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From impropriety to acceptance
The history of nursing

More than ever, it is essential to clarify and agree on fundamental issues: the who, what, and how of nursing. Nurses, other health workers and communities must move beyond the traditional stereotype and be flexible and forward- looking. This may sometimes be painful and difficult, but will enable us to create nursing and midwifery services that are appropriate for the third millennium (Dr. Hiroshi Nakajima, Director General WHO, 1992).

Nursing as female profession

To construct the beginnings of nursing, we have to look back in history. Writings by Hippocrates are seen as one of the earliest descriptions of the art of medicine and the beginning of separation of cure from care. In ancient Greece, the 'iatroi'[23] were male healers who were called to private homes in case of illness. They operated within the divinely established system of cause and effect of an illness; such connection between religion and healing can be found in many cultures up to today. The healing process was understood as a result of the iatroi's individual success as scholar, performer and actor showing intellectual competence within the divine system. The profession had no enforced standards; indeed, each iatroi developed his skills and performed the 'techne' (King 1991: 8). The presence and work of nurses are not mentioned in any of the early sources, but it can be assumed they were present. Looking through historical texts, the emphasis is on the curing aspect of the treatment and the actors were males. Before the advent of hospitals, healers visited the sick in their homes. The male healers would have required assistants to dress wounds, wash the sick and administer the prescribed drugs to support the healing process. It is also likely that it was women who carried out these tasks: family members or (slave) household helps supported the treatment processes

[23] 'iatroi' can be translated as healers, doctors, or physicians

and performed caring functions. A source dating back to 1682 states: "It goes without saying that women, being so to speak born sick-bed attendants and nurses, have all the times carried out these functions" (King 1991: 11). Nursing as the assumed female activity is described in relations to and hierarchically subordinated to medicine (Sciortino 1995: 19). As we will see later, the domination of medicine over nursing and male over female continued to be the organising principle across time and space.

The origins of nursing in Europe date back to the Middle Ages. With the rise of Christianity, disease was perceived as a religious phenomenon and accordingly cure and care were religious acts. Caring was no longer seen as compulsory but as an act of Christian compassion and love towards mankind in need. In line with that, nursing slowly changed from an individual home-activity to an institutionalised vocation. Monasteries became shelters where everybody was welcome. They were an almshouse for the poor, hostel for pilgrims and the needed were looked after. Nuns and monks engaged voluntarily in this act of charity and their work was respected and held in high esteem. The places got the name 'hospital' or 'hospice' referring to the Latin 'hospes' meaning 'guest'. The first hospital in continental Europe, the Hotel-Dieu in Beaune, founded in 1443, was such a religious community. The nuns took care of the sick and dying. In her work Nelson analyses the relationship between deep Christian religiosity and devoted care from the 'Daughter of Charity' up to the 20th century (2001). The designation 'sister' has its origin in the monasteries and is used up to today to show respect to nurses. These early hospitals became often a last resort to the sick, as the means available for curing were limited. Bedside care was an act of religious worship to God, and included feeding and washing the sick and trying to relieve the suffering and pain with medicine and prayers.

Florence Nightingale is seen as the founder of modern nursing. Born into a British upper class family in 1820, she encountered little support to follow her divine calling to become a nurse. For a woman of her status, nursing was seen as a menial job for those without any prospects. But she persevered and got her training with the deaconesses in Kaiserswerth, Germany. Then she worked for several years in London before being sent as a nurse into the Crimean War. Driven by her experiences on poor sanitary standards when nursing the wounded, she returned to England and started to lobby for a reform in nursing. Her booklet 'Notes on Nursing', published in 1860, is seen as the beginning of modern nursing:

> I use the word nursing for want of a better term. It has been limited to signify little more than the administration of medication and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet and the proper selection and administration of a diet – all at the least expense of vital power to the patient (1969:8).

She reformed the existing job and defined standards. Her rationale was to develop a profession including theoretical aims and practical work on the ward. Being hospital based, its implications were twofold: within the group, it led to a formation of nursing hierarchy, but the relation to the medical

profession also changed. Nightingale wrote: ”it is the duty of the Medical officer to give what orders, in regard to the sick, he thinks fits to the Nurses. And it is unquestionably the duty of the Nurses to obey or see his order carried out.” (in Garmanikov 1991: 116). Gamarnikov describes in her work convincingly how nurses understood this ‘or’, and the assumed complete control of doctors over the work of nurses was challenged. Nevertheless, nursing was understood and performed as a subordinate profession in relation to the medical group. As Worcester wrote, “it is the physician’s function to discover the cause of his patient’s illness and suffering and to prescribe proper treatment: it is the nurse’s function to carry out that treatment” (in Garmanikov 1991: 117).

