AN ORAL HISTORY OF NURSING ON MERSEYSIDE*

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The origins of this study lie in an approach made in 1987 by two retired nurses to the then Museum of Labour History. The result was an exhibition entitled 'Ministering Angels? Liverpool's role in Nursing History' at the National Galleries and Museums on Merseyside in 1989. The committee responsible for this continued to meet and, aware of the paucity of written sources, determined to obtain funding for an oral history archive in which the recollections of nurses who trained in the region in the period 1919[1]-1950 could be recorded while there was still the opportunity to do so. A preliminary study was conducted on a part-time basis for a period of just over a year, and funding was then sought and obtained for a larger and more detailed project.[2]

This, to our knowledge, is the first such regional study of nursing in Britain for which funding has been awarded by a major grant-giving body. It is particularly appropriate that it should be focused on Liverpool, a city which has always been at the forefront of the development of health care in Britain and which, in addition to a considerable number of medical 'firsts', can boast three major nursing 'firsts':

- the first district nurse (1859)
- the first provincial training school for nurses (1862)
- the first trained nurses in workhouse infirmaries (1865)[3]

The aims of the project were to create an archive consisting of 70-80 interviews with nurses who trained at one of six selected hospitals in the region in the period 1919-1950; to deposit a complete copy of the archive at four repositories, both local and national; and to ensure that the material, which is to be used for research and educational purposes only, was easily retrievable.

This paper will discuss the background to the work, the various procedures involved in the creation of the archive, and, while stressing that there has, to date, been no detailed analysis of the text, will provide some extracts from the interviews which demonstrate the richness of the material brought to light.

A considerable amount is known about the history of the nursing profession: the reform of nursing in the nineteenth century has been documented, as have the issues which were behind the struggle in the early years of this century to establish a register in which only nurses who had undergone training at an accredited institution and had passed a national examination could be included. Much continues to be written about prominent members of the profession — and who has not read a book such as that entitled *Florence Nightingale, the Wounded Soldier's Friend* ? But what of those who administered care, both in hospitals and in the community, on an everyday basis — the nurses themselves?

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*Based on a paper delivered to the Liverpool Medical History Society on 2 February 1995

[1] The date of the Nurses Registration Act.

[2] The project was supported by the Wellcome Trust.

[3] C. Woodham-Smith, Florence Nightingale (London: The Reprint, Society, 1952), p. 350

The answer is that, until relatively recently, very little was known. What is regarded as one of the classic texts of nursing history, Abel-Smith's *The History of the Nursing Profession* published in 1960, focuses, as was the case with much that was written on the subject, on the structure of, and the policies affecting the profession and, in his introduction, the author acknowledges the limitations of the text:

> Little is said about what it was like at different times to nurse, or be trained as a nurse ... What the nurse was taught, who taught her, who examined her are all questions which remain unanswered.

There have been encouraging signs of change — the History of Nursing Society has since been established and has published a number of personal accounts written by former nurses. Yet knowledge of the daily activities of those who worked both in and outwith hospitals is still woefully limited. The purpose of the study, therefore, was to create a resource which would contribute to answering the question which, to a great extent, remains unanswered: what was it really like to be a nurse?

In such studies of social history there is often a dearth of written evidence and the only way to obtain information is by means of an interview. This does not mean, however, that oral history should be regarded as an inferior source. 'All history,' as Johnson remarked, 'was at first oral'. Provided that the same methods are used as would be employed when evaluating any evidence, oral testimony is as valid and valuable a source as any other. Oral history can also reveal a great deal about the socio-economic and cultural norms of the time. We can, for example, determine what the rates of pay in the profession were by consulting official records, but by asking nurses how much they were paid, what they did in their spare time and how they spent their money we can obtain a more rounded picture of prevailing norms and conditions, as is demonstrated by the following exchanges:

Informant a)

Q: And what about pay? How much were you paid at that time?

