



Developing an awareness of professionalism:  
nursing in Australia, 1899 - 1975

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## Statement

This thesis contains no material which has been accepted for the award of any degree of diploma in any university and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

I consent to the thesis being made available for photocopying and loan if accepted for the award of the degree.

Mary Peterson

## Abstract

### Developing an awareness of professionalism: nursing in Australia, 1899 - 1975

This thesis examines the changing concerns and aspirations of general nurses in Australia from 1899 to 1975.

It is shown that the first nurses' associations were developed under doctors' direction; how between the 1920s and World War Two rivalry and hostility developed between the longer established associations and the emerging nurses' unions. The thesis then shows how in the post-war years, nurses' concerns began to focus on the basic education nurses were then receiving. These concerns became more vigorously expressed when in the 1960s nurses began to claim that they should be accorded the status of professionals in the health care team. They argued that to ensure this status nursing education should be provided in tertiary educational institutions.

This thesis further argues that nurses would not have been able to claim professional status had not the concept of professionalism changed to admit the new technological occupations which had developed since World War Two. An analysis of the writing on professionalism from the early twentieth century until the 1970s is given as a background to show how this intellectual debate influenced the attitude of Australian nurses.

Finally, the thesis considers nursing as a predominantly women's occupation in the light of the discussion on professionalism, and describes the changes of the community's

image of the nurse, which has included the Angel of Mercy, the battle-axe and the sex-pot. To illustrate the description of these changes, a number of illustrations are included which are taken from sources over the period covered by the thesis.

## Acknowledgements

I am indebted to a number of people and institutions, without whose help the research for this thesis would have been much more difficult.

I make special mention for access to their archives of the Australian Nursing Federation (formerly the Royal Australian Nursing Federation), the New South Wales Nurses' Association, the College of Nursing (Australia) and the New South Wales College of Nursing. The librarians and archivists of the Australian Archives Brighton, the Archives of Business and Labour (Canberra), the Australian War Memorial, the Mitchell Library and the Mortlock Library gave high quality personal service, for which I am most thankful.

I am particularly grateful to a large number of individual nurses for their interest and support, especially the twenty nurses who consented to be interviewed and who were extremely generous with their time. I intend to place the interview transcripts in the Mortlock Library when they are completed. Particular mention must be made of

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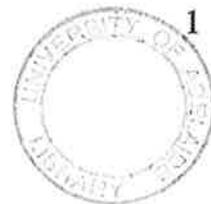
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## List of abbreviations.

ANF	Australian Nursing Federation
AANS	Australian Army Nursing Service
AAMWS	Australian Army Medical Womens' Service
ATNA	Australasian Trained Nurses' Association
AUNA	Australian United Nurses' Association
Aust Nurses J	Australian Nurses' Journal. This is a different journal from the <i>Australasian Nurses' Journal</i> , which is always written in full.
BMA	British Medical Association
DGMS	Director General of Medical Services
HEU	Hospital Employees' Union
ICN	International Council of Nurses
NSW	New South Wales
NSWNA	New South Wales Nurses' Association
PTS	Preliminary Training School
RAH	Royal Adelaide Hospital
RBNA	Royal British Nurses' Association
RVCN	Royal Victorian College of Nursing
RVTNA	Royal Victorian Trained Nurses' Association
SA	South Australia
SAPD	South Australia. Parliamentary Debates
TNG	Trained Nurses' Guild
USA	United States of America
VAD	Voluntary Aid Detachment
WA	Western Australia



**1.**

**Introduction.**

Anne Liddy, called Annie, finished training to be a nurse at the Royal Adelaide Hospital in 1927, when she was 26 years old. Annie had started nursing later than many girls, having spent some years in domestic service before beginning in 1923 as a probationer at Tumby Bay Hospital, which had about ten beds. As was usual for nurses at small country hospitals, Annie transferred to the Royal Adelaide Hospital at the beginning of her second year (1924) to finish her training. Although initially terrified by the hospital hierarchy, and especially in awe of "anything in a white coat, even the barber",<sup>1</sup> she soon settled into the routine. Lectures on basic nursing were given by a sister in the nurses' home. Doctors also gave lectures for nurses at the university. Attendance was compulsory, and Annie grumbled about having to get up after night duty in order to attend them in her time off. Like her friends, she did not look too far into the future, but did not expect to work as a nurse all her life. "I think 'sufficient unto the day' was my motto always. Towards the end of my training ... I wanted to get away from the hospital. That was about the pinnacle of my ambition."<sup>2</sup>

Nearly thirty years later, in August 1955, V.H.<sup>3</sup> began her training at Grafton Base Hospital in NSW. Her life as a student

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<sup>1</sup> Transcript of interview with Miss Anne Liddy. *South Australia speaks: an oral history of life in South Australia before 1930*. Interview no. 8504. Mortlock Library OH1/4 p.58

<sup>2</sup> *ibid.* p.60

<sup>3</sup> Some of the nurses I interviewed now hold senior positions and requested that their names not be used. I have therefore adopted the convention of using initials for nurses who are still working .

was almost identical to Annie's. She too lived in the hospital nurses' home, worked long hours and attended lectures in her time off duty. For V., nursing was an escape from home, and she had vague ideas that she might "latch on to one of those medicos and have a ticket for life. I was so disappointed when they were all old with grey hair and bald patches and married with six kids."<sup>4</sup> V. continued to work after her marriage, but claimed that she did so more from financial necessity than from a desire to develop a career.

Almost twenty years later, in June 1973, B.M. began nursing training at the Royal Adelaide Hospital. During the three years she spent training, she saw the beginning of the first undergraduate nursing course in South Australia: a diploma course offered by the Sturt College of Advanced Education in 1975. "I knew it was starting, but I wanted to have a job where I was doing something worthwhile, and getting paid."<sup>5</sup> Since completing her training in 1976, B.M. has been studying to improve her nursing qualifications while working as a nurse in various institutions. She sees nursing as "definitely not a dead end, but it's not ranked very highly as a profession. ... Given a second choice *now*, I think I'd choose law or architecture ... and I wish I'd done the course at Sturt when I had the chance!"<sup>6</sup>

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<sup>4</sup> Interview with V.H., May 1988. Transcript held by author.

<sup>5</sup> Interview with B.M., June 1988. Transcript held by author.

<sup>6</sup> *ibid.*

This thesis was written in response to curiosity about why it was that during the 1970s, general nursing education began to be provided in tertiary institutions rather than hospitals, and nurses aspired to professional status. What made the time ripe? If the 1970s was the decade in which nurses were concerned about their status as professionals, what had been the major concerns of Australian nurses in the earlier decades of the twentieth century? To answer these questions, this thesis examines the changing aspirations of nurses in Australia from the 1900s to the 1970s.

The word "nursing" can be used both to describe the act of nursing and to refer to the occupation of nursing. I have used it in both ways. This thesis is restricted to discussing general nursing, without specific reference to other branches of nursing such as midwifery or mental health nursing. This has been done deliberately, since there has been useful work done on the history of midwifery<sup>7</sup> and until recently, entry into mental health nursing was possible without first undertaking a course in general nursing. There remains scope for further work on the history of these, and other, specialities of nursing and for interpretation of the history of nursing in Australia as a whole.

Three main influences have made nursing in Australia what it is today: the changing foci of nurses' occupational associations,

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<sup>7</sup> Willis, Evan "The subordination of midwifery" in *Medical dominance: the division of labour in Australian health care*, Sydney, Allen & Unwin, 1989, pp.92-124.

the dominance of the health care system by the medical profession, and gender.

This thesis first examines the concerns of the Australian nursing associations during the twentieth century. From the 1920s until World War Two, nurses gradually took from doctors the executive positions in the first-formed nurses' association. At the same time, those who were discontented with what they considered to be slow progress formed alternative unions, and considerable rivalry between associations developed. World War Two highlighted the pointlessness of rivalry between nursing associations. The post war era saw nurses focus on both improving education for nursing and the concomitant possibility of attaining true professional status, which meant that the nursing associations were faced with the apparent contradiction of being trade unions and professional associations at the same time. Nurses therefore looked closely at the concept of professionalism and concluded that their aspirations could only come to fruition if nursing education were to take place in tertiary institutions rather than in hospitals.

The fact that nurses aspired to professional status at all indicates that the concept of professionalism had changed to admit the new technological occupations which had developed since World War Two. The changing concept of professionalism is considered through an analysis of the writing on professionalism published from the beginning of the century

until the 1970s, and Australian nurses' attitudes are set against that intellectual debate.

The last two main chapters deal with the question of gender. They consider the development of the image of the nurse, and nursing as an occupation for women in the light of the discussion on professionalism, and provide some explanation of the events and issues which are discussed in the earlier chapters.

The research for this thesis was done during the 1980s, when much of the primary material was haphazardly organized. Notable exceptions were the armed services archives held in the Australian War Memorial, which has been long recognised for its excellence. Hazel Woolston, archivist and librarian at the New South Wales Nurses' Association has also done sterling work in her organization of its archives. Her thesis is an invaluable introduction to them.<sup>8</sup> Joan Durdin, retired nurse and honours history graduate of the University of Adelaide, has been keenly involved in the preservation of the College of Nursing's archives in Melbourne as well as doing invaluable work collecting and transcribing oral history interviews which are deposited in the Mortlock Library of South Australia. Since this thesis has been written, the archives of the federal office of the Australian Nursing Federation have been deposited in

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<sup>8</sup> Woolston, Hazel Mary. *Series guide to the minute books of the Council of the Australasian Trained Nurses' Association, 26th May, 1899 - 19th Dec., 1972.* Diploma in Archive Administration, University of N.S.W., 1980.

university library archives in Melbourne. The collection of oral history interviews is also recording the more subjective side of nursing's history: what it was like to be a nurse.

2

**The establishment of associations**  
**1900 - 1939**

The first step towards the formal organisation of nursing in Australia was the formation of a nurses' association. But the establishment of occupational associations gave rise to the paradox of disunity arising from the wish to unite. One of the main obstacles to forming a single Australia-wide organisation was disagreement over the role such an organisation should play. The most contentious issue was whether or not a nurses' association should register as a trade union. Some considered such a move to be incompatible with the role of nurses. Others did not. In time this led to a number of associations being formed.

The debate over unionisation highlighted a major division within nursing: that between the leadership and the 'rank and file', that is, the ward nursing staff who did the actual nursing work. Nursing leaders of the 1920s and 30s emerged from the ranks of World War One army nurses. Most of the matrons of the large Australian hospitals belonged to this group. In Melbourne alone there were seven such women: Miss Wilson at the Alfred Hospital, Miss Jane Bell at the Melbourne Hospital, Miss Ethel Simons at the Queen Victoria Hospital, Miss Gertrude Davis at the Jessie McPherson Community Hospital, Miss Ethel Gray at the Epworth Hospital and Miss Jessie McIntosh at the Austin Hospital.<sup>1</sup> They were of the Edwardian generation, reaching middle or late middle age by World War Two. They were unmarried, disciplined, authoritarian,

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<sup>1</sup> *Argus* (Melbourne) 22 April 1933

conservative (legacies of their militaristic hospital training and army service), and ladylike. Such matrons could be compared with boarding school mistresses or Mothers Superior who insisted on strict discipline in every aspect of life. One nurse, who trained in Melbourne in the early 1940s, described the following incident:

I remember, once I was called into Matron's office. We all dreaded this, of course - I kept trying to think if I'd broken a thermometer or lost some scissors or left the pan room untidy. You know, we were really petrified of the Matron. ... It turned out that she had seen me going into town on the tram *without any gloves on!* It was just like being at boarding school. ... But we just accepted this. I don't suppose the girls would nowadays.<sup>2</sup>

Hospital staff in the 1920s and 30s, on the other hand, consisted of students and trained nurses, all them young, mostly under twenty-five. This was an ever-changing population, with considerable attrition due to marriage. Those who joined nurses' unions came from this group.

The first Australian nurses' association, the New South Wales Trained Nurses' Association, was formed following a meeting of medical practitioners and nurses in the Royal Society's rooms, Elizabeth St, Sydney on Friday, 26 May 1899. The aim of the meeting was "to form an association to protect the nursing profession and also members of the public."<sup>3</sup> It was moved by Dr.

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<sup>2</sup> Interview with P.S., Feb. 1988. Transcript in author's possession.

<sup>3</sup> ATNA Archives, Council Minute Books, 1899, Preliminary Meetings, Box 58, NSW NA Archives

Clubbe and seconded by Dr. Fiaschi that "some scheme should be formulated whereby medical men and the public may be able to procure nurses when they need them, and by which they may be able to distinguish the trained from the untrained."<sup>4</sup> An amendment included some recognition of the needs of the nurses: it was suggested that "the scheme should embrace all matters affecting the welfare of the nurse."<sup>5</sup> The committee of the newly formed association consisted of equal numbers of nursing and medical practitioners. Woolston indicates that there was a gradual transfer of dominance of the council executive to nurses,<sup>6</sup> but does not mention that it was not until 1930 - thirty-one years later - that a nurse, Miss Kellett, matron of Sydney Hospital, was first elected president.

The aims of the Association, which were formulated at the next meeting on 21 June 1899, show that the main concern was to develop a means of control over who could or could not work as a nurse. A system of educating nurses was not considered. The aims were:

1. To promote the interests of trained nurses in all matters affecting their work as a class.
2. To establish a system of registration for trained nurses.
3. To afford opportunities for discussing subjects bearing on the work of nursing.

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<sup>4</sup> *ibid.*

<sup>5</sup> *ibid.*

<sup>6</sup> Hazel Mary Woolston, *Series guide to the minute books of the Council of the Australasian Trained Nurses' Association, 26th May, 1899 - 19th Dec., 1972*, University of N.S.W., 1980 p.3

4. To initiate and control a scheme that will afford nurses a means of providing an allowance during incapacity for work caused by sickness, accident, age or other necessitous circumstance.<sup>7</sup>

It is noteworthy that establishing a register of trained nurses, which would give some control over who could work as a nurse, was seen as necessary from the outset.

The minutes do not record whether the perceived need to establish a benevolent scheme for nurses in illness and old age was an initiative which came from a doctor or a nurse at the meeting. This is a pity, since the description of nurses as a class smacks of the gentry's treatment of the loved and trustworthy servant. Had it been clear that this had been a doctor's idea, this would have re-inforced Willis' argument of the upper class dominance of medical practice.<sup>8</sup>

The New South Wales Trained Nurses' Association changed its name to the Australasian Trained Nurses' Association (ATNA) at a meeting on 1 December, 1899. The name was not quite accurate, as New Zealand nurses were never involved although the ATNA's published list of training hospitals whose basic training courses were recognised included New Zealand

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<sup>7</sup> ATNA Archives, Council Minute Books, 1899, Preliminary Meetings, Box 58, NSW NA Archives

<sup>8</sup> Willis, Evan. *Medical dominance; the division of labour in Australian health care*. 2 ed. Sydney: Allen & Unwin, 1989. Willis uses the term 'class' as a convenient way of differentiating occupational groups by their earning capacity and hence their social status - what sociologists call "socio-economic groups". It is in this sense that I use it.

hospitals. A special general meeting was held on 25 May 1904 to enable branch councils to be established in other states.<sup>9</sup> Woolston notes that the early council minute books record expansion into Queensland in 1904, South Australia in 1905 and Western Australia in 1907<sup>10</sup>. A provisional council was formed at a Hobart meeting in 1908, when Miss Gould of the parent (NSW) council was present.<sup>11</sup> As a result of this meeting, a branch constitution was written, which gave each state a council to govern its own affairs, but which was responsible to the parent council.<sup>12</sup>

Victoria's first nurses' association maintained a separate identity. The ATNA in Sydney wrote to several Melbourne doctors in April 1901, suggesting that a branch of the ATNA be established in Victoria.<sup>13</sup> Soon afterwards, the Victorian Trained Nurses' Association was formed following a preliminary meeting of matrons at the Children's Hospital, convened by Dr. W. Atkinson Wood. The name was changed to Royal Victorian Trained Nurses' Association (RVTNA) in February 1904, King Edward being "graciously pleased to grant the title of 'Royal' ... through the gracious influence of Her Majesty, Queen Alexandra".<sup>14</sup> The RVTNA was not a branch of the ATNA, but

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<sup>9</sup> ATNA Council Minute Books, vol.1 p.220, NSW NA Archives

<sup>10</sup> Woolston, *op.cit.*, p.4

<sup>11</sup> ATNA Council Minute Books, 5 Feb. 1909 vol.3, p.2 NSW NA Archives This meeting was also reported in the *Australasian Nurses' Journal* of Jan. 1909.

<sup>12</sup> ATNA Council Minute Books, vol.1, pp.203-4, NSW NA Archives

<sup>13</sup> ATNA Council Minute Books, vol.1 NSW NA Archives

<sup>14</sup> Jane Bell, "The organisation of Victorian trained nurses 1901-1944.," *Una* Oct. 2 (1944): p.235

an association in its own right; a point which it was often at pains to make.<sup>15</sup>

Australia's first nursing journal, the *Australasian Nurses' Journal*, was first published in 1902, copies being circulated to members of the ATNA. Hicks has noted that the tone of the early years of the journal is one of positive optimism and self-assurance on the part of the nurses who produced it.<sup>16</sup> The VTNA (later RVTNA) began its own journal, *Una*, almost simultaneously, the first edition being published in 1903.<sup>17</sup>

In South Australia in 1900, a branch of the British Nurses' Association (later Royal British Nurses' Association) was also formed.

The British Nurses' Association was founded in London in 1887 by Mrs Ethel Bedford-Fenwick, a former matron of St Bartholomew's Hospital, London.<sup>18</sup> In 1900 the Association wrote to the Matron of the Adelaide Hospital, Margaret Graham, asking her to interest the nurses of South Australia in the

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<sup>15</sup> See Jane Bell, op. cit. p.234 and Barbara Schultz, "Along the way - R.A.N.F. Golden Jubilee," *Aust Nurses J* 4.4 (1974): p.10 An account of the work of the RVTNA can be found in Trembath, Richard, and Donna Hellier. *All care and responsibility: a history of nursing in Victoria 1850 - 1934*. Melbourne: Florence Nightingale Committee, Victorian Branch, 1987.

<sup>16</sup> Neville Hicks, *Images of the nurse in South Australia 1864-1986*. Paper presented at the Sesquicentenary Country Nurses' Seminar, Mount Gambier, 1986. Unpublished.

<sup>17</sup> *Una*, vol.1, no.1, Apr. 1903

<sup>18</sup> Details of the formation and work of the BNA (later Royal British Nurses' Association) can be found in Brian Abel-Smith, *A history of the nursing profession*, (London: Heinemann, 1960) p.81 ff



Margaret Graham, Matron, Royal Adelaide Hospital. 1920.  
RAH Archives.

RBNA.<sup>19</sup> As there was as yet no nurses' association in South Australia, it was decided to form a branch of the RBNA, to be known as the Royal British Nurses' Association (South Australian Branch).

Its first meeting was held in the Board Room of the Adelaide Hospital on 8 August, 1900.<sup>20</sup> It was hoped that the RBNA would protect the status of trained nurses, since it was the custom at the time for private hospitals to hire out 'semi-trained' nurses (nurses who had not undertaken a recognised training programme or who were still training) to private homes. In this competitive situation, qualified nurses, including those from the Adelaide Hospital, sometimes had difficulty finding work.<sup>21</sup> One of the branch's first tasks was to establish a registration board to assess the qualifications of those who applied for membership. Membership criteria included a period of training of not less than three years in a hospital or hospitals approved by the Board. Since this approval extended only to hospitals with a daily average occupancy of more than forty beds, only nurses who had trained in the Adelaide Hospital or came to South Australia after training in a large hospital interstate were eligible for membership.<sup>22</sup>

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<sup>19</sup> *Nursing in South Australia - First hundred years 1837 - 1937*, (Adelaide: S.A. Trained Nurses' Centenary Committee, 1938) p.184

<sup>20</sup> *ibid.*

<sup>21</sup> Joan Durdin, *They became nurses: a history of nursing in South Australia 1836-1980*, (Sydney: Allen and Unwin, 1991) p.42.

<sup>22</sup> *ibid.*, pp.42-43.

In September 1903 it was decided to start a Home for members of the Association, which was to provide cheap accommodation for members under the supervision of a matron.<sup>23</sup> The idea of a residential agency had links with Florence Nightingale's concept of a nurses' home, with its moral and social influences for good.<sup>24</sup>

The SA branch of the RBNA saw its main role as ensuring a supply of adequately trained staff for nursing in private homes. It did not have an educational role, nor did it produce a regular journal.<sup>25</sup> One of its main weaknesses was its stringent membership requirements, which excluded many South Australian nurses. The link with its parent body in Britain provided a certain prestige but added little to its strength, since the importance of the RBNA declined steadily in Britain.<sup>26</sup> Narrowness of vision probably led to its eventual eclipse by the ATNA. One can speculate that the formation of both the RBNA (SA Branch) and the ATNA (founded within six months of each other) was because of ignorance of each other's existence. The strict membership criteria of the RBNA, and the fact that the ATNA insisted that matrons of hospitals must join the ATNA

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<sup>23</sup> *Nursing in South Australia - First hundred years 1837 - 1937*, (Adelaide: S.A. Trained Nurses' Centenary Committee, 1938) p.184

<sup>24</sup> Durdin, op. cit., p.43.

<sup>25</sup> From 1904 its members received copies of *Faulding's Medical and Home Journal*, the monthly publication of Faulding's Pharmaceutical Company. The company, founded in Adelaide in 1845, produced the Journal from 1899 to 1919. It contained articles of general interest, advertisements for Faulding's products, and from 1904, reports of the activities of the RBNA in South Australia. (Durdin, op.cit., p.266)

<sup>26</sup> Durdin, op.cit., p.47



Royal British Nurses' Association headquarters, Dequetteville Tce, Kent Town, 1912. The building still stands.  
RAH Archives.

before their training programmes would be recognised as criteria of membership of the ATNA led to some friction between the two associations.<sup>27</sup> Margaret Graham, Matron of the Royal Adelaide Hospital, which had the largest number of nurses in training, was a member of the RBNA but not of the ATNA until 1909.<sup>28</sup> Although she remained active in RBNA affairs after she joined the ATNA, the supremacy of the ATNA was assured. References to the RBNA all but disappear from the South Australian records after the nurses' registration act was passed in 1920.<sup>29</sup>

The early founding (1899) of the ATNA should not be misinterpreted as evidence of nurses' initiative. The impetus came not from nurses but from doctors, who wanted to have an organised body of properly trained nurses on whom they could call. This indicates that doctors recognised and valued the skills of the properly trained nurse. A doctor chaired the first executive committee, and doctors continued to sit on the committees of all state branches of the Association for at least thirty years. It is a significant indication of how nurses accepted medical dominance that when the SA Trained Nurses' Centenary Committee published *Nursing in South Australia: First hundred years*,<sup>30</sup> it was Dr. Wilson, long-time secretary of the SA branch of the ATNA, who contributed the chapter entitled

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<sup>27</sup> Durdin, op. cit., pp.49-50

<sup>28</sup> *ibid*

<sup>29</sup> *ibid*

<sup>30</sup> *Nursing in South Australia: First hundred years 1837 - 1937*, (Adelaide: S.A. Trained Nurses' Centenary Committee, 1938 )

"Some recollections of the beginning of the South Australian Branch of the Australian [sic] Trained Nurses' Association."<sup>31</sup>

Doctors' involvement with the RBNA mirrored that with the ATNA. Doctors played an active role on the committee. The RBNA encouraged members of the medical profession to join, and during the early years the number of doctors sometimes equalled that of nurses.<sup>32</sup>

Since much of the nurses' training was conducted by doctors, it is clear that doctors had considerable influence not only over what nurses were taught but also what their role should be in the provision of health care. Nurses neither resented nor challenged this medical dominance.<sup>33</sup>

The rise of the medical practitioner to a position dominating health care in Australia has been described by Willis<sup>34</sup> and Pensabene.<sup>35</sup> Using Victoria as an example, Willis claims that the 1908 Medical Registration Act prohibiting unqualified medical registration "represented a major victory for scientific medicine, ensuring a position of dominance [for doctors] within the health arena."<sup>36</sup> Further consolidation of medical

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<sup>31</sup> *ibid*, pp.186-189

<sup>32</sup> Joan Durdin, *They became nurses: a history of nursing in South Australia 1836-1980*, (Sydney: Allen and Unwin, 1991), p.43.

<sup>33</sup> *ibid.*, p.54

<sup>34</sup> Willis, *op.cit.* passim.

<sup>35</sup> T.S. Pensabene, *The rise of the medical practitioner in Victoria.*, *Health Research Project, Research Monograph No. 2*, (Canberra: Australian National University, 1980)

<sup>36</sup> Willis, *op. cit.*, p.74

dominance in Victoria occurred in 1933, when the Medical Registration Act was amended to make it illegal for anyone other than those on the medical register to practise. This amendment was designed to exclude homeopathic practitioners, and its enactment is described in detail by both Willis and Pensabene.

Willis demonstrates that medical practitioners were a fairly cohesive group. The major exception to this cohesiveness was the British Medical Association's objection to the independent founding of the Australian College of Surgeons in 1926, on the grounds that it threatened the best interests of the BMA membership. The issue was settled by 1930, with the BMA retaining control.<sup>37</sup> The Australian branch of the BMA was the only occupational association representing medical practitioners and in the 1920s at least 80% of registered medical practitioners were members.<sup>38</sup> Medical practitioners were also, of course, male, career minded, came on the whole from the wealthier section of society, and were therefore used to making decisions and being in command.

This cohesion is in sharp contrast to the divisions which developed between nurses' associations before World War Two.

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<sup>37</sup> *ibid.*, p.79

<sup>38</sup> *ibid*

Two main concerns marked the various branches of the ATNA and the RVTNA during the first twenty years of this century. First, it was felt to be necessary to ensure reciprocal recognition of training and ATNA membership between states. The ATNA secured reciprocal recognition of membership at a special general meeting on 25 May 1904, which unanimously agreed and approved that each state branch should have its own council, but be responsible to the parent council in Sydney.<sup>39</sup>

Second, it was felt that one Australia-wide association and a national system of registration of nurses was desirable. However, little was done in this regard until the 1920s. Registration was pursued at state level.

Most of the state registration acts were passed in the 1920s. Queensland obtained state registration in 1912, South Australia in 1920, Western Australia 1921, Victoria 1923, New South Wales 1924 and Tasmania 1927.

Nursing association records in South Australia about the passage of the 1920 Nurses' Registration Act are scanty. Although a Parliamentary Bills Committee was appointed by the SA branch of the ATNA in 1919, no record of the Committee's meetings could be located.<sup>40</sup> There is no evidence of discussion between

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<sup>39</sup> ATNA Council Minute Books Vol. 1, p.220.

<sup>40</sup> Durdin, *op.cit.*, p.54. I was also unable to locate the minutes of this committee.

politicians and the nursing associations (the ATNA and RBNA) when the bill was being debated. The rivalry between these associations was noted with regret by Major Smeaton:

I welcome this Bill because it ends an unfortunate state of affairs which has existed for some time. It is a rather painful thing to find that two associations having the same object in view, and which ought to be inspired by higher motives, have spent a good deal of their time in criticising each other and making it difficult to carry out the work effectively.<sup>41</sup>

Indeed, one parliamentarian saw the passage of the bill as sounding the death knell for the nurses' associations:

The effect of the passing of this Bill will be to almost certainly destroy the two nursing associations at present in existence. The whole object of those nursing associations is to safeguard the qualifications of nurses, and since that work will be done by the proposed [Nurses'] board, it is just possible, indeed, highly probable, that those two associations may go out of existence.<sup>42</sup>

South Australian parliamentarians showed respect for nurses and their work. During debate on the Nurses' Registration Bill in SA, Mr. J. Cowan (Liberal) said that:

nurses, owing to the splendid service they rendered to the country during the late war, are entitled to all the privileges and concessions that Parliament can bestow. To properly appreciate the work of nurses it is necessary to consider the arduous course of

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<sup>41</sup> SAPD, 23 Nov. 1920, p.1757

<sup>42</sup> SAPD, 3 Nov. 1920, p.1392

training they have to undergo; the hazards they are subject to in carrying out their work; the risk that work entails; and the long hours they are on duty.<sup>43</sup>

But nurses' lack of organisation is reflected in the comment by the Leader of the Opposition, Mr. Gunn:

I trust the day will come when the hours of the nurses will be regulated by some tribunal. This [the poor working conditions] only shows that until a profession or calling organises it can expect little relief. <sup>44</sup>

He went on to paint a picture of a group of oppressed and non-assertive workers:

I know that we will find ... nurses, who, because of the fear of intimidation, will say that their conditions are all that is desirable.<sup>45</sup>

This comment suggests that, by the 1920s, nursing ideals were maintained by its leadership, and adherence to them was expected. Belief in these ideals must have been strong enough to ensure the development of an *esprit de corps* which forbade letting the side down. As in the army, rigid adherence to discipline twenty-four hours a day could be seen as producing that strange paradox of an obedient and conformist workforce, whose members nonetheless had a fierce "regimental pride".

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<sup>43</sup> SAPD, 16 Nov. 1920, p.1587

<sup>44</sup> SAPD, 1920

<sup>45</sup> *ibid*



Funeral of Miss E. Williams, Deputy Matron and Night Superintendent, 1919.  
Senior Sisters walked beside the hearse and all nursing staff not on duty provided a guard  
of honour for the cortège.  
RAH Archives.

The passage of the Nurses' Registration Act in Western Australia lasted from the end of World War One until 1922. The bill was debated for almost two years and met with a mixed reception in both Houses. Western Australian parliamentarians did not share the respect for nurses of their South Australian counterparts:

many [members] ... were ill informed on the role of the professional nurse. Their derogatory remarks deserve only contempt. Recorded in Hansard, they will go down in history as a testament to the ignorance and bigotry of their authors.<sup>46</sup>

The creation of state Nurses' Registration Boards under government control took away an important function of the ATNA: that of setting the final nursing examinations. At the annual meeting of the NSW branch of the ATNA, the president, Dr. R.J. Millard, expressed concern that nurses might not think it was necessary to join the ATNA following the passage of the NSW Nurses' Registration Act.<sup>47</sup> He reminded nurses that the ATNA was analogous to the British Medical Association (BMA) for doctors; membership of the BMA was: "a guarantee that he is a good type of medical practitioner."<sup>48</sup> He continued:

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<sup>46</sup> Victoria Hobbs, *But westward look - nursing in Western Australia 1829 - 1979*, (Perth: University of W.A. Press, 1980) p.67

<sup>47</sup> Minutes of the twenty-eighth annual meeting of the NSW branch of the ATNA, Sydney, 1 Sep. 1927. Reprinted in the *Australasian Nurses' Journal*, Oct. 1927. p.307.

<sup>48</sup> *ibid.*, p.308

I think the nurses should bear in mind that the fact of their being members of the A.T.N.A. is also a sort of hallmark and guarantee that they are trained at training schools and fulfill the conditions required by the Association. And for that reason, the A.T.N.A. is not by any means defunct, although the Nurses' Registration Board was established.<sup>49</sup>

The incoming president, Dr. Constance D'Arcy, felt that the function of the ATNA in the future would be consultative, similar to that of the American College of Surgeons:

I do not feel pessimistic over the future of this Association in any way. Our Association has exercised a very important influence ... by creating a standard of nursing qualifications, a standard of training in hospitals and even a standard of work done in hospitals by the setting up of rules for the training of nurses. ... I think there is no other association or body that can compare with us in influence other than the American College of Surgeons. ... This most extraordinary body without any legislative authority at all, has so impressed itself upon the United States ... that all the hospitals of the country are rushing ... begging to be put on their list.<sup>50</sup>

Following the passage of the Registration Acts during the 1920s, the ATNA seems to have lacked focus. Hicks points to the increasingly apathetic attitude reflected by the *Australasian Nurses' Journal*:

After a burst of interest in its columns reporting the agitation in Britain for decent working conditions,

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<sup>49</sup> *ibid.*

<sup>50</sup> *ibid.*, p.314

accommodation and education, by the end of the 1920s its standard fare was an occasional article (usually by a medical practitioner), dull reports of State Council meetings, few editorials and assorted social news - marriages, births and the like. The journal suggests a passive attitude on the part of nurses, and continued in much the same format for almost the next fifty years.<sup>51</sup>

The very structure of the ATNA and the RVTNA meant that the general membership was only peripherally involved in the activities of the organisations. Law considers that the ATNA reflected the structure of authority within which nurses worked.

Power was centralised in the Council, which met at least once a month and made all the major decisions. Only occasionally were matters referred to a special general meeting or a ballot of members. A few people who lived in the capital cities held the power. The Council was composed overwhelmingly of those at the top of the nursing profession; e.g. matrons and proprietors of private hospitals and those in prominent positions in the medical world.<sup>52</sup>

Nonetheless, a major achievement of the twenties was the establishment of the Australian Nursing Federation in 1924. The impetus for a national body came in 1922, when Miss Crocker, secretary of the RVTNA, wrote to Miss Evans, secretary of the ATNA, suggesting that a conference be held in Melbourne to

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<sup>51</sup> Hicks, *op.cit.*, p.7

<sup>52</sup> Glenda Law, "I have never liked trade unionism' - the development of the R.A.N.F., Queensland Branch, 1904 - 1945," *Women and Labour Conference Papers Part 2; Work*, (Sydney: Women and Labour Conference Committee, 1978) p.36

discuss the possibility of founding a national association.<sup>53</sup> As the result of a meeting held in Melbourne in June 1923 to discuss a draft constitution of the proposed national body, a second meeting was held in Sydney in the BMA building, Elizabeth St in May 1924, when the Australian Nursing Federation (ANF) was established.<sup>54</sup>

The ANF provided a mechanism whereby the various state branches of the ATNA and the RVTNA could work together, but was not itself a truly national association, since the Victorians insisted on retaining their separate identity.<sup>55</sup> The ANF secretary, Miss Evans, was inaccurate in an undated letter to the firm of Sydney solicitors Stephen, Jacques and Stephen in the 1930 file of the ATNA correspondence:

The Australian Nursing Federation is the *governing* body of what were formerly known as the Australasian Trained Nurses' Association and the Royal Victorian Trained Nurses' Association. There is a branch in each state of the Commonwealth.<sup>56</sup>

The RVTNA would never have accepted this, had they seen it! The fact that even the secretary could make such a slip explains why there was sometimes confusion over nomenclature, as a

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<sup>53</sup> Barbara Schultz, "Along the way - R.A.N.F. Golden Jubilee," *Aust Nurses J* 4.4 (1974): p.10

<sup>54</sup> ATNA records, Mitchell Library - ML MSS 4144 31(56)

<sup>55</sup> *ibid*

<sup>56</sup> ATNA records, ML MSS 4144 31(56) - correspondence. (my emphasis)

glance at the various permutations of ATNA/ANF/RVTNA letterhead shows.

