IDEALS FOR NURSES

A STUDY OF THE AMERICAN JOURNAL OF NURSING AND RN

1940 - 1960

by

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ABSTRACT

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The purpose of thus study was to examine the ideals promoted in two major nursing journals, the AJN and RN, from 1940 through 1960. A thematic analysis of both journals was conducted. This analysis revealed that the AJN consistently represented the viewpoint of the ANA and the "elite" of nursing. It reflected the thrust toward professionalization desired by the nursing leaders. RN, on the other hand, represented the views of the rank and file of nursing. It reflected their more practical concerns. This difference was most pronounced in the conflict between the ideals of service and self-interest and in the debate over education. This schism led to a growing distrust and adversity between the two groups which was mirrored in the debate over ideals. Both the debate and the schisms exist to this day.

The twenty-one years from 1940 to 1960 were a time of change and upheaval in nursing. Some ideals, such as patriotism and volunteerism, flared briefly, then died out. Others, such as tolerance, intelligence, and reverence for life, grew and flourished. Still

others, such as service, self-interest, and appropriate education, were the focus of a civil war within nursing. The development of those ideals and ideals related to standards, democracy, research, and desired character traits was traced in both nursing journals. The Code of Ethics was also analyzed as a repository of ideals both explicit and implicit.

The ideals preached to and by nurses were very much congruent with the attitudes of the general society toward women and with the needs of women to maintain an adequate standard of living. Since these two factors often conflicted, so ideals were found to conflict also. Parallels are drawn between the ideals found in the literature and the conditions of women in American society at the time.

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INTRODUCTION

It is the purpose of this study to examine the ideals expressed in selected nursing literature between 1940 and 1960. The literature selected is limited to the journals American Journal of Nursing and RN. The American Journal of Nursing (herein after referred to as AJN) is the official publication of the American Nurses Association (ANA). As such, the AJN is used to illustrate the "official" position of nursing, as represented by the leaders of the professional organizations. RN, on the other hand, is an independent publication with no organizational ties. It is used as an example of an "unofficial" position. Because AJN was (and is) the organ of the ANA, its positions and attitudes reflected the consensus positions and attitudes of the women who governed that organization. Those women were nurses who held high positions in their professional practice. They were better educated, better informed and better connected than the average nurse. Therefore, the AJN's position was also the position of the elite of nursing. RN, on the other hand, was prepared by nurses who were not members of the inner circles of nursing. It reflected the positions of the average nurses who had been trained in diploma schools and filled the ranks of private duty and staff nursing. RN represented the rank and file of nursing.

The time period 1940 to 1960 was chosen because it represents an era of profound change in nursing and in society. Great strides in technology and pharmacotherapeutics significantly affected health care

in general and nursing in particular. This study will examine the continuity and evolution of expressed ideals during this period of change.

For the purposes of this study, an ideal is defined as "a state of affairs that is worth bringing into being....a desirable consequence."[1] Ideals are standards against which actual conduct can be measured. Statements of ideals enunciate "shoulds" and "oughts."[2] Ideals and values can be considered synonymous terms.[3] Indeed, ideals express the ultimate goals of the values to which a person, or a group, subscribes. Ideals are the logical extension of values. Frankl makes the point that a person is not pushed by values (or ideals), but pulled.[4] People define their own ideals and freely choose to strive for them or to ignore them. This concept of being pulled by and choosing ideals is particularly significant when ideals conflict. When persons hold two conflicting ideals, they are pulled in different directions and forced to make difficult, and often painful, decisions regarding the relative merit and weight of each ideal.

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[1]Philip H. Phenix, Realms of Meaning (New York: McGraw-Hill Book Company, 1964), p. 230.

[2]James M. Baldwin, Dictionary of Philosophy and Psychology (New York: Macmillan Company, 1901), p. 500; Alex Inkeles, What Is Sociology? (Englewood Cliffs, New Jersey: Prentice-Hall, 1964), p. 74.

[3]Harold Osborne, Foundations of the Philosophy of Value (Cambridge: Cambridge University Press, 1933), p. 2.

[4]Victor E. Frankl, Man's Search for Meaning (New York: Washington Square Press, 1963), pp. 157-58.

This struggle to achieve harmony among ideals was the focus of much discussion among nurses in the 1940s and 1950s.

The method used to gather the data was a thematic analysis of both journals for the entire twenty-one year period. Notes were taken on all statements which expressed or implied "shoulds" or "oughts." These notes were then grouped according to their general themes. Once thus arranged, the underlying ideal in each group became apparent. The literature was then reviewed a second time to search for those items in which reference to an identified ideal was more subtle or covert. This second search sought to assure that no significant items had been overlooked. This analysis of the primary sources was supplemented by material from secondary sources to provide context and to assist with interpretation.

Ideals can be applied to individuals or groups. They can also apply to relationships between individuals and groups, or groups and other groups. These varied applications are the basis for the organization of the study.[5] The first two chapters deal with the tension between the ideal of service to others (which was a major part of nursing's image) and the desire for a life and standard of living congruent with the rest of middle class society. In this study, that desire is termed self-interest. The third chapter examines those ideals which express the relationship of nursing with the larger human

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[5]The organization scheme is adapted from one format for the organization of values in Nicholas Rescher, Introduction to Value Theory (Englewood Cliffs, New Jersey: Prentice-Hall, 1969), pp. 17-19.

group, national and international. These ideals include volunteerism, patriotism and reverence for life. Chapter Four deals with ideals related to the functioning of the group called nursing. One is internal to the group, the ideal of democracy versus the reality of authoritarianism. One concerns nursing and its internal subgroups or the larger populace, the ideal of tolerance. Ideals related solely to the professional group's membership are discussed in Chapter Five. These are intelligence, education, standards, and science. It is not the purpose of this study to address in depth the many controversies surrounding nursing education. It is the aim of this study to describe the ideals surrounding nursing education. Also, this study will not examine the actual specific standards set by the nursing profession. It will look at the statements made regarding the importance of standards, dangers to them, and efforts to protect them. Chapter Six covers ideals which are entirely oriented to the individual and which express character traits desired of individual nurses. These are kindness, coping, courage, citizenship, responsibility, and adulthood. Chapter Seven includes all orientations for it is a survey of the officially accepted ideals expressed in Codes of Ethics. This study will not address the complex issue of ethics as such. The inclusion of the ethical codes is for the purpose of examining the place of already expressed ideals as they appear in the codes.

A limitation of the study is the exclusion of all other journals by and about nurses in that time period. Another limitation is the

focus on a relatively brief period of time in American nursing which excludes the beginnings and eventual refinement of some ideals.

That a journal such as the AJN should be published was first formally suggested in 1895 at a meeting of the American Society of Superintendents of Training Schools for Nurses. It was actually begun in 1899 when a committee was established by the Associated Alumnae of Trained Nurses of the United States.[6] The work of the committee resulted in the AJN, the first issue of which was published in October 1900, with Sophia Palmer as the editor.[7] In the first issue, Palmer spoke of the need for a journal which would be "owned and controlled by nurses" and would provide an organ for the Associated Alumnae. In that first issue, Palmer enunciated the following goals for the fledgling journal:

> It will be the aim of the editors to present month by month the most useful facts, the most progressive thought, and the latest news that the profession has to offer in the most attractive form that can be secured.
>
> It will be the policy of the magazine to lend its pages freely to the discussion of subjects of general interest, presenting every question fairly and without partisanship, giving full recognition to all persons offering a suggestion that shall be in the line of nursing progress excluding only such controversy as shall seem to be personally malicious or lacking in broad interest to the profession.[8]

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[6]Mary M. Roberts, "The Journal Editors," American Journal of Nursing 49 (June 1949): 330.

[7]Josephine Dolan, M. Louise Fitzpatrick, and Eleanor K. Herrmann, Nursing in Society (Philadelphia: W. B. Saunders Company, 1983), p. 270.

[8]Sophia Palmer, "The Editor," American Journal of Nursing 1 (October 1900): 64-65.

The AJN was intended first and foremost for the members of the Associated Alumnae (which would become the ANA), then for all nurses, and then for the public.[9] The original aims of disseminating progressive thought and tackling controversy are nowhere to be seen in 1942. In a delineation of its responsibilities, the AJN staff saw loyalty to the supporting organizations as paramount. The first five of six stated purposes dealt with supporting and promoting the programs of the ANA, National League for Nursing Education (NLNE), Association of Collegiate Schools of Nursing, the American Red Cross (ARC), and the Nursing Council on National Defense. Only the last purpose on the list mentioned the reader and the goal was simply to "provide information."[10]

When Palmer died in 1920, Mary M. Roberts became editor of the AJN and remained in that position until 1949. Her early career in nursing was ordinary, but after earning her baccalaureate degree in her forties, she joined the staff of the AJN and eventually became the editor. During her tenure at the AJN, she expressed concern for the bedside nurse and wanted to improve the quality of nursing. She made efforts to garner the opinions of her readers. She also used her editorial powers to advance causes she favored. The Nursing Information Bureau was one of her pet projects. It served as a public

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[9]Palmer, "The Editor," p. 64.

[10]"Responsibilities of the American Journal of Nursing," American Journal of Nursing 42 (February 1942): 123.

relations agency. During Roberts' tenure, the circulation of the AJN grew to 100,000.[11]

Roberts was succeeded by Nell V. Beeby in 1949. Beeby's early career was much like Roberts' with periods of private duty and supervisory posts. Beeby joined the staff of AJN part-time while studying for her bachelor's degree at Teachers College. She then went on to become news editor, war correspondent and finally editor. Beeby was executive editor of the AJN Company as well. Thus she also had administrative responsibilities in connection with Nursing Research and Nursing Outlook. Beeby died in 1957. Although she was officially succeeded by Jeanette White, White's name did not appear as editor in the pages of the Journal itself. Instead, Edith P. Lewis was listed as Acting Editor. Upon White's sudden death later in 1957, the acting title was dropped and Lewis became editor, albeit reluctantly. Lewis had married and wished to spend more time with her family. However, she remained at her position until 1959 when Barbara Schutt became editor. Schutt had worked in hospitals, college health services, teaching and the military. She was the former executive secretary of the Pennsylvania Nurses Association.[12]

Whoever the editor, the style and tone of the AJN remained essentially the same between 1940 and 1960. The magazine dealt solely and exclusively with nursing. It was aimed at ANA members and then at

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[11]M. Louise Fitzpatrick, Prologue to Professionalism (Bowie, Maryland: Robert J. Brady Company, 1983), pp. 202-3.

[12]"News Highlights," American Journal of Nursing 59 (January 1959): 22.

all other professional nurses. Early in its history, ANA presidents consistently exhorted members as to their duty to subscribe. They obviously met with only limited success as the AJN in the early 1940s had a circulation of 78,000[13] or less than half the ANA membership of 166,409.[14] The subscription cost at that time was three dollars per year. The stated purpose of promoting the programs of the ANA was fulfilled vigorously and consistently. In the AJN, the ANA was painted as a righteous, democratic organization, infallible in its assessments of the needs and rightful goals of nursing, pure in its motivations, saintly in its values and completely untouched by such mundane considerations as political infighting.

The articles in the AJN dealt solely with nursing, from clinical, educational, and issues perspectives. Through the years, there were two or three fashion articles, but even those dealt with uniforms. The tone was always serious. There were no "cute" stories. The very occasional cartoons were small and discretely placed in the back pages. The typical issue contained several charts and statistical tables. Clinical articles were a major focus of the Journal. The typical format was to present two articles in tandem. The first was always written by a physician and dealt with the etiology, pathophysiology, and medical treatment of some disease or condition. This was followed by a second article, written by a nurse, which dealt

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[13]Lyndia Flanagan, compiler, One Strong Voice (Kansas City, Missouri: American Nurses Association, 1976), p. 117.

[14]"Report of the Meeting of the ANA Board of Directors," American Journal of Nursing 41 (April 1941): 502.

with nursing care of the patient with said disease or condition. This format continued throughout the two decades under consideration. It was as if the editors did not value the ability of nurses to write about topics such as pathophysiology. The implication seemed to be that only physicians were qualified to discuss scientific topics. Perhaps the intent was to maintain a clearly marked dividing line between medicine and nursing. But the impact of seeing such a division in issue after issue is disheartening. The message that is received is that nurses were qualified to discuss how to take care of a patient, but only doctors had the intellectual ability to explain what was happening within the patient's body. The message is reinforced by the many articles which were co-authored by nurses and physicians. In only one-third of these was the nurse listed first. Two-thirds of these articles listed the doctor's name first. The initial perception was that the doctor was always listed first. Only a careful count revealed the nurse's name first in more than an occasional article. Again, perhaps the intent was merely to be courteous to "guests." But, again, the perceived message is that in this journal - produced by nurses, for nurses - physicians were held in greater esteem than nurses.

RN was first published in October 1937. Until 1951, it was sent free of charge to any working registered nurse who requested it. After the initial mailings, to 100,000 registered nurses, nurses had to complete and return a request card in order to be placed on the

permanent mailing list. When people wondered why there was no subscription charge, RN explained:

> RN is published by an independent publishing company. It is supported by its advertising.
>
> Because advertising revenue is sufficient to finance the magazine there is no subscription charge....
>
> Because RN is independent, it is able to serve its readers freely and without prejudice. There are no axe-grinding groups to dictate its editorial policy.
>
> Any registered nurse with an idea for discussion is invited to submit it. Any nurse in need of information is invited to ask for it.[15]

The publishing company had no connection with any organized nursing group. In the first issue, the policy of the journal was clearly expressed:

> Today nursing has many vital problems. Only through the expressed will of the rank and file of nurses can the correct answer to these problems be arrived at.
>
> It is the purpose of the publishers to reach intelligently the great mass of registered nurses in this country.
>
> Asking no favor from any organized group, institution or political ism, the editors propose to present each month truly - A Journal for Nurses. RN will at all times be constructive in its ideas - it will strive continually to be practical - it will persist in its effort to be both sane and human - it will persevere in its desire to further the progress of the fine profession of nursing.[16]

A column in the same issue further clarified one item on RN's agenda:

> Our problems today do not even remotely resemble those of the Florence Nightingale era. Hers was a crusade to win public opinion over to the value of women as nurses....Ours is a crusade to enlist public sympathy for nurses as women.[17]

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[15]"Announcement," RN 1 (May 1938): 9.

[16]"A Statement of Policy," RN 1 (October 1937): 4.

[17]The Accountant, "Debits and Credits," RN 1 (October 1937): 6.

RN continued to define its mission in subsequent issues:

> Nursing, we have long believed, wants a journal written for human beings, for those with a sense of humor, yet for those who also have the urge to learn and improve and become better nurses. Now we're convinced of it.[18]

RN also stated clearly and unequivocally the audience for whom it was written:

> RN - a Journal for Nurses, is published exclusively for active nurses who maintain their annual registration. It is not edited for practical nurses, attendants, aides, or other subsidiary workers who have not been required to meet professional nursing standards.[19]

By 1940 RN's circulation was 102,311.[20] (A figure which AJN did not reach until 1950.) According to figures printed on the title pages, circulation reached 150,000 by 1946 and 160,000 by 1958. Nurses who were not actively nursing but who had maintained their registration could subscribe for a fee of one dollar per year. In 1940, a reader contributed twenty-five dollars to start a fund to buy subscriptions for nurses who could not work due to illness.[21] This fund grew and was maintained for many years. In 1951, no longer able to manage on advertising revenue alone, RN started charging one dollar per subscription. AJN at that time cost four dollars per year.

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[18]Editorial, RN 1 (April 1938): 5.

[19]"For R.N.'s Only -," RN 1 (June 1938): 9.

[20]Title Page, RN 3 (January 1940): 1.

[21]Debits and Credits - Letters to the Editor, no signature, RN 3 (August 1940): 2. It should be noted that twenty five dollars in 1940 was a large portion of a month's pay for the average nurse.

Dorothy Sutherland was the first editor. She was succeeded in 1947 by Alice Clarke. Clarke had trained at Massachusetts General in the late 1930s. After spending five and a half years with the Army Nurse Corps (ANC), she joined RN in 1946 and soon moved up to the editor's spot. She remained in that job until late 1957. At that time, a change in the table of organization put a non-nurse in a job titled editorial director with a registered nurse, Frances Elder, as a contributing editor. This interim structure lasted until January 1958 when Helen D. Behnke, R.N., was appointed editor. In December 1958, Eleanor Dowling took over the editor's post.

RN and its editors are forgotten in the standard nursing histories. While the history of the AJN is always included, RN is not discussed.[22] The most attention RN or its editors receive in the usual nursing history sources is a passing mention, a very passing

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[22]Isabel M. Stewart and Anne L. Austin, A History of Nursing (New York: G.P. Putnam's Sons, 1962), p. 230; Elizabeth M. Jamieson, Mary F. Sewall, and Eleanor B. Suhrie, Trends in Nursing History (Philadelphia: W. B. Saunders Company, 1966), pp. 335-36; Josephine A. Dolan, History of Nursing (Philadelphia: W. B. Saunders Company, 1968), pp. 314-15; Vern L. Bullough and Bonnie Bullough, The Emergence of Modern Nursing (New York: Macmillan Company, 1969), pp. 154-56; Grace L. Deloughery, History and Trends of Professional Nursing (St. Louis: C. V. Mosby Company, 1977), pp. 208-10; Josephine A. Dolan, M. Louise Fitzpatrick, and Eleanor K. Herrmann, Nursing in Society (Philadelphia: W. B. Saunders Company, 1983), pp. 270-72; M. Louise Fitzpatrick, Prologue to Professionalism (Bowie, Maryland: Robert J. Brady, Company, 1983), pp. 201-4.

mention.[23] This in spite of the fact that this journal consistently reached more nurses than the AJN. It is interesting to note that a similar fate is shared by Trained Nurse and Hospital Review, the other major nursing journal which was published during most of the stated time period. The existence of Trained Nurse is noted along with its founding date (1888). But it never receives more than a brief paragraph. Could it be because Trained Nurse "often took a critical stance toward the professional associations and attracted dissident nurses as authors, readers and letter-writers"?[24] This is not to suggest any grand conspiracy on the part of nursing historiographers to ignore RN or Trained Nurse. Trained Nurse probably receives more notice than RN simply because it was the first successful national journal about nursing. But is true that both these journals critized the "party line" of the ANA. It is also true that nursing historiographers consistently overlooked both journals, especially RN. Perhaps the criticisms were seen as dangerous to the cause of the professionalization of nursing. It may also be that these journals were considered relatively unimportant because they were not published by nurses or nursing groups and were therefore seen as outside the history of nursing.

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[23]Gerald J. Griffin and Joanne K. Griffin, History and Trends of Professional Nursing (St. Louis: C. V. Mosby Company, 1973), pp. 217-20; Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing (Boston: Little, Brown and Company, 1978, pp. 143, 538.

[24]Barbara Melosh, "The Physician's Hand" (Philadelphia: Temple University Press, 1982), p. 4.

The style and tone of RN was very different from the AJN. RN maintained a mix of serious articles and homey, sentimental, or funny stories. Roxann, an early version of Erma Bombeck, regularly poked fun at the trials and tribulations of nurses' jobs, homes and vacations as well as patients and doctors. Cartoons appeared regularly and were given whole pages of space. "Zeke and Dessie" and "Probie" were two series of cartoons that ran for years. Reader response was so favorable that the "Probie" series was reprinted in book form. RN regularly printed articles dealing with fashion (both uniforms and street clothes), make-up, and gift suggestions, thus extending beyond the work lives of the readers to their private lives as well.

Articles about drugs were written by pharmacists. Other clinical articles were written by a regular staff of nurses and doctors. Usually the actual authors of a particular article were not identified. When an author was identified, in most cases it was a nurse. RN also ran a series called "Women Who Nurse" which chronicled the activities of women who had achieved success in their careers. These were not women who were the so-called leaders in nursing, but rather grass-roots practitioners.

Editorials in RN consistently encouraged all nurses to join the ANA and to become active participating members. They did not, however, give blanket approval to every action of the ANA. Indeed, they often questioned the appropriateness of actions and sometimes were downright critical. RN readers were constantly urged to examine

the facts and think for themselves, then put their desires into action via the appropriate organization.

The style of RN changed in 1958 with the changes in the publishing organization. Editorals no longer appeared on a regular basis. Cartoons and stories became few and far between. The emphasis shifted almost entirely to clinical articles. But for the bulk of the time period under consideration RN was as described previously, a sprightly journal with both serious and humorous sides.

CHAPTER I

THE ESSENTIAL CONFLICT

PART I - SERVICE

The most striking theme running throughout the years 1940 to 1960 is the struggle between self-interest and service to others. This theme is striking both because of its consistency and the large amount of space devoted to it. It persisted with many variations, codas and counterpoints. On the one hand were those who preached service and self-sacrifice as the raison d'etre of nursing: on the other hand, those who argued that an over-emphasis on sacrifice could actually hinder nursing and nursing care.

The proponents of the service ideal were more numerous in the AJN than in RN. They spanned both decades and were not at all reticent in their rhetoric. The vast majority of these writings appeared in the AJN, in the 1940s. Writing in AJN in 1940, Genevieve Noble, a former history teacher who became a nurse, stated emphatically, "...the spirit of nursing implies a sacrificial devotion to our patients.... The patient must come first."[1] This ideal of abnegation of self was echoed by others. One private duty nurse noted that nursing required "a superabundance of...patience, self-forgetfulness..." and that "the special nurse must submerge her own

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[1]Genevieve E. Noble, "The Spirit of Nursing," American Journal of Nursing 40 (February 1940): 162.

personality and individuality...."[2] An anonymous letter writer asserted, "... our one thought - from the youngest student upwards - is to help to the uttermost."[3]

Throughout the 1940s, AJN readers were exhorted about the ideal of service. Readers were told that they had a duty ever to increase their knowledge in order to expand their opportunities to serve.[4] Service was said to be a girder for the mental health of the nurse.[5] Hospitals were urged to use the needs of the patients for nursing care as their primary recruiting focus.[6] Nurses who gave service, even to a self-sacrificial level, were praised for their deeds: "Some nurses may not have all they need to eat and may have to work until they drop, but they know they are needed."[7] Nurses who gave over and above the demands of duty were told that their care was "of a quality

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[2]Eleanor Pitman, "A Special Nurse," American Journal of Nursing 40 (April 1940): 408.

[3]Letters From Readers, no signature, American Journal of Nursing 41 (April 1941): 466.

[4]Effie J. Taylor, "The Function of Nursing," American Journal of Nursing 42 (March 1942): 286.

[5]Elizaeth M. Manwell, "Three Basic Needs," American Journal of Nursing 40 (April 1940): 403.

[6]Editoral, "Recruitment on All Fronts," American Journal of Nursing 41 (November 1941): 1303.

[7]Athalee Walrod, Letters From Readers, American Journal of Nursing 43 (July 1943): 677.

that should be uniform throughout the profession."[8] Military nurses were especially praised for their selfless dedication which entailed not only working long hours but remaining on the job during off duty hours also.[9, 10] Indeed, unselfish service to others was advanced by leaders in nursing as the very substance of the profession. A nursing administrator proclaimed that nursing was "one of the last strongholds of unselfish living."[11]

Dorothy Deming was a well-known figure in nursing, the writer of both professional articles and novels about nursing.[12] A graduate of Vassar, Deming studied for a doctorate in history at Yale. The loss of her mother was influential in her decision to do volunteer work with a visiting nurses' group. From there she went into nursing herself. After graduation she stayed in public health. She became editor of Public Health Nursing and then General Director of

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[8]Florence L. McQuillan, "We Need Standards of Nursing Care," American Journal of Nursing 47 (February 1947): 78.

[9]Raymond Scott, "Eleventh Evacuation Hospital in Sicily," American Journal of Nursing 43 (October 1943): 925-26; Dorothy L. Main, "Sailors and Marines Come Back," American Journal of Nursing 44 (April 1944): 355-57.

[10]During WWII, almost every issue of the AJN contained articles, letters, editorials, or pictures which directly or by implication praised the self-sacrificing dedication of the military nurses.

[11]Anne W. Smith, "Our Part in the Cure," American Journal of Nursing 47 (November 1947): 748. (Italics in the original)

[12]Philip A. Kalisch and Beatrice J. Kalisch, "The Image of Nurses in Novels," American Journal of Nursing 82 (August 1982): 1223.

the National Organization of Public Health Nurses (NOPHN).[13] The editors of AJN prefaced an article by Deming with the words "The Journal takes pleasure in presenting these timely comments...."[14] In that article, Deming asserted that the essence of nursing was to place the patient's welfare above all other considerations. The patient's welfare was to be "a matter of spiritual concern" to the nurse.[15] That Deming incorporated the service ideal was particularly important in light of the influence of her novels which were aimed at teenage girls. These novels were more than just entertaining stories. They were also a recruiting tool. Young girls reading these novels would begin to form career decisions influenced by their reactions to Deming's nurse characters. Logically, those readers whose ideals were congruent with Deming's would be more likely to seriously consider nursing than those who espoused different ideals. Thus, Deming's novels served to attract into nursing girls who believed in the primacy of service.

In the same year that Deming's article appeared (1948), Lavinia Dock, long an important personage in nursing, wrote a letter to the editor in which she commented on what nursing's pioneers thought of nursing. Said Dock: "They not only worked for the best education

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[13]Josephine A. Dolan, M. Louise Fitzpatrick, and Eleanor K. Herrmann, Nursing in Society (Philadelphia: W. B. Saunders Company, 1983), p. 371.

[14]Dorothy Deming, "Members of the Graduating Class___," American Journal of Nursing 48 (May 1948): 342.

[15]Deming, p. 343.

available, but for the true spirit of unselfish and useful service."[16] Dock was the author of one of the first nursing texts (Materia Medica for Nurses) and co-author with M. Adelaide Nutting of the History of Nursing. A close associate of Nutting, Hampton, and Wald, Dock was also the first secretary of the International Council of Nurses (ICN). For twenty-three years, she edited the Foreign Department of the AJN. She was also a passionate suffragist who believed nursing would make no headway without the power of the vote.[17]

Through the 1940s in AJN, service and the satisfactions derived therefrom were the reasons given by some writers for choosing nursing. Conrad, a nursing executive at a prestigious institution, defined "devotion to the welfare of patients" and "satisfactions in the job itself" as the factors which make nursing a profession.[18] An AJN sponsored survey of a sampling of nurses who had come from other professions found that all the respondents stressed the satisfaction they experienced in giving nursing care. This satisfaction stemmed mainly from the essential nature of nursing, from the meaning derived

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[16]Lavinia L. Dock, Letters - Pro and Con, American Journal of Nursing 48 (September 1948): 4.

[17]Teresa E. Christy, "Portrait of a Leader: Lavinia LLoyd Dock," Nursing Outlook 17 (June 1969): 72-75; Lavinia L. Dock, "Lavinia L. Dock: Self Portrait," Nursing Outlook 25 (January 1977): 22-26.

[18]Margaret E. Conrad, "Preparing the Nurse for Her Professional Responsibilities," American Journal of Nursing 49 (February 1949): 110-12.

from service.[19] The special nature of service in nursing was still credited as the motivating factor in career choice in the next decade.[20]

The satisfaction of service was also claimed to replace the lack of other satisfactions such as salary and status. As early as 1940, when most nurses worked twelve hour shifts for six days a week and were required to live at the hospital, one letter claimed that better education, shorter hours, and higher pay were already realities. Therefore, she wrote, "my plea is for something different. It is the spirit of service and human kindness."[21] Apparently, this writer interpreted the push for an eight hour day as a threat to the service ideal. Some years later (1947), the threat was perceived as even more direct. Deploring the movement of nurses into collective bargaining groups, a nursing executive wrote that from its earliest roots, nursing found its "greatest reward in selfless giving," and that to place too heavy an emphasis on salaries was to "betray that heritage"[22] One nurse bemoaned her overworked, understaffed status

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[19]"They Chose Nursing Thoughtfully," American Journal of Nursing 48 (February 1948): 80-81.

[20]Lulu K. Wolf, "The Nurse as a Person," American Journal of Nursing 51 (March 1951): 77; Margaret Bridgman, "On Types of Programs," American Journal of Nursing 60 (October 1960): 1468.

[21]Letters From Readers, no signature, American Journal of Nursing 40 (August 1940): 931.

[22]Anne W. Smith, "Our Part in the Cure," American Journal of Nursing 47 (November 1947): 748.

but implied that the excitement of saving a life, of providing the ultimate service, compensated for the problems of her job.[23]

The same sentiments continued to be expressed in AJN into the next decade. A suggestion that salary was also important brought a quick and forceful response. "I got hopping mad....," wrote one nurse, "nurses in my town are not well paid but they remember why they are R.N.'s....We work because people are sick and our hospitals are understaffed."[24] Her sentiments were echoed in another letter, "I have never known what it meant to be adequately paid, but my pleasure has been in seeing a job well done."[25] Time changed the specifics but not the theme of the argument. A 1960 editorial used the service ideal to explain the ANA stand on Medicare. The American Medical Association (AMA) had been pressuring nurses and nursing organizations to rescind their support of Medicare. The AJN maintained that nurses were withstanding this pressure and "thinking beyond their own comfort" because they placed the welfare of their patients above their own.[26]

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[23]Anne W. Smith, "There Are Rewards!" American Journal of Nursing 49 (April 1949): 217.

[24]Mary Heinzel, Letters - Pro and Con, American Journal of Nursing 53 (May 1953): 516.

[25]Mae P. Bernhard, Letters - Pro and Con, American Journal of Nursing 53 (September 1953): 1032.

[26]Editorial, "The Welfare of Patients," American Journal of Nursing 60 (June 1960): 805.

For many nurses, the service ideal could be fulfilled best at the bedside.[27] Nurses chose private duty because it allowed a very close nurse-patient relationship.[28] Others sadly left private duty because they could not support themselves on the fees they earned.[29] Two studies in the fifties examined the role of bedside care in the nursing profession. Researchers found that promotions usually removed nurses from most bedside duties. But bedside care is still - to many nurses - 'real' nursing."[30] However, there were problems fitting ideal to reality. A sociologist looking at nursing in 1954 proclaimed:

> The highest, most nearly sacred value in the professional ideology of nursing is the welfare of the individual patient.... It is accepted without question that the highest function of a nurse is to give compassionate, tender, personal and technically competent care to sick people.
>
> And yet it is quite obvious that, however high this ideal may stand in the ideological value hierarchy, it is given considerably less weight in the reality situation in which nurses work....higher salaries, recognition, prestige, authority, esteem, deference - all these go mainly to the nurses whose functions are largely or entirely administrative or managerial.[31]

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[27]Crescentia J. Troy, "Having a Wonderful Time," American Journal of Nursing 48 (April 1948): 224.

[28]Roberta R. Spohn, "Private Duty Nurses Study Themselves," American Journal of Nursing 54 (August 1954): 988.

[29]Editorial, "Bedside Nursing in Our Time," American Journal of Nursing 48 (January 1948): 3.

[30]Kenneth D. Benne and Warren Bennis, "Role Confusion and Conflict in Nursing - What Is Real Nursing?" American Journal of Nursing 59 (March 1959): 380.

[31]Lyle Saunders, "The Changing Role of Nurses," American Journal of Nursing 54 (September 1954): 1097.

In addition to a system whose rewards were at odds with the ideal of direct service to patients, the ideal itself was often honored more in the breach than in the fulfillment. In 1946, a superintendent of nurses expressed her problems in a letter to the editor:

> If a nurse is asked to give an enema, she is insulted and quits. One recently walked off because she was asked to care for four maternity cases in a morning. Now she is waiting on table in a restaurant. She is a graduate of a well-known school. I am at the point of loosing faith in the nursing profession. I think it has just vanished.[32]

In 1947, a nurse complained,"...because some nurses will work only chosen and (whether they intend it to be so or not) choice hours."[33] The ill health of the service ideal did not escape the notice of the public media. Articles in the popular literature pointed to the problems patients faced in obtaining adequate nursing. But the editors of AJN had trouble admitting the reality of the situation. Responding to an extremely unflattering article about nursing in Ladies Home Journal (titled "What Happens When Trained Nurses Won't Nurse the Sick?") the editors blamed a nursing shortage that prevented, they claimed, nurses from giving the care they would like to give.[34] Later that year (1948), another editorial solved the problem even more simply; those who do not practice service are not

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[32]Letters - Pro and Con, no signature, American Journal of Nursing 46 (February 1946): 134.

[33]Flora Murray, Letters - Pro and Con, American Journal of Nursing 47 (July 1947): 491.

[34]Editorial, "Jolt or Push?" American Journal of Nursing 48 (February 1948): 73.

real nurses. "To a few nurses, nursing service is something to be sold to the highest bidder," claimed the editorial. "...Fortunately for all concerned, real nurses... greatly outnumber them."[35] A study of the sources of dissatisfaction among staff nurses in 1953 found the main complaints to be working with nurses who gave poor care, lack of cooperation among nurses, and nurses who refused to work unpopular shifts and days.[36] Clearly these are not the actions of people who have internalized service as an ideal. By 1960, the situation had deteriorated further. An AJN editorial reported the findings of a study of nursing activities. The study had found a tendency, even in situations of adequate staffing, "for the nurses to avoid giving direct patient services (such as baths) usually given by aides."[37] The editor was clearly upset by the findings of this study. They were in such direct contradiction to the professed ideal of service that either the ideal had to be relinquished or some other explanation found. The editor chose to suggest an alternative explanation, concluding that if the institution demanded an efficiency focused on tasks rather than patients, nurses could not be expected to shift to a patient-centered approach when suddenly given plentiful staff. Older nurses were assumed to lack skills in interpersonal relationships.

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[35]Editoral, "Nursing Service," American Journal of Nursing 48 (August 1948): 481.

[36]Sr. Mary Barbara Ann, "Ninety-Nine General Duty Nurses Say -," American Journal of Nursing 53 (January 1953): 59-61.

[37]Editorial, "Tasks or Patients?" American Journal of Nursing 60 (January 1960): 45.

Again, they could not be expected to learn these skills if the institution did not provide inservice education programs to teach them.[38] Thus, if nurses did not behave in a service-valuing manner, it must have been a problem with the institution. Or if the problem did indeed lie with the nurse, it must have resulted from lack of knowledge, never lack of desire. The editorial also contained the covert assumptions that nurses would mold their behavior to the demands of the employing agency and would not act to prompt change.

Readers of RN were also exhorted to service. A letter writer in 1941 declared, "I am going strong and more than ever love the privilege of serving humanity through nursing...."[39] A 1940 editorial cited the need for nurses to acquire mental health skills in order to nurse the whole patient. What was the motivation given for upgrading skills? "Such opportunities for service should challenge the best that is in every nurse."[40] Nurses should work "for the good of humanity" without regard for monetary rewards.[41] In the next decade, nurses were told that being a skilled nurse implied a "moral obligation to use [those skills] for the benefit of those who need

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[38]Editorial, "Tasks," p. 45.

[39]B. M. Rothermel, Debits and Credits - Letters to the Editor, RN 4 (February 1941): 6.

[40]Editorial, "Looking Ahead," RN 4 (December 1940): 21.

[41]Debits and Credits - Letters to the Editor, no signature, RN 6 (October 1942): 8.

help."[42] A 1958 article and a 1959 letter carried the same theme, that service, "the desire to do for others is the very keystone of nursing" and the nurse's main payment is from doing a good job of service.[43]

Perhaps the most consistent writer on nursing ideals was Janet M. Geister. Geister had gone from nursing school to private duty to the Chicago School of Civics and Philanthropy. For several years she resisted administrative positions, preferring direct nursing in public health. She then went on to do research for the Children's Bureau. While serving as an officer of the NOPHN, she continued to be involved in research with the Cleveland Hospitals and Health Survey, the Goldmark Report, a survey of public health nursing, and a study of New York City dispensaries. She developed a great respect for the power of learning the facts and then acting on them. Geister served as Director of the ANA headquarters from 1926 until 1933 but was unsuccessful in getting ANA leadership to adopt her ideas or her practical suggestions for the budget. She wanted to channel energy and money to help the local level whereas the ANA was placing priority on studies and international affairs. After her forced resignation from ANA headquarters, Geister joined the staff of Trained Nurse and

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[42]Shirley Pauling, RN Letters, RN 23 (April 1960): 11.

[43]Jean McInturff, "Here I Have Found Peace," RN 21 (October 1958): 73; Joan Vallier, RN Letters, RN 22 (November 1959): 11.

Hospital Review and became editor in 1941.[44] Reverby described Geister as a person who welcomed conflict, controversy, experimentation, and change because these were the roads to progress.[45]

Geister wrote a regular column called "Candid Comments" in RN from 1948 through 1956. Those columns consistently emphasized the spiritual and character aspects of nursing - the art of nursing. Geister saw the nurse as completely human and urged the full acceptance of every part of that humanity, its needs, its desires, its weaknesses and its potential for greatness. Nursing existed for the patient, but when nursing was done well, both patient and nurse gained. Geister wanted every nurse to think and reason for herself and then to act on her own conclusions, not to follow like a sheep. She explicitly and implicitly argued the need for an articulated philosophy of nursing, not just a theory of nursing. She addressed service and its cohort sacrifice a number of times in those years. "The first law of nursing is that concern for the patient transcends every other interest. The nurse who puts self-interest first violates one of our most fundamental traditions," Geister declared in 1948.[46]

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[44]Susan Reverby, "'Something Besides Waiting': The Politics of Private Duty Nursing Reform in the Depression," in Nursing History: New Perspectives, New Possibilities, ed. Ellen Condliffe Lagemann (New York: Teachers College Press, 1983), pp. 140-44.

[45]Reverby, "Something Besides Waiting," p. 142.

[46]Janet M. Geister, "On the Spirit of Nursing," RN 12 (November 1948): 37.