A: £2 a week, and, you know. I thought I would never be worth £2 a week - because 1 didn't earn money at home [laughs].

Informant b)

Q: And the black shoes and stockings?

A: We provided our own ... black woollen stockings, and we washed and darned them till they were green - because we hadn't got the money to spend. We depended on our parents obviously.

Informant c)

Q?: Why did you come back to Liverpool at this time?

A: ... probably then I was conscious of improving my situation. After all, um, I think I'd quite natural to go to a more senior post. After all, I'd worked almost a lifetime with very little money. On my records in the British Red Cross it said, eh ... I remember the. eh, Matron-in-Chief asking me did I want a salary, so that's [laughs] ... So what I got was the equivalent of expenses really.

Informant d)

Q: As a probationer, you started ...?

A: One pound a month, yes ... and, eh, they used to take one shilling for a brick for the Liverpool Cathedral out of [laughsj the money. Yes, every [laughsj ... every month, yes, for the Liverpool Cathedral, whether you liked it or you didn't, but nevertheless ... if you were, eh, Church of England then it was deducted, but if you belonged to the other religions, it wasn't, so that was that (laughs].

Informant e)

Q: And how did you feel when you went to get your first wage packet?

A:1 was very thankful to have it because there was so much unemployment and people without work, and yet I was there being looked after ... completely looked after, with uniform, food and a room to live in, eh, and a training, and yet at the same time I was being paid - and I felt very humble about that, very humble. It was, um ... it was good as far as I was concerned but... life was very, very hard in the 1930s and 1 do think that, um, although the salary was very low, at least it was our pocket money. We couldn't buy expensive things. Mothers and families helped a great deal with us ... with our clothing and so forth.

The collection of these oral testimonies was organized in the following manner:

Sample

To determine which nurses should be interviewed, the appropriateness of different samples was evaluated. Whilst a study of this size could not provide us with a representative sample of the profession, it was decided that material of greater significance would be obtained if the study were focused on specific hospitals. Six hospitals which reflected hospital provision in the period under scrutiny were selected and it was decided that only those who had trained at one of those locations would be included in the sample.

The six hospitals comprised:

Category	Ownership	Hospital
Fever	Municipal	Fazakerley Hospital
General	Municipal	Walton Hospital
General	Voluntary	Liverpool Royal Infirmary
Psychiatric	Municipal	Rainhill Hospital
Children	Municipal	Alder Hey Hospital
Children	Voluntary	Royal Liverpool Children's Hospital

Several of those interviewed were involved at a later date in district nursing, health visiting and midwifery in the community.

The period 1919-50 was subdivided into eight units (of varying length) regarded as being of historical significance. The period 1948-50, for example, was the final subdivision which covered the introduction of the National Health Service. A matrix

based on the six hospitals and the eight subdivisions was constructed and attempts were made to locate one informant for each of its 48 component parts.

Informants were located for 42 sections of the matrix. The total number of interviews conducted was 78.

Locating informants

Eight methods were employed to locate informants:

- contacting local hospitals
- consulting hospital registers
- contacting nursing leagues
- consulting nursing league journals
- using personal contacts (including informants)
- following up information volunteered by members of the public
- local press appeals
- publicising the work by giving talks

A contact form was devised to assist in locating informants and obtaining detailed information about the nursing background of each.

126 possible informants were identified, and all were approached for details pertaining to their backgrounds. 105 provided information giving a compliance rate of 83%. Of the 105 who responded, not all totally fulfilled the conditions of the matrix. Of those who were invited to be interviewed, 97% agreed.

Equipment

A Marantz CP430 tape-recorder (as used and recommended by the Imperial War Museum) was selected for the study. This has, as one of its features, a noise reduction system.

