

Section II: Historical Research

In this section two historical research studies are reported, which provide perspectives on the evolution of the profession of nursing. Each author provides her own interpretation of the historical evidence in relation to future development of nursing practice and nursing science.

The Public Image of the Nurse

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THE SCOPE and function of nursing practice have expanded over the past century, yet nurses continue to be bound by myths, traditions and archaic ideas about their role in health care delivery. Although many nurses are now assuming independent and innovative roles in health care, the public continues to view the physician as the sole authority and as the primary provider of health care. Nursing potential has not been fully recognized or utilized by the public, and this has led to wasted nursing talent and inadequate care for society.

A historical study was recently conducted to determine the public opinion of the nurse and the nursing profession during the period 1896 to 1976.¹ Data from popular magazines, novels and newspapers were obtained to formulate generalizations and identify themes that emerged during that period. The mass media have not only reflected but have also directed public opinion about the nurse and the nursing profession. From a historical perspective,

56

the image of the nurse that has been projected through the mass media has been a distortion of reality, grounded in mythical beliefs and traditional ideas that for too long have gone unchallenged and unquestioned by the general public and by many nurses. The public image of the nurse may account, at least partially, for the failure of the public to fully utilize the services of the nurse in health care delivery.

HISTORICAL STUDY OF PUBLIC OPINION

Social and cultural changes evolve slowly and the effects of these changes are felt over a long period of time. Examination of historical records can give the researcher the advantage of discovering significant truths about human nature and social action. "The historian's advantage is that he is apt to see the whole Gestalt of circumstances which serves as a matrix for the ensuing behavior."^{2(p34,35)} For this reason, the historical study of public opinion is valid. Indeed, the concept of public opinion was identified by a historian over 2,000 years ago: "Thucydides, in his *History of the Peloponnesian War*, organized his book around three closely related but different themes, the distribution of public opinion, the processes of opinion formation, and the impact of opinion upon government decisions."^{3(p117,118)}

In his essay on the study of public opinion, Benson defined the historical approach to be "the use of procedures to secure data from documents that the researcher locates and selects but does not create, directly or indirectly. By selecting

documents and . . . interrogating their author, historical researchers generate data designed to answer questions about past public opinion."^{3(p109)}

Garraghan also discussed the value of documents in generating ideas about public opinion: The historian, he wrote, is able to "construct clear and distinct ideas or images of persons, events, institutions, and other things about which the document informs us."^{4(p330)}

Sources

Standard sources utilized by historians often do not reflect the opinion and popular ideas held by the mass population. Opinions expressed in newspaper and magazine editorials cannot always be assumed to reflect the opinion of the general public. The historian is well advised to look for data about public opinion in other sources such as school books, pulp fiction, comic books, fan magazines, novels and popular magazines.⁵

Vincent characterized the concept of public opinion as elusive and one that requires the researcher to utilize many and varied sources in order to make accurate and valid generalizations. He also pointed to the difficulty of determining exactly what public opinion was at a given time. He cautioned that "a large portion of the mass accepts its opinions from others"—and that those "others" may be a small but vociferous minority.^{6(p281,282)}

The ability of the historian to know and understand the men and women of the past is dependent upon the traces left behind. The historian must utilize every possible method of historical inquiry to

come to the highest attainable degree of truth about the past. The following statement, by a historian, points out the importance of making inferences and generalizations in the study of public opinion.

[T]he men and women who have left records were not the common people; they were the literate, the people in positions of power and influence of one kind or another. They were, in brief, not representative of the entire population, though certainly they may have been representative of their own class or group. The problem of knowing the ordinary man . . . is compounded by the scant records in which those people set forth their feelings and concerns. The historian is often left to infer from the records of literate people what the ordinary man thought about himself and about those who directed the course of his actions by domestic and diplomatic decisions.^{7(p52)}

Nursing "Poorly Understood"

Nurses have recognized the necessity of public understanding and cooperation in elevating the status of the nursing profession and initiating changes within the health care system. In 1928 the *American Journal of Nursing* requested its readers to define the major professional aim for the coming year. Public cooperation and understanding of the nursing profession was identified by many of the respondents as the major aim toward which the nursing profession should address itself. As one nurse commented, "the task of obtaining community understanding and, through it, community cooperation is indeed a challenge for, as nurses and as a profession, we are still poorly understood. For the most part, the community does not consider

nursing an essential service for which it has a responsibility."^{7(p52)}

Despite an additional 52 years of evolution, the nursing profession is still poorly understood. Kinlein, describing the inception of her independent nursing practice, observed in 1977: "In the minds of the public, nursing was an adjunct to medicine, and any time they approached a nurse for care, or a nurse approached them to give care, the need had flowed from the medical condition of the person. . . ."^{8(p43)} Kinlein's observation about the publicly perceived close tie between nursing practice and medical practice bears a remarkable similarity to a comment made 100 years ago. The readers of *Nineteenth Century* were told in 1880 that "Nursing is doctoring. . . . Any one who will set himself to define the function of the nurse as distinct from that of the doctor will very soon find himself involved in absurdity."^{9(p1092)}

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er's utilization of nursing care. In light of the current public dissatisfaction with the health care system, nursing has the opportunity to assume a more beneficial role in health care delivery. To ensure more efficient and effective utilization of nursing care, the public must be cognizant of and receptive to the actual and potential role of the nurse in health care. Historical study

can provide insight into factors that have influenced past public opinion toward the nursing profession. This knowledge can facilitate the nursing profession's development in the future.