From this vigorous stand she proceeded to develop the particulars of service. Nursing could take pride in itself because:

> It is a service dedicated wholely to the good of others. The highest form of living is a life so dedicated. The inner force of nursing is the will to serve, the giving of self. The knowledge that our work has value to society is in itself a reward beyond price.[47]

Geister did not see martyrdom as a necessary accoutrement of service.[48] Instead of martyrdom, Geister proposed "a new discipline of dedication" without which nursing could not evolve the "protective love of people that underlies all good nursing...." This love could not grow "if concern for our own security supercedes our concern for others."[49] But if the nurse was required to place the needs of others first, she nevertheless had to consider her own needs also. Geister firmly rejected the idea that good nursing was based on "the degree to which the nurse forgets she has a mind, a body, a need for leisure, family life, social contacts and spiritual affiliations."[50] The form that service was to take was to help people help themselves.[51] This definition of service broadened the scope of nursing and allowed

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[47]Janet M. Geister, "Nursing is a Proud Profession," RN 13 (November 1949): 37.

[48]Janet M. Geister, "The Moral Crisis in Nursing," RN 12 (July 1949): 27.

[49]Janet M. Geister, "Character, Self-Reliance - and Security," RN 13 (September 1950): 38.

[50]Janet M. Geister, "Pompous or Consequential?" RN 13 (February 1950): 37.

[51]Janet M. Geister, "Hold To Your Faith," RN 16 (February 1953): 79.

inactive as well as working nurses to claim service. "It is why nurses may lead three or four different kinds of lives and still always be nurses.... "Devotion to service allowed nurses "to be true to [their] dedicated purposes of helping each other."[52] Moreover Geister saw this kind of service as the tie that binds past, present, and future generations of nurses.[53] Geister felt that the kind of service which helps people reach their potentials was "the reason for our existence as professionals....the 'religion' of our profession" with the patient "the center of our professional universe."[54] This spirit of service would not only aid the patient, it would bring blessings to the nurse. "Her growing sense of responsibility and protective love [would] permeate all her relationships, in her home and community as well as in her profession."[55] The technologic and structural changes which took place in nursing after World War II seemed, to Geister, to threaten the service ideal and in 1952 she made an impassioned plea for the old value:

> Much of the new practice calls more for cold efficiency and book learning than for self-reliance, discipline, and above all, the spirit of sacrifice that dominated the old. Thus it robs the practitioner and profession of the birthright that differentiates it from an efficient assembly-line machine. Until we restore an abiding respect for the art through which the science must operate, and meld science and art into a

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[52]Geister, "Hold," p. 79.

[53]Geister, "Hold," p. 79.

[54]Janet M. Geister, "The Religion of a Profession." RN 19 (March 1956): 55.

[55]Janet M. Geister, "The Spiritual Basis of Nursing," RN 19 (September 1956): 44.

> service that draws on the spiritual as well as intellectual resources of the practitioner we are proceeding 'against nature.'
> Sacrifice can never go out of style for it is as much a part of a good life as breathing. It is an essential element in every helping profession, for these professions have purposes far beyond personal gain....It has nothing to do with the needless sacrifices that so often have been exacted from nurses in the name of ethics and duty. Sacrifice is born of love, not fear....We cannot reach our full stature as individuals or a profession without sacrifice....
> The revolt of many nurses against the senseless and needless sacrifices that were commonplace in the past, has made many nurses cynical about any kind of sacrifice, and they are thus cheating themselves of some of the most beautiful rewards of nursing....[56]

Even while Geister was pleading for an updated service ethic, voices of dissent against service had already been raised. One letter to RN gave a nurse's impressions of the service ethic as she saw it during training. Nurses were considered good if they never asked for anything for themselves and if they worked overtime without pay. The letter writer suggested that neither criterion indicated a healthy personality.[57] RN readers were reminded that nurses are people too, with the same basic needs for food and shelter as their patients.[58] Later, in 1958, an article deploring the idea that "a good day's pay is more important than a good day's work," asked nurses to remember

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[56]Janet M. Geister, "Getting the Most Out of Life," RN 15 (September 1952): 39-41.

[57]Debits and Credits - Letters to the Editor, no signature, RN 12 (September 1949): 8.

[58]Helen O'Dea, Debits and Credits - Letters to the Editor, RN 4 (April 1941): 4; Helen Mitchell, (pseud.), "An Open Letter to My Hospital," RN 21 (June 1958): 59.

that "there is indeed real spiritual value in a good day's work...."[59] To which an irate reader replied that neither the grocery store nor the childrens' shoe store would accept devotion to duty or personal satisfaction in lieu of cash.[60] When a doctor charged that modern nurses lacked devotion to duty[61] nurses flooded RN with their replies. While some agreed with the doctor, most implied that people who live in glass houses shouldn't throw stones.[62] One correspondent bluntly rejected the idea that nurses should serve without thought of wages. She reminded the doctor: "Your oath is just as binding as ours and you make a lot more money than we nurses do."[63]

As some nurses argued that good pay must accompany service, other nurses had apparently abandoned service altogether. In 1943, an RN editorial discussed poor nursing care in hospitals. The editorial pointed out the danger of allowing volunteers to take over all the comfort measures and warned nurses to let patients know that the responsibility still belonged to the nurse. It also noted the relationship of poor pay and low quality personnel. But it refused nurses the luxury of an easy excuse saying, "if 'the best' today is none too good, let us not make the mistake of passing it off too

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[59]Medos, "The Threat of Mediocrity," RN 21 (July 1958): 42.

[60]Ruth Traugot, RN Letters, RN 21 (November 1958): 11-12.

[61]Amos R. Koontz, "What Has Happened to Nursing," RN 21 (November 1958): 55.

[62]"What Nurses Say Has Happened to Nursing," RN 22 (January 1959): 49.

[63]"What Nurses Say," p. 50.

easily as one of the casualties of war."[64] Ten years later, the same problem of poor care was still evident. A 1953 RN editorial deplored instances of private nurses sleeping on duty, nurses not answering bells, and nurses scolding helpless patients. The editorial acknowledged the truth of these charges and admitted that there were, and had always been, "misfits" in nursing. But it demanded that nurses take action "when the conditions of the day seem to accentuate the number of misfits...."[65] While much more willing than AJN to admit that poor nursing occurred, RN also hedged by implying that poor nurses were somehow outside the realm of true nursing.

A special kind of service was called for during World War II. Both journals encouraged nurses to join the Armed Services. It should be noted that nurses were in a unique position in World War II. While the public and the military were ambivalent about the appropriatness of women serving in the military as WAVES and WACS, they were agreed that nurses should be recruited. Even civilians who faced shortages of nurses in their own hospitals felt that nurses should serve the armed forces. Nurses were the one group of women that was welcomed into the military by all concerned. While soldiers resented the WACS and WAVES for muddying the waters of male-female jobs, they realized the possibility of being wounded or ill and thus had a vested interest in the recruitment of nurses. Caring for the injured was accepted as

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[64]Dorothy Sutherland, "The Best is None Too Good!" RN 6 (April 1943): 22-25.

[65]Editorial, "Mea Maxima Culpa," RN 16 (October 1953): 29.

properly "women's work" and the fact that male doctors would always hold ultimate authority over the female nurses helped quiet anxiety about appropriate sex roles. This anxiety did not disappear, however. While physicians were in charge, the nurses had direct supervision over the corpsmen, who were male. Neither the nurses nor the corpsmen had previous experience with such a female-male role reversal on such a large scale. The inevitable tensions did develop. While most nurses felt satisfied with their degree of authority, some corpsmen had difficulty accepting orders from women. The overwhelming needs of the wounded, however, seemed to help diminish resentments in the interest of getting the mission accomplished.[66] These realities were completely overlooked by the journals in their recruitment efforts.

In 1941 and 1942, RN published four editorials urging nurses to join the Army or Navy. (This was done by enrolling in the ARC which acted as a recruitment clearing house.) The first editorial, published before the United States officially entered the war, acknowledged the various reasons nurses had for not enlisting, but cited them as debits. It went on to assert that nurses would always meet their responsibilities.[67] The second editorial, noting that

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[66]D'Ann Campbell, Women at War with America: Private Lives in a Patriotic Era (Cambridge: Harvard University Press, 1984), pp. 9, 49-56.

[67]Editorial, "Our Chance to Serve," RN 4 (January 1941): 22-23.

recruitment goals had not been reached, called on the ANA to put pressure on hospitals to hold jobs for nurses who did sign up.[68] In October 1942, RN noted that most of its mail had changed from an emphasis on personal needs to an emphasis on ways in which to serve.[69] Still, two months later, an editorial bemoaned the poor response of nurses to the call to duty. It noted the numbers who had enlisted but cited the greater numbers still needed. Some nurses had joined the WACS or taken jobs in factories. For them and all the others who had not yet enlisted, the editorial had harsh words. Those nurses had failed to serve. Their conduct reflected badly on all of nursing.[70]

RN also tried to stir up recruitment by publishing a fictional account of a nurse who left a vital job to become nurse/companion to a rich old lady. The nurse grew soft, lazy, out of touch, and out of shape. When her brother was killed at Pearl Harbor, the nurse tried to enlist, but was rejected. She ended up a version of Miniver Cheevy. The story concluded with the analogy of Esau, who sold his birthright for a mess of pottage.[71] Obviously, there was nothing subtle about this story, nor about the editorials. The ideal expressed was clearly one of service. But RN's editorials also

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[68]Editorial, "A Year's Leave," RN 4 (May 1941): 22-23.

[69]Editorial, RN 6 (October 1942): 13.

[70]Editorial, RN 6 (December 1942): 13.

[71]Elizabeth W. Hard, "Mess of Pottage," RN 5 (September 1942): 34.

plainly acknowledged the fact that not enough nurses were heeding the call. RN also presented a more realistic picture than AJN in its recruitment calls. It did not simply remind nurses of the service ideal, as AJN did. RN also addressed some of the practical reasons for not serving. For example, when the editors asked the ANA to pressure hospitals to hold jobs for nurses, they were addressing the very real fear of nurses that military service would mean losing jobs, seniority, and status; that upon their return they would have to begin at the bottom of the ladder all over again. The Red Cross drive to recruit volunteer nurses' aides also lent credence to the fear of being replaced, perhaps permanently.[72] This very real issue for the rank and file of nursing was never touched upon in AJN.

AJN assigned much more editorial attention to the task of military recruitment than did RN. Beginning in 1940, editorials urged nurses to volunteer for the Red Cross Nursing Service citing nurses' "special opportunity" to serve.[73] In 1941, editorials referred to the honored reputation of the Red Cross nurse[74] and, while allowing that people were not ready to face the fact of war, encouraged nurses to serve their country.[75] Once the United States had declared war, the

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[72]Campbell, Women at War, p. 58.

[73]Editorial, "What Can We Do Now?" American Journal of Nursing 40 (July 1940): 795.

[74]Editorial, "Recruitment on All Fronts," American Journal of Nursing 41 (November 1941): 1302.

[75]Editorial, "Nursing and the Four Freedoms," American Journal of Nursing 41 (July 1941): 796.

editors assumed that nurses would respond to the call to service.[76] Throughout the war years, editorials consistently urged nurses to serve. When military enrollments time and time again fell short of the quotas, AJN editors acknowledged the fact but searched for excuses. When not enough married nurses attended refresher courses, the AJN lamented that World War I had 21 female war workers per 1,000 population, but World War II had only 4. This would surely change when married nurses realized what was needed.[77] When military enrollments lagged, it must have been due to a lack of understanding of the emergency,[78] or misconceptions about the military,[79] or nurses were not "aware of the importance of [their] work in relation to the total war program,"[80] or "young nurses have not understood the need,"[81] or they have just [this in 1945] discovered the true meaning of being an American nurse.[82] The problem was presented as one of

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[76]Editorial, "We See the Face of Danger," American Journal of Nursing 42 (January 1942): 62-63.

[77]Editorial, "What About the Married Nurse," American Journal of Nursing 42 (April 1942): 401.

[78]Editorial, "A Faster Tempo," American Journal of Nursing 42 (September 1942): 1051-52.

[79]Editorial, "Opportunity - Now!" American Journal of Nursing 43 (February 1943): 129.

[80]Editorial, "Needed Now," American Journal of Nursing 43 (November 1943): 971.

[81]Editorial "Did You Not Know?" American Journal of Nursing 44 (December 1944): 1109.

[82]Editorial, "January 6, 1945," American Journal of Nursing 45 (February 1945): 86.

knowledge, not as one of motivation. Only four times during World War II did the editorials of the AJN own that the problem might lie with nurses themselves: in January 1943, an editorial asked "How do the nurses of the country think the Army Nurse Corps can represent the best in Army nursing unless every nurse does what she can to make it so?"[83]. Another admonished, "the individual alibis we shall have to live with hereafter will be extremely uncomfortable if we make narrow or selfish decisions now."[84] In June 1943, an AJN editorial chided, "We hope those who are... free to serve may not live to regret it if they fail to recognize and respond to the challenge...."[85] And in March 1945, the AJN's editorial claimed that, when the war was won, "those will be happiest who...of their own free will accepted the moral obligation to do all it was possible for them to do."[86] In short, those who did not live nursing's ideals would suffer for their actions.

But it was not until hearings on the Nurse Draft Bill that the role of the military itself in unmet quotas was examined. Testimony

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[83]"The Army Calls All Eligible Nurses," American Journal of Nursing 43 (January 1943): 25.

[84]Editorial, "A Three-Point Program for '43," American Journal of Nursing 43 (January 1943): 2.

[85]Editorial, "Have You Thought It Through, Private Duty Nurses?" American Journal of Nursing 43 (June 1943): 523.

[86]Editorial, "Wartime Confusions and a Draft," American Journal of Nursing 45 (March 1945): 170.

showed that the number of volunteers had kept up with the quotas until December 1943 when the Army abruptly cut its number needed by 11,000 nurses. It was then that the number of volunteers reached a plateau which did not rise when the Army suddenly increased its number needed by 10,000 just four months later. In addition, the Army had discharged almost 10,000 nurses because they got married, had refused 3,000 nurses because they were men and had accepted only 330 of the 9,000 black nurses who volunteered. Army records showed "fluctuations and uncertainties in setting manpower [sic] quotas" and "maldistribution of nurses."[87] One Congressman, Walter H. Judd, took the War Department to task for its lack of effort in nurse recruitment. He particularly noted the complete absence of any appropriations to finance nurse recruitment efforts. This was in marked contrast to the three million dollars the government spent to recruit WAC's. Judd rejected the claim that voluntary recruitment had failed and defended the character of nurses.[88] In light of all this evidence, one is hard-pressed to understand why the ANA supported the draft and why neither RN nor AJN printed any of the above testimony. The AJN did carry a thorough account of ANA testimony on the draft and a summary of all testimony which favored the draft.[89] RN ran synopses

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[87]Philip A. Kalisch and Beatrice J. Kalisch, "The Women's Draft," Nursing Research 22 (September-October 1973): 405-6.

[88]Kalisch and Kalisch, "Women's Draft," p. 407.

[89]Katharine J. Densford, "ANA Testimony on Proposed Draft Legislation," American Journal of Nursing 45 (March 1945): 172-74; "The Proposed 'Nurse Draft' Legislation," American Journal of Nursing 45 (March 1945): 171.

of ANA testimony. Before the Congressional hearings, RN did publish a news brief which listed several reasons for the inadequate enlistment. The last two reasons on the list addressed the failure to assign Negro and male nurses.[90] But neither publication presented to its readers all the facts which were brought out in the hearings; facts which placed nursing in a much better light. It may be that the editors of both journals were concerned about maintaining favor with the executive branch of the government which had proposed the nurse draft legislation. During World War II, the various councils of the executive branch exercised great control over allocations of paper and access to transportation.[91] The editors may have hesitated to oppose the government for fear of seeing their allocations slashed or transportation priorities lowered. On the other hand, the editors may have been most concerned with the public's perception of nurses. They might have worried that attention to the government's own failures in the matter would be perceived as complaining or excuse making and would backfire on nurses.

Outside the editorial pages, AJN readers were also reminded of their obligation to serve. Alma Haupt, Executive Secretary of the government's Subcommittee on Nursing, told nurses they were vitally important because of their "discipline, skill and the ability to

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[90]"Last Minute News - the Nurse Draft," RN 8 (February 1945): 16.

[91]Maureen Honey, "The Working-Class Woman and Recruitment Propaganda During World War II: Class Differences in the Portrayal of War Work," Signs 8 (Summer 1983): 675-76.

respond instantly to the nation's call for service."[92] Leaders in Hawaiian nursing pointed with pride to the quick response of nurses to a sudden and urgent call for help on ships carrying the wounded home.[93] Nurses were told, in no uncertain terms, that they had an obligation to serve.[94] A few articles observed the unmet quotas while pleading for more nurses, but most of those still excused nurses on the basis of ignorance of the compelling nature of the need.[95] Even students were called upon to volunteer for the Red Cross Student Reserve.[96] Responding to criticism that the Army recruited nurses to "hurry up and wait", the Superintendent of the Army Nurse Corps, Florence Blanchfield, explained the difficulty of predicting enemy movements and stated that twenty-three thousand more nurses would be

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[92]Alma C. Haupt, "The Government's Subcommittee on Nursing," American Journal of Nursing 42 (March 1942): 263.

[93]Mary Williams, Helen Gage, and Mildred Byers, "Nursing in Hawaii," American Journal of Nursing 42 (April 1942): 351.

[94]Eva H. Erickson, "The Public and Streamlined Nursing," American Journal of Nursing 42 (May 1942): 506; Elliott C. Cutler, "Doubling Our Efforts," American Journal of Nursing 42 (September 1942): 993; Gertrude S. Banfield, "This War - the Business of Every One of Us," American Journal of Nursing 42 (October 1942): 1126; Alma C. Haupt, "Our War Nursing Program," American Journal of Nursing 42 (December 1942): 1385.

[95]Gertrude Banfield, "ARC Accelerates Recruitment," American Journal of Nursing 43 (January 1943): 23; Aline S. Mergy, "Procurement and Assignment in Vigo County," American Journal of Nursing 44 (September 1944): 824; Florence A. Blanchfield, "Calling All Nurses," American Journal of Nursing 45 (February 1945): 93.

[96]Rosalind Matuson, "Call to Arms," American Journal of Nursing 42 (August 1942): 943.

needed in the months to come.[97] Still, one group of nurses were consistently and systematically frustrated in their effort to serve - male nurses. Most were drafted simply as men, not as nurses. A few lucky ones were assigned as corpsmen, the rest went to ordinary combat posts.[98] It was not until 1966 that male nurses won appointment as officers in the Army, Navy, and Air Force Nurse Corps.[99]

In both journals, the internal rewards of military service were stressed. The AJN editor called the opportunity to serve a privilege saying, "nursing has the privilege of being essential on all three fronts, military, industrial and civilian."[100] Others spoke of the satisfaction one felt when one served the wounded.[101] The editor

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[97]Florence Blanchfield, "The Needs of the Army Nurse Corps," American Journal of Nursing 43 (November 1943): 991-92.

[98]Daniel M. Brown, "Men Nurses and the U.S. Navy," American Journal of Nursing 42 (May 1942): 499-501; H. A. Rousch, Letters From Readers, American Journal of Nursing 43 (May 1943): 496.

[99]Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing (Boston: Little, Brown and Company, 1978), p. 631.

[100]Editorial, "Nursing and the Four Freedoms," American Journal of Nursing 41 (July 1941): 795.

[101]Monica Conter, "Honolulu Reports --," RN 5 (April 1942): 62; Julia C. Stimson, "Nursing Council Says No Short Cuts," American Journal of Nursing 41 (May 1941): 575; "Okay and Ready for Duty," American Journal of Nursing 42 (May 1942): 528; Mary Jose, "Hi, Angels!" American Journal of Nursing 45 (April 1945): 267; Mary Jose, "Night Shift in an Army Hospital," American Journal of Nursing 45 (June 1945): 430-33; Doris Schwartz, "An Open Letter from Members of the Army Nurse Corps," American Journal of Nursing 46 (May 1946): 287; Ruth E. Parks, "A Private Duty Nurse Visits Fort Meade," American Journal of Nursing 41 (January 1941): 51; Julia C. Stimson, "Blood Sweat, and Tears," American Journal of Nursing 41 (May 1941): 566.

of AJN confessed her envy of those who were able to serve in the military.[102] A physician and a Congresswoman mentioned the regret that would be the lot of those who could have served but did not.[103] Military nurses elected reassignment to combat areas because they felt so very needed.[104] Readers were not spared the rough details of military life, but the satisfactions gained still shone through, as in the following excerpt:

> My hands are stiff with cold, I haven't bathed in God knows how long and we're terrifically busy. The guns make so much noise I can hardly think straight. But despite it all, I'm happy - for we're working straight around the clock, defying time and the elements. There is plenty of satisfaction in knowing that this gang can really produce - and the patients have unbelievable stamina. The steam rises out of their open bellies in the operating room, it is so cold. But they've really got youth and strength, and never a whimper from them. No man's army could possibly have more guts than ours. But they need our medical and nursing care so desperately. All the Nazi hate, horror, and hellfire on earth won't keep us from helping those boys who need us![105]

And from a nurse who was killed by enemy fire right after writing it:

> Sure, we rough it, but in comparison to the way you men are taking it, we can't complain, nor do we feel that bouquets are due us....
>
> It is we who are proud to be here. Rough it? No. It is a privilege to be able to receive you, and a great

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[102]Editorial, "They Follow the Flag," American Journal of Nursing 42 (April 1942): 400.

[103]R. Allyn Moser, "When Nursing Had Begun," American Journal of Nursing 43 (April 1943): 372; Francis Payne Bolton, "Home From ETOUSA," American Journal of Nursing 45 (January 1945): 9.

[104]"I'd Take Combat Duty Again," American Journal of Nursing 44 (July 1944): 676.

[105]Editorial, RN 7 (February 1944): 31.

> distinction to see you open your eyes and with that swell American grin, say, 'Hi-ya, babe'. 106

There was also another side to that familiar "Hi-ya, babe." This side, which was carefully ignored in the editorial pages, consisted of rumors of sexual immorality among military nurses. That such rumors were repeated by servicemen themselves lent weight to them. One Cadet nurse wrote to Eleanor Roosevelt that the sexual rumors were causing Cadets to turn away from military service.[107] Yet in a time and under circumstances when contraception was difficult, less than one percent of overseas single nurses became pregnant. This despite the fact that pregnancy was a sure-fire way to get home. The malicious gossip resulted from a combination of a response to "the sexual-social strains imposed upon enlisted men by the military system" and the "belief that no women, not even nurses, belonged in uniform."[108]

The home front was not neglected either during World War II. In both journals, those who were ineligible for the military and those who were awaiting appointment were asked to consider the needs of

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[106]Frances Slanger, "An Army Nurse Writes an Editorial," American Journal of Nursing 45 (January 1945): 1.

[107]Campbell, Women at War, p. 57.

[108]Campbell, Women at War, p. 58.

civilian health care.[109] The editor of RN stated, "perhaps the greatest contribution we can make, after all, is to do our own job - and do it well."[110] Nurses who did 'keep the home fires burning' were praised for their efforts. They were told that their work was essential to maintain standards in nursing as well as vital to the defense effort.[111] To help increase the pool of nurses, some schools began to accept married women.[112] (The assumption, of course, was that these women would leave nursing when their husbands returned from the war.) Older married nurses, who had been inactive, went back into nursing in order to release single nurses for military duty.[113]

For many, the return to work brought with it problems of child care and family responsibilities.[114] Child care was a political

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[109]Euna Embry, Debits and Credits - Letters to the Editor, RN 6 (October 1942): 6; W. W. Whitehouse, "A Challenge to Nursing," American Journal of Nursing 41 (July 1941): 803; Editorial, "Mary Came Back," RN 4 (October 1940): 19; Edwiga S. Rafalowska, "Private Duty Nursing in Wartime," American Journal of Nursing 43 (September 1943): 820.

[110]Editorial, "Mary Came Back," RN 4 (October 1940): 19.

[111]Ethelene Mortensen, "So You're a 4-F," American Journal of Nursing 43 (November 1943): 999; Editorial, "Citizens; First Class," American Journal of Nursing 43 (May 1943): 425; Marion Hitchcock, "Industrial Nurses in War-Time," American Journal of Nursing 42 (June 1942): 662; Editorial, "Teaching - An Essential Service," American Journal of Nursing 43 (May 1943): 425.

[112]"Married Student Nurses?" American Journal of Nursing 42 (August 1942): 857.

[113]"Back to Nurse I Go," American Journal of Nursing 44 (February 1944): 139-42.

[114]Mary C. Walker, "Locating 'Hidden Nurses'," American Journal of Nursing 42 (October 1942): 1119; Carolyn L. Widmer, "The Housewife Re-enters Nursing," American Journal of Nursing 43 (January 1943): 14.

football which attracted many special interest groups including factory managers, leftists, socialites, feminists, the WPA, the Federal Works Agency, the Children's Bureau, union leaders, and Catholic clergy. Each group either wanted a piece of the child care pie in order to promote their own interests or opposed child care because it threatened their beliefs.[115] About the only group which did not have a finger in the pie was mothers. Day care centers were too few, too expensive and too remote to attract many customers. They were established according to the requirements of employers not mothers.[116] They failed under the weight of bureaucracy, political infighting, poor planning, and because mothers refused to use them. Campbell concluded that the child care experiment failed mainly because mothers did not want to give up their mothering roles. They resisted all blandishments to transfer their children and their mothering duties to others.[117]

Not all inactive nurses responded with enthusiasm to the call to return to nursing. A refresher course offered by a hospital in Hawaii proved essentially useless because the married nurses stayed with their children during the bombing and were thus not available when needed most.[118] Meanwhile, the AJN agonized over other nurses who held out for

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[115]Campbell, Women at War, p. 13.

[116]Alice Kessler-Harris, Out to Work (New York: Oxford University Press, 1982), p. 295.

[117]Campbell, Women at War, p.14.

[118]Mary Williams, Helen Gage, and Mildred Byers, "Nursing in Hawaii," American Journal of Nursing 42 (April 1942): 349-51.

higher salaries.[119] The viewpoint of some inactive nurses was succinctly stated by one letter writer, who calmly acknowledged that she was able to return to work but would not do so until hospitals stopped making unreasonable demands on nurses.[120]

One notable exception existed to the service ideal. Married nurses were to put obligation to family above obligation to serve patients. World War II was sufficient excuse for a married nurse to return to work. Her family was considered to be making a sacrifice to the war effort by allowing her to work. Indeed, the special needs of the war brought about a temporary change in the attitudes of the public. According to opinion polls, during the Depression, 80 percent of the public was against married women working. By 1942, 60 percent favored married women working in vital industries. The war produced a situation where, for the first time, there were more married women working than single women.[121] But traditional social roles are not easily changed. Underneath all the support for married women working (indeed, for any women working) was the fear of a permanent change. Women were constantly reminded that this unusual state of affairs was just for the duration.[122] In actual fact, the duration never ended for

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[119]Editorial, "Nursing - In the Market Place?" American Journal of Nursing 44 (January 1944): 1.

[120]Debits and Credits - Letters to the Editor, no signature, RN 5 (September 1942): 2-3.

[121]George Brown Tindall, America: A Narrative History (New York: W. W. Norton and Company, 1984), pp. 1141-42.

[122]Kessler-Harris, Out to Work, p. 287.

nursing. Whereas most nurses before the war had been single and young, after the war the percentage of married nurses increased and stayed up. By 1950, 42 percent of all working nurses were married and more than 60 percent were over thirty.[123] In the 1950s, the figures grew until "the majority of nurses were married, and the unmarried career nurse became much less typical."[124] This despite the fact that a "stream of vituperation" was aimed at women who chose to work. They were told that "it was morally wrong" for them to work because "family life depended on their staying at home."[125] Women were expected to confine their activities to those which fit in with motherhood, marriage, and homemaking.[126] This was the era of what has been labeled the "feminine mystique," a social concept which glorified the housewife. The feminine mystique told women that their only legitimate goal was to fulfill their femininity by being passive, submissive, and nurturing. Women were to live for and through their husbands and children. For a woman to hold a job or pursue a career was to deny her sex.[127]

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[123]Barbara Melosh, "The Physician's Hand" (Philadelphia: Temple University Press, 1982), p. 70.

[124]Campbell, Women at War, p. 52.

[125]Kessler-Harris, Out to Work, p. 296.

[126]Judith S. Shockley, "Perspectives in Femininity: Implications for Nursing," Journal of Obstetrics, Gynecologic, and Neonatal Nursing 3 (November - December 1974): 37.

[127]Betty Friedan, The Feminine Mystique (New York: Dell Publishing Company, 1963), pp. 37-38.

But while the feminine mystique pressured women back to the hearth, hospitals were crying for nurses. A severe shortage existed and marriage and motherhood were frequently blamed. Nurses themselves blamed poor pay and working conditions.[128] Perhaps the idea of married nurses working was better tolerated by society because nursing had traditionally been considered good preparation for marriage and motherhood. Secondly, the things that nurses did for patients were often the same things that mothers did for their children or that housewives did in their homes. Thus, nursing could be seen as an extension of the wife-mother role rather than a threat. As nursing became more technical and more removed from the bedside, it was harder to uphold nursing as an extension of wifehood. One historian remarked on the uneasiness about nurses which developed in the postwar years. In that time, work and womanliness did not go together, not even for nurses. The literature which had depicted nurses as heroines during the war, painted them as failed women after the war. In the postwar era, "observers registered the changes in nurses' work and warned of its pernicious effects on female character."[129]

The subject of married nurses working did arouse controversy. But that controversy was not evident in the "letters" sections of either RN or AJN. From 1940 through 1960, AJN received twenty letters in support

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[128]Melosh, "The Physician's Hand", p. 195.

[129]Barbara Melosh, "Doctors, Patients, and 'Big Nurse': Work and Gender in the Postwar Hospital," in Nursing History: New Perspectives New Possibilities, ed. Ellen Condliffe Lagemann (New York: Teachers College Press, 1983), p. 165.

of married nurses working and only one against. In the same time period, RN received twenty-seven letters of support and five against. Of those five, one said the married nurse should work only if there was a real financial need and another was against working married nurses only if they had young children. Thus only three were out and out against work for married nurses. It is astonishing that, despite all the societal pressures against working married women, the ratio of support to opposition among the letter writers was forty-seven to four. It would appear that the identification of nursing with womanly roles was strong. Or, perhaps the "pro" side did feel under attack and was therefore more articulate in its own defense. Perhaps the "con" side felt secure in its rightness and acceptance and thus felt no need to defend its position. It should also be noted that nurses were not the only married women who continued to work. The number of women in the work force rose steadily in the postwar era. And more and more women continued to work after marriage. The number of two income families grew from 21.6 percent in 1950 to 30.5 percent in 1960.[130] As they had during the war, women continued to make work decisions based more on practicality than propoganda. They worked because they desired a better standard of living. For that end, they ignored the societal propaganda which admonished them not to leave the home.

While the letters were quite one-sided, the issue of married nurses working was raised in both journals. In 1941 and 1946, RN published

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[130]Kessler-Harris, Out to Work, pp. 300-302.

exchanges on the subject. Despite the rhetoric of the times, both exchanges focused on very practical matters and were nearly identical in their arguments. The main argument on the con side was that married nurses took jobs and advancement opportunities from single nurses who, because they had no other source of support, needed them more. Married nurses were also accused of clock-watching and neglecting either work or home. The pro side argued in rebuttal that most working married nurses worked because they needed the money and that clock-watching had nothing to do with marital status. The pro side also maintained that married nurses, unlike their single counterparts, had a normal emotional life and experience to bring to the job.[131] One letter writer picked up on this idea saying, "tolerance and understanding are most often learned in family relationships and, obviously, the married nurse is in a position to acquire these traits...."[132] This theme of rich experience coupled with the service ideal was echoed in a letter to the editor of AJN in 1952. The letter writer reiterated that marriage and motherhood gave the nurse a "great understanding" of her patients. Married nurses with their experience and understanding, were asking their families to sacrifice so that they might serve during that time of urgent need.[133] The unspoken but clear implication was that single women, by definition,

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[131]"Should Married Nurses Work? No! Yes!" RN 4 (April 1941): 18; Jean DeWitt Fitz, "Should Married Nurses Work?" RN 9 (May 1946): 28.

[132]Irene Roberts, Debits and Credits - Letters to the Editor, RN 4 (August 1941): 6.

[133]Vera M. Legreid, Letters - Pro and Con, American Journal of Nursing 52 (December 1952): 1432.

could not have a normal emotional life, that they were not in a position to acquire desirable personality traits. If nursing was a preparation for marriage, then the single nurse was not fulfilling her destiny. If nursing was an expression of feminine virtues, then marriage was necessary to complete the training. But marriage had been a major reason for the loss of nurses to nursing in World War II.[134] Cognizant of this and alarmed by the postwar shortage, in 1949 the editor of AJN called for married nurses to remain on the job. Indeed, the editor took the then radical position that married nurses had an obligation to keep up to date clinically. Furthermore they should expect to work a fair share of unpopular shifts. She did, however, urge agencies to be more flexible about working hours.[135] This position, expressed in AJN, preceded the height of the anti-work propaganda, but it still went against the grain of the times. It was likely an indication of the depth of concern the editor felt about the nursing shortage.

Nursing might have been acceptable for the married woman because she was so desperately needed and because nursing was womanly, but few lost sight of the pre-eminence of family obligations. Hospitals, at first rigid in their schedules, were later inclined toward some flexibility to accommodate married nurses. In a 1953 article, spokespersons for three hospitals discussed flexibility of time schedules. They all spoke of how hours were arranged to suit the

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[134]Pearl McIver, "The National Survey," American Journal of Nursing 42 (Jan 1942): 24.

[135]Editorial, "Married Nurses," American Journal of Nursing 49 (November 1949): 680.

married nurse and how well the arrangement worked. There was no indication that any similar arrangements were made to accommodate single nurses.[136] The problems this discrimination could cause had been clear to one supervisor in 1947: "Young girls resent being asked to work evening hours all the time to make way for the homemakers." After reiterating the assumption that family duties came first, the supervisor noted the difficulty of persuading the single nurse "that any woman's husband is more important than her own prospective husband."[137] Since on-duty hours for the married nurse were planned around her home responsibilities, the underlying assumption seems to have been that duties in the home outweighed service to patients. Indeed, as late as 1955, married nurses were still attempting to justify their work. That justification was stated in terms of family, not patients. One nurse stated she would not feel "justified " going to work each day if she were doing so only for her own pleasure. She felt comfortable working only because she was "making a worthwhile contribution toward future goals" for her family.[138] Another wrote that achievement of a goal was especially gratifying when a couple had both worked for it.[139] The

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[136]Lucy Harris, et al., "Married Nurses and Hospital Staffing," American Journal of Nursing 53 (April 1953): 438-39.

[137]Flora Murray, Letters - Pro and Con, American Journal of Nursing 47 (July 1947): 491.

[138]Louise Alcott, Mary Moore, and Honora Camden, "Combining Marriage and Nursing," American Journal of Nursing 55 (November 1955): 1344.

[139]Alcott, et al., "Marriage," p. 1345.

ideal of service was still there, but the personal-based service to family took precedence over the professional-based service to patients.

Change did occur however. A 1958 article in RN asked whether pregnant nurses should work, and if so, for how long?[140] A variety of opinions were expressed. But the very idea of asking such a question indicates a greater acceptance of the working married nurse.

In the post war period, service as an ideal appeared to suffer. Hints of this appeared in the AJN in several vague references to the stresses and strains of a period of readjustment. However, one 1945 editorial was quite blunt about the numerous resignations of nurses and nurse faculty since the end of the war. The editor lamented those often abrupt resignations and the lack of responsibility they represented. She pleaded with nurses to consider the long term consequences of widespread poor nursing care. Inadequate care might be "permanently recorded on the debit side of the nation's nursing ledger."[141] A letter to RN in 1948 added some detail to the picture with specific regard to ex-Army nurses:

> I find that they will do only what they like or what pleases them at the time. They give very little cooperation and think the supervisor has no right to ask them to do anything. If you say anything to them, the reply is always the same: "I learned to be tough in the Army and I'm going to be tough from now on, so what are you going to do about it?

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[140]Mary Sullivan, "Should Pregnant Nurses Work?" RN 21 (October 1958): 33-37.

[141]Editorial, "Reconversion? Not Yet!" American Journal of Nursing 45 (December 1945): 987.

> In addition, these same nurses refuse to stay on duty and help with emergencies. At the first opportunity they complain to the doctors that they are being mistreated.
>
> They carry the same attitude over to the nurses home and have no consideration for the other nurses.[142]

These and other hints in the journals suggest that many nurses had either abandoned service or radically redefined it.

Part of the problem was undoubtedly the disorganized and inequitable way in which demobilization of Army nurses took place. The sudden end of the war was accompanied by an equally sudden drop in the strength of the ANC. Rather than plan an orderly reduction in numbers, the War Department issued confused and confusing regulations which sometimes had to be revised before they were initiated.[143] Between September 1945 and January 1946, the ANC announced intentions to reduce its numbers from fifty-seven thousand to twenty-five thousand.[144] The reduction was accomplished via a point system which awarded points for time in service, time overseas, decorations, and evaluations. (A sudden and confusing change in the evaluation system left many nurses who had served well with less than good evaluations.) The net result of the system was to discharge nurses arbitrarily. Nurses who wanted to make the Army a career were summarily discharged because they had accummulated too many points. Nurses who had signed up late in the war, perhaps due to the draft

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[142]Debits and Credits - Letters to the Editor, no signature, RN 11 (January 1948): 12-14.

[143]"Demobilization," RN 8 (September 1945): 62.

[144]"Demobilization," p. 62; Editorial, RN 9 (October 1945): 31.

threat, were kept in even if they wanted out. Thus, the ANC missed an opportunity to build an experienced corps of women who wanted that career. And many nurses ended their Army service on a note of bitterness.[145]

In addition, military nurses coming home were not pleased with what they found in the civilian work world. These veteran nurses had learned leadership, assertiveness, and highly technical skills. They found a civilian system of jobs with poor pay, poor working conditions, little authority, and no retirement benefits. They were also treated with animosity by the civilian nurses. The veterans reacted. They married or they simply left the profession. By 1947, 38 percent had left.[146] It may also have been that some of the former Army nurses were suffering post traumatic stress syndrome.