Following the definition of health and possible causation for illness in this time, health was understood as a sign of moral excellence and power to control dirt and disease. Sickness and disease symbolised a lack of control and the need to reinforce structure. Patients needed surveillance and a healthy clean environment. Nurses were to be the representatives of such good health. They were women from good homes, selected based on moral excellence, religious humility and sexually unquestionably behaviour. A good and healthy woman was a good and healthy nurse. Her devoted and God-fearing attitude made her suitable to support and enforce the treatment the doctor had decided upon. She also performed empathic care towards to patient. Where those nurses subordinated and just executing higher orders? In my view, nurses had power and were given power in several aspects. As we have seen, their relationship with the medical group was twofold from the beginning. Doctors were and are the main actors in the process of diagnosing and treating diseased persons. But in the process nurses are needed to carry out orders and they are responsible for establishing and maintaining a clean stage for the medical art to be performed. One can easily imagine how the hospital work would collapse if the washing, feeding, the wound dressing of patients and the administration of drugs was not done punctually and accurately. Doctors understood and accepted the nurses as part of the healing process. The nurses’ continuous presence on the ward and their being pushed to the background during ward rounds is essential for the successful limited appearance of the doctors. Of course, it has to be kept in mind that the evolution of nursing into an active player did not mean equality in responsibility and reward. The distribution of power and control between nurses and doctors remains negotiated and discussed in the health care at all times and places. With regard to the patients, nurses are displaying power in various forms: the actual work of nurses consists in supporting the patients in their handicapped condition. The punctual and permanent support in washing and feeding is essential for the healing process. Both subtle omissions and preference have an impact on the patient’s well-being. The appearance of nurses is another powerful element. Their clean white uniform represents health, cleanliness and control over dangers like dirt and disease. Its importance is especially experienced in deprived environments be it deteriorating facilities or critical health conditions (Holden 1991). The Christian religious conviction supports the image of a powerful and controlling representative of a health

institution. Nurses take the role of hope-giving persons, defying threatening elements, defending (eternal) life. This comes close to the image of the perfect woman, mother and wife.

As we will see later, these forms of displayed power can be found back in the work of colonial nurses in Africa and they form motives for Ghanaian young women to join the nursing profession.

Nursing in Ghana

There are no written documents on nursing activities in the traditional Ghanaian society. It seems that as the cultural patterns dictated, healers maintained the health of the people, being herbalists, spiritualists or fetish priests.[24] In accordance with the cosmological ideas of the society, they used divination, herbs, possession and evocation of the deities to achieve healing (Twumasi 1979: 349). It is assumed that women helped in the households to take care of the weak and sick. Docia Kisseih, the first Ghanaian Chief Nursing Officer who researched on the history of her profession, states: "The care of the sick had been the prerogative of the elderly female members of the community before the advent of the professional nurse. Their skill was not acquired in any school of nursing but through long years of housekeeping and child-bearing and practical experience gained in the care of former sick relatives." (Kisseih 1968: 205). Like in many societies worldwide, the division went along gender lines, men being the healers and women the carers.

Alongside colonialism and Christian conversion, European health care including its principles and convictions was introduced to Africa. The health hazards in the region claimed many lives and required improved health services for the Europeans there. In the early 19th century, the Basel Mission sent a medical doctor to evaluate the health situation in the Gold Coast. Like many men before, he "succumbed to the 'fever' within six weeks of his arrival" (Schweizer 2000: 90). Only few European doctors withstood the challenges for a longer period and Europeans like Africans relied on traditional healers. In 1878 the first two European nurses arrived in the Gold Coast to care for the European officials, but it is not documented how successful their stay was. In 1892 a nursing organisation was founded to send British nursing sisters to India to care for the colonial workers. In 1895 the Colonial Nursing Associations followed, being renamed as Oversea's Nursing Association (ONA) in 1919. Already in 1896 the first nurses were sent to Madagascar and as second place to West Africa, where they reached Accra to find out how the conditions for a permanent posting were. The objective was caring for the sick and maintaining a healthy living environment for both Europeans and Africans. The journey was successful, and its objectives fitted in the parallel expansion of the curative hospital-based health service in the region (Holden 1991). More nurses arrived by the turn of the century to establish a permanent nursing service in the Crown