DEFINITION OF TERMS

The following terms were defined for the purpose of studying public opinion regarding the nurse and the nursing profession.

Historical development—the chronological series of events, nursing and nonnursing, that have had a direct bearing upon the nursing profession.

Historical method—the effective gathering of source materials about past ideas of groups, appraising them critically, and presenting an interpretation of the results obtained.

Public opinion—a persistent, general orientation of society toward some individuals, groups or institutions which may or may not be based upon legitimate, correct or informed knowledge.

Nurse—one who provides preventive, curative or rehabilitative care to an individual or a group of individuals for the purpose of obtaining economic, educational or emotional remuneration. (This definition is based on the public's perception of the nurse and is not necessarily consistent with the nursing profession's definition.)

METHODOLOGY

The author used the historical method of research to analyze the problem. The collection of data was limited to literature obtainable in libraries of the southwestern United States. *Readers' Guide to Periodical*

Literature, 1896 through 1976, was used to obtain data from secular magazines pertaining to the nurse and the nursing profession. *The New York Times*, 1895 through 1976, was systematically examined to obtain data about the nursing profession. The author also examined selected lay novels pertaining to the nurse and the nursing profession. These data were analyzed to provide an understanding of the public view of the nurse and her role. The author then drew inferences, generalizations and conclusions regarding public opinion of the nurse and the nursing profession.

To determine a relationship between nursing practice and the public opinion of the nurse, the author examined the professional organ of the American Nurses' Association, the *American Journal of Nursing*, 1900 through 1976, as well as the professional organ of the National League of Nursing, *Nursing Outlook*, 1953 through 1976. Major trends within nursing practice were identified along with specific major social, legislative and economic factors that have influenced nursing practice. On the basis of these findings, the author determined the effect of nursing practice upon the public opinion of the nurse.

OVERVIEW OF FINDINGS

Woman's Work

The public consistently identified nursing as "work peculiarly suited to the dainty, delicate-minded woman."^{10(p974)} Indeed, the nursing role and the mothering role were seen as historically interrelated. Innate maternalism and womanly qualities were publicly viewed as essential charac-

teristics of the ideal nurse. Since women were mothers, it naturally followed that women were better suited for the nursing role than men both psychologically and emotionally. The public assumed that all women had a natural affinity for nursing work and that providing care for the sick came as second nature to any woman. As one nurse observed in 1883, the public "consider[s] hardly any training at all necessary for our nurses . . . the generality of people think that any woman can nurse."¹¹(p310)

Victorian Roots

Training schools for nurses were established and a professional association for nurses in the United States was developed during the closing years of the Victorian Era. Victorian ideology "defined women's proper social roles in narrow and restricted ways. . . . women's actions had to be consistent with moral sensibility, purity, and maternal affection, and no other code of behavior was acceptable."¹²(p14) Victorian ideology dictated that women exhibit specific womanly qualities and subordinate all personal interests and activities to the maintenance of the home and the family.^{12,13} Educational and career opportunities for women were restricted because endeavors in these areas were believed to detract the woman from the execution of her responsibilities as a wife and mother. Women were expected to be passive, conservative, submissive and obedient to masculine authority. Society viewed competitiveness, aggressiveness, independence and initiative as masculine attributes. Such attributes were considered unattractive when exhibited in a woman. Women

hesitated to engage in activities that could make them appear "unladylike" and thereby detract from their womanliness. Social respectability was stressed in Victorian ideology, and the vast majority of women made every effort to earn and maintain respectability by their actions and their manner.

Nineteenth-century women were not always the passive, submissive and pure creatures of popular idealizations, but neither were they ever completely free from this stereotype. Its most pervasive and effective form of control was through the social and individual demand for respectability. . . .¹³(pxix)

Virtue Personified

As a predominantly woman's profession, nursing was deeply influenced by Victorian ideas about women and their proper place in society. The public image of the ideal nurse mirrored the public image of the virtuous woman.^{12,13,15} Nurses were depicted in the secular literature as the epitome of true womanhood and the embodiment of all good womanly qualities. As the readers of *Good Housekeeping* were told in 1915, nursing is "that very high development of the qualities known as 'womanly' . . . [the nurse] seems to be a sort of embodied womanhood raised to the *n*th power."¹⁶(p736)

In light of the restrictions historically placed upon women in terms of their roles outside the home, equating nurses with true womanhood in the public literature served to tell women, in effect, that nursing was one occupation in which they could utilize their potential without compromising their social respectability.