The Korean War also occurred during the decades under consideration. However, the casual reader of both RN and AJN could be forgiven for missing that fact. There was precious little mention of it in AJN and practically nothing in RN. The three articles that did appear in AJN were notable for their lack of appeal to the service motive. While they did ask nurses to 'do their share,' it seemed almost an afterthought. Even when noting that recruitment into the Nurse Corps in the first months of 1951 "was so negligible that the total strength of the ANC remains practically the same as at the

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[145]Editorial, RN 9 (October 1945): 31.

[146]Campbell, Women at War, p. 59.

beginning of the year,"[147] there was a curious lack of emotion and none of the rhetoric so common during World War II. This may have been a reflection of the country's general lack of interest in the Korean conflict. That war was far away and limited. The populace at home was safe and prosperous.[148] In such a climate, appeals to an abstract ideal of service would not have fared well.

Service was an important ideal for nurses. It was called the prime motive of nursing by many authors. Service was said to promote many desirable outcomes, from good patient care to the mental health of the nurse. The writers and readers of both journals spent much time discussing service, especially during World War II. They struggled with evidence that many nurses had rejected the service ideal. They defined the parameters of service which claimed the married nurse. Whether they glorified self-sacrifice as the best part of service or rejected it as unnecessary, they made clear the prominence of the service ideal.

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[147]Editorial, "Nurses in the Defense Effort," American Journal of Nursing 51 (May 1951): 285.

[148]William Manchester, The Glory and the Dream: A Narrative History of America 1932-1972, vol. 1. (Boston: Little, Brown and Company, 1973), p. 692.

Chapter II

THE ESSENTIAL CONFLICT

PART II - SELF-INTEREST

While the service ideal was preached and stressed in the AJN and RN, another faction of nursing was preaching, in the same literature, a very different concept - self-interest. Self-interest is the idea that one's own needs have merit and deserve to be met. Self-interest places a high priority on one's own comforts and desires. It says in effect that "the laborer is worthy of his hire."[1] In nursing, self-interest needs focused mainly on pay and the length of the work week, but also on such concerns as patient-nurse ratios, supervisory styles, and degree of control over the work load and conditions. Self-interest was at odds with the traditional service ideal. For generations the "nursing mystique" had taught that the needs of the patient outweighed all other considerations; that a good nurse would always work unstintingly for patient needs even if she dropped in the attempt. Service to patients was supposed to be a spiritual matter which left no room for thoughts of self. In light of this, it was difficult to assert that the nurse had a right to think of her own needs and to fight for them. And yet, the average nurse had to think of her own needs or starve. Many nurses resolved the conflict by leaving the profession for jobs where workers were expected to be interested in salaries. (Not coincidentally, these were also jobs

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[1]Luke 10: 7

that paid better than nursing.) For the rest, the decades from 1940 to 1960 were fraught with tension. The conflict between the ideal of service and the reality of self-interest was keen and passionate. It was the overriding struggle of the time.

In the AJN some writers sought to bridge the gap between the two concepts by claiming that service could best be guaranteed by meeting nurses' needs for economic security. In five different AJN editorials from 1944 to 1960, the service ideal was called upon to legitimize economic security programs. One editorial affirmed the basic right of the professional to consider financial returns.[2] A later editorial reiterated nursing's foundation of service and went on to ask, "but does this mean that they should not consider their own welfare at all?"[3] Furthermore, an inadequate paycheck could creat great problems because nurses could not function effectively when distracted by personal insecurity."[4] In a guest editorial Anne Zimmerman, director of the ANA Economic Security Unit, chastized nurses for accepting low pay just because hospitals claimed they could not afford more. By accepting less than fair wages, nurses were "subsidizing health care

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[2]Editorial, "Industry and the 'Professional'," American Journal of Nursing 44 (May 1944): 421.

[3]Editorial, "Collective Action and Professional Responsibility," American Journal of Nursing 49 (July 1949): 410.

[4]Editorial, "Economic Security," American Journal of Nursing 46 (December 1946): 805.

and [were] guilty of perpetuating a system which is one of the roots of the critical nurse shortage."[5] A 1960 editorial raised the stakes. The editor proclaimed that careful study of the facts would show that "the interests of nursing and the public cannot be separated."[6]

Outside the editorial pages, AJN carried articles which also spoke of the service - security connection. Dorothy Deming maintained that adequate service would lead to adequate remuneration. She urged nurses to give every patient what she called the "sacred commodity" of "spiritual nursing." If they did so, nurses could "name their own price."[7] Others pointed out that higher salaries coupled with the desire to serve would attract more good people into nursing and thus aid the public welfare.[8] (Could it be that good people were not satisfied with mere service?) In 1950, a priest assured nurses that they could desire economic security and still hold the service ideal. He maintained that a nurse who felt secure, who had a good

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[5]Anne Zimmerman, "Economic Security - Your Program," American Journal of Nursing 52 (November 1952): 1337.

[6]Editorial, "More Than the Facts, Ma'am," American Journal of Nursing 60 (September 1960): 1241.

[7]Dorothy Deming, "Members of the Graduating Class___," American Journal of Nursing 48 (May 1948): 343.

[8]Elizabeth Porter, "The Economic Security Program and the Profession of Nursing," American Journal of Nursing 48 (December 1948): 775; Ellwynne M. Vreeland, "Why Do Nurses Nurse?" American Journal of Nursing 49 (July 1949): 413; Joseph D. Munier, "Economic Facts of Life for Nurses. II," American Journal of Nursing 52 (September 1952): 1112.

salary and good working conditions, would "give better service and live close to her ideals."[9] This kind of absolution was needed to help assuage the guilt that accompanied the conflict. Nurses were laboring to legitimize self-interest in the face of a deeply rooted service ideal. This was taking place while the society as a whole had not yet accepted the idea of working women. In 1955, the White House Conference on Effective Uses of Woman-Power proclaimed that "the structure and the substance of the lives of most women are fundamentally determined by their functions as wives, mothers and homemakers."[10] This statement was made at a time when more women were working than ever before. They were also staying in the work force longer and returning to it after childbearing. In 1950, one third of all women held jobs. That figure continued to rise as did the proportion who worked full time.[11] Although the media urged women back into the home, many women stayed in the work force. For nurses the conflict was keenly felt. Nurses were subjected to pressure from within the health care system to stay at or return to work. Concurrently, they were being warned that "work and womanhood posed

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[9]Joseph D. Munier, "A Priest Speaks on Economic Security," American Journal of Nursing 50 (October 1950): 642.

[10]Womanpower: A Statement by the National Manpower Council, quoted in Alice Kessler-Harris, Out To Work, (New York: Oxford University Press, 1982), p. 300.

[11]Alice Kessler-Harris, Out To Work (New York: Oxford University Press, 1982), p. 301.

conflicting and irreconcilable demands."[12] Nurses thus labored under a "double whammy." They were damned if they remained at home while hospitals and patients were so desperately in need of them. And they were damned if they worked because it was "unfeminine." Those who worked were damned if they sought better pay and conditions because they were denying the service ideal (and being particularly unfeminine). Those who lived the service ideal were damned to lives of minimal subsistence in an era of increasing materialism and luxury. It is no wonder that sociologists in the early fifties found nurses confused about the relationship of service and self-interest. This confusion hindered the advance of economic security programs. Both sociologists concluded that the service ideal was stronger than self-interest. One noted, "the desire to serve rather than the desire to gain economic rewards is held to be the reason for selecting" nursing.[13] The other found "a vague feeling that it is somehow a violation of professional ethics to concern oneself with improving one's economic status and working conditions."[14]

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[12]Barbara Melosh, "Doctors, Patients and 'Big Nurse': Work and Gender in the Postwar Hospital," in Nursing History: New Perspectives, New Possibilities, ed. Ellen Condliffe Lagemann (New York: Teachers College Press, 1983), pp. 167-68.

[13]Mary Schauffler, "Changes in Occupational Patterns," American Journal of Nursing 54 (August 1954): 964.

[14]Harold L. Sheppard and Audrey Sheppard, "Paternalism in Employer-Employee Relationships," American Journal of Nursing 51 (January 1951): 18.

For many nurses, however, self-interest was a concept which literally had survival significance. What did nurses want? The question was raised early and often. In January 1941, the AJN published the recommendations of a joint committee of the ANA and the NLNE. This committee had worked with representatives of the American Hospital Association (AHA) and the Catholic Hospital Association (CHA) to arrive at a list of desired personnel policies for staff nurses. The recommendations were subsequently approved by the Boards of Directors of the ANA and NLNE. No action was taken by the board of the AHA and the CHA board approved the principles of the recommendations but not the specifics. The report recommended: 1) only graduate nurses should be used for staff duties, 2) the status of the nurse should be clearly defined and recognized, including her relationship with other members of the health care team. She should be treated with respect equal to her responsibilities. 3) Nurses should be hired with regard for their character and preparation. 4) The maximum hours of work per week should be forty-eight and schedules should be announced in advance. 5) Assignments should be based on qualifications and the nurse - patient ratio should be one that allowed good care. 6) Paid vacation should equal twenty-eight days per year. 7) Salaries should be "commensurate with other professional workers in the community" and should reflect responsibilities and quality of work as well as length of employment. 8) Medical care and hospitalization should be provided by the employer. And finally, 9) organized programs of continuing education should be

provided.[15] The joint committee had placed prime importance on issues of standards and recognition. Salaries came seventh on the list. A year later, trying to enlist more women into nursing, the AJN's editor also put a low priority on pay, stressing instead that nursing offered women the opportunity to advance without having to compete with men and was excellent preparation for marriage and motherhood.[16] This argument was very common. The underlying assumption seemed to be that nursing was a way station, something to do while waiting to fulfill the proper feminine role. This was perhaps an attempt to defuse the threat that the new technical nursing posed to society's concept of women.

The technical advances in health care coupled with the rationalization of the hospital work force which occurred during World War II had a profound effect on nursing. Nurses gained power from rationalization because it placed them at the head of the (female) team and substantially removed them from the whims of individual patients and doctors. They also gained power from the new technology which demanded more training and expertise. Nursing could no longer be done by any woman. But power and technical expertise were not qualities associated with womanhood. In diverse ways, society showed its discomfort with this incongruity. Popular literature, movies, and

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[15]"The Hospital Staff Nurse: Recommendations Concerning Her Status and Problems," American Journal of Nursing 41 (January 1941): 55-56.

[16]Editorial, "Competition in Recruitment," American Journal of Nursing 42 (April 1942): 403.

sociologists all portrayed nurses as flawed women.[17] The stress on nursing as preparation for marriage may have been a way to downplay the incongruency. It is also true that "career commitments have not been stressed in nursing."[18] Nevertheless, individual nurses consistently thought of themselves as nurses even when they were not actively practicing. This perpetual identification with the profession was evident in both the tone and content of letters and articles throughout the two decades. Even while official pronouncements, leaders, and recruiters were playing the "nursing as preparation for" theme, nurses themselves did not seem to perceive nursing as a way station. It was true that many nurses stopped working for pay when they married, but they found other means to practice. They nursed their neighborhoods or they became involved in community projects. But whatever they did, they defined it as nursing. Could it be that women defined career commitments differently from men? In any case, the "preparation for marriage" tune did have very significant results in terms of power and self-interest. "The myth that women exist to be mothers... fostered male dominance in the health field" and was used to prevent nurses from contending with men for the financial gains available in health care.[19]

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[17]Melosh, "Doctors, Patients and 'Big Nurse'", pp. 167-73.

[18]Jo Ann Ashley, "Nursing and Early Feminism," American Journal of Nursing 75 (September 1975): 1467.

[19]Ashley, "Nursing and Early Feminism," p. 1467.

Asking for those monetary rewards was a major problem. Not until 1945 did the editorial page of AJN deal bluntly with what nurses wanted, calling for cash salaries, provision for raises, and an eight hour day, forty-eight hour week with one full day off per week.[20] This is not to say, however, that the need for better pay was not clearly expressed in the pages of the AJN before 1945. Indeed it was. In 1942, a nurse executive asserted, "we should make the remuneration for her work more in keeping with our demands on the worker."[21] Her sentiments were echoed several months later by the Assistant Surgeon General of the United States Public Health Service who, citing low salaries, exploitation by hospitals, and non-nursing tasks as some of the main problems in nursing, called for higher wages and a decrease in the non-technical tasks in both education and practice.[22] In a survey of people labeled as public opinion leaders, the results also called for better pay for nurses.[23] A head nurse quoted employment conditions as the main reason for the nurse shortage.[24] A survey of nintey-nine nurses found their primary

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[20]Editorial, "Personnel Practices," American Journal of Nursing 45 (August 1945): 593.

[21]Clare Dennison, "Maintaining the Quality of Nursing Service in the Emergency," American Journal of Nursing 42 (July 1942): 784.

[22]Joseph Mountain, "Nursing - A Critical Analysis," American Journal of Nursing 43 (January 1943): 29-34.

[23]Edward L. Bernays, "Opinion Molders Appraise Nursing," American Journal of Nursing 45 (December 1945): 1005.

[24]Crescentia J. Troy, "Head Nurses Look at Nursing," American Journal of Nursing 47 (April 1947): 229-30.

complaints to be low pay, lack of recognition, and poor personnel policies.[25] Even a physician, whose sometimes condescending views were preceded by a disclaimer from the editors, said that nurses should have higher wages and social security.[26] In an article which the editors labeled as "in tune with the thinking of many," Agnes Gelinas, Chairman of the Department of Nursing at Skidmore College, said that both "full professional status" and salaries "adequate to provide for a decent standard of living" would be needed to attract people to the field.[27] Some argued that good personnel policies were the most important need in nursing.[28] There were even some who argued that recognized adulthood was one of the highest priorities. One of those writers asserted that "the main object of nursing education is to produce a self-reliant, self-directed, mature professional woman who will be capable of good citizenship," but staff nurses were not

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[25]Sr. Mary Barbara Ann, "Ninety-Nine General Duty Nurses Say--," American Journal of Nursing 53 (January 1953): 60.

[26]T. P. Murdock, "A Physician's Viewpoint," American Journal of Nursing 49 (July 1949): 439.

[27]Agnes Gelinas, "Professional Nursing - A Look Into the Future," American Journal of Nursing 46 (February 1946): 129.

[28]Jeanette V. White, "What Civilian Nurses Expect from the Profession," American Journal of Nursing 46 (February 1946): 94; Ruth L. Lotspeich, "Why Do General Duty Nurses Resign?" American Journal of Nursing 51 (July 1951): 469; Theresa Wolfson, "Another Look at the ANA Economic Security Program," American Journal of Nursing 57 (October 1957): 1289.

able to achieve this objective.[29] Another article was written by a teaching supervisor and Board member of the AJN company, who dipped into the correspondence files to back her arguments. She quoted readers as saying that nurses "want to live like any other citizen in the United States and have a voice in whatever concerns" them, and that the nurse "does not expect to lead a frustrated existence... trained in the traditions of one century and living in another."[30]

In the late forties and early fifties, the letters to the editor of AJN provided rich evidence that many readers were unhappy with their lot and that they considered self-interest a worthy cause. Most expressed their disgust with the low salaries.[31] Some were quite bitter. One nurse listed the drawbacks of nursing, including long work weeks, mandatory unpaid overtime, shift rotation, and holiday work. She asked why anyone would want a job which called for "the physical labor of a roadworker and the mental labor of ...an executive," and which required the worker to "take orders like a private and responsibilities like a colonel."[32] Others called the

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[29]Marguerite Manfreda, "Money Isn't Everything," American Journal of Nursing 47 (February 1947): 80.

[30]White, "What Civilian Nurses," p. 94.

[31]Ruth E. Sutter, Letters - Pro and Con, American Journal of Nursing 46 (May 1946): 328; Letters - Pro and Con, signed - Civilian Nurse, American Journal of Nursing 46 (May 1946): 328; Ruth Roswal, Letters - Pro and Con, American Journal of Nursing 52 (July 1952): 792; D. Mattick, Letters - Pro and Con, American Journal of Nursing 54 (July 1954): 792.

[32]Marion K. O'Dell, Letters - Pro and Con, American Journal of Nursing 52 (May 1952): 537-38.

salary scales "ridiculous"[33] and noted with anger that more money could be made in almost any other job.[34] One writer commented that job satisfaction would not pay bills.[35] Another described her dismay at discovering that laymen in her town did not impute professionalism to nurses as the motive for lack of action on salaries. Instead, they believed nurses did not act to make the profession more attractive because they feared competition.[36]

Occasionally a letter aroused a vigorous response, such as one from a registered nurse in 1954. That nurse compared nurses with ministers. She noted similarities in pay, working conditions and "spiritual blessings and satisfaction." After listing the few improvements in working conditions, improvements which she labeled "endless benefits," the writer asked if nurses merited higher salaries.[37] Her letter brought swift and blunt replies. Nurses defended their professional right to strive for better pay.[38] They

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[33]Letters - Pro and Con, no signature, American Journal of Nursing 53 (February 1953): 134.

[34]Marian D. Austin, Letters - Pro and Con, American Journal of Nursing 53 (December 1953): 1414.

[35]Ruth Kaye, Letters - Pro and Con, American Journal of Nursing 58 (May 1958): 616.

[36]Alyce K. Spotts, Letters - Pro and Con, American Journal of Nursing 56 (September 1956): 1080.

[37]Mary O. Varner, Letters - Pro and Con, American Journal of Nursing 54 (July 1954): 793-94.

[38]Morris A. Wolf, Letters - Pro and Con, American Journal of Nursing 54 (November 1954): 1304.

pointed to the central role of poor pay in the nursing shortage.[39] They remarked, once again, that "spiritual blessings" were not legal tender.[40] One response brought up the bug-a-boo of physician-nurse pay disparity:

> Miss Varner compares the lot of ministers and nurses. Why not include doctors in that comparison? They too must be on call to minister to the needs of people at all hours of the day and night. They work Sundays and holidays and go out in all kinds of weather. But unlike nurses and ministers who receive so much in the way of spiritual gain and so little in the way of financial gain, doctors seem to manage to achieve both.[41]

Another letter which aroused a vociferous response came in 1957. A Marine Corps captain wrote to AJN about his wife, a nurse who enjoyed nursing. The captain was obviously angry about the low pay that his wife received for a very responsible job and urged nurses to organize to change things. Saying that what he found objectionable was "the fact that she is paid on a scale...somewhat between that of truck drivers, hodcarriers, barbers, and...most clerical help," the captain went on to point out the disparity between wealthy doctors and the pittance they paid the nurses in their employ.[42] Following the

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[39]Dorothy E. Smith, Letters - Pro and Con, American Journal of Nursing 54 (November 1954): 1304.

[40]Carol Greiner, Letters - Pro and Con, American Journal of Nursing 54 (November 1954): 1304.

[41]Ila Mae Banbury, Letters - Pro and Con, American Journal of Nursing 54 (November 1954): 1304.

[42]John M. Baker, "I Don't Want My Wife to Nurse," American Journal of Nursing 57 (November 1957): 1466-67.

captain's letter was a rather vague response from the ANA about its economic security program. The readers who replied to that letter clearly illustrated the depth of feeling aroused when self-interest was touched upon. One scored the ANA's reply. Why, he asked, was an organization which could be "eloquent on criteria, curricula and evaluation....so reticent when discussing cash?"[43] Others pointed to the low priority the ANA platform assigned to wage scales.[44] Another nurse noted that she earned only eighteen cents an hour more than her cleaning lady, who also received lunch and carfare.[45] Not all nurses agreed with Captain Baker, but those respondents who extolled the service ideal over self-interest were the minority. And they did not deny the correctness of his statements about nurses' pay.[46]

Most of these letters to the editor of AJN appeared in the 1950s. (Two appeared in 1946.) By contrast, letters to the editor of RN concerning self-interest appeared as early as 1942 and were concen-

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[43]Glen A. Colligan, Letters - Pro and Con, American Journal of Nursing 58 (January 1958): 6.

[44]Geraldine L. Stewart, Letters - Pro and Con, American Journal of Nursing 58 (January 1958): 4; Mary C. Goodrich, Letters - Pro and Con, American Journal of Nursing 58 (January 1958): 4-6.

[45]Muriel Engelman, Letters - Pro and Con, American Journal of Nursing 58 (January 1958): 6.

[46]Cecelia Hargrove, Letters - Pro and Con, American Journal of Nursing 58 (January 1958): 156; Lois F. Smith, Letters - Pro and Con, American Journal of Nursing 58 (January 1958): 6.

trated in the 1940s. Again, poor pay was the major complaint.[47] But one nurse ranked recognition above pay saying that if nurses were "treated as individual persons instead of as stupid underdogs..., the remaining annoyances might be overlooked."[48] Another took hospitals to task for not practicing health promoting approaches. She concluded that it would be difficult to "find a factory in which there is so little regard for the worker as is common practice in the average hospital."[49] One particularly bitter letter appeared in 1945, at a time when recruitment drives were still in high gear. The writer advised girls to know all the facts before choosing nursing and was, in fact, very discouraging. After listing all the problems inherent in a nursing career, the writer advised candidates to be assertive and demand fair treatment. She then noted such an attitude would almost guarantee dismissal from the average nursing school. The letter ended with the stinging comment that the "young nurse's greatest enemies [were] the hide-bound members of her own profession."[50]

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[47]Debits and Credits - Letters to the Editor, no signature, RN 6 (December 1942): 2; Debits and Credits - Letters to the Editor, no signature, RN 6 (May 1943): 6; Mary Briner, Debits and Credits - Letters to the Editor, RN 6 (August 1943): 10; Sarah K. Early, Debits and Credits - Letters to the Editor, RN 8 (January 1945): 10; M. L. Paulding, Debits and Credits - Letters to the Editor, RN 9 (January 1946): 18; Doris Schwanke, RN Letters, RN 21 (August 1958): 11.

[48]Jean Donaldson, Debits and Credits - Letters to the Editor, RN 9 (May 1946): 10.

[49]Helen T. Scott, Debits and Credits - Letters to the Editor, RN 7 (September 1944): 10.

[50]Debits and Credits - Letters to the Editor, no signature, RN 9 (December 1945): 10, 12.

The editorials in RN dealt mainly with the politics of achieving desired goals rather than whether self-interest was a respectable ideal. In 1943, the editors of RN stated their position on self-interest by emphatically declaring, "there is nothing unprofessional in putting first things first - and the women who nurse come first in nursing."[51] Two articles did offer an interesting indication of the thinking about nurses. In one, a summary of nurses' opinions about doctors, nurses warned doctors to be careful about criticizing nurses for wanting more pay. They pointed out that doctors were very well paid for their work, but many were not above complaining about clinic responsibilities which took time away from their lucrative practices.[52] In another article, a clergyman and philosopher replied to charges that nurses no longer cared about patient welfare. He counseled those who sought to enhance ideals to work equally hard for better pay and working conditions. "Economic security and...high idealism [were] not incompatible terms" but were interacting elements which required simultaneous pursuit.[53]

For military nurses, self-interest at first took the form of the very specific desire for commissioned rank. At the beginning of World War II, nurses were given relative rank, a relatively meaningless

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[51]Editorial, RN 6 (April 1943): 17.

[52]"What Nurses Think of Doctors - A Summary of Reader Opinion," RN 9 (March 1946): 58-60.

[53]Joseph B. McAllister, "Security for Nurses," RN 10 (September 1947): 76.

status in terms of pay and other benefits. The ANA strongly supported the goal of commissioned rank and lobbied for appropriate bills in Congress. The rationale given for support was that nurses not only deserved this reward for service but that justice demanded it.[54] Army nurses won temporary commissioned rank from Congress in 1944 and permanent rank in 1947.[55] With that battle won, and the war over, self-interest took other directions. After World War II, many Army nurses elected to either stay in the Army or leave nursing entirely. Their reasons were familiar - low salary, poor working conditions, and lack of respect in the civilian sector.[56] An editorial in RN in 1946 put the problem bluntly and just as bluntly placed the burden on the ANA's shoulders. Military nurses had learned their own worth during the war and they would not meekly accept a civilian system which did not respect that worth. The ANA was spending too much energy on public opinion polls and too little on action to correct the economic problems of nurses.[57]

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[54]Editorial, "Justice for Army and Navy Nurses," American Journal of Nursing 43 (August 1943): 703; "Events and Portents in '43," American Journal of Nursing 44 (January 1944): 2; Editorial, "Rank for Nurses - And the ANA," American Journal of Nursing 44 (April 1944): 319; Editorial, RN 7 (January 1944): 33.

[55]Josephine A. Dolan, M. Louise Fitzpatrick, and Eleanor K. Herrmann, Nursing in Society (Philadelphia: W. B. Saunders Company, 1983), p. 312.

[56]Florence Branigan, Letters - Pro and Con, American Journal of Nursing 46 (January 1946): 56; Doris Schwartz, "An Open Letter from Members of the Army Nurse Corps," American Journal of Nursing 46 (May 1946): 287.

[57]Editorial, RN 9 (January 1946): 31.

Having established self-interest as a viable idea, nurses, whether military or civilian, then had to come to grips with actions to embody that value - what was the proper way in which to achieve self-interest goals. One group felt that these were best achieved by nurses themselves, individually or in small local groups. As early as 1947, one hospital and school had established an internal organization to deal with personnel policies.[58] Writings in AJN stressed the shared interests of nurses and their need and capacity for unity and cooperation.[59] In 1952, the executive director of the California State Nurses Association criticized those nurses who were unwilling to get involved in fighting for their own economic security and praised those who were willing. She characterized a passive approach as "folly." It was to those who were ready to "assume active and positive direction of the affairs of nursing" that nurses would turn for leadership.[60] In the same issue of AJN, a priest and ethicist

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[58]Edna S. Newman, "A Personnel Practices Committee," American Journal of Nursing 47 (October 1947): 666.

[59]William C. Scott and Donald W. Smith, "Workman's Compensation and the Nurse," American Journal of Nursing 50 (March 1950): 136; Frances Payne Bolton, "Nursing Answers," American Journal of Nursing 42 (February 1942): 138; Earl S. Johnson, "Some Unfinished Business in Nursing," American Journal of Nursing 50 (February 1950): 73; Bertha Kosche, Letters - Pro and Con American Journal of Nursing 57 (December 1957): 1518.

[60]Shirley Titus, "Economic Facts of Life for Nurses. I, American Journal of Nursing 52 (September 1952): 1112.

urged nurses to work actively for their own economic security, calling justice to the worker a basic principle of Christianity.[61]

But there were also signs that many working nurses did not act in the cause of self-interest. Two letters to the editor of RN in 1943 bemoaned this lack of action. One called nurses "mealy-mouthed" and cried, "I don't think that our profession is respected as it should be and we are doing nothing to help."[62] The other asked why nurses spoke out only among themselves. Why were nurses "so afraid to fight for their much deserved rights?...It's high time we shook off our lethargy and showed some spunk."[63] In 1946 a letter to AJN showed some of that spunk. Responding to nurses who preached a "love it or leave it" attitude, the writer declared, "I'll not turn nursing over to a group of people who live two centuries behind the times."[64] However, evidence of such spunk was so rare that AJN's editor was moved to comment. In a 1959 editorial she wrote that she saw no real signs of action by nurses to protect nursing. She cautioned nurses about the long term danger of "such silence and lack of self-esteem."[65] To take

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[61]Joseph D. Munier, "Economic Facts of Life for Nurses. II," American Journal of Nursing 52 (September 1952): 1112-14.

[62]Lois Allsup, Debits and Credits - Letters to the Editor, RN 6 (July 1943): 6.

[63]Richarda LeFevre, Debits and Credits - Letters to the Editor, RN 7 (November 1943): 12.

[64]Letters - Pro and Con, no signature, American Journal of Nursing 46 (July 1946): 488.

[65]Editorial, "Speak UP!" American Journal of Nursing 59 (November 1959): 1559.

action, to be assertive and even aggressive, for the sake of nursing would have required nurses to move out of the cultural bonds of submissive, passive, "correct" female behavior. If more nurses had been able to do so in the forties and fifties, perhaps nursing would be in a better position today. Perhaps those nurses could have gained for nursing the recognition and power its responsibilities justified while health care was still relatively free of government bureaucracy.

Beginning in the early forties, in RN, some readers urged nurses to "speak for ourselves and go after what we need,"[66] and to "...make the ANA take an interest in us...[to] get in there pitching...."[67] But another letter pointed out the very real problems such activism could cause for the average staff nurse. ANA district meetings were open to all registered nurse members. The district meetings proceeded on the assumption that all nurses shared the same needs and interests no matter what their jobs. Management and labor, supervisors and staff nurses, sat side by side, even while issues of economic security were discussed. Such an arrangement made open discussion of problems risky business for the staff nurse, as the writer noted:

> Would a $65 a-month general duty nurse sitting a few seats away from her superintendent in a district meeting be apt to criticize her hospital? If she did, you and I know where she would be next morning![68]

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[66]Edna Davis, Debits and Credits - Letters to the Editor, RN 3 (July 1940): 2.

[67]Debits and Credits - Letters to the Editor, no signature, RN 6 (July 1943): 6.

[68]Debits and Credits - Letters to the Editor, no signature, RN 4 (July 1941): 2.

Obviously, in 1941 when nurses could be and were fired at whim, valuing one's own needs and acting for them required courage as well as assertiveness. Nevertheless, in 1946, RN advocated "the whole-hearted support of every nurse for the economic security programs beginning to emerge in almost every state."[69] Nurses would have to work out their own economic salvation.

On the other side of the coin were a large number of writers who advocated the achievement of goals for the average nurse by others. For the most part, these writers urged action through the ANA and other professional organizations.[70] Even before economic security became a byword in nursing, RN's editor had asked the ANA to use its fund raising and coordinating expertise to help nurses stricken with tuberculosis.[71] When hospital staff nurses were omitted from social

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[69]Editorial, RN 10 (November 1946): 33.

[70]Editorial, "All Out for Professional Nursing," American Journal of Nursing 41 (June 1941): 688; James A. Hamilton, "Trends in Hospital Nursing Service," American Journal of Nursing 42 (September 1942): 1037; Stella Goostray, "War Challenges Professional Effort," American Journal of Nursing 43 (July 1943): 664; Editorial, "Professional Associations," American Journal of Nursing 43 (October 1943): 881; Editorial, RN 7 (October 1943): 31; Barbara G. Schutt, "The ANA Economic Security Program," American Journal of Nursing 58 (April 1958): 520; Ruth Addams and Ruth B. Scott, "After Graduation, Growth," American Journal of Nursing 50 (June 1950): 328-29; Leonard A. Scheele, "Looking Ahead with the Nursing Profession," American Journal of Nursing 50 (October 1950): 631-34; Editorial, "Can We Close the Gap?" American Journal of Nursing 50 (December 1950): 750; Antoinette Drew, Debits and Credits - Letters to the Editor, RN 3 (April 1940): 4; R. Bruce MacRobertson, Debits and Credits - Letters to the Editor, RN 10 (March 1947): 7.

[71]Editorial, "The TB Threat," RN 3 (April 1940): 17.

security, the ANA was urged to fight for inclusion.[72] RN's editor concluded from the letters she received that nurses "wanted their professional associations to assume the initiative for improving salaries and hours and working conditions."[73] And indeed, the ANA did pass resolutions and work with its constituent state associations to achieve economic security goals.[74] Nurses also indicated that they wanted a truly democratic and representative organization which would "look after their interests in all fields."[75] These organizations were advised to put aside sentiment and emotion and "attack their problems with an engineering approach."[76] Some nurses complained of feeling remote and powerless within the national nursing organizations.[77] Many of those nurses voiced their complaints to RN. They

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[72]Editorial, "Federal Legislation - And the World We Live In," American Journal of Nursing 40 (February 1940): 176-78; Letters - Pro and Con, signed - Five Industrial Nurses, American Journal of Nursing 46 (January 1946): 57.

[73]Dorothy Sutherland, "Outlook on Economic Security," RN 10 (November 1946): 36.

[74]"The Biennial," American Journal of Nursing 48 (July 1948): 453; "The Biennial," American Journal of Nursing 52 (August 1952): 963-64; Editorial, "Facts About Economic Security Programs," American Journal of Nursing 53 (April 1953): 409; Editorial, "A Pattern for Others," American Journal of Nursing 60 (July 1960): 963.

[75]Jeanette V. White, "What Civilian Nurses Expect from the Profession," American Journal of Nursing 46 (February 1946): 94.

[76]Edward L. Bernays, "A Better Deal for Nurses," American Journal of Nursing 47 (November 1947): 721.

[77]Grace Wilkins, Debits and Credits - Letters to the Editor, RN 3 (January 1940): 2; Editors, "The Views of Some Institutional Staff Nurses," American Journal of Nursing 46 (May 1946): 286.

wanted the ANA to work more tangibly for the rank and file nurse. They wanted their dues to be spent to help them in concrete ways, not on opinion surveys. They scorned surveys and the like as not being "directed pointedly enough toward basic nursing problems" and deemed that the "results as related to individual members [did not] justify the cost."[78] The editor of RN agreed. In the late 1940s a series of public opinion studies were commissioned by the ANA. RN's editor questioned the advisability of spending so much money on those studies. She wanted to see results and was extremely critical when the only tangible result was a conference call to the state nurses associations.[79]

The responsibility for action was also placed on other groups at times. In 1940, a rather naive AJN editorial gave credit for the increasing acceptance of the eight hour day to grass roots nurses who, during the Depression, wanted to "share with other nurses the privilege of nursing and of earning a livelihood."[80] In 1942, although some nurses were uncomfortable about government involvement in nursing, the ANA asked President Roosevelt to more than double the government's subsidy to nursing education.[81] Four years later, Edward

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[78]Dorothy Sutherland, "R.N.'s Should Know," RN 7 (April 1944): 29.

[79]Editorial, RN 11 (November 1947): 28-29; Alice R. Clarke, "A Matter of Opinion," RN 11 (March 1948): 43-46.

[80]Editorial, "Practical Idealism," American Journal of Nursing 40 (January 1940): 56.

[81]"The Biennial," American Journal of Nursing 42 (July 1942): 757.

Bernays, a public relations expert working for the ANA, found government officials woefully uninformed about nursing. There was no question in his mind of the importance of government to nursing as he warned nurses to plug that knowledge gap.[82]

Women in the forties and fifties were expected to be passive and docile. Assertiveness was considered a masculine trait. This was also the time when the femininity of nurses was being questioned. To work actively for their own self-interest would have been an act of real assertiveness. It would have been a denial of feminine passivity and docility. It may be that the desire for others (whether the government, the AHA or the ANA) to do the work was a way of gaining self-interest goals without the risk of being labeled unladylike. Some wanted hospital administrators and the AHA to improve the nurse's lot,[83] but no nurse suggested leaving nursing's welfare in the hands of physicians. When a physician dared to suggest that the "medical men must lead the way and captain the team" his article was preceded by a strong disclaimer from the editors.[84]

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[82]Edward L. Bernays, "What Government Officials Think About Nursing," American Journal of Nursing 46 (January 1946): 25.

[83]Editorial, "Long on Funds, Short on Personnel," American Journal of Nursing 43 (July 1943): 618; Editorial, "High-grade Nurses - Low-grade Salaries," American Journal of Nursing 42 (November 1942): 1294; Edward L. Bernays, "Hospitals and the Nursing Profession," American Journal of Nursing 46 (February 1946): 110-13.

[84]T. P. Murdock, "A Physician's Viewpoint," American Journal of Nursing 49 (July 1949): 441.

In addition to the question of who should carry primary responsibility for achieving self-interest goals, nurses also expressed concern over the methodology of the battle. In both editorials and in articles, AJN supported the use of collective bargaining techniques to better the lot of nurses.[85] This support was a direct response to union attempts to organize nurses.[86] The editor advocated collective bargaining and tried to disassociate it from unionism. Those who thought collective bargaining and union were synonyms were "incorrect." Furthermore, the editor characterized collective bargaining as "necessary for security" in modern society.[87]

One of the opponents of collective bargaining by nurses was T. P. Murdock, Chairman of the AMA's Committee on Nursing. Speaking for the committee, he opined that nurses had "innocently erred" in choosing bargaining agents since such an action implied the possibility of a

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[85]Editorial, "Employment Conditions for Registered Nurses," American Journal of Nursing 46 (July 1946): 437; "The Biennial," American Journal of Nursing 46 (November 1946): 728-29; Berton J. Ballard, "The Nurses' Staunchest Friend Could Be the Public," American Journal of Nursing 46 (September 1946): 586; J. B. Gillingham, "Collective Bargaining and Professional Ethics," American Journal of Nursing 50 (April 1950): 216; Herbert R. Northrup, "Collective Bargaining and the Professions," American Journal of Nursing 48 (March 1948): 141; J. Paul St. Sure, "The Meaning of an Economic Security Program," American Journal of Nursing 48 (November 1948): 693; Anne Zimmerman, "Economic Security - Your Program," American Journal of Nursing 52 (November 1952): 1337.

[86]Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing (Boston: Little, Brown and Company, 1978), p. 497.

[87]"The ANA Economic Security Program," American Journal of Nursing 47 (February 1947): 71.

strike.[88] The editor of AJN not only printed a disclaimer before his remarks but also responded to them in an editorial. The editor took exception to the assumption that nurses would strike. Nurses would not strike because strikes were "in complete contradiction to their professional traditions and obligations" and had been "voluntarily renounced" by the nurses associations.[89] As late as 1956, AJN editors were still "selling" collective bargaining to their readers. An article by an economist maintained that nurses needed collective bargaining to obtain salaries and working conditions which would attract good new people to the field. Therefore, collective action was both necessary and ethically correct. The editor chose to highlight those conclusions in the introduction to the article.[90] The ANA also worked for changes in the Taft-Hartley bill to spread the opportunity for collective bargaining to all those nurses working in non-profit hospitals.[91]

The use of collective bargaining to gain economic security goals also found support in RN. Although one reader felt that collective

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[88]Murdock, "A Physician's Viewpoint," p. 439.