The fact that a doctor, (Dr. Millard) was appointed President and Chairman and that the Queensland representative was also a doctor meant that the ANF was not eligible for affiliation with the international nursing body, the International Council of Nurses (ICN), which specified that all the executives of affiliated associations should be nurses. Hobbs pointed out that there was a great deal of confused thinking about the ICN.

[T]here were some who thought that national membership would confer on the ATNA member, through its affiliation with the ICN, acceptance as a trained nurse throughout the world. This is a misconception which persisted for a great many years both in the community and amongst nurses themselves, and this 'worldwide' idea of nursing was even used as a drawcard to induce young women to take up nursing as a career.<sup>57</sup>

Even for Matron Jane Bell of Melbourne Hospital, the most important task of the new body was to:

urge upon the Governments of those States, in which there is not already State Registration of nurses, the necessity for the framing of legislation to ensure reciprocity [sic] with other countries, and that a covering letter be sent to the Premier of each State, stating that "owing to the absence of registration, nurses going abroad, though fully qualified, suffer from great disabilities."<sup>58</sup>

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<sup>57</sup> Hobbs, op.cit., p.72

<sup>58</sup> Bell, op. cit. p.235

Council minutes dealing with affiliation with the ICN acknowledged the difficulties caused by the presence of doctors on the ANF executive.<sup>59</sup> But a council without doctor members was not even considered. Medical dominance was accepted without question. The minutes of the 1927 council meeting held in Adelaide included the suggestion that "members of the medical, legal, banking and other professions might be permitted as members of the [ANF] Council, but without voting power."<sup>60</sup> Were the ICN to find this unacceptable, the ANF was prepared to change the constitution rather than do without doctors on the council.<sup>61</sup>

At first, the ANF met triennially, but the arrangement lapsed in 1930. It was re-constituted in 1937 at a meeting held during the week commencing 31 May at the Royal Melbourne Hospital, with the aim of seeking affiliation with the ICN.<sup>62</sup> Representatives from all branches attended, with secretaries Miss Evans (NSW) and Miss Anderson (Victoria) also present. Miss Kellett, Matron of Sydney Hospital, was elected President, Misses Conyers (Vic.) and Chatfield (Qld) Vice-presidents, and Miss Kirkcaldie (NSW) Honorary Secretary and Treasurer. The revised constitution of the ANF indicated that the need for unity

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<sup>59</sup> ANF Federal Council & Executive Committee Minutes, pp.22-23, RANF Archives.

<sup>60</sup> Reprinted in the *Australasian Nurses' Journal*, 15 Oct. 1927, p.305.

<sup>61</sup> *ibid.*

<sup>62</sup> ANF Federal Council & Executive Committee Minutes, pp.24-26, RANF Archives.

of purpose among nurses was the main reason for its existence.

The Preamble to the constitution stated:

Whereas it is expedient that the Nurses [sic] Associations of Australia should unite in a Federation in order to promote the best interests and protect the rights of the nursing profession of Australia now the Branches of the Australasian Trained Nurses Association and the Royal Victorian College of Nursing have agreed to form a Federation called the Australian Nursing Federation ...<sup>63</sup>

The meeting appointed Miss Bell and Miss Hall to represent the ANF at the ICN conference in London with Miss Bell as the leader of the delegation, to apply for affiliation with the ICN.<sup>64</sup> The minutes record that after the meeting, cables were sent to the ICN and Miss Bell advising that the Federation had been reformed and applying for affiliation. An addendum to the minutes stated:

Arrangements for affiliation had previously been finalized and were awaited by representatives of the Australian Nursing Federation who were in London and upon receipt of same would be officially admitted at the International Council of Nurses Congress then in progress.<sup>65</sup>

Miss Bell was an apt choice to lead the ANF delegation to the ICN, since she felt very strongly that an occupational association

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<sup>63</sup> ANF Constitution accepted 1 June 1937: ANF Federal Council & Executive Committee Minutes, pp. Federal Council & Executive Committee Minutes, pp. 27-30. RANF Archives.

<sup>64</sup> ANF Federal Council & Executive Committee Minutes, p.24

<sup>65</sup> *ibid.*

had both a national and international responsibility. She later wrote:

This powerful organisation of trained nurses [the ICN] was founded in London on July 1st 1899, ... and claims to be the oldest organization of professional women workers. ... As the I.C.N. only recognises one National Nursing Organization in each country affiliated with it, it is at once apparent that the Australian Nursing Federation, consisting as it does of the nursing organizations of each State as integral parts of it, occupies a position of great standing and responsibility and deserves the full support of every Australian trained nurse.<sup>66</sup>

With the outbreak of World War Two, the secretary of the ICN (Miss A. Schwarzenberg) wrote to each affiliated nurses' association to inform them that it was transferring its headquarters from London to New York ("a neutral country"), and that publication of its journal, the *International Nursing Review*, would be suspended until the cessation of hostilities.<sup>67</sup> The ANF announced that its activities, too, would lapse for the duration of the war.

Thus, the main concerns of the ATNA/ANF during the 1920s and 1930s had been to establish one national association, gain the passage of a Federal nursing award and achieve affiliation with the ICN. In spite of the formation of the ANF, the first

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<sup>66</sup> Jane Bell, "The organisation of Victorian trained nurses 1901-1944.," *Una* .October 2 (1944): p.235

<sup>67</sup> Letter dated 25 October 1939, RANF Archives file I/96/39

theme, the desire for a single national nurses' association, remained unfulfilled.

The period from 1920 - 1939 also saw the first indication of the ATNA's loss of contact with the wishes of the ordinary nurse. As a result of the ATNA's lack of action to improve nurses' working conditions and wages, the rank and file of nursing showed their dissatisfaction by forming unions.

The debate over unionisation came to the fore during the 1930s. In the first half of the decade, nursing leaders were embarrassed by the large number of nurses. Miss Evans was quoted as saying:

The number of trained nurses who forsake nursing for matrimony is very small these days, and it's one of the reasons why the nursing profession has been having a lean time. ... [I]t will be even worse if we have more nurses being trained.<sup>68</sup>

In a letter to the editor of the *Australasian Nurses' Journal*, Noreen Whitlow complained that the over supply of nurses meant that experienced nurses were accepting positions which had formerly been filled by newly trained nurses. She suggested:

would it not be possible for training schools to employ more wards maids, sadly needed, so that at the end of the term, fewer young trained nurses should be turned out of their training schools upon a world already overstocked with trained nurses?<sup>69</sup>

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<sup>68</sup> "Too many nurses", *Sun*, 10 May 1934

<sup>69</sup> N. Whitlow, Letter to the Editor, *Australasian Nurses; Journal* June 15, 1931, p.122.

Hospitals were resisting employing more nursing staff, since insufficient accommodation for them was available. More staff would also have meant reducing nurses' hours, with increased administration costs and higher wages bills which the hospitals could not afford.<sup>70</sup> During the 1930s the conditions under which nurses worked received close scrutiny by industrial courts in Western Australia (1935), New South Wales (1936), and Queensland (action postponed 1939) during applications for State awards.<sup>71</sup> Many nurses regarded industrial legislation as the best way to gain improved working conditions.

Nurses' unions were formed in most states. They were the Trained Nurses' Guild (TNG) (Victoria) and the Queensland Nurses' Association, both formed 1921, the NSW Nurses' Association (NSWNA), 1931, and the Western Australian Nurses' Association Industrial Union of Workers, 1934. The Tasmanian Nurses' Union was a product of the war years, founded in 1944. South Australia did not have its own union. This was probably due to the work there of the Royal British Nurses' Association (RBNA).

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<sup>70</sup> *ibid.*

<sup>71</sup> See, for example, the transcripts of the Proceedings of the Hospital Nurses (State) Award Hearings and Appeals before the NSW Industrial Commission, Feb. 1936. Application for and Award by the NSW Nurses' Association. ABL A3/22

The objects of the Trained Nurses' Guild, formed in Melbourne in 1921, clearly reflect its members' concern to obtain acceptable working conditions. They included:

To promote State registration of all trained women nurses who have undergone the probationary period fixed by law.

To secure a minimum rate of remuneration and limitation of the number of working hours.

To regulate the relationship between members and employers and member and member.

To abolish all abuses detrimental to their welfare and economic position.

To promote industrial peace and progress by amicable and constitutional means on behalf of the members, but when difficulties arise to obtain an equitable settlement.<sup>71a</sup>

The success of the associations which pressed for industrial registration was probably due in no small way to inaction on the part of the ATNA. The foundation of the New South Wales Nurses' Association (NSWNA) illustrates this point.

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<sup>71a</sup> Trained Nurses Guild *Rules*. pp. 1-2. NSWNA Archives R/17/21 labelled: 1921/22 Rules.

The only union representation available to nurses in New South Wales was through the Hospitals Employees Union which was founded in 1911. It covered all hospital workers who did not have other union representation. The ATNA council minutes reveal that the question of the formation of a nurses' union was discussed at length at a meeting on 21 August 1929, with ATNA council members being much opposed to the idea.<sup>72</sup> However, the secretary, Miss Evans, indicated that the Hospital Employees Union (HEU) had lodged an application at the Industrial Court for the inclusion of nurses who were nominally members but who had not been brought under its control. ATNA solicitors advised that nothing could be done to oppose this move by the HEU until the case came before the Arbitration Court, when the ATNA could apply for a stay of proceedings on the grounds that it intended to form a nurses' union itself. For this to be possible, the ATNA constitution would need altering to admit nurses in training as associate members. A motion was carried to the effect that if necessary this course of action would be followed and a union of "nursing staffs of hospitals" would be formed with the object of making an application for an award.<sup>73</sup>

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<sup>72</sup> ATNA records held in the Mitchell Library ML MSS 4144 31(56) - Council Minutes

<sup>73</sup> *ibid.*

Following several days of court attendance in October 1930 and a meeting between the ATNA, HEU and representatives from Sydney hospitals, Miss Evans reported to the ATNA council that the ATNA could not register as a union since it included employers as well as employees, and that any newly formed union had to be initiated and financed by nurses themselves. Council was in favour of a separate union which it would not be associated with, "principally [sic] from the point of view of status."<sup>74</sup> After some discussion, it was placed on record that:

... the meeting is of the opinion that the ATNA can take no active steps to sponsor the formation of a Nurses' Union beyond informing nurses in hospitals of the position.<sup>75</sup>

At the next council meeting, on 12 December 1930, the formation of a nurses' union was again on the agenda. The meeting decided that it would perhaps be wiser to "postpone any action" because "financial and other difficulties" were so great.<sup>76</sup> The only immediate action planned was to inform, presumably by letter, all nurses working in hospitals of the plan to form a union should the HEU try to have nurses included under its award in the Industrial Court. These would have included both trainees and staff nurses. The council endorsed a policy of inaction, content with the knowledge that there was a plan to be followed should the necessity arise. But hospital nurses were not sent notification of the council's intentions. This is important

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<sup>74</sup> ATNA Council Minutes, 18 Nov. 1930 (Mitchell Library ML MSS 4144 31(56))

<sup>75</sup> *ibid.*

<sup>76</sup> ATNA Council Minutes 12 Dec. 1930. Mitchell Library ML MSS 4144 31(56)

since it is evidence of the ATNA council's inaction in the face of increased union activity, and also shows that the council, made up of nursing leaders used to obedience, felt that it could make decisions on matters which affected all nurses, not only ATNA members, and that its decisions would not be questioned.

Not keeping nurses abreast of developments was a mistake. The ATNA council misread the mood of rank and file nurses. In March 1931 a meeting of nurses was held in Sydney at which it was decided to form a nurses' union. The ATNA was not invited to send a representative. The secretary of the newly formed New South Wales Nurses' Association (NSWNA), G. McCready, wrote after the fact to the ATNA asking for its support.<sup>77</sup> Miss Evans informed the ATNA solicitors of the council's decision:

The ATNA has always expressed disapproval of unionism for nurses, consequently, when the NSW Nurses' Association wrote asking for support it was considered to [sic] vital a matter for the Council to decide and a postal ballot was taken which resulted in a negative vote.<sup>78</sup>

The NSWNA was granted registration before the Industrial Court on 12 August 1931.

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<sup>77</sup> ATNA correspondence file ML MSS 4144 31(56) ; letter to Miss Evans from NSW NA, 17 Jun. 1931.

<sup>78</sup> ML MSS 4144 31(56)

In May 1931 Miss Evans wrote to the Western Australian secretary of the ATNA in such tones as to make her dislike of unionism unmistakable:

Alas it is too true! Some of the misguided members of the profession called a meeting of nurses early in April and decided to form a union - I regret to say that some of the leading lights of the ATNA were present at the meeting and were in favour of the suggestion some of them even accepting positions on the committee. At present nothing has been done beyond the drawing up of a Constitution and application for registration ... I would add that the ATNA (NSW) was not invited to send a representative and it was only by accident that I heard of it too late to communicate with and warn members. <sup>79</sup>

Relations seem to have been only a little better in the west. When the WA Nurses' Association registered as a union in September 1934, the councils of the ATNA (WA Branch) and the new WANA union each had representatives on the other. However, correspondence between the two shows that the ATNA was not happy with the arrangement, clearly having expected a much louder voice in the control of union affairs. <sup>80</sup>

By World War Two disunity between the associations led to some unseemly public bickering whenever nursing representation on official committees was sought. The

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<sup>79</sup> RANF Archives, unnumbered correspondence files, folder 1930/31, examined at the ANF head office, Melbourne.

<sup>80</sup> Hobbs, *op.cit.*, p.72

correspondence records of the nursing associations and archives reveal many letters from nursing associations to government instrumentalities, each claiming to be the only truly representative association of nurses in the relevant state.<sup>81</sup>

The debates over unionisation and unification highlighted two main problems that nurses faced in the 1930s. These were the division and lack of communication between the administrators and the rank and file nurses and the existence of separate state industrial courts and nurses' registration boards, which placed legal difficulties in the way of much-wanted unity among the associations. Hobbs noted that "the separate registration of nurses in the different states deprived nurses of much of their bargaining power and there was clearly a need for unity if they [the associations] were to survive."<sup>82</sup>

The nursing associations formed in Australia during the first half of this century reflected disagreement among nurses over the advisability of unionisation. Rivalry between the NSW branch of the ATNA (controlled by Sydney nurses) and the RVTNA (Melbourne) was also a barrier to solidarity of purpose. Even though disunity was recognised and regretted by the committees of the associations, the barriers created by differing political philosophies and geography were not overcome until after World War Two.

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<sup>81</sup> RANF Archives, correspondence files ML MSS 4144; also correspondence files held ANF head office, Melbourne.

<sup>82</sup> Hobbs, *ibid.*

The ATNA's opposition to unionisation undoubtedly had a philosophical basis, which indicates that its leaders had a different perception of what constituted 'professional' activity than the rank and file nurse. Miss Kellett, president of the NSW branch of the ATNA, wrote:

I have never liked trade unionism as applied to the profession of nursing ... over all these years, your Council has done its best, so far as possible, to keep that aspect in the background and yet to improve nurses' conditions and salaries.<sup>83</sup>

Law felt that since the focus of the ATNA from its inception was protection of acceptable standards of training for nurses, it:

aimed to set standards that would enable a distinction to be made between trained and untrained practitioners. The Association became the guardian of professional standards and laid the foundations for their acceptance in similar fashion to medical practitioners.<sup>84</sup>

Under the guidance of the medical practitioners on its council, the ATNA modelled itself on the BMA.

Hobbs has pointed out that the formation of a nurses' union in Western Australia had a mixed reception both from nurses and the public, and that a "great deal was said about the detrimental

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<sup>83</sup> Annual Report of council, quoted in Law, *op.cit.*, p.37 and K. Cole (ed) *Power and Conflict*, p.271.

<sup>84</sup> Law, *op.cit.*, p.38

effects unionism would have on future aspirants to nursing due to the belief that it would lower their professional status".<sup>85</sup> Law has claimed that the ATNA was concerned with professional issues such as standards of practice and that its development as a union was "forced on the ATNA by outside pressures and this function was seen as a secondary and lesser part of the organisation's role."<sup>86</sup> The outside pressures to which Law referred were undoubtedly nurses joining organisations such as the NSWNA which registered as unions.

Too much importance should not be assigned to the role of nursing associations in the lives of many individual nurses, however. People who worked as students and trained nurses from the late 1920s onwards stated that the majority of their friends and acquaintances were politically apathetic. They were encouraged to join an association on finishing their training (usually the ATNA, which had matron's blessing), but were not actively involved in it. Long hours and exhaustion are the legendary lot of the nurse. Most nurses used their off duty time to catch up on sleep, study (if still a student) or socialize. A.D. trained at the Adelaide Children's Hospital in the 1930s. She remembered:

The forms to join were just handed out. I suppose we were told about it [the ATNA], but it didn't really sink in, you know. Not with me, at least. [Laughs] No, we didn't think about politics - girls

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<sup>85</sup> Hobbs, op.cit., p.91

<sup>86</sup> Law, op.cit., p.35

didn't, you know. ... We used to get the magazine of course. I was more interested in it after I finished, you know. I used to look up who had passed, and then who was married and had babies...<sup>87</sup>

There was also the fact that since most nurses worked only for a few years, they had a limited perspective of their careers. Nursing was often promoted as being the ideal preparation for a woman's real career - that of wife and mother. A number of other factors worked against nurses developing an *esprit de corps*, and they explain why commitment to an occupational association was lukewarm, at best. The hierarchical structure of nursing meant that there were limited opportunities for open communication between nurse leaders and ward staff. Questioning orders simply was not permitted. The loyalty felt towards one's own training hospital also worked against a strong sense of commitment towards nursing as an occupation in the broader sense. It was quite common, even in the 1970s, to hear nurses make disparaging comments about a colleague, finishing with: "Well, what do you expect? She trained at XXX!"

Divisiveness among the nurses' associations meant that nurses did not speak with a united voice. At the end of the 1930s, the lack of unity among the associations suddenly became much more important. It meant that they found it difficult to exert their influence or even to have their views considered when decisions were being taken about the planning for health services following the outbreak of World War Two.

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<sup>87</sup> Interview with A.D., May 1988. Transcript in author's possession.

3

Wartime rivalry

1939 - 1945

During 1939 the threat and eventual outbreak of war prompted a rapid expansion of the armed services. In February 1939 Matron Kearney, Matron-in-Chief of the Australian Army Nursing Service (AANS), 2nd Military District (NSW), advertised in the *Australasian Nurses' Journal* for "registered general nurses under forty years of age to apply for enrolment".<sup>1</sup> The response by nurses was overwhelming. The supply of enrolment forms at the ATNA's Sydney office ran out by August.<sup>2</sup> In the September issue of the *Journal* Miss Evans wrote that the quota for the NSW military district was:

more than full and [the Matron] has closed the application list. The offices of the Australasian Trained Nurses' Association were stormed during the week previous to and after the proclamation of war by nurses anxious to enlist.<sup>3</sup>

The January issue included a list of ATNA members from NSW who had been called up by the AANS, with the note that "it is anticipated that by the time this journal is in circulation they will be on the high seas."<sup>4</sup>

Since nurses, and later members of Voluntary Aid Detachments (VADs) and the Australian Army Medical Women's Service (AAMWS), were the only women who served abroad, military

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<sup>1</sup> *Australian Nurses' Journal*, 15 Feb. 1939, p.38

<sup>2</sup> Letter from Miss Evans to Matron Kearney, AANS, 26 Aug. 1939. RANF Archives D/12/39

<sup>3</sup> *Australian Nurses' Journal*, 15 Sep. 1939, p.167

<sup>4</sup> *Australian Nurses' Journal*, 15 Jan. 1940, p.15

nursing had extra appeal for women who wanted to become servicewomen. The glamour of overseas military service for nurses was exploited to the full by the Department of Information. The Central Standing Committee on the Co-ordination of Medical Services reported that in 1939 it sent all nurses on the registers of two (unnamed) states a questionnaire "... with the object of ascertaining their willingness to serve in an emergency."<sup>5</sup> Those nurses the services chose were considered lucky, as can be seen from an editorial in the *Australian Nurses' Journal* of December 1940:

... we may be proud of the response of our Nurses and of Australia generally ... We are well represented in the Air Force, the Navy and the Army, and to minister to their needs the best of our Nurses and of our Doctors have volunteered for Active Service overseas in such numbers as to embarrass those who had the job of selection. To all these, and to those less fortunate who only stand and wait at home, we wish a very Happy Christmas and New Year. <sup>6</sup>

As nurses resigned to enlist, a severe shortage of civilian nurses was felt.<sup>7</sup> The loss of civilian nurses to the services was of

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<sup>5</sup> Third Report of the Standing Central Committee on the Co-ordination of Medical Services in respect of naval, military, air force and civilian requirements in time of war; Aust. Archives (Brighton) file no. 33/401/26: MP729/6

<sup>6</sup> Editorial, *Australian Nurses' Journal*, Dec. 1940, p.1

<sup>7</sup> A full description of the provision of health care services during the war can be found in Sir Arthur MacNalty and W.F. Mellor, ed., *Medical services in the war; the principal medical lessons of the second world war based on the official histories of the U.K., Canada, Australia, New Zealand and India*, (London: H.M.S.O., 1968) and Allan S. Walker, *Medical services of the R.A.N. and R.A.A.F.*, (Canberra: Australian War Memorial, 1961)

immediate concern, as shown by correspondence as early as May 1940 between the Commonwealth Department of Health, the ANF and Miss Wilson, Matron-in-Chief of the AANS, concerning the number of nurses which the services could absorb annually without prejudicing civilian health care.<sup>8</sup> The Director-General of Health suggested that triple-certificated sisters - those nurses with not only the general nursing certificate but also mental health and midwifery certificates - should not be allowed to enlist, since their skills would be best used in civilian hospitals.<sup>9</sup> Miss Evans (secretary of the ANF) responded:

The general opinion regarding the enlistment of triple certificated nurses is that it seems advisable to exercise discretion regarding this matter but that such nurses should not be automatically excluded. The fact that they have shown sufficient ambition and enterprise to undertake the extra training shows them to be earnest and industrious and it would be unfair to penalise them. Could not the matter be reviewed from time to time?<sup>10</sup>

Miss Evans' letter reflected the contemporary positive attitude towards enlistment.

But by 1942 problems were developing. The correspondence files of the ATNA, the NSWNA and the Trained Nurses' Guild (TNG) show growing disquiet at the lack of nurses for civilian

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<sup>8</sup> This correspondence can be found in the ATNA Archives M/16.1/40

<sup>9</sup> Letter from J. L. Cumpston, Director-General of Health, to Miss Irene Wilson, Matron-in-Chief, Australian Army Nursing Service, 24 May 1940. ATNA Archives M/16.1/40

<sup>10</sup> Letter to Miss G.M. Wilson, Matron-in-Chief, AANS, 1/8/40 ATNA Archives M/16.1/40

hospitals, a disgruntled attitude at the lack of government consultation and frustration and resignation about the priority being given to the armed services. It is clear that dealing with the government was made more difficult by the number of nursing associations, each wanting its own representation on various planning committees. The ATNA also clearly felt that the armed services had the government's ear, while civilian nurses did not. These points are illustrated by the following examples.

The ATNA's suggestion of an Advisory Nursing Council to deal with staffing difficulties as they arose during the war met with a polite rebuff from the Department of Health. The first reference to this is in a letter dated 12 July 1940 from Miss Anderson, Secretary of the Royal Victorian College of Nursing, to Miss Evans.

[I]t would appear that ... there is every likelihood of confusion and disorganisation, as other bodies are moving to obtain the control and the appointment of nurses in this time of national emergency. As the body to take action in this matter is obviously the Australian Nursing Federation, my Council urges that immediate steps be taken and the Federal Government approached with a view to setting up in each State of the Commonwealth an Advisory Nursing Council to act in co-operation with our Federal nursing body. <sup>11</sup>

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<sup>11</sup> ATNA Archives, M/16.1/40

In August 1941 the ATNA was asked to provide a register of non-practising nurses who would be willing to come forward to work, either full-time or part-time, should they be summoned in an emergency. Known as the Civil Nursing Reserve, the scheme was outlined in several successive issues of the *Australasian Nurses' Journal* and publicised in the press. Some months later there was indignation at the lack of government support for what was a great deal of work. Writing to Miss Evans, Miss Anderson of the RVCN complained:

Really, I think it is the limit that your organisation should be called upon to compile a register of nurses for voluntary war emergency service, and to conduct the organisation of the same without remuneration. One would not mind if economy were being practised within the Government ... I am glad it has not fallen to us although we are not satisfied with existing arrangements, particularly the fact that we were not afforded the opportunity of direct representation on the Advisory Nursing Committee, our representatives being chosen by the Minister from a panel of four names submitted.<sup>12</sup>

Frustration at the lack of support and consultation is also clearly evident from Miss Evan's reply:

I have applied to the New South Wales Medical Coordinating Committee asking that we be admitted in some way to their council as it is obvious that difficulties will arise without fuller co-operation and knowledge of progress of events. ... I do wish they had agreed to the Federal Advisory Nursing Council in the first place - all these

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<sup>12</sup> Letter 13 May 1942. Australian Archives (Brighton) M/16.1/42

difficulties would have straightened themselves out by now.<sup>13</sup>

The feeling that the armed services were receiving preferential treatment was not misplaced. That the services, not unnaturally, expected this in time of war is quite clear from the Department of the Army Minute Paper from the Director-General of Medical Services (DGMS) to the Adjutant-General on 12 February 1942:

Information has come to hand indicating that action is proposed by the Government of Victoria to introduce compulsory registration and conscription of nurses under the powers conferred on the Premier by Section 35A of the National Security (General) Regulations.

It is considered that such action might seriously prejudice the Department of the Army in obtaining nurses for military medical units, and it is therefore recommended that the proposed legislation be carefully considered by the appropriate authority, in order that the interests of the Army may be safeguarded.<sup>14</sup>

The order alluded to by the DGMS was passed on 11 March. It provided for "the compulsory registration of nurses in Victoria and for the employment of nurses in such work as may be directed in accordance with the provision of the Order".<sup>15</sup>

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<sup>13</sup> Letter 4 - presumably 14 - May 1942. Australian Archives (Brighton) M/16.1/42

<sup>14</sup> Australian Archives (Brighton) MP508; 21/720/141

<sup>15</sup> Letter from Chief Health Officer, Victorian Dept. of Health to DGMS, Victorian Barracks, Melbourne, 25 Mar. 1942. Australian Archives (Brighton) MP508; 21/720/148

MacNalty and Mellor claim that the introduction of the regulations governing the Emergency Medical Services which were gazetted in March 1942 were inevitable, as the need for more administration and co-ordination of medical services increased.<sup>16</sup> Initially, nurses were not included in these emergency regulations, but came under the provisions of the 1942 Manpower Act. However, following ATNA representations to the government in 1942 regarding the shortage of trained nurses for civilian requirements,<sup>17</sup> the Central Committee agreed that nurses should be controlled by regulations similar to those gazetted for the Emergency Medical Service.<sup>18</sup>

A conference of the Australian Nursing Federation (ANF) was held in Melbourne from 29 November to 3 December 1943. The minutes record that the "position in the nursing world in Australia became so difficult in 1943 that the Australian Nursing Federation agreed that activities must shortly be resumed."<sup>19</sup> It was hoped that a central organisation would make dealing with the government more successful.<sup>20</sup> The ANF met more frequently than before (meetings were held in 1943, 1945, 1946 and 1947), but negotiations with the Government and the armed services continued to be frustrating.

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<sup>16</sup> Sir Arthur MacNalty and W.F. Mellor, ed., *Medical services in the war; the principal medical lessons of the second world war based on the official histories of the U.K., Canada, Australia, New Zealand and India*, (London: H.M.S.O., 1968) p.574

<sup>17</sup> Reproduced in the *Australasian Nurses' Journal*, Jul. 1943, pp.85-86

<sup>18</sup> *ibid*

<sup>19</sup> ANF Conference Minutes Book, p.31, RANF Archives file O/10/43

<sup>20</sup> *ibid*

At the 1943 ANF conference, a resolution was passed that the ANF should approach both commonwealth and state governments suggesting the formation of a Special Nursing Commission. The proposed commission would:

standardise the training and registration, prescribe and regulate the conditions of employment and remuneration of all nurses throughout the Commonwealth ... and act as a Court of Appeal functioning in the nature of a Round Table Conference rather than in a spirit of conflict.<sup>21</sup>

All Ministers of Health were sent letters outlining the concept on 3 December 1943.<sup>22</sup> No response is in the archives.

Probably the most bitter division between the armed services and civilian nursing was that created when the Army publicly mooted the Australian Army Medical Women's Service (AAMWS) Training Scheme.

The origins of the Australian Army Medical Women's Service were in the Voluntary Aid Detachments (VADs) of World War One. This was an organisation formed by the Red Cross which trained young women in basic first aid and home nursing. During World War One, the VADs were considered auxiliaries to the Australian Medical Service. They did voluntary work in military hospitals and continued this after the war in civilian

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<sup>21</sup> ANF Conference Resolutions, p.2. RANF Archives file O/10/43

<sup>22</sup> Copies in RANF Archives file O/10/43

hospitals. In 1939, the DGMS gained approval for VADs to work in camp hospitals within Australia. From June 1941, they could be sent abroad with the troops. With increasing numbers of the services being sent all over Australia and to the Middle East, it was decided that those VADs serving with the army should have a change of designation to make administration easier. The Adjutant General approved the formation of the Australian Army Medical Women's Service (AAMWS) in December 1942.<sup>23</sup>

The AAMWS underwent a course of training in basic nursing and invalid cookery, then were assigned to army hospitals where they worked as nurses' aides, orderlies, clerks, and cooks. Adam-Smith described the role of the VAD as "similar to the nurse - with the drudgery of a maid and an orderly as well."<sup>24</sup> Adam-Smith served as a VAD and with the AAMWS, and has made some revealing comments about the girls' negative attitudes to the change of name, some of which are quoted later in this thesis.<sup>25</sup> The Australian Army Nursing Service (AANS) also objected to the choice of name, on the grounds that the words "Medical Women" implied that the AAMWS were doctors rather than nurses' assistants, and would give them too high a status.<sup>26</sup> Nurses' consciousness of their position in the rigid hospital hierarchy should not be underestimated.

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<sup>23</sup> Patsy Adam-Smith, *Australian women at war*, (Melbourne: Thomas Nelson, 1984) p.194

<sup>24</sup> *ibid*, p.192

<sup>25</sup> Chapter 6, page 144

<sup>26</sup> ANF Conference Minutes Book, p.32, RANF Archives file O/10/43

The AAMWS Training Scheme was developed as a method of alleviating the shortage of adequately trained nurses in the armed services. It was proposed that AAMWS should be allowed to take a further course of training for two years in military hospitals followed by a period in civilian hospitals which would be designed to make them eligible for registration as nurses.<sup>27</sup> As a by-product, it was hoped that the Scheme would offer the AAMWS a better future in post-war Australia, and that the expected shortage of nurses would be made less acute. The Scheme was described in a letter of 18 February 1943 from John Curtin, Prime Minister, to all state premiers, in which he "requested that consideration be given to the matter with a view to favourable recognition of the course being granted by the Nurses' Registration Boards in your State."<sup>28</sup> The Prime Minister was at pains to point out that, while the Scheme had been created to deal with the shortage of nurses in the armed services, the civil nursing service would not suffer:

[The Scheme] will have the effect of reducing the demands which the Army Medical Services would otherwise have to make on trained nurses in civil hospitals and in private practice in order to maintain Army nursing personnel up to strength. Further, the civil teaching hospitals after the war will have available to them a number of trainees anxious to complete their training; and judging by the existing position regarding availability of trainees, it would seem that they should fill a very real need at that time.<sup>29</sup>

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<sup>27</sup> RANF Head Office Archives, file E/78/43

<sup>28</sup> *ibid*

<sup>29</sup> *ibid*

Following discussion of the Prime Minister's letter by the NSW Nurses' Registration Board on 25 March 1943, the Registrar of the Board, J.V. Boyle, wrote to his counterparts in the other states seeking their views on the matter.<sup>30</sup> While indicating that the NSW Board felt that "the scope of the lectures fairly compares with the syllabus laid down in the Nurses' Registration Act (N.S.W.)" and that, with certain provisos, "generally my Board is favourable to the proposal", Boyle noted that his Board "considered that ... the proposal is a very complex one."<sup>31</sup> He showed an equal recognition of the needs of the armed services and those of the civilian population coupled with a desire to maintain a unified approach to the training of nursing throughout Australia. He acknowledged:

It was appreciated also that from the point of view of the Army Medical Services it was very desirable - if not essential - to obtain uniformity in the matter in all the States. For these reasons and because of possible effect on reciprocal agreements in respect of registration of nurses, this Board desires before proceeding further in the matter to seek the views of your Board regarding the Prime Minister's proposal.<sup>32</sup>

The Nurses' Boards of Western Australia (April 6), Tasmania (April 7), Victoria (April 16) and Queensland (May 6) replied that they were in favour of supporting the scheme, with similar provisos about the additional training which should be

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<sup>30</sup> Letter from J.V. Boyle 2 Apr. 1943. Copy held RANF Archives, file E/78/43

<sup>31</sup> *ibid*

<sup>32</sup> *ibid*

undertaken in civilian hospitals.<sup>33</sup> The South Australian Registrar, C.S. Spiller, while indicating that his Board agreed with the Scheme in principle, warned that his Board considered "the conditions of pay, uniform, etc. of trainees from military hospitals as compared with pay, uniform etc. of civilian trainees in training schools may create discontent among the larger number of trainees in the civilian hospital training schools."<sup>34</sup>

The Scheme was publicly announced by the Director-General of Medical Services, Australian Imperial Force, on 9 June 1943 in most of Australia's major newspapers.

