

THE NURSING APPRENTICE: AN HISTORICAL PERSPECTIVE

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History records the process of change and can become a guide for the future if it is used to analyze past events. Social history, though often difficult to define, is most commonly associated with the history of social activities, as, for example, the membership in and development of a profession such as nursing.

In nursing research, the historical approach has generally been neglected, with the result that the whole area of the social history of the nursing profession has also been neglected. In Canada, the scarcity of literature reflects the absence of researchers who have expertise and interest in this area. There are, however, elusive questions to raise: data must be pulled together to retrieve older nurse's work lives from invisibility; studies, which will enrich our knowledge of nursing's past through first hand accounts of these activities, can be undertaken by the oral history approach. In order to broaden our understanding of the world of nursing, we need to broaden the area of research by interviewing older Canadian nurses who have important stories to tell. Far too often valuable information from one generation to another is lost because it has not been recorded.

Nursing has a long and important history, and a knowledge of this history can help give nurses a sense of belonging and identification. A knowledge of nursing history provides a historical perspective which enables nurses to build a background for understanding present day and future developments. As nurses, we need to clarify some important aspects of why and where we now are. It is often said that to know our history is to begin to see how to embark on the future.

Purpose of the study

The purpose of the study was to examine the career histories of thirty-five older nurses, collected by means of taped interviews of nurses who had practised in Nova Scotia in the 1920s and 1930s.

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The data collected in these oral history interviews were analyzed using a grounded theory approach, to develop some perspective on the social history of nursing. In particular, the experiences and perceptions of these nurses, as they went through their training, were examined and analyzed in the hope of gaining some insights into the development of nursing as a profession.

Research Questions

The specific research questions explored were:

1. What was the nature of the nursing profession in Nova Scotia in the 1920s and 1930s?
2. What types of educational background and training were necessary to practice nursing?

Methodology

Data Collection

The data were collected in two stages. The first stage was a pilot study in which fifteen older nurses were interviewed, in their own homes, by the primary researcher. These data were subsequently analyzed, using a grounded theory approach, by a team of twenty research assistants who were trained by the researcher in a Research Methods class. All of the assistants were experience registered nurses. Initially all of the transcribed interviews were read by each member of the research team. Each researcher then brought to the group several concepts that had emerged from their coding of the data. Six main concepts were subsequently developed from this process, after consensus of the coders was achieved. The team was then divided into small groups, each to pursue the development of the six specific conceptual frameworks. The apprenticeship-type work ethic discussed in this paper was one of the main concepts which was developed.

After the analysis of the fifteen interviews by the grounded theory method, the second state of the study was undertaken, the research assistants each then interviewed an older nurse, using a modified interview guide based upon changes made after the first phase of the study. The data were then analyzed using, once again, the grounded theory technique. As the same patterns emerged from the second stage, they provided a check on the researchers' interpretation of the categories. All of the data from the thirty-five interviews was combined in the analyses since the findings from both stages were congruent.

The Grounded Theory Approach

Nursing researchers have more usually used a deductive research approach, drawing from other related fields, extrapolating existing theories, and applying them to nursing knowledge. Few researchers have used an inductive or grounded theory whereby one enters a research situation without a preconceived idea of what one is looking for. Instead, as data are collected, examined, and analyzed, a concept emerges and requires further exploration, refinement, and testing. Glaser and Strauss (1967) describe grounded theory as a theory that is generated by, and is grounded in, raw data that has been systematically obtained and analyzed. They emphasize that one of the very important aspects of grounded theory is that the processes of collecting, coding, categorizing, and analyzing the data are all done, as much as possible, at the same time. They go on to say that the processes should blur and intertwine continually from the beginning of the project until the end, to do otherwise would hinder the generation of the theory. This differs from the deductive approach whereby the researcher focuses on each particular aspect of the project step by step, in a linear fashion.

Stern (1980), in discussing grounded theory, refers to Ludeman's article of 1979 in which it is pointed out that an inductive research technique is often thought of as "somehow second class and a little less than scientific." Stern goes on to say that grounded theory provides a method for investigating previously unsearched areas, and helps provide a new point of view in familiar situations. Using this method, the researcher attempts to identify various processes that take place within a social situation and compares these data to every other piece of datum obtained.