In fact, many articles written about nursing in the popular literature encouraged women to enter the nursing profession precisely because it *was* a woman's profession and nursing was one field in which women could rise to top positions and be well compensated for their achievements. Outlining the advantages of nursing as a suitable occupation for women, one nurse commented in 1904 that nursing "is also unique in being perhaps the only profession unreservedly assigned to women . . . in which they occupy all the higher positions. In every other line of life women either struggle in ineffectual competition with men or occupy the subordinate and less well-paid posts."^{17(p310)}

In 1915 a lay writer informed the public that a nursing career was available to women simply because men allowed it. This writer again commented on the absence of competition from men: "it is still a tussle to get a footing at all, [in other leading professions] because of 'Keep Off the Ladder' signs posted in masculine handwriting. But here is a profession to which nobody nowadays denies women full access."^{16(p729)}

Thirty years later this theme was repeated in an effort to recruit women for nursing during World War II. Women were told: "The opportunity . . . to advance to posts of responsibility in nursing is relatively great because of the size of the field and lack of competition from men."^{18(p18)}

These statements in relation to a predominantly woman's profession cast insight into the secondary role which women historically were forced to assume. They reveal that competition with men

was seen as useless and hardly worth the woman's efforts. Competitiveness was not a womanly quality and nursing was obviously seen as an avenue for women to realize their potential without appearing unwomanly.

Unwholesome Reputation

Advertising nursing as a virtuous and womanly occupation had a beneficial effect, at least initially, upon the nursing profession. Before the establishment of training schools for nurses in this country, nurses had a particularly unwholesome reputation. Criminals, prostitutes, and intemperate and immoral women were commonplace among the ranks of those calling themselves nurses. By the very nature of the work, nursing was seen as menial labor barely befitting consideration by domestic servants. Women who were forced to earn a living and who were unable to secure any other form of work engaged in nursing.

In *Martin Chuzzlewit*, published in 1844, Dickens provided a representative example of the "professional nurse" of the time in the fictitious character of Sairey Gamp: "it was difficult to enjoy her society without becoming conscious of a smell of spirits . . . she took to [her profession] very kindly; insomuch, that setting aside her natural predilections as a woman, she went to a lying-in or a laying-out with equal zest and relish."^{19(p302)}

The sick who fell subject to the ministrations of these "Sairey Gamps" were victims more often than they were recipients of nursing care. Dominated by women of such questionable reputation,

nursing did not attract any respectable or well-qualified women. An English nurse provided the following summation of pre-Nightingale nursing:

...nursing... was at a low ebb; arduous and ill-paid, neither religious nor professional, it only attracted people who were quite unfit for any other occupation, often drunken and brutal, almost invariably inefficient. Particularly feeble paupers were... made night nurses, because the pittance so earned would enable them to buy better food than the ordinary workhouse fare.^{20(p587, 588)}

Nurses in the United States were of no higher caliber than those of England. Prior to 1873 the trained nurse did not exist in this country. Any woman who desired to nurse the sick could do so; indeed, many women were coerced into nursing work. One physician wrote that, prior to the trained nurse, "some of the nursing in Bellevue Hospital... was done by drunken prostitutes who in the Police Court were given the option of going to prison or to hospital service. No wonder they were often found in drunken sleep under the beds of their dead patients whose liquor they had stolen."^{21(p71)}

Nursing work was not only confined to women of questionable reputation, but convalescent patients also provided much of the nursing care in the early hospitals. One New York physician reminisced: "when I was an interne in a large hospital in 1875... nurses were far inferior to the average domestic servant. Not a few of them had been patients who when convalescent had been elevated to the position of nurses. Some of them were faithful souls and did their best, but most of them

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had a fondness for Sairey Gamp's teapot and smelt of Sairey Gamp's tea."^{22(p164, 165)}

Changing the Public Image

With the establishment of training schools in the United States, the public image of the nurse underwent a slow process of change. Early nursing educators were intent upon upgrading the social status and the public image of the nurse. These early nurses attempted to keep the temperamentally unfit out of the profession by carefully screening applicants to training schools and rigidly enforcing a standard of exemplary behavior in pupil nurses. As one hospital manager reported in 1908, "no matron would choose her probationers from applicants with marked physical blemishes... she would wisely give preference to those who were personally pleasing."^{23(p824)}

The power of the public press also served to facilitate the improvement in the image of the nurse by publicly placing the nurse on a compatible social level with the good Victorian woman. Elevating the social status of the nurse enhanced the ability of the nursing profession to attract women of a higher quality for nursing work. Had nursing not come to be positively viewed by the public as a womanly occupation, many respectable and intelligent women never could have been induced to enter the nursing profession.

Thus defining the ideal nurse as an example of true womanhood in the public literature did exert a positive influence upon the nursing profession. However, the close public correlation between the ideal nurse and the true woman had some damaging effects upon the profession as well. Longstanding social beliefs about women and their role in society became the foundation for several mythical beliefs that were associated with the nursing profession. The confining image of the nurse which developed on the basis of social beliefs about women hampered the growth of nursing as a profession and promoted restrictions in the scope of nursing practice.^{24, 25}

THE IDEAL NURSE

The mass media created a mythical image of the ideal nurse, and the public historically expected all practicing nurses to adhere to that image. Many popular magazines depicted the nurse as little more than a "starched white figure moving romantically in hospital wards and operating rooms."^{26(p74)} The ideal nurse was portrayed in lay publications as pretty, preferably young, cool and calmly efficient, clean and crisp in her uniform and possessing a pleasing personality.