Miss Evans, general secretary of the ANF, wrote to the Prime Minister on 21 June requesting that he receive a deputation from the ANF to discuss the Scheme. Her letter conveys a sense of frustration, not only on the part of matrons and hospital administrators but also individual nurses who felt their options to be limited. It also indicates the sense of injustice felt at the advantages given to nurses in the services.

The scheme is stated to have been devised because of the shortage of trained nurses - the difficulty is rather that acute shortage of trainees which is in great degree due to the number of young women who have entered the Auxiliary Services, many who had already applied for admission to training being lost to the hospitals when the call for war

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<sup>33</sup> Copies held in RANF Head Office Archives, file E/78/43

<sup>34</sup> Letter from C.S. Spiller to the Registrar, N.S.W. Nurses' Registration Board, 26 May 1943. Copy held in RANF Head Office Archives, file E/78/43. Although there are copies of this correspondence in the ATNA and NSWNA archives, there is no record of any direct contact with either association.

workers became so insistent. Hospital Boards being unable to obtain sufficient trainees have been forced to retain their trained personnel, many of whom had hoped to join the Australian Army Nursing Service and now feel acutely the fact that they are debarred this privilege. ... There is still another point which is causing my Association much perturbation - that matter of post-war preference. Members of the A.A.M.W.S. who have served abroad as Voluntary Aids and complete training under this scheme are likely to receive preference over the civilian nurses previously referred to who, despite their desire to serve their country, have been retained on hospital staffs.<sup>35</sup>

Miss Evans concluded by suggesting that the Prime Minister should have the problems of the Scheme "laid before you by persons competent to do so, viz. members of the nursing profession."<sup>36</sup>

The response from Canberra was lukewarm. The Prime Minister's private secretary, E.W. Tonkin, replied to the effect that it was not possible for members of the ANF to meet Mr Curtin and that since the matter was primarily for the Minister for the Army, Miss Evans' letter would be forwarded to him for his response. In turn, his private secretary wrote that it was impossible to arrange a meeting with the Minister, but assured Miss Evans that "full consideration will be given to any views which you may care to submit to him in writing."<sup>37</sup>

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<sup>35</sup> Letter from Miss Evans to the Prime Minister, 21Jun. 1943. Copy held in RANF Head Office Archives, file E/78/43

<sup>36</sup> *ibid*

<sup>37</sup> Letter to Miss Evans from R.J. Gibbons, private secretary to the Minister for the Army, 28 Jun. 1943. Copy held in RANF Head Office Archives, file E/78/43

The ATNA was angered by the rebuff. The July ATNA Council minutes, the leading article in the July issue of the *Australasian Nurses' Journal* and many letters written by nurses all over Australia soundly condemned the Army's initiative. Two reasons<sup>were</sup> given for this opposition: no nursing association had been consulted or even informed, and "nurses and trainees were incensed at this proposed lowering of the standard of nursing".<sup>38</sup> The latter reason is echoed by letters to the editor of the *Journal* until November 1943.

A sense of rivalry appears frequently in the claim that the AAMWS would have greater privileges than other students. This is quite clear in the letter of M. MacDonald, who writes:

[Following the war] ... after the returned nurses have had preference, civilian nurses will have quite enough difficulty finding employment without competing with the V.A.D.s. It's impossible to compare that drab and terrible outdoor uniform ... with the smart militarified uniform of the A.A.M.W.S. There are plenty of nurses, like myself, who would "sell our socks" to be in New Guinea, and who would go for practically no pay. The Army does not need us because they have plenty of A.A.M.W.S., which body we are prohibited from joining. We are left to carry on at home under inglorious and arduous conditions. We are quite prepared to pull together with the V.A.D.s for the duration because we all realise that there is a war to be won. Nevertheless, there is no reason why these women should be placed in a position to cut our throats when the war is over.<sup>39</sup>

<sup>38</sup> *Australasian Nurses' Journal*, 15 Jul. 1943, p.85

<sup>39</sup> *Australasian Nurses' Journal*, 16 Aug. 1943, p.100

There was only one divergent voice among the protests published in the *Journal*. One nurse wrote objecting to the "ill-considered" comments which some of the more "hot-headed" nurses had made about the training scheme.

Regarding the lowering of the standard; may I say, having a mere 20 years of nursing behind me, ... that I consider that not the standard of nursing so much as the standard of behaviour is the thing that is being lowered; it has been lowered a very great deal during that 20-year period, and is being lowered even more by the undignified and unchristian attitude now being adopted.<sup>40</sup>

When a government committee was formed in January 1944 to discuss the Scheme, nurses were again incensed to learn that, although members of the States' Nurses' Boards were included, none were nurses, but were either medical or lay men. Jane Bell, active as ever in retirement, wrote to Miss Evans that she would be prepared to serve on the committee if necessary, and that "at least an equal number of civil nurses should be appointed to any conference at which medical or lay men appear, presumably representing nursing interests."<sup>41</sup> The ANF felt strongly enough about this to write to the Prime Minister, requesting that

a member or members of the nursing profession to appear before the Committee ... to give evidence in

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<sup>40</sup> Jean M Allardice, Letter to the Editor, *Australasian Nurses' Journal*, 15 Jun. 1943, p.77

<sup>41</sup> Letter from Jane Bell to Miss Evans, 17 Jan. 1944. RANF Archives, file E/78/44

support of the previous representations made by the Australian Nursing Federation and its Branches and to explain the reasons for the very strong disapproval of the nursing profession.<sup>42</sup>

The file copy of the letter is annotated in Miss Evans' handwriting: "No reply - wired 19.1.44 ... Telephoned 22.1.44 - P. Minister's Secretary 'would look into the matter'."<sup>43</sup>

In the event, Miss Bell did attend to represent ANF interests, and wrote afterwards to Miss Kellett: "It was distinctly a Government Conference..."<sup>44</sup>

Although there was concern about the education and supply of nurses, neither individual nurse leaders nor nurses' associations were involved in planning the Scheme. The representatives of the Nurses' Boards on the committee formed to discuss the proposed AAMWS Training Scheme were men. At least one was a doctor, and this again reflects the domination of Australian nursing by doctors. Miss Bell wrote:

The whole fabric of nursing is to-day in a more parlous position than at any time since Miss Nightingale appeared on the scene! I feel most depressed about the whole situation.<sup>45</sup>

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<sup>42</sup> Letter from Miss Evans to the PM, 14 Jan. 1944. RANF Archives, file E/78/44

<sup>43</sup> *ibid*

<sup>44</sup> Letter from Jane Bell to Miss Kellett, undated, RANF Archives, file E/78/44

<sup>45</sup> Jane Bell, *ibid*.

The NSWNA was concerned that members of the AAMWS would be granted superior conditions after discharge, should they wish to complete their training in civilian hospitals.

While she is in training, the returned servicewoman is given a living allowance and other financial privileges not given to civilian trainees. This makes us feel even more decidedly that our services have been grossly underrated as we will be doing the same work for less money.<sup>46</sup>

The ANF was not alone in feeling slighted by government authorities. The files of both the NSWNA and the Trained Nurses' Guild (Victoria) contain correspondence objecting either to nurses being overlooked entirely, or to the ATNA/ANF receiving preference. Thus, rivalry between nurses' associations remained a divisive factor during the war. The correspondence files of the TNG include such claims as: "The Trained Nurses' Guild is an organisation of employee nurses only, and is without control or direction of any other organisation"<sup>47</sup>, and:

We protest [about the representation of nurses] on the grounds that the organisation now representing nurses is a section of an employer and employee body, which at its recent general meetings, did not have present a quorum of members in order to transact the business of nominating the present representatives.<sup>48</sup>

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<sup>46</sup> Editorial, *The Lamp*, vol.2, no.4, Oct. 1945. p.4

<sup>47</sup> Letter from TNG to the Secretary for Labour, Melbourne, 8 Nov. 1944. RANF Archives file R/108/44

<sup>48</sup> Letter from TNG to Minister for Labour, Victoria, 29 Dec. 1944. RANF Archives, file R/108/44

In Victoria, the TNG became particularly agitated over the question of representation on the state's Nurses' Wages' Board. It claimed the right to have representation on the board on the ground that it was "the only employee organization capable and competent of representing nurses ..."<sup>49</sup>

Individual nurses were also concerned about the future. Would there be jobs for them after the war, and would hospitals give them the gazetted award wages or continue to exploit their altruism? Veronica Kain, a trained nurse who had been working in private hospitals in Melbourne, found that she

had to take advantage of the present shortage [of nurses] to obtain for myself a living wage and decent living conditions. ... I have experienced a great deal of unpleasantness from more than one owner of private hospitals. One includ (sic) going so far as to point out to me that there will be plenty of nurses after the war and that nurses once again will be at the mercy of the matrons of the hospitals. ... I experienced difficulty in obtaining a 50 hour working week for night duty at the award rates of pay, owners of private hospitals are in some cases reluctant to even recognise the Award of 1943; and if it were possible would endeavour to employ only nurses who with the true "Nightingale Spirit", would work the clock round and sleep anywhere. Many of the older members of my profession would not support me in my attitude, but I hope that the younger generation of nurses like myself will work and strive for the dignified raising of our status and living conditions.<sup>50</sup>

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<sup>49</sup> Letter from the Hon. Secretary, TNG (Miss M.I. Lindsay), to T. Holloway, Minister for Labor, Melbourne, 27 Sep. 1944. RANF Archives file R/108/44

<sup>50</sup> Letter from Veronica Kain to the President, Anti-Sweating League, 21 Mar. 1944. LaTrobe Library, Box 1062/2 MS no.9338

By the end of the war the nurses' associations were coming to the conclusion that they would not achieve anything unless they worked together. The TNG feared that nurses could lose representation on the Victorian Nurses' Wages Board altogether, and its President wrote to Miss Bell, President of the RVCN, "requesting the assistance of the College in endeavouring to obtain representation on the ... Board."<sup>51</sup> The letter also recognises that co-operation would be "of invaluable assistance in helping to bind the organizations more closely together."<sup>52</sup> From 1945 onwards, pleas or exhortations for unity among Australian nurses became more and more frequent. This came about through the nurses' awareness of the need for planning for the community's post-war health care requirements.

Pressures on the ANF caused by the war and the regulations of the health sector combined with the activities of the nurses' unions prompted it to examine its *raison d'être*. From late 1944 onwards, the records are liberally sprinkled with references to the role of the ANF.<sup>53</sup> The awareness of a need for a firm sense of purpose is most clearly expressed in a letter of 17 October 1945

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<sup>51</sup> Letter from TNG to Miss Bell, President RVCN, 3 Dec. 1945. RANF Archives file R/108/45

<sup>52</sup> *ibid*

<sup>53</sup> A good example is the text of an address on post-war nursing conditions given to the SA Branch by Miss H. Hanson, reproduced in the *Australasian Nurses' Journal* December 1944, pp.143-145.

from Miss Anderson, secretary of the Royal Victorial College of Nursing (RVCN), to Miss Evans:

Since the Australian Nursing Federation was established in 1923, and especially since this war began over five years ago, nursing conditions have changed so radically, the Council considers that the Federation can no longer afford to function as in the past. Other organisations have come into being and are rapidly extending their activities, so much so, that the status of the Australian Nursing Federation, standing as it does for both educational and economic standards in nursing, is being seriously challenged and undermined. Therefore it is imperative that the Federation body, as the national nursing organization, should adopt a more positive and active policy towards obtaining proper recognition of the value of all branches of nursing ...<sup>54</sup>

The AAMWS Training Scheme, too, had the positive effect of focusing attention on the system of nursing education and the need to have uniformity of nursing education among the states to ensure reciprocal registration. Education and co-operation between associations became the main concerns of nurses in Australia following World War Two.

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<sup>54</sup> Letter from Miss Anderson to Miss Evans, 17 Oct. 1945. RANF Archives file G/10/45. Emphasis in original.

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Focus on education

The main concern of nurses after the Second World War was to improve the system of nursing education. During the late 1940s, a need was seen for colleges of nursing which would offer postgraduate courses. In the 1950s attention was focussed on the method of basic education for nurses, and the traditional method of hospital-based nursing education was seriously questioned. By the 1970s, the main aim of nurse leaders was to see nursing education moved from hospital-based training schools into tertiary educational institutions. At the same time, effort went into forming a single nurses' association, which was made more complicated by the constitutions of the various nurses' unions which had been formed during the inter-war years.

Education had always been a concern of nurses. Florence Nightingale recognised that a sound education was essential to the provision of satisfactory nursing care.<sup>1</sup> In the 19th century Australia adopted Nightingale's system of nursing education, when Nightingale-trained nurses came from Britain to set up nurse training schools in the major city hospitals.<sup>2</sup>

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<sup>1</sup> Nightingale's educational philosophy is discussed in F.B. Smith, *Florence Nightingale - reputation and power*, (London: Croom Helm, 1982) ; Brian Abel-Smith, *A history of the nursing profession*, (London: Heinemann, 1960) ; Celia Davies, ed., *Rewriting nursing history*, (London: Croom Helm, 1982)

<sup>2</sup> A discussion of the establishment of these training schools can be found in Freda MacDonnell, *Miss Nightingales' young ladies* (Sydney: Angus and Robertson, 1970) (describes the work of the first Nightingale trained nurses in Australia who went to New South Wales); Joan Durdin, *They became nurses: a history of nursing in South Australia 1836-1980*, (Sydney: Allen and Unwin, 1991) pp.21-28 and R.Lynette Russell, *From Nightingale to now: nurse education in Australia*, (Sydney: Saunders/Baillière Tindall, 1990) pp.7-15

The initial concerns relating to nursing education in Australia were to set appropriate standards of training and to ensure reciprocal registration between the states. This was pursued by the nursing associations.

The first issue of the ATNA's journal, the *Australasian Nurses' Journal* of March 1903, stated:

In raising the standard of education among Nurses, and in publishing the Register, [the Association] has conferred benefits upon the public both by providing for it Nurses better qualified to carry out the important duties of their calling, and by enabling the public with but little trouble to distinguish between those Nurses who are qualified by training and experience to undertake their duties, and those Nurses, (so called) who possess neither the training nor experience to render their employment safe or expedient.<sup>3</sup>

The establishment of a system of registration for nurses whose training conformed to minimum criteria was seen as the best way of ensuring an adequate standard of nursing education. A register without legislative backing meant little, and hence the concern of the nursing associations in the first twenty years of this century was to have nursing registration acts passed in all states.

The Nurses' Registration Boards established by the state registration acts were responsible for supervising the provision of nursing education. This was done by :

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<sup>3</sup> *Australasian Nurses' Journal*, Vol 1, no 1, March 1903, p.2.

prescribing minimum standards for both the theoretical and clinical components of general nurse training, ... setting the age of entry, the education standards of entrants and the period of training, and by accrediting training schools for general nurses.<sup>4</sup>

During the first half of the 20th century the method of hospital-based basic nursing training was unquestioned. Postgraduate and continuing education was given more attention.

Jane Bell, Matron of Royal Melbourne Hospital, felt that there should be provision for further education for nurses, and in 1928 mooted a scheme of postgraduate courses to be held at Melbourne university. They never eventuated.<sup>5</sup>

In 1934 the Florence Nightingale International Foundation was formed in London by the International Council of Nurses and the Red Cross Societies. A National Florence Nightingale Memorial Committee was set up in Australia, and state committees were formed of nurses and other interested individuals.<sup>6</sup> The International Foundation's main object was to provide post-graduate education for nurses of all nations, and to this end a house was bought in London which served as its headquarters and a residence for students from abroad.<sup>7</sup> In the 1930s, several Australian nurses were awarded scholarships to travel to London, stay at the

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<sup>4</sup> Russell, *op.cit.*, p.23.

<sup>5</sup> Patsy Adam-Smith, *Australian women at war*, (Melbourne: Thomas Nelson, 1984) p.22

<sup>6</sup> Florence Nightingale Committee of Australia, *Policy manual*, p.31. RANF Archives

<sup>7</sup> Joan Durdin, *op.cit.*, p.95

house at 15 Manchester Square and study at Bedford College under the auspices of the College of Nursing. They included Kathleen Scrymgeour from South Australia, who in 1935 left to study as a Sister Tutor. She returned in 1936 to become Home Sister and Tutor Sister at the Royal Adelaide hospital, and was later appointed Matron.<sup>8</sup> But only a select few were so trained. With the outbreak of World War Two, the Florence Nightingale International Foundation notified international members that the committee of management had decided to cancel current courses and carry on with a skeleton committee.<sup>9</sup> The Australian Florence Nightingale Committee, like the ANF, went into recess during the war.

The Royal Victorian Trained Nurses' Association (RVTNA) had made an attempt to provide for postgraduate education in 1934, when it registered under the Companies Act (Victoria) as the Royal Victorian College of Nursing (RVCN) on August 21.<sup>10</sup> The RVCN carried out all the functions of the RVTNA.<sup>11</sup>

In 1944, a Committee appointed by C.A. Kelly, NSW Minister of Health, produced a report titled *Re-organisation of the Nursing Profession in New South Wales*.<sup>12</sup> Its members included representatives from the Hospitals' Commission, the

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<sup>8</sup> *Nursing in South Australia: First hundred years. 1837 - 1937*. Adelaide: S.A. Trained Nurses' Centenary Committee, 1937. p. 319

<sup>9</sup> Circular letter from Miss Evans: *Australian Florence Nightingale Memorial Committee*, 2 September 1946. ATNA Records, ML K 26545

<sup>10</sup> Jane Bell, "The organisation of Victorian trained nurses 1901-1944," *Una*, October 2 1944, p. 236; Russell, *op.cit.*, p. 81.

<sup>11</sup> Russell, *op.cit.*, p.81; Barbara Schultz, "Along the way - R.A.N.F. Golden Jubilee," *Aust Nurses J* Vol. 4, no.4, (1974), p.14.

<sup>12</sup> Unpublished. Typescript held in NSW NA Archives, box G/10/44

Superintendents of the Sydney and Royal Prince Alfred Hospitals, representatives from the ATNA, New South Wales Nurses' Association (NSWNA), Nurses' Registration Board, Amalgamated Hospitals, Homes and Laboratories Employees' Association of NSW, NSW Hospitals' Association, Headmistresses' Association, Girls-Headmistresses' Association, the Teachers' Guild and Home Science Schools.<sup>13</sup> The committee's terms of reference were broad, and the Report was a comprehensive document describing all types of nursing work performed in NSW. Several main concerns emerged. Of the four main areas covered by the Report, two were devoted to a discussion of the establishment of a College of Nursing, basic training and nursing education.<sup>14</sup>

The establishment of a NSW College of Nursing by Act of Parliament was the first recommendation of the Report. The suggested powers and functions of the College were broad:

- a) Control of Recruitment.
- b) Control of students' educational qualifications.
- c) Control of Training ... graduation and post graduation, including the appointment of examiners and conferring of appropriate certificates or diplomas.
- d) Control of Registration of Nurses.
- e) Establishment of Preliminary Training Schools.
- f) The registration of Hospitals as training schools.
- g) Supervision of conditions and nursing standards of all Hospitals both Public and Private and all other Institutions wherever Registered Nurses are employed

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<sup>13</sup> *ibid.*, p.v.

<sup>14</sup> The other two were recruitment and retention of nurses and improvement of nurses' conditions.

- h) Recommendations regarding salaries and other conditions in an advisory capacity.
- i) Appointment of staff, regulation of their duties and conditions of service.
- j) Publication of literature - establishment of a professional library.
- k) The hearing and decisions with regard to Appeals.
- l) Employment, instruction, registration and control of Hospital Aids.
- m) Establishment of an Emergency Nursing Reserve. And various other functions as may from time to time be deemed suitable and consistent with the Act of establishment.<sup>15</sup>

The College as envisaged by the report was an extremely powerful body with control over nearly all aspects of nursing in New South Wales. It would take over several functions of the Nurses' Registration Board, the most significant being the coordination of all nursing education and the registration of hospital training schools.<sup>16</sup> Recommendations were made that "regular and systematic refresher courses be conducted in various subjects"<sup>17</sup> and that "full courses for post-graduate training be instituted as soon as possible."<sup>18</sup> Suggestions for courses included Institutional (Hospital) Administration, Sister Tutor (one year), Industrial Nursing, Tropical Diseases, Public Health Nursing and Sister X-ray Technicians,<sup>19</sup> and demonstrated the increasing opportunities for nurses to specialise in their work. Such courses would have put further education within the reach of many more Australian nurses than the Florence Nightingale scholars.

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<sup>15</sup> *ibid.*, p.6

<sup>16</sup> *ibid.*, p.7

<sup>17</sup> *ibid.*, p.43

<sup>18</sup> *ibid.*

<sup>19</sup> *ibid.*, p.24

The Report made two main recommendations concerning basic nursing education: that a Central Preliminary Training School be established and that the Block system of education be introduced into all training schools.<sup>20</sup>

The Preliminary Training School (PTS) was to give new nursing students (probationers) of all hospitals in NSW instruction in some basic nursing procedures and provide an introduction to some of the subjects, such as anatomy and physiology, which the nurse would study in detail later in her training. The report noted that without a PTS, a nurse entered the wards "totally unprepared for her work", and that the PTS would therefore be "of benefit to the patients, the student Nurses themselves and the hospital."<sup>21</sup>

The block system of education, which released students from ward duties for blocks of several weeks to enable them to attend lectures, was still considered new in 1944. The International Council of Nurses (ICN) was ambivalent about its usefulness. It published the monograph *The Basic Education of the Professional Nurse* in 1934; the 1938 reprint had some minor amendments, and the 1949 printing was unchanged. Of the block system, it said that:

[it] has been introduced as a device for releasing students from regular practice assignments for certain periods to concentrate on theoretical instruction without interference from night duty, and other

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<sup>20</sup> *ibid.*, p.20

<sup>21</sup> *ibid*

demands of nursing service ... and also economise the time of lecturers and instructors. While it has certain practical advantages it has been found to be educationally weak unless definite efforts are made to continue some form of instruction and study throughout the intervening practice periods. <sup>22</sup>

It also acknowledged that:

Many nurse educators who have tried the block system consider it a transition stage from the older form of apprenticeship to the development of a modern system of professional education in which both theory and practice are arranged *in the best order for learning* and not *primarily* to give maximum service to the institutions providing the students' practical experience. <sup>23</sup>

For the authors of the New South Wales report, the block system enabled the student to "lead a more normal life, ... [and] take a keener and more intelligent interest in her nursing duties."<sup>24</sup> It would also result in better patient care, and "do a great deal towards raising the status of the nursing profession."<sup>25</sup>

The recommendation that a postgraduate college be formed had immediate support. Interest was being shown by other groups of nurses in founding a college of nursing for post-graduate studies.

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<sup>22</sup> Committee on Education, ICN, *The basic education of the professional nurse*, (London: International Council of Nurses, 1934, reprinted with amendments 1938, 1949) p.41

<sup>23</sup> *ibid.*, pp. 41-42 (Emphasis in original)

<sup>24</sup> *Re-organisation of the Nursing Profession in New South Wales*, p.21

<sup>25</sup> *ibid*

The New South Wales branch of the Florence Nightingale Memorial Committee formed a plan in 1948 to found an autonomous college of nursing, with branches in each state.<sup>26</sup> At the same time a separate committee had been formed in NSW with the same aim. Olive Anstey, an organiser with the NSWNA, was the secretary of this second committee.<sup>27</sup> Support for a college of nursing hence came from three directions: the government, the Florence Nightingale Committee and the state union. A mass meeting was held in Sydney on 5 January 1949 to consider the founding of a college, with the result that the New South Wales College of Nursing was formed and immediately moved to conduct postgraduate certificate and diploma courses for trained nurses, with financial support from the state government.<sup>28</sup> The early courses offered by the College were in administration, industrial nursing, operating theatre technique and teaching.<sup>29</sup>

Hailed in the Sydney press,<sup>30</sup> the founding of the NSW college was nevertheless controversial. Durdin describes how the news of the formation of the NSW College of Nursing in January 1949 was greeted with "surprise and dismay [by] the national nursing associations."<sup>31</sup> They probably felt pipped at the post, since the Australian Nursing Federation had also been considering founding an Australian college.

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<sup>26</sup> Russell, *op.cit.*, p.79

<sup>27</sup> *ibid*

<sup>28</sup> *ibid*

<sup>29</sup> *ibid.*, p.80

<sup>30</sup> "Special training for nurses", *Sydney Morning Herald*, 26 February 1949

<sup>31</sup> Durdin, *op.cit.*, p.95

In October 1945 the executive council of the ANF considered founding a national college which would conduct post-graduate courses as a memorial to those nurses killed in World War Two, but recognised that it would need considerable financial backing.<sup>32</sup> Miss Evans wrote to the Red Cross Society asking for financial assistance in establishing a college.<sup>33</sup> In reply, the secretary-general of the Red Cross wrote:

It is not possible for the Society under its policy to undertake such a responsibility as you propose. We have, however, already made a contribution which is designed to assist in the postgraduate education of nurses, in that we have allocated £3,500 to enable six nurses (one from each state) to proceed to England on a two year's (sic) course.<sup>34</sup>

Miss M. Anderson, secretary of the RVCN, wrote to Miss Evans to express her association's disappointment that a national college would not be founded, and to inform her that a committee had been formed to plan post-graduate courses for nurses to be conducted in Melbourne.<sup>35</sup>

Post-graduate education was on the agenda of the next national ANF council meeting held in Melbourne in February, 1946. It was generally agreed that nationally coordinated courses were desirable, and Miss Jane Bell moved a motion to the effect that "the

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<sup>32</sup> ANF Council minutes, 1945, RANF Archives E/168/45

<sup>33</sup> Letter to the Chairman, Red Cross Society, 6 November 1945. RANF Archives, C/22/45

<sup>34</sup> Letter to Miss Evans, 30 November 1945. RANF Archives, C/22/45

<sup>35</sup> Letter to Miss Evans, 27 November 1945. RANF Archives, C/22/45

Australian Nursing Federation press for the establishment of an Australian college of nursing and scholarships for post-graduate nursing education."<sup>36</sup>

The next mention of a national college was at the meeting of the ANF council in Melbourne in January 1947.<sup>37</sup> Representatives from the Trained Nurses' Guild (TNG) were present by invitation. It was planned to merge the TNG with the ANF and to found a national college. The college would be responsible for the cultural and educational needs of the profession, and the ANF would negotiate with the Arbitration Court.<sup>38</sup>

One noteworthy thing about these negotiations is the spirit of friendly cooperation with which they were conducted. The rivalry between the ANF and the TNG of the inter-war years had gone, replaced by concern that nurses should retain control over their own associations. Since the constitution of the TNG would only allow employee nurses as members, Miss Muntz, president of the TNG, was concerned that if the associations amalgamated, a Trades Hall union might apply for the de-registration of the TNG.<sup>39</sup> This difficulty was overcome by noting that ANF members need not be members of the TNG, but all TNG members could also belong to the ANF.<sup>40</sup>

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<sup>36</sup> ANF Council minutes, February 1946. RANF Archives E/168/46. Reprinted in the *Australasian Nurses Journal*, April-May 1946, p.59.

<sup>37</sup> ANF Council minutes 1947, RANF Archives

<sup>38</sup> Barbara Schultz, "Along the way - R.A.N.F. Golden Jubilee," *Aust Nurses J* 4.4 (1974), p.20

<sup>39</sup> *ibid*

<sup>40</sup> *ibid*

Throughout 1947 and 1948 the TNG and ANF/RVCN continued to work with each other and the Florence Nightingale Committee on the formation of a national college. A complication arose with the participation in these discussions of the TNG. Were the ANF and the TNG to merge, affiliation with the ICN would be threatened, since the ICN policy at that time was not to allow affiliation by organisations which were trade unions.<sup>41</sup>

In 1948, therefore, a meeting of nursing associations was held in Adelaide with the aim of forming a national association which would provide an organisation to take over the registration of the Guild as provided for in the Commonwealth Conciliation and Arbitration Act, and allow affiliation with the ICN.<sup>42</sup> All branches of the TNG and ANF were represented, as were the NSWNA, Tasmanian Nurses' Union and the West Australian Nurses' Association Industrial Union of Workers.<sup>43</sup> The representatives from the three non-Victorian unions withdrew from the meeting. They represented various groups of nurses, including trainee nurses and nurse attendants, who would not have had any representation under the proposed constitution of the new organisation which restricted membership to registered nurses.<sup>44</sup> While the withdrawal of the unions was described by the ANF

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<sup>41</sup> Daisy Caroline Bridges, *A history of the International Council of Nurses, 1899 - 1964. The first sixty-five years*, (Philadelphia: J.B. Lippencott, 1967), p.152.

<sup>42</sup> Secretary's report to ANF Council October 4 1948, ANF Council Meeting Minutes, held RANF head office

<sup>43</sup> Durdin, *op.cit.*, p.235; Barbara Schultz, *op.cit.*, p.23; R. Lynette Russell, *op.cit.*, p.76.

<sup>44</sup> Durdin, *op.cit.*, p.235.

secretary as "regrettable"<sup>45</sup>, the new association was formed. It was made up of all the branches of the TNG and was called the Australian United Nurses' Association (AUNA).<sup>46</sup>

Free now to consider the formation of a national college of nursing, a meeting of representatives from the ANF, TNG/AUNA and the National Florence Nightingale Memorial Committee was held in Melbourne in December 1948. Sources of funding were the main concerns.<sup>47</sup>

The national Florence Nightingale Memorial Committee initially applied to the Federal Government for funding for the proposed national college, but was unsuccessful.<sup>48</sup> In March 1949 the Victorian government gave a generous grant which made the establishment of a national college possible. A subcommittee of the national Florence Nightingale Memorial Committee held a meeting in Melbourne on 2 April 1949, when the plans for founding the college were finalised. Delegates to the conference were made foundation members of the college and members of its council.<sup>49</sup>

Durdin has noted with some irony that "nursing organisations in all states except NSW pledged support to the national college" and

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<sup>45</sup> Secretary's report to Council, October 4 1948, ANF Council Meeting Minutes, held RANF head office

<sup>46</sup> *ibid*

<sup>47</sup> Durdin, *op.cit.*, p.244; Schultz, *op.cit.*, p.23

<sup>48</sup> National Florence Nightingale Committee of Australia. Minutes of special meeting held March 12, 1949.

<sup>49</sup> Russell, *op. cit.*, p.82.

that "the establishment of two post-basic nursing colleges - one on a state basis and the other national - inevitably resulted in rivalry."<sup>50</sup> One can only speculate on how much this was the result of lack of communication and how much due to inter-state rivalry between New South Wales and Victoria. Perhaps most effort had been put into solving the problem of national associations which could offer industrial representation and affiliation with the ICN. Amid all this, the move to form a college in NSW had simply been overlooked.

It is also significant, perhaps, that Miss Evans retired in 1946 to be replaced by Miss Doherty.<sup>51</sup> She was based in Sydney and was secretary of the NSW branch of the ATNA, federal secretary to the ANF, and honorary secretary of the Florence Nightingale Memorial Committee. Miss Evans' retirement lasted only two years. There is a short note at the end of the 1948 Acting Secretary's report to ANF federal council: "Miss Evans had resumed duty as Miss Doherty had not been able to carry on."<sup>52</sup> Miss Evans worked in an acting capacity until a replacement was found in 1950. Her work for the ATNA and the ANF was certainly outstanding and her devotion to the associations was unquestionable. Perhaps her absence from 1946 to the end of 1948 resulted in a hiatus in communication between nurses in New South Wales and Victoria. Had Miss Evans not

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<sup>50</sup> Durdin, *op.cit.*, p.244

<sup>51</sup> Schultz, *op.cit.*, p.24

<sup>52</sup> Secretary's report to Council, 4 October 1948, ANF Council Meeting Minutes, held RANF head office



Members of the Australian College of Nursing, 1950.  
RAH Archives.

retired in 1946, there might have been only one national college founded.

Following the establishment of the two colleges, the nursing associations concentrated on forming one national nursing association. In each set of ANF Council meeting minutes is a strongly expressed belief that a single association was vital. The debate over unionisation had come to the point where the ANF acknowledged that it must be involved in industrial activities if nurses were to retain control over their own union. Miss Evans, in her final report to the ANF council in 1949, said:

there is much movement in the nursing world, much upheaval and upsetting of fixed plans, as a result the Council finds itself at the crossroads and is called upon to make decisions of the utmost importance, possibly in direct (sic) opposition to previously stated opinions.<sup>53</sup>

Miss Evans had always been opposed to unionism. She tendered her resignation at the November 1949 meeting but continued as secretary in an honorary capacity until the appointment of her successor, Miss L.M. Avery, in October 1950.<sup>54</sup>

The minutes of the ANF Federal council meetings from 1951 to 1954 show its preoccupation with the function and name of a national association. At a special council meeting in Melbourne in

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<sup>53</sup> Secretary's report to ANF council, November 1949. ANF council meeting minutes, RANF Archives

<sup>54</sup> Schultz, op.cit., p.24

April 1951, permanent federal headquarters was set up in the Nurses' Memorial Centre, and Miss Avery was made Secretary-General, becoming the first full-time ANF officer appointed.<sup>55</sup> The establishment of a national headquarters provided a psychological boost to the association. Matters discussed at the meeting in Sydney in October 1951 included reciprocity of nurse registration, publishing a nursing journal and ambitious proposals for establishing regional groups of nursing associations in the South Pacific region.<sup>56</sup> At the opening of the 1952 meeting in Hobart, the president, Miss Bardsley, said:

It [is] only since the Australian Nursing Federation had the courage to set up a permanent office with an executive officer in charge that the Association has really done the work which should be done.<sup>57</sup>

Work continued over the next few years on the name of the association. At the 1952 meeting it was recommended that the name of the AUNA be changed to Australian Nurses' Federation Employee's Section to reflect both the nature of the organisation and ~~to reflect~~ its ties with the ANF.<sup>58</sup> In April 1953 application was made for the change of name from AUNA to ANFES, and state branches of the ANF were asked to form employees' sections, which included ANUA members.<sup>59</sup> Miss Bardsley commended this move in her opening address at the annual meeting in October 1953:

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<sup>55</sup> ANF council meeting minutes, April 1951. RANF Archives

<sup>56</sup> ANF general meeting minutes, October 1951. RANF Archives.