During the content analysis, an attempt was made to categorize the raw data into particular groupings where main ideas emerged. This categorization then allowed the researcher to select one specific category to be more closely examined in search of a particular concept. In this instance, the apprentice ethic evolved as one category to be developed.

The data were analyzed using the following steps as described by Stern (1982).

1. **Concept Formation:** At this stage, the data were examined to generate a tentative conceptual framework. The investigators determined the importance of the data according to the emphasis given by the subject, and focused on these data to gain direction for further study. Coding and categorization of data were also included in concept formation.

2. Coding: Data were grouped according to their similarities and contained the processes selected from the data by the investigators.

3. Categorization: The grouping of processes occurred according to related codes, which the investigators then placed in categories name for the processes they described.

4. Concept Development: This next stage had three components that served to broaden and consolidate the developing theory, giving it a sense of completeness. These stages, reduction, selective sampling of the literature and selective sampling of the data, helped isolate the central variables.

5. Reduction: Reduction was the process of reducing or linking small discrete categories into larger, more encompassing ones.

6. Selective Sampling of the Literature: This step involved searching the literature for information on the new categories that arose from the data analysis that was related to the work of other authors. The literature was screened for material to help expand, clarify and strengthen the theory. Relevant literature contributed to the refinement of the theory and related in to other theories.

7. Selective Sampling of Data: To assist with formation of the conceptual framework, data were collected during the second stage of the study. This helped in revision, addition, or deletion of aspects in the framework. This process continued until no new data were found.

8. Discovery of the Central Variables: Eventually, as a result of the above processes, the core or central variables began to emerge, with the ability to explain the situation under study. At this point, the data were scrutinized to assess the "fit" of the core variables. The ability of the data to be the central pivot, around which events and actions were understood and could explain the phenomenon, provided verification that the results of the investigation were grounded in the data.

9. Concept Modification and Integration: In the theoretical stage the data were translated from descriptive terms into abstract theoretical terms. These abstractions were enhanced by analytical schemes such as causes, consequences, conditions, etc. which assisted this conceptualization.

Through memo-writing we noted ideas and thoughts that illuminated the analyses and preserved them for later use in the report. The research notes provided greater awareness of the implications and meaning of behaviours, and formed the basis of the research report.

From the analysis of the data, several core variables became evident. This report, however, will deal only with one, that is, the apprenticeship-work ethic.

Oral History Taking

The data were collected by means of oral histories. Although the questions were relatively structured, the approach was extremely flexible. In this way, the person being interviewed was allowed freedom to reminisce as much as was deemed necessary. The respondents were invited to share their memories of their careers, with specific reference to the effects of social events that influenced their lives or their decisions to become nurses. There was also an overlap into the area of personal history, which allowed the respondent the pleasure of re-living her past, and which allowed the researcher primary source data of an historical nature. Telling one's life story is a method that is particularly well suited to finding out the meaning that people give to their lives. These oral histories become, not only a research tool, but also, a method whereby the results could be transmitted and interpreted. The process becomes a means of analyzing historical information about individuals, groups, or professions, and interweaving it with the literature. In addition, recalling past life experiences can promote pride in past accomplishments for the respondents (Kotre, 1984).

Interview Technique

Interviews were conducted after the purposes of the study were described to respondents, and they had agreed to be interviewed. Informed, signed consent allowed the researcher to make public both the data and the tapes. Each individual was interviewed in her own home at her convenience. An interview guide had been previously developed, using structured questions, to help determine demographic variables and to provide some stimuli for the respondents. However, the interview was structured only in this sense. After several interviews, many questions were dropped from the list for subsequent interviews. After the first phase the interview guide was modified. This approach is consistent with the grounded theory method.

Although there were multiple interviewers in the second stage of data collection, there was no attempt made to establish inter-rater reliability, which in the usual sense of the procedure is familiar to the deductive approach. Instead, each respondent was allowed to interpret the questions in whatever way she felt comfortable. The interviewers followed through on areas of interest that could provide rich data, and were free to pursue the questioning in a manner that permitted a great deal of flexibility. This decision is consistent with

that of Angrosino (1982). He writes:

This approach cost us with respect to the comparability of the narratives since each interview is, in a sense, a unique encounter between informant and researcher. But the preservation of the variable human tone was more important to us than the satisfaction of a vigorous research design. (p.101)

While the collection of data employed a subjective free-form approach, as has already been discussed, the codes and categories were developed after consensus among the coders was achieved. In this sense inter-rater reliability was attained.

