

Professionalizing domesticity: A synthesis of selected nursing historiography

The 19th century consolidation of the ideology of domesticity and the ideology of professionalism paralleled the evolution of nursing as a formal occupation for women. Efforts to combine these ideologies, which are based on markedly different foundational assumptions, have been central to the history of American nursing. A meaningful understanding of nursing's history necessitates a synthesis of the interpretations generated by individual historians who have studied similar events in nursing's past. Three feminist historians have studied the professionalizing process in nursing. Generated from diverse perspectives and source materials, the work of these historians illuminates the tensions resulting from nursing's efforts to blend the ideologies of domesticity and professionalism and provides insight into the lessons that can be learned from history.

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FOR THE PAST century, nursing has sought to blend two conflicting and irreconcilable ideologic views of reality. The ideology of domesticity, which rationalized women's 19th century role prescriptions, and the ideology of professionalism, which held the promise of social prestige and autonomy, have powerfully shaped the evolution of nursing. The power of these ideologies has not been based on their correspondence with the truth. Rather, these ideologies have drawn strength from their adherence to those values and assumptions that are believed by society to be authentic and valid. The history of nursing's efforts to merge these opposing ideologies offers insight into the constraints that the ideology of domesticity has imposed on the lives of women. Furthermore, nursing's efforts to professionalize an occupation that has been uniquely defined as woman's work illuminates the limitations of the ideology of professionalism for women.

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THE IDEOLOGY OF DOMESTICITY

The ideology of domesticity crystallized against the backdrop of the 19th century industrialization of the American economy. Feminist historians have argued that the transition from an agrarian-based to a market-based economy severed the traditional relationship between home and work and dichotomized the roles of men and women.¹⁻³ Income-earning employment that is essential for consumption in a market-based economy became "man's" work while unpaid domestic labor in the home became "woman's" work. This ideology provided the framework to justify the boundaries between the roles of men and women and to rationalize women's economic dependence on men.

The ideology of domesticity revolved around four central themes: the dichotomy between home and work, the home as woman's proper place, the moral superiority of women, and the idealization of motherhood.⁴ Reinforcing traditional assumptions about the differences between men and women, domestic ideology prescribed women's responsibilities to home and children with a shrillness that has reverberated for over a century. In its narrowest interpretation, domestic ideology assigned women the task of cultivating a home environment that safeguarded the moral and aesthetic values of the family. In its broadest interpretation, it placed responsibility for the moral stability of society squarely on the shoulders of women. The preservation and perpetuation of the values of a civilized society depended on the manner in which women managed their homes and reared their children. This responsibility necessitated nothing less than women's full-time commit-

ment. The ideology of domesticity prescribed marriage and motherhood as women's professional occupation.

While the ideology of domesticity restricted women's role to the home, it also legitimized women's involvement in circumscribed activities outside the home. For many 19th century women, the preservation of the moral fabric of society was not a responsibility to be taken lightly. In her study of women and social activism during the mid-19th century, for example, Hewitt⁵ documented women's involvement in benevolent organizations and moral reform campaigns seeking the abolition of vice, intemperance, and slavery. She suggested that the arguments raised to legitimize women's domestic role also motivated many women to seek moral reform in the public arena.

Women's involvement in such activities, however, did not reflect a rejection of the ideology of domesticity. By justifying their broader social role on the basis of womanly qualities and moral superiority, women extended rather than departed from their domestic responsibilities.^{6,7} While 19th century women may have physically transcended the boundaries of the home, they did not transcend the boundaries of domesticity.

THE IDEOLOGY OF PROFESSIONALISM

During the 18th century, the professions were defined as those occupations that offered suitable work for gentlemen. Law and divinity were two occupations to be accorded such recognition.⁸ Beyond medicine's ability to elevate itself to the status of a profession during the 19th century, the

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boundaries that have defined the professions have remained essentially unbreached.

Despite the remarkable stability of "the" professions, the number of white collar occupations that aspire to professional status has proliferated over the past century. Bledstein⁹ traced the popularity of the ideology of professionalism to the emergence and consolidation of the middle class during the 19th century. According to this historian, as the number of skilled occupations increased in response to industrialization, the ascending middle class embraced the ideology of professionalism as a strategy that promised to elevate the prestige of their work. By referring to their occupations as professions, middle-class workers sought to emulate the status of those above them and enhance their remunerative potential.

Early efforts by sociologists to explain the phenomenon of the professions relied primarily on an enumeration of the attributes that were thought to distinguish the professions from other occupations.¹⁰ Guardianship of a specialized body of knowledge and commitment to an altruistic service ideal were consistently recognized as both the defining characteristics of the professions and justification for the autonomy enjoyed by professional practitioners.