<sup>57</sup> ANF general meeting minutes, October 1952, RANF Archives.

<sup>58</sup> *ibid*

<sup>59</sup> Schultz, *op.cit.*, p.26

The Australian Nursing Federation was a name only until recently, partly due to the fact that too many members did not act as if they belonged to a national association, but now it is interesting to note that our status as a Federation is at last being recognized by authoritative bodies both at home and overseas.<sup>60</sup>

The developments of the mid-twentieth century for post-basic education for nurses had thus been considerable. But during the first half of the century, the method of basic training had not changed very much. In the 1950s, drugs such as penicillin and techniques like blood transfusion were still new. The student life of a girl training in the 1950s was not very different from that of her predecessors of the last forty years. What was it like to train as a nurse in the first half of the century?

Student nurses lived in nurses' homes which were part of the hospital. They provided labour for the hospital wards while being instructed on duty. The hospital work was seen as an essential part of the training as it gave the nurse essential practice in caring for sick people.<sup>61</sup> Trainees were required to attend lectures on theoretical subjects in their own time. Lectures on anatomy, physiology, diseases and their treatments were given by doctors; those on housekeeping and hospital management were given by the hospital matron. The prescribed length of training was determined by the size of hospital and the variety of conditions likely to be encountered by students, and varied between states.

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<sup>60</sup> ANF general meeting minutes, October 1953. RANF Archives.

<sup>61</sup> Russell, *op.cit.*, p.38



Flinders Ward, RAH. 3 December 1906.  
RAH Archives.

Ruth Lindsay trained at the Royal Prince Alfred Hospital, Sydney, from 1924 to 1928.<sup>62</sup> On completion of her training, she remained at the Prince Alfred until September, 1934. As a probationer, Miss Lindsay went on duty in the morning. "We had to be in the ward by a quarter to six. ... You read the report that has been written by the sister of the previous day, an average of 40 patients."<sup>63</sup> Her duties were either to be ward nurse or to be in the day room, where she had to prepare the breakfast:

[I] cut bread and butter for those 40 patients and put the urn on to make tea, ... made the tea and boiled the eggs for those who wanted them. ... After that ... set it all on the trolley and take it round the ward and serve each patient individually .... It took up to eight o'clock to serve the breakfast.<sup>64</sup>

The day nurse did as much tidying up as possible before breakfast, including scrubbing down the lockers. After their own breakfast, the probationer would sweep the floors, turn down the beds, dust all the ward including the window sills and the beds, then go on to the bathroom, where she would scrub the baths, the sluice rooms and lavatories using sand soap, a scrubbing brush and cyllene.<sup>65</sup> As a probationer, Ruth Lindsay also assisted with back care.

It takes two nurses to do it. ... the patient's back is rubbed with soap and water and that is dried off and

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<sup>62</sup> Ruth Lindsay's story comes from the Transcript of Proceedings of the Hospital Nurses' State Award Hearings and Appeals before the NSW Industrial Commission, February 1936. ABL A3/22, pp.81-102

<sup>63</sup> *ibid.*, p.81

<sup>64</sup> *ibid.*, p.82

<sup>65</sup> *ibid.*

then spirit of wine is put on, and rubbed in well, and then it is powdered, and the sheets put tidy and the pillow turned and the patient lifted back.<sup>66</sup>

In the afternoon, she would take temperatures. Probationers were taught this by the ward sister. "In a very little while they do that, perhaps 2 months."<sup>67</sup>

Miss Lindsay described how the nurse practised doing dressings in her first year. It was during night duty.

The senior nurse has to do the dressings at night time, and it is the junior's work to collect surgical dishes, trays, and bowls which may be used. ... While the senior nurse is doing her dressings she usually has her own dressings to do. She may have clean dressings to do. She has learnt how to do dressings during her first year, and it is part of her work when she goes on night duty and the end of her year to do some of the clean dressings at night to give her experience for the next year. ... In doing that work she is not necessarily supervised.<sup>68</sup>

In the second year, Ruth Lindsay described her work as being "a great deal of the work ... in the first year with a slight interest added."<sup>69</sup> This included doing her own dirty dressings (changing the dressings on infected or draining wounds) and administering some drugs, with the sister's supervision.

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<sup>66</sup> *ibid.*, p.83

<sup>67</sup> *ibid.*

<sup>68</sup> *ibid.*, pp.85-86

<sup>69</sup> *ibid.*, p.87

Increasing responsibility for the running of the ward came with the third and fourth years of training. When she was a fourth year trainee nurse, Ruth Lindsay was described as the head nurse. She had to "relieve the sister when she was off duty, and do all the most important work there was to be done."<sup>70</sup> Some of this important work was teaching the students below her.

The fourth year trainee has to help all the nurses under her in their training, especially when the sister is not present, see that they do their work properly. Q. Does she actually do it with them? A. Yes.<sup>71</sup>

As a sister, Miss Lindsay taught all the students on her ward. "Each nurse had her duties tabulated for her, but she has to be instructed and helped in those in every case. She does not know how to do it sometimes, and she has to be told and helped."<sup>72</sup>

Ruth Lindsay's evidence to the Commission was explicit and detailed, but she did not mention that she attended any lectures in her time off as a student. Clearly, she felt that her most important lessons were learned at the bedside.

Mary Muriel Ross, a fourth year student at Prince Henry Hospital, Sydney, also gave evidence to the 1936 Commission. She named the textbooks she had been required to buy: "*Practical Nursing* and *Anatomy and Physiology* by Furneaux and Smart"<sup>73</sup> and told the

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<sup>70</sup> *ibid.*, p.90

<sup>71</sup> *ibid.*

<sup>72</sup> *ibid.*, p.101

<sup>73</sup> *ibid.*, p.12

Commissioner "You must pass each examination at the end of each year. If you do not pass the first year examination you are dismissed. If you do not pass the second year examination you have a post and if you fail in that you are also dismissed."<sup>74</sup> Mary Ross' work as a student was very similar to that of Ruth Lindsay. As a fourth year student, she was also required to supervise the nurses under her, and "to see that the nurses did their work properly to get away in time for lectures."<sup>75</sup>

The students realised that their lectures were important. Margaret Ann Coote, also a fourth year student at the Prince Henry Hospital, explained:

If you do not perfectly understand what you are doing, ... [passing on infections] is the easiest thing in the world to do. ... understanding the [question of] sterility takes quite a lot of understanding. You must learn it thoroughly. That is why first and second year nurses are only allowed to do dressings. It takes them a fair while to master the business. In their second year they do medical and surgical lectures and they are taught the theory of medical and surgical work in doing dressings.<sup>76</sup>

During the 1950s the student nurse's life was not very different from her predecessors'. Enid Anderson trained at the Adelaide Children's Hospital in the mid 1950s. After a Preliminary Training School of six weeks, she worked in the wards, split shifts six days a week:

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<sup>74</sup> *ibid.*, p.18

<sup>75</sup> *ibid.*, p.20

<sup>76</sup> *ibid.*, p.48

We worked a forty-eight hour week, officially, at least. A forty hour week would have been something miraculous. But if we started at seven, then we got to the ward at a quarter past six. Any ward - it was taken for granted.<sup>77</sup>

Enid also remembered having to attend lectures in her time off duty, especially those after night duty, when "it was all we could do not to go to sleep. Well, we did, sometimes."<sup>78</sup>

This apprenticeship style of training of the first half of the twentieth century created several problems. Hospitals were not educational institutions, so the service needs of the hospitals took precedence over the educational needs of the trainee nurses.<sup>79</sup> Nurses were subject to long working hours, low pay, hard physical work and strict discipline. Attrition of student numbers during training was a cause of concern. Truda M. Gill remembered how a new probationer spent her first week in misery.

In desperation she went to see Matron. "Matron, I hate it. I'm so homesick I'm leaving." "Nurse, twenty years ago I cried every night for a month. If my parents hadn't told me I wouldn't last a week I'd have headed for home on my second day. See if you can beat that."<sup>80</sup>

During a twenty month period in the 1920s, the records of the Matron of the Royal Adelaide Hospital showed that of forty-nine

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<sup>77</sup> Interview with Enid Anderson, April 1990. Transcript in author's possession.

<sup>78</sup> *ibid.*

<sup>79</sup> Russell, *op.cit.*, p.38

<sup>80</sup> Truda M. Gill, "Reminiscences: 1930s" *InForum* Vol.5 no.3, 1984, p.5

nurses who began their training, nineteen failed to complete it.<sup>81</sup> In Victoria and New South Wales, Preliminary Training Schools were introduced by the larger hospitals in order to prepare nursing students for ward work and to combat the attrition problem.<sup>82</sup> In South Australia a similar idea was mooted during discussions in 1937 with a nurse from NSW, Miss Stella Pines, but it was generally agreed that "[the] scheme was too ambitious, and it was resolved to leave the matter in abeyance."<sup>83</sup>

After the Second World War many reports were produced both in Australia and abroad which sought to identify the problems faced by nurses and to propound possible solutions to these problems.

The immediate post-war years saw a series of WHO publications on nursing education, culminating in the Report of the WHO Expert Committee on Nursing (1950)<sup>84</sup>, which recommended a 'comprehensive system' of basic nurse education. In response to this report, a committee was formed to consider the development of a single 'comprehensive' basic nursing qualification in Australia to replace the multi-faceted system of separate mothercraft, infant welfare, general, and mental deficiency courses. In spite of the comprehensive system being endorsed by the International Council

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<sup>81</sup> Durdin, op.cit., p.102

<sup>82</sup> *ibid.*

<sup>83</sup> *ibid.*

<sup>84</sup> World Health Organisation. Expert Committee on Nursing. *Report of the First Session*, Geneva, November 1950. (WHO Technical Report Series No.24)

of Nurses in 1961, Australia retained the system of separate basic training for specialist areas.<sup>85</sup>

The block system of basic nursing education began to receive serious consideration in the late 1940s. The "value of preliminary training schools and the institution of the block system" were discussed at the ANF council meeting in February 1946, but no recommendations were made.<sup>86</sup>

By the 1950s, the difficulties of training nurses who were required to attend lectures and work full-time in hospital wards were well recognised. Joan Durdin, Florence Nightingale Scholar 1950-51, indicated that:

The problem of arranging suitable times off duty for nurses to attend lectures by doctors and tutors is one which is experienced by most ward sisters. The doctors' lectures are compulsory. ... In addition to these, attendance at a certain number of lectures given by the sister tutors is required before entry to examinations is permitted. ... [The nurse] comes only when she is able to arrange suitable time off duty, ... [and] attendance necessarily lacks continuity. For this reason the tutor must make each lecture an isolated one, and she cannot depend on the students at any one lecture having been present at the preceding one. ... Thus much time is wasted in repetition.<sup>87</sup>

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<sup>85</sup> Helen Creighton and Frank Lopez, *A history of nursing education in New South Wales; a comparative analysis of Australian and international influences and developments*, 2 ed. (Sydney: Frank Lopez, 1982) p.29

<sup>86</sup> ANF council meeting minutes, February 1946. RANF Archives.

<sup>87</sup> Joan Durdin, Report to the Florence Nightingale Memorial Committee: Observations and recommendations on nursing education. Published in the *Australasian Nurses' Journal*, February 1954, p.36.

Miss Durdin's suggested solution was to implement a study day system which she had seen in operation in two major London training schools - the London Hospital and the Royal Free Hospital.<sup>88</sup> Miss Durdin noted that such a system removed nurses from the wards for fewer days than the block system of training and was therefore more economical, and that "the chief advantage this has over the Block system is that there is more continuity between theory and practice."<sup>89</sup> This practical solution indicates that Miss Durdin felt that the time spent in the wards was still the most important part of a nurse's training.

Small or specialist hospitals often could not provide the breadth of cases for their trainee nurses, limiting the variety of their clinical experience. The problem of lack of variety was tackled by sending trainees of hospitals with no children's wards to paediatric hospitals. In Victoria, trainees of St Vincent's Hospital went to either the Austin Hospital or the Royal Children's Hospital for three months' paediatric experience.<sup>90</sup> In October and November 1949, preliminary meetings were held in Bendigo towards the establishment of a regional school of nursing.<sup>91</sup> Hospitals in Bendigo, Mildura, Swan Hill, Echuca, Castlemaine, St. Arnaud, Kyneton and Dunolly participated in the scheme, and the first nursing students began their training at the Northern District

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<sup>88</sup> *ibid.*, p.35

<sup>89</sup> *ibid.*, p.35

<sup>90</sup> "The systems of nurse training in Victoria". Paper delivered at the Third Interstate Student Nurses' Conference, Sydney, 1953. Reprinted in the *Australasian Nurses' Journal*, January 1955, p. 17.

<sup>91</sup> *ibid*

School of Nursing in March 1950.<sup>92</sup> In April 1950 the Melbourne School of Nursing was formed along the same lines, with students commencing in February 1951.<sup>93</sup>

Both schools used the block system of training. The prospectus of the Northern District School of Nursing stated:

Among the many changes [in nursing] have been improvements in the method of nursing education, a practical example being the schools of nursing. ... [S]chools of nursing give student nurses the main part of their theoretical training, while they are free of the duties and distractions of the hospital wards.<sup>94</sup>

The concept of a centralised training school received wide support. Joan Durdin noted that "The Central School seems to provide the most satisfactory way of overcoming the problem of limited experience in small hospitals, and the financial problem of an education department in each hospital."<sup>95</sup> For the same reasons, Dr John Lindell concluded that "the future development of nursing education will be towards central schools."<sup>96</sup> Dr Lindell, of the Hospitals and Charities Commission of Victoria, worked with Miss G.N. Burbridge, Matron of Fairfield Hospital and member of the council of the College of Nursing, Australia, on the formation of

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<sup>92</sup> *ibid*

<sup>93</sup> *ibid*

<sup>94</sup> *ibid*

<sup>95</sup> Durdin, *op. cit.*, *Australasian Nurses' Journal*, January 1954, p.17

<sup>96</sup> John Lindell, The Marian Barrett Memorial Lecture, delivered at the University of Melbourne, 18 September 1953. Reprinted in the *Australasian Nurses' Journal*, February 1954, p.33

the Melbourne College of Nursing.<sup>97</sup> According to Miss Burbridge, the introduction of the block system of training was inevitable.

Nursing care and nursing education meet at the bedside of the patient, but it is a great mistake to think nursing care *is* nursing education.<sup>98</sup> ... It is of interest to look at the apprenticeship training in action under present conditions. For three or four years the trainee nurse is trained to nurse. If she remains in hospital she ceases to nurse. She is ... required to teach the oncoming professional worker. She is not being taught to teach and she has little time to teach anyway and so the oncoming professional worker ... is forced to rely on classroom teaching.<sup>99</sup>

The introduction of the block system of nursing education was considered to be a positive step. It was accepted because it was seen to be based on sound educational principles.<sup>100</sup> Its introduction meant that not only nurses, but also hospital administrators and government officials (such as Dr. Lindell) responsible for funding the programme, had come to recognise that the theoretical component of the nurse's education was as important as the practical component: important enough for her labour to be sacrificed while she was paid to learn. Alongside discussion of various improvements to the traditional hospital-based system of basic training, university education for nurses was frequently mentioned. Although the idea of basic nursing education being

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<sup>97</sup> Introduction to the Second Annual Oration, New South Wales College of Nursing, reprinted in the *Australasian Nurses' Journal*, November 1954, p.259.

<sup>98</sup> *ibid.*, p.260

<sup>99</sup> Second Annual Oration, New South Wales College of Nursing, reprinted in the *Australasian Nurses' Journal*, November 1954, p 264.

<sup>100</sup> Yvonne Lew, "Trends in nursing education in Australia within the next decade", *Australasian Nurses' Journal*, October 1969, p. 207.



Nurses' graduation ceremony, Bonython Hall, Adelaide, December 1952.  
Dr. J.W. Rollison, Director-General of Medical Services, delivering the opening address.  
RAH Archives.

conducted in universities was generally rejected for Australia in the early 1950s, the seed was sown. Implementation of the block system gave credibility to nurses' academic studies and was in fact the first step towards tertiary education for nurses.

The first times that university education for nurses was mentioned were in reports on nursing in other countries. Australian nurses who travelled abroad had observed university nursing programmes. Joan Durdin visited Toronto University School of Nursing, and commented that an advantage of a university course was that "it caters for the academically inclined girl, who might, if no such course were available, be attracted to another profession."<sup>101</sup> Miss Durdin, while noting the course with interest, could not "foresee a need for a school of this type yet in Australia, where training is still conducted on an apprenticeship basis."<sup>102</sup> Miss G.N. Burbidge, president of the ANF, noted that Dr. Lucille Brown, an American, believed that "Nursing Education in institutions of higher learning, e.g. universities and colleges, will supply the professional nurse of the future, and many in U.S.A. hold that this type of training is the only professional standard and the only way to prepare nurses."<sup>103</sup> Miss Burbidge felt that the advantage of university education was that the educational needs of the student could be given first priority rather than have the student supply

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<sup>101</sup> Joan Durdin, "Report to the Florence Nightingale Memorial Committee: Observations and recommendations on nursing education", *Australasian Nurses' Journal*, January 1954, p.17.

<sup>102</sup> *ibid.*

<sup>103</sup> G.N. Burbidge, "Nursing care and nursing education" Second Annual Oration, NSW College of Nursing. Reprinted in the *Australasian Nurses' Journal*, December 1954, p.289.

labour for the hospital.<sup>104</sup> Nursing leaders would also be able to view nursing education from the objectivity of an environment devoted to education.<sup>105</sup>

University education was mentioned as a possibility for the future by speechmakers at nurses' graduation ceremonies or opening addresses at conferences. Dr John Lindell rejected "our tendency ... to dismiss lightly the thought of a university training", believing that "we should preserve an open mind upon this question."<sup>106</sup> Professor H.N. Robson suggested "quite unhesitatingly that the educational programme should be raised to University standards."<sup>107</sup>

Another role of the university was seen as providing further education for nurses. Miss B.J. Paige, president of the NSW branch of the ATNA, felt that it was not necessary for every nurse in Australia to have a university education, but said "I do believe that there is a place for such training for our administrators (matrons, ward and departmental sisters and sister-tutors)."<sup>108</sup> Dr Rae Chittick felt "There is no doubt that the quality of nursing care could be improved and the organisation of health services made more

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<sup>104</sup> *ibid.*

<sup>105</sup> *ibid.*

<sup>106</sup> John Lindell, "The Marian Barrett Memorial Lecture" , reprinted in the *Australasian Nurses' Journal*, February 1954, p.34.

<sup>107</sup> H.N. Robson, "The need for a revolution in the nursing profession". Delivered at the fifth annual meeting of the College of Nursing, Australia, at the Bonython Hall, Adelaide, 20 May 1954. Reprinted in the *Australasian Nurses' Journal*, July 1954. p.155.

<sup>108</sup> B.J. Paige, Address at the graduation ceremony, Sydney Hospital. Reprinted in the *Australasian Nurses' Journal*, December 1956. p.304.

effective if a greater number of nurses possessed university education."<sup>109</sup>

The 1960s and 1970s saw a plethora of reports produced by various expert committees, workshops and individuals which examined all aspects of nursing, including the educational preparation of nurses. These reports were widely circulated and discussed. Little action was taken on their recommendations, probably because they were often conflicting.<sup>110</sup> In spite of differences arising from different membership and differing terms of reference, there was general agreement that the system of nursing education in Australia was inadequate and that this was probably responsible for many of the other problems of insufficient recruits and a high dropout rate during training (termed "wastage").<sup>111</sup>

Disagreement centred around the proposed solutions to these problems. Recommendations in reports written by nurses provided solutions which could be applied within the existing system. They included reduction in the length of training as a way of overcoming the shortage of trained nurses, and increasing the hours of theoretical instruction in the training courses.<sup>112</sup> The first report to

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<sup>109</sup> Rae Chittick, "University education for nurses." *Australasian Nurses' Journal*, October 1969, p.214.

<sup>110</sup> An excellent summary of the terms of reference and conclusions of the major Australian reports on nursing education published during the 1960s and 1970s can be found in R.L. Russell, *op.cit.*, pp 89-109.

<sup>111</sup> *ibid.*, p.108 The enormous *Survey Report on the Wastage of General Trained Nurses from Nursing in Australia, November 1960 - November 1967* was produced by the National Nursing Education Division of the RANF and the National Florence Nightingale Committee of Australia in 1967.

<sup>112</sup> *Australasian Conference on Nursing Education*, Sydney, 18-22 November, 1963; *Conference of Nurses' Registration Boards. Report.* Sydney, May, 1964; *Conference*

advocate that nurses should be taught in tertiary institutions was the *Truskett Report* published in NSW in June 1970.<sup>113</sup> The Chairman, V.J. Truskett, was an educationalist.<sup>114</sup> This was closely followed by the Victorian *Ramsay Report* in August 1970, which made similar recommendations.<sup>115</sup>

The findings of these reports were controversial, coming at a time when nurses were divided as to the best type of vocational education needed in Australia. In its analysis of the *Truskett Report*, the *Bulletin* indicated that opposition to its recommendations also came from "some key figures in the NSW Health Department, including the Director of Health Services, Dr. Meyers ... and they are backed up by the Matrons."<sup>116</sup> The RVCN published a 32-page response to the *Ramsay Report* in November 1970 which considered the recommendations in some detail, and concluded that:

The Royal Victorian College of Nursing believes that it would be premature to consider developing a basic nursing course in a university. Overseas experience clearly reveals that university nursing courses are only effective when the courses are planned and conducted

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*of Nurses' Registration Boards. Report*, Perth, 21-22 March, 1966; Institute of Hospital Matrons of NSW and ACT., *Report of the committee to consider all aspects of nursing, Part 1: The general nurse in the hospital environment*, Sydney, September 1967; *Part 2: The education of the general nurse*. Sydney, May 1969

<sup>113</sup> *Report of the Committee appointed by the Minister to enquire into the education of nurses*, (Chairman, V.J. Truskett) Sydney, Government Printer, June, 1970 (*Truskett Report*)

<sup>114</sup> J.V. Truskett, B.A., F.A.C.E., formerly Assistant Director-General of Education, Chairman and Executive Member, Interim Council, Mitchell College of Advanced Education, Bathurst. *Truskett Report*, p.5

<sup>115</sup> *Report of the Committee of Enquiry into Nursing in Victoria*, (A.H. Ramsay, Chairman), Government Printer, Melbourne, August 1970. (*Ramsay Report*)

<sup>116</sup> Quoted in Russell, op.cit., p.120

by faculties of qualified and experienced nurse educators. It is firmly believed that, at the present time, the energies and expertise of nurse educators should be retained in the hospital based schools.<sup>117</sup>

In South Australia, the local branch of the RANF recommended that:

studies at university should be encouraged for those who have completed Post Graduate courses at a recognised College of Nursing. However, the Committee would like to state that this recommendation applies to a small number who would be nursing leaders of tomorrow and that not all nurses need this depth of training to serve the community.<sup>118</sup>

The *Bright Report* of January 1973 accepted the recommendations of the RANF, and stated that: "It is evident that in the foreseeable future the basic course for general nurse training in South Australia will continue to be hospital based".<sup>119</sup>

In the early seventies, nurses' opinions began to move towards the *Truskett Report* recommendations. In New South Wales, the Nurses' Registration Board (NRB) convened a meeting in February 1971 to consider these recommendations. Several significant motions were passed. Support was given to the transfer of control

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<sup>117</sup> Royal Victorian College of Nursing. *Submission to the Hon. the Minister of Health on the Report of the Committee of Enquiry into nursing in Victoria.* "Una" *Nursing Journal*, October/November 1970, p.24.

<sup>118</sup> *Submission of the Royal Australian Nursing Federation (S.A. Branch) to the Committee of Enquiry into Health Services in South Australia*, Unpublished, undated typescript, p.2

<sup>119</sup> *Report of the Committee of Enquiry into Health Services in South Australia*, (C.H. Bright, Chairman) Adelaide, Government Publisher, January 1973, (*Bright Report*), p.183

for nurse education from the Minister of Health to the Minister of Education, and that the NRB be reconstituted, with at least 60% of members being nurses.<sup>120</sup> The same meeting also approved a Higher School Certificate entry qualification for basic nurse training by 1975, new nursing courses in Colleges of Advanced Education and the phasing out of small schools of nursing in favour of regional schools.<sup>121</sup>

The *Noble Report*<sup>122</sup>, released in 1974, recommended that attainment of the Higher School Certificate be the admission requirement for nursing courses, that a comprehensive system of nursing education be introduced and that nursing courses be offered at a wide variety of institutions, including colleges of advanced education, universities and regional nursing schools.<sup>123</sup> By the time the Commonwealth report *Australian Health Manpower* was produced in 1975, its authors were able to state that: "All the submissions [to the Committee on Health Careers] stressed the inadequacy of basic nursing education and training programmes" and that "nursing education should move into the mainstream of general education at a tertiary level as rapidly as possible."<sup>124</sup> The 1978 recommendations of the *Report of the Committee of Inquiry into Nurse Education and Training to the Tertiary Education*

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<sup>120</sup> Russell, op.cit., pp.120-121

<sup>121</sup> *ibid.*

<sup>122</sup> *Report of the Nurses' Education Board on the Future Development of Nurse Education in NSW*, (J. Noble, Chairman) NSW NRB, Sydney 1974. (*Noble Report*)

<sup>123</sup> Russell, op.cit., pp.124-125

<sup>124</sup> *Australian Health Manpower. Report of the Committee on Health Careers (Personnel and Training) to the Hospitals and Health Services Commission* Canberra, AGPS, 1975, p.95.

Commission (the *Sax Report*)<sup>125</sup> disappointed the nursing profession by the proposed slowness of the transfer of nursing education to tertiary institutions. The majority of nurses had by 1978 become totally committed to such a transfer.<sup>126</sup>

What had caused nurses to change their minds? From the 1950s, Australian nurses had begun to consider their position. Concerns were expressed about the status of nursing. Claims that nurses deserved a higher status and more autonomy in practice were expressed. Nurses began to feel that they should be considered professionals in their own right.

What had changed in the past seventy years? As has been shown, at the beginning of the century, nurses were happy to have doctors on the committees of their associations, give lectures and set nursing examinations. This gave way to the desire to have control over their own education and internal affairs by World War Two, but the hierarchy of the health system itself was not questioned. Nurses were to obey doctors. Thirty years later nurses were demanding appropriate tertiary education to give them truly professional status. What nurses meant when they made this claim is the subject of the next chapter, which examines the concept of professionalism during the twentieth century and suggests answers to the questions it raised.

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<sup>125</sup> *Nurse Education and Training. Report of the Committee of Inquiry into Nurse Education and Training to the Tertiary Education Commission.* (Sidney Sax, Chairman) Canberra, August 1978. (*The Sax Report*)

<sup>126</sup> Russell, *op.cit.*, p.129

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**Towards professionalism.**

This chapter examines the concept of professionalism in contemporary writings spanning the years from the 1900s to the 1970s. Since academic discussion about professionalism developed independently of nursing, for the sake of clarity the development of the concept is discussed, and then the way in which Australian nurses used the word 'professional' and their attitude towards the concept during this period *are* compared with the intellectual debate. Until the 1970s, nurses made no real claim to full professional status. The move of nurses towards professional status is consistent with the process of professionalisation of occupations since the Second World War which has been described by Wilensky<sup>1</sup>, Johnson<sup>2</sup> and Caplow.<sup>3</sup>

During the twentieth century, the concept of professionalism moved from a fairly clear and generally accepted definition to one which attempted to reflect the changes in the world of work <sup>since</sup> the Second World War. As a result, it became increasingly difficult to find a satisfactory definition of professionalism which took into account the social and occupational changes of modern societies.

Academic writers offered two main approaches to the topic. One was functionalist, examining the role of the professions in society. The other was concerned with finding a definition of the term. The more

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<sup>1</sup> H. Wilensky, "The professionalisation of everyone?," *Am J Sociol* 69.Sep (1964): 137-157

<sup>2</sup> T.J. Johnson, *Professions and power*, (London: Macmillan, 1972)

<sup>3</sup> H. Caplow, *The sociology of work*, (Minneapolis: University of Minnesota Press, 1954) pp.139-140

elusive a satisfactory definition, the more intense the search for one became. Writers following this path used occupations generally accepted as professions - usually medicine and law - as sources for a check-list of 'professional' characteristics or attributes against which other occupations could be measured.<sup>4</sup> Johnson describes the field as being 'littered' with such studies which he considers largely sterile<sup>5</sup>.

Willis, in his excellent overview of the work on the concept of professionalism, suggests that the phenomenon of professionalism should be studied historically.<sup>6</sup> A significant fact is immediately evident from an examination of the dates of the works cited in any review of the published literature. Earlier writers were essentially functional in their approach and were not primarily interested in a precise definition of the term.<sup>7</sup> Not until after the Second World War was the search for a definition in the form of the 'attribute' or 'trait' model used. It could be argued that the search for a definition of professionalism was a response to

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<sup>4</sup> This is the approach taken by H. Wilensky, *op.cit.*; W.J. Goode, "The theoretical limits of professionalisation," in *The semi-professions and their organisation*, Ed. A. Etzioni (New York: Free Press, 1969); Edgar H. Schein, *Organisational psychology*, 2nd ed. (Englewood Cliffs: Prentice Hall, 1972); Edgar H. Schein, *Professional education: some new directions*, (New York: McGraw-Hill, 1972); Ronald M. Pavalko, *Sociology of occupations and professions*. (Itasca: Peacock Publishers, 1971).

<sup>5</sup> T.J. Johnson, *Professions and power*, (London: Macmillan, 1972) p.10

<sup>6</sup> Evan Willis, *Medical dominance; the division of labour in Australian health care*, 2nd ed. (Sydney: Allen & Unwin, 1989) pp.8-9

<sup>7</sup> These include: A. Flexner, "Is social work a profession?" in *Proceedings of the National Conference of Charities and Corrections*, (Chicago, 1915); R.H. Tawney, *The acquisitive society*, (New York: Harcourt Brace, 1962. Orig. published 1920); A.M. Carr-Saunders, *Professions; their origin and place in society*. (Oxford: Clarendon Press, 1928); A.M. Carr-Saunders, and P.A. Wilson, *The professions*, (London: Frank Cass & Co., 1933) and T.H. Marshall, "The recent history of professionalism in relation to social structure and social policy", *Canadian Journal of Economics and Political Science*, 5, (Aug. 1939)

the rapid social and industrial changes of western society during this period. Freidson has considered this phenomenon from the opposite viewpoint: that the necessity to add the "trappings of professionalism to what are essentially trade schools ... reflects ... the necessity of attracting people with higher-than-artisan aspirations ... and the complexity and responsibility of the tasks for which they are trained."<sup>8</sup> Occupations wanted to be regarded as professions in order to gain higher status.

Freidson noted that the 1960s marked a watershed in sociological writings on the professions.<sup>9</sup> There was a change in their evaluative flavour in that most earlier writers concentrated on the positive functions and achievements of the professions, while later writers tended to be more critical. However, Freidson's claim that there has been a "persistent lack of consensus about which professional traits are to be emphasised in theorising"<sup>10</sup> does not take into account the fact that the earlier, pre-Second World War writers shared the view that the professions were motivated by the common good. Nor did they feel the need to spell out which occupational groups were meant by 'the professions'. Writing before Freidson, who was a neo-Marxist sociologist, other sociologists such as Tawney (1920),<sup>11</sup>

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<sup>8</sup> Eliot Freidson, *Professional dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b) p.22

<sup>9</sup> Eliot Freidson, "The theory of the professions; state of the art," *The sociology of the professions*, Ed. Robert Dingwall and Philip Lewis (London: Macmillan, 1983) p.19

<sup>10</sup> *ibid.*, p.21

<sup>11</sup> Tawney, *op. cit.*

Marshall (1939),<sup>12</sup> and Carr-Saunders and Wilson (1933)<sup>13</sup> held the view that the professions were the preservers of the moral order of society and provided protection against threats to the democratic order by being a bridge between knowledge and power.<sup>14</sup> Marshall, for example, wrote that the professions would find peaceful solutions to the problems of "sick and suffering democracies"<sup>15</sup>, while Carr-Saunders and Wilson claimed that the professions:

inherit, preserve and pass on a tradition ... they engender modes of life, habits of thought and standards of judgment which render them centres of resistance to crude forces which threaten steady and peaceful evolution. ... above all, the great professions stand like rocks against which the waves raised by these forces beat in vain.<sup>16</sup>

The date of this work, 1933, makes this comment particularly interesting in the light of the then ascendancy of extremist movements on both the right and left.