Population

Nurses were selected by means of a snowball technique; that is, as one interview was completed the respondent would suggest the name of another respondent. Or, in some cases, various other interested persons would provide names of potential respondents. A non-random selection technique was used, whereby an attempt was made to provide for a sample that was representative of a cross-section of nurses from most of the counties in Nova Scotia. Their ages ranged from 70 to 85 years. All of the nurses were interviewed in their own homes.

Data Analysis and Literature Review

Apprenticeship-Training Ethic

The apprenticeship-training ethic is one of the six major concepts which emerged from an analysis of the raw data obtained in the interviews. Those interviewed were asked to describe different aspects of their training, by recalling the period from their first day, onward. The description of each respondent brought forth the concept of an apprenticeship-training ethic, which was very much in evidence in the 1920s and 1930s. Webster's defines training as "the development of a particular skill or group of skills; to instruct or drill in habits of thought and action", while apprenticeship is defined as "one who is learning by practical experience under skilled workers a trade, art, or calling for a prescribed period of time."

Learning on the Job

That nursing be recognized and accepted as a profession is an issue nursing leaders have struggled with for more than a century. Yet, it is an issue that has frequently been questioned throughout the history of nursing, particularly in light of apprenticeship-type training. Kelly (1981) argues that in the early 1900s, nursing education was not

professional, and was not even a respectably run apprenticeship, because novices learned from their peers and not from skilled masters. She goes on to say that nursing was not considered a profession partly because it was not situated in an academic setting. Consider the answer of one respondent who described her first day in training, in 1922, in the Regina General Hospital in this way... "I was taken up and shown the gauze room and taught how to make dressings. The next day, I had a new one with me, so I was the senior one in the gauze room." And another respondent, who trained in the late 1920s in Glace Bay, N.S., described her first day as follows..." It was a Sunday and I was assigned to a third year student who was in charge of a women's surgical unit." Although Dock and Stewart (1920) describe this pattern as prevalent primarily in the early hospitals of the Christian era, their quote aptly sums up the situation in the 1920s and 1930s. They write, "The educational system was largely that of apprenticeship, a training through actual experience, the experience being graded and varied" (p. 301).

Historically, the status of the nursing profession not only closely paralleled the that place women were given in society, but it was also closely related to the prevailing philosophies of the time. Pelly (1964) points out that the pattern of organization and the practice of nursing evolved in relation to the evolving pattern of European Society. As a result, she says, nursing was strongly influenced by the monastic religious orders who did most of the caring for the sick throughout the Middle Ages, the Renaissance, and the Reformation. Allan and Jolley (1982) describe the beginnings of nursing schools during the 1840s as small societies of nurses formed to work among the poor. There was little actual training. The nurses went daily, for a few months, to learn from the ward sisters, who themselves were not educated and so were limited in their ability to impart knowledge; no theoretical instruction was given. Was this so different in the 1920s? One older nurse said, "We learned from other students then we taught others." In the 1870s, the Augustine Sisters introduced an apprenticeship method of instruction and training into their preparation of those appointed to care for the sick. In Canada, a form of organized nursing was first introduced by French nuns in their effort to care for the new settlers. Their system too, closely conformed to the French monastic system. Shryock (1959) argues that for more than three centuries after the Reformation, nursing involved no career whatsoever. There was no training required for nurses other than that which could be picked up by experience. In the late 19th century, because of the work of Florence Nightingale, great effort was made to raise nursing from a craft to a profession. Much of the instruction, however, continued to be taught at the bedside in an apprenticeship form. Melosh

(1982) says that the nurses' work ethic was strongly rooted in the apprenticeship tradition of the hospital school, and valued craft methods and practical experience. In fact they were considered to be "jack-of-all-trades", a term used by one of the respondents. One older nurse said; "A nurse should be able to do everything; go to every department of the hospital and fill in, whether in the kitchen, furnace room, lab, laundry, whatever." Upon being asked to describe her probationary period, one respondent explained how she learned her skills on the ward, especially those regarding "douches, catherizations, and hypodermics." She said that "the head nurses taught us to give enemas, but those things we had to have her oversee before we were allowed to do it ourselves." They learned their crafts by the bedside.