[89]Editorial, "Collective Action and Professional Responsibility," American Journal of Nursing 49 (July 1949): 410.

[90]Fred Witney, "Is Nursing Meeting Its Obligations to Society?" American Journal of Nursing 56 (September 1956): 1127-31.

[91]"Working for America's Health," American Journal of Nursing 56 (June 1956): 738-53; "ANA Statement on the Taft-Hartley Act," American Journal of Nursing 53 (June 1953): 699.

bargaining was degrading,[92] another rejected that label and declared that Nightingale also had demanded "correction of poor conditions in hospitals."[93] An editorial called collective bargaining "the acceptable method" to achieve improvements in pay and employment conditions.[94] Another editorial praised state nurses associations for proving that they could "succeed in this unfamiliar field."[95] However, RN was not uncritical in its support. In 1949, an editorial suggested that the ANA and its state associations were spending too large a percentage of their time and resources on economic security programs. It called for a balance between concern for the economics of nursing and the art of nursing:

> Unless we fight the battle of good nursing care - our only reason for existence - as worthily and intently as we fight the battle for a better economic break for nurses, our gains can, in the end, only become losses.
>
> Every group has a spiritual as well as materialistic problem. The problem before nursing today is spiritual as well as materialistic. The words 'economic security' must have both meanings to nurses or we will stand in danger of 'gaining the whole world and losing our soul.'[96]

This business of actively invoking self-interest also involved the sticky question of who would be the collective bargaining agent -

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[92]Caroline E. Renneker, Debits and Credits - Letters to the Editor, RN 10 (December 1946): 7.

[93]Orval Farabaugh, Debits and Credits - Letters to the Editor, RN 10 (November 1946): 8.

[94]Editorial, RN 9 (September 1946): 29.

[95]Editorial, RN 9 (August 1946): 27.

[96]Editorial, "Can We Affort It?" RN 13 (December 1949): 25.

the professional organization or a union? AJN printed only a handful of letters on the subject of unionization of nurses and those were quite evenly divided between those who vehemently opposed unions and union tactics[97] and those who saw unions as a reasonable or even inevitable approach.[98]

RN, on the other hand, printed many letters detailing nurses thoughts about unions. Indeed, a lively debate emerged about the pros and cons of unions. This debate was concentrated in the forties, but continued through the fifties. It is interesting to note that this exchange took place in the forties when public opinion of unions was negatively influenced by the extensive strikes in the coal industry.[99] Nurses were not noted for taking stands which went contrary to the tide of public opinion. That many nurses supported unions at such a time may have indicated the depth of their frustration with their situations.

In addition to letters, RN also printed articles and newsbriefs concerning union activities and gains. Why did this open discussion appear only in RN and not in AJN? Perhaps it was because RN had no

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[97]Letters From Readers, no signature, American Journal of Nursing 40 (August 1940): 934; Letters - Pro and Con, no signature, American Journal of Nursing 46 (July 1946): 488; Bertha M. Davis, Letters - Pro and Con, American Journal of Nursing 50 (January 1950): 4.

[98]Letters - Pro and Con, no signature, American Journal of Nursing 47 (October 1947): 705; Pauline Higgins, Letters - Pro and Con, American Journal of Nursing 55 (January 1955): 4. Note: the editors replied to this letter with information about ANA's Economic Security Programs.

[99]D'Ann Campbell, Women at War with America: Private Lives in a Patriotic Era (Cambridge: Harvard University Press, 1984), p. 217.

vested interest in the outcome. While it generally supported the ANA, it never actually denounced unions. AJN constantly denounced unions, both overtly and by implication. The AJN, of course, was (and is) the official organ of the ANA. Unions were a very large and direct threat to the ANA. If enough nurses had chosen to join unions, the membership of the ANA would have been decimated, its funds diminished, its power destroyed. For the ANA, the Economic Security Program represented a fight for its own survival as well as for the interests of its members.

Unions, although usually resisting women's membership, had begun organizing nurses in the late thirties. Undoubtedly, union leaders saw nursing as a fertile field. Since union leadership was firmly in the hands of men and since nursing was a woman's occupation, unionizing nurses would pose no threat to male workers and would add to the union coffers. Since nurses were trained in obedience, they could be relied upon to follow the orders of the union heads. By 1939, nurses had joined on both coasts, several middle states, a few southern states, Hawaii, and Panama. All told, about ten thousand nurses were union members in 1939.[100] In contrast, by 1960, only about eight thousand nurses were represented in collective bargaining contracts by the ANA and the vast majority of those were from only six states.[101]

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[100]Dollie C. Carpenter, "In Union There Is What?" RN 11 (November 1947): 68.

[101]Barbara Melosh, "The Physician's Hand" (Philadelphia: Temple University Press, 1982), p. 201.

Of the letters which appeared in RN, about one-half were opposed to unions. Some rejected unionization out of hand.[102] Others argued that the professional organizations were the appropriate representative for nurses instead of unions.[103] Still others asked the ANA to do more for nurses and thus diminish the lure of unions.[104] Of the 50 percent of letters which supported unionization, some saw it as a reputable and necessary step to better conditions for nurses and thus attract new members to the fold.[105] In response to those who characterized unions as unprofessional, one nurse wrote that nurses should not worry about being lowered to the level of maids by joining a union because most "laymen place us in this category now."[106] (The editor of RN expressed disagreement with the writer's assessment of

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[102]Esther Anderson, RN Letters, RN 22 (November 1959): 11; Lucille Wilson, RN Letters, RN 22 (November 1959): 11; Ida Mae Baehr, Debits and Credits - Letters to the Editor, RN 3 (May 1940): 4.

[103]Alfred P. Galli, Debits and Credits - Letters to the Editor, RN 3 (June 1940): 2, Debits and Credits - Letters to the Editor, no signature, RN 10 (November 1946): 7; Dorothy L. Trice, Debits and Credits - Letters to the Editor, RN 10 (December 1946): 10; Debits and Credits - Letters to the Editor, no signature, RN 6 (January 1943): 2.

[104]Celestine Steger, Debits and Credits - Letters to the Editor, RN 3 (March 1940): 2; Debits and Credits - Letters to the Editor, no signature, RN 3 (July 1940): 2.

[105]R. Darling, Debits and Credits - Letters to the Editor, RN 3 (April 1940): 4; Debits and Credits - Letters to the Editor, no signature, RN 8 (January 1945): 8-10; Myrtle Hulstrom, Debits and Credits - Letters to the Editor, RN 10 (January 1947): 10-12; Angela Bradley, Debits and Credits - Letters to the Editor, RN 11 (February 1948): 10-12; Florence N. Duncan, RN Letters, RN 22 (November 1959): 11.

[106]Ethel Peterson, Debits and Credits - Letters to the Editor, RN 3 (April 1940): 6.

public opinion.) Another nurse commented that fine distinctions of professionalism were extraneous to the real issue. "Florence Nightingale's ideals...were fine," she wrote, "but unfortunately cannot be eaten."[107] Some of those who supported unions did so on the basis of the professional organization's lack of action and/or success in achieving a good standard of living for nurses.[108] One nurse admitted that the "failures" of the ANA were the responsibility of both leadership and members, then charged that unions would fight battles for individuals while the ANA would not. The editorial reply to that letter maintained support for the ANA "by an intelligently informed membership."[109] One early article on labor unions and nursing took a rather curious middle-of-the-road approach. The author saw nurses as poor union material because "the choice of nursing as a profession entails the acceptance of quite another set of values from those which unions stress...." and urged nurses to a "nonmembership collaboration" with unions.[110] There is no evidence in later

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[107]Debits and Credits - Letters to the Editor, no signature, RN 6 (October 1942): 6.

[108]Debits and Credits - Letters to the Editor, no signature, RN 11 (April 1948): 10-12; Debits and Credits - Letters to the Editor, no signature, RN 11 (November 1947): 12-14; Debits and Credits - Letters to the Editor, no signature, RN 11 (September 1948): 7-8; Debits and Credits - Letters to the Editor, no signature, RN 4 (May 1941): 2-3; Debits and Credits - Letters to the Editor, no signature, RN 3 (May 1940): 4; Debits and Credits - Letters to the Editor, no signature, RN 6 (February 1943): 2.

[109]Debits and Credits - Letters to the Editor, no signature, RN 4 (May 1941): 3.

[110]Hazel George, "Labor," RN 5 (May 1942): 56.

journals that this idea was put into practice. An example of the ambivalence nurses felt about unionization (would a real lady join a union?), occurred in 1946. All fifteen nurses at a small Seattle hospital voted for union membership and a closed shop. But several expressed dissonant feelings about their votes and two stated they would seek work elsewhere.[111]

The logical extension of collective bargaining, whether by the state nurses association or a union, is the strike threat. The ANA had a no strike policy. Unions, not hindered by such refined behavior, were able to exert greater and greater influence on hospital administrators. Both RN and AJN supported the no strike policy. But not all nurses adhered to the policy. Strikes by nurses were exceptional instances between 1940 and 1960, however, some did occur. In 1951, AJN ran a guest editorial by Elizabeth K. Porter, president of the ANA. Porter mentioned news reports of nurses' strikes, and reiterated the grounds for the no strike clause. She maintained that nurses threatened strikes only when faced with intransigent employers. But she predicted doom for the profession if the strike movement spread.[112] There obviously were nurses to whom self-interest was a cause worthy of even extreme measures - of withholding service from patients. Even the no strike clause could be subverted by the simple expedient of calling a strike by some other

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[111]"Seattle Union - Some Pros and Cons," RN 9 (May 1946): 22-24.

[112]Editorial, "A Realistic 'No-Strike' Policy," American Journal of Nursing 51 (September 1951): 539.

name. An example occurred in 1953 at a California hospital where twenty-three of the twenty-four nurses on staff resigned on the same day. RN reported that "the mass resignation" was "apparently sanctioned by the CSNA" as it was announced by an assistant director of the California State Nurses Association.[113] The ANA's no-strike clause, however, remained in effect until 1968.[114]

Nurses also were affected by strikes by other hospital workers. RN praised the efforts of nurses (during a New York City hospital workers' strike) to do their "duty to patients...without regard to which side in the dispute [they] might be aiding."[115] The ANA had a consistent policy that nurses should maintain a "scrupulously neutral position in regard to labor-management relations between their employers and non-nurse employees."[116] AJN, of course, supported this policy. By 1960, the problems of neutrality had reached such a point that the editors of AJN took note. Nonprofessional workers had won not only higher wages, but a say in defining job descriptions. The neutrality doctrine left nurses out of such discussions, even when their own functions could be affected. The editorial urged nurses to

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[113]"Strike?" RN 16 (February 1953): 75.

[114]Melosh, "The Physician's Hand", p. 201.

[115]"Hospital Strike!" RN 22 (July 1959): 76.

[116]"The Nurse in Employer-Employee Negotiations or Disputes," American Journal of Nursing 50 (April 1950): 225; "If a Hospital Strike Occurs," American Journal of Nursing 60 (March 1960): 344.

"make their voices heard" but gave no direction on how to do so effectively.[117]

Hampered by a no strike clause, by the confusion of neutrality when others struck, by having both workers and supervisors in the same bargaining group, and by the constraints of ladylike behavior, the ANA Economic Security Program made few strides by 1960. But neither did the unions experience great growth of nurse members. The Taft-Hartley Act, which exempted voluntary hospitals from collective bargaining hampered both groups. And undoubtedly, the feminine mystique of the fifties impeded the progress of assertive efforts for improving pay and working conditions. While the forties and fifties were a time of particularly intense conflict between the service ideal and self-interest motives, the struggle has not yet been resolved. Nurses strike and other nurses cross their picket lines. Nurses are still underpaid and overworked. Nurses still have incredibly little power within the health care industry. And tired nurses still work double shifts because "the patients need us."

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[117]Editorial, "Strikes and Forces," American Journal of Nursing 60 (March 1960): 330.

Chapter III

IDEALS RELATED TO THE NATION AND HUMANITY

In addition to the ongoing conflict between service and self-interest, the literature under consideration also discussed other ideals. Some themes discussed those attitudes and behaviors which nursing as a group owed to and shared with the populace of which it was a part. These were volunteerism, patriotism, and reverence for life.

Volunteerism

Volunteerism expresses the spirit of the volunteer. The word volunteer usually conjures up the image of an unpaid worker who works from personal choice, without coercion. The literature used the word in a much broader sense. In 1945, the AJN printed a Walter Lippmann speech which captured the definition implied in the literature. Lippmann defined a volunteer as any person "paid or unpaid, whether professional or lay, who acknowledges...the duty of universal service."[1] Lippmann's definition was endorsed by AJN's editor. Such a broad definition of a volunteer encompassed nurses who taught aide classes without pay, nurses who joined the military during the war, and married nurses who worked when they did not need the extra income. These were the kinds of activities which were urged upon

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[1]Walter Lippmann, "The Spirit of the Volunteer," American Journal of Nursing 45 (March 1945): 182.

nurses in the pages of the AJN. Volunteerism was touted as the motivation for undertaking such tasks. No distinctions were drawn between paid and unpaid work. All fell into the general net of volunteerism. All the calls for volunteerism which relied solely on that ideal and no other, appeared in the AJN. All such references occurred between 1940 and 1954. Thus volunteerism was an ideal closely linked to war. It appeared during wars or immediate postwar periods.

First, the AJN urged nurses to volunteer for Red Cross service and assumed that all who could would do so.[2] In the early forties, the Red Cross maintained a First Reserve of nurses ready and qualified for military service, as well as nurses who taught aide courses and helped during disasters and epidemics. Red Cross and government officials echoed the call to volunteer especially in light of nurses' professional knowledge.[3] It is curious to note that a physician could become a Red Cross First Aid Instructor just by signing up. A registered nurse, however, had to take three Red Cross courses first.[4] This was an example of the difference in status between

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[2]Editorial, "What Can We Do Now?" American Journal of Nursing 40 (July 1940): 795; Editorial, "My Part in the National Defense Program," American Journal of Nursing 40 (November 1940): 1245-46; "Uncle Sam Needs Nurses," American Journal of Nursing 41 (February 1941): 155.

[3]Marion Randall, "Your Part in Civilian Defense," American Journal of Nursing 42 (January 1942): 61; Helen Byrne Lippmann, "100,000 Volunteer Nurses Aides," American Journal of Nursing 41 (December 1941): 1393-96.

[4]Randall, "Your Part in Civilian Defense," p. 61.

nurses and physician. The Red Cross rules assumed that all doctors were already qualified in first aid, but nurses would need instruction. There was no consideration of individual differences in background. A psychiatrist who had not applied a bandaid in years was automatically assumed to be qualified in first aid simply because he was a doctor. Yet a nurse with years of emergency room experience was assumed to need first aid courses. This blatant discrimination was wasteful and illogical, but the ANA raised no public protest in the pages of the AJN.

In addition to the nurses who volunteered for all those services, the state nurses associations also provided volunteer service (in money spent and unpaid woman-hours worked) helping the government obtain current statistics on nurse availability.[5] Individual nurses also praised volunteerism. One spoke of her choice to join the Army saying, "I'm among those going, willingly, as a volunteer and a little proud to be a nurse, especially equipped to serve."[6] Volunteering was also an acceptable outlet for the married nurse. Of course, volunteer service was in addition to all the usual housework and child care.[7]

The most concentrated volunteer efforts came during World War II After Pearl Harbor, Hawaiian nursing officials reported an outpouring

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[5]"The National Survey and the States," American Journal of Nursing 41 (November 1941): 1253.

[6]Letters From Readers, no signature, American Journal of Nursing 41 (July 1941): 838.

[7]Florence Strong O'Connell, "The Married Nurse Can Help," American Journal of Nursing 41 (March 1941): 276-77.

of volunteer nurses who "gave 258 volunteer nursing days in the two weeks following the bombing."[8] In 1945, the AJN praised first the 76,000 nurses who volunteered for the military,[9] then upped that figure to 80,000 two months later.[10] "The voluntary response of over 80,000 nurses for military service illumines with a special radiance the whole wartime effort of nurses, military and civilian," declared the editorial.[11]

But fine as that response was, there were serious indications that it was not fine enough. The numbers of volunteers, large though they were, fell short of the need. As has been noted before (see Chapter I) the AJN bemoaned this shortage and consistently attributed it to lack of understanding, never lack of desire. This rationalization lasted throughout the war and appeared consistently in editorials.[12] In the pages of the AJN, the possibility of other, less unselfish motivations was never admitted. Nurses were supposed to be "pure" in their moral nature. Thus they would, of course, volunteer

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[8]Mary Williams, Helen Gage, and Mildred Byers, "Nursing in Hawaii," American Journal of Nursing 42 (April 1942): 349.

[9]Editorial, "January 6, 1945," American Journal of Nursing 45 (February 1945): 85.

[10]Editorial, "All the Way - As Volunteers?" American Journal of Nursing 45 (April 1945): 253.

[11]Editorial, "All the Way - As Volunteers?" p. 253.

[12]Editorial, "Consider These Bottlenecks," American Journal of Nursing 41 (April 1941): 438; Editorial, "January 6, 1945," p. 85.

to meet an emergency. If they did not volunteer it could only be because they did not perceive the true nature of the emergency.

The call for volunteerism in nursing during World War II was but one part of a general call for women to volunteer their time. One quarter of all the nation's women participated in some officially sanctioned volunteer activity. Activities were divided along class lines. Many had some direct relationship to the home and thus raised no questions of morality. In one instance, however, concern about the moral purity of volunteers was evident. Women who volunteered as hostesses in USO clubs were asked to submit references and comply with a dress code.[13] Unlike the nurses, whose moral stature was assumed in the AJN, USO volunteers had to supply evidence of their good character.

In addition to urging nurses to volunteer for military service, the AJN also advocated volunteerism at home and pointed with pride to those who undertook all manner of tasks to help on the home front.[14] Most nurses who eschewed paid jobs but wanted some type of work chose to teach home nursing courses or first-aid courses. Some chose to participate in bandage rolling sessions. That activity was apparently

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[13]D'Ann Campbell, Women at War with America: Private Lives in a Patriotic Era (Cambridge: Harvard University Press, 1984), pp. 65-69.

[14]Editorial, "The Army and the ANA," American Journal of Nursing 45 (May 1945): 340.

not a popular choice for nurses. Occasional letters from those who participated complained of the mechanical nature of the task, the lack of opportunity to use their knowledge, and of chafing under the supervision of "society matrons." Campbell validates those complaints, pointing out the overall illogic of untrained volunteer efforts:

> They absorbed energy that would have been more effective in the production of war materials. Volunteerism was an obsolete policy in a professionalized, industrialized warfare state....[15]

Why, then, did the government expend energy and resources to encourage volunteerism. Campbell explains the volunteer effort as a means to raise morale and to produce an atmosphere of involvement and incorporation in the war effort.[16] The United States needed to encourage this psychologic involvement because it had no direct physical involvement. No American cities were being bombed. No American civilians were dying from enemy attacks. Pearl Harbor was the closest America came to a direct attack and Pearl Harbor was only a possession far out in the Pacific. The call to volunteerism was necessary to shore up the populace, to drive home the reality of the war.

For many nurses the need for psychologic involvement was superfluous. Those military nurses who were stationed near the front experienced direct physical involvement in the war. Those stationed

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[15]Campbell, Women at War, p. 71.

[16]Campbell, Women at War, p. 71.

farther back or even in the States still gave care to soldiers and their families and thus still had a very direct involvement. Even nurses in civilian hospitals felt the effect of the war in immediate ways. They experienced the increased workload and lack of staff. They were constantly reminded that their extra efforts or return to the work force allowed another nurse to join the military. They were reminded of the vicissitudes of war with every bell they answered, every mile they walked, every hour of unpaid overtime. Nurses who taught home nursing courses were more in need of psychologic boosting and they found it in reminders that teaching women to nurse their families at home meant fewer hospital patients, which meant fewer hospital nurses needed, which meant more nurses could be released for military service. For nurses rolling bandages, the mental gymnastics required were even more olympic. In light of the emphasis on volunteerism and the continuing chorus about the critical need for nurses, it was no wonder that they experienced frustration and dissatisfaction.

With the war won in Europe, the AJN published a summary of nursing's volunteer military service:

> Between Pearl Harbor and April 30, 1945, the American Red Cross certified the magnificent total of approximately 100,000 nurses to the armed forces. As five percent of the applicants fail to meet the professional and personal requirements for military service, approximately 105,000 nurses plus a few thousand who applied directly to the Navy Nurse Corps, had volunteered for service with the armed forces. In other words, well over one-third of the active

> registered nurses of this country had volunteered to serve their country before V-E Day.[17]

In a guest editorial in 1950, Mary Roberts declared, "No other profession has achieved so fine a record of volunteer war service."[18] These figures, of course, did not include all those who volunteered their time to teach Red Cross classes and roll bandages. Nor did they include those who volunteered in the sense of taking a civilian nursing job when they did not need to work.

The fact that calls to volunteerism appeared only in the AJN can perhaps be explained by the relationship of the ANA and the government during World War II. Governmental responsibility for nursing was placed in the hands of the Subcommittee on Nursing of the Health and Medical Committee, Office of Defense Health and Welfare Services. The Subcommittee was responsible for the "education, procurement, and distribution of nurses in both military and civilian services for defense."[19] The various national nursing organizations had also joined to form the Nursing Council on National Defense which worked for the same goals through the state and local branches of the organizations. On paper these two groups had only a cooperative relationship. However, the executive committees of both groups were

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[17]Editorial, "Nursing - On V-E Day and Beyond," American Journal of Nursing 45 (June 1945): 423.

[18]Editorial, "The Journal's Golden Anniversary," American Journal of Nursing 50 (January 1950): 1.

[19]"Organization of Nursing in Defense," American Journal of Nursing 41 (December 1941): 1415.

composed of leaders from the national nursing organizations. Two women, Julia Stimson (the ANA president and formerly Superintendent of the Army Nurse Corps) and Sr. M. Olivia served simultaneously on both executive committees. Representatives of the various governmental nursing corps (i.e. Army, Navy, Public Health Service) were ex-officio members of the Nursing Council. The ex-officio members also included representatives from the AJN.[20] Thus the civilian and the governmental groups were essentially the same group. Their shared purpose was to deliver the requisite number of nurses to meet the nation's needs. The ability to do so would be a measure of the power and influence of the committees and of their constituent organizations. Therefore, the ANA had a direct vested interest in recruiting nurses for the national need. One method of doing so was be to extoll the virtues of volunteerism in the pages of its official organ, the AJN.

The same appeal also appeared in peacetime as the AJN took note of and praised nurses who volunteered. In peace, nurses gave their skills during natural disasters. During the polio epidemic of 1946, over two thousand nurses volunteered to go to the epidemic areas or to work in their own communities and thus release others to the hard-hit areas.[21] In 1954, AJN applauded the record of nursing's Red Cross service, listing impressive statistics in terms of numbers of days of

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[20]"Organization of Nursing in Defense," p. 1414.

[21]Virginia Stone, "Nurses Respond to the Polio Emergency," American Journal of Nursing 47 (February 1947): 110-11.

nursing care given. Such statistics tell the reader nothing about the actual number of nurses involved. Numbers of nurses were mentioned only in relation to the blood program. That statistic was five thousand nurses - a very small fraction of the whole.[22] In any case, discussions of volunteerism were limited in times of peace. They consisted mostly of summaries of volunteer efforts on behalf of the Red Cross and the March of Dimes. Calls for volunteer efforts were subsumed under praise for those who had volunteered.

After 1954, appeals to volunteerism could no longer be found. Perhaps the ANA no longer had anything to gain by demonstrating the ability to procure nurses. Or perhaps the greater number of women in the work force left fewer nurses to volunteer. At the same time, greater rationalization and bureaucratization of the work place made it harder for a nurse to pick up and leave at odd intervals to attend to disaster victims. Short term leaves of indeterminate length for personal reasons were harder to come by as employers became more concerned with contracts and equal treatment of all employees. A nurse who took off to a disaster site could not be so sure that her job and/or seniority would be waiting for her when she returned. This was also the time period when societal pressures on women were pushing them back into the home. A very conservative definition of woman's proper place was extant. (See Chapter I). This picture of woman as

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[22]Editorial, "Ready to Serve," American Journal of Nursing 54 (March 1954): 291.

passive and dependent contradicted the image of the heroine who saved lives during disasters. Perhaps the contradiction was too strong for even volunteerism to overcome. Whatever the reasons, volunteerism as an independent ideal died a quiet and unlamented death in the mid-fifties.

Patriotism

Patriotism is a feeling of loyalty to one's country. In the literature, patriotism was depicted as a proud emotion which manifested itself as a duty to serve one's country in its hour of need. All references to patriotism occurred during the early 1940s. The overwhelming majority were found in the AJN; only two were found in RN.

Patriotism was advanced as a motivation for service. AJN admonished nurses that they belonged to a "privileged profession" and that obligations accompanied those privileges. Patriotic service was one of those obligations.[23] Walter Lippmann, speaking to a joint session of the biennial conventions of the ANA, NLNE, and NOPHN in 1942, also encouraged patriotism among nurses. Telling nurses to disregard personal comfort and status in favor of patriotic service, he called on nurses to "see [themselves] greatly."[24] A physician,

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[23]Editorial, "To the Colors - Or?" American Journal of Nursing 40 (October 1940): 1134.

[24]Walter Lippmann, "The American Cause," American Journal of Nursing 42 (July 1942): 728.

writing in RN in 1941, invoked past struggles to encourage patriotic service. Reminding readers of the sacrifices of previous generations to gain freedom, he insisted that nurses should sacrifice to maintain freedom.[25]

Patriotism was extolled on several fronts in the pages of AJN. An editorial claimed patriotism as a recruitment factor saying, "nursing is tops as a patriotic service by women; it ranks second only to that of the men in our armed forces."[26] A director of nursing discussed the choices facing the new graduate. She concluded that, for the properly trained student, "service to her country,...will become...the only course she can follow."[27] Another nurse called patriotism without service "malignant."[28] Yet another expressed great pride at being especially equipped to help servicemen during the war.[29] Occasionally an article became slightly strident,[30] but most articles were restrained in their approach. Private duty nurses were pressed to do staff nursing with the assurance that "no patriotic

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[25]Victor G. Heiser, "I Believe in America," RN 5 (December 1941): 11.

[26]Editorial, "Competition in Recruitment," American Journal of Nursing 42 (April 1942): 403.

[27]Margaret Tracy, "No Corner on Patriotism," American Journal of Nursing 43 (April 1943): 370.

[28]Letters from Readers, no signature, American Journal of Nursing 44 (May 1944): 491.

[29]Letters From Readers, no signature, American Journal of Nursing 42 (April 1942): 426.

[30]Ruth Evelyn Parks, "A Private Duty Nurse Visits Fort Meade," American Journal of Nursing 41 (January 1941): 51.

person is going to be selfish enough to want a private duty nurse just for himself."[31] While it is true that private duty nursing declined during the war, there is no evidence that patriotism had anything to do with it. The decline of private duty nursing was already well under way when the war broke out. It was due to a number of factors, among them changes in the economy which left fewer persons able to afford private duty nurses, growing use of hospitals, and improvements in sanitation and treatment which lessened the number of infectious disease cases. The war may have hurried the inevitable by rapidly increasing the technology of care and proving the effectiveness of the rationalization of work. But it is unlikely that many patients decided to go to a hospital rather than hire a private nurse because it was the "patriotic" thing to do.

Nurses were not only asked to consider abstract calls for patriotism. They were also asked to consider specific acts as patriotic. One such specific involved the national census of nurses undertaken by the government at the beginning of World War II. Both RN and AJN pressed nurses to reply, completely and promptly. Both characterized such replies as acts of patriotism.[32] While RN was content with one such appeal to its readers, AJN repeatedly reminded

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[31]Eva H. Erickson, "The Public and Streamlined Nursing," American Journal of Nursing 42 (May 1942): 506.

[32]Editorial, "The Nursing Inventory," RN 4 (February 1941): 22-23; Editorial, "The National Survey - A Substantial Task," American Journal of Nursing 41 (February 1941): 197.

nurses of their "duty." In its reports of survey results and in fillers, it continually equated response with patriotism. In fact, nurses were asked to respond to every official communication as an act of patriotism.[33] RN did ask nurses to cooperate with official agencies, but the real pressure to do so came from AJN.

Certainly part of the prssure in AJN could be attributed to feelings of patriotism among the people involved. It was a time of war and there was a nationwide accent on patriotism. But the difference in emphasis on patriotism between RN and AJN requires some further explanation. Without such explanation it would be necessary to label the staff of RN as unpatriotic, since they placed so little stress on that motive. It is unlikely that RN's staff was a hotbed of unpatriotic feelings. It is more likely that AJN's staff had other motivations in addition to patriotism, motivations which RN's staff did not share. One such motivation was probably the involvement of the ANA's self-interest. As previously discussed, the ANA had intimate ties with the government agencies charged with nurse recruitment. The ANA represented itself as the national organization for all registered nurses. The more it could deliver the cooperation of nurses, the more it could claim prestige and power. Not surprisingly, the media of the time put heavy stress on patriotism. By linking its own requests to that word and all the emotion it carried with it, the ANA was likely trying to ensure its own success as a

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[33]Gertrude S. Banfield, "American Nurses - We Are At War!" American Journal of Nursing 42 (April 1942): 358.

procurer of nurses and their cooperation. Hence, the repeated calls to patriotism in the AJN.

In an interesting sidelight with regard to the national survey the AJN reassured nurses that they need not fear to be honest. The purpose of the survey was not to catch any nurses who might be practicing illegally. The editorial went on to assert that any such illegal practice would surely be the result of ignorance of the state's practice act and not of any will to defraud.[34] Once again, the AJN showed its unwillingness to impute "impure" incentives to the nation's nurses. Ignorance was more acceptable than any indecorous motive.

Married nurses were urged to return to work as a patriotic gesture and the AJN asserted that they were doing so.[35] That married nurses did re-enter the work force is not in dispute. When child care and pay scales were adequate, married nurses often did return to work. That they did so solely as a patriotic gesture is doubtful. This is not to say that those married nurses did not experience feelings of patriotism. Although data on the actual motives of working married nurses is missing, it would be safe to assume that they were not radically different from other working women of the

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[34]Editorial, "The National Survey," p. 198.

[35]"Marriage - Patriotism - Nursing," American Journal of Nursing 42 (September 1942): 1048-49; Mabel E. Snead, "The Older Nurse in Industry," American Journal of Nursing 43 (December 1943): 1070; Matilda Davis, "Fiftyish and Refreshed," American Journal of Nursing 43 (May 1943): 435; "Our Not-So-Young Married Nurses," American Journal of Nursing 42 (October 1942): 1120-22.

time. In regard to working women generally during World War II, Hartmann reviewed such surveys as were available and reached the inexorable conclusion that most women worked for one very simple reason - they needed the money.[36] Furthermore, in addition to the previously cited problems facing married nurses, the war lent a touch of fear. This fear surfaced only once in print, in an anonymous letter in AJN. The writer stated that some married nurses were refusing to return to work "because they fear it will place their husbands on an A-1 rating in selective service."[37] Even though this idea appeared only once, it may be very significant in light of Campbell's findings. Campbell found women in World War II responded well to the call for patriotism when it meant planting victory gardens, queuing up at the market, or other such activities. However, when patriotism carried a threat to the lives of their male loved ones, their response was much less favorable and reliable.[38] Thus, that one letter may be an indication of a much more widespread sentiment than would appear at first glance.

During World War II, AJN alternately published praises of nurses for their patriotism and laments of their inadequate response to the

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[36]Susan M. Hartmann, The Home Front and Beyond: American Women in the 1940s (Boston: Twayne Publishers, 1982), p. 79.

[37]Letters From Readers, no signature, American Journal of Nursing 42 (July 1942): 815.

[38]Campbell, Women at War, pp. 4-5.

call of patriotic service.[39] When the war wound down, however, only praise remained. Adding to the AJN's own praise of nursing's patriotism was the praise of public leaders. Acting Secretary of War Robert P. Patterson wrote to Senator Elbert D. Thomas, Chairman of the Senate Committee on Military Affairs (May 24, 1945), "the response of the nurses to the appeal of the Army Nurse Corps has been most patriotic."[40] The ANA must have been even more pleased by a letter to ANA president Katherine J. Densford from Surgeon General Norman T. Kirk (May 30, 1945). Kirk wrote, "the increase in the strength of the Army Nurse Corps...is due in no small measure to the patriotic and effective efforts of your Association...."[41] In that sentence was the acknowledgment that the ANA had been striving for. It was recognized as an organization which had power, which could deliver the goods on demand.

During World War II, service, volunteerism, and patriotism were all closely linked together. In the AJN, all three motives were invoked in order to get nurses to follow the wishes of the government and the ANA. Patriotism, of course, was a major theme in all the media at that time. It was also the one which probably had the least

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[39]Gertrude Banfield, "This War - The Business of Every One of Us," American Journal of Nursing 42 (October 1942): 1126-27; Editorial, "A Faster Tempo," American Journal of Nursing 42 (September 1942): 1051-52; Editorial, "We See the Face of Danger," American Journal of Nursing 42 (January 1942): 62-63.

[40]Editorial, "Two Letters," American Journal of Nursing 45 (July 1945): 505.

[41]Editorial, "Two Letters," p. 505.

relevence for women. As has been stated, patriotism was not the major factor in the decisions of married women to return to work. In general, women looked at the war in much more practical and personal terms than men. They were much less moved by abstract ideologies and public goals about which they had not been consulted. The more dependent a woman was on a man for her economic well-being, the more dovish she was likely to be. Yet, married women experienced the war as having more immediacy than single women.[42] It would seem that women's involvement in and conceptions about the war were closely intertwined with their relationships with men. A survey conducted two months after Pearl Harbor asked if people favored complete war against Japan even if that would mean danger to American cities. Fifty-seven percent of men answered "yes", but only 36 percent of women favored such war.[43] Women contributed greatly to the war effort, but they maintained a much more skeptical attitude than men. They saw war as "threatening to their values - the values of peace and of undisturbed private lives."[44] They worked and saved and grew vegetables for practical reasons - because they needed the money or because they wanted to help put their families and their lives back together again as quickly as possible.

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[42]Campbell, Women at War, p. 7.

[43]Campbell, Women at War, p. 6.

[44]Campbell, Women at War, p. 4.

Reverence for Life

The idea that life has value in and of itself was another theme which ran through the literature. Valuing human life has always been a basic ideal of professional nursing. Whether expressly stated or implied, it has been stressed in every training and educational program, and inculcated in every student. While specific references to reverence for life were not numerous, they were eloquent. Most references occurred in AJN. In RN, Janet Geister's writings always implied the value of human life and addressed it specifically on two occasions.

In 1940, Alan Gregg named reverence for life as the base of nursing. Gregg, a physician and officer of the Rockefeller Foundation said, "the soundest motive for the nurse is the steady desire to be useful in sustaining life and hope."[45] In the same year, Ernest Johnson, professor of education at Teachers College, tied the importance of life with religious faith. He asserted that faith was a necessary underpinning to a true reverence for life which, in turn, was the basis of professional ethics.[46] After 1940, reverence for life was not mentioned again until 1950. Perhaps this gap was due to the country's involvement in World War II and its aftermath. It would have been difficult to maintain the overriding importance of human

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[45]Alan Gregg, "An Independent Estimate of Nursing in Our Times," American Journal of Nursing 40 (July 1940): 742.

[46]F. Ernest Johnson, "Character Education," American Journal of Nursing 40 (July 1940): 766.

life while, at the same time, recruiting nurses for the war effort. War is, after all, the ultimate denial of life.

By 1950, World War II had receded from nursing's consciousness. The Korean "conflict" was a small and very distant war which did not directly involve most of the populace. As such, it was almost ignored by the journals. Apparently, the time was ripe for a new discussion of reverence for life. RN printed an article which attacked any suggestion of euthanasia as immoral. Life, not the quality thereof, was the overriding good. The article raised the spectre of concentration camp practices to discourage any impulse toward euthanasia, whether passive or active.[47] In the same year, Janet Geister called reverence for life "the mission of nursing."[48] Isabel Stewart also addressed the topic. Stewart had been Director of the Department of Nursing Education at Teachers College from 1925 to 1947. During her career, she served in many offices of various nursing organizations including the NLNE, the Association of Collegiate Schools of Nursing (ACSN), and the ICN. During World War II, she served on the National Nursing Council for War Service and the board of the Cadet Nurse Corps. She was the author of works on nursing curricula and history, and editor of the AJN's Department of Nursing Education.[49] Stewart

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[47]Timothy O'Connell, "Euthanasia and the Moral Viewpoint," RN 13 (March 1950): 30.

[48]Janet M. Geister, "Character, Self-Reliance - and Security," RN 13 (September 1950): 39.

[49]M. Louise Fitzpatrick, Prologue to Professionalism (Bowie, Maryland: Robert J. Brady Company, 1983), pp. 198-201.

was very influential in nursing especially in the area of nursing education. She too considered reverence for life the basis of nursing and tied it to a "religious spirit."[50]

Geister was concerned with what she saw as a dangerous growth of materialism in society. She felt that any degree of economic security which was gained at the cost of a diminished concern for life would be illusory and empty.[51] In an impassioned plea against materialism, she cited reverence for life as the "birthright" of nursing and its "most sacred tradition."[52]

Why did the early fifties bring a spate of reminders about this traditional ideal? Perhaps a clue can be found in the struggle over the proper role of women in society. World War II had moved women into non-traditional roles and produced great changes in the work force. Before the war, most female workers were young and single. By the end of the war, and thereafter, 50 percent of working females were over thirty-five years old. The average female worker was older and married.[53] By 1950, the number of working women was greater than at anytime during the war and one-third of all workers were female.[54] This state of affairs did not jibe with societal expectations. True,

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[50]Isabel M. Stewart, "A Half Century of Nursing Education," American Journal of Nursing 50 (October 1950): 620-21.