Superior results are obtained by having an external rather than an inbuilt microphone, but several of those interviewed in the pilot study had stated that they had found the microphone very obtrusive. One informant from that period agreed to a mock interview and this was conducted using three different micro-phones. The conventional microphone was rejected for the reason given above; it was decided that the clip-on microphone was potentially hazardous, and a flat microphone was ultimately selected as being the most 'user-friendly' while at the same time producing good sound quality.

TDK D60 tapes were used. These tapes, which run for sixty minutes, are more durable and less likely to tangle or break than those which run for a longer period.

Interview

The interview was semi-structured, and both direct and open-ended questions were employed to explore the background, training and career of the informant. The themes covered in the pilot study were expanded and included:

BACKGROUND

* family, religion, education, previous occupations, recruitment

TRAINING

* accommodation, uniform, staff, conditions of work, duties, patients, examinations, changes and review

CAREER

* as for TRAINING
* organizations, professional issues
* career profile

Wartime experiences and marriage were also covered where appropriate, and the attitudes and beliefs of the informant were explored throughout the course of the interview.

Most of the above topics were discussed during the interviews, each of which generated, on average, 40-45 pages of transcript.

Duration

The average duration of an interview was two hours but the average length of time spent with each informant was four and a half hours, the remaining period being devoted to:

* establishing rapport
* checking sound quality
* discussion of conduct of interview, ethics etc
* refreshments
* completing forms
* listing artefacts associated with the career of the informant

It was regarded as important to spend time after the interview with the informant and, where necessary, to provide reassurance as to the value of the contribution. This was also the time when copyright was discussed, the clearance form signed and artefacts relating to the career of the individual were shown and, on occasion, noted.

Artefacts

Many of those interviewed were still in possession of articles associated with their period in the profession. Such artefacts were, with permission, noted, and a database containing brief details of these possessions is being completed for future reference. Several items including uniform, badges, textbooks, manuscripts and photographs have been donated to the project and the collection will be deposited in its entirety at a repository (as yet to be determined) in the region. This collection demonstrates only too well the advantages which accrue from such a study as many of these donations might otherwise have been lost to posterity.

Acknowledgement

All those interviewed were sent a letter thanking them for their participation and emphasizing, yet again, the significance of their contribution.

Copying of tapes

The master tapes were checked for sound, labelled (name, date of interview, date of birth, master/copy, noise reduction process) and sent to the TV Services, University of Liverpool to be copied. Three copies of each master were made to provide two for deposit and a working copy for transcription purposes.

Transcription

All interviews were transcribed verbatim. The pilot study, where summaries only had been produced, had demonstrated the limitations of anything less and whilst considerably more time is initially required to produce a transcript, all information is readily available. Considerable care was taken to check details such as the names of organizations, people, treatments and medications mentioned within each interview, to render the spoken word into readily comprehensible English and to use accepted transcribing conventions.

Documentation

Two other forms were designed for completion after the interview. One was for personal and one for additional professional details pertaining to each informant. The information thus obtained was used to assist in documentation.

All interviews were documented in detail, and the information is available in hard copy and on disk. Documentation consists of background information about each interview, a personal file on the informant and a technical summary. A Register of Accessions comprising the accession number for and content of each interview was also compiled.

Deposit

The master tapes, transcripts and documentation were deposited at Merseyside Record Office, and copies were lodged at the Royal College of Nursing Archives in Edinburgh and the National Museums and Galleries on Merseyside. The working copies have been retained within the University of Liverpool. A simple guide has been devised to facilitate retrieval.

Content

The quality of the interviews varied depending on such factors as:

* recall of the informant.
* degree of apprehension.
* willingness of the informant, given the professional background of discretion, to discuss matters which were regarded as being confidential or contrary to the tradition of loyalty to colleagues or institution.

As already stated, there has been as yet [April 1996] no analysis of the text, but the few brief extracts from one interview which follow and which occupy five pages of transcribed text/fifteen minutes of recording time demonstrate the variety of topics covered and the quality of the material obtained:

(The nurse who speaks spent a period of observation at the hospital of her choice until, in 1944, she was of age to begin her formal training)

TRAINING

Q: *And what had prompted you to take up nursing*?