Delineation of the attributes of a profession suggested that professional status could be "earned" by any occupational group will-

ing to acquire the necessary prerequisites. With the possible exception of dentistry, however, occupations have met with limited success in their efforts to earn such status. Etzioni's¹¹ identification of the "semi-professions" acknowledged that occupations can possess the attributes of a profession and yet fail to be granted the rights and privileges of professional status.

Acting on this realization, sociologists now argue that past analyses of the professions have been based on a static model that fails to explain the structure and function of the professions within a broad social context.^{12,13} These sociologists suggest that the professions must be analyzed using a dynamic model that acknowledges the interrelationships between the professional association, its members, other occupations, and society.¹⁴ Such a model suggests that professions negotiate for rights and privileges on the basis of their social prestige.

Accordingly, possession of a specialized body of knowledge represents a necessary but not sufficient condition for society to grant prestige and, ultimately, professional status to an occupation. While any occupation can claim possession of a specialized body of knowledge, society must be convinced that such knowledge holds the promise of improving the human situation and, therefore, is essential to public welfare. Society's belief in the superiority of knowledge generated through the application of the rational and objective methods of science has been a critical but not the sole element in granting social prestige and power to the professions. Ironically, society has never demanded that professional practitioners demonstrate the actual efficacy of their knowledge. Goode¹⁵ argued that the framework through which professions negotiate

for prestige, power, and income is based on perceived public dependence on the knowledge controlled by the profession. This dependence is grounded in the belief that withdrawal of such knowledge poses a threat to public good.⁹

Similarly, commitment to an altruistic service ideal has been reexamined from the perspective of the public trust that society places in the professions. Public trust is generated from the belief that the needs of the client will take precedence over the self-interest of the professional. This public trust depends on the ability of a profession to convince the public that its practitioners are the sole legitimate masters of a specialized body of knowledge, and lays the foundation for the monopolistic control that professionals exert over their practice. This monopolistic control, along with the social prestige that accompanies it, permits the professions to negotiate for income and power.¹⁶ Such negotiations suggest that the professions function in a dynamic relationship not only with society but also with other occupations. If monopolistic control and social prestige are essential to the power transactions of a profession, then occupations that share similar practice arenas surely shape one another in the process of negotiating for the rights and privileges associated with professional status.¹⁶

PROFESSIONALIZING DOMESTICITY

Emerging as a formal occupation for women in the years following the Civil War, nursing evolved within the context of an industrializing society being shaped by the ideologies of domesticity and professional-

ism, and was itself shaped by them. The ideology of domesticity rationalized nursing as a legitimate, if temporary, occupation for women.¹⁷ The ideology of professionalism suggested that nursing could elevate its status above that of domestic service. With the creation of three training schools for nurses in 1873, women began the process of domesticating hospitals. With the formation of the first professional nursing association in 1893, nurses began the process of professionalizing domesticity. This process has been addressed in the work of three feminist historians.

Ashley¹⁸ explored the relationship between hospitals and the early training schools for nurses. Drawing primarily from source materials generated by the American Hospital Association and the American Society of Superintendents of Training Schools (later renamed the National League for Nursing Education), Ashley focused her analysis primarily on the barriers encountered by prominent 19th century nurse leaders in their efforts to upgrade the educational standards of hospital-based training schools. Viewing education as central to the professionalizing process of an occupation, Ashley argued that the paternalistic attitudes of men toward women blocked the development of nursing as a profession.

Ashley alluded to the ideology of domesticity in her analogy between the role expectation of women in the home and the role expectation of nurses in the hospital. No "home" was in greater need of a woman's special influence than the mid-19th century hospital. If women were given responsibility for the moral and aesthetic environment of the home, then nurses were given no less responsibility for the moral and aesthetic environment of the hospital. If the needs and

comfort of husbands and children were women's primary responsibility, then the needs and comforts of physicians and patients were nurses' primary responsibility. If women possessed innate qualifications for their domestic role, then nurses clearly possessed innate qualifications for their occupational role. The paternalistic arguments that stymied the development of nursing as a profession, as suggested by Ashley, drew their strength from the ideology of domesticity.

Ashley's interpretation of this history was based on the assumption that professionalization was a viable option for nursing. As a result, her arguments suggested that the professionalizing strategies undertaken by nurse leaders could have succeeded had they not been thwarted by male-dominated groups in medicine and hospital management. Melosh¹⁹ posed the opposite argument. Identifying professionalism as a masculine-specific ideology, Melosh examined the professionalizing process in nursing from the perspective that nursing, as a woman's occupation, can never be a profession. While Ashley used source materials that reflected the perceptions of prominent 19th century nurse leaders, Melosh specifically chose source materials to reflect the attitudes and opinions of 20th century working nurses.