Post World War Two writers saw the main threat to the autonomy of established professions as the growth of government bureaucracy, and professionals becoming salaried employees of large organisations. Whereas Carr-Saunders could write with optimism in the 1930s, writers of the 1950s warned against the professions being

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<sup>12</sup> T.H. Marshall, "The recent history of professionalism in relation to social structure and social policy", *Canadian Journal of Economics and Political Science*, 5 (August 1939)

<sup>13</sup> A.M. Carr-Saunders, and P.A. Wilson, *The professions*, (London: Frank Cass & Co., 1933)

<sup>14</sup> Burrage, Michael, and Rolf Torstendahl, ed. *Professions in theory and history: rethinking the study of the professions*. (London: SAGE Publications, 1990). p.6

<sup>15</sup> Marshall, op.cit., p. 170

<sup>16</sup> Carr-Saunders and Wilson, op.cit., p. 497

swallowed up under state control.<sup>17</sup> Others warned against the loss of autonomy and collectivity of the professional employee.<sup>18</sup>

After World War Two there was a change in the discussion of the concept of professionalism. Post-war writers on professionalism included economists as well as sociologists, who wrote from a different perspective. In 1962 Friedman noted the 'closed shop' character of the professional labour market.<sup>19</sup> As mentioned earlier, the tone became markedly critical, with Freidson and Johnson describing the professions as intent on wielding power,<sup>20</sup> while Parry and Parry advanced the Marxist argument that the professions ensured themselves a collective upward social mobility through closure and monopolisation.<sup>21</sup> Rueschmeyer suggested that this post-war critical attitude towards the professions came from a "scepticism about the idea of progress based on expanding knowledge and applied technology".<sup>22</sup> Disenchantment with professional knowledge and

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<sup>17</sup> Lewis and Maude 1952; T. Parsons 1954; C. Wright Mills 1956; Young 1958

<sup>18</sup> Magali Sarfatti Larson, *The rise of professionalism*, (Berkeley: University of California Press, 1977); Ronald J. Corwin, "The professional employee: a study of conflict in nursing roles," *Am J Sociol* 66.May (1961): 604-615 ; Anne Crichton, *Slowly taking control? Australian governments and health care provision, 1788-1988.*, (Sydney: Allen and Unwin, 1990); Eliot Freidson, *Professional dominance: the social structure of medical care*. (New York: Aldine-Atherton, 1970); J.A. Jackson, ed., *Professions and professionalization*, (Cambridge: Cambridge University Press, 1970) ; T.J. Johnson, *Professions and power*, (London: Macmillan, 1972) ; Deborah A. Stone, *The limits of professional power: national health care in the Federal Republic of Germany*, (Chicago: University of Chicago Press, 1980)

<sup>19</sup> L.M. Friedman, *Capitalism and freedom*, (Chicago: University of Chicago Press, 1962) pp.137-62

<sup>20</sup> E. Freidson, *Profession of medicine: a study of the sociology of applied knowledge.*, (New York: Harper & Row, 1970a) ; Eliot Freidson, *Professional dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b) ; T.J. Johnson, *Professions and power*, (London: Macmillan, 1972)

<sup>21</sup> Parry, N., and J. Parry. *The rise of the medical profession*. London: Croom Helm, 1976.

<sup>22</sup> {Rueschmeyer 1983} p.39

technology "grew with vastly increased possibilities for its destructive use and with new environmental concerns".<sup>23</sup>

The medical profession has been singled out for particular attention due to its success in attaining a position of power. This success can be attributed to the fact that everyone uses doctors' services. People's anxieties about their health encourage them to make an emotional investment in the doctor-patient relationship and to accept uncritically whatever their doctor says. A sick person wants to believe that somebody can help.<sup>24</sup> An interesting aspect of medicine's power from the point of view of this thesis is that doctors wield considerable power through their role as gatekeepers for a variety of benefits and privileges that depend on certification of illness.<sup>25</sup> Doctors are used as agents of the state or organisations requiring legitimisation of health or illness claims. In Australia this means, for example, that doctors supply medical certificates to certify that a worker is unfit for duty due to illness and produce evidence of good health for life insurance companies. Often, the physical examinations needed to produce these types of certifications are routine, and it has been argued that they could be just as well performed by nurses.<sup>26</sup>

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<sup>23</sup> *ibid*

<sup>24</sup> Magali Sarfatti Larson, *The rise of professionalism*, (Berkeley: University of California Press, 1977) p.22

<sup>25</sup> Deborah A. Stone, *The limits of professional power: national health care in the Federal Republic of Germany*, (Chicago: University of Chicago Press, 1980) p.4

<sup>26</sup> M. Tellis-Nyak, and V. Tellis-Nyak, "Games that professionals play: the social psychology of physician-nurse interaction," *Soc Sci Med* 18.12 (1984): p.1065

One of the major factors which has altered the concept of professionalism since World War Two has been the increasing number of professionals who are salaried employees of large organisations. Since one of the most important attributes of a profession in the definition of the 'trait' approaches was autonomy of practice, the professional is clearly threatened in an environment where the working conditions and even the tasks to be performed can be determined by others.<sup>27</sup> When summarising the discussion of this point, Freidson attempts to explain the dominant position of medicine in the health care bureaucracy by citing the three methods which he considers to be the way it was achieved: legislative control over who could practise medicine, self-regulated education and a code of ethics which is used to gain public trust and hence acceptance of autonomy of practice.<sup>28</sup> This fails to address the issue of the professional's relationship to the employing bureaucracy. While this has compromised the doctor's autonomy, Larson has suggested that the newer service professions such as social work found that the search for an increasingly efficient way to render the service was through a process of "bureaucratization."<sup>29</sup> This process was contingent on state recognition of the function of the occupation and making entry to practice dependent on formal education.<sup>30</sup>

Freidson brings in an important point which could be overlooked in academic discussion. This is the distinction between 'professional'

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<sup>27</sup> Eliot Freidson, *Professional dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b) pp.22-25

<sup>28</sup> *ibid.*, pp.134-135

<sup>29</sup> Larson, *op.cit.*, p.182

<sup>30</sup> *ibid*

and 'amateur' which Freidson sees as being the difference between 'work' and 'non-work': "What makes the activity 'work' is its exchange value. What makes a performer a 'worker' or a 'professional' is his relationship to the market."<sup>31</sup> However, the word 'professional' is often used in everyday language to describe features of performance which have nothing to do with exchange value - i.e. earning money.

An amateur, do-it-yourself home decorator can do a 'professional' job, just as an amateur football player can bring off a 'professional' foul. This usage of 'professional' does indeed have connotations of skill or excellence or efficiency and, perhaps of commitment to an end of which the activity constitutes the means. ... 'Professional' as against 'amateur' may also have connotations of discipline, of the instrumental rather than the expressive. ... We may say that, whilst *typically* professional work is undertaken in the context of the market, any given concrete activity may have professional and amateur features attributed to it.<sup>32</sup>

While academic writers of the first half of the century were preoccupied with the role of the professions in society, after World War Two there was increasing uncertainty about how to discuss professionalism in the light of so many rapid changes in the world of work. New occupations emerged and established ones became increasingly technical and complex.<sup>32a</sup> They wanted to be classed as

<sup>31</sup> Eliot Freidson, "The futures of professionalisation," *Health and the division of labour*, ed. M. Stacey et.al., (London: Croom Helm, 1977) p.17

<sup>32</sup> Gordon Horobin, "Professional mystery: the maintenance of charisma in medical practice," *The sociology of the professions*, Ed. Robert Dingwall and Philip Lewis (London: Macmillan, 1983) p.87

<sup>32a</sup> Useful discussions can be found in Klegon, in a section of his article headed 'The Dynamics of Professionalization', "The sociology of the professions"; *Sociology of Work and Occupations*, vol.5, no.3 (August 1978), pp.268-276 ; *The sociology of the professions*, Robert Dingwall and Philip Lewis (eds), (London: Macmillan, 1983) ; Haga, W.J. "Professionalism and role making in a service organization." *American Sociological Review*, vol.39, no.1 (Feb. 1971), pp. 122-133 and Larson, M.S. *The rise of professionalism*, (Berkeley: University of California Press, 1977).

professions, and the means by which they pursued this goal was described as a process of professionalisation.

This term has been used in three main ways. It has described the broad changes mentioned above which resulted in the increase in the number of professional or white collar workers relative to other occupations. It has also been used to describe the increase in the number of occupational associations which attempted to regulate entry into their respective occupations. Finally, it has been used to describe a process with an end state (professionalism). Certain occupations are seen to have arrived, while others are moving towards it.

Moore has described professionalisation as "the strategies used to secure higher professional status".<sup>33</sup> This implies that professionalisation is a strategy aimed at upward social mobility through occupational collectivity.<sup>34</sup> Johnson has also pointed out that sometimes there is explicit argument put forward to the effect that "this process occurs as a determinate sequence of events. ... in the process of professionalisation an occupation passes through predictable stages of organisational change, the end-state of which is professionalism".<sup>35</sup> He claimed that the two main writers on this phenomenon are Caplow<sup>36</sup> and Wilensky<sup>37</sup>. For these writers,

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<sup>33</sup> W. Moore, *The professions, rules and roles*, (New York: Russell Sage Foundation, 1970) p.5

<sup>34</sup> Willis, *op.cit.*, p.11

<sup>35</sup> T.J. Johnson, *Professions and power*, (London: Macmillan, 1972) p.22

<sup>36</sup> Caplow, *op. cit.*, pp.139-140

<sup>37</sup> H. Wilensky, "The professionalisation of everyone?," *Am J Sociol* 69.Sep (1964): pp.137-57

professionalisation has three main stages. In order, these are: establishment of an association, political agitation to protect the occupation by law, and finally the development of educational facilities. Using social work in the USA as an example, Larson argued that the process of professionalisation was sometimes assisted by bureaucratization.<sup>38</sup> This meant that getting a job in a state-run bureaucracy depended on state recognition of formal qualifications. Formal education for social workers, on which state recognition depended, was well developed by the 1930s in the USA.<sup>39</sup> In the light of the social problems felt by all western countries during the 1930s as a result of the Great Depression, the professionalization of social work may not have been the best example to choose of how bureaucracy can promote the professionalisation process. However, Larson does briefly describe the case of school administrators, who turned the system to their advantage only after distancing themselves from classroom teachers. In Britain there is also a Headmasters' Association which is separate from the Teachers' Association.<sup>40</sup> These examples have interesting implications for the professional status of teachers as employees of an organisation and provide scope for further sociological research.

Writers who take the Marxist approach of describing professionalisation in terms of the class struggle published in the 1970s, (with the exceptions of Merrington (1968) and Wright (1980)) The same decade saw a quantity of publications, mainly (but not

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<sup>38</sup> Larson, *op.cit.*, p.182

<sup>39</sup> *ibid*

<sup>40</sup> *ibid*

only) from feminist authors, which tackled the issue of gender in the workplace. The seventies also saw nursing education in Australia begin its planned move from the hospital-based system of training to full-time courses in tertiary institutions as part of what nurses saw as their move towards professional status.

Throughout the twentieth century the word 'professional' appeared regularly in the writing of nurses. Its use during that time changed from that of a lay person to that of the academic discussion which has been described.

Nurses have used the word 'professional' throughout the twentieth century both to indicate that they were paid for their work and to describe their attitude towards it: it was not done simply for the money and they took pride in their work. In this sense 'professional nurse' often meant 'trained nurse'. It was also used to give credibility to a submission or claim made by nurses. Miss E.P. Evans, as general secretary of the ANF and the NSW Branch of the ATNA, often used the word 'professional' in this way.

In fact, until the 1950s the most frequently used term to describe a nurse who had completed her training was 'trained' nurse. The name of the first Australian nurses' association reflected this: the Australasian Trained Nurses' Association.<sup>41</sup> 'Registered nurse' was also used following the passage of the state registration acts.<sup>42</sup> That

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<sup>41</sup> ATNA Archives, Council Minute Books, 1899, Preliminary Meetings, Box 58, NSW Nurses' Association Archives.

<sup>42</sup> Years of the Acts: Qld 1912; SA 1920; WA 1922; Vic 1923; NSW 1924; Tas 1927.

nursing was considered a vocation is also clear from the titles of published reminiscences of nurses. The English author Brenda McBryde wrote *Quiet heroines*<sup>43</sup> as a testimony to the work of her fellow nurses; Australian Joan Crouch chose *A special kind of service*<sup>44</sup> as the title of her book and American Sheila Russell recalled her nurse training in a book titled *A lamp is heavy*.<sup>45</sup> In its concluding paragraph, the important word in the Matron's speech is not 'profession', but 'serve'.

"You are about to take your places in a profession where you will faithfully serve, as those who have gone before you have served. It is fitting, therefore, that you repeat with me the Florence Nightingale Pledge: 'I solemnly pledge myself before God and in the presence of this assembly ...'" We repeated the words in unison after her and we resolved that even if the lamp is heavy we would hold it high and keep it burning.<sup>46</sup>

By the 1920s medicine had come to dominate the health care system. Willis has shown that medicine had been able to define the conditions under which other health occupations would gain legitimacy.<sup>47</sup> This situation was not unique to Australia. Several excellent studies have been made of medical dominance in other countries; particularly the USA<sup>48</sup> and West Germany<sup>49</sup>.

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<sup>43</sup> Brenda McBryde, *Quiet heroines. Nurses of the Second World War*, (London: Chatto & Windus, 1985)

<sup>44</sup> Joan Crouch, *A special kind of service - the story of the 2/9th Australian General Hospital, 1940-1946*, (Chippendale: Alternative Publishing Co., Ltd., 1986)

<sup>45</sup> Sheila MacKay Russell, *A lamp is heavy.*, (London: Pan, 1959)

<sup>46</sup> *ibid*, pp.218-219

<sup>47</sup> Willis, *op.cit.*, p.3

<sup>48</sup> E. Freidson, *Profession of medicine: a study of the sociology of applied knowledge.*, (New York: Harper & Rowe, 1970a) ; Eliot Freidson, *Professional*

In the case of nursing this meant having medical practitioners involved in nursing education, both lecturing and examining. The constitution of each State branch of the ATNA stated that a doctor must sit on the executive. There was a doctor-president of the NSW branch until 1930 and medical representation on the executive until the 1960s.<sup>50</sup> Each state had doctors on their nurses' registration authorities' boards. Thus, as Willis stated, registration was "on terms acceptable to medicine or not at all".<sup>51</sup>

Willis also implied that the dominance of Australia's health care system by medicine had a class basis. He claimed that the background from which medical students came was restricted to the wealthy by the high cost of medical education in Australia during the first half of the century.<sup>52</sup> This was done deliberately by charging high tuition fees and having a long period of training before income could be earned. Several other writers have analysed the development of the Western style of health care system in a Marxist light, with nurses at the bottom and the doctors at the top of the class structure.<sup>53</sup> The

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*dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b)

<sup>49</sup> Deborah A. Stone, *The limits of professional power: national health care in the Federal Republic of Germany*, (Chicago: University of Chicago Press, 1980)

<sup>50</sup> Hazel Mary Woolston, *Series guide to the minute books of the Council of the Australasian Trained Nurses' Association, 26th May, 1899 - 19th Dec., 1972*, University of N.S.W., 1980) pp.7-8

<sup>51</sup> Willis, *op.cit.*, p.3

<sup>52</sup> Willis, *op.cit.*, pp.85-6

<sup>53</sup> M. Bevege, ed., *Worth her salt*, (Sydney: Hale & Iremonger, 1982)

Z. Einstein, *Capitalist patriarchy and the case for socialist feminism*, (NY: 1970)

Howard E. Freeman, Sol Levine, and Leo G. Reeder, ed., *Handbook of medical sociology*, (Englewood Cliffs: Prentice Hall, 1972)

L.M. Friedman, *Capitalism and freedom*, (Chicago: University of Chicago Press, 1962)

validity of this analysis depends on the analogy of a hierarchical health care system with a class-stratified society, or more particularly, where the doctors are seen as the bosses who exploit the labour of the workers - the nurses. Nurses' quest for professional status could thus be described in terms of class struggle.

Legislation has been described as a necessary pre-requisite for attaining professional status.<sup>54</sup> Willis has shown most convincingly that one of the most efficient tactics of doctors to ensure a monopoly over medical practice was by pressing for and gaining the medical practice acts.<sup>55</sup> The passage of the Nursing Registration Acts could therefore be described as a milestone in the quest by nurses for recognition as professionals. Nurses' registration was in the interest of both doctors and nurses, and the records show there to have been a spirit of mutual respect and co-operation.<sup>56</sup> But it could also be misleading to place too much emphasis on the registration acts. Legislation also protected the work of others such as electricians and plumbers.

At the annual general meeting of the NSW branch of the ATNA following the passage of the nurses' registration act in that state, the

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<sup>54</sup> See, for example; Neville Hicks, *Images of the nurse in South Australia 1864-1986, Sesquicentenary Country Nurses' Seminar, Mount Gambier*, (Unpublished paper, 1986); J.A. Jackson, ed., *Professions and professionalization*, (Cambridge: Cambridge University Press, 1970); T.J. Johnson, *Professions and power*, (London: Macmillan, 1972); Lynda Nauright, "Politics and power; a new look at Florence Nightingale," *Nursing Forum* 11.1 (1984): 5-8.

<sup>55</sup> Willis, op. cit., pp.61-91

<sup>56</sup> See for example Durdin, op. cit. p.54, and Wilson in *Nursing in South Australia - First hundred years 1837 - 1937*, (Adelaide: S.A. Trained Nurses' Centenary Committee, 1938) pp.186ff

president, Dr. Constance D'Arcy, spoke of the work of the ATNA, saying:

I believe that the Australasian Trained Nurses' Association will maintain the same standard for the nursing profession. ... I think it is to our credit that throughout the States of Australia where legislation had been passed for the registration of nurses, our standards have been those adopted.<sup>57</sup>

In this context, Dr. D'Arcy's use of 'profession' is nothing more than a polite way of referring to nursing as an occupation. A sense of belonging is also apparent in the reference to 'our' association and 'our' standards. Dr. D'Arcy had, in turn, been introduced by the outgoing president, Dr. Millard, as 'our president'. This shows that the doctors felt that there was nothing unusual in their membership of a nurses' association, or their control over it. The same meeting had seen Dr. Millard propose that more nurses be elected to the executive committee, which again reflects the spirit of cooperation between the nurses and doctors at the time.<sup>58</sup> Perhaps this easy cooperation was the result of both groups being secure in their roles in the health care system, the spheres of the doctor and the nurse being clearly divided.

There was no doubt that nurses had a subordinate role. Professor Clemens Pirquet proudly proclaimed himself to be of the "younger generation ... [of doctors who] do not wish the nurse blindly to

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<sup>57</sup> Minutes of the Annual Meeting, ATNA NSW branch, held 1 September 1927. Reprinted in the *Australasian Nurses' Journal*, 15 October 1927. p.314

<sup>58</sup> *ibid.*, p.310.

follow the doctor's directions; we want her to understand them."<sup>59</sup> He continued "We must not, however, go to extremes and demand independence of thought in every nurse. ... A capacity for original thought is rarer apparently in women than in men."<sup>60</sup> Professor Pirquet said that a nurse might contribute to scientific work in three areas appropriate to a woman's realm: the hospital kitchen, observation of infants and very young children, and observation of mentally abnormal children.<sup>61</sup>

In an address to the ATNA in Hobart in 1930, Dr. J.F. Gaha acknowledged a nurse's separate sphere, saying that while a nurse was:

subordinate to the doctor in the reception and application of medical orders, there is another side of her in the care of her patients, that only subordinates her to nurses in higher authority than herself.<sup>62</sup>

The publication of these and similar addresses without comment in the *Australasian Nurses' Journal* implies that the attitudes of the authors were shared by the executive of the ATNA. Nurses accepted their place in the hospital hierarchy.

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<sup>59</sup> Clemens Pirquet, "Should the nurse take part in the scientific work of the medical profession", *Australasian Nurses' Journal*, 15 November 1927. p.344.

<sup>60</sup> *ibid.*

<sup>61</sup> *ibid.*

<sup>62</sup> John Frances Gaha, "The obligations of a nurse from the ethical standpoint". Address given at the Hobart Hospital, reprinted in the *Australasian Nurses' Journal*, 15 May 1930, p.129.

An article in the London *Times*, reprinted in the *Australasian Nurses' Journal*, noted that:

[Nursing] will always be a calling apart, a service based on vocation rather than on the hope of reward. It must always be hedged round with restrictions and governed by rigid regulations.<sup>63</sup>

During and after the Second World War, work practices changed more rapidly, reflecting the advances in medical technology. Doctors concentrated on the new, more sophisticated techniques, and some of the older established medical routines, such as administering hypodermic injections and taking blood pressures, were now delegated to nurses. At the other end of the scale, nurses were shedding some of their duties. From 1938 in NSW many non-nursing tasks such as routine ward cleaning were delegated to wardmaids. One of the tasks of the Central Nursing Sub-Committee in 1942 was to "define what are domestic duties ... [because] nurses should not be permitted to perform [them]"<sup>64</sup>

The formation of the nurses' unions during the inter-war years prompted nurses to think about the role of their occupational associations. The newer associations felt the most important issues to be nurses' wages and working conditions, whereas the ATNA/ANF saw itself in the mould of a 'professional' association, concerned with education, planning and lobbying. In January 1938,

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<sup>63</sup> "Nursing as a profession" *Australasian Nurses' Journal*, 15 May 1931. p.96

<sup>64</sup> Australian Archives. Dept. of the Army; MP 508/1, Correspondence files 1939-1942; file no.21/720/275 - 'Central Control'

when the ATNA registered under the Companies Act of 1936, its non trade-union nature was noted in its constitution.<sup>65</sup>

Whether to form an association which was or was not a trade union should also be considered in the light of the social background from which nurses came. Florence Nightingale's vision of nursing was as an occupation for women of the upper and middle classes.<sup>66</sup> The nurse leaders in Australia during the early twentieth century were members of these classes of society. Several studies on the history of physiotherapy in Australia have indicated that physiotherapy was an occupation created by doctors for women of the upper (their own) social class.<sup>67</sup> Since physiotherapy schools have always been associated with universities or institutes of technology, entry requirements were (and still are) more academically stringent than entry into nursing courses. Thus, upper class girls with an interest in health care who may have taken up nursing had an alternative occupation to choose. The numbers would not have been great enough to alter completely the class make-up of girls studying nursing, but a study of the social backgrounds of student nurses and physiotherapists would be an interesting topic for future research.

By the 1950s when attention focussed on the system of nursing education, the traditional method of hospital based training began to be questioned. Nursing was still seen to be linked to medicine.

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<sup>65</sup> Memorandum and Articles of Association of the ATNA - the Companies Act 1936 p.6

<sup>66</sup> This is discussed in chapter seven.

<sup>67</sup> Stephanie D. Short, "Physiotherapy - a feminine profession", *Australian Journal of Physiotherapy*, Vol.32, no.4, (1986), pp.241-242

Giving the Marian Barrett Memorial Lecture in Melbourne in 1953,

Dr. John Lindell said that he had noted:

[a] tardiness by nurses to adapt their training, and consequently their work, to the rapidly changing face of medicine. Has the significance of the medical revolutions which succeeded each World War been fully appreciated by nursing leaders?<sup>68</sup>

But Dr. Lindell also noted the expanding role of the nurse:

The duties of the nurse at present embrace the whole field of patient care from the simplest menial tasks, to work involving a sound knowledge of physics, chemistry, physiology and bacteriology. The modern nurse is at once, messenger, domestic, clerk, technician and professional colleague to the doctor.<sup>69</sup>

Dr. Lindell went on to advocate two levels of nurse, one devoted to the more routine practical tasks, and the other, more highly trained, able to take on an expanded role and increased responsibility. This would finally mean university education for nurses.<sup>70</sup> Dr. Lindell felt that any move in this direction would have to be supported by both doctors and nurses, but felt that a doctor would give support if he wanted "skilled intelligent assistance in the bedside management of his patients; if he desires his nurses to understand what they are doing and why; if he wants the nurse to be a colleague and not a

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<sup>68</sup> John Lindell, "Nursing - a profession". Reprinted in the *Australasian Nurses' Journal*, January 1954. p. 3

<sup>69</sup> *ibid.*, p.6

<sup>70</sup> John Lindell, "Nursing - a profession". Reprinted in the *Australasian Nurses' Journal*, February, 1954. p.34

servant ... ."71 Dr. Lindell concluded what must have been a thought-provoking address for his nursing audience by stating that:

professional nursing skill ... requires a course of no lower standard than that given to physiotherapists or occupational therapists who have found it necessary to seek university assistance in their training. Nurses should at least prepare for this possibility by steadily raising the educational standard of entry to professional nursing courses until they comply with university entrance. By doing so, they will secure their professional future at the same time as they prepare themselves for future medical progress.<sup>72</sup>

The report of the committee formed to consider the concept of a comprehensive basic nursing education programme contains one of the first intimations that nurses could have a collegial relationship with doctors. It stated that nurses' tasks included "carrying out treatment of patients and participating in their rehabilitation under the orders of, or in co-operation with the doctor, both at home and in the hospital".<sup>73</sup>

The late 1950s saw nurses begin to consider the concept of professionalism and whether they fitted into the contemporary, or at least the recent, intellectual debate. In 1957 Miss Gladys Schott, president of the RANF, showed that she was aware of the debate when she wrote:

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71 *ibid.*

72 *ibid.*

73 Helen Creighton and Frank Lopez, *A history of nursing education in New South Wales; a comparative analysis of Australian and international influences and developments*, 2 ed. (Sydney: Frank Lopez, 1982) p.29

What is a profession? Have we a clear enough picture or, rather, a clear enough definition of what is a profession, and, above all, our profession? There are many definitions of a profession but when they are carefully studied it is found in all of them that the fundamental principle is "service".<sup>74</sup>

Miss Schott's article clearly shows the conservative political views of the ANF. On the question of professional recognition, she wrote that, while in some countries nurses were regarded as professionals, in others:

where "industrialism" and "socialism" are well established and governments are not professionally minded, the task [of gaining recognition] is great, because how can ... [a nurse be offered] membership and the attendant privileges of a professional organisation when there is little or no support at professional level by the country's administrators? Miss Nightingale stated: "Professions, like nations, can only flourish through an individual sense of corporate responsibility". We must endeavour to foster that "corporate responsibility" ... in this way ... we will be able to offer the potential nurse professional status.<sup>75</sup>

Some senior nurses, on the other hand, were still ambivalent about the pursuit of professional status. In an address given in Melbourne in 1959, Miss Ellen Broe said that she was afraid that nursing was "losing sight of its goal".<sup>76</sup> She said:

We need not worry so much about being a "profession" and about "professional work". You know, a great deal

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<sup>74</sup> Gladys Schott, "Responsibility for the selection of nurses - the needs of the profession", *Australasian Nurses' Journal*, September, 1957. p.208

<sup>75</sup> *ibid.*, pp.208-209

<sup>76</sup> Ellen Broe, "Nursing education", *Australasian Nurses' Journal*, October 1959. p.250.

is being said about being a profession, how to be a profession and what goes into being a profession. It is much more important to think a great deal about how we prepare ourselves for the task that has been given us to do.<sup>77</sup>

However, Miss Broe felt that at least nurse administrators should have some academic preparation in universities, "side by side with the type of preparation that people get in other professions. This is in order just to give leadership to the profession and to get recognition of the profession by other professions."<sup>78</sup> Here, Miss Broe expressed a commonly held view. The key to professional recognition was in an academic preparation. Miss W. Smith, in an address given in 1962, spoke of the need for an increased academic content in the nursing curriculum, because: "Nursing has long been recognised as an art. In the last half-century it ... is emerging as a profession. An art does not involve an understanding of why things come out as they do."<sup>79</sup>

By the 1960s, the increasing technical and administrative complexity of nurses' work had drawn acknowledgement from the medical fraternity. Bowers indicates that this was not always without resentment:

Nurses originated as helpers for doctors but over the years they have assumed more and more administrative functions until they occupy a position midway between administrative and professional staff. Many doctors regret this development. ... [however] as

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<sup>77</sup> *ibid.*

<sup>78</sup> *ibid.*, p.253.

<sup>79</sup> W. Smith, "The general nurse curriculum". Paper read at the annual general conference of the Institute of Hospital Matrons of NSW and ACT. Reprinted *Australasian Nurses' Journal*, February 1962. p.30.

long as nurses realise and remember their primary mission of assisting the doctor in the care of his patients, no real harm results.<sup>80</sup>

Most doctors respected nurses' skills. But they showed little awareness of the conditions under which nurses worked. In 1971 Dr. Ian Monk was horrified at the low rate of pay offered to a theatre sister in spite of her responsibilities:

This lady is highly skilled and dedicated and has been doing this work for a number of years. She works long hours ... and takes considerable responsibility, not only to the patients, but for the overall running of the operating lists.<sup>81</sup>

Dr Monk reported feeling guilty about his lack of awareness of nurses' problems:

After reflecting on these matters, I have come to realise that one has been remiss in not making oneself aware of the problems ... . I hope other members of the profession who read this will share these feelings with me. ... I think we may well incur [public] criticism for our rather lukewarm support of the nursing profession.<sup>82</sup>

The tone of Dr. Monk's comments is that of one who has failed in his duty towards members of a junior or subordinate occupation.

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<sup>80</sup> W.F. Bowers, *Interpersonal relations in the hospital*. (Springfield, Ill.: Charles C. Thomas, 1960) p.109

<sup>81</sup> Ian Monk, "An injustice in the nursing profession", *Medical Journal of Australia*, 13 February 1971, p.407

<sup>82</sup> *ibid*

In 1969, Katz concentrated on nurses' subordination to doctors and on the lack of a unique body of nursing knowledge. On subordination, he wrote; "Semi-professionals such as nurses and laboratory and X-ray technicians, are not located on the same continuum with doctors. Instead, the caste-like system puts an unscalable wall between the physician and the semi-professionals of the hospital".<sup>83</sup> While acknowledging that "nurses are trying to create a distinctive body of knowledge by doing research", particularly in the area of behavioural sciences,<sup>84</sup> he claimed that nurses were not professionals:

Despite the efforts of many nursing leaders for the professionalisation of nursing, the physician is still the chief determiner of the kind of knowledge used in the medical setting. ... The nurse, in contrast, does not make the major policy decisions about the treatment of patients, at least not legally, and she has no clearly formulated body of professional knowledge that is recognised and accepted by others.<sup>85</sup>

Katz's work represents the first acknowledgement that I have found from someone who is not a nurse of nurses' attempts to become recognised as professionals.

In 1976, Katz published *Stepping out: nurses and their new roles*,<sup>86</sup> which attempted to explain the claims to professionalism made by nurses, by describing the increasing technical complexity of nurses'

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<sup>83</sup> Katz in Etzioni, op.cit., p.69

<sup>84</sup> *ibid.*, p.63

<sup>85</sup> *ibid.*, p.62

<sup>86</sup> F.M. Katz, *Stepping out - nurses and their new roles*, (Sydney: University of N.S.W. Press, 1976)

work. It is fairly clearly aimed at a nursing audience, and it is tempting to suggest that he wrote what he felt his audience wanted to read. He writes optimistically of the 'new nurses and the nurses' new roles'<sup>87</sup>, without any consideration of the fact that nurses' new tasks might be those off-loaded by the medical profession as part of the de-skilling phenomenon, as discussed by Game and Pringle<sup>88</sup> and Williams<sup>89</sup>. His one comment on professional status is "If service to a society is a critical determinant of the status held by any profession, then nursing has a long claim to true professionalism"<sup>90</sup>. This remark could equally well be applied to rubbish collectors.

In the 1970s, opinion was divided between those who did or did not consider nursing to be a profession. For nurses, the debate hinged on the issue of basic nursing education being conducted in tertiary educational institutions. The education policies of the College of Nursing, Australia, which were adopted in May 1969, recommended that:

All professional nursing education programmes must be of such a nature that:

The graduates are able to meet the needs of the community,

The qualifications the graduates receive are in no way perceived as being inferior to those of other professional personnel.<sup>91</sup>

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<sup>87</sup> Katz, op.cit., p.10

<sup>88</sup> A. Game, and R. Pringle, *Gender at work*, (Sydney: Allen and Unwin, 1983)

<sup>89</sup> Claire Williams, *Blue, white and pink collar workers in Australia*, (Sydney: Allen and Unwin, 1988)

<sup>90</sup> Katz, op.cit., p.10

<sup>91</sup> Reprinted in the *Australian Nurses' Journal*, November, 1969, p.234

The desire to be seen as equals of other health practitioners is clear in the statement of Cecily Harte and Kathleen Mathews: "that nurses should receive an education comparable to other helping professionals who carry similar levels<sup>of</sup> tasks, skills and responsibilities and with whom they are expected to work as a team."<sup>92</sup> It would seem that Harte and Mathews did not include doctors with the 'other helping professionals.'

Freidson suggested that in their work in hospitals, nurses were inevitably pushed into a position subordinate to medicine and that by stressing the nurse's professional identity, nursing education programmes were often compromised in the face of reality.<sup>93</sup> He claimed that nurses' semi-professional status was due mainly to the domination of the US health care system by medicine, an analogy also relevant in Australia. While noting that nurses claimed professional status, Freidson was at pains to point out that:

there is a critically significant difference between dominant professions and those others that claim the name but do not possess the status. ... the dominant profession stands in an entirely different structural relationship to the division of labor than does the subordinate profession. To ignore that difference is to ignore something major. One might call many occupations "professions" if one chooses, but there is a difference between the dominant profession and the

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<sup>92</sup> Cecily Harte and Kathleen Mathews, "Preparation of the professional nurse - 19th century training or 20th century education", *The Lamp*, September, 1974. p.28

<sup>93</sup> Eliot Freidson, *Professional dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b) p.21

others. In essence, the difference reflects the existence of a *hierarchy of institutionalized expertise*.<sup>94</sup>

Elsewhere, Freidson argued even more explicitly that nursing was only a 'para-profession' because of medical dominance if it.<sup>95</sup> Here, he regarded nurses' aspirations for professional status with some misgivings.