A: Perhaps I was slightly influenced by the fact that my mother had been a nurse, but my mother herself did not try and influence me in any way; and I thought of several other jobs including librarian and policewoman, but none had any appeal to me - I was always determined to be a nurse. But in my teens, from, say 12 to 15, I altered it to be a children's nurse. I did not want to nurse adults. I had no explanation for that.

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A: And we went for an interview, and at that interview I had plaits down my back and Matron put my plaits on my head and said, 'No, can't expect a child to put her hair up - she's too young.' She had a slight lisp. So I was taken into the telephone office - not paid. It was explained to my mother - because it was ... no importance to me at the time - that I wouldn't be paid, that I'd be in the telephone room 'gaining the experience of the atmosphere of the hospital' - that was the phrase used - and that I would be allowed occasionally on the wards to help. So, wearing a white coat and ... my plaits down my back, I did three months in the telephone office there, and I was frequently sent on the wards where I was allowed to wash the children - just their hands and face - occasionally, and sometimes sit and read to them. But my first job every morning was to dust the air raid shelters in the basement.

Q: *Did you regard nursing as a vocation*?

A: No, no. For a teenager that word wasn't acceptable or used or thought about. It was a job that I wanted to do.

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Q: *So you were straight on to the wards*?

A: Yes.

Q: *And what were your duties ... in the beginning*?

A: My first duty on Ward 6 ... was to take a sort of wooden ... a long wooden tray round with two handles at the end, and a bowl of water, a scrubbing brush and a bar of soap, and I had to scrub the window-sills.

Q: *Had you known that you would have to do domestic work like this before you started*?

A: No, but it didn't bother me at all.

Q: *So what were your other duties*?

A: Um, washing the children, bedmaking, cleaning the bathroom, keeping out of the ward sister's way - that was Number One.

Q: *Did you attend lectures*?

A: Yes.

Q: *And how were they organized*?

A: Very badly.

Q: *Would you like to elaborate*?

A: Most of them came in one's off-duty. One's off-duty was precious and scarce enough, and there was no being excused from them. Even on night duty, one had to attend, say, from 10 in the morning.

Q: *Was there ever any formal discussion of the emotional needs of patients*?

A: No.

Q: *Was there ever any informal advice given by a member of nursing or medical staff* ?

A: No.

Q: *So how did you cope when you were on the ward with a patient who had a problem*?

A: As best we could. We were very juvenile, very inexperienced in that line. It was trial and error.

Q: *... what was the attitude to spending time with the patients and talking to them* ? *Were you encouraged to do that*?

A: Oh no, you had ... that wasn't your work. You had to get on with your work.

Q: *Visiting times – when you were in training what were the visiting hours*? *Can you remember? How often were parents allowed to come and visit their children*?

A: As far as I remember, very rarely. I doubt if there were any organized visiting times. There certainly were when I went to ... That was one Sunday a month from 2 till 4

Q: *What did you think of that at the time* ? *Do you remember having opinions* ?

A: Yes. it was appalling. It was deplorable. These weren't our children these were the parents' children - they had a right to be with them, and we, or the hospital authorities allowed them access to these children two hours once a month. Think of it is incredible really in hindsight.

Q: *Was there ever a time where you felt that it was difficult for you to deal 'with a situation ' because you really didn't know what to do*? *Can you remember an instance*?

A: No, as, eh ... as junior nurses, not a lot was expected of us. I remem ... [laughs] remember on Ward 6 I was a junior nurse and I had admitted a patient, and the doctor and the staff nurse had come to examine this child and afterwards they walked away and when they got to the ward door, the doctor said something to the staff nurse and, eh, he called to me 'Was the temperature taken PR? ' - and I had no idea what PR meant, and I just stood there and gazed at them so inadequately; and the staff nurse called to me what it meant, and I said yes or no, as the case may be, but it was little things like that - going round trying to borrow a water thermometer instead of a lotion thermometer. Nobody thought to tell me the right terminology.