[24] For a description and categorisation of the traditional healing system see for example Twumasi 1979 and 2005.

colony from 1899 onwards. These nurses were carefully selected and given the order to represent their home country and its moral norms and symbolise this order and discipline in their working attitude and spotless white uniform. This 'right type of woman' was often compared to a soldier, as Tooley does: "No pace is too remote, no climate too deadly for the nurse to ply her ministrations. Like the soldier she obeys the call of duty and if need be gives her life for the cause" (in Holden 1991: 68). Their main duty was to work in the hospitals, assist the medical doctors and train local workers.

With the formal beginning of medicine in 1878, it became apparent that there were too few British nurses and that locals were needed to support the medical doctors, bathe and feed patients and dress their wounds. Most of the first Africans who were trained were male. Various reasons can be given to explain this fact. Firstly, women were supposed to fulfil the household chores and not expected to leave the compound for work other than farming or selling products in the market. Parents protected their daughters, since caring for strangers was perceived as unacceptable for girls in those days (Sumani 2005). In addition, this work required formal education in English writing and reading, and girls had not yet generally entered the school system. Sending girls to school was an economic risk, as they were supposed to be married and start child-bearing. Thirdly, men were seen as breadwinners to support their families. Sending them to school to acquire formal education was seen as a wise investment. But the nursing work in general had a low status. It is likely women took over the care of the sick and old in the families, but nursing was not yet perceived as a bread-winning lifelong activity. Working in these new institutions, the hospitals, where white doctors practised an unknown healing system appeared unattractive. Another new factor was the content of work, namely dealing with naked bodies, blood, faeces, and smell; it was seen as menial work and not proper. The recruitment of candidates constituted a formidable problem from the start. (Addae 1996, Kisseih 1968). Dr. Henderson, the then Chief Medical Officer, reports the same: "No native of intelligence would like to be a nurse because the pay is low and conditions of service are not good" (Owusu 1980: 1). Those few men who were curious and courageous to work in the clinics were to be trained by the British sisters. This took place in the hospitals in Accra (Korle Bu), Cape Coast, Sekondi and Kumasi. The in-service education given to those candidates were practical instructions on the ward and theoretical lessons in anatomy and physiology, surgical and medical nursing and first aid techniques. Tutors assessed the students on the ward. There were no general standards in the training school yet, and also the educational standard of the trainees differed from a few year of schooling to Middle School Leaving Certificate. After a successful training of three years, a certificate was handed over and the men were appointed as Second Division Nurses in the Civil Services. They worked in the 'junior service'; all senior posts like 'sister' and 'matron' were held by expatriates, and due to the limited training, there was no prospect of promotion for the African nurses (Kisseih 1968; Akiwumi 1994). In addition there were orderlies for simple tasks like cleaning the floor and carrying messages. The differences in

expectations and the religious and cultural background of the medical doctors, British and African nurses led to regular conflicts and frustrations. A surgeon complained in 1901: "I would strongly recommend that some steps be taken to encourage a better class of men to join this branch of the service, for really the type of boys we have applying recently are too bad for anything. They are all 'bush boys' who have had little education, so called, in a way of book work, otherwise they are absolute savages and quite untouchable" (Owusu 1981: 2). The work was tediously divided in day and night shift with few free days and a strict disciplinary regime. This all resulted in difficulties in retaiing the trained nurses and recruiting enough new workers. At that time, the mining industry and cocoa farming had started to grow in the territories and many young men had migrated to those professions that promised a higher salary and less strict working conditions; the shortage of healthcare givers thus can be dated back to this very beginning. The British and African nurses worked together on the wards; while the British sisters supervised the work, dealt with the administrative writings and administered the medications, the nurses' work was to clean and feed the patients, wash the bandages and clean the instruments. Bedsores were an indication for poor care rendered and its cause had to be explained to the matrons. Punishments and warnings were given. Soon, plans were made to rethink the nursing activities and improve the training. The First World War delayed the development of the nursing education and reduced the number of British nurses from 64 to 15 by 1925, while there were about 100 male Second Division Nurses. Under Governor Guggisberg, the health delivery regained importance and new plans were made to reform the training and also attract women into the nursing profession. At this time, there was also another supporting profession at the hospitals, that of the dispenser: he was to performe sanitary inspection, treat complicated wounds and administer drugs. Indeed the status of such dispensers was higher than that of nurses and many motivated men changed into that profession, creating a shortage. Parallel to this, health visiting nurses took up work in Accra to help in the starting health welfare clinics. They can be seen as forerunners to today's public health nurses (Otoo 1968: 79). The first midwifery school opened at the maternity block in Korle Bu, Accra, in 1928, and many girls who had passed through secondary education opted to enter into this considered female and accepted profession.

