impact on today's nursing will be examined.

## **2 Methods**

### **2.1 Research Questions**

Whilst contemplating the title “Development of Nursing in the 19th Century and its Socioeconomic Background” two interesting aspects were found which will be looked at more closely in this paper:

*What did nursing look like in the 19th century and how was its development influenced by social structures within the society?*

*What roles were attributed to women in the 19th century and what impact did their image thus have on nursing?*

### **2.2 Literature Research**

This bachelor thesis is based on literature research and therefore does not include empirical material. This paper has the mere purpose of describing phenomena found in the used literature.

Besides consulting the libraries of the Medical University Graz, Karl Franzens University Graz and the Austrian Library Network with its interlibrary loan-service, the internet and various databases such as CINAHL were also used for the research.

Since adequate English literature was rather difficult to find both at the libraries and the internet, German books were also used for this bachelor thesis.

At first, general information about the Nineteenth Century was collected, more precisely about the Industrialisation in Europe, social life as well as family life and the contemporary situation of nursing. This information builds the base of this thesis and two research questions were generated from it.

After looking at the research questions more specifically, selection criteria for the first research question concentrated on the following terms: Industrialisation, social conditions, work life, diseases, epidemics, the modern hospital, social reformers, social images, Christianity and nursing, religious orders, deaconesses, as well as the term “Nightingale nurse”. For the second research question, it was

important to find literature on topics like the social standing of women, their characteristics, family life, female labour, women in nursing and the relationship between men and women in this profession.

While looking for material in the databases Pubmed and CINAHL it became obvious that no relevant articles for this topic were available as free full texts. The abstracts were of little help and the research was deepened on the internet, where websites with helpful information and articles could be found as well as a scientific article from an online Journal.

## 3 Results

### 3.1 Consequences of the Industrial Revolution

The beginnings of the Industrial Revolution in England date back to around 1750; from where it then proceeded to reach the rest of Europe. The Industrial Revolution also brought about a vigorous growth of the cities. However, this would later have severe consequences: social conflicts, poverty, overcrowding and diseases soon played an important role within the society of the nineteenth century. (Donahue 1996, p. 163)

#### 3.1.1 Population

Population increased tremendously during the nineteenth century. The size of the European population had risen from approximately 100 million to 200 million people in the eighteenth century, but even redoubled to almost 400 million during the nineteenth century. A radical drop in the death rate was recorded in the course of the nineteenth century due to the steady improvement of medical care and food supplies. There was no change concerning birth rates. <<http://www.britannica.com/EBchecked/topic/387301/modernization/12022/Population-change>>

At the turn of the century, only 17% of Europe's total population lived in an urban surrounding. By around 1851, the number had risen to 35%, because more and more people moved to the city trusting they would find work there. As a result of the Industrial Revolution and the associated urbanisation, the percentage of Europeans living in cities had increased to 54% by 1891. <<http://www.writers.net/writers/books/27504>>

#### 3.1.2 Economic and Social Conditions

Existing traditions and life-style changed dramatically during the nineteenth century, and a new economic system promoted the dependence of workmen on their employers. Many of them had to give up their actual trade and work for people from the upper class. (Donahue 1996, p. 163) "Efficiency became the key to success" (Donahue 1996, p. 163) and many new inventions were made during that time.

As mentioned in chapter 3.1.1, many people moved to the cities in the course of the Industrialisation. The Europeans set all their hope on finding better work in the urban areas to be able to offer their families a better life. This of course did not occur in most cases because the overcrowding within the cities also led to massive social problems and miserable living conditions among the lower social classes. Wage labourers had to work long hours and no one was allowed to speak or leave the machines they were working on. <[www.britannica.com/EBchecked/topic/195896/history-of-Europe/58406/Social-upheaval](http://www.britannica.com/EBchecked/topic/195896/history-of-Europe/58406/Social-upheaval)>

In this context, Möller (1994, p. 58) emphasizes the low wages labourers received for about twelve to fourteen working hours. The factory owners had been forced to reduce the wages because too many people came to the cities and asked for work. Therefore the only opportunity to secure the livelihood of their families was to also send women and children to work. Women were considered valuable employees at that time because their wages were explicitly lower than those of men.

This is why working class women were very important for the economy in general and their contribution to the family's income as well. (Barker 2005, p.144) Moreover, these low incomes of both men and women had consequences in the case of illness. The working class was poor: they did not receive any social nor medical welfare and the families were not able to make provisions in case of the occurrence of illness. (Möller 1994, p. 58)

Generally speaking, it was the middle and working classes which were influenced most by the Industrial Revolution. The wealthy bourgeoisie was dominated by the idyllic idea of what family means. There was no need for women of this class to work, they were instead supposed to care for their husbands and children. The bourgeoisie ideal and lifestyle contrasted with the actual conditions within society. This conflict of ideal and reality demonstrates the difficulty to balance social iniquity. (Möller 1994, p. 58)

### ***3.1.3 Diseases***

Due to poor environmental conditions, illnesses and epidemics spread rapidly at the beginning of the nineteenth century. As a result of the urbanisation, people suffered under the confined living conditions and hygienic standards were as yet non-existent. Another influencing factor was malnutrition which was a consequence of poverty among the lower classes. (Möller 1994, p. 58)

The probably most common cause of death in the nineteenth century was tuberculosis. This highly contagious disease was the cause of one sixth of all deaths throughout England in 1838. Cholera and lung diseases were also widespread. Cholera is known today to have been spread through the poor sewer system of that time. Lung diseases, however, were very frequent among people working in coal mines or factories with bad air. Chickenpox and smallpox were also common illnesses of the century, as well as diphtheria. (Mitchell 1996, pp. 193-195)

However, in this regard it should not be forgotten that the actual cause of the widespread diseases was discovered in the 1840's: the poor sanitation and sewer systems. Knowing this, arrangements could be made to build new sewage systems and thus improve the situation in the cities. Generally improved medical provision and especially the discovery of vaccination in the second half of the century were also essential in reducing the death rate. <<http://www.writers.net/writers/books/27504>>

## **3.2 The Contemporary Situation of Nursing**

In the first half of the nineteenth century, nursing was considered menial work and gained no social acceptance. In the following sections this situation will be depicted in detail. Furthermore, various areas of nursing will be introduced.

### ***3.2.1 Social Images of Nursing***

The time between 1500 and the 1860s was seen as the “Dark period of nursing” and especially its latter half is considered the low point. In the nineteenth century, nursing was still seen as a more religious activity. Academic upgrading and progress were, thus, not of any importance to the society and nursing regained its former bad reputation. There was no structure in nursing as far as the organisation was concerned and it did not have any social standing at all. An intelligent person would avoid going into nursing because of the lacking social status. It was common for a woman to become a nurse whenever she could not find any other way to earn her living. (Nutting & Dock, cited in Donahue 1996, p. 191)

Charles Dickens supported this view and described the nurses of his time as people “of little education, of uncertain honesty and uneven temperament, who were assumed to have entered nursing because of their inability to be accepted for employment elsewhere.” (Mackintosh, cited in Mantzoukas

2002, p. 8) Nutting and Dock (1937) also generalize nurses as being “immoral, alcoholic, illiterate, rough and inconsiderate.” This might be related to the fact that nurses were mostly recruited from low social ranks, such as discharged prisoners and other badly situated persons. Therefore, the wages for nurses were not nearly appropriate for what they actually accomplished, because they had to work long hours (twenty-four to forty-eight hours without interruption) and were also responsible for “washing, scrubbing and cleaning”. (Nutting & Dock, cited in Donahue 1996, p. 191)