Q: *Was penicillin available*?

A: Penicillin came into that hospital about 1947 or '48. Yes, I remember how my hands shook when I had to give my first injection of penicillin because it was so new and valuable.

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A: ... in fact, I was unhappy on Out-patients. That was my only unhappy period in the whole of my training. I was not an out-patient nurse or a theatre nurse. I was a bedside nurse. And I asked if I could be transferred from Out-patients, but I was just told 'No' - no discussion, no questions, no answers, no reason, just a categorical 'No' ...

Q: *Looking back on your training, what did you think of it*?

A: Extremely different from the training the girls get these days - not really adequate for one's needs. One was expected to do far too much. We really needed more training before being put on the wards.

CAREER

Q: *Did you have any little techniques, shall we say. which weren't exactly hospital practice but were for the good of the patients*?

A: Yes. Yes.

Q: *Can you tell me*?

A: Yes, I would pick the little ones out of bed - the threes or fours - and take them down to the end of the ward where there were big windows overlooking the grounds ... and I would try and indicate - when the sun went down - the sunset and the beautiful sky and things like that - just try and give them a different aspect on the outer world ... that there was a world outside the ward. I know it sounds silly but try and get ... there was one particular little boy and he was in for such a long time I tried to get him to have an eye for the beauty of the ... the grounds and the mountains, and, when the darkness came, the lights in the distance twinkling ...

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Q: *Did you enjoy showing this practical side of nursing to the nurses*?

A: Immensely, immensely.

Q: *And did you encourage them to ask questions*?

A: Yes, I encouraged them to ask questions. I didn't always like them to do the bandaging or remove the sutures, because I could do it so much more quickly and efficiently myself; it took great patience on my part to let them do it - but, of course, they had to do it. But, eh, I <u>loved</u> the bandaging side of it - because in orthopaedic nursing it wasn't just the appearance of the bandaging, it was the correction of the deformity. Bandaging was an integral part, absolutely necessary to help correct the deformities. Incorrect bandaging could do a lot of damage, incorrect splinting - one of my favourite subjects [laughs]. Oh, and a lot of children were on frames - Robert Jones abduction frames - for various hip conditions, and the frames took quite some nursing: how to prevent drop feet. kidney trouble, chest trouble ... had to explain to the nurses how these conditions had to be prevented. Eh, I used to explain to them - is this the sort ...?

Q: *Yes*.

A: I used to explain to them ... when they were asked how to treat a drop foot. for example, which one could get, unfortunately, if a child was on a frame, I said the correct answer is, 'We never get a drop foot' - but, of course, you've got to know how to prevent it.

Q: *So what did you tell them should be done*?

A: To prevent a drop foot?

Q: *Mm*.

A: Oh my goodness, this is going back a bit. Well, first thing, to prevent, eh ... stop direct pressure on to the foot, stop the foot just dropping down itself, being too lazy to pull itself up; not too tight bandaging, hadn't to interfere with the circulation, so you hadn't to go across a transverse section of bandage - you had to do it diagonally, give the foot plenty of room to pull itself up, encourage exercise, foot exercise, in the bed cage to stop direct pressure from bedclothes.

Q: *Did you check that the children were doing these exercises*?

A: Oh yes. Oh yes.

Q: *And did you manage to prevent – did you ever have a dropfoot*?

A: Yes, I never had a drop foot.

Q: *So what happened then*?

A: I was asked to go over to ... to do Acting Nursing Officer in the matron's office, or in the senior nursing officer's office, and although I demurred at first, because I preferred to stay in my own ward - 1 didn't know whether I could do this sort of management - I was told that, eh, I was the best person for the job, being as I knew ... having trained there, and that I would, after a couple of months, return to my own ward. So I rather reluctantly went ...