The growing demand for Western healthcare demanded more nurses and a solution needed to be found to meet the need. In 1944 plans were made to establish a nursing education in the country, standardise the training and establish recognition with the British Nursing Society. A retired nurse, who had been among the first Ghanaians to be trained in the country, remembers the development:

> Mothers didn't let their daughters go and do nursing, because it was such a strange sort of job. You must understand our nursing at the time. Clean chronic wounds and carry blood-stained sheet, rinsing them before taking them to the laundry. It was difficult to get girls as the women were supposed to be in the houses. We started with boys. And even with the boys, people from good homes were not encouraged to do it. So initially, the boys they got were just ordinary people who didn't care and they

> were trained on the job. Gradually as years went by, the girls were brought into the system little at a time and they were also trained on the job for about 6 months or so and given a special certificate. But that type of training was not regularised. It depended on how good the sister who was training you was. So, I mean, whatever they gained depended on the experience they had from the sisters. But slowly, it changed. We learned that being a nurse was a prestigious thing because the British women did it. We understood we were also allowed to wear the uniforms and have power. We could do the same work as the White, there was the possibility for promotion. This was attractive to our parents and us. It became necessary that they should start an SRN training school in Ghana. (Dora)

It is suggested that nursing started in most societies as a female activity, as caring for the sick family members in the houses was the duty of house-helps, wives and daughters. Healers and doctors needed assistants but organised the work distribution so that the glory of a successful healing was given to them, and the nursing activities were subordinate to them. In European hospitals, developing in the 17th century, the first nurses were nuns caring for the poor and sick brought there. Doctors emerged and displayed their knowledge there and the nurses were to support the medical treatment leading to healing or to give comfort to the dying with prayers on their last journey. Nurses were female and of unquestionable religious and moral status. Their devoted and endless commitment symbolised control over health threats and they were seen as perfect women and Christians. The first British nurses transported this image and expectations to the African colonies at the turn to the 20th century.

Conclusion

The start of formal nursing in Ghana shows an interesting development. While caring in the homes and compounds was the domain of women, nursing in health institutions was a new phenomenon. Cultural barriers forbade women to join the nursing profession, and it was male school-leavers who were trained as first nursing assistants. The European perception of the good woman caring for the sick could not be translated immediately into this context. Although working outside the house was possible for women, for example as market women or traders, dealing with sick strangers was initially regarded as inappropriate. It took time till formal school education was introduced and girls were admitted to secondary education. Secretarial work, teaching, and midwifery became options for those girls, professions that were imported from Europe and labelled as 'typical female activities'. Nursing was added to that group of 'female professions' a slightly later. It underwent a change in perception and since it meant direct work under and with the colonial power, it was perceived as respected and venerable. The white nursing uniform intensified this idea. Some 45 years after arrival of the first nurses in the country, the nursing profession became attractive and accepted for women to choose after school education. It has to be seen that Western thought and standard dominated nursing in the Gold Coast. The rationale and practical work

were copied from the British model without cultural adaptation. A similar approach was chosen in Uganda and Zambia (Andersen 2006; Schuster 1980). Schuster criticises this as a "cultural process of imitation… the perpetuation of colonial dependency" (1980: 78). There was little place for traditional healing practices in the Western hospitals, and the newly recruited indigenous nurses and medical doctors followed the imported Western understanding of healing and care. This is a difference compared to other countries under British colonial rule. Zaman explains in his research the situation in Bangladesh. The traditional and religious (Islamic) values remained strong and continue to influence up to today the perception of the work in the health services. Nursing in Bangladesh was and is perceived as dirty and nurses remain socially stigmatised (2005). In the East Indies, today's Indonesia, Dutch traders and missionaries introduced hospital care and nursing. As was the case in Ghana, there was initial resistance to have indigenous women doing the caring job, and male guardians played that role (Sciortino 1995). Nursing was of low standard and reputation until the missions introduced the vocational model. An indisputable character and formal education became intrinsic features of nursing and that is comparable to the emergence of standardised nursing in Ghana.