Moreover, it is important to understand the connection between domestic servants and nursing. During the nineteenth century, servants were appointed to not only do housework but also to care for the sick or disabled within a household. Yet with the social change and Industrial Revolution in the early nineteenth century, slavery was not allowed any longer. Thus, caring activities and other household duties were now responsibilities of the contemporary nurse. Denny (1997) emphasizes that this development could also give an insight into why nursing was still seen as menial work and did not gain social acceptance. (Denny, cited in Mantzoukas 2002, pp. 6-7)

### ***3.2.2 Nurses before Nursing***

The attempt to depict the situation of nursing in the first half of the nineteenth century requires the inclusion of various influencing factors. As has already been stated in the previous chapters, the nursing occupation was a result of social, economic and political changes throughout Europe. Besides the religious background of caring for the sick, it is domestic service that built the foundation for an evolving nursing profession. (Abel-Smith, cited in Mantzoukas, 2002, p. 4)

The responsibilities of doctors and nurses were not legally defined around 1800 and most medical care was provided within the families, primarily by women. Only few would have education or training, but were ordinary people using practical knowledge and survived thanks to neighbours, books or old home remedies. (Waddington, cited in Dingwall 1988, p. 1)

This rather chaotic and uncertain situation raises the question of what nursing really was in those times and which tasks and duties it contained. During the first half of the century, anybody could call themselves a “nurse” or say what they did was “nursing”. Caring for the sick mainly consisted of helping people with daily activities which they were not able to do themselves. (Dingwall 1988, pp. 4/6) “Indeed, before the introduction of modern techniques of diagnosis, this would have been the main

way of defining someone as ill, that they were involuntarily unable to look after their bodily needs.” (Dingwall 1988, p. 6) Thus, nursing consisted of feeding, toileting and helping with personal hygiene, but also providing spiritual care for the ill. Additionally, nursing involved the application of bandages, poultices and herbal essences, as well as dietary care. (Dingwall 1988, pp. 6-7) Regarding this broad spectrum of nursing, Dingwall (1988, p. 7) identifies four different categories of nursing: domestic nursing, handywomen, private nurses and treatment assistants. All four categories shall be discussed in the following:

### ***3.2.2.1 Domestic Nursing***

Only few sources and documents exist about nurses in Europe before the Industrialisation and even afterwards. But it is likely that – referring to surviving sources- most care would have been given by persons within a household and, thus, have been relatively informal. (Dingwall 1988, p. 7) In this context, Dingwall (1988, p. 8) points out that it was “the contribution of the household rather than the family” which was crucial for the care of the sick. To him this is explained by the composition of families, which certainly did not overlap with the romantic view people have nowadays of the past with family generations living together in one household or in the near neighbourhood,. In fact, statistics of England show that between 1622 and 1854, only six percent of all households consisted of three generations, seventy percent of only two. (Dingwall 1988, p. 8)

Of course, these numbers do not give evidence for the situation in entire Europe but should give an idea of how important domestic service really was in those times.

“The household was an economic as well as a social unit.”(Dingwall 1988, p. 8) In order to be able to be fully engaged in work life, domestic servants were hired to manage the household. Whenever children were born into the family, there was a decision to be made: Most women could not afford to give up work because of financial reasons. Domestic servants were then responsible for child care as well as caring for the sick within a household in the case of illness. In some cases, servants were hired solely in order to take care of the sick in a family. (Dingwall 1988, pp. 8-9)

### 3.2.2.2 Handywomen

Handywomen were supposedly the biggest group of nurses in the nineteenth and probably also in the twentieth century. Their service was traded, which is why handywomen were considered “part of the official workforce”. It was their independence and self-employment which made them comparatively special and different in the eyes of society. Another defining aspect is that handywomen offered service to the poor which was rather cheap. Furthermore, it is important to explain that the handywomen themselves usually came from poor backgrounds, and it is interesting that they would work among their own class. (Dingwall 1988, pp. 7/9)

“Nursing the sick, delivering babies and laying out the dead” (Dingwall 1988, p. 13) were most likely the main tasks of handywomen. Some even suggest that they specialized in the area of women’s and children’s health, because at that time, this was of little interest to the doctors. In general, handywomen did not regard themselves as an occupational group but “simply filled a traditional social and economic role in their locality.” (Dingwall 1988, p. 13)

There are only few documents about the situation of nursing at that time, but we can see vivid descriptions in various characters of well known novelists such as Charles Dickens. He was a very critical and observant contemporary. Thus, one of the most popular characters described by this author is probably Sairey Gamp from the novel *Martin Chuzzlewit*. (Dingwall 1988, p. 9)

*Fig. 1: Sairey Gamp*



*“She was a fat old woman, this Mrs. Gamp, with a husky voice, and a moist eye, [...] She wore a very rusty black gown, rather the worse for snuff, and a shawl and bonnet to correspond. [...] The face of Mrs. Gamp – the nose in particular – was somewhat red and swollen, and it was difficult to enjoy her society without becoming conscious of a smell of spirits.” (Dickens 1910, in Donahue 1996, p. 192)*

*From: Donahue 1996, p. 191*

This quotation from the book shows Dickens' critical view and is of great importance, not only because there is little information about the situation, but because the character of Mrs. Gamp is not imaginary. In fact, the nurse was working in Dickens' environment, and he describes her as a woman who betrayed her employer, was drunk and took things from the house. (Donahue 1996, p. 192)

Dingwall (1988, p. 10), however, also underlines the difficulty to adopt these images from the authors' views. These views might have been affected by personal experience or individual opinions.

### **3.2.2.3 The Private Nurse**

As opposed to handywomen, private duty nurses were better known in the middle and upper classes. Furthermore, they were serving their employers instead of working alongside others from their own class. Private nurses would also command other servants to a certain extent, whereas handywomen worked on their own most of the time. (Dingwall 1988, pp. 14/16) A private nurse is depicted in *Persuasion* written by Jane Austen: Nurse Rooke.

*"[...] And nurse Rooke thoroughly understands when to speak. She is a shrewd, intelligent, sensible woman....call it gossip if you will; but when nurse Rooke has half an hour's leisure to bestow on me, she is sure to have something to relate that is entertaining and profitable [...]"* (Dingwall 1988, p. 14)

As shown in this passage, the private nurse was in a better position than Mrs. Gamp described before. She was indeed seen as socially inferior but at the same time as an accepted fellow. The private nurse took part in conversations with her employers and worked together with other servants in the house – sometimes even commanded them. People who could afford to hire a private nurse were also able to pay for proper medical care. (Dingwall 1988, pp. 14-15) This perhaps made it easier for a private duty nurse to explain what she did, and therefore she was "a more specialized care provider than the handywomen". (Dingwall 1988, p. 15) In contrast to the handywomen, private nurses also lived in their employer's house while their help was needed. (Dingwall 1988, p. 14)

In voluntary hospitals, the matron gave orders to other nurses in a similar way as the duty nurse in private households. The matron also came from a better social background than the rest of the nurses, and it was her responsibility to organize nursing provision within the hospital. (Dingwall 1988, pp. 15-16)

#### ***3.2.2.4 Treatment Assistants***

This fourth category of workers consisted of men only. As can be seen above, nursing and domestic service were not clearly separated. Nevertheless, it is important to look at this other area of involvement more closely. The treatment assistants who were also referred to as apothecaries were often the only group who actually earned money in voluntary hospitals. Even though they were considered just as socially inferior as other nursing trades, they would later be united with physicians and surgeons. Until then, apothecaries were not only in charge of various therapies and electrical treatment on patients, but they also had to oversee patients' baths and make sure all the surgical instruments were kept safely and clean. In addition to that, apothecaries were responsible for the administration of medication. Later in the course of the nineteenth century, their duties would be taken over by medical students or nurses. (Dingwall 1988, p. 17)

### **3.3 The Christian Motive and Nursing**

Christianity did not only revolutionize society in general, but also influenced the development of nursing in nineteenth century Europe sustainably. This impact will be described in the following section.