[Nursing's] shucking of bedside care and its search for supervisory responsibility as a symbol of professionalism is now leading it away from the patient. ... The curious dilemma of nursing is that it may be seen to be forsaking the tasks distinctive to it in order to change its position in the paramedical division of labor, a position carefully legitimated by its relation to medicine.<sup>96</sup>

At the beginning of this chapter it was stated that Australian nurses did not make any claim to professional status until the 1970s. This claim hung on the move of nursing education from hospital based training schools to tertiary institutions. It is interesting that this move was made with some misgivings, and that there remained a considerable proportion of nurses who felt that nursing could only be learned at the bedside. Both philosophical and practical problems also plagued those who were working hard to make tertiary education for nurses a reality. There were fears that the nurse would

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<sup>94</sup> Eliot Freidson, *Professional dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b) pp.137-8 (Emphasis in original)

<sup>95</sup> E. Freidson, *Profession of medicine: a study of the sociology of applied knowledge.*, (New York: Harper & Rowe, 1970a) pp.57-70

<sup>96</sup> *ibid* p.66

become too theoretical and out of touch with practical realities.<sup>97</sup> The main feelings were "apprehensiveness and uncertainty of the medical and nursing professions as the prospect of change became more real."<sup>98</sup>

Nursing in Australia has followed the broad outline of the professionalisation process described by Caplow and Wilensky. Following the establishment of an association in the early part of the twentieth century, legislative recognition of nursing was achieved through the passage of the Nursing Registration Acts in the 1920s. Then followed a period of uncertainty as to the role of an occupational association of nurses, with division between those in favour of a consultative, educative role and those who favoured unionism. This conflict was resolved only in 1971, when the re-formed Australian Nursing Federation took over from the ATNA and began a new sequence of the *Australian Nurses' Journal*. Both the NSW College of Nursing and the Royal Victorian College of Nursing (later the College of Nursing, Australia) provided an educational service beyond the basic training. Then came tertiary education for nurses in the mid seventies, overriding some concern about the quality of practical skills of future tertiary graduates.

That nurses could be called professionals was not universally

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<sup>97</sup> Helen Creighton, and Frank Lopez, *A history of nursing education in New South Wales; a comparative analysis of Australian and international influences and developments*, 2 ed. (Sydney: Frank Lopez, 1982) p.77

<sup>98</sup> *ibid.*

accepted. It could be argued that nurses in the 1970s found themselves caught up in the dilemma facing sociologists of the time: their inability to formulate a clear definition of the concept. Claiming 'professional status' was made more difficult due to uncertainty about what requirements and responsibilities were involved.

Writing in 1983, Freidson found that the "body of literature [on professionalism] ... has been vague and chaotic for too long".<sup>99</sup> He suggested that:

It is precisely because of the lack of any solution to the problem that I feel that serious writers on the topic should be obliged to display to readers what they have in mind when the word is used - that is, to indicate the definition upon which their exposition is predicated ... Provided with such guidance, readers will then be in a position to judge whether X is really talking about the same thing as Y. If X means to refer to only those few occupations recognised by almost everyone as professions, ... while Y means to refer as well to occupations which try to ameliorate their low prestige and weak economic position by referring to themselves as professions, then each is talking about incomparable categories and both the writers and the readers should be aware of the fact.<sup>100</sup>

Describing a process of 'professionalisation' has gone some way towards clarifying the confusion about the concept. It admits the possibility of new or increasingly technical occupations such as

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<sup>99</sup> Eliot Freidson, "The theory of the professions; state of the art," *The sociology of the professions*, Ed. Robert Dingwall and Philip Lewis (London: Macmillan, 1983) p.36

<sup>100</sup> *ibid.*

nursing making tenable claims to be 'professional', usually with increased pay and status as the main motives. Hence the plethora of material from the seventies based on a Marxist philosophy dealing with professionalism and class, power play and client/provider relationships.

Nurses had one distinctive feature which set them apart from members of other occupations which were aspiring to professional status: they were, until the 1960s, all women. The next two chapters examine the effect gender has had on the status of nurses through providing an employment opportunity for women, and through the images society created of the nurse.

6

The image of the nurse.

Popular images are the result of clusters of stereotypes to which the public is exposed and which it uses to construct a symbolic reality for itself. These stereotypes are based on things people 'know' regardless of the ultimate validity or inaccuracy of this 'knowledge'.<sup>1</sup> Peoples' perceptions are based on 'mind sets' created from values and norms collected over time.<sup>2</sup> These 'imaged' characteristics need not actually exist, but are perceived to exist and are, consequently, effective in bringing pressure to bear on the actual behaviour of both the image-bearers and the people with whom they interact.<sup>3</sup> Kalisch and Kalisch indicated that "images - for all their transience, smallness, sameness and mediocrity - have wafted, year after year, into the consciousness of hundreds of millions."<sup>4</sup> Popular stereotypes of occupations that have been associated with long traditions are often tough and durable and outlast the reality on which they were based.<sup>5</sup> Hence, examining how nurses are portrayed reveals values about nursing held by our society.

The word 'nurse' calls to mind certain images. The most common include the Lady with the Lamp, the Angel of Mercy, the Doctor's

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<sup>1</sup> Philip A. Kalisch, and Beatrice J. Kalisch, "The image of nurses in novels," *Am J Nurs* 82.8 (1982): 1220-1224.

<sup>2</sup> Elaine E. Beletz, "Professionalization - a license is not enough," *The nursing profession: turning points.*, Ed. Norma L. Chaska (St. Louis: Mosby, 1990) p.20

<sup>3</sup> Leo W. Simmons, "Past and potential images of the nurse," *Nursing Forum* (1962): 16-33.

<sup>4</sup> Kalisch, Philip A., and Beatrice J. Kalisch. "Sex-role stereotyping of nurses and physicians on prime-time television: a dichotomy of occupational portrayals." *Sex Roles* 10.7/8 (1984): p.533

<sup>5</sup> *ibid*; Elaine E. Beletz, "Is nursing's public image up-to-date?," *Nursing Outlook*, 22.7 (1974 July): 432-435

Handmaiden or the Woman in White. The image of the nurse is also always the image of a woman. The image of the Lady with the Lamp was created by mid-Victorian sentimentality and dates from the work of Florence Nightingale in the mid-nineteenth century. As society's attitude towards women changed, new images of the nurse arose to reflect these changes. Since nursing has been until recently a female occupation, the image of the nurse often also reflects women's position in society.

One of the major difficulties in discussing the image of the nurse is the lack of empirical evidence. Sociologist Athol Congalton attempted to remedy this in 1962, when he was commissioned by the NSW College of Nursing to conduct a survey in Sydney which "aimed at the discovery of the image of nursing as held by the public of New South Wales."<sup>6</sup> Two reports were published as a result of his research.<sup>7</sup>

The work on the post world war two image of the nurse which has had the most impact has been done by three Americans; Janet Muff<sup>8</sup> and Beatrice and Philip Kalisch<sup>9</sup>. Kalisch and Kalisch have

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<sup>6</sup> Book review, *Australian Nurses' Journal*, April 1963, p.103.

<sup>7</sup> A.A. Congalton, *The public image of nursing*; NSW College of Nursing Research Report No. 1, and *Young people look at nursing*; NSW College of Nursing Research Report No. 2. Both reports were published in 1962.

<sup>8</sup> Janet Muff, ed., *Socialization, sexism and stereotyping; women's issues in nursing*, (St. Louis: Mosby, 1982)

<sup>9</sup> Beatrice Kalisch and Phillip Kalisch, "Slaves, servants or saints? An analysis of the system of nurse training in the US 1873-1948," *Nurs Forum* 14.3 (1975): 222-263; B.J. Kalisch and Philip A. Kalisch, "An analysis of sources of physician/nurse conflict," *J Nurs Admin* 7 (1977): 50-57; Philip A. Kalisch and Beatrice J. Kalisch, *The advance of American nursing*, (Boston: Little, Brown & Co., 1978) ; Philip A. Kalisch and Beatrice J. Kalisch, "The image of nurses in novels," *American Journal of Nursing* 82.8 (1982): 1220-1224; Phillip Kalisch, Beatrice Kalisch and Clinton,

produced some useful descriptions of how nurses are portrayed in various media. Muff has produced a feminist analysis of the nurse's position and asserts that nurses have been depicted in four main roles: angels of mercy, doctors' handmaidens, battle-axes or torturers and whores.

The earliest image of the nurse was that of the 'Lady with the Lamp'. The image of Florence Nightingale with a lamp appeared in reports of Nightingale's work in the Crimea in the contemporary press. Within her own lifetime, Victorian sentimentality had created an image of Florence Nightingale, the 'Lady with the Lamp', working endlessly at Scutari to alleviate the sufferings of the wounded. {figs. 1, 1A, 1B of Florence with lamp}

The lamp became an powerful and evocative symbol for nurses. It reminded them of the groundbreaking work of Florence Nightingale which brought enlightenment to nursing. The lamp also came to be a symbol of noble and selfless devotion to duty. The NSWNA took the name *The Lamp* for the title of its journal from the second issue.<sup>10</sup> The *Australasian Nurses' Journal* of October 1958 published a poem written by "a man who was recently

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"The world of nursing on prime time television, 1950-1980," *Nursing Research* 31.6 (1982): 358-363; Philip A. Kalisch and Beatrice J. Kalisch, "Sex-role stereotyping of nurses and physicians on prime-time television: a dichotomy of occupational portrayals," *Sex Roles* 10.7/8 (1984): 533-553; Philip A. Kalisch and Beatrice J. Kalisch, *The changing image of the nurse*, (Menlo Park: Addison-Wesley, 1987)

<sup>10</sup> Volume 1, number 2, October 1944. (Vol.1 no. 1, June 1944 was titled *The Magazine*.)



Florence Nightingale at Scutari. Engraving in the *Illustrated London News*, 1855. Reproduced in Masson, Madeleine. *A pictorial history of nursing*. Twickenham: Hamlyn Publishing, 1985, p.59.



"The Lady with the Lamp". Engraving of Florence Nightingale.

## NURSING STAMP



**A new 3½d stamp will be issued at all Australian post offices on September 21. It will honour the nursing profession and commemorate the centenary of the work of Florence Nightingale in the Crimea.**

The "Lady with the Lamp" appeared on a 1955 stamp marking the centenary of Nightingale's work in the Crimea.  
*Australasian Nurses' Journal*, August 1955, p.172.

touched with an experience whilst a patient at the Royal Adelaide Hospital."<sup>11</sup>

### The Lady of the Lamp

The Lamp still burns -  
 To those who carry  
 This "Symbol,"  
 A symbol steeped in service  
 Of love - Devotion,  
 A Call to duty, a sacrifice,  
 That instinct, so distinctly motherly  
 Lavished  
 On infant, still more precious  
 On age,  
 Yet therein lies a difference.  
 For is not age in fancy  
 Similar.  
 I saw an old man's head  
 Cradled in the lap, of one  
 Who carries the lamp.  
 And marvelled  
 That Kindness and Love, could be  
 So prolific - so sincere  
 Please grant, that encompassed by storm  
 Emotional or physical  
 Never shall it extinguish  
 "The Lamp".<sup>12</sup>

Victorian ideals of Woman as Supreme Good, as expressed by  
 Walter Scott in 'Marmion' flowed on to nursing.

Oh, Woman! ...  
 When pain and anguish wring the brow,

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<sup>11</sup> G.A. Swanbury, "The Lady of the Lamp", *Australasian Nurses' Journal*, October 1958, p.239.

<sup>12</sup> *ibid*

A ministering angel thou.<sup>13</sup> {fig 2 -  
brandy ad.}

The popular imagination was caught by the idea of the Ministering Angel. Nightingale herself was portrayed as one, complete with an alter-ego of a nightingale-bird-sphinx attendant. {fig.3 - wounded soldiers and nightingale} The Victorian Trained Nurses' Association (VTNA) took the name *Una* for its journal, which began publication in April 1903.

We have given our Journal the name of the 'lovely lady' of the Red Cross Knight of the Faery Queen.  
"The Gentle Una of heavenly birth.  
Faithful, long suffering, patient, she brought her dear lord  
Feeble and too faint  
And all his sinews waxen weak and raw  
Unto a holy hospital."  
As the embodiment of gentle and devoted womanhood the name of UNA will appeal ... to the women of the Victorian Trained Nurses' Association as the title of their journal.<sup>14</sup>  
{fig. 4 - statue of Una with wings}

The image of the 'Lady with the Lamp' has re-emerged during every subsequent conflict. One Australian army nurse wrote of an incident during World War Two:

Once we had a nerve case, and by the light of a hurricane lamp I was trying to interest him in a cup of cocoa. He thought I was Florence Nightingale.<sup>15</sup>

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<sup>13</sup> Walter Scott, *Marmion* (1808)

<sup>14</sup> Title page, *Una*, vol. 1 no.4, January 1904.

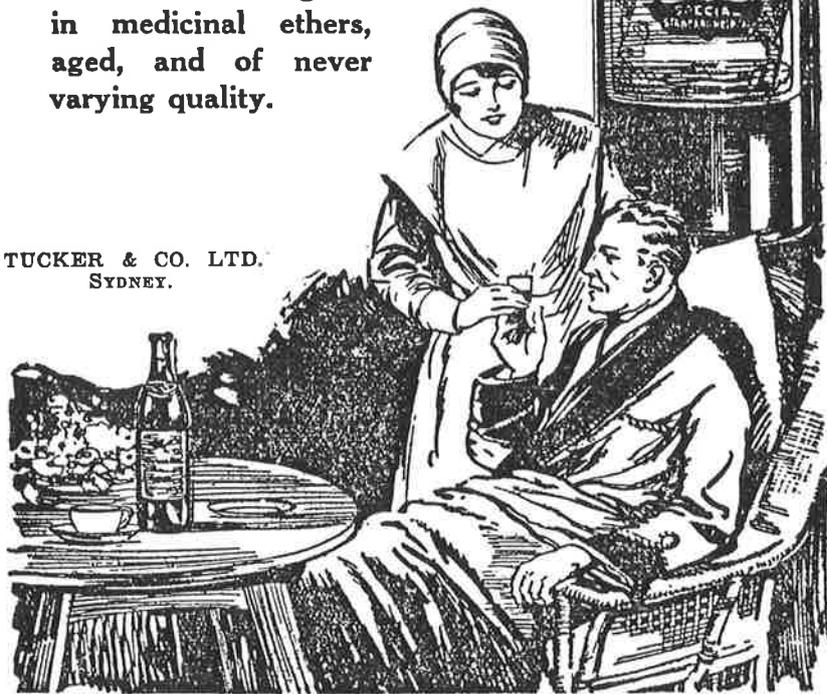
<sup>15</sup> Lorna P. Laffer, "Leaping Lena," *Grey and Scarlet* (1980): 17-20.

# CHÂTEAU TANUNDA Standard ★★★ Hospital BRANDY

IS A PURE - GRAPE  
SPIRIT USED IN ALL  
HOSPITALS

—Because it is highest  
in medicinal ethers,  
aged, and of never  
varying quality.

TUCKER & CO. LTD.  
SYDNEY.



Ministering to a convalescent. Brandy advertisement appearing regularly in the *Australasian Nurses' Journal* during the 1920s.



Florence Nightingale depicted as a Sphinx-like bird figure and ministering angel with wings.  
Reproduced in Masson, *op. cit.*, p.49.



Members have often asked where the name UNA originated. On this final issue, that question is answered for all.

THE JOURNAL OF  
**The Victorian Trained Nurses' Association**  
JANUARY, 1904.

**EXTRACT FROM 'UNA' VOLUME 1 No. 1, MELBOURNE, APRIL 1903**

"We have given our Journal the name of the 'lovely lady' of the Red Cross Knight of the Faery Queen.

"The Gentle Una of heavenly birth. Faithful, long suffering, patient she brought her dear lord

Feeble and too faint

And all his sinews waxen weak and raw

'Unto an holy hospital'

An ancient house, guided evermore

Through wisdom of a matron grave and hoar.

In this 'holy hospital' he is nursed back to strength and victory, to live in fame thereafter as

St George of Merry England

Her patron saint and friend."

As the embodiment of gentle and devoted womanhood the name of UNA will appeal, we trust not too inappropriately, to the women of the Victorian Trained Nurses' Association as the title of their journal."

Statue of "Una": another Ministering Angel whose name was given to the VTNA journal.

Reproduced on the cover of *Una*, Vol.74, no.4, July-August 1976.

Walter Scott's 'Ministering Angel' with its overtones of religious calling and commitment is also seen during times of war. {fig. 5 - "Sister"} The angel is clear in a poem written by the Dean of Exeter to exhort young ladies to become nurses during World War One:

She nurses best, who always has in mind  
That touch so tender, and that look so kind  
Of Him, who came this mortal frame to wear. ...  
No task too menial, naught too hard can prove,  
Their meanest act is sanctified by Love.  
Nurse on, dear daughter, shrink not, it is He  
On the white throne shall say "It was for Me".<sup>16</sup>

An Australian soldier wrote the following lines in praise of his nurses during the Boer War:

You may talk of our Soldiers and Sailors,  
Of our brave Colonials too,  
But nothing is thought of our Nurses,  
With hearts so tender and true.

They have suffered great hardships, and endured  
The trials that fell to their share,  
And so caused their names to be cherished  
On every Barrack Room Square.<sup>17</sup>

Wartime media portrayed nursing in a glamorous light, as well as reinforcing the image of the Ministering Angel. This was relatively easy to do, since working as a member of the Australian Army Nursing Service gave Australian women the only chance of serving with the troops abroad. During World War Two the

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<sup>16</sup> Mary Frances Billington, *The Red Cross in war - woman's part in the relief of suffering*. London, Hodder & Stoughton, 1914. p.95.

<sup>17</sup> E.C. Laurence, *A nurse's life in war and peace.*, (London: G. Bell & Sons, Ltd., 1912) p.262



"Sister" by Ivor Hele.  
Painting commemorating the work of the Australian Army  
Nursing Service.  
Courtesy of the Australian War Memorial.

Department of Information swamped the press and Movietone News with pictures of groups of armed service nurses looking smart parading in their uniforms, enjoying innumerable cups of tea in 'Sisters' Mess', seeing the world during their time off - having camel rides in Egypt, for example and being the 'Angel of Mercy' to 'our boys'. The *Australian Women's Weekly* of 21 February 1942 confirmed "The boys are receiving every care and attention possible from the nurses ministering to their wants. It is good to see them together."<sup>18</sup> The March 7 issue contained a short story titled "Romantic Nurse" which was full of clichés about nurses being ministering angels. The heroine, Valerie, selflessly fended off all romantic overtures from grateful patients, remaining true to the ethereal image of the Woman in White.<sup>19</sup> The Australian Post Office issued a set of four stamps in 1940 to commemorate Australia's participation in World War Two. It depicts a member of each of the services with the large, shadowy figure of a nurse floating, angel like, above them. {fig. 6 - stamp}

The images of the nurse as an Angel of Mercy or the Lady with the Lamp in the post World War Two era appear most frequently in juvenile literature, which features nurse characters who are idealized for their self-sacrifice and humanism.<sup>20</sup> The American series *Sue Barton* and *Cherry Ames* were popular books for teenage Australian girls from the 1940s to the 1970s. Both series

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<sup>18</sup> *Australian Women's Weekly*, vol.9, no.38, Feb 21, 1942, p.7

<sup>19</sup> *Australian Women's Weekly*, vol.9, no.39, Mar 7, 1942, p.3

<sup>20</sup> Kalisch, Philip A., and Beatrice J. Kalisch. "The image of nurses in novels." *Am J Nurs* 82.8 (1982): 1220-1224



Australian war issue stamp, 1940.

Reproduced from the author's own stamp collection, with permission of Australia Post.

were written by nurses, and attempted to provide an accurate portrayal of the world of the nurse for their young readers. Specific details of basic nursing care were included, but the novels also emphasised such personality traits as self-sacrifice and humanism, which were considered to be important characteristics of the ideal nurse. Although the nurse heroines were capable and responsible, they were always depicted as working under a physician's orders.<sup>21</sup> When the Angel of Mercy appears in material which is to be seen by adults, it is usually where it will appeal to the sentiments, especially where the care of sick and suffering children is involved. {fig. 7 - Angel of Mercy and 7a - nurse gently touching child in dim ward}

The other images of the nurse - the battle-axe, doctor's handmaiden and sexpot or whore - are more recent. They reflect both the changes which took place in medical technology and the changes in the way in which women were depicted, with the acceptance of 'sex-appeal'.

The image of the battleaxe is usually confined to the authority figure of Matron or the ward sister, generally beyond marriageable age and who could therefore to be said to have 'failed' as women; a career in nursing being the next best thing to marriage and motherhood. The Battle-axe terrorises patients, her staff and sometimes doctors by abusing her position of authority in the hospital or in her ward. {fig. 8 - cartoon of dead doctor} Consider

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<sup>21</sup> *ibid*



Howard Chrissy - *Your Angel of Mercy*. Reproduced in Muff, Janet, ed. *Socialization, sexism and stereotyping; women's issues in nursing*. St. Louis: Mosby, 1982, p.278.



A nurse gently touching a child in a dim ward.  
Photograph accompanying an article on nursing recruitment.  
*Nursing Times* Vol.65, 11 Sep 1969, p.1184.

Nurse Ratched in *One Flew Over the Cuckoo's Nest*, who has been generously described as 'every frustrated mother who turned into a benevolent despot, skillful at ruling her children through dispensation of love to those who are "good"'.<sup>22</sup> Game and Pringle in *Gender at work*, provide the following example of battleaxe behaviour from the 1970s:

As a junior nurse I was watched at two o'clock one morning by the senior sister who saw me rinsing the thermometers three times and only wiping them twice. So she clipped up and pulled a thermometer out of a dying man's mouth and put it in mine, really quickly, screaming at me and waking every patient up saying that I had done to me what I'd done to others.<sup>23</sup>

Poor Nurse Dox of the comic strip (portrayed as a featherbrain) is in constant awe of the 'battleaxe' Sister.

Daly has described how nurses are often seen as "token torturers" in the hospital setting:

... the nurses, trained to be totally obedient to the Olympian Doctor, functions as the proximal and visible agent of painful and destructive treatment. Nurses shave women about to give birth and give enemas to women in labor. It is they who give injections and it is they who withhold pain medication begged for by the patient.<sup>24</sup>

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<sup>22</sup> Janet Muff, 'Handmaiden, battle-ax, whore; an exploration into the fantasies, myths and stereotypes about nurses' in Janet Muff, ed., *Socialization, sexism and stereotyping; women's issues in nursing*, (St. Louis: Mosby, 1982) p.135

<sup>23</sup> A. Game, and R. Pringle, *Gender at work*, (Sydney: Allen and Unwin, 1983) p.104

<sup>24</sup> M. Daly, *Gyn/Ecology - the metaethics of radical feminism*, (Boston: Beacon Press, 1978) p.276



**"Over my dead body," he said to the Matron.  
These new docs never learn fast enough."**

Cartoon implying that senior nurses were battleaxes whose word was law.  
*Australian Nurses' Journal*, October 1973.

Battleaxe behaviour has been described as resulting from medical dominance of nurses. The Battleaxes demonstrate the self-hatred of oppressed groups by directing their frustration and anger at other members of their own group, keeping them submissive. By so doing, they acquire limited power.<sup>25</sup> The Battleaxe image could be linked to the witch of the Middle Ages: the healing woman with power who is therefore to be feared and even regarded as evil.<sup>26</sup> Ashley took this approach when she described the western health care system as being based on a "structured misogyny" which regards the male as normal and the female as deviant.<sup>27</sup> She claimed that women, as nurses, can only strive for the illusion of power in this environment, which they do by:

attaching to the men as sustainers, supporters or assistants of men in accomplishing men's work. In such a role in the male-dominated "health" professions, nurses have the very serious problem of being publicly identified as the "token torturers" of other women.<sup>28</sup>

That nurses accepted the image of the battleaxe could indicate that they felt unable to challenge the structure of the health system and break out of the cycle of oppression.

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<sup>25</sup> Susan J. Roberts, "Oppressed group behaviour; implications for nursing," *ANS* July (1983): 21-30.

<sup>26</sup> B. Ehrenreich, and D. English, *Witches, midwives and nurses*, (New York: Feminist Press, 1973)

<sup>27</sup> J.A. Ashley, "Power in structured misogyny: implications for the politics of care," *ANS* 2.3 (1980): 3-22.

<sup>28</sup> *ibid* pp. 16-17

Images of the nurse after the Second World War have come to us through film and television as well as advertising and print media. In these media, nurses have been mainly depicted as either doctors' handmaidens (the *Ben Casey* and *Dr Kildare* series) or sex symbols (*Doctor at Large*, *Doctor in the House* and the *Carry On* films). In the *Dr Kildare* and *Ben Casey* television series, the doctors are seen to direct all the patient care by giving orders. The nurses are neatly groomed white figures who answer the telephone, deliver messages and say politely 'Yes, Doctor'. Kalisch and Kalisch have noted that prime time television portrayals of nurses and physicians from 1950 to 1980 result in "an image of the female professional nurse as totally dependent on and subservient to male physicians."<sup>29</sup> The nurses in the British *Doctor* films usually provide a pretty diversion for the male medical students, giving the scriptwriter opportunities for some rather predictable humour. In most instances the nurses are either peripheral to the main story, or their jobs as nurses are incidental to the action. Nurses' obedience to the higher authority of the doctor creates the assumption that nurses are lacking intelligence because they obey this authority without question.<sup>30</sup>

The rise of women (and nurses) as sex symbols is also a post World War Two phenomenon. This has been noted by Lake, who has

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<sup>29</sup> Philip A. Kalisch, and Beatrice J. Kalisch, "Sex-role stereotyping of nurses and physicians on prime-time television: a dichotomy of occupational portrayals," *Sex Roles* 10.7/8 (1984): p.533

<sup>30</sup> Mila Ann Aroskar, "The fractured image: the public stereotype of nursing and the nurse," *Nursing; images and ideals*, Ed. Stuart F. Spicker and Sally Gadow (New York: Springer, 1980) 18-34.

shown that from the 1920s to the 1950s women moved from being aesthetic objects to be looked at and judged by themselves, to sex objects, being looked at and judged by men. Lake points out that men only appear in advertisements for such products as soap or deodorant in the late 1940s - 1950s. She also notes that, with the increasing emphasis on sex appeal, femininity is no longer a thing of class distinction. To be considered 'sexy' became more important than to be considered 'ladylike'.<sup>31</sup>

The popular novels of the 1950s and 60s are full of 'naughty nurses' with tight uniforms.<sup>32</sup> The 'nurse as sex symbol' can also easily be found among the racks of get well cards in any stationer's. {fig. 9} Noting that the portrayal of the nurse as a sex symbol has increased dramatically over the last thirty years, Kalisch and Kalisch indicate that the more nurse characters are portrayed as sex objects, the less they have been shown in a professional role.<sup>33</sup>

This is clear in Heller's description of General Dreedle's nurse in *Catch 22*. She is depicted as:

As delectable piece of ass as anyone who saw her had ever laid eyes upon ... chubby, short and blond. She had plump, dimpled cheeks, happy blue eyes and neat curly turned up hair ... Her bosom was lush and her complexion clear. She was irresistible ... succulent, sweet, docile and dumb, and she drove everyone crazy.

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<sup>31</sup> Marilyn Lake, "Female desires: the meaning of World War II," *Aust Hist Stud* 24.95, October (1990): 267-284.

<sup>32</sup> Nell Dean, *Flight nurse*. (New York: Messner, 1963); Trudy Baker, *Coffee, tea, or me?* (New York: Bartholomew House, 1967).

<sup>33</sup> Kalisch, (1984 ) p.549



Two examples of 'Get Well' cards depicting nurses as sex symbols.

"You should see her naked," General Dreedle chortled with croupy relish. ... "Back at Wing she's got a uniform in my room made of purple silk that's so tight her nipples stand out like bing cherries" <sup>34</sup>

Turning to the question of the nurse's uniform, it is often said that the clothes make the man. It could equally be said that the clothes make the nurse. What do we think of when we think of what a nurse should look like? Usually a woman in a white dress, often with an apron; sometimes a coloured dress is covered with a starched white apron and worn with starched white collars and cuffs. Her 'crowning glory' is her cap, or better still, her sister's veil starched and folded with military precision.

This uniform does several things. The nurse would say that it identifies her in the eyes of the patient as a nurse. This is important - the patient needs to know who is a nurse and who is not - so the uniform provides her with a certain authority. The following appeared in the nursing journal *Nursing Times* in 1978 in an article titled 'The uniform that brings confidence':

The patient opens his eyes and finds a nurse by his bedside. Without a word being spoken he receives a number of messages. Here is someone who's professionally trained, who knows how to handle his particular troubles, knows the correct treatment and how to give it, who is competent, kind, efficient, gentle. He is safe in her hands. She may speak to him and give reassurance or instructions but the words are secondary and merely add to the message which has already been given, conveyed by the uniform itself. <sup>35</sup>

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<sup>34</sup> Joseph Heller, *Catch 22*. (London: Corgi, 1970). pp. 231-232

<sup>35</sup> G. Watson, "The uniform that brings confidence." *Nursing Mirror* Vol.147, July 20 (1978): p.34

The uniform also gives her anonymity; she becomes known simply as 'Nurse' or 'Sister'. The nurse's uniform has several roots: the white of purity and the veil of the nun, the apron of the maid servant and the badges of office of the soldier. Siegel has suggested that the nurse's identity became so closely intertwined with the symbolic nursing attire, that her identity hinged on the wearing of the traditional garments.<sup>36</sup>

The nurse's rank is also evident; markings such as chevrons or uniform colour once indicated whether she was a first year student, a newly graduated Sister, the Ward Sister or the Matron. While these titles have no longer applied in most hospitals since the 1970s or 1980s, it is still possible to learn from the uniform whether a nurse is a first, second or third year student, or a registered nurse. The uniform thus reflects the hierarchy of nursing, enforced not simply by levels of responsibility but also by who should sit or stand, and who should pass through a door first.

Each hospital had its own uniform of which its owners were jealously proud. Training schools issued badges to their graduates which were (and still are) worn with the uniform. Caps and veils were still part of the Australian nurse's uniform in the 1970s. Apart from changes in dress lengths, the basic nurse's uniform has not changed dramatically from that worn 100 years ago. Aprons were discarded only because they were expensive to launder and

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<sup>36</sup> Siegel, p.194-5

starch, not because they were seen as being a demeaning garment. {figs.10-17 - nurses' uniforms from different decades} This image of what the nurse looks like is reflected in advertising. {fig.19 - Kotex; fig.20 - Marmite; fig 21 - ovaltine}

The uniform was of great importance to nurses. From the 1920s into the early 1940s, in spite of the concerns due to the war, protests raged in the pages of the *Australasian Nurses' Journal* about the wearing of the nurses' veil by non-nurses. The ATNA wanted to have the veil registered, so that only trained nurses could wear it. The *Australasian Nurses' Journal* of 15 August 1941 reported on the action which had been taken, including a deputation which waited on the New South Wales Minister of Health, Mr FitzSimons, on December 8, 1938.

[The deputation] ... explained at some length the need for some protection of the nurses' cap which is used by all sorts of unqualified and untrained persons such as assistants in doctors' and dentists' rooms, beauty parlours, massage rooms, attendants at the chemistry counters in chain stores, etc. ... Since the commencement of the war the need has become more urgent in view of the number of war workers who wear head dresses as part of their uniform, and in April last the attention of the Minister was drawn to the fact that the cap, which is regarded as the nurse's veil, is being worn under instructions by members of various organisations.<sup>37</sup>

The uniform has been used as a recruitment lure, both in war {fig.22 - Voluntary Aid Detachment recruitment and peace.

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<sup>37</sup> *Australasian Nurses' Journal*, 15 August 1941, p.149



## For Smart Uniforms

INDIAN Head is ideal for nurses. After a gruelling day it looks just as smart and fresh as in the first hour of duty. Indian Head launders perfectly, is slow to crease, and keeps snowy white always. There is also a selection of 34 fashionable colours, all guaranteed fadeless.

Permanent finish Indian Head looks and feels like linen, but is more economical.

SOLD BY ALL LEADING STORES.

LOOK FOR THE NAME ~

**INDIAN HEAD**

REGISTERED TRADE MARK

on every yard of **CLOTH,**

Sole Wholesale Distributors for Australasia:  
**P. B. SHEATHER COMPANY LTD.,**  
 Sydney, Melbourne and all States.

Advertisements for uniform fabric reveal the importance the nurse attached to a smart and fresh appearance.



P. B. SHEATHER COMPANY, LTD.,  
Sydney, Melbourne, and all States.  
Sole Wholesale Distributors for Australasia.

## It will not crease

**P**ERMANENT Finish Indian Head will not crease. That is one reason why it is so satisfactory for nurses' uniforms. This sturdy material has all the beauty of linen, at a very moderate price. It launders to look like new. Boil it, sterilize it, send it to strange laundries—it will wear and wear and wear! **IN 26 BEAUTIFUL SHADES AND PURE WHITE. ALL COLOURS ABSOLUTELY FADELESS.**

You can buy Permanent Finish Indian Head by the yard. Look for **INDIAN HEAD** in dotted letters on the selvedge.

STOCKED BY ALL LEADING DRAPERS.

SEE THE NAME

**INDIAN  
HEAD**  
on every  
yard of **CLOTH**

Information and  
literature on request  
from  
**BENGER-  
GENATOSAN  
PTY. LTD.,**  
66 Reservoir St.,  
Sydney



# **BENGER'S** **Food**

*Uniformly  
Smart...*

Cotton-crisp Cesarine  
looks smarter, washes  
perfectly and, if you go  
in for colour, is  
colour-fast to boiling.  
Moreover, it is  
pre-shrunk and its  
original fit stays put.



**GESARISED-SHRUNK**

## *Cesarine*

A CAESAR  FABRIC



*The Telegraph*, August 1951. Printed in the August 1951 issue of the *Australasian Nurses' Journal*, p.176.



Finalists, early 1945. RAH Archives.



Finalists, July 1956. RAH Archives.



Finalists, July 1971 (RAH Group 682). RAH Archives.

### MISS N.S.W. NURSE QUEST ENTRANTS

1. Keerie Blackford, Prince Henry Hospital.
2. Kathleen Ivers (Bethlehem Nurses), St. Margaret's Hospital, Darlinghurst
3. Julie Head, Hornsby and District Hospital.
4. Pamela Hogan, N.S.W. Masonic Hospital.
5. Lynette Moylan, Gosford District Hospital.

For further photos of other entrants—see next month's *Lamp*



Uniforms from the 1970s.  
Photographs of Miss NSW Nurse Quest entrants.  
*The Lamp*, April 1972, p.25.