[51]Geister, "Character, Self-Reliance - And Security," p. 39.

[52]Janet M. Geister, "Reverence for Life," RN 15 (May 1952): 37, 58.

[53]Hartmann, The Home Front and Beyond, p. 78.

[54]Hartmann, p. 24.

women had been urged to enter the job market in World War II, but the underlying assumptions had been that those jobs would be temporary; that women would take non-traditional roles for the traditional reason of ensuring the well-being of their families.[55] When women did not automatically return to home and hearth with the advent of peace, they were subject to great pressure to be true to their sex and sex-role stereotypes.[56] They were told, forcefully and often, to return to their homes, to resume their maternal duties. Those who continued to work were blamed for everything from the divorce rate to juvenile delinquency.[57] Nursing had always been identified as a woman's function. Woman had always been identified as a life giver, via the birth process, and a life nurturer, via motherhood. Nursing was the transposition of the basic female role of life-nurturer from the woman's own children to other human beings. The traditional views of women and of nursing were inextricably linked. Thus what threatened the societal norms for women also threatened nursing. Add to that the growth of technology after the war which made nursing more skilled and more technical and less nurturing and less "womanly." Nurses, among other women, were breaking societal norms by remaining in the work force. Worse yet, they were not merely soothing fevered brows and keeping patients clean and nourished as befit women; they were

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[55]Hartmann, p. 23.

[56]Susan Estabrook Kennedy, If All We Did Was To Weep at Home: A History of White Working-Class Women in America (Bloomington: Indiana University Press, 1979), p. 222.

[57]Hartmann, The Home Front and Beyond, pp. 25, 212-13.

managing wards and using machines to assess patients, actions which better fit the concepts of masculine work. It may be that the emphasis on reverence for life was an attempt to turn nurses back to the traditional feminine roots and away from the technological future. Perhaps the motivation was simple nostalgia for the known versus fear of the future. Perhaps it was an effort to deflect from nurses some of the criticism and pressure being brought to bear on working women in general. In any case, nurses in the 1950s were reminded of their basic ideal of respecting and nourishing human life.

There were no articles, editorials, or letters in either journal which argued against a reverence for life. On the contrary. Controversy erupted only when articles appeared which were interpreted by some readers as contrary to the ideal. Two such instances occurred in the 1950s, both in AJN. A 1951 article about human sterilization covered not only the medical facts but legal concepts and the views of various religious groups.[58] By today's standards, the article was innocuous. In most groups today, the only ethical problem about the article would be the casual manner in which it mentioned forced sterilization of the deaf, epileptic, insane, and feebleminded. However, in 1951 it evoked quite an uproar. Several letters attacked the article as shocking and immoral and castigated AJN for printing

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[58]Clarence J. Gamble, "Human Sterilization," American Journal of Nursing 51 (October 1951): 625-26.

it.[59] The writers saw the article as an attack on the sanctity of life. All but one of those letter writers were identified with Catholic organizations. A few letters praised the Journal for its courage in printing the article which they characterized as important and informative.[60]

A very similar subject provoked a similar response in 1955 when the AJN published an article about the duties of a nurse in a gynecologist's office. Within the rather lengthy article were two paragraphs dealing with what to teach a patient who was fitted for a diaphragm. Thirty years later, the article seems routine but prim. Again, some nurses saw in those paragraphs an attack on life. Letters referred to the use of contraceptives as immoral.[61] One writer asserted that nurses were "trained to preserve human life, not to

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[59]Mary Ernst, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4; Sr. Zita Marie, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4; Sr. M. Leona, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4; Mary Walsh, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4; Lucy Steger, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4.

[60]Mary Hane, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4; Grace Shirk, Letters - Pro and Con, American Journal of Nursing 51 (December 1951): 4; Letters - Pro and Con, no signature, American Journal of Nursing 51 (December 1951): 4.

[61]Zelda Howe, Letters - Pro and Con, American Journal of Nursing 55 (April 1955): 388; Rudolph Zalesak, Letters - Pro and Con, American Journal of Nursing 55 (April 1955): 388; Veronica Gardner, Letters - Pro and Con, American Journal of Nursing 55 (April 1955): 388.

prevent or destroy it."[62] The outcry was so vehement that the editors printed a reply reminding readers that not all patients shared the same religious beliefs about contraception.[63] In that case, letters on the other side of the issue did not directly praise the article. Rather they focused on condemning the religious intolerance of the critical writers.[64]

In publishing those two articles, AJN took the risk of offending some readers' religious beliefs. RN never published such risky material. This may have been due to the differences in publishing support. RN was published by an independent business firm. It depended heavily on advertising for its revenues. To publish material which offended significant groups of readers might have resulted not only in subscription losses, but in advertising losses as well, since advertisers do not wish to be associated with unpopular material. AJN also carried advertising, but it had a cushion of support from the parent organization, the ANA. Thus, it could better afford an occasional foray into the realms of controversy. Two articles in twenty years could hardly be considered exemplary publishing courage, but it was a start.

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[62]Sr. Mary Antoninus, Letters - Pro and Con, American Journal of Nursing 55 (April 1955): 388.

[63]Editor, "Reply to Letters - Pro and Con, American Journal of Nursing 55 (April 1955): 388.

[64]Eugene Emerson, Letters - Pro and Con, American Journal of Nursing 55 (June 1955): 644; Lila E. Larson, Letters - Pro and Con, American Journal of Nursing 55 (June 1955): 644; Gleness S. Schonholz, Letters - Pro and Con, American Journal of Nursing 55 (June 1955): 644.

The march of science and technology did bring to the fore one circumstance where reverence for life would have to take a back seat to more practical and prosaic demands. That circumstance was nuclear war. In the early 1950s, with Hiroshima still ringing in their ears, many people considered nuclear war a likely event and one which should be anticipated with proper planning. A 1951 AJN editorial warned readers that such a war would necessitate a reversal of long preached values. In a nuclear war, nurses were advised, they should do everything possible to save their own lives, even if that meant allowing others to die. The editorial attempted to soften that rejection of the nurse's responsibility to save lives by pointing out that their knowledge and skills would be crucial in the aftermath of such a the war. There would then be ample opportunities for sacrifice.[65] Nevertheless, the message was clear. In a nuclear war, nurses were to revere their own lives above all others. It was to be every woman for herself. That one, drastic instance was the only exception to the reverence for life ideal which appeared in either journal during the time period under discussion.

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[65]Editorial, "Our Job in Civil Defense," American Journal of Nursing 51 (July 1951): 423.

Chapter IV

IDEALS RELATED TO GROUP BEHAVIOR

Two ideals found in the AJN and RN dealt with the functioning of nurses as a group. These fell into two categories: the organization of nursing itself and the way in which nursing related to minority groups. In this study, those ideals are labeled democracy and tolerance, respectively.

Democracy

Democracy means the participation of the members of a group in the leadership of the group. The literature was replete with references applauding democracy and urging its institution in all phases of nursing - in professional organizations, hospitals, and schools. Nurses wanted to have a real voice in their professional organizations. They wanted to participate in determining priorities and budgets and not just rubber-stamp decisions made at the board level. Nurses wanted to be treated as respected citizens in their work places and schools, not like privates in a boot camp. They wanted their voices to be heard, their opinions to carry weight. In sum, they wanted to experience in their professional lives the benefits of participatory democracy. For nursing, both democracy as an organizaional structure and democratic leadership styles presented ideals and problems.

A major focus of the rhetoric of democracy was the nursing organizations, particularly the ANA. The AJN consistently supported

the ANA, of course, and characterized it as a completely democratic organization. This stress on the democratic nature of the ANA was particularly evident during World War II. The editors lauded the large turnouts for conventions.[1] They flatly called the ANA "a democratic organization" which cherished "above all else the concept of an active and an informed membership."[2] They seemed to believe their own rhetoric. One editorial described ANA meetings and the editor's "thrill of satisfaction over the superb demonstration of democracy in action at a time when our men are fighting...to save the democratic way of life."[3] This was the most blatant linkage of nursing organizations with the war propaganda. But it was not the only one. Scattered through many articles and editorials during World War II were references to the war effort and the democratic nature of the ANA. The references were often subtle and apparently innocuous. But they left a strong if elusive impression of a deliberate attempt to weld the ANA and the war effort together in the minds of the readers. It was as if the ANA sought to cash in on the emotions raised by the war to enhance its own image. Some of this image polishing may have been an attempt to mitigate the reaction of the rank and file of nursing to the decision to accept the practical

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[1]"The Biennial," American Journal of Nursing 42 (July 1942): 758.

[2]Editorial, "Delegates," American Journal of Nursing 40 (March 1940): 292.

[3]Editorial, "January 6, 1945," American Journal of Nursing 45 (February 1945): 85.

nurse. The use of auxiliary workers at the bedside had aroused intense territorial responses from registered nurses. But, during World War II, the nursing organizations, through the National Nursing Council, bowed to pressure to accept practical nurses and thus increase the available pool of workers. This acceptance was a unilateral action by the organizational leaders. It was presented to the delegates of the ANA convention after the fact.[4] In the AJN the dictatorial nature of this action was never admitted. Rather, its writers continued to point to the ANA as a completely democratic group, intimately linked with the precious values for which the war was being fought.

The espousal of democracy carried over to the 1950s, but to a much lesser degree. Anne Zimmerman, then Associate Executive Secretary of the ANA in charge of the Economic Security Unit, wrote of the program that it operated on policies agreed to by a democratic process and that every nurse had a "democratic right" to participate in decisions about her working conditions.[5] An editorial praised a new system of electing convention delegates saying it was "designed around a principle that is clearly democratic."[6] When the National League for Nursing (NLN) was formed, Stella Goostray, past president

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[4]Barbara Melosh, "The Physician's Hand" (Philadelphia: Temple University Press, 1982), p. 181.

[5]Anne Zimmerman, "Economic Security - Your Program," American Journal of Nursing 52 (November 1952): 1337.

[6]Editorial, "A New Venture in Democratic Action," American Journal of Nursing 54 (January 1954): 33.

of the NLNE, stated her opinion that the first value of the NLN was the "democratic participation of all who have a stake in the nursing needs of the community."[7]

RN also generally supported ANA membership and urged nurses to take an active part. But its support was not quite as wide-eyed as the AJN's. While RN called the ANA a democratic organization,[8] it urged readers to get involved and reminded them, "in the last analysis, we are responsible for the type of government with which we live...."[9] Indeed, RN's support for the ANA was invariably accompanied by statements about the need for an active and informed membership. The overall impression left by RN was that it supported the ANA because the ANA was the "only game in town." It was an extant organization open to all registered nurses. RN seemed to take the view that working through an existing organization was preferable to trying to start a new group. But its constant push for more active and informed membership involvement also left the impression that it was not satisfied with the organization as it stood.

In 1945, RN asked its readers to consider the consequences of member non-involvement. At that time there were several major national nursing organizations, the ANA, the NLNE, the ACSN, and the NOPHN. RN pointed out the inbreeding which was rampant on the boards

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[7]Stella Goostray, "A Time to Every Purpose," American Journal of Nursing 52 (July 1952): 820.

[8]Editorial, "Folly to Be Wise?" RN 3 (January 1940): 19.

[9]Editorial, "Citizenship in Nursing," RN 11 (February 1948): 31.

of these organizations. Not only were the same people continually re-elected, but the same people tended to move from one board to another and back again. RN dramatically listed the years of service of this small group of women summarizing that nine women had "served an aggregate of 116 years...." Such self-perpetuation of leadership, asserted RN, led to dictatorship with the leaders becoming a "bottleneck through which the larger group cannot progress."[10] A group of private duty nurses complained to RN about the same practice. They were further concerned that many of the women in those leadership positions had not actually practiced nursing in some time. Yet their ideas took precedence over those of nurses who were engaged in patient care.[11] More than a quarter of a century later, a former ANA president validated these concerns. Elizabeth K. Porter, ANA president from 1950 to 1954, spoke of the 1950 decision to have two nursing organizations in these words:

> The great problem we had in the ANA was a lack of what we call today participatory democracy. Some of us were convinced the ANA wasn't democratic. There was little or no representation from the rank and file - usually the practicing nurse. The board was almost totally composed of administrators and educators. Most of what they wanted, they got.[12]

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[10]Editorial, "R.N.'s Are Thinking," RN 8 (September 1945): 48-49.

[11]Dorothy Sutherland, "R.N."s Should Know," RN 7 (April 1944): 29.

[12]Barbara Schutt, "A Conversation with ANA Presidents," American Journal of Nursing 71 (September 1971): 1794.

In the same conversation, a later president, Margaret B. Dolan (1962 - 1964), suggested one reason for the problem. She maintained that, in the past, nursing education had not prepared students for democratic functioning. "For generations, nurses were taught just to listen, to follow directions - educated to bow."[13]

AJN itself provided a revealing example of the dictatorial thinking which RN and some of its readers feared. First the AJN editorial about the 1944 ANA convention asserted the all important status of the delegates saying that all decisions either stem from them or go through them. Then it mentioned reports received from around the country and claimed:

> A few reveal a rebelliousness toward national leadership which is quite amazing in a nation which could not have achieved the distinction of being the greatest democracy on earth had the colonies not accepted the principle that, 'united we stand, divided we fall.'[14]

There was no further clarification of the conflict raised by those reports; not in the editorial, not in the newsbriefs, not in the articles. However, that was the year when the leadership's acceptance of the practical nurse had been presented to the convention and the profession as a fait accompli. Meanwhile, the editors seemed blissfully unaware of the schizophrenic nature of the editorial: the ANA represents democracy in action and free speech, they claimed, but shame on those who dare to disagree with the leaders.

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[13]Schutt, "A Conversation," p. 1797.

[14]Editorial, "At Buffalo in June," American Journal of Nursing 44 (May 1944): 419.

In the 1950s, while AJN put less emphasis on democracy, RN continued to point out undemocratic practices within the ANA. The criticisms leveled by RN's writers became more specific and thus more damning. A 1952 editorial blasted what it called "groupthink" in the nursing organizations. The editorial accused organization leaders of ignoring contrary opinions. As proof of her allegations, the editor invited readers to note the number of times that negative votes at conventions were simply not counted and votes were recorded as unanimous.[15] Geister also asked for more member involvement and leadership openness. She quoted a board member as telling a state secretary that the board meetings were "none of the members' business....They can leave things to us."[16] Geister denounced this attitude and reiterated the right of the members to know all the details of ANA actions and discussions.

The most specific and condemnatory remarks about the ANA appeared in 1956. Congresswoman Bolton had proposed a bill under which the federal government would have conducted a national survey of nursing problems and needs, including the difficulties the public faced in getting nursing care. The ANA had vehemently opposed this measure, perhaps because the bill did not give enough control to the ANA or perhaps because it would have looked at problems from the viewpoint of the public as well as the profession. In any case, the bill was not

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[15]Editorial, "The Emerging Philosophy," RN 16 (October 1952): 28-29.

[16]Janet M. Geister, "The Need for Statesmanship," RN 16 (November 1953): 51.

enacted. At the 1956 ANA convention, R. Louise McManus attempted to introduce a proposal similar to the Bolton Bill but with leadership placed with the ANA. She did not succeed. In a commentary, RN accused the convention Chairperson and parliamentarian of making remarks prejudicial to McManus's proposal and blocking its full consideration. When a delegate moved that McManus's remarks be published in the AJN, the parliamentarian declared the motion defeated by a show of hands. RN charged that that show of hands was too close to call without a count, which, despite a request from another delegate, was never taken.[17] Expressing bitter disapproval of the ANA, RN characterized it as:

> The authoritarian which gives lip service to the democratic process and then tries to ride roughshod over individuals who offer ideas that ANA doesn't approve of.[18]

Democracy was espoused as an ideal not only for nursing organizations, but for all of nursing.[19] Two social workers cited "the application of general democratic beliefs and practices to specific areas of society" as one reason for a decline of paternalism in the hospital setting.[20] An editorial called for changes in

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[17]"Convention Commentary," RN 20 (July 1956): 43.

[18]"Convention Commentary," p. 67.

[19]Elizabeth U. Wright, "Creative Leadership," American Journal of Nursing 53 (June 1953): 720-22; Editorial, "On Controversy," American Journal of Nursing 60 (May 1960): 647.

[20]Harold L. Sheppard and Audrey P. Sheppard, "Paternalism in Employer-Employee Relationships," American Journal of Nursing 51 (January 1951): 18.

hospital procedures and a "democratic atmosphere" in hospitals.[21] However, actual instances of democracy in day to day nursing were very few. One nurse described a staff nurse council which gave nurses at her hospital a direct voice in policies and procedures "while maintaining proper procedure and order".[22] Another instance cited a hospital which had a low turnover rate because of its democratic personnel policies.[23]

Examples of authoritarianism in nursing were much more prevalent. This was seen partly in specific complaints and partly in the number of articles which pleaded for more democratic and less authoritarian practices. For if democracy had existed to any great degree in nursing, there would have been no need to lobby for its acceptance. In 1941, Isabel Stewart, then Director of the Division of Nursing Education at Teachers College, pressed for a lively democracy within nursing. She called a lively, even heated, debate healthier for nursing than conformity without dissent.[24]

In an article applauded by the editors, nurse administrators were urged to adopt democracy even though it was sometimes not as efficient as autocracy. The article claimed that in a democratic organization

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[21]Editorial, "Questions and Answers," American Journal of Nursing 59 (March 1959): 335.

[22]Lois Abercrombie, "A General Staff Nurses Council," American Journal of Nursing 40 (September 1940): 988.

[23]Editorial, "Upward Trends," American Journal of Nursing 46 (September 1946): 579.

[24]Isabel M. Stewart, "Nursing Preparedness - Some Lessons From WW I," American Journal of Nursing 41 (July 1941): 815.

nurses could give greater service to society.[25] A reader of RN railed against the "shackles of autocracy" prevalent in nursing and proclaimed," if democracy is good enough for other Americans to live by, it should be good enough for [doctors and nurses]."[26] Two former nurse administrators asked nurses to participate fully in their agencies and organizations and thus make democracy a reality.[27]

Staff nurses had a particularly long row to hoe in order to achieve democracy in the work place. In the early 1940s, staff nurses were usually still required to live at the hospital and were subject to curfews. They needed permission for late leaves and had no choice about even so small a matter as what they ate. An anonymous staff nurse also complained that "many current practices connected with general staff nursing are undemocratic...if we make suggestions...we are 'bold'."[28] The return to work of many married nurses during World War II hastened the demise of "living in" as a requirement. But, in

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[25]Theodore Reller, "Characteristics of Democratic Administration," American Journal of Nursing 44 (November 1944): 1036-40.

[26]Mary Parker Lowry, Debits and Credits - Letters to the Editor, RN 10 (August 1947): 7.

[27]Thelma M. Mermelstein, "Economic Facts of Life for Nurses. III," American Journal of Nursing 52 (September 1952): 1114; Franceska Rich, "Authoritarianism in Nursing," RN 17 (October 1954): 74.

[28]Anonymous, "Let's Consider the Staff Nurse," American Journal of Nursing 42 (May 1942): 502.

1947, nurses were still seen as needing opportunity for expression and initiative.[29]

If staff nurses suffered from a lack of democracy in the work place, their lot was easy compared to nursing students. An early article by three students demonstrated how thoroughly they were indoctrinated. The students reviewed the demands of "professional etiquette," a stringent set of rules for behavior. They remarked especially on the "necessity of refraining from criticism of those in authority," since discipline was vital.[30]

By the late forties and early fifties voices were raised against the authoritarian atmosphere of most nursing schools. Teachers, administrators, and researchers all echoed the same sentiments. Schools of nursing would have to incorporate democratic principles if they hoped to produce nurses who were intellectually and socially suited for professional roles in American society.[31]

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[29]Jean Henderson, "Public Relations in Nursing," American Journal of Nursing 47 (August 1947): 515.

[30]Josephine Dull, Pauline Mintz, Lorraine Joyce, and Clara Jannuzzi, "Professional Etiquette," American Journal of Nursing 41 (March 1941): 339.

[31]Esther Lucille Brown, "Professional Education for the Nursing of the Future," American Journal of Nursing 47 (December 1947): 824; Mary Reiter, "Educating Adolescents to Become Nurses," American Journal of Nursing 47 (February 1947): 118; Florence L. McQuillan, "We Need Standards of Nursing Care," American Journal of Nursing 47 (February 1947): 78; Luther Christman, "Democratic Administration," RN 17 (March 1954): 32. For an in-depth exploration of the authoritarian functioning of training schools see Hospitals, Paternalism and the Role of the Nurse by Jo Ann Ashley.

Putting everyday nursing on a democratic basis meant conflict with long established patterns and traditions. Both Isabel Stewart and Janet Geister recognized the problems this raised. Stewart discussed the collision of authoritarian traditions with the principles of a democratic society and asked that more attention be paid to the problem.[32] Geister bemoaned those in nursing who preached democracy and practiced autocracy.[33] A non-nurse educator proclaimed that the greatest danger to democracy came from those who gave it scrupulous lip-service while ignoring its practice.[34]

From the letters and articles examined, it seems that nursing was filled with people who paid only lip-service to democracy. Why did nursing have such difficulty with a mode of action which, after all, was accepted by society as desirable? Part of the problem may have been that nurses were mostly women and as such had little experience in real participation in a democratic government. But the points raised by Geister and Stewart probably come closer to the real difficulty. Nurses in that era, at all levels, were products of the extremely authoritarian disciplines of the training school. They had been inculcated in autocracy to such a degree that it may have been impossible for them to throw it off completely. Since autocracy was

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[32]Isabel M. Stewart, "Nursing Education and the National Defense," American Journal of Nursing 40 (December 1940): 1382-83.

[33]Janet M. Geister, "On the Meaning of Loyalty," RN 12 (June 1949): 31.

[34]John Dale Russell, "Making Democratic Ideals Effective," American Journal of Nursing 42 (August 1942): 941.

the form of leadership they had experienced, it is perhaps not surprising that it was the form they also practiced. In addition, the rise to a leadership position in something like a national organization requires a high degree of self-confidence and trust in one's own judgment. The feeling that one is right in one's views can lead one to try to mold the opinions and actions of others. Coming from autocratic backgrounds and believing in the rightness of their own opinions, it may be that the organization leaders felt a duty to move nursing along according to paths which they chose. The actions of the ANA leaders, especially at conventions, may have carried the germ of another motive also. It may have been that they enjoyed their power and did not relish seeing it threatened. Squelching opposition is a useful tactic if one wishes to remain the person at the top.

Tolerance

Tolerance is both an action and an attitude. It is the attitude of accepting others as having a right, equal to one's own, to all the privileges and responsibilities of a society. It is the action of allowing others to exercise their rights without interference. Tolerance is the opposite of prejudice and bigotry. If organized nursing talked more about democracy than it practiced it, its record on tolerance was more impressive.

Some writers pointed with pride to achievements made by nursing in the 1940s.[35] In 1944, an article in RN described the protest raised by organized nursing to the Surgeon General's decree that no Negro nurses would be accepted in the Army Nurse Corps. The protest was successful and the first Negro nurse was accepted in April of 1941.[36] (When a bill to draft nurses was proposed, the ANA also urged the inclusion of an anti-discrimination clause.[37]) The RN article also proudly stated that thirty New York hospitals employed black nurses to work "side by side with white women."[38] What was not noted in the article was the role of black organizations in pressuring the Surgeon General. Nor was it mentioned that only fifty-six black nurses were admitted at that time and they were limited to caring for black patients and prisoners of war. At the end of the war, only five hundred black nurses were members of the ANC and a paltry four had been admitted to the Navy Nurse Corps.[39]

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[35]Herbert R. Northrup, "The ANA and the Negro Nurse," American Journal of Nursing 50 (April 1950): 207-8; "The Nurses' Contribution to American Victory," American Journal of Nursing 45 (September 1945): 685.

[36]Rackham Holt, "The Negro Nurse: A Study in Professional Relations," RN 7 (June 1944): 78.

[37]Katherine J. Densford, "ANA Testimony on Proposed Draft Legislation," American Journal of Nursing 45 (March 1945): 174.

[38]Holt, "The Negro Nurse," p. 80.

[39]Susan M. Hartmann, The Home Front and Beyond: American Women in the 1940s (Boston: Twayne Publishers, 1982), p. 33.

The journals also contained some documentation of the problems faced by Negro nurses.[40] In 1941, an AJN article, after proudly describing continuing education efforts of a group of staff nurses, calmly stated "there is no opportunity in the St. Louis area for a Negro graduate nurse to continue her education."[41] Noting nursing's response to the war against Germany and Japan and their campaigns of racial intolerance, a reporter asked in RN, "how far would nurses go to extend equality and economic freedom to the colored people in America?"[42] Negro nurses themselves were remarkably forgiving. One wrote that human dislike of change probably accounted for the resistance to Negro nurses.[43] Another, describing her experience at Oak Ridge National Laboratory, said she had no problems with the staff. While admitting that both Negro and white patients had had some hesitancy about her at first, most of the objectors eventually accepted her.[44]

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[40]Estelle M. Riddle and Josephine Nelson, "The Negro Nurse Looks Toward Tomorrow," American Journal of Nursing 45 (August 1945): 627-30.

[41]Estelle M. Riddle, "Our Staff Goes to College," American Journal of Nursing 41 (July 1941): 764.

[42]Josephine Nelson, "Today and Tomorrow," RN 6 (October 1942): 52.

[43]R. J. Williams, Letters - Pro and Con, American Journal of Nursing 46 (July 1946): 487.

[44]Doris Belle Scott, "A Negro Nurse in Industry," American Journal of Nursing 52 (February 1952): 170.

One article in RN indicated that some highly touted advances had little depth. The author pointed out the intense scrutiny which Negro nurses faced and the higher-than-average standards they had to meet in order to gain acceptance. Despite this, there were few Negro nurses on wards with white patients. Only a limited number of Negro nurses were working in any of the specialties such as public health, industry, and education. And although the nursing organizations had won the right of enlistment for Negro nurses, there were only four Negro nurses in the ANC (regular) and one in the Navy Nurse Corps.[45] Those numbers represented a drastic drop from 1945. Yet this was in 1948, some seven years after the "successful" protest.

In 1946, the AJN published a series of articles by Edward Bernays, a public relations expert on the ANA payroll. (This was one of the surveys against which RN had protested saying they took up too much of the ANA's budget and left too little money available to really help nurses. See Chapter II.) Bernays elicited opinions about nursing from several different groups. The majority of hospital administrators said that male nurses should be more widely employed, but Negro nurses should be hired mainly for Negro hospitals.[46] Businessmen were asked if they would hire Negro nurses to staff their employee health services. The largest group (48 percent) said they

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[45]Charlotte Shapiro, "The Negro Nurse in the U.S.," RN 12 (November 1948): 34.

[46]Edward L. Bernays, "Hospitals and the Nursing Profession," American Journal of Nursing 46 (February 1946): 110-13.

would hire Negroes to care only for Negro patients. Seventeen percent said they would hire Negro nurses to care for all patients, and 16 percent said they would not hire Negro nurses at all. The rest had no opinion. Comments made on the questionnaires ranged from "Negroes are fit only for janitors and maids," to "employment must be based on qualifications and ability with no discrimination as to race or color or sex." But most of the comments were of the middle-of-the-road variety and said, in essence, "Let Negroes take care of Negroes."[47] Nurses themselves had as many middle-of-the-roaders as the businessmen. A survey of AJN subscribers found that 43 percent felt Negro nurses should work in Negro institutions. However, unlike the businessmen, the largest group of nurses (55 percent) felt that the "nursing organizations should advocate wider employment of qualified Negro nurses in all nursing work," and only one-half of one percent opposed any hiring of Negro nurses.[48] All the surveys asked hypothetical questions. None asked for actual employment figures or work experiences. This is significant because it is easy for respondents to give answers that they feel will be acceptable to the surveyor. It is another thing entirely to prove an expressed attitude. Actions do indeed speak louder than words.

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[47]Edward L. Bernays, "Nurses and Business," American Journal of Nursing 46 (July 1946): 476.

[48]Edward L. Bernays, "Nurses and Their Professional Organizations," American Journal of Nursing 46 (April 1946): 231.

Within its own organization however, the ANA had a problem. While ANA membership was based on professional qualifications, many qualified nurses could not be members because they lived in segregated states. Since ANA membership was achieved through the state nurses association, a state association which barred black nurses from membership at the state level automatically barred them at the national level.[49] Recognizing a conflict between individual and states rights, the ANA chose not to confront, but to step around the issue. At the 1946 Biennial, with one hundred Negro nurses in attendance, a motion was passed that "the ANA admit to membership those qualified Negro nurses who cannot become members of the ANA through their respective state nurses associations." Implementation was left to the Board of Directors.[50] At the next Biennial, in 1948, the necessary by-laws ammendments were passed to allow direct individual membership for Negro nurses.[51] By the end of the year, Negro nurses from the eight states which excluded them, had become direct members of the ANA.[52] Thus the ANA achieved a form of integration several years before the Montgomery bus boycott of 1955 and the

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[49]Editorial, "Our Negro Nurses," American Journal of Nursing 46 (August 1946): 512.

[50]"The Biennial," American Journal of Nursing 46 (November 1946): 730.

[51]"The Biennial," American Journal of Nursing 48 (July 1948): 451.

[52]"Negro Nurses in the ANA," American Journal of Nursing 48 (December 1948): 750.

subsequent activist phase of the civil rights movement.[53] A 1952 editorial in AJN claimed that nursing was among the first of the professions to make possible membership in "its national professional organizations to all practitioners, regardless of race, color or creed".[54] By 1955, only one state and "a handful of districts" still excluded Negro nurses.[55] Meanwhile, the ANA Board of Directors, in 1948 had boasted its first Negro member.[56] The newly formed NLN reasserted the right of every nurse to be a member.[57]

In the 1950s, several articles in the AJN expressed the need for integration of the races and respect for all people.[58] But one author rejected mere tolerance as a weak counterfeit of the ideal of brotherhood.[59] Brotherhood is a stronger attitude than tolerance for

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[53]George Brown Tindall, America: A Narrative History, vol. 2. (New York: W. W. Norton and Company, 1984), pp. 1241-45.

[54]Editorial, "Brotherhood Has to Be Lived," American Journal of Nursing 52 (February 1952): 163.

[55]Editorial, "Intergroup Relations," American Journal of Nursing 55 (September 1955): 1061.

[56]Editorial, "America's Nursing Care," American Journal of Nursing 48 (July 1948): 413.

[57]Pearl McIver, "Nursing Moves Forward," American Journal of Nursing 52 (July 1952): 822.

[58]Gladys L. Dundore, "Nursing as a Whole," American Journal of Nursing 51 (May 1951): 333; Editorial, "Brotherhood Every Day," American Journal of Nursing 53 (February 1953): 161; Thelma Ingles, "What Is Good Nursing?" American Journal of Nursing 59 (September 1959): 1249.

[59]J. Saunders Redding, "Every Hour Is the Time," American Journal of Nursing 52 (February 1952): 167.

it carries, over and above simple acceptance, the notion of comradeship. Two writers, one a nurse, the other an educator, expressed the belief that the nature of nursing strengthened the perception of the similarity among people and thus made nurses more likely to embrace brotherhood.[60] The educator maintained that nurses had "long since learned that there is no difference in the cry of pain which rings from the lips of the white person or of the Negro."[61]

The record of the ANA and other nursing organizations on integration was positive enough that the National Association of Colored Graduate Nurses (NACGN) decided it was no longer necessary. The NACGN had been founded in 1908 as an alternative organization for Negro nurses. One of its express purposes had been to break down discrimination against Negroes.[62] At the start of 1951, the NACGN voluntarily ended its existence. Its members were able to gain membership in the ANA. At the ceremony to mark the end of the NACGN, a federal judge said of its leaders that once they saw that in "their professional life they do not have to think and act in terms of coloration they are eager and able to put coloration in the

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[60]Rose G. Amberg, "A Nurse Looks at Intergroup Relations," American Journal of Nursing 59 (November 1959): 1585; Dan W. Dodson, "No Place for Race Prejudice," American Journal of Nursing 53 (February 1953): 164.

[61]Dodson, "No Place for Race Prejudice," p. 164.

[62]Mabel K. Staupers, "Story of the National Association of Colored Graduate Nurses," American Journal of Nursing 51 (April 1951): 222-23.

background...."[63] From the vantage point of 1985, the judge's comments seem to put the responsibility for discrimination and prejudice more on the Negro nurse than on the white society around her.

Both AJN and RN ran editorials in support of Brown v. Board of Education, the Supreme Court's decision which outlawed "separate but equal" education and gave legal impetus to the civil rights movement.[64] The AJN editorial went on to enumerate some of the advances which had been made in integration. The number of schools of nursing which accepted Negroes had risen from 42 to 710. Negro nurses had commissions in all branches of the armed forces.[65] In 1955, the Indiana State Nurses Association reported that all the state's schools of nursing admitted Negroes; one-half of its teaching hospitals hired Negroes for staff duty and 30 percent for head nurse positions. However, very few Negro nurses held supervisory positions.[66]

As the NACGN was preparing to dissolve, the ANA prepared to cope with additional responsibility. In 1950, the ANA formed an Intergroup

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[63]William H. Hastie, "A Farewell to NACGN," American Journal of Nursing 51 (March 1951): 155.

[64]Editorial, "Professional Equality for the Negro Nurse," RN 17 (July 1951): 26; Editorial, "Man's First Right," American Journal of Nursing 54 (July 1954): 813.

[65]Editorial, "Man's First Right," p. 813.

[66]"Minority Group Gains in Indiana," American Journal of Nursing 55 (November 1955): 1356.

Relations Program to deal with the problems of integration.[67] The leaders of this program readily admitted that many problems remained and much work still had to be done, in spite of the advances made.[68] But AJN's editor saw the seeds of hope in the program and proclaimed, "No one of us is free from intolerance,... but we have a pattern for transcending [it]...."[69] The editor saw what she called "steady progress" being made as a result of the efforts of the ANA.[70] These sentiments were echoed by at least one letter writer.[71] Another writer described how her district was working to overcome prejudice.[72] By 1956, the Chairman of the Intergroup Relations Committee was able to report that similar committees had been established at the local level in most states and that most states held meetings only in halls which allowed Negroes in.[73] In 1957, the

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[67]Lyndia Flanagan, compiler, One Strong Voice (Kansas City, Missouri: American Nurses' Association, 1976), p. 625.

[68]Mary Perrone and Grace Marr, "General Duty Nurses and Intergroup Relations," American Journal of Nursing 58 (May 1958): 676; Grace Marr, "Discrimination Is On Its Way Out - The Nursing Profession Keeps Pace," American Journal of Nursing 56 (February 1956): 167.

[69]Editorial, "Brotherhood Week Applied," American Journal of Nursing 55 (February 1955): 163.

[70]Editorial, "A Profession's Role in Integration," American Journal of Nursing 56 (November 1956): 1403.

[71]Effie C. Nimmons, Letters - Pro and Con, American Journal of Nursing 57 (April 1957): 415.

[72]Cleo L. Harter, "But We Have No Problem!" American Journal of Nursing 58 (December 1958): 1687-88.

[73]Anna Heisler, "Promoting the Intergroup Relations Program," American Journal of Nursing 56 (May 1956): 589.

AJN reported that: 1) six state associations had made progress in eliminating discriminatory clauses in contracts, 2) one state had increased minority membership in the professional registry, and 3) several states had held workshops on intergroup relations problems.[74] Yet even the AJN itself was occasionally part of the problem rather than the solution. In 1952, the AJN published a photograph of white nursing students giving a minstrel show in blackface. Apparently the editors could still be insensitive to racial stereotypes, despite their eloquence on the editorial page. The picture drew vigorous protests from the Harlem Hospital School of Nursing and from the ANA's Intergroup Relations Committee, among others.[75]

The AJN could also indulge in a little blaming of the victim. In 1956, an editorial proclaimed that doors everywhere were open to blacks, but blacks were not taking adequate advantage of these opportunities.[76] The editorial showed complete lack of sensitivity to the obstacles and hurts which prejudices could impose even when outright discrimination was barred.

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[74]Editorial, "Civil Defense and Civil Rights," American Journal of Nursing 57 (November 1957): 1427.

[75]Iris G. Brice and Grace Shallowhorn, Letters - Pro and Con, American Journal of Nursing 52 (August 1952): 920; Alma E. Gault, Letters - Pro and Con, American Journal of Nursing 52 (August 1952): 920.

[76]Editorial, "Opportunity Knocks," American Journal of Nursing 56 (May 1956): 567.

Professional registries were another source of problems. Private duty nurses were dependent on registries for their livelihood. Most of the registries were either run by or affiliated with the local or state nurses associations and thus had a clear connection with the ANA. However, in 1954 the leaders of the Intergroup Relations Unit reported that many registries routinely queried prospective patients about the acceptability of a black nurse. Only if the patient did not object would a black nurse be assigned. Thus, nurses running the registries were helping to perpetuate discrimination.[77] In 1959, Negro nurses were still complaining that they could not get work through the registries because of discrimination.[78] It is clear that the ANA took an early and concerned lead in the rhetoric against discrimination and prejudice. It is also clear that problems were not easily overcome.

One encouraging note was sounded in 1956 when a letter to the editor brought an outpouring of feeling against prejudice. The February 1956 cover photograph of AJN showed a black quadriplegic woman in a chair. An elderly white nurse was grooming the patient's nails. The AJN received a letter from a nurse who cancelled her subscription because of that cover. She claimed to be objecting to the task of manicuring as beneath the professional dignity of

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[77]Anna Heisler and Grace Marr, "Intergroup Relations," American Journal of Nursing 54 (November 1954): 1341.