#### ***3.3.1 Biblical Background***

The Christian teachings have always been a driving force and defining component in nursing, and the motives for Christians to care for the sick have been influenced by the works of Christ himself. The New Testament tells many stories about Jesus Christ helping the needy, healing the sick and raising the dead. Gradually in history, this example of love and brotherhood became an inspiration to care for the sick and a way for people to particularly please God. Through these good works an individual might even receive "eternal life". (Donahue 1996, pp. 74/75)

Charity was considered an active deed and is probably best described in the parable of the Good Samaritan:

*[...] „But a Samaritan, who was on a journey, came upon him; and when he saw him, he felt compassion, and came to him and bandaged up his wounds, pouring oil and wine on them. And he put him on his own beast, and brought him to an inn and took care of him. [...] Go, and do the same.” (NASB, Luke 10:30-37)*

The achievements of Christian efforts are evidently seen in the history of nursing and yet there are negative aspects about this association of nursing and religion. Donahue (1996, p. 79) points out that religious thoughts slowed the progress in nursing considerably because nurses were expected to go without money and make a commitment to God instead.

### ***3.3.2 Diaconal Activity and Religious Orders***

After the separation of the Catholic and Protestant Churches during the Reformation in the sixteenth century, the existence of hospitals was very insecure. Many hospitals led by Catholic religious orders were either closed or were taken over by Protestants. In Protestant countries, such as England or Germany, nuns and monks had to leave their monasteries which caused an insufficient provision of caregivers for the sick and poor. Hospitals, therefore, were in bad conditions for the next centuries because there were no qualified people replacing the nuns and monks. In England, where Henry VIII had banned religious orders, the situation was at its worst. Henry had desired wealth and prosperity and had thus taken land from the monasteries for his own use. The caregivers from the religious orders were primarily replaced by women, whereas men were already increasingly eliminated from the nursing profession back then. This was probably one of the biggest impacts Reformation had on the further development of nursing. (Donahue 1996, p. 160)

In the nineteenth century, many associations were established to secure health care for the population of Europe. Not only were nursing orders founded such as the German “Klementinerinnen” but also Catholic knight's orders (e.g. the Maltese) were revived. Furthermore, the Protestants tried to reintroduce the Early-Christian idea of deacons and deaconesses. The Germans Theodor Fliedner and Amalie Sieveking both tried to reinforce the progress of nursing. Amalie Sieveking was engaged in the actual care of the sick and poor whereas Theodor Fliedner was interested in providing a proper training of the deaconesses to prepare them for nursing. What is striking is that almost all these diaconal institutions were for women only. (Bischoff 1994, pp. 27-28)

The outstanding lives and achievements of Theodor Fliedner and Amalie Sieveking will be described more precisely in the following:

### ***3.3.2.1 Theodor Fliedner***

Theodor Fliedner was a German pastor and lived from 1800 to 1864. He is considered the founder of the first modern community of deaconesses. The Deaconess Institute at Kaiserswerth would later be of great importance to the further developments of nursing and was seen as the probably most substantial order of deaconesses with regard to nursing care. Theodor Fliedner's first achievements were dated in 1826 when he established the German Prison Association. Fliedner had travelled to England and Holland before and was encouraged by the prison reforms that he encountered there. Elizabeth Fry and her work inspired him. After marrying his wife Friederike in 1828, they both continued to improve the conditions within the prisons and were able to build a shelter for prisoners who had been released. (Donahue 1996, pp. 194/195)

In 1936 Theodor Fliedner and his wife took notice of the desperate need to care for the sick and so they decided to establish a hospital including a school to train deaconesses. This was the date of founding of the actual Deaconess Institute at Kaiserswerth. The first woman attending the school was Gertrude Reichardt. She was later accompanied by six other female trainees. The deaconesses at Kaiserswerth did not have to make an official pledge. However, they had to declare to "work for Christ". The whole institute was organized according to the *motherhouse system*<sup>1</sup> and it was the primary opportunity for unmarried women from a prosperous family background to work without being degraded. The nursing training took three years, and the women not only gained practical, but also theoretical knowledge in the classroom. On the one hand, they had to visit several wards of hospitals to get familiar with different ways of nursing. On the other hand, the deaconesses were instructed in theology as well as ethics and pharmacy. The content of training was supposed to help the deaconesses to prepare either for teaching or practical nursing. (Donahue 1996, pp. 195/197)

The Institute and its influence grew over the years and finally also spread all around the world. Other houses were founded in Jerusalem, Beirut and Alexandria, but also in Pittsburgh and deaconesses from Kaiserswerth were sent there to improve standards. All these developments helped to lay a

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<sup>1</sup> The motherhouse had its origin in the monasteries. Instead of being paid wages the deaconesses were provided with food and dormitories. Thus, they were cared for a whole lifetime and felt secure in this environment. (Donahue 1996, p. 195)

foundation for a revolution in nursing which was primarily reinforced by Florence Nightingale. She had visited Kaiserswerth for a few months and was profoundly touched by the work done there. The Institute for Deaconesses in Kaiserswerth had a great impact on many individuals and is considered an example for other institutions. (Donahue 1996, p. 197) Therefore it deservedly “became the most significant organization of Protestant deaconesses for nursing service.” (Donahue 1996, p. 194)

### **3.3.2.2 Amalie Sieveking**

Like Theodor Fliedner, Amalie Sieveking is considered a reformer of the deaconry in Germany. The foundation of her work was obviously the Christian faith. Amalie Sieveking lived from 1794 to 1859, and was born into a well known merchant family. She enjoyed a good education and soon discovered her gift in teaching and built a school financed by donations from the city of Hamburg. <<http://www.sieveking-stiftung.de/index.php?id=17>>

In 1830, the cholera epidemic came to the city, and Amalie wanted to help. She was then recruited as a nurse and became soon head of the staff there. During that time, Amalie Sieveking saw much of the poverty people had to live in and identified the need of practical help. This enforced her decision to establish a female association to care for the poor and the sick.<sup>2</sup> This union of thirteen wealthy women wanted to visit poor families at home and improve their living standards as well as health issues. Amalie Sieveking’s lifework served the renewal of the early Christian idea of deaconry and was an example for further development in this area. <<http://www.sieveking-stiftung.de/index.php?id=17>>

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<sup>2</sup> In German ”Weiblicher Verein für Armen- und Krankenpflege“. <<http://www.sieveking-stiftung.de/index.php?id=17>>

### **3.4 Pioneers –Their Lives and Work**

The progress from a simple occupation to a nursing profession would not have been possible without some strong characters and personalities who paved the way for change. Some of these will be introduced in the following chapter.

#### **3.4.1 Elizabeth Fry**

Elizabeth Gurney Fry is considered a social reformer of her time. She changed the conditions in British prisons to the better and was a benefactor of the needy in the early nineteenth century. Other women developed a desire to raise their voices outside the home because of her courage and example, which was very uncommon at that time.