NURSES GAVE  
**KOTEX**  
TO WOMANKIND

Women in the better walks of life now use KOTEX. It has brought to millions new comfort, poise, daintiness and peace of mind—at a time most women find exceedingly trying. It supplants old-time “sanitary pads” and other makeshift methods.

**ITS EXCLUSIVE ADVANTAGES.**

Made of Cellucotton—the famous super-absorbent—KOTEX absorbs 16 times its own weight in moisture—instantly. It is far more absorbent than the old pads. Discarded as easily as tissue.

Now, by a new process, each pad of KOTEX is deodorized—impregnated with a new, harmless chemical which banishes all fear of odor—the last remaining doubt in women’s minds.

Obtain KOTEX Deodorized at all Drapers and Chemists. Packed in germ-proof sanitary packages, each containing 12 soft, snowy-white pads.



Advertisement for sanitary napkins which appeared frequently during the 1920s.

Nurses know the value of

*vitamin rich*  
**MARMITE!**



*Proof of Marmite's  
vitamin goodness  
printed on every label!*

**You cannot choose a more nourishing food than vitamin-rich Marmite!** As a sandwich spread, in soups, gravies and savouries — it sharpens up jaded appetites, helps children put on healthy weight!

They love Marmite's rich, tempting flavour, too — you just can't give it to them often enough! So you'll be glad that Marmite is truly economical — so concentrated that a little goes an amazingly long way! From all grocers.

**THE ROYAL WOMEN'S  
HOSPITAL - Melbourne**

**FOR FIRST CLASS OBSTETRICAL  
TRAINING**

•  
The course is of twelve months for general trained nurses.

The Hospital is world-renowned for its obstetrical and gynæcological work.

It is situated one mile from the centre of the city, on a tram route.

Salary in accordance with Victorian Nurses' Determination.

Current rate £12/19/3 per week, less deduction for board and lodging, £2/14/9 per week.

•  
*Enquiries and application forms from*

**Miss B. C. Lawson, Matron,  
The Royal Women's Hospital,  
720 Swanston Street, Carlton, N.3,  
Victoria.**

The image of a nurse in an advertisement was used to give a product credibility. The nurse was instantly recognised as such by her veil. (Another example is the Nurse's Cornflour packet).



## Sound, Natural Sleep is quickly ensured

THE special value of "Ovaltine" for ensuring sound, natural sleep lies in the fact that when taken last thing at night it exercises a pronounced sedative effect and one that is natural in every sense. It promotes a sufficiency of healthful sleep without recourse to hypnotic drugs.

"Ovaltine" has a pleasantly soothing action on the stomach and nervous system and does not cause the slightest digestive unrest, or occasion constipation. It promotes the digestion of other forms of nourishment taken

in conjunction with it. "Ovaltine" is a delicious concentration of malt, milk and eggs in the form of golden granules which dissolve instantly in milk.

Judged by the numerous reports received from physicians, nurses and also from grateful patients the use of "Ovaltine" deserves the widest recommendation.

*TRIAL SAMPLE*—A generous sample of "Ovaltine," sufficient to make four cupsful, will be sent on receipt of 3d. in stamps to cover cost of packing and postage. See address below.

# OVALTINE

TONIC FOOD BEVERAGE

At all Chemists and Stores, 2/6, 4/-, 7/6

A. WANDER LTD., 218 Kent St., Sydney

2N.31

*Free of Sales Tax.*

Advertisement for Ovaltine which appeared regularly in the *Australasian Nurses' Journal* during the 1930s.

During World War Two, the effort expended on designing uniforms for nurses in the armed services was considerable. When one realises how difficult it was to obtain the necessary fabric due to wartime restrictions, it is even more amazing to consider that two of the Australian nursing services actually changed their uniforms in the course of the war - which meant that all members of the services had to be issued with a completely new uniform. After the evacuation of Darwin, the traditional white dress of the Sister was thought to place the Sisters of the Army at increased risk of being strafed, so they were issued with a grey dress. In December 1942, the Voluntary Aid Detachment (VAD) of early World War Two became a paid service with a name and uniform change. The uniform change was resisted. Patsy Adam-Smith, author of *Australian Women at War*, who served as a VAD and then as a member of the Australian Army Medical Womens' Service, (AAMWS), wrote:

It was all very well for the official unit history to gloss over the transfer, but the feelings among the rank and file were bitter. It is not easy to relinquish one's place in a time-honoured service, indeed, to be in at its death. We were to change from our navy uniform and greatcoat and hat with the badge of St John of Jerusalem to khaki ... . There was little understanding for the sense of loss felt by these women - many of us young girls. ... From this distance in time one can appreciate the commonsense of the change, the economy, the uniformity - but many a girl wore her blue uniform till it was worn thin rather than don khaki.<sup>38</sup>

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<sup>38</sup> Patsy Adam-Smith, *Australian women at war*, (Melbourne: Thomas Nelson, 1984) pp.194-5

Enid Herring recalled her regret at the uniform change, but also mentioned her pride at wearing that other symbol of service to the sick, the red cross:

Although we had loved our blue uniforms, and what we felt was our particular image as nursing aids rather than 'soldiers', we had to remember that Australia was at war fighting very severely on all fronts. This was no time to quibble. We were in the Army and there was every reason to feel proud of our khakis as we had been of our blues. The red cross insignia on our pockets stood for what we were regardless of the colour of our uniforms.<sup>39</sup>

For those nurses serving abroad, it was thought that the nurse's uniform would be recognised <sup>by</sup> the enemy and hence provide some protection. Betty Pyman, who trained at the Royal Adelaide Hospital before serving in the 2/10 AGH in Malaya, recalled being given instructions following the Japanese invasion, "Early next morning we were told to go to the hospital, wearing red cross arm bands and veils, not tin hats, because we'd be taken prisoner."<sup>40</sup> It was hoped that their captors would treat them with respect if it were clear that they were nurses.<sup>41</sup> Nurses' uniforms also provided a much needed boost to the spirits of the wounded men. Celebrating Christmas in the Middle East in 1941, Elinor Bishop, who served with the 2/9 AGH wrote that at Christmas dinner:

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<sup>39</sup> Enid Dalton Herring, *They wanted to be Nightingales: a story of the VAD/AAMWS in World War II*. (Adelaide: Investigator Press, 1982) p.87

<sup>40</sup> Quoted in Joan Durdin, *They became nurses: a history of nursing in South Australia 1836-1980*, (Sydney: Allen and Unwin, 1991) p.139

<sup>41</sup> *ibid*

The sisters' mess looked superb - beautifully decorated with streamers ... The uniforms added to the colour - the sisters in white veils and scarlet capes, and physiotherapists in blue capes.<sup>42</sup>

To the men, the nurses in their grey uniforms were:

a sight for sore eyes. Having female nurses there really made a heck of a difference to the morale, you know. It gave everything a sense of normality, having women around. Ministering Angels? My word!"<sup>43</sup>

The images of the nurse thus developed in a definite sequence, in order, the 'Lady with the Lamp' and the 'Angel of Mercy', the doctor's handmaiden, the battle-axe or torturer and the sexpot. The earlier images had some positive characteristics and were espoused by nurses themselves to the extent that the 'Lady with the Lamp' has become part of nurses' tradition. Nurses were even reminded of their vocation by non-nurses (mainly doctors) in speeches at graduation ceremonies and the like. Dr. Alice Robson, addressing nurses graduating from the Royal Adelaide Hospital in 1954, spoke at some length of the "spirit of devotion which has characterised the nursing profession for so long."<sup>44</sup> The later images of the battleaxe and sexpot of post-World War Two have only negative characteristics and render nurses the butt of unsavoury jokes.

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<sup>42</sup> Quoted in Joan Crouch, *A special kind of service - the story of the 2/9th Australian General Hospital, 1940-1946*, (Chippendale: Alternative Publishing Co., Ltd., 1986) p.31

<sup>43</sup> Interview with L.J. Peterson, 2/10 AIF 1939-1945, Adelaide, 1988.

<sup>44</sup> Alice Robson, Talk to finalists at Royal Adelaide Hospital, reprinted *Australian Nurses' Journal*, July 1954, p.163.

By the 1970s nurses began to show some recognition of the discrepancy between the popular image of the nurse and the professional practitioner which they desired to become. Beletz claimed that an inaccurate public image could prevent nurses from attaining professional status and even limit the nurse's practice:

The accuracy of an opinion is not important, because it's real to the person who holds it. We speak of expansion of nursing practice; yet the limits of that practice will be strongly influenced by the opinions, expectations and demands of a knowledgeable public. I feel very deeply that nursing will never develop to its fullest potential without appropriate assessment and identification of the conditioning and influencing forces within its environment. <sup>45</sup>

Beletz was writing in 1974, when nurses in the USA were claiming to have attained professional status. From these comments, it is clear that Beletz feels that the images of the nurse did not reflect the reality of nurses' work or their place in the health care team.

Even in the 1970s, the image of the nurse remained the image of a woman, reinforcing the stereotype that nursing is 'women's work'. Having examined the myth of the stereotype we now turn to the reality of nursing as an occupation for women.

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<sup>45</sup> Elaine E. Beletz, "Is nursing's public image up-to-date?," *Nurs Outlook* 22.7 (1974 July) p.435

7

**Nursing as a women's occupation.**

Man for the field and woman for the hearth;  
 Man for the sword, and for the needle she;  
 Man with the head, and woman with the heart;  
 Man to command, and woman to obey;  
 All else confusion.

Tennyson, *The Princess*, 1847, Pt. V, lines 437-41.

Nursing has a unique place in the history of women's work. It was an occupation created for women and performed by women from its inception until the 1960s. The women's movement of the past three decades has created renewed interest in women's affairs, including women's work, and this has resulted in considerable literature on this subject. However, there is a surprising paucity of material on nursing as an area of women's work. Until recently, nursing has stood on the sidelines of the women's movement, and only in the last ten to fifteen years has it developed a feminist consciousness expressed in its own literature.

Writers on the history of nursing devote some discussion to the care of the sick in pre-industrial societies (which is effectively a discussion of the history of early *medicine*),<sup>1</sup> but nursing as we know it now is really just over 120 years old. It is generally accepted that the modern system of nursing and nursing education was thought of and developed by Florence Nightingale, and as her image provided society with an image of 'the nurse', so her writings on nursing have provided the inspiration for many generations of nurses. Yet among images of angels of mercy and

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<sup>1</sup> Jean McKinlay Calder, *The story of nursing*, 5 ed. (London: Methuen, 1971) ; Agnes Pavey, *The story of the growth of nursing*, (London: Faber, 1938)

obedient doctors' handmaidens, it is often forgotten that Nightingale's work as a nurse grew from a sense of rebellion against the accepted lot of women of her time.

Nightingale's first published work was a small monograph titled *Cassandra* in which she protested vehemently against the restricted role which was the lot of upper and middle class unmarried women in Victorian England.<sup>2</sup> She was then in her early thirties, old enough to have experienced the constrictions which she deplored. Her status within her family was still that of a girl.<sup>3</sup> Yet she would also have been considered to be nearing middle age, having left the marriageable years behind her. Conan Doyle, a contemporary of Nightingale, wrote of one of his heroines, Lady Francis Carfax, as being "still in fresh middle age,"<sup>4</sup> her age being "not more than forty".<sup>5</sup>

Holton has suggested that Nightingale's writings on nursing reveal not only the substantial nature of her ambition for women, but also that she felt that nursing had a "social significance which reached

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<sup>2</sup> Florence Nightingale, *Cassandra: an essay*. Nightingale wrote *Cassandra* in 1852, the same year in which she began studying nursing at Kaiserworth in Germany. It was privately printed in 1860 in volume two of *Suggestions for thought*, a collection of religious writing. There are two published versions of *Cassandra* available today. The version I have used was published by the Feminist Press, New York in 1979, with an introduction by Myra Stark. The other is: *Cassandra and other selections from 'Suggestions for thought'*, (London : Poovey Pickering and Chatto, 1991) ed. Mary Poovey.

<sup>3</sup> Philip A. Kalisch, and Beatrice J. Kalisch, *The changing image of the nurse*, (Menlo Park: Addison-Wesley, 1987) p. 15

<sup>4</sup> Arthur Conan Doyle, "The disappearance of Lady Francis Carfax," *The complete Sherlock Holmes short stories*, (London: John Murray, 1966) p. 1020

<sup>5</sup> *ibid.*, p. 1021

FLORENCE NIGHTINGALE.  
1820 - 1910



Masson, op. cit., p.56.

outside the walls of the hospital".<sup>6</sup> Nightingale's ambition for women cannot be questioned. However, this ambition remained within the respectable confines of what was considered suitable for a lady of her class. She felt that all such ladies would like to participate in some useful activity. For most, this was marriage, home and family. It was on behalf of others, unmarried like herself, that she complained. Those women who remained unmarried were, she claimed, "chained to the bronze pedestal" of the family.

The family uses people, *not* for what they are, nor for what they are intended to be, but for what it wants them for - for its own uses. ... If it wants someone to sit in the drawing room, *that* someone is supplied by the family, though that member may be destined for science, or for education or for active superintendence by God, i.e., by the gifts within.<sup>7</sup>

Several aspects of Nightingale's vision of nursing are crucial to understand if one is to gain insight into many of the problems which beset nursing's path to professional status. After training in a hospital, she envisaged that a nurse would care for the sick in their own homes. "Hospitals are but an intermediate stage of civilisation ... the ultimate object is to nurse all the sick at home."<sup>8</sup> Nightingale's attitude was influenced by her social position (which gave her access to Cabinet ministers, a privilege which proved very useful), and her deeply held religious beliefs. In this, she was a

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<sup>6</sup> Sandra Holton, "Feminine authority and social order; Florence Nightingale's conception of nursing and health care," *Gender and social life*, Ed. Anna Yeatman *Journal of cultural and social practice; social analysis*, (1984) 15: p.60

<sup>7</sup> Florence Nightingale, *Cassandra*, p.37

<sup>8</sup> Nightingale, 1876, p.317

product of her age. Briggs has indicated that mid-Victorian Evangelicalism "proclaimed that the whole English social system rested not only on divine sanction but on the particular operations of Providence."<sup>9</sup> With the Evangelical Movement came discipline and a sense of duty. Women such as Nightingale who were born in mid-Victorian society were "reared in an atmosphere which made them instinctively Custodians of the Standard."<sup>10</sup> She herself alluded to "woman's particular worth and general missionariness".<sup>11</sup>

Nightingale also accepted unquestioningly the Victorian idea of divided spheres of activity for men and women. The best known role of the Victorian woman was described by Houghton as:

that of the submissive wife whose whole excuse for being was to love, honor, obey - and amuse - her lord and master, and manage his household and bring up his children. In that role her character and her life were completely distinct from his.<sup>12</sup>

This role is epitomised in the quotation from Tennyson's *Princess* which appears at the beginning of this chapter. The Victorian age, claimed Briggs, had little to offer women of spirit and ability. Hence, Nightingale "rejected marriage for service - because marriage did

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<sup>9</sup> Asa Briggs, *Victorian people*, (Harmondsworth: Pelican, 1955) p.20

<sup>10</sup> G.M. Young, *Victorian England: portrait of an age*, 2nd ed. (London: Oxford University Press, 1953) p.3

<sup>11</sup> Quoted in Young (1953) p.3

<sup>12</sup> Walter E. Houghton, *The Victorian frame of mind, 1830-1870.*, (New Haven: Yale University Press, 1953) p.348.

not provide for the promptings of 'a moral, an active nature, which requires satisfaction'.<sup>13</sup>

Early biographies of Florence Nightingale excluded or explained away aspects of her life and character which did not fit accepted Victorian ideals of womanliness.<sup>14</sup> Heroines of biographies were not usually rich, and Nightingale's wealthy background was described as something which she gave up in order to become a nurse. Not going to parties and balls was cited as an example of the feminine virtue of self-sacrifice, but the fact that she actually loathed these functions was ignored. Her calculated decision to remain 'ill' after her return from the Crimea was described as the consequence of her hard work on behalf of the sick and wounded soldiers.<sup>15</sup> This formula denies manipulation or political activity and reinforces the Victorian stereotyped notions of womanly characteristics and ladies' work.<sup>16</sup>

Ranald has suggested that the liberal feminist ideals of Nightingale's contemporaries John Stuart Mill and Mary Wollstonecroft also assumed that women had a separate social role.

While [liberal feminist ideals] acknowledge women's confinement to home and family and restricted participation in paid work as important factors in their

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<sup>13</sup> Asa Briggs, *Victorian people*, (Harmondsworth: Pelican, 1955) p.21

<sup>14</sup> Martha Vicinus, "What makes a heroine? Representations of Florence Nightingale in biographies for girls." *Lumen* 19(4); 1990. p.6

<sup>15</sup> A good discussion of Nightingale using illness as a manipulative tool can be found in F.B. Smith, *Florence Nightingale - reputation and power*, (London: Croom Helm, 1982)

<sup>16</sup> Vicinus, *op.cit.*, p.7

lack of civil and political equality, ... [they] assume that women will continue to perform this work and part of the argument for legal and political rights consists in the assertion that these will make women better wives and mothers. <sup>17</sup>

Ranald also suggests that Wollstonecroft failed to take the class structure into account:

there's little recognition that the situation and needs of women of different classes differ significantly; for example, the problem of living up to an image of frivolous gentility and confinement to the home and family as described by Wollstonecroft did not apply to those working class women forced by economic necessity into long hours of work in the family and in the paid workforce. The liberal conception of social change assumes that changes in women's education, legal and civil status can be achieved gradually ... through existing structures, by those already educated and conscious, not through action from below by the mass of women.<sup>18</sup>

Ranald implies that the liberal feminist thinkers of the nineteenth century were unable to see beyond the boundaries of their own, upper, class. But Nightingale did recognise the potential for women who were *not* members of the upper class to work as nurses, albeit in a limited way. She wrote:

My principle has always been - that we should give the best training we could to any woman, of any class, of any sect, "paid" or unpaid, who had the requisite qualifications, moral, intellectual and physical, for the vocation of a Nurse. Unquestionably the educated will

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<sup>17</sup> Patricia Ranald, *Feminism and class; a study of two women's organisations during the Depression and war years, 1929 - 1949*, University of Adelaide, 1980) p.31

<sup>18</sup> *ibid.* pp.31-32

be more likely to rise to the post of Superintendent, but *not* because they are ladies but because they are *educated*.<sup>19</sup>

If they were educated, they would have been at least members of the middle classes, since the working classes were still illiterate. As education became available to girls from lower classes in the twentieth century, nursing became an option for them.

That Nightingale felt nursing to be women's work is clear from her claim that one of the essential qualities of a nurse was "the strong, personal, *motherly* interest for each one of our patients."<sup>20</sup> Reverby describes how Nightingale envisioned nursing as an art, rather than a science, for which women needed to be trained:

she thought women had to be trained to be a nurse through a disciplined process of honing their womanly virtue. Nightingale stressed character development, ... and strict adherence to orders passed through a female hierarchy. Nursing was built on a model that relied on the concept of duty to provide the basis for authority.<sup>21</sup>

As a Sanitarian, Nightingale refused to believe in the germ theory, partly because this theory of disease causation was morally neutral. Hence, she felt that medical procedures were of less importance to the patient's welfare and left this to the physician. Caring, which she felt to be of most importance, she assigned to the nurse. In

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<sup>19</sup> Quoted in Cecil Woodham-Smith, *Lonely crusader: the life of Florence Nightingale*, (New York: Bantam Books, 1963) p.361.

<sup>20</sup> Florence Nightingale, *Florence Nightingale to her nurses. A selection from Miss Nightingale's addresses to probationers and nurses of the Nightingale School at St. Thomas's Hospital.*, (London: Macmillan, 1914) p.28 (my emphasis)

<sup>21</sup> Reverby, "A caring dilemma," *Nurs Res* 36.1 (1987): p.7.

order to be able to care effectively, the nurse's character, tempered by training, was to be her greatest skill.<sup>22</sup> As for curing, "Neither [medicine nor nursing] can cure; nature alone cures. ... And what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him."<sup>23</sup>

She was disappointed that many of the upper-class women who trained as nurses were motivated solely by a spirit of devotion. She wrote in 1866, "women are unable to see that it requires wisdom as well as self denial to establish a new work."<sup>24</sup> Elsewhere she wrote: "as we all know, there can be no real Nursing without self-denial."<sup>25</sup> Emphasis on 'good character', morality, obedience, religious devotion and compassion pervades Nightingale's copious writings on nursing.

That Nightingale felt obliged to write a monograph titled *Notes on nursing; what it is and what it is not*<sup>26</sup> indicates that there was some difficulty in satisfactorily defining the term. The *Shorter Oxford English Dictionary on historical principles* shows that the use of 'nurse' to describe a job and the person who does it dates from the nineteenth century. The word itself is much older.

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<sup>22</sup> *ibid*

<sup>23</sup> Florence Nightingale, *Notes on Nursing: what it is and what it is not* (London, 1859) p.133

<sup>24</sup> Florence Nightingale (1866) p.{?}

<sup>25</sup> Florence Nightingale, *Florence Nightingale to her nurses. A selection from Miss Nightingale's addresses to probationers and nurses of the Nightingale School at St. Thomas's Hospital.*, (London: Macmillan, 1914) p.{?}

<sup>26</sup> Florence Nightingale, *Notes on nursing: what it is and what it is not* (London: 1859) [Available as a Dover reprint, 1969]

**Nurse** (from Middle English *norice*, *n(o)urice*. **1.** A woman employed to suckle, and take charge of, an infant, a Wet Nurse; also, one who has general charge of a young child or children, a Dry Nurse. **b.** One who takes care of, looks after or advises another. late ME. **c.** *figurative* that which nourishes or fosters some quality, condition, etc. **2.** A person, usually a woman, who attends or waits upon the sick; now especially one trained for this purpose.<sup>27</sup>

The verb 'to nurse' also reflects the word's origin of suckling, caring and nurturing, but its meaning has come to include caring for or nurturing a wide range of things which have nothing to do with caring for the sick.

**Nurse** 1526. (alternative of *nurish*, *norsh*) **1.** Of a woman: To suckle, and otherwise attend to, or simply to take charge of (an infant) 1535) **b.** To act as a wet nurse 1789. **2.** **a.** To be reared or brought up in a certain place 1526. **b.** To be brought up under certain conditions, *in* a certain environment, etc. 1601. **3.** To foster, tend, cherish (a thing); to promote the growth or development of 1542. **b.** To supply (plants) with warmth and moisture; to tend or cultivate carefully 1594. **c.** To manage (land) economically 1745. **d.** To cherish (a feeling etc.) in one's own heart 1763. **e.** To assist or cause (a thing) to develop *into* a certain form, or *to* a certain size 1775 **4.** To bring or rear *up* with care 1603 **5.** To wait upon, attend to (a person who is ill) 1736 **b.** To try to cure (an illness) by taking care of oneself. Also with *away* 1785 **c.** To perform the duties of a sick nurse 1861 **6.** To clasp (the knee, etc.) in one's hands 1849 **b.** To hold caressingly or carefully *especially* in the arms or on the lap 1850. **c.** To sit close to, as if taking care of (a fire) 1857. **7. slang a.** To keep close to (a rival omnibus), so as to interfere with its custom 1858. **b.** To impede (a horse) in a race, by surrounding it with

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<sup>27</sup> There are other less relevant definitions from the disciplines of forestry, entomology and zoology which also refer to protection of or immature members of a species.

other and slower ones 1893. 8. a. To keep in touch with (a constituency) in order to obtain votes 1869. b. To assist (a business house) so as to prevent its bankruptcy 1890. 9. *Billiards*. To keep (the balls) together in order to make a series of cannons 1869.

Charles Dickens noted that, while other European languages had a word which meant 'a woman who suckled', a different word was used to describe a person who took care of the child once it was weaned. He pointed out that English also "transfer[ed] our homely word with its fond meaning to the occupation of those who should cherish and sustain the sick by their good offices; we talk of nursing the sick."<sup>28</sup> In his novel *Martin Chuzzlewit*, Dickens criticised the paid nurse in his description of Sairy Gamp.<sup>29</sup> He therefore felt that the use of the word 'nurse' to describe such an individual caused it to be debased. "We English people ... have among us the best nursing for love and the worst nursing for money that can be got in Europe, though our women are all nurses born."<sup>30</sup>

Dickens' linguistic discussion illustrates the complex overtones associated with the terms *nursing* and *nurse* in the English language. Kalisch and Kalisch claim that, because nursing was associated with maternal care, "women were expected to show the same love and devotion to complete strangers that they naturally showed to their own children".<sup>31</sup> Furthermore, they indicated that

<sup>28</sup> Charles Dickens, "The nurse in leading strings," *Household Words* 12.Dec. 15 (1855): 457-71.

<sup>29</sup> Charles Dickens, *The life and adventures of Martin Chuzzlewit*, (London: The Queensway Press, 1843)

<sup>30</sup> Charles Dickens, "The nurse in leading strings," *Household Words* Vol.12, Dec. 15 (1855) 457-71.

<sup>31</sup> Philip A. Kalisch and Beatrice J. Kalisch, *The changing image of the nurse*, (Menlo Park: Addison-Wesley, 1987) p.15

since the early hospitals were mainly staffed by members of religious orders who had taken vows of poverty, nurses were expected to work "not for monetary gain, but from some sort of religious inspiration."<sup>32</sup> While pointing out that Nightingale showed that this was unfair, and that nursing was a skill which needed to be learnt, Kalisch and Kalisch do not acknowledge that the linguistic barrier is still a considerable one. Two constant obstacles to achieving adequate recognition for nurses' work, both in terms of status and pay, have been the notions that nursing was women's work, and that caring provided its own reward.<sup>33</sup>

Nightingale's work had the effect of making nursing a respectable occupation for women of the higher and middle social classes. Godden has indicated that the concept of a lady expanded to allow for the increasing tendency of unmarried women to enter paid employment. She quotes Helen Fell, whom she describes as a "self-identified lady of late 19th century Sydney society":

Miss McKinnon [the Minister's daughter] has gone as nurse to the Children's Hospital. It seems quite the fashion for young ladies to become nurses. I think it is a grand idea if they have no duties to keep them at home. <sup>34</sup>

As a new and uniquely feminine occupation, nursing should have had the unstinted support of first wave feminism. However, as

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<sup>32</sup> *ibid.*

<sup>33</sup> Claire Fagin and Donna Diers, "Nursing as metaphor," *New England Journal of Medicine*, Vol.309, no.2, July 14 (1983): p.117

<sup>34</sup> Judith Godden, "Portrait of a lady," *Worth her salt*, Ed. M. Bevege (Sydney: Hale & Iremonger, 1982) pp.37-38

Evans points out, the main preoccupation of feminism at the turn of the century was female suffrage.<sup>35</sup> Nor did Nightingale (who tended to be identified with nursing) display much enthusiasm for the feminist cause. When asked by John Stuart Mill to support the suffrage movement, she declined. Although in 1868 she signed a petition for the suffrage, she remained skeptical about its worth for women, and never made any formal links with feminist causes. Smith stated that the maintenance of Nightingale's reputation as a great woman rested in part with her association with women's rights causes,<sup>36</sup> but acknowledged that "She rarely bestowed her name [on women's causes] anyway."<sup>37</sup>

From her position of class privilege, Nightingale could safely claim that she had never felt handicapped by her sex. Smith aptly describes the fate of her monograph *Cassandra* to be a strange one, in that it became "the *locus classicus* of radical feminist opposition to the traditional family", especially since it came from "a woman who was but a lukewarm supporter of the emancipation of women in her lifetime and who believed in subordinating everyone else."<sup>38</sup> Nightingale's lukewarm attitude towards feminism could have influenced early nursing leaders, who perpetuated this attitude until it became a nursing tradition.

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<sup>35</sup> Richard J. Evans, *The feminists; women's emancipation movements in Europe, America and Australasia 1840-1920*, (London: Croom Helm, 1977)

<sup>36</sup> F.B. Smith, *Florence Nightingale - reputation and power*, (London: Croom Helm, 1982) p.118

<sup>37</sup> *ibid*

<sup>38</sup> *ibid*



Photograph of Florence Nightingale taken at Claydon in 1891. Courtesy of the *Nursing Mirror*.

Summers has described how the birth of a new nation at the turn of the century engendered a sense of self-awareness in Australia, and prompted an examination of all social institutions, including the family and the role that women were to play in it.

Almost all of the social and ideological factors which are seen as constraining women today were fashioned during this period ...<sup>39</sup>

One of the different features of the first two decades of the twentieth century between Australia and America and Britain was that women in the latter two countries had not yet obtained the vote. The suffrage movement in America was seen by Glass and Brand as providing a link between nursing and the women's movement in that country. (The Nineteenth Amendment to the Constitution, which gave women the vote, was not enacted until 1920.)<sup>40</sup>

One of America's foremost nurse leaders, Lavinia Dock, was an ardent and eloquent supporter of the suffrage movement. She was, however, disappointed in her request for support for a suffrage resolution at a 1908 convention of the Nurses' Associated Alumnae of the United States (the forerunner of the American Nurses' Association). Although Dock was joined by other nurses marching down Fifth Avenue in support of the suffrage, her espousal of the suffrage movement was not shared by most other American nurses. Glass and Brand are overly optimistic in their claim that "the forces

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<sup>39</sup> Anne Summers, *Damned whores and God's police; the colonization of women in Australia*, Penguin, 1975) p.318

<sup>40</sup> { Glass and Brand, p.34 }

of women and nursing had met".<sup>41</sup> Even Dock, writing of her disappointment in a letter to the Editor of the *American Journal of Nursing*, acknowledged "I know many nurses have never given the subject [of suffrage] a thought ...".<sup>42</sup>

There was a short-lived link between Australian nursing and the womens' movement between 1903 and 1904, when Vida Goldstein led a campaign for the improvement of hospital nurses' conditions. However, this seems to have been a one-sided affair, with very little support for Goldstein from the hospital nurses whose cause she had espoused.<sup>43</sup> Trembath and Hellier have suggested that it was possible that Goldstein exaggerated the degree of her popular support. Describing Goldstein's brief campaign, they claim that, as well as lacking the support of those she was trying to help, a major weakness in her campaign was her failure to present concrete proposals which might have formed a base for petitions to the hospitals or the Nurses' Association.<sup>44</sup> In any case, presenting a petition which raised questions about pay and conditions would have been considered to be a betrayal of the ideals of the nursing profession. The secretary of the Royal Victorian Trained Nurses' Association wrote that it was:

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<sup>41</sup> *ibid*

<sup>42</sup> Lavinia Dock, "Letter to the editor," *Am J Nurs* 8.8, Aug (1908): p.925.

<sup>43</sup> Richard Trembath, and Donna Hellier, *All care and responsibility: a history of nursing in Victoria 1850 - 1934*, (Melbourne: Florence Nightingale Committee, Victorian Branch, 1987) p.104

<sup>44</sup> *ibid*

beneath the dignity of a professional woman to publish *petty complaints* in the daily press.<sup>45</sup>

Evans asserts that, with the granting of female suffrage in Australia, the organised women's movement crumbled, and even goes so far as to claim that Australia became a "society without feminism".<sup>46</sup> Australian nursing leaders of the early twentieth century did not fit a feminist mould. Most emerged from the ranks of army matrons who returned from service in the Boer War and World War I to take up posts as matrons (then known as Lady Superintendents) of the large city hospitals. One such was Matron Jane Bell, who helped found the Victorian Nurses' Board and the Royal Victorian College of Nursing. Adam-Smith asserts that:

She had total belief in the ability of women at a time when such belief was not universal, and, tactfully yet fiercely, she demanded nursing education and acceptance by the public of the high quality and dedication of trained nurses.<sup>47</sup>

Bell returned from World War One to become Lady Superintendent of the Royal Melbourne Hospital, where she remained until 1934. Nursing education was her main area of concern, and, reflecting this, the Royal Melbourne was the first hospital in Australia to appoint a Sister Tutor. It will be remembered that in 1928, Bell developed a proposal for post-basic education for trained nurses at

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<sup>45</sup> *ibid.* p.105 [my emphasis]

<sup>46</sup> Richard J. Evans, *The feminists; women's emancipation movements in Europe, America and Australasia 1840-1920*, (London: Croom Helm, 1977) p.[]

<sup>47</sup> Patsy Adam-Smith, *Australian women at war*, (Melbourne: Thomas Nelson, 1984) p.22

university, which although accepted in principle by Melbourne University, was never implemented.<sup>48</sup> Bell's vision for nurses was the first example of an Australian nurse both demonstrating the desire for professional status for nurses and also showing awareness of the requirements which needed to be met before such a status could be attained.

Although undoubtedly a great nurse leader in Australia in the early 20th century, Jane Bell differed from her American contemporary Lavinia Dock in her conservatism. Her achievements were gained by working, as Nightingale had worked, *within* the male-dominated hospital system. She believed that the Lady Superintendent's authority should be limited to the *female* staff in hospitals - the domestic and nursing staff.

Jane Bell is an example of the interesting paradox which is the nurse leader at the beginning of this century. As a strong character with undoubted leadership skills and a role model for other members of her profession, by maintaining, indeed drawing much of her strength and power from nursing's hierarchical structure, she was reinforcing the medical dominance of the health care system.