Emphasis on Personality

The personality of the nurse was given a great deal of emphasis in the public literature. The personality characteristics of the ideal nurse paralleled the personality characteristics of the good Victorian woman. Womanly qualities were stressed as essential to the successful performance of the

nursing role. In 1942, for example, *Occupations* ran an article, directed to high school students, which summarized the qualities of the ideal nurse as "neatness, tact, reliability, good judgment, poise, accuracy, dependability, honesty, common sense, and emotional stability. A nurse should also be loyal, conscientious, and cooperative. She should have initiative, dignity, imagination, and a timely sense of humor. She should be alert . . . [and] interested in her patients. . . ." ^{27(p280)}

While these qualities provided an excellent description of a fictitious nurse like Cherry Ames, they neither accurately nor realistically described actual nurses engaged in day-to-day nursing practice. Given the best of circumstances, it would be difficult for any person to display all of these qualities consistently, since situations and interactions are never static.

Much of the popular literature implied that if the nurse had a pleasing personality, then her mental capabilities were of secondary importance. As the public was told in 1941, "the personality and appearance of the nurse reacts subtly but genuinely upon the sick person."^{28(p9)} While that is true, the intellectual and technical abilities of the nurse react subtly with the sick person as well. However, the public literature tended to stress the nurse's personality almost to the point of negating the intellectual and educational requirements of nursing practice.

In light of the importance placed upon the personality of the nurse, the implication was often made that education could not compensate for the absence of pleasing personality characteristics in the nurse. The public was told that "No amount of

training will make a coarse-minded woman a dainty nurse."^{10(p974)} Arguing that state registration of the nurse would not improve the quality of the practicing nurse, a hospital administrator made the following assertion in 1902: "far more attention is paid to and value put upon the character of the nurses than on their success in the technical part of their training."^{29(p772, 773)} In 1956 *Reader's Digest* repeated that statement when it reported that "The responsiveness of a nurse comes more from her personality than from her formal education..." though the nurse was required to "perform delicate tasks and exercise the kind of judgment that until recent years were the exclusive prerogatives of doctors."^{30(p82)}

While a pleasing personality is essential for any professional person seeking to serve the public, this qualification alone could hardly be considered adequate to aid the nurse in exercising judgment, day in and day out, upon which the patient's life could depend. The inconsistency of statements such as these was not, however, seriously questioned by the public, primarily because the public had a limited understanding of the role of the nurse in patient care.

Overlooking Abilities and Knowledge

Nurses have had their role defined to the public in terms of the performance of rote and repetitive tasks. In 1955 *Look* defined the functions of the nurse as "giving injections, back rubs and bed baths, [and] making a neat hospital bed."^{31(p62)} As recently as 1971 *Life* reported that, as a student nurse, one "learns the right way to

take a blood pressure, read thermometers—and even empty a bedpan."^{32(p47)} Given this limited view of the role of the nurse in health care, it is little wonder that the public failed to recognize intellectual abilities and a sound knowledge base as necessary requirements for excellence in nursing practice.

Intellectual abilities again assumed a secondary place in light of the qualification of physical fitness for nursing work. Besides being dainty, delicate minded and womanly, the nurse was expected to be a hard worker. Physical strength and stamina were consistently seen as basic requirements for the ideal nurse. Women were told in 1915 that to be considered eligible for nurses' training they must be "guaranteed sound of body by a physician, sound of morals by a clergyman, and sound of teeth by a dentist."^{16(p732)} In 1943 potential applicants for nursing schools were told that they would have to "pass a rigid physical test, probably intelligence and aptitude tests."^{33(p67)}

A Bedside Voice

Even the timbre of the nurse's voice was given consideration by the public. In a letter to the *American Journal of Nursing* in 1906 a former patient encouraged nurses to cultivate a soft speaking voice because "a well-modulated voice is a blessing" in the sick room."^{34(p104)} In 1917 *Literary Digest* quoted a physician as saying that upon the nurse's voice depended much of her usefulness, and that "if she has not a good 'bedside' voice by inheritance and home-training, she should proceed to acquire it at all costs."^{35(p27)}

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Unrealistic Expectations

The image of the ideal nurse projected through the mass media was a figment of public imagination. This image created an unrealistic expectation of the practicing nurse. The nursing profession historically faced public criticism because actual nurses often failed to measure up to the idealistic standard that was projected through the mass media. In addition, the public image of the ideal nurse did not advance the ability of the profession to gain public support for needed improvements in legislation and education for the practicing nurse.

NURSING AS A CALLING

For centuries the responsibility for providing nursing care to the sick poor was assumed by religious orders. The early association between nursing and religion resulted in the public identification of nursing as a charitable and merciful gesture to humankind. This belief about nursing continued after it became a secular occupation for women. Many nurses and the general public alike historically equated nursing with a religious calling that required its followers to display the qualities of devotion, dedication, obedience to authority, willing self-sacrifice

and self-effacement. Ethel Fenwick, first president of the International Council of Nurses, elaborated upon the woman's motivation in choosing the nursing profession as a career: "I believe that a large proportion [of nurses] adopt this calling from the highest motives and the heart-felt desire to fulfil the Divine command to tend the sick."^{36(p326)}

Nonnursing groups often expressed the opinion that, in the absence of the religious motivations Fenwick described, no nurses could hope to attain any measure of success in their work. As one hospital manager concluded in 1902, "it will never be possible to have perfect nursing without willing self-sacrifice."^{29(p772)}