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Drawing from the arguments of revisionist sociologists, Melosh examined the intraoccupational relationships among nurses as well as the interoccupational relationships between nursing and both medicine and hospital management. Melosh used the example of public health nurses to illustrate the ability of medical professionalization to diminish the professionalizing potential of nursing. By isolating a body of knowledge in the area of health promotion and disease prevention, Melosh suggested, public health nurses at the turn of the century more closely approached professional status than have any other nurses. However, as medicine expanded the boundaries of its expertise to encompass all health-related areas, public health nurses sacrificed their claim to specialized expertise and forfeited the relative autonomy they exercised over their practice.

Melosh offered a similar illustration in her analysis of the relationship between nursing and hospital management. In the transition from private duty to hospital-based practice, nurses relinquished control over their work to hospital managers. The application of techniques of scientific management and the prescription of a sophisticated division of labor in nursing were two of the methods by which hospital managers gained control over the work of nurses. According to Melosh, such actions fostered the professionalizing potential of hospital managers at the expense of nursing.

In her analysis of the intraoccupational relationships among nurses, Melosh raised questions about the cultural implications of the ideology of professionalism for a woman's occupation. Focusing on collegiate education as a professionalizing strategy, Melosh documented that many nurses were unable to reconcile the assumptions of

the ideology of professionalism with those of the ideology of domesticity. For those nurses who defined their role in terms consistent with the ideology of domesticity, a professional conception of their work and a commitment to the education that accompanied it were untenable. Nurses possessed special and innate ability at the bedside of the sick; it could hardly be taught. The work of the nurse went beyond the mere performance of professional skills. Nurses had a duty to care for the sick. Excessive concern with status or pay threatened to diminish the rewards that nurses earned by fulfilling their womanly duty. Melosh's analysis of the meaning that was attached by many nurses to a professional conception of their work offers valuable insight into the power of the ideology of domesticity to redefine the meaning of professionalism for women.

Reverby²⁰ expanded on the interpretations provided by Ashley and Melosh. Drawing from a variety of source materials, including the student records from three Massachusetts training schools for nurses, Reverby, as did Ashley, focused her study on the relationship between 19th century nurses and hospitals. While corroborating Ashley's interpretation of the barriers to professionalization imposed by paternalism, Reverby argued that the professionalizing stalemate in nursing resulted not only from sexism but also from a dynamic interplay among ideologic, cultural, and economic influences.

From an intraoccupational perspective, both Melosh and Reverby argued that the professionalizing agenda in nursing created class-based rather than gender-based alliances among nurses. The rapid proliferation of training schools at the turn of the century coupled with the absence of uniform educational standards led to the existence of training schools that differed remarkably in qual-

ity. Suggesting that middle-class women were more likely to enter qualitatively superior training schools than were working-class women, Melosh and Reverby argued that class differences among nurses influenced their subsequent job choices, career opportunities, and ideologic commitment to nursing. These historians concluded that such class-based differences fostered a commitment to professionalism among some nurses while others were socialized to a work ethic that was incompatible with the ideology of professionalism.

In her evaluation of the relationship between nursing and the public, Reverby²⁰ expanded beyond prior historical analyses of the professionalizing process in nursing. By interpreting the role of the nurse in a manner consistent with the ideology of domesticity, Reverby argued that the public failed to grant nursing the social prestige that is essential for the achievement of professional status. As a socially defined duty of women, caring for others was not seen by society as necessitating the specialized expertise that typified the work of a professional. Furthermore, as a woman's occupation, nursing was constrained by the value that society has historically accorded to the work of women. Reverby argued that nursing was unable to translate the duty to care as dictated by the ideology of domesticity into the right to care as prescribed by the ideology of professionalism.

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The ideology of domesticity provided the path of least resistance by which nursing could be recognized as a legitimate occupation for women. In their quest for professional status, however, nurses were constantly confronted with the conflicting

ideologic assumptions on which their role was based. In like fashion, the ideology of professionalism offered nurse leaders the vision needed to elevate the legal and educational standards under which nurses practice. Despite this vision, however, the benefits attendant on professionalism have remained elusive. If the ideology of domesticity held false views of nursing, it is equally likely that the ideology of professionalism held false promises for nursing.

There has been a tendency among nurses to equate the development of nursing as a discipline with its evolution as a profession. While the development and refinement of a

body of knowledge is an essential task for nursing, the work of historians suggests that professional status is not likely to evolve passively from nursing's recognition as a scholarly discipline. The possibilities as well as the limitations suggested by the ideology of professionalism need to be reexamined. Nursing must look beyond this ideology to identify strategies by which it can enhance its social prestige and negotiate for practice-related reforms. Such strategies will succeed, however, only in a society that is able to value caring and recognize its worth, for this is the foundation on which the discipline of nursing rests.

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