The Nurse as Housekeeper

As hospitals everywhere began to establish schools of nursing, labor was provided by student nurses at little or no cost. Bullough and Bullough (1965) state that the hospitals were staffed by bringing in students who were paid little or nothing, but had to work long hard hours in return for their room and board, often doing primarily housekeeping jobs under supervision of a senior student nurse. Consider this quote from the respondent who trained in Glace Bay in 1929 who said "...we never questioned anything — we went in at seven in the morning and we worked until seven at night." Another respondent from Yarmouth who trained in 1930, said:

...When we were on night duty, at a certain time in the night, we would have to knead the bread down so it would be ready for the cook to put in the pans the next morning. We used to have to feed the furnace for quite a while, but after a while we persuaded them to give us a man.

In the morning, we would have to shake down the coal stove in the kitchen, open it up, and stir the cereal, put it on the front of the stove so it would be hot when the nurses came in for their breakfast at 7 a.m.

The same respondent describe how heavy the work was.

...We would work twelve hour days and usually we got two hours off. First thing in the morning, we had to scrub the soiled sheets and linen because it was in the days before linen went to the laundry.

Because of the nature of the work little education was thought necessary. The older nurse who trained in Regina responded to the issue with this statement:

We had no nurses aides. We were the aides. We cleaned the bed pans and the utility rooms, the service rooms, whatever, ourselves, as probies. And our superintendent said one day ...any nurses that can't keep a bed pan clean, can't keep a dinner plate clean.

One nurse from the Victoria General Hospital in Nova Scotia was a probationer in 1929. She said that probies were responsible for "cleaning the bedside tables and straightening up." In response to a question asking how much student nurses were paid at that time, the answer varied from four dollars a month in first year, to fourteen dollars a month in the third year.

According to Gibbon (1947), the nurses related long hours, low pay, poor living conditions and ample housekeeping tasks in their job descriptions. In addition, they were taught "on the job". Coburn (1974) states that nursing duties were regarded as familial labors of love, and that education was not necessary to carry on a job that was an extension of the skills they already had as women. Not only was it the responsibility of the senior student nurses and head nurses to teach junior students, but many teaching experiences occurred at the bedside with the physicians. Rushmore (1940) wrote "it is the doctor's duty to educate nurses and say what level is acceptable." One older nurse said, "They seemed to realize that you were just training, you know and they helped a lot."

Kelly (1981) refers to job descriptions in the late 19th and early 20th centuries as giving major priority to scrubbing floors, dusting, keeping the stove stoked and kerosene lamps trimmed and filled, controlling insects, washing clothes, rolling bandages and other unskilled housekeeping tasks. Certainly, in reviewing the nursing career histories of the respondents in this study, their training is described very much in keeping with Kelly's perspective.

Low Priority of Education

Kelly (1981) writes that, as late as 1890, only 20 percent of nurses' training was theory. Roberts (1964) says, however, that for years after the earliest nursing schools opened their doors, the term "professional" was applied without regard to the very wide range of education that was given. Roberts (1964) further points out that no other profession has been developed on the assumption that an education can be obtained in exchange for service. Bullough and Bullough (1965) maintain that frequently hospitals allowed teaching to suffer because ward duty came first. Lecture hours were those most convenient to the hospital schedule, with little consideration for the student nurse. Again, this is verified by the respondent from Glace Bay General who

said, "We were supposed to get two hours off a day, but if we had classes, we were sitting down anyway, and if the ward was busy, they figured we didn't need extra time off, and if your work wasn't finished by seven, you stayed until you finished it."

It becomes apparent that nursing, while trying to be recognized as a profession, was being hindered by nurses themselves, who did not give a sound theoretical education the importance it required. As described in the career histories, aspects of apprenticeship training were maintained well into the first half of the present century. A respondent from the Regina General answered the question regarding the role of the senior student in this way: "If you were in a higher group, you were expected to look after those who came in after you and to teach them things — they worked under you." Many respondents also said that, even if classes were arranged, it was acceptable to miss some if you were busy on the wards.