In working for reforms to elevate the economic and professional status of the profession, nurses were often judged as being selfish, self-centered and failing to live up to the religious instincts that were felt to be natural to their calling. Nurses were often viewed as subject to "small feminine vanities," believed to be "strangely out of place when allied with a calling concerned with issues so grave."^{23(p824)} Typifying the attitude of many of his colleagues, one hospital administrator blatantly declared that nurses must subordinate themselves to the duties of their calling. In his words,

... nursing is a calling demanding of its followers, if they are to excel, a measure of self-obliteration which to minds dominated by ideas of personal advantage and advancement may appear foolishness, but is essential to the true nurse. This does not mean that the woman who takes up nursing must be necessarily indifferent to matters affecting her own health and well-being. . . . But she must be capable of giving them

their rightful, which is a secondary, place.^{23(p825)}

The natural and inevitable result of viewing nursing as a calling led to the belief that, for their labors, nurses received heavenly rather than earthly rewards. Isabel Stewart, a prominent nursing educator, concluded in 1927 that nurses had been persuaded to believe that the "only satisfactions . . . ever expect[ed] in nursing are the satisfactions that come through self-sacrifice."^{37(p538)} An article run in *Good Housekeeping* in 1961 summarized this belief in this way: "despite long hours, low pay, and more grind than glamour, the moments when [the nurse's] compassion and skill help relieve a patient's suffering more than compensate for the drawbacks of her profession."^{38(p35)}

The correlation between nursing and a religious calling and the resultant belief that willing self-sacrifice was essential to nursing practice provided the justification needed to support the low pay and long hours of labor that historically characterized the nurse's employment. Of greater importance, this belief was supported by male-dominated groups within the health care system, groups that exerted external control over the practice and the education of the nurse. By advocating this belief, these groups attempted to provide legitimate rationalization for the exploitation of women's labors in the health care system.

MYTHICAL THEMES ASSOCIATED WITH THE NURSING PROFESSION

The public image of the nurse has been intricately related to several mythical

beliefs that have been projected to the public as repeated themes throughout the history of the nursing profession. Mythical beliefs have a powerful influence on society in part because of their adherence to cultural beliefs and also because they are generalized to an entire society or group within society. Despite the connotation of the term falsity, myths exist because the majority of society believe in their authenticity and validity. By responding to consciously and unconsciously held beliefs and values, myths transmit their validity and justify their existence and their perpetuation.

The Born Nurse

The public has historically viewed nursing work as a special area in which women could excel because of their innate "womanliness." As a result of this belief, the need to educate women for nursing work was publicly minimized. Maternal instincts and womanly qualities were God-given, and a woman was born with them or without them. Even after training schools were established in this country, the belief existed that the nurse was born, not made; thus leading to the assumption that no amount or kind of training could instill in a woman the essential qualities of the ideal nurse. As a hospital manager asserted in 1902, "No training, whether the hours be long or short, will endow a young woman with gifts which Nature has failed to bestow upon her. . . . Maternal instincts and nursing instincts are much the same, and women are born with them or without them."^{29(p771, 772)}

The argument that the nurse was born and not made was used throughout nurs-

ing's history as justification for limiting the educational preparation of student nurses. Nursing education in the United States developed as a manifestation of apprenticeship training. Training schools for nurses were affiliated with a specific hospital. Student nurses functioned as the nursing service department of the hospital. Following a specified time of service, the student nurse received a diploma from the training school and was discharged from the hospital as a graduate trained nurse. Student nurses, in effect, traded their labor on the hospital wards for their training as a nurse.

Hospital administrators were quick to recognize the economic value of the hospital-based training school for nurses. Staffing the hospital wards with student nurses provided a plentiful and inexpensive source of labor. Moreover, admitting women to the training school every six months or every year provided the hospital with a fresh group of workers to staff the hospital wards. In fact, in many training schools, student admission occurred year-round depending on the labor needs of the hospital. If one student nurse dropped out, another was readily admitted.

Functioning as the nursing service department of the hospital, the vast majority of student nurses did not receive the educational opportunities needed to adequately prepare them for nursing work. The educational needs of the student nurse assumed a secondary place in light of the nursing service needs of the hospital. Many training schools for nurses offered no semblance of an education for their students. Student nurses worked as many as 105 hours a week; lectures, of

which there were few, were offered in the evening after a full day of work; classroom and laboratory facilities were virtually nonexistent, and few schools provided even one paid instructor.²⁵

Nonnursing groups, especially hospital administrators, who had an economic investment in the type and amount of training student nurses received, were the primary advocates of the born-nurse myth. Defending the limited educational preparation of the student nurse, one hospital authority stated in 1908 that "no amount of training will transform a probationer wanting in personal suitability into a good nurse. . . . Inefficiency in a nurse is much more often due to want of character than to a lack of intelligence or a capacity to learn the mere technicalities of her art. . . ."^{23(p830)}

The born-nurse myth appeared in the popular literature in relation to the educational preparation of the nurse as recently as 1968. *Look*, reporting on an apparent nursing shortage, reported that the "aggravating factor" was the recommendation made in 1965 by the American Nurses' Association that the baccalaureate degree should be the basic requirement for beginning entry into professional nursing practice. "Your ability to like people depends on your basic personality," opined an anonymous hospital authority. "Love and concern are God-given; they're not handed out with a college degree."^{39(p29)}

The born-nurse myth contributed to the difficulties faced by the nursing profession as attempts were made to improve the educational opportunities available to prepare women for nursing work. Although nursing educators repeatedly ar-

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gued that nurses were only as good as their education, they had little impact upon a belief that had been ingrained in the minds of the public for the better part of the century. The propagation of the born-nurse myth has been a persuasive argument used to thwart the attempts of the profession to elevate nurses' educational and professional standards. Following a study of medical education in 1910, standards for medical education were developed and medical schools were quickly established in the university setting. As a general rule, however, collegiate affiliations for nursing education were not established until some 40 years later.