[78]Marjorie Kasun, "Registries and Intergroup Relations," American Journal of Nursing 59 (February 1959): 234.

nurses. But her main problem with the picture was clearly a racial issue as she stated, "the front cover is an insult to all white women who sign themselves 'R.N.'"[79] The letter stimulated a flood of indignant replies. The responses took her to task for her lack of basic nursing judgment and identified it as a thin veil for racism. The responses were uniformly condemnatory and labeled the letter writer as shallow, banal, degrading, and a discredit to the nursing profession.[80]

The place of the Negro in nursing certainly focused the most attention, but it was not the only example of tolerance. In the late 1940s, nurses reached out to fellow practitioners by sending uniforms, shoes, and care packages to Europe and the Orient.[81] The ICN helped find work and homes for displaced nurses.[82] And in 1949, the national

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[79]Lee Barnett, Letters - Pro and Con, American Journal of Nursing 56 (May 1956): 540.

[80]Elaine R. Fratus, Letters - Pro and Con, American Journal of Nursing 56 (July 1956): 826; Thelma K. Richter, Letters - Pro and Con, American Journal of Nursing 56 (July 1956): 826; Billie-Jane Schwartz, Letters - Pro and Con, American Journal of Nursing 56 (July 1956): 826; Bertha L. Laster, Letters - Pro and Con, American Journal of Nursing 56 (July 1956): 826; Elle E. Harrell, Letters - Pro and Con, American Journal of Nursing 56 (July 1956): 826.

[81]Editorial, "Nursing in 1947 - And Beyond," American Journal of Nursing 48 (January 1948): 1-3; Editorial, "Good Will At Work," American Journal of Nursing 48 (December 1948): 733; Anna D. Wolf, "Uniforms for Nurses in Europe," American Journal of Nursing 49 (May 1949): 299.

[82]Editorial, "You Were There," American Journal of Nursing 53 (September 1953): 1061.

nursing associations of Germany, Austria, and Japan were reinstated in the ICN to the applause of the assembly.[83]

But attitudes had not always been so welcoming. In 1943, the AJN noted the difficulty facing women of Japanese ancestry who wanted to become nurses. Few schools would accept them. AJN addressed the issue very cautiously, but it did address it. After carefully disclaiming any responsibility to call for a specific action by schools of nursing, the AJN asked for an "unbiased and imaginative study" in order to find a solution "for loyal American girls whose ancestors happen to have been Japanese."[84]

Graduate nurses also faced grave problems. One Army nurse wrote to RN about a nurse of Japanese descent who had left her job and her home in Seattle because the nurses of her hospital had signed a petition against her. They did not want to work with anyone of Japanese heritage. The letter writer expressed outrage saying the petition signers had done "Hitler and Hirohito a great service" and had made the author ashamed of her fellow nurses.[85] In 1949, the directors of a school of nursing in Hawaii claimed that racial tolerance was prevalent on the islands. But they also admitted that

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[83]Editorial, "The ICN Interim Conference," American Journal of Nursing 49 (August 1949): 481.

[84]"The Problem of Student Nurses of Japanese Ancestry," American Journal of Nursing 43 (October 1943): 896.

[85]Frances Millhauser, Debits and Credits - Letters to the Editor, RN 8 (April 1945): 7.

real tensions had existed during the war. "A few patients were very inconsiderate and referred to nurses of Japanese ancestry in most uncomplimentary terms."[86] There is no indication that nurses of German descent experienced the problems which bedeviled nurses of Japanese descent. The same, of course, was true for the lay population. German-Americans and Italian-Americans were generally free from government harassment. This was not true of Japanese-Americans, who became the victims of racism.[87] In the spring of 1942, more than 100,000 Japanese-Americans, two-thirds of them American citizens, were forced to leave their West Coast homes and move to "Relocation Camps" in the interior.[88] Japanese ancestry marked people with obvious physical differences, whereas German ancestry did not. Thus, Japanese Americans were easy victims for racial prejudices and blatant discrimination.

Racial discrimination against the Japanese was widespread during the war. Its more subtle forms sometimes carried over into the 1950s as observed in a 1954 letter to AJN regarding an article on atomic effects. Noting that the Atomic Bomb Casualty Commission needed the cooperation of the victims to do its work, the writer wryly commended the commission for "a good job of public relations under obviously

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[86]Anne Fisher and Sr. Mary Albert, "Nursing in Hawaii," American Journal of Nursing 49 (August 1949): 521.

[87]Tindall, America, p. 1144.

[88]Richard Polenberg, America at War: The Home Front, 1941-1945 (Englewood Cliffs, New Jersey: Prentice-Hall, 1968), p. 97.

difficult conditions." She went on to express her uneasiness about using the victims thus.[89] She was also, as far as evidence in the two journals was concerned, a voice crying in the wilderness.

In the areas of race and nationality, nurses denounced discrimination against patients. The code of ministering to all in need took precedence over personal feelings, as exemplified by nurses who cared for prisoners of war.[90] But when the Negro or the Japanese was another nurse, then the code no longer applied and prejudices appeared.

Agism and sexism were not generally recognized as prejudices in the 1940s and 1950s. Still there were hints that agism was a problem. In 1952, the ANA started a program to better utilize older nurses. The article noted that many older nurses were having difficulty finding work.[91] This was not news to the readers of RN who, in the 1940s, had written twenty-one letters to the editor about older nurses. The letters were evenly divided between those who said older nurses were indeed discriminated against in the job market and those who had found work they enjoyed. During the same time period only four letters on this topic appeared in AJN.

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[89]Isabel N. Bliss, Letters - Pro and Con, American Journal of Nursing 54 (July 1954): 792.

[90]Jean DeWitt, "Nursing Behind Barbed Wire," RN 8 (October 1944): 36.

[91]"ANA's Older Nurse Project," American Journal of Nursing 52 (November 1952): 1345.

Sexism within nursing was directed against men, whose job choices were limited. The ANA consistently supported commissioning of male nurses in the armed forces, but not always as vigorously as the men would have liked. It was not until 1955 that the Bolton Bill to commission male nurses in the Army and Navy was passed.[92] Nursing was perceived as a woman's occupation and was tied to public conceptions of womanly traits and roles. Men did not fit those conceptions. The general public never really understood why a man would want to be a nurse; why a man would choose to do women's work. Female nurses were also part of that public. Thus, it was not surprising that male nurses found so little public support for their fight against stereotyping.

Another aspect of tolerance was demonstrated in regard to religious beliefs. When AJN published an article which contained reference to birth control with a diaphragm, several letters of strong protest were received. (See Chapter III). But those letters drew their own response in pleas for religious tolerance and understanding. One nurse noted that "readers are of many minds and opinions" and urged AJN to keep publishing relevant information.[93] Another called on nurses to treat all patients equally and said many nurses "would not consider our patients immoral, primitive, or ugly because

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[92]Editorial, "A Victory for Men Nurses," American Journal of Nursing 55 (September 1955): 1061.

[93]Lila E. Larson, Letters - Pro and Con, American Journal of Nursing 55 (June 1955): 644.

their beliefs do not coincide with ours in every respect."[94] Yet another criticized those who pay lip-service to freedom and then try to force their beliefs on others:

> The attempted imposition of theological doctrines by any religious sect upon even one citizen who is not a member or communicant of that sect necessarily implies an abrogation of that citizen's rights and freedom....If the Journal is an all-denominational journal, it must of necessity recognize and respect the differences in moral concepts which exist in our climate of freedom. It must jealously uphold the traditions of freedom of speech and religion and let the reader choose what he agrees or disagrees with.[95]

Generally, RN devoted little space to the issue of tolerance. The bulk of the writing about tolerance appeared in AJN. However, the official position of both journals was the same. Both advocated tolerance and brotherhood. Both asked their readers to accept people who looked different or thought differently. RN was somewhat more likely to print embarrassing truths about lacks in progress. AJN painted an overall rosier picture. Again, its ties to the ANA are likely to have been the reason for AJN's outlook. ANA had an Intergroup Relations Program. It wanted its programs to be successful. Success would reflect well on the ANA, failure would not. The AJN was thus under pressure, whether implied or inferred, to emphasize success and progress, which it did. The desire to give credit to the Intergroup Relations Program also may have accounted for the greater attention to tolerance in the AJN than in RN.

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[94]Gleness S. Schonholz, Letters - Pro and Con, American Journal of Nursing 55 (June 1955): 644.

[95]Eugene Emerson, Letters - Pro and Con, American Journal of Nursing 55 (June 1955): 644.

Furthermore, because the ANA itself was directly affected by questions of minority membership and representation, it needed to bring issues of tolerance to the attention of nurses around the country. The AJN was its vehicle to open and carry on discussions of prejudice and tolerance. RN had no such impetus to give heed to tolerance. Rather, its reliance on advertising income gave it a reason to shy away from a topic of such public and widespread controversy. In regard to tolerance, there was evidence that some of the rank and file lived up to the ideal and some did not. That, of course, is how it is with people, everywhere.

Chapter V

IDEALS FOR PROFESSIONAL NURSING

The literature also espoused ideals related specifically to professional nursing. These ideals called for intelligent and well-educated nurses who pursued a vocation that was based upon its own distinct science and standards.

Intelligence

There was a time when many people thought the only necessary qualifications of a nurse were a strong back and stomach. By the 1940s, some measure of intelligence had been added to the list. Nurses were expected to be able to learn and understand. While no one explicitly defined intelligence, the implied definition was that the intelligent nurse would be able to learn facts about disease and its treatment. She would also be able to distinguish between expected and unexpected outcomes and respond appropriately. In the early to mid-forties, there was a flurry of writing about the intelligence of the nurse. Isabel Stewart cited intelligence as the first in a list of qualifications "essential if nurses are to do their part in meeting the problems of this disturbed, disorganized world."[1] The Director of Medical Sciences of the Rockefeller Foundation argued that intelligence was at the root of nursing and allowed nurses to meet and triumph

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[1]Isabel M. Stewart, "Nursing Education and the National Defense," American Journal of Nursing 40 (December 1940): 1380.

over disease.[2] Others encouraged nurses to hone their intelligence through reading and boasted of the evidence of intelligence in the writing of nurses.[3] Placing high priority on intelligence was not universal as can be seen from an article on interviewing. The first ten items the interviewer was advised to evaluate all dealt with physical appearance. Then the checklist sandwiched in three criteria relating to intelligence before going on to six criteria relating to the applicant's voice.[4]

On the other hand, most nurses placed a high estimation on intelligence. They considered it a vital trait without which the nurse could not learn to observe and intervene accurately for the patient's good. Without intelligence, training was a futile endeavor. Responding to a survey by RN, most nurses pointed out the need for intelligence (and high level training) in order to assess and respond to patient needs.[5] One instructor asserted that her goal was to develop intelligent observers.[6]

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[2]Alan Gregg, "An Independent Estimate of Nursing in Our Times," American Journal of Nursing 40 (July 1940): 738.

[3]Andrew L. Bouwhis, "The Library in the Life of the Competent Nurse," American Journal of Nursing 44 (October 1944): 977; Editorial, "We Burst with Pride," American Journal of Nursing 45 (August 1945): 595.

[4]Marie Farrell, "The Personal Interview in Selecting Personnel," American Journal of Nursing 40 (March 1940): 307.

[5]"What Nurses Think of Doctors - A Summary of Reader Opinion," RN 9 (March 1946): 58-60.

[6]Mabel Montgomery, "Teaching Pharmacology," American Journal of Nursing 41 (March 1941): 323.

After the mid-forties, the espousal of intelligence abruptly died down not to reappear until 1960 when a physician reiterated the necessity of intelligence in the increasingly complex world of health care. In a speech to the Kentucy State Nurses Association, E. D. Pelligrino argued there was no room for a nurse who did "not contribute actively and intelligently to the patient's overall management."[7] In all twenty years, no one suggested that nurses need not have intelligence.

Education

While intelligence garnered universal approval, education was a source of controversy. Statements about education covered the gamut from the need for a high school background to doctoral degrees for nurses. There was general agreement that the nurse should be well-educated. There was a great deal of disagreement about the definition of "well-educated."

The ideal of education came under attack from physicians who feared the possibility of competition. In the post World War II years, the AJN twice carried the opinions of physicians who downplayed the importance of education for the nurse. Both suggested that the average bedside nurse was becoming over-educated. Both proposed a division of nurses. Collegiate education would be given to those seeking leadership roles in administration or education. Bedside

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[7]E. D. Pellegrino, "The Nurse Must Know, The Nurse Must Speak," American Journal of Nursing 60 (March 1960): 362.

nurses would have a hospital school training of no more than two years because no more was necessary.[8] One of the writers, T. P. Murdock, was Chairman of the AMA's Committee on Nursing. The editor carefully disavowed any acceptance of Murdock's opinions in 1949, but did not do so in 1944 when J. W. Mountin made almost identical suggestions. Perhaps the passage of time made the difference or perhaps the more official nature and condescending tone of Murdock's article aroused the hackles of the editor more.

RN also noted the medical attack on nursing education in the forties and the defense. When a physician stated in 1944 that nurses did not need higher education, the editor observed that she had received much mail about the doctor's comments. The mail indicated "a strong opposition within the profession toward his views on education for nurses."[9] One nurse accused the doctor of contradicting himself by belittling the need for educated nurses while maintaining that patients would benefit if enough doctors were available to stay with patients at the bedside. The nurse pointed out that such a statement was "tantamount to saying that valuable educated assistance is desirable."[10] In any case, there must have been many doctors all over

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[8]Joseph W. Mountin, "Suggestions to Nurses on Postwar Adjustments," American Journal of Nursing 44 (April 1944): 321-25; T. P. Murdock, "A Physician's Viewpoint," American Journal of Nursing 49 (July 1949): 439-41.

[9]Editor, "Reply to Debits and Credits - Letters to the Editor," RN 7 (August 1944): 14.

[10]Debits and Credits - Letters to the Editor, signed - A Justly Aroused R.N., RN 7 (August 1944): 12.

the nation who grumbled that nurses were over-educated. Because when RN asked its readers what they thought of physicians, they responded to that grumbling. Nurses emphatically asserted the need for high level training and suggested that doctors who disagreed should hire untrained workers to "nurse" their own families.[11]

The education which those nurses were defending was basic diploma school training sometimes supplemented by college courses. In the forties, most states still had permissive rather than mandatory licensing laws for nurses.[12] Thus, registered nurses competed for jobs, especially in private duty, with others who had little or no training. Those women could legally hire out to care for the sick as long as they did not call themselves registered nurses. Added to that territorial problem was the war-induced rapid encroachment of auxiliary workers in the hospitals. Registered nurses were fighting to maintain their place in the health care system. Any suggestion that less than the current diploma school education was needed was an attack on their territory and their livelihoods. Hence the strong reaction to doctors who proposed to lower the educational requirement; who opined that nurses were over-educated.

Nurses wanted to stay at the bedside. That was, after all, where most of the jobs were. Many sought college courses to prepare themselves for jobs as teachers, unit instructors, head nurses, and

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[11]"What Nurses Think of Doctors," p. 60.

[12]Jo Ann Ashley, Hospitals, Paternalism, and the Role of the Nurse (New York: Teachers College Press, 1976), p. 118.

administrators. But many others took college courses because they believed a broadened education had value for the bedside nurse. A nurse educator surveyed nurses taking courses at Marquette University and found that most believed in the value and necessity of higher education for nurses and craved "such things as an ability to think better."[13] A nurse administrator maintained that hospitals gained much by helping their nurses go to college.[14] When a physician stated in RN that nurses were educating themselves away from the bedside, the editor vigorously asserted that nurses rejected courses, certificates, and degrees which did not directly help them to do their jobs as bedside nurses better. She also accused nursing educators of "cruelly condemning" nurses for that attitude.[15] And therein lay the problem.

So long as college education was something that nurses sought after their basic nursing training, the impression left by articles and letters was one of general support from the rank and file. But suggestions that college replace diploma schools were greeted very differently. In the early forties, AJN proudly noted that nursing schools uniformly required high school diplomas for entry and more of

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[13]Sr. M. Bernice Beck, "Is More Education Necessary?" American Journal of Nursing 51 (Mach 1951): 207.

[14]Estelle Massey Riddle, "Our Staff Goes to College," American Journal of Nursing 41 (July 1941): 764.

[15]Editorial, RN 7 (April 1944): 27.

them charged tuition instead of paying an allowance.[16] Training school curricula were being redesigned to encourage thinking and the development of the whole student.[17] One school attempted to increase the general reading students did.[18] Others asked for higher admission standards and higher requirements for students to meet.[19] There was no evidence that the rank and file of nurses did anything but support and encourage these changes. Nurses recognized their need for better education as exemplified by an Army nurse who wrote, "nurses, as a whole, are probably the most narrowly educated group of women with professional standing in the world."[20] But the leaders of the nursing organizations wanted much more than improved diploma schools. In the same year that a high school diploma became a universal requirement, Isabel Stewart wrote in favor of collegiate nursing programs. She held that college educated nurses would be better able to think their

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[16]"Educational Entrance Requirements to Schools of Nursing," American Journal of Nursing 40 (June 1940): 699-700; "More About Allowances and Tuition," American Journal of Nursing 41 (January 1941): 84.

[17]Frances H. Benjamin, "Family Education and the Nurse," American Journal of Nursing 41 (January 1941): 44; Evelyn C. Baker, "Student Organization at Work," American Journal of Nursing 41 (November 1941): 1261.

[18]Phyllis Bortell and Marion DeLeon, "Extending Library Resources," American Journal of Nursing 41 (October 1941): 1169.

[19]James A. Hamilton, "Trends in Hospital Nursing Service," American Journal of Nursing 42 (September 1942): 1038; Edward L. Bernays, "Opinion Molders Appraise Nursing," American Journal of Nursing 45 (December 1945): 1011.

[20]Edith A. Aynes, "This Waiting War," American Journal of Nursing 43 (June 1943): 544.

way through the problems of the future and to "become self-reliant, self directing, growing, professional women."[21] Her views were reiterated by the president of the University of Washington who said, that the future would demand professional nurses who were "broadly informed, cultured people who [could] hold their own and command the respect of leaders in every phase of human activity."[22]

The leaders were united in their opinion about basic collegiate education for nursing. Lavinia Dock was adamant in her demand for higher educational requirements. She insisted, that for the professional nurse "no form of professional education which contains elements of apprenticeship training is adequate."[23] Both the Board of Directors of the NLNE and Annie Goodrich wanted to take nursing education out of the hospital and put it into colleges.[24] They found support from the U.S. Commissioner of Education who asked nursing to remember the importance of general education in the life of a professional.[25] In 1949, the president of the NLNE urged nursing to

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[21]Isabel M. Stewart, "The Philosophy of the Collegiate School of Nursing," American Journal of Nursing 40 (September 1940): 1035.

[22]Raymond B. Allen, "The Health Sciences and Nursing Education," American Journal of Nursing 47 (November 1947): 759.

[23]Lavinia L. Dock, Letters - Pro and Con, American Journal of Nursing 48 (September 1948): 822.

[24]Annie W. Goodrich, "Nursing and the National Defense," American Journal of Nursing 42 (January 1942): 15; "Organization, Control and Administration of Nursing Education," American Journal of Nursing 50 (April 1950): 241.

[25]John W. Studebaker, "General Education," American Journal of Nursing 48 (September 1948): 589.

"discard the half measures which have too long marked the course of nursing education" and characterized nursing as "the best half-educated profession in the world."[26]

The editors of AJN consistently urged nurses to go to college because it would prepare them to do a better job.[21] Indeed, in 1960, the AJN was still calling on nursing educators to "assure...a truly educational experience" and to base the principles of nursing education on the principles of general education.[28] An article on the ANA expressed the opinion that nursing needed collegiate education to provide a base for graduate education which would prepare not only teachers and administrators but clinical specialists "who [were] desperately needed to provide skilled bedside care."[29]

The call for upgrading the education of nurses included attacks, implicit and explicit, on diploma school training. Nurses were told, in the AJN, over and over, that only nurses with college degrees could be fine nurses and professional nurses. Rank and file nurses were deeply wounded by the denigration of their ability and work. Their

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[26]Agnes Gelinas, "Our Basic Educational Programs," American Journal of Nursing 49 (January 1949): 47.

[27]Editorial, "Aids to Education," American Journal of Nursing 55 (April 1955): 425; "Should I Go to College?" American Journal of Nursing 42 (January 1942): 45-50; Editorial, "Five Years Hence," American Journal of Nursing 44 (February 1944): 97.

[28]Editorial,"...Toward the Future," American Journal of Nursing 60 (October 1960): 1417.

[29]Dorothy Nayer, "On ANA's Responsibilities," American Journal of Nursing 60 (October 1960): 1470.

letters in RN expressed insecurity and anger. As more pressure for baccalaureate education came down from the top, the masses responded by counterattacking. Letter after letter asserted the clinical superiority of the diploma graduate at the bedside and the poor attitude and incompetence of the degree graduate. The general attitude of the letters from the rank and file was that college educated nurses were responsible for all the ills of nursing, from shortages to poor patient care. One writer took nurses to task for that attitude pointing out that 75 percent of the nurses in practice had no more than a diploma education. Thus it would have made more sense to blame problems on the diploma school majority than on the college minority.[30]

While AJN played follow-the-leader, RN provided an outlet for the letters of the masses. The editor acknowledged the need for collegiate schools of nursing, but saw them as adjuncts to diploma schools, not replacements.[31] Geister issued a plea to keep the practice element strong in nursing education. She called the nurse who mastered the art of nursing "God's gift to the bedside of the sick."[32] RN injected some healthy skepticism into the issues surrounding nursing education. When nursing organizations lobbied for and won

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[30]Helen J. Weber, "Education for Today's Nurses," American Journal of Nursing 51 (December 1951): 715.

[31]Editorial, "What About This 'Degreed' Nurse?" RN 13 (February 1950): 26.

[32]Janet M. Geister, "The Value of Experience," RN 13 (August 1950): 34.

financial support for nursing education from Congress,[33] RN's editor sounded a note of caution. What kind of power would federal monies carry with them and who would wield that power, she asked.[34]

It would seem that the leaders in nursing education, in their efforts to improve the education of nurses, exercised a great lack of tact and created a rift of immense proportions within the profession. They raised the goals for education so rapidly that most nurses could not hope to keep pace. They demanded college education when a high school background had just become common to all diploma graduates. When most nurses had only a diploma, the leaders spoke of the need for masters education for bedside nursing. They pointed to doctoral degrees in nursing.[35] They denigrated the contributions of the average nurse and created fear and suspicion. After the war, the larger society learned from veterans that college and marriage could be successfully combined. This discovery kept open educational doors for women who were marrying at a younger age than previously.[36] But the average nurse did not take full advantage of that discovery,

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[33]"The Nurses' Contribution to American Victory," American Journal of Nursing 45 (September 1945): 686; "The Biennial," American Journal of Nursing 42 (July 1942): 764; "Newsbrief," American Journal of Nursing 42 (August 1942): 957.

[34]Editorial, "Subsidies," RN 4 (April 1941): 22-23.

[35]Ella A. Taylor, "Doctoral Degrees," American Journal of Nursing 50 (June 1950): 378

[36]Susan M. Hartmann, The Home Front and Beyond: American Women in the 1940s (Boston: Twayne Publishers, 1982), p. 107.

perhaps because of the suspicions raised by the diploma versus degree battle.

Why did the leaders push so hard for nursing that they forgot about nurses? Perhaps clues could be found in the circumstances of the era. First, the role of the nurse in the hospital was being impinged upon by a growing crop of new workers, first aides and later respiratory therapists, physical therapists, X-ray technicians, and others. All were taking pieces of the acreage which had belonged to nurses. As long as nursing education was controlled by hospitals, nurses were highly vulnerable to being squeezed out. Hospitals could change the role of the nurse by forcing changes in the training schools' curricula. Nurses could not achieve real control over thier own practice so long as hospitals controlled their education. The leaders realized this. They also knew what educational upgrading had done for medicine. The Flexner report had been a catalyst which helped move medical education from a poorly organized system to a recognized university discipline.[37] The move had raised the status of medicine and given the AMA great control over physicians' practice and their numbers. Nursing leaders wanted the same results for nursing. Already armed with the Goldmark Report of 1922, they added the findings of the Brown Report in 1948. Both recommended university

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[37]Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing (Boston: Little, Brown and Company, 1978), pp. 265-67.

education for nurses.[38] The leaders were convinced of the rightness and utter necessity of moving nursing education into colleges. They were so intent on accomplishing this goal that they lost sight of the people involved. They planned tactics and forgot tact.

Standards

Standards, like education, are gatekeeping tools and expressions of a profession's pride. They are the required levels of quality, the criteria against which practice is measured. In a large sense, what the economic security program is to the individual nurse, standards are to the profession. They are a concrete example of self-interest.

In the eleven years from 1946 to 1957, the AJN printed one editorial and three articles which discussed standards in general. The editorial maintained the right to and necessity of setting standards. It also called on all nurses to support the standards set.[39] None of the three articles were written by nurses. In one, a physician reiterated the necessity for standards and urged nurses to unite and define standards of both education and service.[40] The other two articles, both written by eductors, discussed some of the

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[38]Kalisch and Kalisch, Advance of American Nursing, pp. 332-37, 507-9.

[39]Editorial, "United We Stand; Divided We Fall," American Journal of Nursing 46 (October 1946): 647.

[40]J. C. Meakins, "Nursing Must Be Defined," American Journal of Nursing 48 (October 1948): 622-24.

consequences of raising standards. One pointed to the greatly increased expectations on the nurse. Such standards required nurses to demand better general education as well as better nursing education.[41] The other admitted openly that raised standards meant fewer nurses and thus contributed to the nursing shortage. But the author pointed out that the medical profession did not lower its standards in times of shortages and urged nursing not to do so either. "Any effort to raise standards in any profession will result in fewer candidates and graduates. The choice lies between quantity or quality," said the author.[42]

World War II was a major threat to standards in nursing. As the war grew more intense, the military became a giant machine which gobbled nurses at ever increasing rates. The drain of nurses placed great stress on those who stayed behind. One of those stresses was the temptation, or even the pressure, to lower the quality of care given to each patient in order to service greater numbers of patients. Time and again writers in the AJN pleaded for the maintenance of high

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[41]Arthur P. Coladarci, "The Nurse's Stake in General Education," American Journal of Nursing 57 (September 1957): 1151-52.

[42]Joseph B. McAllister, "An Educated Heart," American Journal of Nursing 49 (October 1949): 638.

standards. Some asked nurses to be flexible and imaginative. All asked them to hold the line on standards.[43]

The continuing drain of nurses also meant the need to train increased numbers of students. Programs were accelerated, classes enlarged. Those who had spoken out for maintaining standards had included nursing education in their pleas. Other voices joined the chorus with particular regard to nursing education. Noting the stress on the educational system, they pressed for the recruitment of the best possible students and cautioned against shortcuts.[44] Stella Goostray reminded nurses that standards depended on high quality recruits which depended on better economic security.[45] Isabel Stewart also saw the danger the war presented, but she saw the opportunity

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[43]Editorial, "One Nation Indivisible," American Journal of Nursing 40 (September 1940): 1017-18; Stella Goostray, "Supply, Demand, and Standards," American Journal of Nursing 41 (July 1941): 746; W. W. Whitehouse, "A Challenge to Nursing," American Journal of Nursing 41 (July 1941): 800; Editorial, "Nursing Education in Wartime," American Journal of Nursing 42 (February 1942): 177; George F. Zook, "Standards and Nursing Education," American Journal of Nursing 42 (August 1942): 933; Editorial, "Our Profession," American Journal of Nursing 43 (April 1943): 326.

[44]Editorial, "One Nation Indivisible," p. 1018; Editorial, "Progress in Our Defense Program," American Journal of Nursing 40 (December 1940): 1374; Julia C. Stimson, "Nursing Council Says No Short Cuts," American Journal of Nursing 41 (May 1941): 575; R. Louise McManus, "Suggested Plan for Acceleration of Clinical Learning," American Journal of Nursing 43 (January 1943): 70-76; Alan Gregg, "Adaptation for Survival," American Journal of Nursing 44 (October 1944): 923-27.

[45]Stella Goostray, "The Time is Now," American Journal of Nursing 44 (July 1944): 679. See also Chapter II.

too. Acknowledging that some compromises and losses would result, she pointed to the unique opportunity to experiment with new educational methods and concepts.[46]

To meet the staffing needs created by the war and its drain on nurses, many hospitals began to use untrained or slightly trained auxiliary workers. AJN reacted strongly with editorials cautioning against reliance on those auxiliary workers.[47] In one of those editorials the self-interest aspect was particularly clear. Speaking of nurse's aides, the editor warned, "indiscriminate use...could become a very serious menace to our standards...and to the future status of professional nursing."[48] The NLNE, Annie Goodrich and Stella Goostray all joined in the chorus of voices warning of the dangers the use of auxiliary workers presented to nursing standards.[49] The Nursing Information Bureau worked to make the public more discerning about the various workers offering patient care.[50]

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[46]Isabel M. Stewart, "Nursing Preparedness - Some Lessons from WW I," American Journal of Nursing 41 (July 1941): 815.

[47]Editorial, "The Survey Is Under Way," American Journal of Nursing 41 (March 1941): 320; Editorial, "All Out for Professional Nursing," American Journal of Nursing 41 (June 1941): 689; Editorial, "To the Colors - Or?" American Journal of Nursing 40 (October 1940): 1134.

[48]Editorial,"To the Colors - Or?" p. 1134.

[49]"The League Considers Defense: The Forty-Seventh Annual Convention of the NLNE, Detroit, Michigan, May 26-30, 1941," American Journal of Nursing 41 (July 1941): 817-28; Goodrich, "Nursing and the National Defense," p. 11-16; Stella Goostray, "The Time is Now," American Journal of Nursing 44 (July 1944): 677-79.

[50]Ernestine Wiedenbach, "Toward Educating 130 Million People," American Journal of Nursing 40 (January 1940): 13-18.

But the AJN ignored the auxiliary worker who had most registered nurses worried - the practical nurse. In 1943, the National Nursing Council, acting in response to the pressures of the times, formally accepted the practical nurse as a legitimate member of the nursing team.[51] This was very much contrary to the wishes of the rank and file nurses who consistently expressed fear and resentment of the practical nurse and other auxiliary workers. One writer asked RN to keep the discussion going and noted that while there were simple tasks which practical nurses could do, "they are not nurses."[52] This idea that auxiliary workers had their place, but that they were not and should not be called nurses was a constant theme in RN's letters section. Between 1940 and 1958, RN published fifty-seven letters which expressed concern about practical nurses (and other auxiliary workers). All the letters worried about practical nurses passing themselves off as nurses and being accepted as such. The concerns of the writers were directed at what that state of affairs meant to nursing standards and to nursing jobs. The writers wanted the public (and physicians) to know the difference between a practical nurse and a registered nurse so that they would not judge nursing by the care they received from a practical nurse. Some of the letters contained horror stories about the harm practical nurses had inflicted on patients. Others spoke of good experiences with practical nurses.

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[51]Barbara Melosh, "The Physician's Hand" (Philadelphia: Temple University Press, 1982), p. 181.

[52]Jessie C. Drake, Debits and Credits - Letters to the Editor, RN 4 (November 1940): 8.

All wanted to keep the practical nurse firmly in her place; a place which would be defined by registered nurses. All the letters tacitly accepted the fact of the practical nurse. None suggested that the position be abolished completely. The writers seemed to know that they could not reverse the tide. Instead, they concentrated on differentiating the levels of nursing. Many asked for the adoption of some title change or specific symbol such as a pin or distinctive uniform which would instantly and without doubt identify the registered nurse to patients and doctors alike. The unspoken asumption seemed to have been that once the public knew the difference, they would choose and pay for nursing by registered nurses. The issue of pay was a very sensitive one because the lesser trained practical nurse charged less for services. Therefore, if the public could not tell the difference between a practical nurse and the registered nurse and could not discern a difference in the quality of care each delivered, they would have no incentive to hire the more expensive registered nurse. When the nursing organizations, including the ANA, accepted the practical nurse and gave assistance to the National Association of Practical Nurses without insisting on a different title or identifying symbol, they were directly causing an adverse effect on the livelihood of many registered nurses. Dorothy Sutherland, the editor of RN, noted the distress that action had caused and the anger of the registered nurses. She warned that that anger was "a volcano

of disapproval which promises to erupt."[53] This volcano was apparent only in RN. The AJN's letter section carried only seven letters in twenty one years which asked for some obvious differentiation of the practical nurse from the registered nurse. Indeed, the volcano never did erupt. It simply fizzled out. This may have been due to the successful efforts of the ANA to gain registered nurse control over practical nurse practice through licensing acts.[54] But a more direct dampening effect was probably the result of the continuing nursing shortage which did not end with the war, but rather intensified. Registered nurses found that they could still get jobs in hospitals, that their career status and mobility had not been significantly hurt by the practical nurse.

Threats to nursing standards appeared in peacetime also. One such threat was the crazy-quilt pattern of state board results produced by each state board of nursing setting its own passing score. This practice meant that some candidates became nurses in some states who would not have qualified in other states which required higher passing scores.[55] It also meant that nurses who moved from one state to another often had great difficulty obtaining a license in the new state. Nurses frequently complained about all the red tape involved and asked for a national licensing act. In response to the

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[53]Dorothy Sutherland, "R.N.'s Should Know," RN 7 (April 1944): 29.

[54]Melosh, "The Physician's Hand", p. 182.

[55]Editorial, "Results of State Board Tests," American Journal of Nursing 55 (September 1955): 1061.

differing licensing standards of the various states, the ANA set up a Committee of State Boards of Nursing to work toward achieving some uniformity.[56] A common minimum passing score was agreed upon in 1951 and enacted by almost all the states.[57]

In addition to the dilution of the gatekeeping function caused by different passing scores, nursing standards were always threatened by shortages, both real and perceived. An AJN editorial scolded nurses for using shortages "as an excuse for not enforcing standards which we know in our own hearts are essential for the welfare of our patients and our profession."[58] Geister took a broader view of the problem of maintaining standards. She urged nurses not to carry the cross alone, but to look at all the people and forces which impinged on their practice and speak out about those obstacles. She wanted nurses to acknowledge their problems but to do so realistically. Her cry was for higher standards and a politically astute approach:

> Our present approach is too limited, too highly concentrated within nursing, too vulnerable to outside critics whose own practices may be adding fuel to our fire....[59]

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[56]Gretchen Gerds, "Public and Professional Interests Meet," American Journal of Nursing 60 (February 1960): 214.

[57]Kalisch and Kalisch, The Advance of American Nursing, p. 531; M. Louise Fitzpatrick, Prologue to Professionalsim (Bowie, Maryland: Robert J. Brady Company, 1983), p. 121.

[58]Editorial, "Standard Bearers," American Journal of Nursing 60 (November 1960): 1595. (Italics added.)

[59]Janet M. Geister, "What Has Happened to Our Nurses," RN 17 (January 1954): 47-48.

Perhaps the most significant action to maintain standards was the establishment of an accrediting body for schools of nursing. AJN staunchly supported accreditation as a mechanism for improving standards.[60] The secretary of the NOPHN Committee on Accreditation called accreditation "the most important single means at the profession's disposal of regulating its own business."[61] Esther Lucille Brown recommended accreditation and the AJN responded with applause.[62] The AHA gave grudging support to accreditation but wanted a hand in the process.[63] In 1949, the first list of accredited programs was published.[64] Accreditation aroused fears in some that hospital schools would be closed in favor of collegiate programs. The AJN and the National Committee for the Improvement of Nursing Service repeated reassurances that the goal was to help schools improve.[65]

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[60]Editorial, "Can't Afford Accreditations?" American Journal of Nursing 40 (April 1940): 416-18; Editorial, "Education for Practice," American Journal of Nursing 60 (June 1960): 805.

[61]Mary C. Connor, "Accrediting and the Structure Study," American Journal of Nursing 47 (October 1947): 701.

[62]Editorial, "Dr. Brown's Report," American Journal of Nursing 48 (October 1948): 609-10.

[63]"Report of the American Hospital Association Convention," American Journal of Nursing 52 (November 1952): 1351.

[64]Lucille Petry, "We Hail an Important 'First'," American Journal of Nursing 49 (October 1949): 630.

[65]Editorial, "The Interim Classification of Schools," American Journal of Nursing 49 (November 1949): 679-80; Marion W. Sheahan, "The NCINS Reports," American Journal of Nursing 50 (June 1950): 350; Editorial, "Temporary Accreditation," American Journal of Nursing 51 (December 1951): 691.

Yet the fears of the diploma school supporters seemed to be realized when considered in view of the figures for the 1951 accreditation report. While 44 percent of the collegiate programs won full accreditation, only 16 percent of the diploma programs did.[66] The leaders of the nursing organizations put into effect an accreditation program which was heavily biased in favor of collegiate schools. They did so without consulting their membership. Neither the ANA nor the NLNE actually voted on or accepted Brown's recommendations.[67] Yet the implementation of those recommendations became a major tool to abolish apprenticeship training and replace it with collegiate education. Once again, RN voiced the opinion of the rank and file saying that both college programs and diploma schools were needed in order to meet the needs of the public for nurses and of the nursing profession for leadership education.[68] RN did not directly attack accreditation or collegiate education. It did seek to soften the blow to the jobs and self-esteem of average nurses, most of whom were diploma school graduates.

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[66]Melosh, "The Physician's Hand", p. 47.

[67]Melosh, "The Physician's Hand", p. 47.

[68]Editorial, "What About This 'Degreed' Nurse?" RN 13 (February 1950): 26.