Elizabeth Fry was born on 21 May 1780 to a wealthy Quaker family in Norwich. In 1799, she met Joseph Fry to whom she got married a year later. Against all social expectations, Joseph Fry supported Elizabeth in the things she did and was passionate about. Within the next twenty years, Elizabeth Fry became the mother of twelve children, and often felt that motherhood ruled her life. One of her diary entries shows that she was afraid she would turn into “the careworn and oppressed mother”. <<http://www2.gol.com/users/quakers/fry.htm>>. To prevent this, Elizabeth Fry took initiative and visited the Islington Workhouse to spend time with the children there. Elizabeth Fry became involved in prison ministry later through Stephen Grellet. Stephen Grellet had been visiting some prisons within Britain and was especially moved by the women’s situation in Newgate prison. After being asked for help, Fry visited the prison herself and found babies without clothing and prisoners lying on the cold floor. Unhesitatingly she brought warm clothes and people were impressed by her compassion. Due to problems within the family Elizabeth could not return until the winter of 1816. The imprisoned women saw her desire to help and welcomed Mrs. Fry's idea of establishing a prison school for the children. <<http://www2.gol.com/users/quakers/fry.htm>>

The Association for the Improvement of the Female Prisoners in Newgate was founded at that time. It created the chance for women to become paid matrons and oversee imprisoned women. Elizabeth Fry also organized sewing rooms, books to read and played an important role in establishing a market where the things produced by the imprisoned could be sold. The money earned was meant for the women themselves.

Elizabeth Fry and her work had a great impact on women of her time and showed what was possible with a strong will and commitment. In 1818, she was offered to speak to a Committee of the House of Commons about the prisons in Britain. Mrs. Fry took the opportunity to emphasize her concern that women should care for the female prisoners rather than men. In relation to her accomplishments in the British prison system, she also helped to improve the transport of prisoners forced to be sent to British colonies, e.g. Australia. <<http://www2.gol.com/users/quakers/fry.htm>>

There were other areas that Elizabeth Fry was engaged in as well. Donahue (1996, p. 190) describes the *Society of Protestant Sisters of Charity* as one of Fry's greatest achievements. It was established in 1840 but not related to any church; the name was later changed to The Institute of Nursing Sisters. After a few months of practical instruction in Guy's Hospital in London, the prospective nurses were appointed to serve in a private environment.

Like many others, Elizabeth Fry also had to face critique from the outside world. Nevertheless, she continues to be seen as a pioneer and strong willed woman in the history of social development.

*“Through her personal courage and involvement, Elizabeth Fry alerted the nations of Europe to the cruelty and filth in the prisons and revealed the individual human faces behind the prison bars. Her own passionate desire to lead a useful life disturbed the placid, vapid existence of women in Victorian England and changed forever the confines of respectable femininity.” (June Rose in 'Prison Pioneer' <<http://www2.gol.com/users/quakers/fry.htm>>)*

### 3.4.2 Florence Nightingale

**Fig. 2:** Florence Nightingale



Probably no story about a nurse has been told more often than that of Florence Nightingale. Her life and accomplishments gain even more approval “when viewed against the background of social restraints on women in Victorian England.” (Cohen, cited in Donahue 1996, p. 198)

Florence Nightingale was born 12 May 1820 to a prosperous British family. During her childhood, Florence appeared to be a very quiet and thoughtful girl who enjoyed being on her own. She soon showed interest in mathematics and was eager to learn more.

*From: Florence Nightingale Museum, 2009*

Both she and her sister were home-schooled by their father, who himself had received a good education at Cambridge University. It is stated, that “from an early age, Florence describes herself as having a sense of a ‘calling’ she felt she was destined to do something great with her life, but she did not yet know what this should be.” <<http://www.florence-nightingale.co.uk/cms/index.php/florence-early-years>>

Young Florence started to be concerned with the social conditions around herself and soon initiated visits of hospitals and homes of sick people. It was then that she first expressed her wish to become a nurse. But due to the fact that nursing was not considered an appropriate occupation for a lady coming from a wealthy background, Florence’s parents were not very fond of their daughter’s idea. However, after visiting Germany and meeting Pastor Theodor Fliedner, they decided that Florence, at the age of thirty-one, could return and join the three month nursing programme at the school for deaconesses at Kaiserswerth. <<http://www.florence-nightingale.co.uk/cis/index.php/florence-becoming-a-nurse>> For Florence Nightingale, the diaconal work was not comparable to other nursing activities at that time and so she decided to go to Paris because she wanted to learn more from the “Sisters of Charity”. (Cook, cited in Donahue 1996, p. 200) Back in London, she was offered an unpaid job in 1853 as the Superintendent of the “Establishment for Gentlewomen during illness”, Harley Street.<sup>3</sup> <<http://www.florence-nightingale.co.uk/cms/index.php/florence-becoming-a-nurse>>

In 1854, Sidney Herbert, the Minister at War, recruited Florence Nightingale to head a group of female nurses and go to Turkey to serve in the military hospitals there. At that time, many reports on the terrible circumstances of injured soldiers in the Crimean War<sup>4</sup> had already reached Britain. After some initial difficulties, Florence and thirty-eight voluntary nurses finally arrived in Scutari, Turkey, on 4 November 1854. At first the women had to face opposition from the doctors there, but within days the nurses could start working and help where they could. <<http://www.florence-nightingale.co.uk/cis/index.php/florence-the-crimean-war>> The Barrack hospital in Scutari had seventeen hundred beds but was completely overcrowded. Thus, the sanitary conditions were poor and it seemed impossible to give proper care to the patients without water, towels or soap. The death rate in

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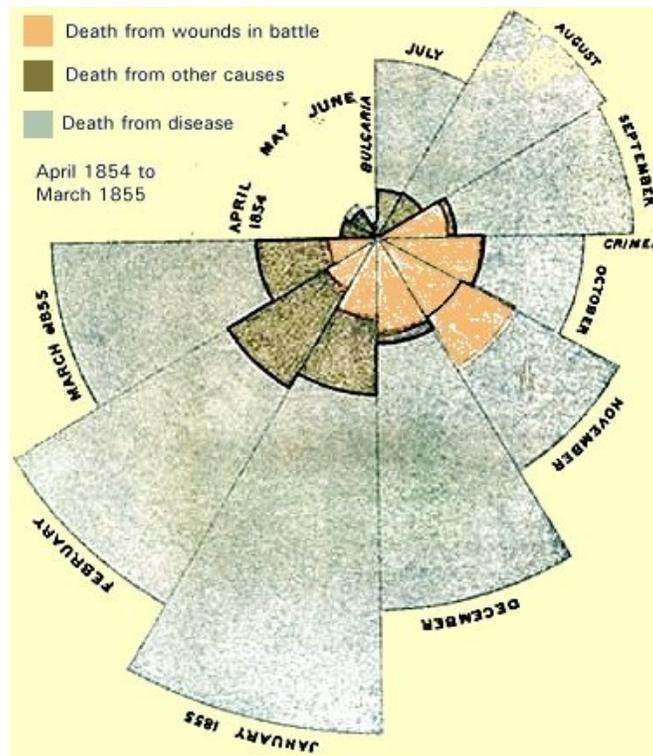
<sup>3</sup> A facility “to afford a home in illness to gentlewoman of moderate means—the wives, daughters, and relations of clergymen, naval, military, and professional men, and to governesses and artists” <<http://www.londonancestor.com/charity/pensions/gentlewomen-illness.htm>>.

<sup>4</sup> 1854: Britain, France and Turkey declared war on Russia <<http://www.florence-nightingale.co.uk/cms/index.php/florence-the-crimean-war>>.