The New Road to Marriage

Marriage and motherhood have been the traditional societal expectation of women. Since nursing has traditionally been predominantly a woman's profession, it was inevitable that the marriageability of nurses would receive the attention of the public, especially young women seeking to enter the profession. The promise of marriage as an attractive fringe benefit of nursing work pervaded popular literature. Articles published about nursing, geared to the young woman, often implied that becoming a nurse would improve one's chances for marriage, especially marriage

to physicians. Nursing was defined as the "new road to matrimony" in 1897,^{40(p31)} and 70 years later, *Mademoiselle* advised young women "in search of a physician-husband" that they "would do well to conduct the search in hospital corridors, for a homely nurse is more likely to marry a young physician or medical student than is a homely secretary or teacher."^{41(p134)}

While an attractive salary, fringe benefits and opportunities for career advancement have been the usual selling features for most vocations, marriage was the primary selling feature for the nursing profession in the popular literature. Particularly during the war years when the need for nurses was especially great, advertising the improved marriageability of nurses went into high gear. Recruitment campaigns conducted especially during World War II promised women that if they became nurses and volunteered for overseas duty they could expect romantic encounters that could well culminate in marriage. Based on an interview with a nurse recruiter during World War II, *The New York Times* informed women that on overseas military bases marriages were occurring at the rate of four per day.⁴² Women were told that "nurses were never inclined to be old maids very much. Why, most nurses can hardly avoid marrying doctors. . . ."^{43(p4)}

Many women, having been conditioned to view nursing work as a temporary and, at best, stop-gap occupation, entered nursing with little desire to maintain a long-term commitment to the profession. Nursing schools historically trained thousands of women, many of whom remained in nursing work for only a short period of time. Moreover, many nurses were satis-

fied to tolerate the low pay and poor working conditions that throughout history have plagued the working nurse because they viewed their employment as temporary and anticipated eventual withdrawal from nursing practice.

Nurse as Physician's Helpmate

The public has viewed nurses as being wedded to physicians. Nursing practice, in the minds of the public, has been and continues to be subordinately linked to medical practice. The public has for many years watched nurses faithfully carry out physicians' orders, respond to physicians' demands and idiosyncrasies, prepare patients and the sickroom for physicians' visits and clean up after physicians following their departure from the sickroom. As a result, the public has believed that the physician is the "master and controller of both nurse and patient."⁴⁴(p1105) In a more recent era, *Today's Health* reported on flight nurses in Vietnam with the observation that "romance is flourishing. . . . To date, five nurses have married men they met at war, and almost all others are being energetically courted."⁴⁵(p60)

Women were also told that undergoing nurse's training would be excellent preparation for marriage and motherhood. Women had nothing to lose by completing nurses' training because, whether they chose to practice as nurses or not, they could use the knowledge gained to aid them in their role as wives and mothers. For a nominal tuition and "three years of interesting work, [the woman] could buy herself . . . perfect preparation for marriage and motherhood."⁴⁶(p116)

As mentioned before, Victorian ideology dictated that woman not assume careers that could interfere with the execution of their responsibilities as wives and mothers. Consistent with this ideology, the subtle implication was made throughout the popular media that, after marriage, women were no longer expected to remain in active nursing practice. Marriage provided a legitimate exit from the profession. Several "true" stories about nurses were published in the popular literature which depicted the ideal nurse who, though deeply gratified by her service to humanity, planned to marry and retire from the profession.^{47,48} As recently as 1960 *Today's Health* reported that "if later [nurses] should trade their caps for a wedding ring, what better preparation would there be for marriage and motherhood?"⁴⁹(p66)

This image of the nurse led to the assumption that nurses functioned only under physician supervision. The public has viewed nurses as being totally dependent upon physicians to guide everyday nursing practice. Indeed, the public has been led to believe that any action by a nurse that had not been approved by a physician could result in harm to the patient. The public was told that "A fundamental principle of the nurse's existence is that she gives nursing care only under the direction of a licensed physician. . . . Infringement, with the best intentions in the world, may lead to misunderstanding, harm, even danger to the patient. . . ."⁵⁰(p206)

To the detriment of the public and the nursing profession alike, the public has never identified nursing care as separate

and distinct from physician care. In fact, the public has historically assumed that the major role of the nurse is to aid physicians in their efforts to provide medical services. The public has never equated nursing care with health care, rather it has viewed nursing care as a watered-down version of physician care. The nurse has been seen as an extension of the physician, performing simple medical procedures in the sick-room. As an editorial in *The New York Times* stated in 1921, the nurse "is trained to exercise judgment and assume responsibility in many minor matters, and so enables her chief to devote himself more fully to the major functions of his profession."^{51(p14)} This notion was repeated 55 years later when nurse practitioners were defined as "trained assistants and [physician] surrogates" whose function was to "free the highly trained modern physician from . . . routine and often repetitious tasks."^{52(p532)}

The mythical belief in the nurse's subordination to the physician, projected through the popular media, has led to public depreciation of the role of the nurse in health care. Nursing care has always existed with or without physician supervision. The failure of the public to recognize this has had a damaging effect upon the growth of nurses as professional practitioners and upon the utilization of nurses to their fullest potential in health care.