Research

Since Florence Nightingale, nursees had always used science from other fields and had prided thenselves on taking a rational, logical approach to patient care. But nurses had not always developed their own science. In the drive for the professionalization of nursing, the need for nursing research played a prominent role. Shifting the emphasis from the art of nursing to the science of nursing was seen as a necessary step toward winning recognition as a profession. But a science of nursing as distinct from medicine or other fields did not exist. The science would have to be created or discovered and research was the path to discovery. The literature of the 1940s and 1950s contained many references to the need for research in nursing, a need for a science of nursing. Most of these references were in the AJN. In 1941, a nursing instructor asked for evaluation and re-evaluation of common nursing techniques in order to ensure scientific and cost-effective nursing.[69] The Bixlers, two educators who had studied nursing, recommended more nursing research and a real science of nursing in order to bring nursing up to par with other professions.[70] A 1946 editorial stated the need for nurses who were able to analyze, collect facts and reason out problems, all funda-

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[69]Margaret E. Benson, "Meeting the Shortage of Nurses," American Journal of Nursing 41 (December 1941): 1376.

[70]Genevieve K. Bixler, "Research in Nursing," American Journal of Nursing 50 (July 1950): 442-45; Genevieve K. Bixler and Roy White Bixler, "The Professional Status of Nursing," American Journal of Nursing 45 (September 1945): 730-35.

mental to research.[71] Nurses were involved in research, of course, but usually as unofficial helpers to medical research endeavors. This unsung role was acknowledged by a physician who also advocated the founding of a journal for nursing research.[72] An ANA consultant on research urged a greater level of science in nursing saying, "research is needed as a basis for sound and competent planning. It is needed to avoid staticity and lag in current practices...."[73] At the end of 1951, the birth of a new journal devoted exclusively to research in nursing (Nursing Research) was announced in AJN.[74] The AJN editor and leaders in nursing research reminded nurses more than once that research was the concern of every nurse either as a participant or a consumer.[75] In 1960, Rozella Schlotfeldt offered a thoughtful analysis of the state of nursing research:

> Nursing has its share of creative and artistic practitioners, but until the rationale for their practice is translated into

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[71]Editorial, "Nursing Service - Old or New?" American Journal of Nursing 46 (August 1946): 512.

[72]Stanhope Bayne-Jones, "The Role of the Nurse in Medical Progress," American Journal of Nursing 50 (October 1950): 601-4.

[73]Elizabeth S. LaPerle, "Research and the ANA Program for Studies of Nursing Functions," American Journal of Nursing 50 (December 1950): 767.

[74]"A New Magazine for Nurses," American Journal of Nursing 51 (November 1951): 664.

[75]Joint Committee on Nursing Research and Studies, "Research in Nursing - Philosophy and Plan of Action," American Journal of Nursing 52 (May 1952): 601; Editorial, "The Research State of Mind," American Journal of Nursing 55 (July 1955): 799; Helen L. Bunge, "Research Is Every Professional Nurse's Business," American Journal of Nursing 58 (June 1958): 816-19.

> ideas which can be communicated and shared, these creative practitioners' contributions are useless to others.[76]

The editors of RN were the ones to point out a major problem in much of the research about nursing. They deplored the fact that most nursing research concerned nurses and nursing education. Very little of it was actually about nursing. The editors cited a survey which found that only 10 percent of so-called nursing research dealt with patients or techniques. There were few nurses prepared to do research at that time and most nurse researchers took their lead from social science researchers. The end result was "the practitioner, not the practice, [had] received the greatest research emphasis - the worker, not the work...."[77]

What was the evidence that nursing practiced what it preached about research? As early as 1941, a nursing instructor wrote of using the results of psychological experiments in planning teaching strategies.[78] Another instructor helped students conduct their own experiments on common nursing procedures.[79] In 1951, the AJN

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[76]Rozella M. Schlotfeldt, "Reflections on Nursing Research," American Journal of Nursing 60 (April 1960): 493.

[77]Editorial, "Nursing's Investigators and Interpretors," RN 20 (May 1957): 40-41.

[78]Mabel Montgomery, "Teaching Pharmacology," American Journal of Nursing 41 (March 1941): 323-26.

[79]Dorthea I. Glasoe, "Students Learn by Experimenting," American Journal of Nursing 41 (October 1941): 1157-58.

Company voted to "accept the responsibility for publishing a new professional magazine - Nursing Research."[80] The assistant executive secretary of the ANA hailed research accomplishments of the ANA as including direct support to research and provision of channels for the performance and dissemination of research.[81] Also, in 1960, the American Nurses Foundation launched a fund raising campaign for the sole purpose of supporting more and more research in nursing.[82]

Although the editors of RN called for a change in the emphasis of nursing research, there was no opposition to nursing research as such from within nursing. No letters to the editor railed against it. No articles took an anti position. All writings supported research and lauded any advances made. Yet research was one of the tools which could, and would, increase the gap between the elite and the rank and file. To do research of any sort or magnitude required specialized education which was not part of the usual diploma school curriculum. Thus only those with at least a college education could be the researchers. The diploma graduate was therefore left out of this professionalizing activity and more vulnerable to the label of technical nurse. Also, research has a certain power of definition. By choosing topics, researchers define what is considered important in

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[80]Editorial, "A Research Magazine," American Journal of Nursing 51 (November 1951): 643.

[81]Ann Klingelhofer, "ANA Approaches to Research," American Journal of Nursing 60 (January 1960): 56.

[82]Clare A. Hardin, "Expansion of Research to Focus on Nursing Problems," American Journal of Nursing 60 (November 1960): 1630.

the field. It is no accident that most of the nursing research done has not dealt with nitty-gritty aspects of nursing care, but with more esoteric labelings and interventions. Most studies deal with such topics as locus of control and circadian rhythms, not with the most energy efficient way to turn a heavy patient in bed. Some of that can be attributed to the early guidance of the social scientists. But much of it is probably due to the conscious desire of the researcher to pick more "professional" topics. Why then did the rank and file nurses not raise more questions about research and its directions? Why were they so silent? Perhaps because they did not perceive the threat. Research may have been something which "ivory tower" types did to occupy their time and which had little "real-world" meaning. Or it may be that the average nurse recognized her own power in the situation. Research is intended to define and refine practice. But it is effective only when the results are used. The rank and file could, did, and still does, refuse to use research findings. They simply ignored it.

Chapter VI

IDEALS RELATED TO CHARACTER TRAITS OF THE INDIVIDUAL NURSE

Before Florence Nightingale there was a widespread public perception of lay nurses as disreputable women. Nightingale proved that women of good character could and would become nurses. Her school and those that followed her model placed emphasis on the character of entering students and on character development within the training course. In 1941, a college dean called a "good spirit" essential to nursing.[1] In the same year a nurse educator writing with a nurse executive stated that "the development of desirable personality traits" was just as vital as the acquisition of skill and knowledge.[2] What then were the desirable personality traits extant in the literature?

Kindness was one. Readers of the AJN found several references to kindness, starting from 1940 and continuing through 1952. One nurse labeled kindness an essential aspect of the true spirit of nursing.[3] Another claimed kindness was part of what made the patient pleased

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[1]W. W. Whitehouse, "A Challenge to Nursing," American Journal of Nursing 41 (July 1941): 803.

[2]Anita Morris McClelland and R. Louise McManus, "Appraising Personality," American Journal of Nursing 41 (May 1941): 579.

[3]Genevieve E. Noble, "The Spirit of Nursing," American Journal of Nursing 40 (February 1940): 162.

with his care.[4] Kindness was called for in the care of psychiatric patients.[5] Nurses included kindness as one of the basic attributes of the ideal or perfect nurse.[6] Kindness was the first characteristic noted on a sample evaluation of a good student.[7] Kindness was claimed to make medications work better and patients get well.[8] That kindness was not consistently practiced was acknowledged. One nurse deplored the lack of kindness toward patients which she observed in day to day life.[9] Another nurse, after co-authoring a sociologic study, suggested that the very structure of nursing work prevented the nurse from exhibiting kindness partly because she was required to maintain a "professional attitude" which translated into a stiff, aloof, and reserved persona. Also, nurses did not experience for themselves

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[4]Crescentia J. Troy, "Tender Loving Care," American Journal of Nursing 48 (December 1948): 748.

[5]J. D. Reichard, Myrtice C. Gupton, and John C. Buchanan, "Drug Addiction," American Journal of Nursing 41 (March 1941): 266.

[6]Letters - Pro and Con, no signature American Journal of Nursing 52 (April 1952): 394; M. Annie Leitch, "The Changing Concept of Nursing," American Journal of Nursing 49 (November 1949): 714.

[7]McClelland and McManus, "Appraising Personality." p. 583.

[8]Benjamin B. Lennon, "Nursing Care of Surgical Patients. II. Before and After Anesthesia," American Journal of Nursing 41 (May 1941): 535; Mildred Etier, "The New Look," American Journal of Nursing 48 (February 1948): 93.

[9]Letters - Pro and Con, no signature, American Journal of Nursing 46 (August 1946): 556.

enough kindness and human warmth to be able to constantly display it to others.[10]

In the AJN kindness was also advocated in the guise of friendliness. Articles in the early forties advised nurses to exercise their voices in order to achieve friendly, sympathetic tones.[11] Hospital nurses were told they must be sensitive and friendly in order to get patients to like them, but private duty nurses were admonished to blend into the household and not get too personal.[12] Friendliness was defined as part of the art of nursing[13] and kindness was an inherent part of friendliness.[14] Even leadership was designated as friendly.[15]

Although references to kindness ceased in the AJN after 1952, the late fifties saw mention of what might be termed cousins of kindness, namely compassion and humaneness. Margaret Mead cited compassion as the quality which best described nursing in its broadest sense. She

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[10]Florence R. Weiner, "Professional Consequences of the Nurse's Occupational Status," American Journal of Nursing 51 (October 1951): 616.

[11]Marion Midgley, "Your Speaking Voice and How to Improve It," American Journal of Nursing 41 (April 1941): 414.

[12]Elsie Wolcott, "How to Win Patients and Influence Relatives," American Journal of Nursing 40 (April 1940): 383; Eleanor Pitman, "The Private Duty Nurse in the Patient's Home," American Journal of Nursing 40 (May 1940): 535-37.

[13]Elizabeth Moore Manwell, "Three Basic Needs," American Journal of Nursing 40 (April 1940): 408.

[14]Elsie Wolcott, "How to Win Patients," p. 383.

[15]Editorial, "A Bright Future," American Journal of Nursing 45 (October 1945): 773.

also lauded nurses for using their hands as well as their humanity.[16] In 1958, the Chief of the Division of Public Health Nursing of the U.S. Public Health Service spoke of the pendulum swing of nursing which was then very much to the side of science. Noting the essentially transient nature of much knowledge, she pleaded for the warmth and understanding which she called humaneness to balance the pendulum's swing and achieve true nursing.[17]

Readers of RN also found references to kindness sprinkled throughout the two decades. Kindness was what patients identified with good nurses.[18] Indeed, nurses were fortunate because nursing offered "endless opportunities" for kindness.[19] In the fifties, RN began sounding an alarm about the lack of kindness in nursing. Two writers feared that increased specialization and the emphasis on science were diminishing and devaluing kindness in nursing.[20] Janet Geister reminded readers that kindness was an integral component of the art of nursing and that it was through this art that nurses grew

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[16]Margaret Mead, "Nursing - Primitive and Civilized," American Journal of Nursing 56 (August 1956): 1003.

[17]Margaret Arnstein, "Balance in Nursing," American Journal of Nursing 58 (December 1958): 1690-92.

[18]Ruth B. Scott, "Little Things That Count," RN 9 (December 1945): 57.

[19]Janet M. Geister, "On the Spirit of Nursing," RN 12 (November 1948): 38.

[20]Emma Harling, "The Vanishing Heart of Nursing," RN 19 (October 1956): 84; Joanna Long, "A Plea for Compassion," RN 16 (December 1952): 49.

in themselves and in their "moral stature."[21] Geister also made an impassioned plea for nurses "to be kinder to each other." She noted that too many nurses had a double standard by which they were nice to patients and nasty toward other nurses. Labeling such conduct as ethical "rubbish," she asked nurses to respect the human dignity of their fellow practitioners.[22] That her plea went unheeded was exemplified by a later article which speculated that much of the staff turnover problem was due to the unkind manner in which directors of nursing treated staff nurses.[23]

The qualities that were espoused for nurses were very similar to the qualities associated with womanliness and feminity. Kindness and compassion were linked to nursing and to true womanliness from the beginnings of American nursing.[24] Indeed, the attributes of kindness - compassion and tenderness - were so strongly tied to women, and nurses, that Wilma Scott Heide, a nurse and past president of the National Organization for Women, charged they were a trap into which women fell. This trap was based on the widely held belief that women alone held the keys to kindness and nurturance. Heide called for an

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[21]Janet M. Geister, "Do We Feel Too Little?" RN 16 (May 1953): 39.

[22]Janet M. Geister, "Getting Along Together," RN 15 (October 1951): 70.

[23]Mildred Hale (pseud.), "Drop Dead - But Don't Get Sick," RN 22 (January 1959): 53-55.

[24]Lillian M. Waring, "American Nursing and the Concept of the Calling," in The History of American Nursing Conference Proceedings, ed. Nancy L. Noel (Boston: Nursing Archives, Mugar Memorial Library, 1983), p. 14.

escape from the trap but reminded nurses that such a step was not synonymous with rejecting compassion, but rather with having compassion for their own needs also.[25] The fact that AJN consistently maintained a positive position about kindness while RN sounded warnings about its ill-health may have been due to their differences of focus and audience. The ANA, and therefore the AJN also, was pushing for the professionalization of nursing. Such a push emphasized the science of nursing and de-emphasized the art in order to mimic more closely the accepted (and male) professions. By extolling kindness in the forties, AJN may have been attempting to allay the fears with which the rank and file nurses looked at increased professionalization. For the ANA, professionalization meant moving nursing schools to colleges and embracing the values of the predominantly male professions. For the rank and file, it meant doing their jobs better and getting recognition for that. By writing in glowing terms about the state of kindness in nursing, the AJN may have been trying to show the rank and file that not all of nursing's traditions would be discarded. That much of it was discarded is evident from the pleas for humaneness in 1960. For humaneness is essentially a more sophisticated word for kindness. That RN was more alarmed by the lack of kindness, especially in the fifties when AJN

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[25]Wilma Scott Heide, "Nursing and Women's Liberation - a Parallel," American Journal of Nursing 73 (May 1973): 825.

was not addressing the subject at all, may have been due to that journal's identification with the rank and file of nursing. RN had never taken a sanguine view of the ANA's brand of professionalization and sided with the rank and file who wanted to hold onto at least some of the traditional concepts. Thus while AJN piped the science of nursing, RN played a dirge for the art of nursing.

Citizenship was another desirable character trait for nurses. The editorials in RN consistently asked nurses to think and be active in their professional organizations. However, citizenship as a necessary trait was directly addressed only twice, both times by Geister. Geister believed nurses should be citizens of their profession. This "professional citizenship" went far beyond simple membership in organizations. Geister wanted nurses to participate fully, to be informed, and to communicate their needs to their representatives. She also urged nurses to go beyond nursing citizenship to an active role in the affairs of their communities, their country, and the world.[26]

AJN readers were consistently reminded of their duty to be good citizens. One nurse described a class on current events designed to make nursing students better citizens.[27] Educators outside of nursing

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[26]Janet M. Geister, "On How to Be a Citizen in Nursing," RN 11 (February 1948): 32; Janet M. Geister, "Think for Yourself," RN 16 (October 1952): 33.

[27]Helen H. Lynaugh, "Our Personality Class," American Journal of Nursing 40 (January 1940): 22.

urged nurses, and other women in professions, to become involved in the political lives of their communities and to educate themselves about politics.[28] A study found the public health nurses were more likely to participate in community civic activities than any other group of nurses,[29] perhaps because they were most directly involved in the life of the community. In six different editorials over sixteen years, AJN urged nurses to become involved in civic affairs and politics at all levels and not only in relation to nursing legislation.[30]

On citizenship too, RN and AJN differed somewhat in their approach. Both favored the involvement of nurses as functioning citizens. However, AJN stressed citizenship in the community at large. RN, while advocating community involvement, placed the greater stress on citizenship within the professional organizations. World War II had enlarged the perception of women as citizens and they

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[28]Donald Faulkner, "Nurses Are Citizens," American Journal of Nursing 49 (January 1949): 25; Marguerite J. Fisher, "Professional Women as Effective Citizens," American Journal of Nursing 49 (December 1949): 757; Earl S. Johnson, "Some Unfinished Business in Nursing," American Journal of Nursing 50 (February 1950): 73.

[29]Elizabeth F. Harris, "A Study of Nurses' Participation in Community Activities," American Journal of Nursing 51 (August 1951): 519.

[30]Editorial, "The Nurse Behind the Service Nurse," American Journal of Nursing 45 (May 1945): 340; Editorial, "The Atomic Age and Nursing," American Journal of Nursing 46 (January 1946): 1; Editorial, "Our Job in Civil Defense," American Journal of Nursing 51 (July 1951): 423; Editorial, "Speak Up," American Journal of Nursing 53 (May 1953): 551; Editorial, "Better Laws for Better Nursing," American Journal of Nursing 59 (April 1959): 495; Editorial, "Every Nurse a Citizen," American Journal of Nursing 60 (September 1960): 1241.

certainly did take part in various community activities on several levels.[31] However, women were still not accepted at decision making levels and were excluded from the real world of politics.[32] RN never made a secret of its desire for greater rank and file input into and control of the nursing organizations which may explain its citizenship emphasis. AJN, on the other hand, may have been responding to an ANA desire for more clout at state and federal government levels. ANA may have thought getting more nurses into the political arena would provide that clout.

The trait of being responsible and carrying out responsibilities was proclaimed as an ideal only in the AJN. Most such proclamations appeared during the 1940s. An educator painted nurses as rich in "moral creativeness" because of the responsibilities they carried and called those responsibilities a "priceless possession."[33] Isabel Stewart praised earlier nursing leaders for being firm in their definition of their responsibilities and carrying out their plans.[34] Nurses were admonished that their responsibilities were manifold; each

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[31]Susan M. Hartmann, The Home Front and Beyond: American Women in the 1940s (Boston: Twayne Publishers, 1982), p. 21.

[32]D'Ann Campbell, Women at War with America: Private Lives in a Patriotic Era (Cambridge: Harvard University Press, 1984), p. 6.

[33]F. Ernest Johnson, "Character Education," American Journal of Nursing 40 (July 1940): 765.

[34]Isabel M. Stewart, "Nursing Preparedness - Some Lessons From WW I," American Journal of Nursing 41 (July 1941): 815.

nurse was responsible for the public's image of nursing;[35] the nurse was responsible for the work of others;[36] the nurse had a responsibility to eat a proper diet in order to keep strong and fit and able to serve her country;[37] the nurse's sense of responsibility was vital to the well-being of democracy;[38] nurses had a responsibility to increase clinical competency;[39] and nurses' responsibilities included "bringing order out of chaos" and "developing broad social vision."[40] To top off that litany of responsibilities, nurses were told that accepting responsibility yields a fuller, more satisfying life.[41] When some of these many responsibilities collided in 1950, nurses were praised for putting responsibility to the patient first.[42] For the rest of the

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[35]Laura Blackburn, "Unconscious Teaching," American Journal of Nursing 41 (May 1941): 526.

[36]Edna M. McCorkle, Letters From Readers, American Journal of Nursing 41 (November 1941): 1327.

[37]Lenna F. Cooper, "Nutrition and the Nurse," American Journal of Nursing 41 (July 1941): 774.

[38]Ruth Evelyn Parks, "Inside Looking Out," American Journal of Nursing 41 (June 1941): 643.

[39]Editorial, "As the Tide Turns," American Journal of Nursing 45 (August 1945): 594.

[40]Margaret Gahan, "There Are Too Many Conflicting Demands," American Journal of Nursing 47 (February 1947): 77; Margaret E. Conrad, "Preparing the Nurse for Her Professional Responsibilities," American Journal of Nursing 49 (February 1949): 110.

[41]William C. Menninger, "Opportunities in Nursing for a Satisfying Life," American Journal of Nursing 48 (August 1948): 528.

[42]Editorial, "The Patient Comes First," American Journal of Nursing 50 (July 1950): 383.

decade AJN was silent on responsibility. In 1960, the issue was raised again twice. Once in response to strikes by hospital employees when nurses were told to remain neutral and to remember that responsibility for the patients was not their's alone. It was shared by hospital administrators and doctors.[43] This was quite a departure from the rhetoric of the forties which made nurses responsible for everything, all the time. But the times had changed. Health care had become more rationalized and more fragmented. Collective bargaining was becoming a major force on the health care scene. Responsibility for the patient had been used often and effectively to get nurses to pick up every job which no one else wanted to do or which the hospital did not want to pay extra for. It was time for a more realistic definition of the nurse's responsibility within the entire system and not just in relation to her patients. It was also a time when continuing education was becoming a catch phrase in nursing. The ANA supported the concept of continuing education by each nurse. But it had no power to enforce such action or to require employers to provide such education. Thus, it was not surprising to find an article which focused on the individual responsibility of each nurse to pursue and maintain professional growth through continuing education.[44]

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[43]"If a Hospital Strike Occurs," American Journal of Nursing 60 (March 1960): 344-47.

[44]Sister Charles Marie, "On Continuing Growth," American Journal of Nursing 60 (October 1960): 1489.

Responsibility was touted only in the AJN and mostly in the forties. One of the motivations may have been to pull out all the stops in urging nurses to volunteer for military and civilian work during the war. Thus responsibility was another variation on the themes of patriotism, volunteerism, and service. The post-war nursing shortage may have motivated a continuation of the theme. That RN ignored this ideal is a bit perplexing. One does not come away from reading RN with the impression that it did not value responsibility. Quite the contrary. Yet there was no overt reference to it. Perhaps RN's editors assumed that all nurses were responsible people and therefore no discussion was needed. They also may have believed that responsibility had been adequately, albeit indirectly, addressed through articles on patient care, education, and the nurse's role.

The ability to cope was also a prized asset for a nurse. It was presented as an essential ingredient of leadership.[45] The vast majority of statements about coping appeared in AJN although a few were in RN. Most references occurred during World War II and consisted of laudatory accounts of nurses coping with difficult situations. Nurses on the home front were praised for coping with increased patient loads and decreased staffing without diminishing the

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[45]D. A. Worcester, "Leadership," American Journal of Nursing 41 (March 1941): 281.

quality of care.[46] Most of the articles and letters pointed with commendation and pride at the ability of nurses in combat areas to cope not only with tremendous patient loads, exhausting work schedules, and lack of medical supplies but also with the most primitive living conditions, sometimes in areas where it had been thought that white women could not survive.[47] Nurses were proud of their ability to cope in base hospitals where they also faced lack of

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[46]Mary E. Ryan, "How to Have a Refresher Course," American Journal of Nursing 41 (April 1941): 397; Dorothea I. Glascoe, "Students Learn By Experimenting" American Journal of Nursing 41 (October 1941): 1158; Editorial, "Tributes - Civilian and Military," American Journal of Nursing 43 (June 1943): 521; Editorial, "A Between-People-Book," American Journal of Nursing 43 (April 1943): 327.

[47]Dorothy Sutherland, "Three Who Came Back," RN 6 (August 1943): 20; Pauline Johnston, "Dear R.N.," RN 7 (August 1944): 48; Kathleen Dean, "Steel Helmets and Nurses Caps," RN 8 (March 1945): 27; Dorothy Sutherland, "Anzio Remembered," RN 9 (February 1946): 37; Letters From Readers, no signature, American Journal of Nursing 41 (July 1941): 839; Virginia Bonney, Letters From Readers, American Journal of Nursing 42 (June 1942): 691; "Army Nurse Wins Air Medal," American Journal of Nursing 43 (May 1943): 443-44; "On Leave From Africa," American Journal of Nursing 43 (June 1943): 559; Raymond Scott, "Eleventh Evacuation Hospital in Sicily," American Journal of Nursing 43 (October 1943): 925-26; Frederick Clayton, "Front Line Surgical Nurses," American Journal of Nursing 44 (March 1944): 234-35; Mary Ann Harman, Letters From Readers, American Journal of Nursing 44 (June 1944): 594-95; "I'd Take Combat Duty Again," American Journal of Nursing 44 (July 1944): 676; Letters From Readers, no signature, American Journal of Nursing 44 (September 1944): 914; Theresa M. Hayes, "It Was Hot on the Island," American Journal of Nursing 44 (November 1944): 1058; Vincoe M. Paxton, "With Field Hospital Nurses in Germany," American Journal of Nursing 45 (February 1945): 132.

supplies, long hours, and an overload of patients.[48] Two articles dealt with the nurses who became POW's in the South Pacific and the special coping problems and successes they had.[49] One nurse wrote a truly remarkable account of her experience in coping with a village full of severely wounded people after a Japanese "mopping up" operation. She was the only person with any knowledge of medical care and her supplies consisted of two syringes, a few needles, some tubing and bandages, and a little morphine. In one year she cared for and nursed back to health 89 bed cases and 1000 outpatients, all by herself.[50] One of the patients she described would certainly have spent many days in an ICU had he suffered those wounds today in the United States. Yet, that nurse coped. Only one cautionary note was sounded in the forties. One nurse executive noted that nurses were coping too well for their own good. She warned that taking on all sorts of work from other departments did not help nurses meet their

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[48]Letters From Readers, no signature, American Journal of Nursing 41 (May 1941): 599; Ruth Evelyn Parks, "Inside Looking Out," American Journal of Nursing 41 (June 1941): 643; Sheila M. Dwyer, "A Base Hospital in England," American Journal of Nursing 41 (August 1941): 877-84; Bernice J. Sinclair, "My Preview of Army Nursing," American Journal of Nursing 42 (January 1942): 17; Dorothy Lucille Main, "Sailors and Marines Come Back," American Journal of Nursing 44 (April 1944): 355-57.

[49]Dorothy Davis, "I Nursed at Santo Tomas, Manila," American Journal of Nursing 44 (January 1944): 29-30; Carolyn Valentine, "Nursing at Los Banos," RN 8 (May 1945): 30.

[50]Vincoe C. Mushrush, "What 'Mopping Up' Operations Mean," American Journal of Nursing 44 (March 1944): 228-30.

own needs nor did it help keep in mind a clear definition of nursing.[51]

In contrast to World War II, the Korean War brought forth only two references to the pride of nurses coping with combat conditions.[52] The only other article about coping appeared in 1951 and described, proudly, the response of nurses to a flood situation and their great ability to cope with the sequela.[53] With the exception of the one writer who suggested nurses should be careful about what they coped with, all the references praised coping and lauded the ability of nurses to manage patient care and personal lives under the most adverse conditions.

The ability to cope with any and all situations was universally praised in both journals. There was never any discussion that a nurse might not be able to cope. It was assumed that, of course, she could and would. This was in line with the popular conception of nurses and of women in general. Although women were considered fragile, they were also considered to be able to cope with differing situations. The propaganda of World War II stressed the competence of women. When women were no longer needed in the workplace at war's end, the propaganda quickly switched to a portrayal of women as weak and

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[51]Clare Dennison, "Maintaining the Quality of Nursing Service in the Emergency," American Journal of Nursing 42 (July 1942): 774-78.

[52]Martha Hayes, Debits and Credits - Letters to the Editor, RN 14 (November 1950): 5-6; Edith A. Aynes, "Hospital Trains in Korea," American Journal of Nursing 52 (February 1952): 166-67.

[53]Mary Ellen Ederstrom, "In the Wake of the Flood," American Journal of Nursing 51 (November 1951): 662-63.

helpless.[54] The journals' portrayal of nurses coping followed the same route. During World War II, they were filled with examples of coping which abruptly ended with the war. Women were thought to be concerned, first and foremost, with order and bringing order out of chaos and to be "infinitely adaptable" to circumstances.[55] The articles about coping invariably spoke of nurses turning abandoned buildings and muddy fields into functioning hospitals at short notice. In other words, they were creating order where chaos had been before in a most womanly tradition. The lone voice who suggested that nurses might be coping too well, was, in a direct sense then, suggesting that nurses might be too womanly, a state which society considered impossible. Thus, that one article was not followed up. It was left to twist in the wind.

Courage was another trait which was extolled mostly during World War II. Both RN and AJN carried numerous articles and editorials which elaborated the courage of nurses in wartime. Writers in the AJN praised the nurses at Dunkirk, Pearl Harbor, England, Bataan,

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[54]Hartmann, The Home Front and Beyond, p. 202.

[55]Page Smith, Daughters of the Promised Land (Boston: Little, Brown and Company, 1970), pp. 318, 323.

Corregidor, and Anzio.[56] Other articles cited the courage of those who signed up for military duty and shipped out, some after learning of the bombing and sinking of ships carrying nurses.[57] Articles in RN also acclaimed the bravery and courage of nurses in the midst of war in England, Europe, and the Pacific.[58] All the articles in both journals commended nurses for their valor under fire and during shelling and for putting their own lives at risk to save those of their patients. Besides courage, the one word which appeared again and again in all references was "quiet." The nurses all had "quiet

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[56]Editorial, "In Honor of the Unknown," American Journal of Nursing 41 (January 1941): 71; David Curnock, "Midwives on Motor Bikes," American Journal of Nursing 42 (April 1942): 353; Mary Williams, Helen Gage, and Mildred Byers, "Nursing in Hawaii," American Journal of Nursing 42 (April 1942): 350; Agnes Peterson and Charlotte Kerr, "With Red Cross Nurses in Hawaii," American Journal of Nursing 42 (May 1942): 532; Editorial, "Nurses in the Headlines," American Journal of Nursing 42 (May 1942): 546; Editorial, "To the Classes of '42," American Journal of Nursing 42 (July 1942): 797; Editorial, "The Time Is Now! " American Journal of Nursing 42 (August 1942): 924-25; "The Heroic Nurses of Bataan and Corregidor," American Journal of Nursing 42 (August 1942): 897; Editorial, "A Between-People-Book," American Journal of Nursing 43 (April 1943): 327; Ruth Y. White, "At Anzio Beachhead," American Journal of Nursing 44 (April 1944): 370-71; Frederick Clayton, "An Evacuation Unit Serves Under Fire," American Journal of Nursing 44 (May 1944): 453-55; "The Biennial," American Journal of Nursing 42 (July 1942): 754.

[57]"We Can Be Truly Proud," American Journal of Nursing 41 (August 1941): 920; Editorial, "Have You Enrolled?" American Journal of Nursing 41 (October 1941): 1179; "Okay and Ready for Duty," American Journal of Nursing 42 (May 1942): 528-29.

[58]Lois Oakes, "London Letter," RN 5 (January 1942): 34-35; "On the Red Cross Record," RN 5 (June 1942): 48; Editorial, "To Win the War," RN 5 (July 1942): 13; Jean DeWitt, "Women Who Nurse - Florence MacDonald, R.N.," RN 5 (August 1942): 19; Camilla Danforth, "Don't Be Afraid of Fear," RN 6 (October 1942): 20; "Heroic Nurses," RN 7 (September 1944): 68-72; Dorothy Sutherland, "Army Nurses Under Fire," RN 8 (June 1945): 33; Editorial, RN 5 (March 1942): 11; "News of the Month," RN 6 (July 1943): 37.

courage," the two words almost inevitably linked. The praise extended not only to the nurses' courage under fire but also to their quietness and modesty about their courage. The attitude of quietness and calmness seemed to be as, if not more, important as the courage itself. One wonders whether those nurses would have received as much praise had they rushed into the bombed and burning wards with yells on their lips as soldiers have when they rush into a battle. Would they have been lauded as examples of nursing's best had they given interviews in which they proudly proclaimed their own courage?

Other than in war stories, courage was mentioned only a few times. One mention in 1949 was similar to the war accounts as it praised nurses in England who died during a hospital fire because they stayed to help their patients.[59] Another article in 1942 told nurses that they needed courage themselves in order to sustain the courage of their patients and thus enable them to recover from their illnesses.[60] The only mention of courage in the 1950s came from Janet Geister. She proclaimed that nursing's leaders needed the courage to stand alone, if need be, in order to fight the conformity of thought which Geister saw as so dangerous to the profession.[61]

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[59]Editorial, "Greater Love Hath No Man," American Journal of Nursing 49 (July 1949): 409.

[60]Helen C. Manzer, "All Things To All People," American Journal of Nursing 42 (September 1942): 1004.

[61]Janet M. Geister, "The Meaning of the Lamp," RN 19 (May 1956): 64.

The courage which was lauded by both journals was a peculiar thing. In the sense that it required the risk of the nurse's life, it was very "masculine." However, in other ways, it was a particularly "feminine" courage. Women had been considered to be morally superior to men, to be pure and spiritual.[62] They were the repositories for love, unselfish devotion, and "patient courage," for all the best qualities of humanity.[63] They were also expected to be self-denying and sacrificial.[64] A good woman gave preeminence to her maternal "instincts."[65] To protect her patients at the risk of her own life then, was a logical expression of her womanly feelings. To do so with calmness and quietness was an indication of her femininity since women were thought to be private, while men were public.[66] Yet a newer look at women suggests a different explanation. The psychologist Carol Gilligan postulates that a woman's moral development is very different from a man's. Morality for women, she says, is "concerned with the activity of care" and thus is built on "responsibility and relationships," not on rights and rules.[67] Looked at in this light,

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[62]Sheila M. Rothman, Woman's Proper Place (New York: Basic Books, 1978), p. 128.

[63]Rothman, Woman's Proper Place, p. 23.

[64]Barbara Ehrenreich and Deirdre English, For Her Own Good: 150 Years of Expert's Advice to Women (Garden City, New York: Anchor Books, 1978), p. 270.

[65]Rothman, Woman's Proper Place, p. 82.

[66]Smith, Daughters of the Promised Land, p. 317.

[67]Carol Gilligan, In A Different Voice (Cambridge: Harvard University Press, 1982), p. 19.

the courage of those nurses may have been a logical response to their moral code. It may be they stayed with the wounded, not because of some rule about the patient coming first, but because their morality put prime importance on the relationship of nurse and patient and the value of caring. It did not matter who the particular patient was. The relationship in those cases was not with an individual but with any person who was in the role of patient.

A character trait which captured much attention in both journals was maturity or adulthood. This trait was problematic for, while it was admired, it was also noticeably lacking, at least in the early forties. In an anonymous article in AJN, one nurse complained about the tradition that required nurses to stand when the doctor entered the room, even if it interfered with patient care. Although she recognized that tradition as an interference, she did not suggest that it be dropped, only that it be modified so that it did not impinge on patient care.[68] A survey showed that many schools of nursing mandated a supervised study period for students. The authors noted the underlying assumption that students were not mature enough to regulate their own study habits.[69] A psychiatrist wrote in 1942, that the tradition of staff nurses living in nurses residences at the hosptials

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[68]Anonymous, "The Psychiatric Nurse: What the Psychiatrist Expects of Her," American Journal of Nursing 40 (January 1940): 28.

[69]Mary Hughes Vaughan, "Building Better Study Habits," American Journal of Nursing 42 (March 1942): 301-4.

where they worked was a problem. Such arrangements lacked the privacy of a normal home environment and, because all needs (e.g., food, laundry, room furnishings) were supplied, fostered dependence and immaturity in the nurses.[70] The issue had been broached in RN the year before in a letter proclaiming the nurse as an adult who could choose her own home and companions and demanding to know why residences were still being built.[71] That was followed in 1942 by an article by the same psychiatrist who wrote for AJN. The content of both articles was similar. Again the author scored the nurses residence as an "adolescent school dormitory" which placed the nurse in a position of "childlike dependence."[72] Unlike the AJN article, the RN article occasioned several letters, all of which supported the psychiatrist's viewpoints. The letters called the system archaic and an unnatural segregation.[73] One nurse detailed the humiliating and arbitrary practices she had endured as both student and graduate. Then she noted with amazement that after living under such a system, she was so indoctrinated that she was "actually apalled at the idea of

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[70]Phillip Polatin, "The Mental Hygiene Aspects of Full Maintenance," American Journal of Nursing 42 (March 1942): 254-56.

[71]Debits and Credits - Letters to the Editor, no signature, RN 4 (September 1941): 7-8.

[72]Phillip Polatin, "A Room of One's Own," RN 6 (November 1942): 21.

[73]R. T. Cossaboom, Debits and Credits - Letters to the Editor, RN 6 (December 1942): 7; Inge P. Coleman, Debits and Credits - Letters to the Editor, RN 6 (February 1943): 8; Mabel DeLong, Debits and Credits - Letters to the Editor, RN 6 (December 1942): 8.

going out on [her] own".[74] The anger over living conditions surfaced again in RN in 1943 with statements about the abnormally "cloistered" life of the nurse which kept her a "perpetual adolescent." Calls for change rang out.[75] The anger also bobbed up in AJN in 1942 and 1949 with nurses railing against the curfews and other rules for both students and graduates.[76] After that time, the complaint died out as more and more hospitals allowed "living out." This was not in response to the requests of staff nurses but rather in response to the demands of the war. Hospitals which were very short-staffed needed to hire married nurses during the war. Married nurses could not be forced to live in. It took some years for salaries to be adjusted, but by the end of the war, most nurses had a choice about where to live.

From 1942 to 1951, AJN printed several references to the adulthood, or lack of same, of nurses. One article asked that barriers against married students be dropped.[77] This was a radical notion since it meant either allowing a student to live out or breaking a woman away from her home and family. Both were unheard of

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[74]Debits and Credits - Letters to the Editor, no signature, RN 6 (December 1942): 8.

[75]Ursula Potts, "A Home of My Own," RN 7 (October 1943): 50; Debits and Credits - Letters to the Editor, no signature, RN 6 (April 1943): 2-3.

[76]Anonymous, "Let's Consider the Staff Nurse," American Journal of Nursing 42 (May 1942): 502; Dorothy Whiteside, Letters - Pro and Con, American Journal of Nursing 49 (March 1949): 4.