Scutari was 42.7 percent at that time. (Donahue 1996, p. 201) Florence's role in the Hospital of Scutari soon changed to a more administrative one. For example, she helped soldiers write letters to their families and started to improve general conditions. She also vehemently insisted on letting no man die all alone, and so it was Florence who "was the only woman allowed on the ward at night. It was the comforting sight of her checking all was well at night that gained her the name 'the Lady of the Lamp' and the undying respect of the British soldiers." <<http://www.florence-nightingale.co.uk/cms/index.php/florence-the-crimean-war>>

Florence Nightingale performed great deeds in Scutari, and the probably most significant achievement was the drop of the mortality rate to 2.2 percent within six months. (Donahue 1996, p. 204) Florence Nightingale was marked by what she had seen in the Crimea when coming back to London in August 1856. At that time, she was already considered a legend by many, but Florence did not want to attract any public attention. Nevertheless, the nation honoured her in order to express its gratefulness. Thus, money was collected, and consequentially became the Nightingale Fund which empowered Florence Nightingale to continue her work in Britain. Later that year, a Royal Commission's initiative concerning the health of the British Army commenced, in which Florence Nightingale played an important part. As already mentioned, she had developed an interest in mathematics at an early age. In 1858, she compiled statistics in her review *Notes on Matters Affecting the Health of the British Army* to collate how many men had died from the poor conditions in the infirmaries with the numbers of men who died of their actual injuries. <<http://www.florence-nightingale.co.uk/cms/index.php/florence-royal-commission>>

**Fig. 3:** Chart from the “Notes on Matters Affecting the Health of the British Army” (1858)



*From: The Engines of Our Ingenuity*

This kind of statistical analysis is still well known today as the “pie chart”. Based on these achievements Florence became member of the Statistical Society in 1860 and was thus the first woman to hold this office.

Florence Nightingale also took notice of the situation of the British army in India. Like on the Crimean peninsula, the death rate among the soldiers was tremendously high. Having consulted different information and statistics, Florence concluded that the medical condition of the army also influenced the civil population in India, and thus a transformation of the whole public health system in India was required. Florence Nightingale fought for this improvement in India for over thirty years. <http://www.florence-nightingale.co.uk/cms/index.php/florence-royal-commission>

The probably most fundamental achievement by Florence Nightingale was the improvement of “nursing to the level of a respectable profession for women”. <http://www.florence-nightingale.co.uk/cms/index.php/florence-training-school-nurses> Money was taken from the Nightingale Fund in 1860 to build the independent Nightingale Training school at St Thomas’ Hospital

in London. <<http://www.florence-nightingale.co.uk/cms/index.php/florence-training-school-nurses>>  
But a vast majority of physicians in London did not see the necessity of establishing a nursing school. Only four in one hundred physicians supported it. John Flint South argued that nurses would not need any training because their status was similar to that of housemaids. (Donahue, p. 207)

Primarily, the training programme was practically oriented and only consisted of few theoretical lessons. Thus, the nursing trainees finished school within a year and were sent to various hospitals throughout Britain to work and set up new training schools there. For Florence Nightingale, hygiene and watching out for a patient's basic needs were classified as the core of nursing. She also stated this view in her work *Notes on Nursing* in 1860 which remains a regularly quoted book and on organisational issues laid an important foundation for the further development of nursing alongside other works. Florence, like many other reformers, saw the origin of contamination first of all in filthy and badly-aired rooms. Although later falsified, this theory brought about an upgrade in hygiene standards as well as other areas of community living. <<http://www.florence-nightingale.co.uk/cms/index.php/florence-training-school-nurses>>

Ever since the Crimean War, Florence Nightingale had not been able to enjoy good health due to the "Crimean Fever" which "was most likely to have been brucellosis, a disease transmitted through milk and milk products." <<http://www.florence-nightingale.co.uk/cms/index.php/florence-old-age>>  
Florence Nightingale would often be confined to bed but all her life was dedicated to her work, and no illness could ever keep her from that. Florence Nightingale died at the age of ninety on 13 August 1910. <<http://www.florence-nightingale.co.uk/cms/index.php/florence-old-age>>

### **3.4.3 *Jean Henri Dunant***

In 1828, Jean Henri Dunant was born into a wealthy religious family of Geneva, Switzerland. At an early age, Henri Dunant started to show interest in religious issues and travelled all over Europe as a member of the Young Men's Christian Association. At the age of twenty-six, Henri Dunant decided to do something different. He took up a business career and worked in North Africa, as well as in Italy and other countries. On the grounds of his success in his job, Henri Dunant was then offered the position of president of an industrial company in Algeria. It was his task to make use of a lot of land. But in order to accomplish this, he needed water there. Dunant could have taken an easier way but he decided to request it directly from the Emperor Napoleon III. In order to meet Napoleon, Henri Dunant

had to travel to Italy, where the French and the Italians were fighting against the Austrians. Because of his experiences there, Dunant was inspired to write a book called *A memory of Solferino*. <<http://nobelprize.org/nobel-prize/peace/laureates/1901/dunant-bio.html>>

This book consisted of a plan which led to the establishment of the Red Cross later. Dunant demanded different associations to secure care of the injured soldiers and civilians during war. People should be recruited and trained as helpers on a voluntary basis. Because of Dunant's hard work, this theoretical idea was put into practice in 1863. The Red Cross is still of great importance today and its establishment brought on a new area of nursing. Despite his success and grand achievements, Henri Dunant lived in a very isolated way in the following years. In 1901, he received the Nobel peace prize for his life and work. <<http://nobelprize.org/nobel-prize/peace/laureates/1901/dunant-bio.html>>

#### **3.4.4 Agnes Karll**

Agnes Karll was a highly influential woman in Germany who lived from 1868 to 1927. Building on Florence Nightingale's achievements, Agnes Karll tried to make progress in organizing the secular nursing occupation. Miss Karll herself had received training at the Red Cross and worked as a private nurse for over ten years. Karll was highly impressed by what she saw on a vacation to the United States. It caused her to decide to change the working conditions and access to social welfare. Another area Agnes Karll was engaged in was the actual training of nurses. She did her best to establish a three-year training programme in Germany.

In 1904, Agnes Karll was a founding member of the *International Council of Nurses* (ICN) in Berlin. A few years later, she became the president of the Council and worked on several statistics about the working conditions and health issues of nursing staff. (Arets 1996, pp. 48-49)

## 3.5 The Nursing Revolution

At the turn of the century, the social and economic situation in Europe gave rise to a change in nursing care. Various aspects of this transformation will be discussed in the following chapter.

### 3.5.1 *Signs of Change*

It is well established that nursing provision was not a major concern of society for a long time, because medicine was able to find enough caregivers, and the field of medicine itself was stagnant. Additionally, nursing was carried out mostly by family members and not in the hospitals. Then, at the end of the eighteenth century certain social developments led to an enhanced demand of trained nursing staff. These developments were not related at first but would later react on each other and influence the further progress of nursing. There are four main aspects:

- *the development of modern hospitals,*
- *the development of medicine as a scientific field,*
- *the Industrial Revolution led to social conditions, such as epidemics, which made it necessary to supply big parts of the population with medical and nursing care,*
- *the wars conveyed an acute necessity of providing care for the wounded.*

*(Bischoff 1994, pp. 73-74)*

All four of these influential factors shall be discussed more precisely in the following chapters.

### 3.5.2 *The Rise of the Hospital*

The establishment of hospitals in the nineteenth century is a result of the lacking provision of care before that time. On the one hand, this deficiency occurred partly because of the Reformation in the sixteenth century. On the other hand, there was an enormous growth of the European population during the nineteenth century which brought about significant social changes.

The Reformation had led to an oppression of monasteries through Martin Luther in Germany and Henry VIII in England. Therefore, the existing hospitals and inns were no longer accessible for the

majority. As a consequence, medicine began to stagnate and the nursing quality deteriorated rapidly. Many institutions were closed in the Protestant countries and a new secular system was introduced, whereas Catholic areas were only affected to some extent and the religious orders with both men and women continued their work. England was particularly affected by serious consequences regarding health care. Soon, the need for modifications in the institutions arose within the cities, but was neglected for the most part. The conditions of hospitals were poor and led to epidemics within the facilities. There was no room between beds and often, several people would lie together in one bed. Consequently, cleaning was almost impossible, and the rooms stayed filthy and disgusting. Unfortunately, this situation continued to be at its worst until the nineteenth century when a revolution started and the idea of public health came up. (Donahue 1996, pp. 179-181)

The individual faded into the background while social and political motives gained importance. Medicine increasingly headed for a scientific foundation and approval. Before the nineteenth century, only few doctors had been in hospitals, but now their interest shifted more towards them as they started to do scientific research. The human body was now an “objective” and not so much of spiritual interest. (Bischoff 1993, p. 74)

Bischoff (1993, p. 74) also states that the Industrial Revolution was a vital factor in improving hospital conditions. By the end of the nineteenth century, hospital wards had been improved.

