Nursing in the interwar time
Dilemmas and challenges in the modernization of nursing

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The modernization of nursing has to be understood in the context of a general modernization process that developed in the society. As the modernization of the Norwegian society progressed between the wars, Norwegian nurses found themselves torn between different kinds of values. Within the medical area the scientific and technological progresses were significant. To strengthen status and position nursing had to relate to the same progresses. Nurses in general feared that modern demands would make it difficult to take care of the traditional values in nursing. With great visions, and expectations to nursing as a profession, the Norwegian nursing leader, Bergljot Larsson, saw both traditional and modern values as a challenge to the modernization of nursing. As traditional and feminine values were a threat to the professionalization of nursing, the modern values were a threat to the traditional ideals of nursing. To solve the dilemmas and challenges this caused, Bergljot Larsson emphasized both traditional and modern ideals as a benefit and strength for nursing. Doing this she acted and argued in ways that seemed incompatible. By seeing women both similar and different to men, she tried to exceed the limitations society had set for women, and make nursing a professional and significant part of the modernization process.

Key words: nursing history, professionalization, values
Introduction
The modernization of nursing developed under influence of the general modernization process in the society between the two world wars. In the wake of these processes, nursing values and interests were threatened and challenged. As a result, dilemmas and conflicts arouse, amongst nurses and also between nurses and the medical profession in Norway. In this article dilemmas and challenges in nursing in the interwar period are in focus. I will discuss why they arouse and also how they were dealt with. I will argue that the progress-oriented and ambitious Norwegian nursing leader Bergljot Larsson handled the challenges and dilemmas in ways that united traditional and modern ideals, and regarded them essential for the modernization of nursing. This involved argumentations where she had to define women and nurses both equal and different to men. With this ambiguous view on women, she tried to exceed the limitations society had set for women. From her point of view this was decisive to realize the visions and ambitions of a modern nursing profession.

This article is based on the thesis Bergljot Larsson and modern nursing (Hvalvik, 2005). Discussions, analysis, and assumptions presented in the article are derived from primary sources that are interpreted and applied in the thesis, including secondary sources that have elucidated the topic of current interest. An historical hermeneutic approach is applied to describe, explain and understand the actions of our predecessors and the development of the profession (Kjeldstadli, 1999; Hvalvik, 2005).

The modernization process and nursing
The time between the world wars was characterized by faith in progress, and by ideas and visions of a better society. It was first and foremost scientific knowledge that should reform and, above all, generate a healthy society (Qvarsell, 1994). In the field of health and social services, a range of enterprises, based on the development of medical knowledge, was implemented to increase the general welfare. As a result, the medical profession was challenged, by the technical and scientific development, and also by an extended responsibility for public welfare (Weindling, 1995). To meet the challenges they faced, inside as well as outside the hospitals, the doctors wanted and needed nurses’ assistance (Hvalvik, 1996). At the same time nurses themselves had ambitions of making nursing a strong and autonomous profession. Thus the modernization process in the society provided opportunities, as it opened up a range of areas and made a lot of tasks available for nurses. The situation was, however, that after the First World War there were far too few health care professionals, both nurses and doctors in Norway. This became challenging in several ways.

There was a huge demand for educated nurses after the war. At the same time there were a number of problems regarding the education of nurses. Ever
since the Norwegian Nursing Association (NNA) had been established in 1912, a main goal had been to develop joint standards for nursing educations in Norway. As a result one of the greatest challenges Norwegian, as well as international nursing faced after the war, was to strengthen the quality of nursing education, when at the same time the demand for nurses was increasing. While the medical profession in Norway wanted to educate as many nurses in as short time as possible, NNA wanted a three years education of high quality for nurses.

The increasing demands for nurses due to the development within the medical area challenged nurses and the education of nurses in even more ways. Modern demands involved extensions of working areas and duties for nurses. They were no longer expected to care only for the sick. Nurses were also expected to prevent illness in healthy people, and thereby provide for a healthy society. Nurses in general perceived this new direction as a threat to values they held as fundamental and timeless in nursing. The traditional nursing values were associated to female values and to the values of the calling: charity, compassion, self-sacrifice, and the care for sick and weak and for the neediest. Now they were afraid that such values should be expelled in the development, and that modern demands would influence both nursing and the education of nurses in a conflicting way (Hvalvik, 2005).

Bergljot Larsson and the modernization of nursing

Bergljot Larsson (1883–1968) established the Norwegian Nursing Association in 1912, and was leader of the association for 23 years. From 1909 to 1911 she stayed in Edinburgh for further education in nursing. She returned to Nor-
way highly inspired and influenced by
the progresses she had experienced both
in British nursing and in the fledgling
womens’ liberation movement. Bergljot
Larsson was a leader extremely enthusi-
astic about modern ideas, and with
great faith in progresses towards a bet-
ter society. She saw women, and espe-
cially nurses, as great contributors in the
ongoing modernization process.

