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# Review essay, Nursing History: New Perspectives, New Possibilities, Ellen C. Lagemann, ed.; and 'The Physician's Hand', by Barbara Melosh

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**Nursing History: New Perspectives, New Possibilities; "The Physician's Hand": Work Culture and Conflict in American Nursing**



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*Nursing History: New Perspectives, New Possibilities* edited by Ellen Condliffe Lagemann. New York: Teachers College Press, 1983. 219 pp. \$29.95.

*"The Physician's Hand": Work Culture and Conflict in American Nursing* by Barbara Melosh. Philadelphia: Temple University Press, 1982. 260 pp. \$18.95 (cloth); \$9.95 (paper).

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Nursing history has come of age. As the two fine books under review demonstrate, no longer can historians dismiss it as written by and for nurses alone. An older generation of nursing histories, exercises in filial piety or rosy encomiums to progress, has been replaced by works of serious historical scholarship. As observers of the field know well, this development has been in the making for close to 20 years (Bullough, Bullough, and Elcano 1981). Many factors have produced this result: the campaign to standardize and universalize the collegiate degree as a prerequisite for entry-level nursing (Lysaught 1981); the creation within nursing of programs for the "nurse scholar" through which nurses could pursue doctoral degrees in the behavioral and social sciences (Fitzpatrick 1978); and convergence of goals of the women's movement, women's historians, and the nursing profession (the two works under review here). Thus, the movement within nursing to improve its professional standing and public esteem has contributed, indirectly at least, to the greater professionalism of its history.

This is not to suggest that the earliest histories of nursing failed to set high standards. For many years the best example of the field was also among its oldest, the multivolume *History of Nursing* written by

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Adelaide Nutting and Lavinia Dock (1907–1912), two of early nursing's leading educators and administrators. Nutting and Dock, however, barely troubled to disguise the ulterior motive behind their scholarship: to set down in permanent form their vision of nursing as something more than wage labor. The key to their higher conception of nursing lay in an elevated standard of nursing education. They stressed this link again and again. Indeed, as they foresaw, the hospital training school was to become the battleground for competing conceptions of nursing. After 1890, when the numbers of hospital training schools began to rise, it was customary to pay students a small stipend in return for many hours' work on the wards. This apprenticeship represented the bulk of a nurse's education. Little or no time was devoted to classroom or laboratory work. Theoretical or textbook teaching of the principles of patient care, asepsis, public health, or the germ theory of disease was sacrificed in favor of a practical initiation into nursing (Ashley 1977). Hospital administrators soon looked upon the training school as a source of cheap, docile, and efficient labor, a view accounting in part for the astonishing increase in the number of such schools. Between 1900 and 1920 the number of training schools increased fourfold (Burgess 1928). Not surprisingly, their overall quality was a good deal below that of the flagship schools such as Johns Hopkins or Bellevue (James 1979; Mottus 1981).

These years also coincided with the consolidation of a new ideology of professionalism. For nursing this meant a choice: Should nursing strive to become a profession, or should it be understood primarily as a craft or a form of wage labor? And if a profession, should it model itself after medicine, that bastion of male gender norms, or after the so-called womanly professions of teaching and social work? No clear-cut answers to such questions were forthcoming. In the absence of uniform educational standards, one's conception of nursing depended on the philosophy and training one received at one's own nursing school. Each school naturally reflected the attitudes and abilities of its superintendent and, to varying degrees, the attitudes of the governors of its hospital affiliate. Thus, on the principle that actions speak louder than words, historians of late have looked to nursing education as a guide to the true goals and professional self-image of nursing.

Both books under review concern themselves with nursing education's ongoing identity crisis. Both make stimulating contributions to the literature linking educational change and professionalization. Indeed, both begin with thoughtful discussions of the meaning of professionalism as it applies to nursing. *Nursing History*, edited by Ellen Condliffe Lagemann, resulted from an invitational conference on the history of nursing held in 1981 at the Rockefeller Archive Center. It consists of

articles by some of the better-known figures in the “new” history of nursing as well as some by relative newcomers to that field. Revealingly, two-thirds of the authors are professional historians; the remainder were trained in sociology, public planning, and philosophy. (Only one is on the faculty of a school of nursing.) Lagemann’s introduction provides a good summary of the changing character of nursing history and connects it to what she terms “the new historiography of professions” (p. 3). Her goal in this collection, however, is to demonstrate the effect of this new historiography on the history of nursing. She succeeds admirably. The authors treat a wide variety of subjects with considerable expertise and depth. Among the subjects considered are the actions of nursing’s early leaders in the context of American women’s history; a comparison of British and American nurses’ strategies for professionalization; the decline—for different reasons—of midwives, private duty nurses, and public health nursing in America; and the conflicts between gender and technical expertise in postwar hospital nursing. A usefully annotated bibliography concludes the final article, a discussion of nursing historiography.