The power of the hospital matron, while absolute in its own sphere, was rigidly confined within it. It was confined by the medical dominance of the health care system. Willis has described the

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<sup>48</sup> *ibid.* p.23

legislative and economic means with which medicine in Australia came to achieve its dominant position.<sup>49</sup> Game and Pringle have ascribed medicine's dominance of the health care system, particularly over nurses, to gender:

The organisation of the nursing occupation was crucial in the maintenance of the dominance of medical authority. Authority over all female staff was vested in the Matron. It was considered important that men not intrude on the area of discipline of female staff and an all female workforce was seen as essential for maintaining discipline. The Matron was responsible for organising nursing work, training nurses, and discipline in work and private life between which little distinction was made. The qualities of a 'good woman' that she was to look for and develop in her nurses included quietness, patience, endurance, obedience, unselfishness and devotion. Nurses were to be dedicated to nursing; it was a service for which they were not to expect monetary rewards; they lived a strict, cloistered life in nurses' homes. The Matron's position was analogous to that of an upper class woman in a Victorian household, with authority in her own sphere but subordinate to her husband's ultimate authority.<sup>50</sup>

Here, Game and Pringle introduce the analogy of the hospital and the home, with the doctor as father, nurse as mother and patient as child. The theme of male/doctor dominance was taken up by nurses following the women's movement of the 1960s and 1970s.<sup>51</sup>

<sup>49</sup> Evan Willis, *Medical dominance; the division of labour in Australian health care*, 2 ed. (Sydney: Allen & Unwin, 1989)

<sup>50</sup> A. Game, and R. Pringle, *Gender at work*, (Sydney: Allen and Unwin, 1983) p.100

<sup>51</sup> J.A. Ashley, *Hospitals, paternalism and the role of the nurse*, (New York: Teachers College Press, 1976) ; D.P. Bakdash, "Becoming an assertive nurse," *Am J Nurs* 78.1 (1978): 171-2; Elaine E. Beletz, "Is nursing's public image up-to-date?," 22.7 (1974 July): 432-435; Elaine E. Beletz, "The public image: a devoted heart, disciplined hand, not necessarily an enquiring mind!," *Imprint* Vol.2, April (1976):

Before this, the nurses' place in the health care hierarchy was not questioned. Nursing was described in the pages of the *Australasian Nurses' Journal* as not only the best possible job for a woman, but also a job which only a woman could do well. Dr Elizabeth Chesser wrote a lengthy article titled "Psychology and the nurse" for the English nursing journal *Nursing Times*, in which she propounded this view with some force. It was reprinted in full in the *Australasian Nurses' Journal* in 1927. She wrote:

Woman is more endowed than man with tenderness because of her motherhood function. The tiny girl will mother her dolls and nurse half a dozen imaginary invalids among them. ... In the human being there is a vast extension in the field of application of the maternal instinct, and that is why care of the sick and the helpless appeals so intensely to certain types of women, the finest types, I think. ... [U]nless there is in a woman a strong maternal instinct, she will never be a born nurse.<sup>52</sup>

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41; Virginia Cleland, "Sex discrimination - nursing's most pervasive problem," *AJN* 71.8 (1971): 1542-1547; Claire Fagin, and Donna Diers, "Nursing as metaphor," *New Eng J Med* 309.2, July 14 (1983): 116-117; E. Garmarnikow, "Sexual division of labour - the case of nursing," *Feminism and materialism*, Ed. A. Kuhn and A Wolpe (London: Routledge and Kegan Paul, 1978) 96-123; Linda Hughes, "Little girls grow up to be wives and mommies: nursing as a stopgap to marriage.," *Socialization, sexism and stereotyping; women's issues in nursing*, Ed. Janet Muff (St. Louis: Mosby, 1982) 157-168; Linda Hughes, "Professionalizing domesticity: a sythesis of selected nursing historiography.," *Adv Nurs Sci* 12.4 (1990): 25-31; Philip A. Kalisch, and Beatrice J. Kalisch, "Sex-role stereotyping of nurses and physicians on prime-time television: a dichotomy of occupational portrayals.," *Sex Roles* 10.7/8 (1984): 533-553; Elizabeth G. Morrison, "Power and non-verbal behaviour; indicators and alternatives," in *Socialization, sexism and stereotyping in nursing; women's issues in nursing*, Ed. Janet Muff (St. Louis: Mosby, 1982) 368; Nussbaumer, "Assertiveness: the meek inherit the dirty work," *Occ Health Nurs* 26 (1978): 9-11; Anne Winkler, "The effect of sex and interpersonal dominance on evaluations of nurses' competence and attractiveness.," *Int J Wom Stud* 5.Mar/Apr (1982): 97-113.

<sup>52</sup> Elizabeth Sloane Chesser, "Psychology and the nurse" Part one. *Australasian Nurses' Journal*, 15 May 1927. pp.145-146.

Eliot Freidson, a (male) sociologist, implied that the question of medical dominance was secondary to the fact that most nurses were female. He claimed that nurses were not able to shake off the sexually rather than the professionally determined mothering role: "the nurse's commitment to her occupation is not consistently and uniformly profound, for marriage is the aspiration of many and the turnover is high".<sup>53</sup> In other words, girls or women who became nurses did so because it was a good preparation for marriage and motherhood.

Nursing could be compared to a rite of passage between the schoolroom and domestic bliss. This comparison has been made in the case of young women who join the armed services, where the controlled lifestyle is similar to that in the hospital.<sup>54</sup> Popular literature and the media have reinforced this notion. Hughes quotes the following from *Good Housekeeping* in 1915:

There is something about the nurse ... that makes the rest of us women jealous. A man summed it up the other day when he said, "What on earth is it about a nurse that makes a man want to marry her every time?" ... [Nursing is] that very high development of all qualities known as "womanly". ... [The nurse] seems to be a sort of embodied womanhood raised to the nth power.<sup>55</sup>

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<sup>53</sup> Eliot Freidson, *Professional dominance: the social structure of medical care*, (New York: Aldine-Atherton, 1970b) p.21

<sup>54</sup> Kate Nockles, and Rosemary Richards, "Women in armed services," *Worth her salt*, Ed. M. Bevege et al (Sydney: Hale & Iremonger, 1982) 203-4.

<sup>55</sup> Linda Hughes, "Little girls grow up to be wives and mommies: nursing as a stopgap to marriage.," *Socialization, sexism and stereotyping; women's issues in nursing*, Ed. Janet Muff (St. Louis: Mosby, 1982) p.158

The article was aimed at the girl's parents, assuring them that becoming a nurse was a good way for a girl to prepare herself for marriage and motherhood. Hughes claimed that the legitimization of nursing as a suitable occupation for women came about because it provided this preparation. The length of time a woman actually worked as a nurse after completing her training was unimportant, since in her 'real' role in life - that of wife and mother - the training would not be wasted.<sup>56</sup>

That this was an accepted attitude is evident from the comments of an American physician writing to his representative in Congress during World War One, suggesting that young women be drafted to attend nursing schools. As well as solving the problem of the lack of nurses, he said:

After our girls have taken the course in a training school and have served their two years, they will be better fitted to perform their duties as mothers and I unhesitatingly state that infant mortality will be considerably reduced if the mothers have practical knowledge of nursing.<sup>57</sup>

Truda Gill, who worked at the Mareeba Babies' Home in South Australia during the 1930s, remembered:

Of course the [nappy] bins were a back breaking challenge. Yet there were more resignations from the insistent tinkle of wedding bells, than from the shrivelled washday hands and the bins full of Lysol.<sup>58</sup>

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<sup>56</sup> *ibid*

<sup>57</sup> *ibid*., p.160

<sup>58</sup> Truda M. Gill, "Reminiscences", *InForum*, vol.5 no.3, 1984, p.5.



*Red Cross  
Christmas  
Roll Call  
Dec. 16-23<sup>rd</sup>*

*The*  
GREATEST MOTHER  
*in the* WORLD

The nurse portrayed as an archetypal mother figure.  
Masson, op. cit., p.85.

Speakers at graduation ceremonies and memorial lectures frequently extolled the virtues of the nurse as a wife and mother, acknowledging that many newly qualified nurses would marry and leave nursing. Professor H.N. Robson regretted the use of the word 'wastage' to describe the resignation of nurses when they married:

I do not feel that this deserves to be so rudely described as "wastage". In the eyes of the abstract sociologist it may seem criminally uneconomic that the services of a highly trained nurse should be monopolised by one miserable male and his statistically insignificant offspring. But ... it has been shown again and again that a good nurse makes an excellent mother.<sup>59</sup>

The words of Miss B.J. Paige, president of the NSW branch of the ATNA, held the implication that 'every woman is a nurse', when she said in a graduation speech:

Let me say a word to those who are giving up nursing - well, professional nursing - to marry. Do not let anyone say what a waste of time those four years [of training] have been, because they have not been wasted - you have learnt so much that will be of use to you as a wife and mother and hostess. ... I know you will remember (or know where to look up) how to apply a simple dressing to grazed knees and the incubation period of measles and other childish illnesses.<sup>60</sup>

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<sup>59</sup> H.N. Robson, "The need for a revolution in the nursing profession." Delivered at the Fifth Annual Meeting of the College of Nursing, Australia, at the Bonython Hall, Adelaide, 20 May 1954. Reprinted in the *Australasian Nurses' Journal*, July 1954. p.154.

<sup>60</sup> B.J. Paige, Address at a graduation ceremony at Sydney Hospital, reprinted in the *Australasian Nurses' Journal*, December 1956. p.303.

In 1958, Dr. Clair Isbister told a group of nurses graduating from the Prince Henry Hospital, "You are primarily women and ... marriage is the greatest profession for women. ... let me say too that you are now nurses, nurses for life."<sup>61</sup> As recently as 1971, Dr. Ian Monk felt that:

a career in nursing offers a young woman unrivalled opportunity for work in a congenial environment and almost unlimited variety of challenge and job satisfaction.<sup>62</sup>

Nursing also provided something akin to the mediaeval convent; a haven for unmarried women where they might perform some useful activity.

At the Women's Hospital there are Sisters who have been on the staff for 20 years and who are very happy advertisements for nursing as a career. The Matron herself is another. "Next to marriage and a home and family, nursing is the best career the average woman can have", she declares. "Nursing fills a woman's life better than any other profession and really gives you a happier life".<sup>63</sup>

Dr. Elizabeth Chesser rejected the idea that women should become nurses simply in order to earn a living. She claimed that:

Without love of one's work and without the power of giving love, nursing ... would become mechanical, a

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<sup>61</sup> Clair Isbister, Address at a graduation ceremony at Prince Henry Hospital, reprinted in the *Australasian Nurses' Journal*, April 1958. p.97.

<sup>62</sup> Ian Monk, Letter to the Editor, *Medical Journal of Australia*, 13 February 1971, p.407.

<sup>63</sup> Unidentified cutting from a newspaper (presumably *Sydney Morning Herald*) dated in MS 25/4/46

LaTrobe library, Box 1062/2, MS 9338

means of livelihood without real interest or high satisfaction. A nurse of fine character ... is a woman who will bring help and comfort to others and who will most likely achieve happiness herself.<sup>64</sup>

Dr. Chesser stressed that unmarried women had a "duty" to use their female instincts to serve humanity:

There is a surplus of maternal energy in most women which can be repressed and go to waste, or be sublimated to serve high social ends. It has always seemed to me that those women who are engaged in work which utilizes maternal energy appear more contented, more serene, and happier than the majority of their sex.<sup>65</sup>

Combining these two roles by working as a nurse after marriage was a different proposition. The seriousness of a nurse's work was often claimed as reason enough for married women to be barred from nursing practice. Jane Bell, as head of the Australian Army Nursing Service in World War One, was confronted with the problem of army nurses wishing to marry while on active service. She told the Surgeon General "the marriage of nurses on active service was not at all desirable, it not only lays them open to a good deal of criticism, [it] distracts them from the serious business for which their services are enlisted", and recommended ... "it be discouraged".<sup>66</sup> It was also considered inappropriate for a woman to work after marriage before World War Two. Beaton explains:

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<sup>64</sup> Elizabeth Sloane Chesser, "Psychology and the nurse" Part two. *Australasian Nurses' Journal*, 15 June 1927. p.179.

<sup>65</sup> *ibid.*, pp.182-183

<sup>66</sup> Jane Bell to Surgeon General Ford, 8 August 1915. AA Brighton, Dept of Defence correspondence files 239/8/78

before world war two women workers were mostly either single, deserted or economically disadvantaged. If a married woman worked, it was seen to be a negative reflection of a husband's ability to support her.<sup>67</sup>

The *Lamp* of 1944 noted, with disapproval, the suggestion from the Superintendent of Prince Alfred Hospital (Sydney), Dr Lilley, that nurses who married would not be allowed to continue to work.

Recently, there was a statement in the press that the Superintendent of Prince Alfred Hospital had suggested introducing a prohibition against nurses at Prince Alfred Hospital marrying. This matter was considered at a Council Meeting of the Association, and the following resolution was forwarded to the Board of that Hospital.

"This Association considers that the attitude of the Hospital Board is unjust, in not allowing the trainee nurses to marry, in view of the fact that other women in industry and offices are not so restricted, and therefore it is unfair to single out nurses."<sup>68</sup>

The same article noted with relief that the response of the Manpower Directorate had been that:

"Hospitals are protected undertakings, and they cannot dispense with staff, either married or single, without permission of the Manpower Directorate. Permission to terminate the employment of girls for this reason alone [marriage] would not be granted."<sup>69</sup>

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<sup>67</sup> Lynn Beaton, "The importance of women's paid labour" in M. Bevege, et al, ed., *Worth her salt*, (Sydney: Hale & Iremonger, 1982) p.85

<sup>68</sup> *The Lamp* Vol.1, no.2, Oct, 1944, p.3.

<sup>69</sup> *ibid.*

"It is very unjust that a woman should be deprived, by laws or regulations, of the right to marry", commented the article.<sup>70</sup>

Dr. Clair Isbister held the traditional view that all women aspired to marriage.<sup>71</sup> But she was prepared to risk "matron getting too much annoyed with my emphasis on marriage and unorthodox nursing approach", by stating "don't think that nursing and marriage are incompatible - there are many matrons of hospitals who are married and live out."<sup>72</sup> It would have been matrons of small hospitals to whom she referred, since at the time (1958) none of the matrons of the large metropolitan hospitals in Australia were married; indeed, in most cases they lived in special quarters in the hospitals' nurses' homes.

Nursing was seen as a suitable occupation for women, but nurses' working conditions were not a public issue. This situation changed during World War Two.

With most of its leaders veterans of World War One, Australian nursing was well prepared for mobilization at the outbreak of the Second World War. The hierarchical structure of nursing and the nature of nurses' training, with its emphasis on obedience and conformity, meant that nurses responded well to militarisation.

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<sup>70</sup> *ibid.*

<sup>71</sup> Clair Isbister, Address at a graduation ceremony at Prince Henry Hospital, reprinted in the *Australasian Nurses' Journal*, April 1958. p.97.

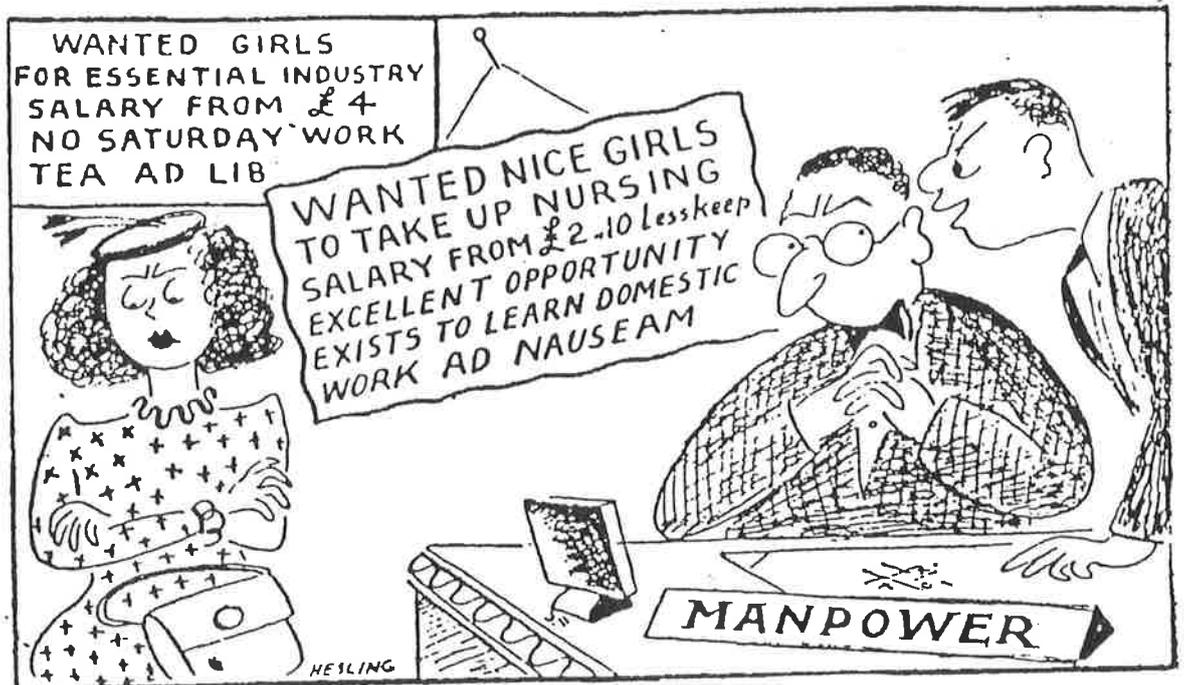
<sup>72</sup> *ibid.*

On the whole, however, the wartime advantages accruing to working women in general worked against nursing. As the war progressed, manpower shortages became more acute, and the media responded by creating a glamorous image of young women in overalls oiling aircraft wheels.<sup>73</sup> It became increasingly difficult to attract new students into nursing. The civilian workforce situation became so desperate that in March 1942 the Manpower Act was passed, giving the government power to direct workers to particular jobs. The "Manpowering" of civilian labour has been seen as "essentially industrial conscription".<sup>74</sup> In spite of the legislation, women often deserted their low paid jobs, including nursing, for war factory work which paid up to 90% of the male rate. While this may have forced the Arbitration Court to award women 75% of the male wage in the clothing and rubber trades in 1943, nursing was not so fortunate.<sup>74a</sup> Nursing compared badly even with other poorly paid occupations. Many qualified nurses therefore preferred to do other work, because nurses were so badly paid. The idea that the work provided its own rewards was no longer enough for them. This is most clearly illustrated in the cartoon published in the *Daily Telegraph* and reproduced in the *Lamp* of January 1945. {fig.4}

<sup>73</sup> A comprehensive account of Australian women's war work can be found in Patsy Adam-Smith's *Australian women at war*, (Melbourne: Nelson, 1984). Enid Dalton Herring's *They wanted to be Nightingales*, (Adelaide: Investigator Press, 1982) describes the many facets of the work of the VADs/AAMWS during World War Two, coloured with many reminiscences and anecdotes.

<sup>74</sup> Megan McMurchy, Margot Oliver, and Jennifer Thornley, *For love or money; a history of women and work in Australia*, (Ringwood: Penguin, 1983) p.112

<sup>74a</sup> In the late 1950s, Grafton-trained VH, described in the Introduction, married a British trained nurse. As the only male nurse in the hospital, his wage was calculated from the female wage, which was assumed to be a percentage of his.



"Tell her the story of Florence Nightingale."

Cartoon on the low wages and poor working conditions for nurses reproduced in the *Lamp*, January 1945, p.12.

Several trends are clear. Nursing as an occupation for women was largely uncontroversial. It provided an acceptable opportunity for women to enter the paid workforce. The nature of the work itself was often compared to the caring and nurturing which were seen to be natural qualities of women. Miss Ellen Broe, director of the Nursing Division of the ICN, said:

The trend in education for women is today towards developing very definitely the specifically womanly character traits and I think that that is very indicative in nursing. ... there has been a period ... where it was so important to be equal with men in all that we did. I think that there is today a swing back ... to try to develop the womanly character traits and what a woman is particularly suited to and can do better than a man. ... To nurse and shield, to help grow, is a woman's motherly gift and skill.<sup>75</sup>

Nursing was also seen as being compatible with the accepted 'career' for women - that of wife and mother. It provided good training for those women who married and, just as important, a suitable alternative for those who did not.

Nursing escaped the attacks of the depression years against women working since nurses did not threaten male employment. On the other hand, this very lack of controversy meant that the feminist movement overlooked nursing. The development of the image of the selfless, ministering angel with the lamp who worked tirelessly to alleviate the sufferings of the sick and to obey unquestioningly

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<sup>75</sup> Ellen Broe, "Nursing education". Address to a meeting arranged by the RVCN 25 May 1959. Reprinted in the *Australasian Nurses' Journal*, October 1959. p.255.

the doctor's every command developed unchecked, almost unnoticed, even reinforced by nurses themselves. The baby boom of the postwar years and the relative dormancy on the part of the feminist movement meant that the image remained established. It was not until the women's movement of the 1960s that feminist writers began to notice nursing. The lack of points of intellectual contact in the writings of Australian feminism and nursing indicates that nursing and feminism in Australia have been moving along separate paths, in spite of the fact that nursing has always been one of the few occupations available to women this century.

In the 1960s the women's movement encouraged an examination of women's role in society. The feminism of the 1960s and 1970s highlighted the ambivalence of the nurse's position by questioning the foundation on which nursing was built: women's role as caregivers whose main responsibility was to doctors who were mainly men.

A considerable amount of literature was produced in these two decades, from both supporters and detractors of the women's cause, who criticised and upheld, respectively, the established economic role of women in our society, which had become linked with what are euphemistically called 'traditional values'. It would be misleading to suggest, however, that there has been any one direction which women's or feminist writers have taken. Sunderland draws attention to the wide range of feminist periodical

publications which appeared (and in many cases, disappeared) in Australia in the 1970s:

These publications' variety of content and their diversity of approach, reflect the pluralistic nature of the women's movement, and the different, frequently non complementary paths it has taken.<sup>76</sup>

An examination of publications produced in the last twenty years on women's work reveals a paucity of material on women as nurses compared with women in other fields of employment, both traditional (teaching, clerical work) and non traditional (medicine, engineering, management, plumbing). Nearly all the material which addressed issues concerning nursing in the light of the women's movement was published in the U.S.A., and was written by women who are nurses.<sup>77</sup>

Among the non-nursing writers on women's issues of the Women's Liberation era, one of the first and most powerful indictments of society's treatment of nurses came from Germaine Greer in *The female eunuch*.<sup>78</sup> Greer devoted approximately two pages to what she considered the appalling conditions under which nurses were employed, and commented that the lot of nurses reflected the lot of women in western society in general. Other

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<sup>76</sup> Jane Sunderland, "Australian feminist periodicals in the seventies," *Hecate* 5.2 (1979): p.22

<sup>77</sup> See note {} and bibliography.

<sup>78</sup> Germaine Greer, *The female eunuch*, (London: 1970) pp.126-128. By this time, Greer (an Australian) was living in Britain, and her analysis is of the British nursing system. However, the similarities between the methods of training and the hospital nursing hierarchy of Britain and Australia in the 1970s makes her comments appropriate .

writers of the 1970s tended to mention nursing mainly in passing, as a traditionally suitable career choice for girls.

The 1970s were years of active feminist-inspired reforms, which included the passage of equal pay legislation, and the acceptance of the right of married women to work in hitherto disallowed arenas, both legally and socially. Equal Opportunity and Affirmative Action groups were established. Much was published on women in non-traditional areas of work, such as apprenticeships for girls and women in the sciences. In fact, some feminist writers acknowledged that their aim was to break through traditional barriers, one being female access to work traditionally seen as "male". Hence the concentration on women in these occupations.

I wanted to show that there are literally thousands of avenues we, as women, can explore in the workforce, instead of slavishly following the traditional paths. Hopefully this book will show that it is possible, indeed preferable, to break new ground and encourage women to at least consider career alternatives instead of falling prey to the inevitable, traditional sex-role stereotypes.<sup>79</sup>

During the 1970s the spotlight was turned onto society's discrimination against women, and a large amount of writing was in fact nothing more than a rather depressing account of the difficulties which women face when trying to control their own lives.<sup>80</sup> Matthews, in *Good and mad women* (1984), went as far as

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<sup>79</sup> Karen O'Brien, *Woman's work; a sourcebook for women in work*, (Dunedin: Caveman Press, 1981) p.3

<sup>80</sup> For example, Sol Encel, Norman MacKenzie, and Margaret Tebbutt, *Women and society; an Australian study*, (Melbourne: Cheshire, 1974); Anne Summers, *Damned whores and God's police; the colonization of women in Australia*, (Ringwood,

to blame the victim (woman) when she claimed that, as well as the problems posed for women by capitalism and patriarchy, "we have seen the enemy and he is not only out there but among us and within us."<sup>81</sup> The arguments which have been put forward to explain male dominance of our society were discussed in some depth by Ashley. She concluded that men have been so determined to keep their hold on power that they have labelled women 'abnormal' and saw it as a measure of their success that women accepted this label.<sup>82</sup>

Encel, MacKenzie and Tebbutt devoted two pages to nursing in their chapter on "The Professions" (immediately followed by *three* pages on women in medicine!). They described nursing as "the first *semi*-professional occupation for women to secure popular acceptance".<sup>83</sup> They considered its five main unique features to be "it is the largest of all professional or semi professional occupational groups in which women are engaged"<sup>84</sup>; its "highest managerial posts are held by women"<sup>85</sup>; it has a "special relation to the medical profession, *of which it forms a clearly demarcated and subordinate branch* and from which it derives its ethics, training standards and prestige"<sup>86</sup>; that its "quasi-military, charitable and

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Penguin, 1975) ; *Women and Labour Conference Papers Part 2; Work*, (Sydney: Women and Labour Conference Committee, 1978)

<sup>81</sup> Jill Matthews, *Good and mad women*, (Sydney: Allen & Unwin, 1984) p.9

<sup>82</sup> J.A. Ashley, "Power in structured misogyny: implications for the politics of care," *ANS* 2.3 (1980): pp3-22.

<sup>83</sup> Sol Encel, Norman MacKenzie, and Margaret Tebbutt, *Women and society; an Australian study*, (Melbourne: Cheshire, 1974) p.123 (My emphasis)

<sup>84</sup> *ibid.*

<sup>85</sup> *ibid.*

<sup>86</sup> *ibid.* (My emphasis)

religious origins left their mark in the long hours, low pay and devotion to duty that was demanded of its practitioners"<sup>87</sup> and that it was "an occupation easily entered and just as easily abandoned, socially approved for girls of all classes and which provided them with experiences and skills which would be useful in later life".<sup>88</sup> One presumes that, by this, they mean marriage and motherhood.

Encel, MacKenzie and Tebbutt acknowledged that nursing had some problems, the most important of which were poor pay and conditions, and lack of opportunities for advancement and further education, resulting in considerable wastage of trained nurses. The developments taking place at the time (1974) were cited as representing considerable strides forward. These developments included postgraduate courses offered by the NSW College of Nursing, refresher courses for nurses returning to the workforce after some time absent (usually women who had left the workforce to have their families) and the introduction of equal pay in NSW at the end of 1973. The overall tone of their discussion on nursing is one of confident optimism for the future.<sup>89</sup>

This optimism gives a misleading picture of the status of nursing as a profession, particularly in its description of nursing as a "subordinate" branch with a "special relation to the medical profession".<sup>90</sup>

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<sup>87</sup> *ibid.*

<sup>88</sup> *ibid*

<sup>89</sup> *ibid.*

<sup>90</sup> *ibid*

Game and Pringle, writing almost ten years later, in 1983, did not share these optimistic views of nursing. Their main concern was with the sexual division of labour which occurred in the health care professions between "male" medicine and "female" nursing.

The symbolism of the family - doctor/father, nurse/mother, patient/child has been used more explicitly in the definition of jobs and authority relations than in any other industry. ... In no other work place are power relations as highly sexualised as they are in hospitals.<sup>91</sup>

This analogy, devastating in its implications for the health care industry, was not unique to Game and Pringle, or to the Australian arena. American writer Elizabeth Morrison took it one step further:

women's influence exists primarily in the family and not yet in the larger society. Mothers may not receive many rewards for child-raising since the traditional view is that if the child is not socially successful, this is the mother's fault, but if the child succeeds, this occurs despite the mother's influence. An analogous situation occurs in nursing. Although nurses are aware that nursing care makes a difference in patients' recovery time, chances are that the doctor gets the credit for making the patient well. If the patient does not get well or gets well too slowly, the blame is put on poor nursing care.<sup>92</sup>

Medical dominance of nursing is not a new concept. The nurse's deference towards medical authority was central to Florence

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<sup>91</sup> A. Game, and R. Pringle, *Gender at work*, (Sydney: Allen and Unwin, 1983): p.94

<sup>92</sup> Elizabeth G. Morrison, "Power and non-verbal behaviour; indicators and alternatives," *Socialization, sexism and stereotyping in nursing; women's issues in nursing*, Ed. Janet Muff (St. Louis: Mosby, 1982) p.368.

Nightingale's vision of what proper nursing should be. Stereotyped role-playing was epitomised in what has been described as the "doctor - nurse game" - a phrase coined by L. Stein.<sup>93</sup> The game revolves around the situation in the hospital where the nurse, by her constant presence, has greater knowledge of a patient's condition. Only the doctor has the authority to issue orders regarding the treatment which the patient receives (at the hands of the nurse), but cannot be seen to admit to having less knowledge than the nurse. The nurse suggests an appropriate treatment, the doctor repeats it as an order, and the nurse carries it out.

Stein's doctor - nurse game is based on occupational roles, but the resulting medical dominance also assumes a male dominant flavour, with the nurses using 'feminine' manipulative tactics to influence the doctors' behaviour.

Feminist writers over the last two decades have concentrated on describing how male dominance of the health care system flows on to the provision of health care services for women.<sup>94</sup> Here, where the male dominance of health care is quite clearly visible, regular attention has been given by feminist writers over the last two decades.<sup>95</sup>

<sup>93</sup> L.I. Stein, "The doctor-nurse game," *Arch Gen Psych* 16 (1967): 699.

<sup>94</sup> One of the results of this phenomenon is the trivialisation of women's complaints such as PMT and dysmenorrhoea.

<sup>95</sup> Germaine Greer, *The female eunuch*, (London: 1970); B. Ehrenreich, and D. English, *For her own good: 150 years of the experts' advice to women*, (London:

By the end of the 1970s nurses were themselves extremely conscious of their subordination to the medical profession. This brought some acknowledgement of the sex-role stereotyping that occurs in the health professions<sup>96</sup>, but nursing's primary concerns were still inward looking. Nurses in Australia, while acknowledging that they were a predominantly female occupational group, with this 'femaleness' providing many of the reasons for their professional problems, had yet to develop a 'feminist consciousness'. Contemporary nursing literature revealed nurses to be insecure and self-depreciating, yet very aggressive. As shown in the previous chapter, these are the characteristics of an oppressed group. Since feminists have long seen women as being an oppressed group in our society, nursing provides a unique example of women's status being reflected by or perhaps even being responsible for the status of an occupational group.

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Pluto Press, 1979); Jill Matthews, *Good and mad women*, (Sydney: Allen & Unwin, 1984) ; Maria Chiarelli and Francine Nadow, "Women and mental health; a feminist view," *Canadian Nurse* Jan (1985): 23.

<sup>96</sup> Janet Muff, ed., *Socialization, sexism and stereotyping; women's issues in nursing*, (St. Louis: Mosby, 1982). All of the contributors to this book were nurses. In her Foreword, Theresa E. Christy bemoans the lack of awareness on the part of feminist writers of the problems nurses face as women. In spite of the number of feminist publications, she claimed that "rarely do they mention anyone connected with nursing. ... It is my hope that this book will be reviewed in the feminist press and read in feminist circles. Perhaps then more women will see that the plight of nurses is very much the result of socialization, sexism, and stereotyping, and more nurses will see the relationship to the universal problems of women." *ibid.*, p.xiv.

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Conclusion

This thesis has described the changing aspirations and concerns of Australian nurses from the 1900s to the 1970s, which reflected an increasing awareness on the part of nurses of the responsibilities and benefits of professional status. If there is an answer to my original question of why it was in the 1970s that nurses became concerned with tertiary education, it would be that by the 1970s Australian nurses had begun to understand and participate in the academic discussion of professionalism and had decided that professional status was both desirable and attainable. Attaining professional status was seen to hinge on education for nursing being provided, not in hospitals, but in tertiary educational institutions.

The steps through which nurses went to reach this point, that is, establishing an association, working for legislation for registration of nurses, and taking control over their own education, correspond with the process described by Caplow and Wilensky as "professionalization".<sup>1</sup> However, nursing differs from other occupations because nurses have, until recently, all been women. The two previous chapters have argued that this slowed nursing's progress towards professional status by hindering the formation of a unified occupational group and encouraging the development of sentimental or inappropriate public stereotypes. Nurses also relied on the support of doctors in

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<sup>1</sup> Caplow, Theodore. *The sociology of work*. Minneapolis: Minnesota University Press, 1954; Wilensky, H. "The professionalisation of everyone?" *Am J Sociol* Vol.69, Sep (1964): 137-157.

the training and examination of nurses and as committee members of the ATNA, which resulted in the dominance of nursing by medicine, itself a predominantly male occupation.

The line of argument which I have developed in this thesis raises many new questions. There remains scope for considering the ways in which nurses differ from other kinds of working women, such as teachers, secretaries and librarians. To what extent did a nurse's social background affect her choice of training hospital and her attitude to her work? Do nurses serve as a barometer for feminine conservatism? Within the health care setting, comparisons could be made of nursing and the other female dominated occupations such as physiotherapy, speech therapy or social work. What were the main concerns of these occupations? Have physiotherapists, for example, also had a sense of being dominated by doctors? Has the fact that physiotherapy was taught in tertiary educational institutions made a difference?

One of the difficulties in researching nursing history is that sources such as official documents or archives of the various associations were created by office bearers of these associations, and these were nurse leaders and employees of large metropolitan hospitals. This gives an unbalanced picture, since there is a lack of evidence from the rank and file of nursing. The majority of nurses only worked for a short while. Many worked as private duty nurses when they had finished their hospital

training. What influence if any did they have on occupational unity? Were they concerned with the issues being debated by the nursing leaders? Was the underlying rivalry between nurses who trained at private as against public hospitals strong enough to adversely affect cohesiveness? Did nurses' loyalty to their training hospitals reduce their loyalty to their occupation as a whole? Do doctors or lawyers have the same attachment to their training institution or a greater attachment to their profession?

Oral history would answer some of these questions. Much good work is being done, which is providing us with a picture of what nursing life was like and what nurses did. More needs to be done with specific questions, such as those raised above, in mind.

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