[77]Edith H. Smith, "One Word More," American Journal of Nursing (October 1942): 1149-50.

alternatives. In 1948, Lenox Hill Hospital opened a pay-as-you-go cafeteria. While nurses living in had always had meals included, they had eaten at set times and had had no choice about the menu. It was fixed and was the same for all. The cafeteria system allowed the nurse to choose her own food and eat when she chose to.[78] It was a measure of the lack of maturity among nurses that this simple, basic adult privilege was big news. Another article noted that "more and more graduates are being allowed to choose their own sleeve length,"[79] a weighty step indeed along the road to maturity. Nurses also argued against standardized uniforms, wishing to maintain some individuality.[80]

In 1946, RN angrily pointed out that nursing textbooks perpetuated the under-recognition of nurses as mature, important persons. While the titles of the texts made it clear they were about nursing, "the name of the collaborating doctor invariably precedes the name of the nurse author."[81] AJN had nothing to say on the subject, perhaps because of its habit of placing doctors' articles ahead of

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[78]Mary M. Richardson, "This Pay Cafeteria Works," American Journal of Nursing 48 (August 1948): 496.

[79]Florence E. Judd, "How Long Should Uniform Sleeves Be?" American Journal of Nursing 49 (March 1949): 145. (Italics added.)

[80]Anne Marie Kralovich, "The Graduate Nurse's Uniform," American Journal of Nursing 49 (March 1949): 148.

[81]"From Where I Sit - ," RN 9 (February 1946): 80.

nurses' and naming physicians first in jointly written articles. From 1948 through 1954, Janet Geister reminded RN readers about the problem of adulthood. She scored nursing schools for sacrificing the student's rights, personality, and initiative to the god of control.[82] She scolded nurses for being reluctant to undertake the hard task of independent thought.[83] She noted the spread of authoritarianism which had helped keep nurses "semi-mature."[84] She wondered how nurses, who were so mature when it came to patient care, could be so immature in other endeavors.[85] And she mourned for the resistance to growth which she found among some nurses:

> Some nurses like the old pattern. It absolves them from thinking, from forming their own decisions and it furnishes them with an excuse to cry unto Heaven over the injustices they suffer.[86]

While RN was pointing out the problems with adulthood, it was also pointing out progress and hope. From 1940 to 1957, RN printed several editorials and articles which carried the theme of the nurse's ability to behave maturely. When a letter questioned the advisability of an article on unions, RN replied that nurses saw information as

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[82]Janet M. Geister, "Let's Talk it Over," RN 11 (April 1948): 29.

[83]Janet M. Geister, "Growing Up," RN 14 (October 1950): 80.

[84]Janet M. Geister, "The Right Use of Power," RN 14 (February 1951): 35.

[85]Janet M. Geister, "On Maturity," RN 15 (August 1952): 38.

[86]Janet M. Geister, "Our Need for Superior Nurses," RN 17 (March 1954): 56.

vital and not as dangerous.[87] The editors repeated their belief in the ability of nurses to think for themselves and act on their decisions.[88] When some physicians said nurses had become too "independent," RN invited its readers to reply and they did, with vehemence.[89] Geister cheered nurses for striving for adulthood, for casting aside meekness in favor of adult responsibilities and rights. She cheered them for respecting their own worth. She also urged them not to let the need to be ladylike get in the way.[90] One article called prideful attention to a school of nursing which allowed students to live out and actually called living in an "anachronism."[91] Another claimed that nurses were freeing themselves of the "follow-the-leader" traditions.[92] One nurse used the ultimate strategy of withdrawal from the workforce in the belief that her work would only

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[87]Editorial, "Folly to Be Wise?" RN 3 (January 1940): 18.

[88]Editorial, "What's in a Name?" RN 3 (March 1940): 15; Editorial, RN 6 (October 1942): 13; Editorial, "The Weakened Heart of Nursing," RN 18 (August 1955): 32-33.

[89]"What Do Doctors Think of Nurses - Report on an ANA Survey," RN 9 (January 1946): 33.

[90]Janet M. Geister, "On What It Means to Be a Person," RN 12 (January 1949): 22-23; Janet M. Geister, "Why Not Nurses Boards for Hospitals?" RN 12 (September 1949): 29; Janet M. Geister, "Pompous or Consequential?" RN 13 (February 1950): 38; Geister, "On Maturity," p. 67.

[91]Regina Fischer, "Living Out Helps Recruitment," RN 17 (March 1954): 61.

[92]Florence Kempf, "Self-Realization is More Than...," RN 19 (November 1956): 108.

help hospitals delay the need to change "their neurotic environment" to one which recognized the adulthood of nurses.[93]

AJN also printed the survey in which doctors called nurses too "independent" and "inservile."[94] But AJN did not ask its readers to respond, perhaps because the ANA had commissioned the survey. Nonetheless, independence and lack of servility could be taken as measures of growing adulthood. AJN noted other signs of growth. At the end of the war, military nurses hesitated to return to civilian hospitals because they had learned independence, initiative, and individuality in the military, traits which were not associated with "traditional nurses."[95] But they were associated with maturity. In 1950, an editorial claimed schools of nursing had made "real progress" in allowing students a normal adult life.[96] Articles by diverse professionals proclaimed the right of nurses to be adult and their need, therefore, for individuality, emotional stability, assertive-

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[93]Debits and Credits - Letters to the Editor, no signature, RN 20 (May 1957): 16-17.

[94]Edward L. Bernays, "The Medical Profession and Nursing," American Journal of Nursing 45 (November 1945): 909.

[95]Mary Jose, "Some Army Nurses' Postwar Plans," American Journal of Nursing 45 (August 1945): 596; Mary Walker Randolph, "What Army Nurses Expect from the Profession," American Journal of Nursing 46 (February 1946): 95.

[96]Editorial, "Outlook for Student Recruitment," American Journal of Nursing 50 (May 1950): 259.

ness, and intellectual growth.[97] And one study found that the nurses who had the most difficulty with the new adulthood were the older nurses who had been thoroughly brainwashed into obedience and subservience.[98]

AJN also claimed that the profession of nursing, as well as individual nurses, was growing up. It cited as evidence the willingness to accept responsibility and its concurrent legal problems, the growing rejection of paternalism, the automatic inclusion of nursing groups in government planning and the increased ability of nurses to speak out and write about health problems.[99] In the same time period, however, AJN also printed an article in which the author claimed that the first and foremost motivation of every

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[97]Gardner Murphy, "Professional Progress Through Personal Growth," American Journal of Nursing 54 (December 1954): 1467; James B. Ashbrook, "Not By Bread Alone," American Journal of Nursing 55 (February 1955): 165; E. D. Pellegrino, "The Nurse Must Know, The Nurse Must Speak," American Journal of Nursing 60 (March 1960): 363; Charles H. Russell, "On a Liberal Background," American Journal of Nursing 60 (October 1960): 1486.

[98]Edith M. Lentz, "A Study of Changing Relationships in Hospitals," American Journal of Nursing 56 (February 1956): 187.

[99]Editorial, "Federal Legislation," American Journal of Nursing 50 (November 1950): 685; Harold L. Sheppard and Audrey P. Sheppard, "Paternalism in Employer-Employee Relationships," American Journal of Nursing 51 (January 1951): 17; Editorial, "Nursing - A Social Force," American Journal of Nursing 52 (July 1952): 817; Dorothy Deming, "Let's Tell the Public," American Journal of Nursing 53 (January 1953): 56.

nursing student was to find a husband and become a housewife.[100] That article negated the entire profession of nursing as a goal or activity worthwhile in itself, yet the editor printed no proviso or disclaimer. It was as if the editor did not grasp the import of what the author was saying. In any case, another AJN article went on to urge nursing schools to change their style and focus, saying that students trained to be rule obeying followers could not turn into leaders overnight when they graduated.[101] AJN carried praise for non-conformists and those nurses who faced and solved their own problems.[102] The praise for non-conformists seems ironic considering the previously discussed editorial reaction of the AJN to delegates who disagreed with the Board, and the ANA's treatment of McManus' proposal at the 1956 convention.

AJN's editors urged nursing as a group to take authority where it could, to set its own goals. They praised the ANA for standing up for its convictions.[103] And in a final note on the growth of maturity in

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[100]Frances C. Jeffers, "Preparation for Marriage," American Journal of Nursing 51 (August 1951): 514.

[101]Marion E. Kalkman, "The Development of Leadership in Nursing," American Journal of Nursing 53 (March 1953): 312-13.

[102]Editorial, "Tending to Our Own Knitting," American Journal of Nursing 59 (May 1959): 648; Editorial, "Nonconformists," American Journal of Nursing 53 (June 1953): 673.

[103]Editorial, "...A Big Responsibility," American Journal of Nursing 59 (August 1959): 1101; Editorial, "Doctors and Nurses," American Journal of Nursing 60 (August 1960): 1095; Editorial, "Taking a Stand," American Journal of Nursing 59 (September 1959): 1245.

nursing, a nurse educator recalled that, in the thirties, most instruction for nurses was given by physicians. She contrasted that with 1960 when many schools had completely replaced doctors with nurse teachers. She also called attention to the fact that nursing texts had begun to carry the name of a nurse as the main or sole author.[104]

RN also addressed the maturity of the profession, but unlike AJN, it found little cause for rejoicing. Geister maintained that nurses needed to respect themselves and each other before they could stand for themselves and cease to lean on others.[105] Another writer charged nursing with the need to stop making excuses for inaction and lack of convictions, and start behaving in an adult manner so that the profession could reach maturity.[106] An RN editorial called nursing an adolescent profession beset by insecurities.[107] In 1956, RN took note of the ANA convention at which 98.8 percent of the proposals put forth by the Board were approved by the House of Delegates. This did not strike RN as a desirable state of affairs for a mature profession. In a strong statement, it averred that such unanimity could "cause

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[104]Margene O. Faddis, "On Clinical Teaching," American Journal of Nursing 60 (October 1960): 1462.

[105]Janet M. Geister, "Confidence in Life," RN 14 (September 1951): 34.

[106]Myrtle C. Applegate, "Stand Up and Be Counted!" RN 15 (May 1952): 29.

[107]Editorial, "Status, Standards, and Symbolism," RN 20 (March 1957): 48.

cardiac arrest" among nurses who believed an active, skeptical delegate body made "for a healthier profession."[108]

Both journals dealt with adulthood, directly and indirectly. When discussing nurses, both acknowledged some problems. The editors of RN took a more vigorous stance by encouraging reader response to articles about adulthood. AJN's editors printed, without comment, several articles which demonstrated the depth of the problem; articles which cried out for comment. When discussing the maturity of nursing as a profession, AJN's editors and writers exuded optimism. This was most likely another example of the influence of the ANA. Praise for nursing's maturity in the AJN could help strengthen the image of the ANA. Conversely, RN's editors took a skeptical view of nursing's maturity. The same ANA actions which were praised in the AJN were denounced in RN. In this matter, as in others, RN provided a "loyal opposition" to AJN's "official" line. But neither journal really plumbed the issue of adulthood among nurses or in nursing.

Adulthood has been and still is a difficult issue for nurses, as it is for women in general. Society has long labeled women as dependent, passive, and submissive.[109] These are characteristics of a child, not an adult. Added to that, nurses had to overcome the handmaiden image and the results of training in schools where

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[108]"Convention Commentary," RN 20 (July 1956): 43.

[109]Heide, "Nursing and Women's Liberation," p. 824; Hartmann, The Home Front and Beyond, p. 169.

obedience was the first law.[110] A profession cannot be mature if its practitioners are not. Thus, nurses themselves had to achieve adulthood before nursing could make substantial progress. The dependence, passivity, and submissiveness which were supposed to be the nature of women had been reinforced and ingrained in nurses' schooling and experience. "Living in" was an arrangement wherein the hospital assumed the place of the home and the administrators and their lieutenants became the parents of the nurses, both students and graduates. They set the living conditions and the rules and punished any nurse who disobeyed. They also provided all the basic necessities of life. In the hosptials, nurses were expected to behave in a responsible, intelligent manner. But they were not to imagine themselves on an equal footing with the adults - the doctors and administrators. The developmental retardation that such a system created was so great that even the nurses who recognized the problem felt fear at instituting a change. The comforts of dependency and a rigid structure were seductive. They allowed the individual to live without the work of individual thought, without making difficult decisions, without the discomfort of honest introspection. It was from such bonds that nurses sought to free themselves. Many nurses did strive for freedom. Many did escape from permanent adolescence. Their struggles were helped by the circumstances of war and post-war

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[110]Jo Ann Ashley, Hospital, Paternalism and the Role of the Nurse (New York: Teachers College Press, 1976), p. 108.

nursing shortages which forced hospitals to seek nurses and to bend to new ways of doing things. That the steps which were flaunted as daring in the forties were such basic adult privileges as choosing where one lives and what one eats shows how far nursing has come in the past forty-five years. That hospitals still tell nurses what to wear shows how far there is yet to go on the road to maturity.

Chapter VII

IDEALS EXPRESSED IN THE ETHICAL CODES OF AMERICAN NURSING

A code of ethics is one of the methods a profession uses to set standards for conduct. It is, in a very real sense, a set of ideals for conduct within a profession. Thus, the Code of Ethics for nursing is also an expression of ideals. A discussion of ideals in the literature must also include these ideals expressed in the Code.

Since its founding, the ANA had discussed the idea of a code of ethics for nursing. But it was not until 1950 that one was actually voted into existence by the ANA House of Delegates. One article was amended in 1956 and the entire code was overhauled in 1960.[1] RN published minimal comment about the Code of Ethics. However, since the Code was a product of the ANA, it became the job of the AJN to publicize and promote it. Thus, AJN published the Code and each revision, as well as articles interpreting and expounding on its provisions. Many of the ideals extant in other parts of the literature were also implied, or implicity rejected, in the Codes.

The 1950 Code did not spring into form overnight. Suggestions for a code had been published in 1926 and 1940.[2] The ANA Committee on Ethical Standards reviewed a great many letters from nurses and others

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[1]"Revision Proposed in Code for Professional Nurses," American Journal of Nursing 60 (January 1960): 77.

[2]"A Tentative Code for the Nursing Profession," American Journal of Nursing 40 (September 1940): 977.

who responded to the suggestions and related their own ethical difficulties.[3] The Committee used that input in formulating the 1950 Code.

The 1940 suggested code was presented as a narrative of responsibilities not as a list of succinct statements.[4] It started by describing some of the characteristics of a profession and proclaimed nursing to be one. The first section dealt with the responsibilities of the nurse to her profession. These included the duty to "participate in the work of nursing organization," as well as statements about dignity and quality nursing care. The second section described in great detail the nurse's relationship to the patient. The nurse was to be honest, understanding, gentle, and patient. She was to hold in confidence private information about the patient, including such "defects in character" as she observed. Two subsections were devoted to the question of fees and how to collect them. It should be remembered that in 1940, private duty nurses constituted a large group within the profession and thus fee collection was an important topic.

The third section concerned the nurse's relationship with doctors. The nurse was counseled to be respectful, loyal, and conscientious in carrying out orders. She was to "avoid criticism of him to anyone but himself" and the proper authorities if such a situation

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[3]Eugenia K. Spalding, "Your Problems - As a Nurse and a Woman," American Journal of Nursing 44 (October 1944): 945.

[4]All following descriptions of and quotes from the 1940 version of the code refer to "A Tentative Code for the Nursing Profession," American Journal of Nursing 40 (September 1940): 977-80.

arose. That third section required four long paragraphs to cover all aspects. The fourth section concerned the nurse's relationships with other nurses and required only one short paragraph. Nurses were to follow the Golden Rule. Thus, when dealing with a physician, obedience and subservience were the rules to follow. Lest there be any misinterpretation, the rules were spelled out with great exactness and some repetition. But when dealing with another nurse, no such exactness was needed. A simple codification of a Christian doctrine would suffice. It could be argued that statements dealing with relations with other groups were more etiquette than ethics. They dealt with behavioral rules for interactions, not with matters of moral responsibilities.

Section five dealt with the employer. Nurses were to fulfill their contracts, give reasonable notice before leaving, and never leave a patient before relief arrived. The sixth section concerned the public. The nurse was to be a good citizen and the duties of citzenship were spelled out. She was also to help teach the public, give care during epidemics "even at risk to herself," and function as a nurse with all persons despite her personal prejudices or dislikes. The seventh section reminded the nurse that she had responsibilities to patients' families and friends, to other health care workers, and to the employing institution. In that regard, she was to exercise "the strictest economy in the use of all supplies." The last section described the nurse's ethical obligation to herself. She was admonished to keep fit "physically, mentally, and morally...," to

pursue activities which would help her grow "spiritually, intellectually and professionally." She was also to save for her old age.

The overall impression left by the 1940 suggested code is that the nurse was regarded as an immature person who needed very explicit directions for her behavior. Very little of the code actually dealt with patients or nursing. Most of it defined acceptable behaviors and attributes. The nurse was to be submissive, obedient, subservient, and modest, as befitted a woman. She was not to challenge authority but to support it. Her personality traits were defined for her. She was given concrete business advice. She was to follow Christian precepts, be conscientious and frugal. She was to behave as a lady in all circumstances. Even her savings habits were raised to the level of an ethical obligation. All aspects of her life, personal and professional, were prescribed for in great detail. She was to practice the ideals of service, citizenship, tolerance, coping, and conservation of life. Glaringly missing from that proposal was any respect for her adulthood.

The problems and inadequacies of that proposal could be seen in the letters sent to the Committee on Ehtical Standards. A summary and examples were published in the AJN. The writers expressed their confusion and fear about what to do when the nurse observed negligence or mistakes by a physician. The proposed code emphasized their duty to obedience and loyalty. Problems were to be directed, in a ladylike fashion, through the proper channels. Nurses whose livelihood depended on physicians knew such complaints could bring drastic

consequences, to the nurse! The code apparently did not give them enough courage or support. Nor did they find support in the Committee. In an article detailing the kinds of ethical problems nurses were facing, the Committee described one situation where a doctor consistently violated basic principles and put his patients in danger. The nursing superintendent spoke with the doctor without result. She then went to the hospital administration, again without result. The Committee admitted that the situation was frustrating and left it at that![5] They offered no further suggestions. They never even hinted that a more assertive, or perhaps even public, approach should be used. The Committee itself accepted the characteristics of "womanliness" over professionalism. They tacitly encouraged the passive and submissive behavior which was considered properly feminine[6] rather than the assertive behavior of patient advocacy which would have been too masculine.

The code which was finally adopted in 1950 was not as detailed and specific as the proposal.[7] It contained seventeen brief paragraphs. Conservation of life and promotion of health were given prime importance and placed first on the list. After that, the nurse was to "be adequately prepared to practice," stay with the patient until

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[5]Spalding, "Your Problems - ," p. 948

[6]Wilma Scott Heide, "Nursing and Women's Liberation - a Parallel," American Journal of Nursing 73 (May 1973): 824.

[7]All following descriptions of and quotes from the 1950 Code refer to "A Code for Professional Nurses," American Journal of Nursing 50 (July 1950): 392.

relief arrived, respect the patient's privacy and religious beliefs, and give medical treatment only in emergencies. She was again admonished to carry out the doctor's orders. In addition, she was advised to verify orders and do all in her power to avoid misunderstandings. A later article expounding on and explaining the code gave very specific instructions for the chain of command in verifying orders and dealing with questionable medication orders.[8] The specific charge to give the physician respect, loyalty, and no criticism was replaced with a statement that the nurse should "sustain confidence in the physician." She was to report incompetency but "only to the proper authorities." The identification of "proper authorities" was explained in a later article to mean first internal channels in an agency and then, if no action resulted, professional societies and state boards.[9]

In relation to her employment, the nurse was to give "conscientious service" and receive "just remuneration." She was never to accept tips or bribes, nor allow her name to be used for advertising. The Golden Rule was extended to apply to other professions as well as within nursing.

Two paragraphs dealt with the nurse's private life. She was to "reflect credit on the profession" and not defy community standards. An expository article advised nurses that "dancing, smoking, drinking,

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[8]"What's in Our Code?" American Journal of Nursing 53 (August 1953): 965.

[9]"What's in Our Code?" American Journal of Nursing 53 (August 1953): 966.

cardplaying, keeping late hours, [and] adopting certain types of dress" might injure the sensibilities of her community and should be avoided.[10]

The final three sections of the code related to citizenship. They catalogued the nurse's responsibilities as a citizen and as a nurse in her community. She was to vote, obey the law, and work for the passage of laws which would have a favorable impact on the health of the community.

In 1956, the ban on participation in advertising was reworked and amended in response to the various questions which had arisen. The new paragraph allowed nurses to advertise their services if they did so discreetly and modestly. She could participate in publicizing new scientific information but could not endorse products or services.[11]

That first official code differed substantially in some ways from the proposed code of 1940. In other ways, they were quite similar. Where the proposed code went into some detail about the nurse's dealings with the patient, the 1950 code actually gave the patient less notice. Of the seventeen items in the code, only three were directly related to the patient. The nurse was to tolerate the patient's religion, protect his privacy, and not abandon him. In contrast, six items dealt with the nurse's responsibilities to other people - physicians, employers and co-workers. Citizenship was the

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[10]"What's in Our Code?" American Journal of Nursing 53 (November 1953): 1359.

[11]"What's In Our Code?" American Journal of Nursing 56 (November 1956): 1407.

focus of three items and the nurse's personal life rated two items. Retained from the 1940 proposal were mandates to obedience, loyalty, conscientiousness toward employers and to ladylike behavior. The nurse was still given business advice. And she was to practice Christian precepts and live according to puritanical guidelines. Indeed, her private life was even more narrowly defined in 1950 than it had been in 1940. This may have been a reflection of the general fear in post-war society that the traditional role of women had been injured by the changes the war had brought. The reaction was sharp and women were pressured to return to more "feminine" behaviors.[12] The restrictions on personal behaviors may also have represented the insecurity of nursing about its place in society. The old pre-Nightingale images still existed and were being brought back to life in some of the post-war media representations of nurses.[13] Like the 1940 version, the new code left little doubt that the nurse was not a complete adult, that she still needed very specific rules and guidance. Indeed, RN's editor was quite forthright on that score. She favored adoption of a written code partly because health care had become more complex. But she also reasoned that the code was needed because schools were admitting students of a much younger age "whose

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[12]Susan M. Hartmann, The Home Front and Beyond: American Women in the 1940s (Boston: Twayne Publishers, 1982), pp. 212-13.

[13]Barbara Melosh, "Doctors, Patients and 'Big Nurse': Work and Gender in the Postwar Hospital," in Nursing History New Perspectives, New Possibilities, ed. Ellen Condliffe Lagemann (New York: Teachers College Press, 1983), pp. 167-68.

characters may not be fully developed" and who, therefore, needed the guidance of a code.[14]

The code was substantially revised in 1960.[15] The caring role of the nurse was recognized with the addition of the words "to alleviate suffering" to the statement about the conservation of life. Tolerance was no longer restricted to religion but broadened to include "nationality, race, creed, color or status." The nurse was enjoined to protect the public good. The confidentiality statement for the first time acknowledged the nurse as an active data gatherer and not just a passive receiver of information. Citizenship remained but was dealt with in two broad statements. The admonitions against abandonment of the patient and restrictions on emergency care were deleted as were the statements about conscientious service, remuneration and tips. These last were regarded as unnecessary and paternalistic.[16] The cautions about advertising remained as did the statement about the need for professional competence.

A new acceptance of the adulthood of both the nurse and nursing was shown in the statement which held the nurse individually accountable for her actions and acknowledged that she had both dependent and independent functions. The old rules of obedience and

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[14]Editorial, "Will Just Being Good Women Suffice?" RN 12 (February 1949): 82.

[15]All following descriptions of and quotes from the 1960 Code refer to "The Code for Professional Nurses," American Journal of Nursing 60 (September 1960): 1287.

[16]"Revision Proposed in Code for Professional Nurses," American Journal of Nursing 60 (Janaury 1960): 80.

loyalty to the physician were replaced by a clause which called on the nurse to "work harmoniously with and sustain confidence in" members of the health team. The clause still specifically mentioned the doctor, but he came second, after "nursing associations." The nurse was now mandated to expose problematic conduct in others but still "to the appropriate authority." The nurse's private life was no longer the object of much attention. She was simply enjoined to "reflect credit upon the profession." The clause concerning adherence to community standards of conduct was dropped because it could be interpreted to mean practicing racism and discrimination. Thus it was contrary to the aims of the ANA Intergroup Relations Program.[17]

Several new clauses were added. The nurse was told she should join the "professional organization." The ANA thus made membership an ethical obligation, not a personal choice. The nurse was also to assist in defining standards, a task which was to be accomplished by the ANA. And she was to work out employment conditions, through the ANA. Of course, the code did not specifically name the ANA. It merely referred to the nurses' professional organization. However, since the activities mentioned were taking place within the ANA, the intention was clear. The ANA had apparently found a way to bolster its flagging membership figures - simply put membership on an ethical basis.

The last new clause warned the nurse against delegation of profesional nursing duties to a "person less qualified." Since the

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[17]"Revision Proposed in Code," p. 81.

interpretation of which duties required a professional nurse and what constituted a less qualified person were left to the nurse, this article could be interpreted as an attempt to protect the "turf" of nursing.

In general, the 1960 code was broader and less specific. It therefore allowed more room for individual interpretation. It did away with obedience, conscientiousness, specific business advice, and reliance on any religious doctrine. It made no specific rules regarding the personal life of the nurse. It maintained citizenship, conservation of life, and service. It significantly broadened the concept of tolerance. It placed little emphasis on "ladylike" behavior. It placed considerable emphasis on individual responsibility and independent action. In that sense, it incorporated and acknowledged the adulthood of the nurse. It emphasized the nurse's responsibility to the profession at large, albeit in a way which was self-serving to the ANA. Unlike the previous code, the 1960 version did not contain the word patient (nor client). That the nurse served a client was implied, but the client was never defined. Thus it could have been an individual, a group, a community, or even the world. The Ethical Code of the AMA (1957) did not address interprofessional relationships between medicine and nursing.[18] That nursing's codes did

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[18]Edmund D. Pellegrino, "Ethical Implications of Changing Patterns of Medical Care," American Association of Industrial Nurses Journal 13 (November 1965): 18.

address that issue may have been a reflection of the need to define one's place. Just as women have struggled to define and redefine their place in American society, so nursing struggled to define and redefine its place in the health care world.

Chapter VIII

SUMMARY, CONCLUSIONS, AND IMPLICATIONS FOR FURTHER STUDY

The twenty-one years from 1940 through 1960 were a time of change and upheaval in nursing. Some ideals, such as patriotism and volunteerism, flared briefly, then died out. Others, such as tolerance, intelligence, and reverence for life, grew and flourished. Still others, such as service, self-interest, and appropriate education, were the focus of a civil war within nursing. The development of those and other ideals has been traced in two nursing journals, RN and AJN.

Those two journals were alike in that they both were written for the registered nurse. They were different in almost every other respect. AJN pushed hard for service, volunteerism, and patriotism, especially during World War II. This push was linked to the self-interest of the ANA, the AJN's sponsor. The ANA used the AJN to further its own ends. The wartime emphasis on service and its partners was meant to increase the numbers of nurses volunteering for military and civilian posts and thus increase the power and prestige of the ANA as the leading organization of nursing. RN, with no stake in wartime service, paid little attention to nurse recruitment.

In RN, self-interest was assumed to be a respectable motive. Ways and means to achieve it were discussed. Space was devoted to frank and open discussion of the advantages and disadvantages of union membership. Editorials urged the ANA to stop asking for opinions and

start taking concrete measures to better the lives of nurses. In editorials and articles, there was never any question that nurses had a right to work for better wages and working conditions. AJN joined the self-interest ranks when unions began to threaten ANA membership levels. From that point on, articles and editorials touted the ANA's Economic Securiity Program as the answer to job-related problems. Unions were characterized as unprofessional and beneath the dignity of nurses. In the AJN, the right to bargain for better pay and benefits was strictly limited within the confines of "ladylike" behavior.

AJN very occasionally tackled a risky topic, as when it published articles on birth control. RN played it safe in those areas. RN provided a forum for readers thoughts on agism. AJN readers did not broach the subject to any appreciable degree. AJN praised the strides of nursing toward racial tolerance and integration. RN was more likely to point out remaining problems. AJN praised the numerous studies and committees sponsored by the ANA. RN criticized them as a waste of money and energy that could have been better spent on practical aid to nurses. The letters column of RN saw much expression of dissatisfaction with the ANA. This was not true of the AJN. Perhaps disaffected nurses felt freer to complain to RN. The AJN informed its readers that the ANA was an exemplary and democratic organization. RN's readers were told of instances when the ANA behaved in a most undemocratic manner. When the ANA accepted the practical nurse, she was also accepted in the AJN. RN's readers railed against the practical nurse. Accreditation was given unqualified support in the

AJN. RN made no direct comment. Moves to make nursing more scientific found support in the AJN. Support in RN was tempered with sadness for the loss of the art of nursing. Both journals commended the growth of adult behavior among nurses. RN invited comments on the problems with adulthood. AJN ran articles which implied immaturity among nurses. The editors never questioned those implications. RN's editor gave rather grudging support and little attention to the 1950 Code of Ethics. AJN focused much attention and support on that Code and its revisions. AJN rarely blamed nurses for anything. It consistently maintained that nurses were wonderful, idealistic women who could go astray only through ignorance or misunderstanding. RN was more likely to acknowledge that even nurses could do wrong.

AJN was conservative, measured, and assured in tone. This might have been a reflection of a tendency to conservatism on the part of women generally[1] and of nurses particularly.[2] A training which emphasized stability and dependability was not likely to produce radicals. RN was not radical either, but it was more skeptical and less officious in tone. AJN told nurses what to think. RN asked them what they did think. AJN was ponderous, at times pompous and grim, and often boring. RN was direct, human, sometimes frivolous, and never boring. To the AJN, its readers were nurses, first, last, and always. To RN, its readers were people who were nurses. Thus, while

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[1]Page Smith, Daughters of the Promised Land (Boston: Little, Brown and Company, 1970), p.327.

[2]Lyle Saunders, "The Changing Role of Nurses," American Journal of Nursing 54 (September 1954): 1094-98.

AJN stuck strictly to nursing, RN injected other interests, such as fashion and humor as well. RN placed more value on the contributions of nurses. When it identified an article's author, the author was usually a nurse. It printed stories about rank and file nurses who made contributions to their profession. AJN consistently placed physician authors ahead of nurses. It printed many articles on nursing written by non-nurses, such as educators and physicians. Biographical pieces in the AJN were more commonly about a member of the elite nursing leadership than about a rank and file nurse.

The elite versus the rank and file - therein lay the basic difference between the two journals. And therein also lie numerous questions for further study. The AJN clearly favored the elite since they were the people who ran the ANA. RN favored the rank and file since they represented numbers and numbers were more important to an advertiser-powered magazine. It was the tension, the war, between the elite and the masses which took so much of the space in both journals and so much of the energy of nursing throughout the years 1940 to 1960.

The elite were concerned with the professionalization of nursing. To that end, they pushed service because that was a hallmark of a profession. The professionalization of nursing would also have increased the power of the elite, since they were already in the leadership positions. The rank and file believed in the service ethic also, but they faced the problem of buying food and clothing on ridiculously low salaries, if they could get an hour off to go

shopping! The rank and file wanted concrete help from their professional organizations to better their standard of living. They were less interested in professionalization and more interested in making their work day better and providing better care to their own patients. And many of them were willing to look elsewhere for help when the ANA proved weak or disinterested. The service versus self-interest struggle was, in one sense, the rank and file versus the elite. But the struggle was also within the rank and file. Average nurse argued with average nurse about the priorities of those two concepts and about appropriate methods and strategies. Eventually, the balance would tip to self-interest as collective bargaining and strikes became commonplace. But service did not die. Nurses still work until they burn themselves out trying to meet all their patients needs. They do so out of a desire to serve.

The elite were the power group in nursing in terms of making changes in the system. They hobnobbed with Congressmen and chaired the conventions. They preached democracy and practiced autocracy. They urged the rank and file to be assertive and democratic. Then they told them what to think. The same women who were assertive leaders would countenance no opposition from the masses. They lauded large convention turnouts and exclaimed over the powers of the House of Delegates. But somehow, the overwhelming majority of the proposals put forth by the elite were passed. They could and did squelch opposition. They scolded those who disagreed with them. Were they motivated by a burning belief in the rightness of their cause? Or

were they simply arrogant? Their words spoke of wanting an intelligent, adult mass of nurses. Their actions spoke of a desire to maintain power without the bother of competition.

The elite also looked at the accepted (and male) professions and tried to imitate them. Therefore, they lauded science and logic and encouraged esoteric research in nursing. The masses lacked the education, the time, and the energy, for such endeavors. They responded to the push toward a science of nursing, as seen in the AJN, by clinging to the intuition and the art of nursing, as seen in RN. The science values were masculine, the art, feminine.

But the trigger to out and out civil war was the entire question of education for nursing. The elite wanted education moved out of the diploma school with its apprenticeship traditions and into the colleges with their professional traditions. Their goals may have been laudable, correct, even necessary for the eventual survival of nursing. But their tactics caused a schism in nursing which has not yet healed. Instead of helping nurses to go on to college and then moving basic nursing education, they called for baccalaureate education while few programs existed. They did not make it easier for diploma school graduates to complete a college course. Worst of all, they told the diploma nurse that she was less than a professional, that she was a second class nurse. While the masses were busy fighting for their territory against practical nurses and aides, the elite, via the AJN, were calling them obsolete and technical nurses. The rank and file reacted with rage and bitterness. They fumed at the

ANA, denigrated the bedside abilities of degree nurses, and called on RN to help. RN took a middle-of-the-road stance. It could do little against the accrediting powers of the nursing organizations. It contented itself with calling for both types of education, diploma and collegiate. Why did the leaders feel the need to push so hard for collegiate education that they risked alienating the rank and file? Were they alarmed by the shrinking place of women in colleges? American women in 1940 earned 41 percent of all higher degrees. This figure had dropped to 24 percent by 1950.[3] Did the leaders watch that decline and worry that time was running out? Did they fear that if nursing education was not moved to colleges quickly, it never would be? Or did they see in that decline an opportunity to make nurses special and nursing a leadership group among women in general? Or did they simply see an opportunity to enhance their own power?

The schism that erupted over the education issue still exists today. Diploma and college graduates still take potshots at each other's skills. Many registered nurses who are working toward college degrees show hostility in the classroom. One cannot help but wonder if it might have been avoided with a little more tact, a little more sensitivity.

Schisms also exist between many groups within nursing. Graduate faculty look down on undergraduate faculty. ICU nurses believe they are better than unit nurses. Hospital nurses believe they work harder

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[3]Phyllis Stock, Better Than Rubies: A History of Women's Education (New York: G. P. Putnam's Sons, 1978), p. 226.

and know more than community nurses. The examples go on and on. Perhaps the continuing rifts are less a function of nursing and more a function of the fact that nursing is predominantly female. Women in our society have made progress, but they are still not the power group. The dearth of females at all levels of government and the lack of equal rights legislation leaves women in an essentially subjugated position. Perhaps the rifts in nursing are merely expressions of the need for some power. The ICU nurse may not have a true representative in Congress, but she can deny her power shortage by lording it over the floor nurse. The female director of nursing may have to seek the approval of the male hospital administrator for her budget, but she can taunt the nurse educator for "hiding in an ivory tower." If nurses fight among themselves because they feel helpless to fight the society around them, it is indeed sad, for much talent and energy are being wasted.

Some of the problems nursing faces today can be traced back to the events of the forties and fifties. But many of nursing's problems, and joys, can be related to its predominantly female makeup. American society treated women differently than men. It expected different behaviors and rewarded different conduct. The ideals preached for nurses were, for the most part, the same or intensified versions of the ideals of womanhood. As society changed and women became more assertive, more adult, so did nurses. But nurses in that period labored under a double yoke. The very fact that they were nurses intensified the pressures to be nurturing, submissive, and

passive. They learned those traditions from society as they grew up and they were thoroughly indoctrinated in them in their training and work. Oh yes, nurses were expected to show such "masculine" traits as intelligence and courage when the situation demanded. But they were to do so in a feminine way - quietly, calmly, and modestly. They were to be the best of both sexes and the worst of neither.

The subject of nursing's ideals and their relationships to ideas about women in general raises many questions for future study. Did the conservatism of nursing change in the sixties under the weight of student radicalism? Were nursing students also at the sit-ins and demonstrations? How far have nurses as professionals progressed to adulthood since 1960 and what forces have helped or hindered that progression? What was the actual impact of the women's movement on nursing's ideals? To what extent did the elite of nursing and the women's movement mimic masculine patterns of thought and devalue feminine ones?

Do nursing schools of today foster assertiveness and independence and adulthood? Or do they still mold students to submissiveness, obedience, and perpetual adolescence? Do we encourage risk taking or safety? How far has nursing's ethical code progressed in its vision of the nurse as a thinking adult? Have we replaced action ideals such as kindness with feeling ideals such as empathy? And, if so, what does that mean for the person of the nurse and the person of the client? In our drive for a science of nursing, have we forgotten the art? Nurse educators must become conscious of the ideals they preach

and practice. If it is found that practice does not coincide with preaching, then one or the other must be changed. But it must be a conscious, considered decision. We must choose our ideals carefully, for they determine what we are.

Many of the problems of the forties and fifties still exist today. Nurses are still underpaid relative to comparable male professions. Too many nurses still play adolescent relationship games instead of operating on a mature, assertive level. Nursing is still struggling with the issue of professionalization. And nurses are still worrying over their "turf" in the health care field. Young people still go into nursing because they wish to serve their fellow persons. And they still suffer low morale and burnout because of poor working conditions. At first glance, it would appear that little has changed. But history can teach us hope. And, in fact, much has changed. Nurses may work twelve hour shifts, but not six days a week. No one would suggest today that nurses be required to live at their places of employment. Nursing is learning to use its political clout. Contracts and laws protect nurses from arbitrary dismissal. And many nurses have established themselves as true colleagues of the other health care professionals. There are nurses who can do research and be compassionate. There are bedside nurses who read and use research findings. And, most encouraging of all, there are new voices, in growing numbers, taking up Geister's call that we be kind to each other.

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