Restoring the manpower of a person became important because of poverty as well as the rapid spread of diseases. The industrial proletariat was particularly dependent on the health care provisions of such institutions due to their low wages and poor working conditions. The wealthier people would still pay to be cared for at home. (Bischoff 1993, pp. 74-75)

After the Industrialisation most diseases were infectious diseases or illnesses caused by famine or malnutrition. Good care, hygiene and nutrition were essential parts in curing those diseases. Male and female religious orders, as well as paid attendants were under-qualified for these increasing expectations: Trained nursing staff that could carry out this task and support the medical treatment was now missing. This was a new chance for the nursing occupation to improve. Slowly, training programmes were established in the hospitals through pioneers like Florence Nightingale. Even though physicians were somewhat dependent on nursing staff, they were still against proper training programmes. In this context, Bischoff (1993) particularly addresses the beginning separation of medicine and nursing. Physicians viewed nurses as rivals and tried to claim their monopoly within the hospital. (Bischoff 1993, pp. 75-77)

### ***3.5.3 Nursing as Social Control***

Until the nineteenth century, sickness was – to a certain extent – seen as a consequence of crime or sin. Social contacts could be destroyed by sickness, because the ill ones would not be able to carry a particular social role other members of society were dependent on. This is where social control came into play: On the one hand, it was the duty of medicine and nursing to demonstrate and describe what is accepted as a normal process of the human body within society. On the other hand, it was of interest how these processes affected individual behaviour. Even today, both medicine and nursing provide ways to restore a sense of normality or at least try to control the consequences these obstructions might have on the immediate environment. (Dingwall 1988, p. 24)

In the course of the Industrialisation in Europe, an urbanisation took place and work was now shifted from the home into the factories. This led to changes of social behaviour towards a greater anonymity, particularly within the urban areas and former networks were somewhat torn. Furthermore, organising economic production was an essential part of that time. Various leisure time activities such as festivals or fairs were prohibited for certain social classes because people might get drunk there. The governments hoped to secure working quality and stability. Maintaining good health was another way to keep a society organized. (Dingwall 1988, pp. 25-26)

In a way, the governments tried to protect their countries from people with disorders and had established different forms of institutions where people with deviant behaviour were disciplined. Of course, this harsh treatment in the workhouses and prisons was not very successful in rehabilitating these people. Thus, another plan needed to be developed and numerous associations evolved from it. In this context, one of the most influencing persons was Elizabeth Fry. She founded the Protestant Sisters of Charity who were women from the middle and upper-classes and visited prisoners and people at home. From this derived the idea of 'home nursing'. (Dingwall 1988, pp. 27-28)

Summers (1983) raises the question of replacing “drunken Sarah Gamp” within nursing orders. This would then mean that in orders like St. John's House, nurses might as well have been taken from the class of the handywomen and not only from the upper classes. Hence it follows that these sisterhoods had a great impact on the reorganisation of nursing, because they started to change the social status of handywomen to a higher one compared to that of their patients. (Dingwall 1988, p 29)

By contrast, workhouses refused much of this improvement. Numbers show that London's forty workhouses only had 142 nurses who were responsible for about 21,250 sick. Therefore in the 1960's most of the nursing within the workhouses was still done by other inmates. (Dingwall 1988, pp. 30-32)

Nevertheless, a general progress in nursing was possible through the attempt of social control, and social reformers achieved great goals leading up to an upgrade of nursing itself.

#### **3.5.4 *Army Nursing***

Despite the fact that nineteenth-century Europe was a place of war and brutal battles, social reformers did not find it necessary to look at army nursing as an important area of nursing until 1854. In the nineteenth century, soldiers and their families had already received better medical care than ordinary people. They even had their own hospitals, and injured or sick soldiers were usually nursed by male orderlies. These, of course, were not educated nurses but men who gained experience during their practical service. Towards the end of the eighteenth century, soldiers' wives were primarily the actual army nurses. But by 1838, they were no longer allowed to administer care to male patients which – in practice – was not nearly carried out the way it should have been. The wives continued to attend to the male patients. Conditions within the military hospitals were similar to those of other hospitals in Europe (see chapter 3.5.2). The hospital rooms were overcrowded, filthy and certainly not places where you could get better. (Dingwall 1988, pp. 41)

The situation was almost unbearable, and improvement in Europe was necessary. Indeed, these poor conditions did not pass the war correspondent of *The Times* in England. W.H. Russell drew the public's attention to the miserable circumstances the British soldiers had to bear in the Crimean War. Different nursing groups were sent to the Crimea as a response to this alarm call, including Florence Nightingale and her thirty-eight nurses (see chapter 3.4.2). As opposed to what was shown in the biography of Florence Nightingale, problems between the different nursing groups also occurred. On the one hand, the recruited groups consisted of hospital nurses. On the other hand, nuns and private nurses made up the main part of the recruits. This, of course, led to difficulties. The paid nurses ate dinner in a different room than the "ladies", and the differing social backgrounds were obvious. By December 1854, Florence Nightingale had sent home the majority of the working women. (Dingwall 1988, pp. 42-44) Other nursing groups had shrunk to a small number and an expert later said, "There is no doubt but that household servants and private nurses after a little teaching answer best." (Summers, cited in Dingwall 1988, p. 44) Now that all the nurses at the Crimea came from a similar background and difficulties within the groups were removed, the actual work in the army hospitals could begin. As we have heard before, the conditions in the hospitals were bad and the nurses started to clean and reorganize the hospitals. Dingwall (1988), however, points out that the main responsibilities of

Florence Nightingale's nurses at the Crimea were to oversee others and to give the work that was to be done a more effective structure. The actual care of the patients was supposedly still done by the soldiers' wives and the male orderlies. Florence Nightingale and her nurses reorganized and gave a new meaning to the area of army nursing. Moreover, they reduced mortality rates and improved hygienic standards and addressed an important part of nursing: administration. (Dingwall 1988, pp. 42-47)

Napoleon Bonaparte's wars of liberation between 1813 and 1815 also lead to a progress in nursing. During this time, many female associations were established throughout Europe to support the injured and sick in the battlefield. These groups partly also existed after the wars, or were revived through Henri Dunant's idea of the Red Cross. He wanted to train nursing staff – both male and female – for war. They did not receive their training during the war, but in times of peace to prepare for war situations. (Bischoff 1988, p. 29)

### **3.5.5 *The New Model Nurse***

We have now heard of the changing social conditions and circumstances the nineteenth century held to cause this revolution in nursing. Furthermore, various developing areas of nursing have been explained.

On the one hand, nurses were seen in a different light for social and political reasons. On the other hand, nursing entered a new era because of the great achievements of many social reformers and outstanding characters. (Mantzoukas 2002, pp. 26-27)

Especially reformers like Theodor Fliedner, Elizabeth Fry and Florence Nightingale played an important role in reorganizing the nursing occupation, but others also influenced its further development. They all played a part in the foundation of modern nursing and established educational institutions to train the modern nurses properly. Florence Nightingale is always cited as the prime reformer of nursing and considered a heroine. According to Whittaker & Olesen, Florence Nightingale was “a perfect vehicle whereby nursing could lever itself into acceptable occupational status and integrate itself into society as a respectable work role.” She came from a rather wealthy background, but at the same time, worked as a menial nurse. (Whittaker & Olesen, cited in Mackay et al 2002, p. 199)

There are, of course, other reformers who contributed a lot to the foundation of training programmes, but Florence Nightingale will be used as an example here. The nursing school at St.