EDUCATING THE PUBLIC

The need for public education has been dramatically demonstrated by the media's interpretation of the recent expansion of many nurses into more independent and

health-oriented roles. For example, in the words of two popular magazines, nurses in expanded roles are performing "routine tasks that we've come to associate with physicians,"^{53(p21)} tasks that "bore more M.D.'s, yet take up so much of their expensive time."^{54(p35)} The public continues to view the nurse as dependent upon physician supervision and unable to function without medical direction. As recently as 1975 *McCalls* reported that independent nurse practitioners "generally have to be associated with doctors in some way since, despite their independence, they are really an extension of good medical service."^{54(p35)}

Nursing care continues to be equated with the performance of tasks and, for the most part, is not associated with the use of decision-making skills and independent thinking. Reporting on the development of an independent nurse practitioner program in 1966 *Time* quoted a physician to say that the nurse "doesn't have to know the specific difficulty . . . she simply has to know enough to say to herself. . . . This one is for the doctor."^{55(p71)}

Any profession that seeks to serve the public must concern itself with public opinion. Public opinion has been and continues to be a powerful tool to promote change in society. The nursing profession has been aware of the need to maintain a well-educated and informed public. The American Nurses' Association, for example, declared 1978 as the Year of the Nurse and conducted a nationwide campaign to educate the public to the role of the nurse in health care.

To be beneficial, however, public education must be a constant process that gives

the public consistent and repetitive exposure to the nursing profession. Although some nurses have utilized the public press, they have been well in the minority. Lack of journalistic knowledge and insecurity in their literary ability have kept many nurses from attempting to communicate with the public through the press. As a result, nursing's efforts to educate the public have proved to be haphazard, thus ineffectual.

The importance of establishing a positive public image is especially great at this time in history. Debates about the crisis in health care are common and many of the inadequacies of the present health care system are being publicly exposed. As consumers of health care, the public is expressing dissatisfaction with the high cost and the poor quality of services available to them. This social climate will inevitably lead to changes in the health care delivery system.

Because of the nursing profession's intimate association with the existing health care system, changes in this system will have a direct bearing on nursing practice. Public opinion of the nurse has had and will continue to have an effect on the ability of the nursing profession to provide a unique and beneficial service to the public. The general public is the consumer of health care, and its demand for and utilization of nursing services will determine the extent to which nurses will function in nontraditional roles in the

future. For example, the ability to function as professional practitioners mandates that third party payment and direct reimbursement for nursing services be established. This form of reimbursement must compensate nurses for more than just the performance of tasks and the execution of the physician's orders.

If the nursing profession believes that it has a valuable service to offer in the area of health care, this must be communicated to the public through the mass media. There is no one more capable or better

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qualified to inform the public of contributions the nursing profession can make in the area of health care than nurses themselves. By openly communicating with the public, nurses can dispel the myths that have long surrounded the nursing profession and begin to project an image that accurately and positively reflects what nursing is. As one nurse commented half a century ago, "we have unequalled opportunities for service and instruction.... Whether we justify our existence, whether we convince the public that we are really essential, rests with us."⁵⁶(p819)

REFERENCES

1. Hughes, L. "Nursing and the Public: Images and Opinions of the Profession 1896-1976." Master's thesis, Texas Woman's University 1978.
2. Ware, C. *The Cultural Approach to History* (New York: Columbia University Press 1940).
3. Benson, L. *Toward the Scientific Study of History*