Of more immediate interest perhaps is the article by Nancy Tomes, “The Silent Battle: Nurse Registration in New York State, 1903–1920.” A model of condensation and clarity, this study goes far toward explaining an apparent paradox: Why did enlightened physicians first support the movement to upgrade and standardize nurse education through registration of New York State’s training schools and their graduates, but withdraw that support before the most crucial gains were to be made? Tomes plausibly suggests that physicians supported nurse registration, a form of licensure, only insofar as it facilitated their own goals for a reform of medicine. In Tomes’s words, “By allowing nurses to standardize nursing education, medical reformers could better rationalize and systematize the hospital” (p. 123). Pro-registration leaders had an even more powerful ally, not incidentally, in New York State’s Board of Regents; the latter was only too happy to expand its powers to include regulation of nursing education by the means of a nurse board of examiners (p. 111). When the nurses’ board under the leadership of Annie Goodrich began insisting on a mandatory year of high school as a prerequisite for admission to nurse training, hospital administrators and physicians began to lobby against them. As Tomes sees it, nursing leaders’ claim to the right to limit access to the field “came into conflict with the hospital’s need for an abundant labor supply” (p. 123). Tomes also allows for the role of gender in this issue. The argument “nurses must have entire control” seemed unsuitable to physicians socialized to view nurses—and women in general—as nurturing, submissive, and self-sacrificing (p. 124).

Like Tomes, Barbara Melosh in *"The Physician's Hand"* analyzes the relationship between professionalism and gender. Her title is intended as a reminder of the implicit paternalism of the traditional doctor-nurse association. Moreover, she writes with an understanding of the role of gender in the formation of nursing's sense of womanly mission. Her real concerns, however, are the conflicting values and definitions of nursing that divided its leaders from its rank and file from the 1920s to the present. Thus, Melosh wants to shift nursing history from the paradigm of professionalism to a fusion of labor history and the history of women. In her view, historical studies that define nursing as a profession distort their subject. "Rooted in the apprenticeship tradition of the hospital schools," she writes, "nurses' work culture valued craft methods, practical experience, and self-control. This was nursing's mainstream; professional ideology was an influential but minority position, even an aberration" (p. 6). Drawing on the work of David Montgomery, Herbert Gutman, and others, Melosh places nursing in the context of a traditional craft subjected to the pressures of industrialization, rationalization of the work place, and workers' loss of control (p. 8).

This emphasis leads Melosh to something of an interpretive impasse. She clearly views the "apprenticeship tradition" as the heart of nursing's unique occupational character. Yet she is equally sensitive to the antifeminist implications of nursing's traditional conception as an assistive, caregiving, externally controlled division of the health care sector. Indeed, she writes that nursing history "can provide a fresh perspective on . . . the ways in which gender informs work." Moreover, "Medical division of labor replicates a larger sexual division of labor" (p. 7). How, then, to decry feminine subservience without furthering the decay of nursing's traditional "work culture"? Melosh never adequately resolves this dilemma. Instead she denies the possibility—by definition—of establishing a woman's profession and criticizes nursing's leaders for trying to create one. "Because women are the 'second sex,'" she writes, "there can be no women's profession. . . . Within the existing division of labor nursing is not a profession because nurses' autonomy is constrained by medicine's professional dominance. In broader cultural terms, nursing cannot be a profession because most nurses are women" (p. 20). What nurses seem to want, however, is just that: a womanly profession. Given the hierarchic and bureaucratic nature of today's health care system, nursing has not found it easy to assure itself professional autonomy without giving up its traditional mission of caregiving. Achieving that goal will be difficult; certainly it will require a delicate balance of masculine and feminine gender norms. Yet, as the "new historiography of professions" can tell us, few

professions (if any) are as autonomous as they claim to be. It seems premature at best to exclude nursing from their ranks, particularly at this juncture in the history of nursing and of American women in general.

These tensions mar Melosh's book but do not flaw it deeply. If anything they add interest to what is, in any event, a well-written and compelling monograph. Melosh, not surprisingly, is at her best explicating the nuances of the hospital school apprenticeship experienced by most nurses until recent years. Her use of interviews, memoirs, and other nontraditional sources results in a fascinating glimpse of an occupational culture in the making. As she notes, "Hard work, strict discipline, and the shocks of hospital life bonded students together and initiated them into a common occupational identity" (p. 37). What we now need are more detailed studies of the superintendents of nursing and hospital administrators who helped shape these training schools and thereby directed nursing away from professionalism of any sort for so many years (e.g., Reverby 1979; Tomes 1978). No doubt such work will soon be forthcoming from the "new" historians of nursing.

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