Thomas' hospital in London was one of great influence in Europe and still is today. The probationers at the school were supposed to fulfill certain expectations which Nightingale had prescribed.

- *Duties of probationer*

*You are required to be sober, honest, trustful, trustworthy, punctual, quiet and orderly, cleanly and neat.*

*You are expected to become skilful -*

- *In the dressing of blisters, burns, sores, wounds and in applying fomentations, poultices, and minor dressings.*
- *In the application of leeches, externally and internally.*
- *In the administration of enemas for men and women.*
- *In the management of trusses, and appliances in uterine complaints.*
- *In the best method of friction to the body and extremities.*
- *In the management of helpless patients, i.e. Moving, changing, personal cleanliness of, feeding, keeping warm (or cool), preventing and dressing bed-sores, managing position of, etc.*
- *In bandaging, making bandages and rollers, lining of splints, etc.*
- *In making the beds of patients, and removal of sheets whilst the patient is in bed.*
- *You are required to attend at operations.*
- *To be competent to make gruel, arrowroot, egg flip, puddings, drinks for the sick, etc.*
- *To understand ventilation, or keeping the ward fresh by night as well as by day; you are to be careful that great cleanliness is observed in all the utensils, those used for the secretions as well as those required for cooking.*
- *To make strict observation of the sick in the following particulars: -*
  - The state of secretion, pulse, skin, expectoration, appetite; intelligence, as delirium or stupor, breathing, sleep, state of wounds, eruption, formation of matter; effect of diet, or of stimulant, and of medicine, etc.*
- *And to learn the management of convalescents.*

*(Dingwall 1988, pp. 54-55)*

This list shows exactly what Florence Nightingale expected from a nurse. She asked for a good family background and personal features which – in her eyes – were suitable for a future nurse. Additionally, there were detailed training instructions and skills that should be obtained during the one-year programme. For the first time, the duties of a nurse were defined and written down.

The Christian motive was still obvious in the second half of the nineteenth century. The social reformers came from religious backgrounds themselves and it seemed a good idea to take some of these images to professionalize nursing. The reformers wanted to find appropriate work for the women. During this time, gender roles were very important and it was believed that working together with men in public spaces was too dangerous for women. Thus the nursing reformers tried to adopt religious images to make it safer. The new model nurses wore a uniform similar to that of nuns and the “nun’s cornette was transformed into the nurse’s cap.” They also adopted a certain language and behaviour from the religious orders. For a long time, nursing probationers were also not allowed to get married or

have a family, but lived in a house together with other probationers.  
<[http://www.medscape.com/viewarticle/520714\\_3](http://www.medscape.com/viewarticle/520714_3)>

**Fig. 4:** *Class of probationers at the Nightingale Training School, St. Thomas hospital*



*From: Florence Nightingale Museum, 2009*

## **3.6 Feminisation of Nursing**

Nursing has never invariably been a female occupation, nor did women ever totally disappear from the scene. But indeed, as this paper has shown so far, the number of women in nursing increased during the nineteenth century, and it is obvious that women overrule the nursing profession today. The social status of women and reasons for a feminisation of nursing will be explained in the following.

### ***3.6.1 The Female Character and Social Standing***

At the turn of the century, men and women were ideally seen as complementary characters. They should both bring different characteristics into a marriage. For women it was mostly the passive and more emotional part, for men the rational and active one which dominated their social images. Through these assignments women were seen as “gentle, emotional, weak, caring, timid, loving and maternal”.

(Bischoff 1994, p.65) The main purpose of a woman was to bear children (“nature”) whereas men were more active socially and culturally. These views lead to a separation of paid work and female housework. According to Bischoff (1994), this change occurred due to the economic division of working place and household. Thus, society tried to justify the ideology of married women leading the household. (Bischoff 1994, pp. 65-66)

This, of course, solely applied to the upper classes – the so called bourgeoisie – and not to the working class. In the lower social classes, women already had to support their families and work long hours outside their own household.

It was considered a married woman’s vocation to manage the household. This also included bringing up the children without much help by her husband. Besides the physical labour within a household it was the psychological part which became increasingly important. Due to the assigned character of a woman, she was supposed to bring harmony into the family. A woman was responsible for making her family feel at home and be affectionate as well as emotional. Without his wife, it was impossible for a man to keep this harmony within the family because of his employment outside the home. Therefore, everything was done to hold the female world back from actual employment elsewhere. As a matter of fact, different legal arrangements were also made to achieve this goal. However, towards the end of the nineteenth century more and more women tried to escape from this ideology. Hoping to gain more independence, they fought for their rights and wanted to find work apart from their families. (Bischoff 1994, pp. 57-67)

Social reformers like Florence Nightingale and Theodor Fliedner had also encouraged this progress of work for bourgeois women. They wanted to make nursing a more acceptable occupation in the eyes of society.

### ***3.6.2 Women – Particularly Suitable for Nursing?***

As we have seen throughout this paper, almost all the established nursing programmes and institutions in the second half of the century were meant for women. On the one hand, women were seen as the loving and caring gender. Because of the economic splitting of housework and the male employment, it was the women’s turn to care for the sick, while the husband was busy with other things. Women were almost destined to help the sick and the poor. Bischoff (1994) argues that even the

social reformer Theodor Fliedner had emphasized the psychological suitability of women. It was his desire for women to use their unique abilities for the community. (Bischoff 1994, pp. 81-83)

On the other hand, some even underlined a woman's physical suitability for nursing. Only women could endure long nights caring for their husbands and would need less sleep than men. However, these opinions contradicted the reasons for the refused admission of women to medical studies at University. (Bischoff 1994, pp. 84-85)

Both these arguments can certainly not be accepted. They were merely made to hide the social iniquity between men and women and to justify certain decisions during the nineteenth century. On the one hand, women were too weak to work outside the home and on the other hand it was their psychological and physical strength which made them perfect employees for the challenging nursing occupation. (Bischoff 1994, p. 86)

### ***3.6.3 Housework and Employment***

Ostner and Beck-Gernsheim (1979) distinguish between the terms housework and employment. In the light of the development of the bourgeois family, housework was seen as a duty to meet everyday needs such as hunger, thirst or sleep. Furthermore, keeping the house clean and providing clothes were considered part of a good household. All these tasks were meant for women, wives and mothers who cared for their families. Due to their assigned role within the upper classes this was – of course – not questioned. (Ostner & Beck-Gernsheim, cited in Seidl 1993, p. 62)

According to Ostner and Beck-Gernsheim (1979), employment is regarded an area limited only to certain situations where the work is honoured with money. During the nineteenth century and even until the twentieth, this specific area was ruled by men. (Ostner & Beck-Gernsheim, cited in Seidl 1993, p. 62)

With the rise of the modern hospital, women who took care of these domestic duties were needed. Medicine had already become a scientific profession: the male physicians were the “real employees”, who were paid well for their work. The at that time primarily female nurses had to care for the patients in order to meet their bodily needs, but also care for them in a more personal way. (Seidl 1993, pp. 62-63)