- (Philadelphia: J. B. Lippincott Co. 1972).
4. Garraghan, G. *A Guide to Historical Method* (Westport, Conn.: Greenwood Press 1940).
 5. Stephens, L. *Probing the Past* (Boston: Allyn and Bacon 1974).
 6. Vincent, J. *Historical Research* (New York: Franklin Reprints 1974).
 7. Roberts, A. "Aims for 1928." *Am J Nurs* 28:1 (January 1928) p. 52.
 8. Kinlein, M. L. *Independent Nursing Practice with Clients* (Philadelphia: J. B. Lippincott Co. 1977).
 9. Sturges, O. "Doctors and Nurses." *Nineteenth Century* 7:40 (June 1880) p. 1089-1096.
 10. Rae, L. "The Question of the Modern Trained Nurse." *Nineteenth Century* 51:304 (June 1902) p. 972-974.
 11. Craven, F. "Servants of the Sick Poor." *Nineteenth Century* 13:74 (April 1883) p. 667, 668.
 12. Rothman, S. *Woman's Proper Place* (New York: Basic Books 1978).
 13. Hymowitz, C. and Weissman, M. *A History of Women in America* (New York: Bantam Books 1978).
 14. Vicinus, M. *A Widening Sphere* (Bloomington: Ind.: University Press 1977).
 15. Kalisch, P. and Kalisch, B. *The Advance of American Nursing* (Boston: Little, Brown and Co. 1978).
 16. Comstock, S. "Your Daughter's Career: If She Wants to Be a Nurse." *Good Housekeeping* 61:6 (December 1915) p. 728-736.
 17. Ferguson, H. "State Registration of Nurses." *Nineteenth Century* 55:324 (February 1904) p. 310-317.
 18. "Says U.S. Will Have 48,000 Nurses in '48 with Post-War Jobs for All." *New York Times* (June 11, 1945) p. 18.
 19. Dickens, C. *Martin Chuzzlewit* (New York: Dutton Press 1968).
 20. Moss, M. "The Evolution of the Trained Nurse." *Atlantic Monthly* 91:1047 (May 1903) p. 587-599.
 21. Worchester, A. *Nurses and Nursing* (Cambridge: Harvard University Press 1927).
 22. Bristow, A. T. "What Registration Has Done for the Medical Profession." *Am J Nurs* 3:3 (December 1903) p. 161-167.
 23. Rawlings, B. "Nurses in Hospitals." *Nineteenth Century* 64:381 (November 1908) p. 824-836.
 24. Bullough, B. "Barriers to the Nurse Practitioner Movement: Problems of Women in a Woman's Field" in Bullough, B. and Bullough, V., eds. *Expanding Horizons for Nurses* (New York: Springer Publishing Co. 1977) p. 307-318.
 25. Ashley, J. *Hospitals, Paternalism, and the Role of the Nurse* (New York: Teachers College Press 1976).
 26. Stafford, J. "Operation Nurse." *Science Newsletter* 51:5 (February 1, 1947) p. 74-75.
 27. Madison, L. "What I Want to Be." *Occupations* 30:4 (January 1952) p. 280-281.
 28. McLaughlin, K. "Needed: More Nurses." *New York Times Magazine* (March 9, 1941) p. 9+.
 29. Holland, S. "The Case for Hospital Nurses." *Nineteenth Century* 51:303 (May 1902) p. 770-779.
 30. Reynolds, Q. "Young Women in White." *Reader's Digest* 69:415 (November 1956) p. 79-83.
 31. "Twin Nurses." *Look* 19:9 (May 3, 1955) p. 62.
 32. "A Man in Blue Dons Nurse's White." *Life* 70:18 (May 14, 1971) p. 47, 48.
 33. Hawes, E. "There's a Career in Nursing." *Woman's Home Companion* 70:1 (January 1943) p. 66, 67.
 34. "The Nurse from a Patient's Point of View." *Am J Nurs* 7:2 (November 1906) p. 104.
 35. "The Nurse's Voice." *Literary Digest* 55:19 (November 10, 1917) p. 27.
 36. Fenwick, E. "Nurses a la Mode." *Nineteenth Century* 41:240 (February 1897) p. 325-332.
 37. Stewart, I. "Educating Nurses." *Survey* 58:10-12 (August 15-September 15, 1927) p. 537, 538.
 38. Markel, H. "Student Nurse." *Good Housekeeping* 153:1 (July 1961) p. 32+.
 39. Berg, R. "Where Did All the Nurses Go?" *Look* 32:2 (January 23, 1968) p. 26+.
 40. Priestley, E. "Nurses a la Mode." *Nineteenth Century* 41:239 (January 1897) p. 28-37.
 41. Hoffman, R. "The Angel of Mercy Is Dead." *Mademoiselle* 66:2 (December 1976) p. 134+.
 42. "Col. Clement Hails Army Nurses in Pacific: Home-making Skills in Jungle Is Stressed." *New York Times* (May 17, 1944) p. 22.
 43. "Higher Learning Urged for Nurses." *New York Times* (December 8, 1940) sec. 2, p. 4.
 44. Lonsdale, M. "Doctors and Nurses." *Nineteenth Century* 7:40 (June 1880) p. 1105-1108.
 45. Martin, L. "Angels of Vietnam." *Today's Health* 45:8 (August 1967) p. 16+.
 46. Mayor, M. "How to Get Nurses Galore." *Reader's Digest* 56:334 (February 1950) p. 116-118.
 47. Acuille, J. "I Had to Grow Up—in a Hurry." *Woman's Home Companion* 82:10 (October 1955) p. 36-38.
 48. Villet, B. "More than Compassion." *Life* 72:14 (April 1972) p. 68.
 49. Conley, V. "R.N.—Those Magic Initials." *Today's Health* 38:12 (December 1960) p. 38+.
 50. Deming, D. "Nursing by Leg Power." *Survey* 63:4 (November 15, 1929) p. 205, 206.
 51. Editorial Comment. "Nursing as a Profession." *New York Times* (May 19, 1921) p. 14.
 52. Birenbaum, A. "New Health Practitioner in Primary Care." *Intellect* 105:2374 (April 1976) p. 532-534.

53. Safran, C. "Their Patients Call Them Supernurses." *Today's Health* 53:7 (July-August 1975) p. 20+.
54. "The New Family Doctor Is a Nurse." *McCalls* 103:1 (October 1975) p. 35.
55. "Where Doctors Don't Reach." *Time* 88:4 (July 22, 1966) p. 71.
56. "Minutes of the Proceedings of the Thirteenth Annual Convention of the Nurses' Associated Alumnae of the United States." *Am J Nurs* 19:10 (July 1910) p. 817-819.