In a speech she held in 1919 she
claimed: «I think that women more
and more will influence the public
sphere, and please do not use another
standard on nurses.»² She considered
women’s special qualities as significant
for the care of values we today con-
sider as «soft», e.g. the care for frail,
needy, weak members of the society.
She claimed that women attended to
these values in a different and better
way than men. This made nursing espe-
cially attractive to women and of great
significance to society as such. She also
expressed clear and loud that nursing
was the second best thing that could
happen to a woman: «When we not be-
come wife and mother and get the pos-
sibilities to forming a home – then be
able to use our capacity and qualities
inherited in every women to serve the
beautiful calling of nursing.»³ She de-
defined the calling of nursing as using
women’s inherited qualities, primarily
formed for the motherhood together
with the moral qualities, in the promo-
tion of life and health for the individ-
ual. By means of these qualities nurses
would strengthen their position and be
of great significance in the process to-
wards a better society.

Consequently the female qualities
were necessary, as Bergljot Larsson
judged it, but far from sufficient. The
challenges nurses faced also required a
highly qualified education. Such an ed-
cucation was not only a right but also a
duty for those who wanted to carry out
professional nursing, she maintained.
In her efforts to fortify Norwegian
nursing, she made education her main
strategy. An education of at least three
years duration was as she viewed it, the
most important means to make nurses
professional contributors in the mod-
ernization process (Hvalvik, 2005).

**Different views and interpretations**
In Norway, medical doctors took great
interest in the education of nurses.
They were inspired by the development
of nursing in England and Denmark,
and impressed by the work of the dea-
conesses, the first skilled nurses in Nor-
way (Hvalvik, 1996). Like Bergljot
Larsson, the doctors regarded educa-
tion important to nurses. In their opin-
ion nurses above all had to dedicate
themselves to knowledge that made
them able to assist and, to a certain ex-
tent, take over some of the doctors’
tasks. Together with their female quali-
ties, this would provide excellent nurs-
es for the modern society, they claimed.
They, however, disagreed with Bergljot
Larsson with regard to the duration of
the education. From 1915 and for sev-
eral years, disagreement about the
length of the nursing education result-
ed in an ongoing struggle between the
medical profession and the Norwegian
Nursing Association, with Bergljot Larsson in the front line. To defend the significance of female qualities, and at the same time convince doctors as well as nurses that a three years education was crucial to the development of nursing she had to argue in ways that were characterised by ambiguity.

Like Bergljot Larsson and according to the prevailing view at that time, the doctors also had a view on women deeply rooted in the romantic tradition emphasizing women’s inherited qualities. They considered these qualities as genuinely significant for nursing. Some of the doctors, however, claimed that the same qualities also restricted women’s ability in acquiring theoretical knowledge. One of the arguments, in fact, was that women’s brains were too small, and that such knowledge also had the potential to reduce the nurses’ skilfulness. By speaking in these terms, the doctors used femininity and biology as a restriction; this time to deny the nurses an education and theoretical knowledge that did not fit their own needs.

Like the doctors, also Bergljot Larsson claimed that there were essential differences between men and women. Her intention was, however, the opposite of that of the doctors. She used femininity and biology to clear space for women’s special resources in the public room. Contrary to the view that saw femininity as a restriction, Bergljot Larsson considered female qualities as emancipating, with great potentials for nursing and a better society. This is in accordance with Garmaikow’s statement that doctors and nurses interpreted femininity in two different ways (1991).

Nursing was beyond all doubt an acknowledged female occupation. In many ways nurses already were a visible part of the public sphere. The public sphere, however, belonged to men and functioned on their premises. Bergljot Larsson argued that even if women were different they were complementary to men and had the same rights as men; the same right to education and the right to participate within the same areas as men. To defend this interpretation, she had to extend her argumentation, and use arguments that went beyond femininity. She claimed that women were unlike but had equally universal rights as men. These rights were in her view not restricted by gender. Consequently she had to both approve and deny the gender differences at one and the same time (Hvalvik, 2005).

A similar kind of ambiguity appeared in Bergljot Larsson’s argumentation and actions directed towards the nurses. When the nurses in 1920 found it hard to unite traditional values and modern demands, Bergljot Larsson took a relatively controversial position in the matter. She warned the nurses against being victims of the tradition. The calling, she claimed, together with subjects as ethics and religion in the nursing education, encouraged feelings of duty and responsibility. This made it easier for nurses to become victims of exploitation. More accurately she formulated the following statement: «This
makes them out to be willingly and self-sacrificing employees on nursings’ working market.» 5 At the same time she maintained that the calling was inextricably tied to nursing, but added that a fair and proper use of the calling was dependent on education (Hvalvik, 2005).