The conflict between educational needs and hospital needs has existed since the establishment of hospital nursing schools, and, as has been shown in an analysis of the nursing career histories and in the literature review, the needs of the hospital came first. One can readily understand that all hospitals, operating under the philosophy of service first, saw little need to set higher educational entrance requirements. Almost all of the respondents required only grade ten for entrance in the 1920s. In reviewing nursing history, there can be no doubt that the struggle to become recognized as a profession has to be, in part, a result of the long time it has taken for nursing to become academically respectable.

The Synthesis

What do these seventy hours of rich data mean in terms of nursing history? These data encompass many issues. They are not only related to the social history of nursing, but to feminist, labour, and other socio-economic issues. It is obvious that these older nurses were part of a sex-segregated labour force and that they occupied low-paying positions. Bellaby and Oribabor (1982) maintain that nursing involved a well-disciplined corps of subordinated individuals who acted as hospital housekeepers, that was rooted in the class and gender relations of the Nightingale era. Their jobs exemplified the role of women in society in general and their position within the hospital structure. It was no accident that professional standards, tasks and training were subject to the approval of physicians and hospital administrators. These two interest groups could allow the apprentice-work ethic to continue because it served the purpose of severely limiting the professionalization of nursing. The data clearly illustrate the dual roles of

the nurses as physician-handmaidens and as hospital workers.

Nursing Implications

History has recorded the progress that has been made over the past centuries in the field of nursing. It has demonstrated the evolution of a nursing from a totally vocational, apprenticeship-type structure to a professional structure. The process of reaching professionalism, however, has not been an easy one. History has shown us that factors, such as the vested interests of hospitals and the limitations placed on women because of social traditions of the times, have greatly affected this process.

Kelly (1981) suggest that one of the major differences between an occupation and a profession lies in the practitioners' long-term commitment to the profession. This commitment includes working towards the development of the profession. Great strides have been made, during the past half-century, in making nursing education and nursing service independent. This is not to say that nursing has disregarded the importance of the clinical aspect of the nurses' education, but rather that nursing leaders have realized that a sound theoretical base is essential. To assert control over education and practice is the mark of an established profession. The challenge of continuing the development of the nursing profession is the responsibility of the profession itself, and each generation of professionals has its own contribution to make to that continuing process.

Research Theoretical Implications

There are other implications to be found in this research. As well as more fully developing the concept of an apprentice-type ethic from the interweaving of data and literature, there are methodological issues which should encourage the researcher who is a neophyte, both in historical research and in the inductive approach, to undertake this challenging method. Many of our older nurses have invaluable data to record and preserve. Only by in-depth interviews, which allow them to review their lives through recall of past events can information about our professional past be gleaned. This approach is a rich data field which as yet has been relatively untapped. The results are as satisfying for the researcher as they are for the respondents as patterns emerge and themes evolve from the data.

The combination of oral histories and grounded theory have not frequently been used as a research approach. It is necessary, therefore, at this point to refer back to the initial intent of the study. Did this inductive approach serve to answer the research questions? Did a concept evolve from the data, substantiated by the literature, that could

serve as a guide to future research? We believe we accomplished that aim. Other researchers could, no doubt, verify our findings through oral history, or even through a survey approach, by asking specific questions regarding the apprentice ethic of the past. Answers to questions which have perplexed theorists in the past could be more readily available if the concepts were initially grounded in the research data.

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RÉSUMÉ

Aptitudes à la communication des infirmiers en exercice: comparaison des infirmiers détenteurs d'un diplôme et des infirmiers détenteurs d'un baccalauréat

Les tentatives visant à distinguer l'exercice de la profession infirmière chez les infirmiers détenteurs d'un diplôme et détenteurs d'un baccalauréat ont rarement fait appel à des critères comportementaux spécifiques. La présente étude pilote propose de comparer les aptitudes à la communication des infirmiers détenteurs d'un diplôme et des infirmiers détenteurs d'un baccalauréat par le biais du test comportemental de relations inter-personnelles (Behavioral Test of Interpersonal Skills). L'analyse des données a révélé des différences significatives au niveau de l'empathie exprimée par les deux groupes d'infirmiers et de la fréquence des tentatives faites pour supprimer l'expression des sentiments chez leurs clients. Ces observations reflètent l'emphase de la formation offerte dans chacun des programmes. Il faudra obtenir un échantillon plus important si l'on veut généraliser ces observations.