### ***3.6.4 Nursing –a Supplement to Medicine***

The beginning scientific orientation of medicine during the nineteenth century brought about serious consequences for the patients themselves. They were no longer seen as human beings but were reduced to the ill bodies and people became 'objects' in the eye of medicine. Patients were used for research and new medical treatments. This scientific view ignored the need for spiritual care and personal communication with the patient. This one-sided approach caused problems in the provision of health care starting in the second half of the nineteenth century. Thus, nurses had to take over these duties and became the 'helpers' of the physicians. (Bischoff 1994, pp. 96-97) Nursing was then placed under medicine's command, and women from the upper classes seemed appropriate for this task. The female nurse had to obey the male physician, was responsible for the tasks he did not carry out and was therefore seen as an inferior to the medical staff. Similar to the social positions of men and women, medicine increasingly became the focus of attention, whereas the female nurse was seemingly unimportant. Bischoff (1994) emphasizes that these developments of dependency from nurses towards the superior physicians hindered nursing from becoming an independent profession for a long time. (Bischoff 1994, pp. 99-101)

Another reason why nursing became an increasingly female occupation is the displacement of men in nursing. In fact, this development was much rather an attempt to direct female labour into the right channels. Women wanted to enter medical studies at University but this was solely a male privilege. Nursing, however, was seen as more suitable for women and their gender roles. During the nineteenth century, nursing was almost exclusively a female occupation due to these gender issues and social iniquity. (Bischoff 1994, pp.139-144)

### ***3.6.5 The Exploitation of Female Labour***

The financial factors were certainly a main reason for the increased employment of women as nurses. Bischoff (1994) argues that physicians very soon raised their voices against religious orders and nurses. They doubted their ability to work professionally in the hospitals. Time of prayers and their devotion to God supposedly kept them from spending time at the patients' beds. Furthermore, the secular doctors grieved the lacking obedience of the nurses, because they would primarily work for God and not their superiors in the hospital – the physicians. Thus the hospitals were trying to win the

bourgeois women for the nursing occupation and would tell them they could find fulfilment in this kind of work because it suited their personalities. (Bischoff 1994, pp. 102-103/106)

During the nineteenth century, women were generally very cheap employees – at least cheaper than men. The hospitals saw their chance in employing women from the upper classes because they were supposedly almost as cheap as religious nurses. These women were also educated better and obedient to the men. In addition to that, they were self-sacrificing and selfless. (Bischoff 1994, p. 106)

Considering this opposition of the physicians against the religious nurses, it is interesting that the religious motive continued to be predominant in the payment for nurses: The Christian background of nursing was evidently used as an excuse for the low wages. This is rather contradicting the efforts of secularizing the nursing occupation and profession. Nevertheless, the idea of charity and love was still seen as an important aspect underlining the female characteristics and an easy way to exploit the female labour. (Bischoff 1994, p. 144)

## 4 Discussion and Outlook

Today nursing is a profession just like many other trades but its development certainly is distinctive. People have always needed care and maybe because of this perpetual necessity it was difficult for nursing to gain social acknowledgement. We have seen that even in the first half of the nineteenth century nursing had no social standing. Nurses – or those who claimed to be such – came from low social backgrounds and they were ascribed drunkenness, deceit and other bad qualities. However, these statements have to be qualified in the light of the social conditions under which these caregivers had to accomplish their work. They were not in a social position where they could change much about their situation. In fact, the nurses probably did their best under these circumstances.

Thus, many experts view nursing as a result of social structures. This certainly holds true for the nineteenth century. The results described in this paper reflect a time marked by social and economic change during the Industrialisation: war, social differences, poverty, epidemics, work life and the urbanisation made improved health care provision essential. Furthermore, these developments paved the way for an improvement in nursing as well. This was the time when social reformers and pioneers started to change nursing. Looking at these influential personalities of modern nursing we see that most of them came from wealthy families and enjoyed good education. It was them who had the power to fight against social restraints and really change something about nursing. Due to their engagement nursing gained public recognition and structure. Another very interesting point is that nearly all of them came from a very religious household and the Christian faith played an important role in their lives. Thus, they continued to build on this thought of charity and love in nursing. On the one hand, pioneers like Florence Nightingale, Agnes Karll, or Theodor Fliedner achieved great improvement in nursing and made it possible for nursing to be called a profession in the twentieth century. Without them there would certainly be no proper training programmes, no ICN (International Council of Nurses) or professional status. On the other hand, their contributions to the development of nursing were also restricted to the social and economic circumstances in the nineteenth century. The new model nurse was still very much like the old one. Christian motives were adopted and devotion as well as obedience were of great importance.

Most of the established training schools were meant for female probationers. Thus, another crucial aspect discussed in this paper is the feminisation of nursing. Nursing has certainly not always been a female occupation but was increasingly feminized towards the end of the nineteenth century. On one side, modern nursing offered a great opportunity for upper class women to find acceptable work. On

the contrary, men tried to keep women from medical studies and used the female character as an excuse to make nursing a female occupation. Today, nursing still seems to be a profession dominated by women whereas many medical fields like surgery are still considered a male domain. However, numbers of female practising physicians will certainly increase in the future due to rising numbers of female medical students.

Nursing still reflects a lot from what had evolved in the nineteenth century and even though nursing is considered a profession today it is marked by its historical developments. On the one hand the achievements of the social reformers in Europe have brought progress and structure worldwide. On the other hand the social circumstances made it difficult for nursing to fully split with the past. Nowadays it is common in various parts of Europe to work based on scientific research or what is called “evidence-based nursing”. But even today, there is still a tendency in countries like Austria to see physicians as something superior to the nursing staff. Despite the fact, that nursing has reached University level in Austria, the servant character and devotional thought have not fully disappeared. Also gender roles which were essential for nursing to become a female occupation are still present today. To this day male nurses are seldom seen in many hospitals because women are still assigned characteristics seemingly more suitable for nursing than men.

## 5 Conclusion

This paper portrays nursing from the beginnings of the nineteenth century to the origins of modern nursing in Europe. Nursing has always been an inherent part of society. However, it was not until the nineteenth century that it evolved to an acceptable trade. At the beginning of the nineteenth century nursing was unstructured and certainly had no social standing. The nineteenth century was marked by severe social and economic change and, thus, also paved the way for a change in nursing. War, urbanization and work life made it necessary to increase the nursing staff numbers. It was then time for social reformers to make an attempt to improve nursing. They established proper training schools and raised the social status of nurses. Furthermore, it was women who seemed particularly suitable for the nursing occupation. Through assigned gender roles of both men and women nursing became a female dominated working field towards the end of the nineteenth century.

Besides describing the development of nursing in the nineteenth century it was also the aim of this paper to see whether there are connections to today's nursing situation. Obviously, the development of nursing in the nineteenth century is vital for the present. In order to understand why nursing is what it is today we need to look at its history and its social, political and economic circumstances. It has been discussed that the development of nursing in Europe during the nineteenth century was rather ambiguous because much of the old nurse (e.g. uniforms, devotion, motherhouse system) was adopted to the new. Nevertheless, the reformers' work should not be degraded because of this. Instead, it should be realized that Theodor Fliedner, Elizabeth Fry or Florence Nightingale were also simply people of their time, living amidst the social and economic restraints of society.

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***Fig. 1: Sairey Gamp***

Illustration from the Wellcome Trustees' Professional Nurse Diary. Wellcome Institute Library, London, England. In: Donahue, MP 1996, Nursing, the finest art, 2nd edn, Mosby, St Louis, Mo.

***Fig. 2: Florence Nightingale***

Florence Nightingale Museum, London, viewed 27 November, 2009, <<http://www.florence-nightingale.co.uk/cms/>>.

***Fig. 3: Modified Chart from the “Notes on Matters Affecting the Health of the British Army“ (1858)***

Engines of Our Ingenuity, John H. Lienhard, viewed 22 February, 2010, <<http://www.uh.edu/engines/epi1712.htm>>.

***Fig. 4: Class of Probationers at the Nightingale Training School, St. Thomas Hospital***

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