Bergljot Larsson’s purpose was not to see the nurses calling and education as contrasts. Her ambiguous statements reflect, however, the strains in the context nursing were part of, and the contradictions that in fact exist between the calling and a modern education based on science. It also reveals a distinction between her view on the concept of the calling and that of the nurse’s view in general. The norms associated to the calling were essentially those based upon religion and female virtues. Nurses in general felt obliged to attend to these norms. They considered it a Christian duty to serve their fellow being, and to be subordinate and obedient to the system they were part of. Bergljot Larsson, from her point of view, feared the norms and the nurses’ position in practice. The calling functioned, as she saw it, as a potential means to further exploitation and suppression. So did the teaching of ethics and religion where values as self-sacrifice and obedience were emphasised. Her critical attitude also indicates that she considered the calling and the close related feminine values as a threat to the modernisation of nursing, including the education of nurses. This constituted an obstacle to nurses’ participation in the modernisation process in the society. In Bergljot Larsson’s opinion, the development and progresses that took place at the time offered nurses a unique chance, and were also an obligation to strengthen their position and status in the society. Overall it gave them the opportunity to contribute to the realization of the visions of «the good society» (Hvalvik, 2005).

The calling and the female qualities constituted the fundament of nursing. Without a proper education this fundament, in Bergljot Larsson’s eyes, would fall apart. Therefore she had to argue in a way that legitimated both traditional nursing values and what she considered a proper education, as essential for nursing and the nursing profession. This resulted in an ambiguous language at times.

The dilemma of womanliness in nursing
In the modernization of nursing nurses were expected to confirm and at the same time liberate themselves from the tradition they were part of. This dual challenge required an identity rooted in the past but also in the future. This in fact caused several dilemmas and challenges on various levels. In the same way womanliness in itself became a dilemma, representing both a condition and a limitation for nursing and its legitimacy in the general public.

Bergljot Larsson can be interpreted as she had to argue and act in an incompatible way to exceed the dilemmas that arose amongst nurses and also between nurses and the medical profes-
The dilemmas were first and foremost created by the time and context in which women and nurses existed. Women’s participation was primarily justified by their particular femaleness. However, this participation took place in a space belonging to men. Male rules dominated the agenda of the time, and limited women’s power and potentials. Though the time was increasingly influenced by ideals associated to universal human rights, liberal principles of equality were far from implemented. In the practical world it was not sufficient to have special female qualities. To achieve the same rights and influence, women had to exceed the limitations to be equal to men.

To deal with this, Bergljot Larsson strongly argued for women’s particular qualities, while at the same time she claimed that women had a lot to learn from men. As women nurses had to learn leadership, how to discuss and how to speak, so that they could qualify for arguing and defending their opinions in assemblies and in public. Concerning education per se, she tried to convince her fellow nurses and also the medical profession that nursing had to be learned through theoretical as well as practical studies. Only in this way nursing would develop and meet the needs of a changing society. And only in this way the potential related to women’s inherited qualities would be released for the benefit of the society.

**Conclusion**

Challenges and dilemmas related to traditional ideals and values in nursing revealed themselves in the modernization of nursing between the two world wars. The traditional values embraced the close related female ideals and the ideals of the calling. They were held as fundamental and timeless in nursing. To combine those ideals with modern ideals and demands caused dilemmas in nursing. One may ask if they still do in today’s nursing.

Female values and womanliness represented both a premise and a limitation in the modernization of nursing, and thus a dilemma in itself. This challenged among other things the education of nurses, and resulted in discussions about what kind of education nurses needed and also were capable to complete. Womanliness together with values of the calling became means with the potential to exploit and suppress, and also restrict nurses in some ways.

With faith in womanliness, progresses and an autonomous and powerful nursing profession, Bergljot Larsson had to handle the dilemmas in ways that acknowledged both traditional and modern values. This resulted at times to argumentations and a language that were both ambiguous and controversial. In this way she tried to exceed the dilemmas of womanliness and traditional values, and make nursing an active and significant part of the modernization process.
Footnotes
1 Forhandlingerne ved det Det Nordiske Fællesmøde for Sygeplejersker, København, sept. 1920, NSF's arkiv [Negotiations in the Nordic Meeting for Nurses, Sept. 1920, Archives of the Norwegian Nursing Association].
2 Sykepleien, nr. 8. 1919-48 [The Journal Sykepleien, no. 8 1919:48].
3 Kvindepolitik, Foredrag Larsson 5, NSF's arkiv [Women politics, Speech Larsson 5, Archives of the Norwegian Nursing Association].
4 Sykepleien, Nr. 10. 1918:82–83 [The Journal Sykepleien, no. 10 1918:82–83].
5 Forhandlingerne ved Det Nordiske Fællesmøde for Sygeplejersker, København, sept. 1920:18, NSF's arkiv [Negotiations in the Nordic Meeting for Nurses, Sept. 1920:18, the archives of NNA (Norwegian Nursing Association)].

References