Q: *And what were your duties*?

A: In the matron's office, um, I had to do, eh, rounds of the wards to see if the ward sisters needed anything or wanted to discuss anything with me; I had to move staff about where there were shortages, um, deal with any visitors to the hospital, or any incoming phone calls - things like that.

Q: *Did you enjoy it*?

A: No.

Q: *Am I right in thinking that you had no wish to be involved in administration*?

A: No wish whatsoever. I had often been asked to do a management course with a view to a permanent job in Matron's office, but I didn't want management courses.

Q: *You described yourself earlier as a bedside nurse*?

A: Yes, ward level. In other words, I had no ambition.

Q: *Did you ever have a career plan*?

A: No. There were two things I wanted to do in life and once I achieved them I was very happy: I wanted to be a sister of a children's ward, and own and drive a car.

Q: *Any changes in equipment...* ?

A: No. we were using the same old oxygen cylinders and things like that [laughs], opening it with ... opening the valves with the same old spanner.

Q: *Did you personally introduce any changes*?

A: Yes, and sometimes I tried to and they weren't either accepted or turned out wrong sometimes - just tried and not satisfactory.

Q: *Can you give me some instances*?

A: Yes, one thing I tried ... instead of having an organized regular bedpan round, I said, 'We will cut that out. Forget it. Give the children their toilet requirements when they ask for it' - and that didn't work at all. We found that after every meal there was an outcry, great demands for bottles or bedpans ... so regular that we just went back to the usual regular well-timed bedpan round.

Q: *When you were Sister of your own ward, what was your attitude to your nurses spending time with the patients*?

A: I encouraged it, because it meant the nurses knew more about the patients then. Towards the end of my time in ... the Salmon - you know about Salmon? - Salmon came into being. Now some hospitals adapted to this, some followed it rigidly and some perhaps took no notice or little notice of it ... but nursing officers came into being and saw themselves as a sort of buffer between the ward sister and the matron, and there is a very thin line between helping and interfering, and whether these nursing officers are necessary or not or a good thing or a bad thing, I think depends entirely on the individual - whether they help or whether they interfere. I feel rather strongly about Salmon and about its Nursing Officer introduction. I don't think they were categorically a good thing or definitely a bad thing. I think it depended on the person and on the ward sister - how receptive she was to this other individual.

Q: *Again, was there ever an instance where you were personally aware of this problem*?

A: Yes. 1 had a half day off one day. I was, um ... it was the orthopaedic doctor's round ... one of the registrars, one of the lower hierarchy [laughs], and with whom a nurse could easily cope, one of my senior nurses. So I went off on my half day quite happily, perfectly happily. She was a good girl. She could cope. And when I returned I found that the nursing officer had done the round with him. I was awfully (a) annoyed, (b) upset by that. Without a word to me, that had been done, and that was my beloved ward. I felt that was a good example of interfering.

Q: *Did you accept the situation or did you ...*?

A: No, I spoke to her about it, and she said it was her job to, eh. help cover for the sister when she was off. I said, 'Surely it could have been discussed with me beforehand,' and she said she hadn't thought of that. I said, 'Perhaps you would, in future, as I certainly would appreciate it." I was really upset about that. It was <u>totally</u> unnecessary, <u>totally</u> bad manners.

Q: *Did it happen again*?

A: No. But to give another trivial example, we used to [laughs] ... when - its incredible when you think of these things - when there was a broken thermometer you had to take it, take the broken bits to the matron to get it replaced. Well the nursing officer could do that for you. You could say, 'Here's the broken thermometer. Will you get me another?' - and it saved you crawling to the matron and waiting outside the matron's office, perhaps in a queue. They were good for the more trivial things [laughs]. Goodness who's going to hear this?

REVIEW

Q: *So what are the greatest changes that took place during your career in the nursing profession? What springs to mind*?

A: The attitude, the ... the ... the lessening of the discipline. The nurses wouldn't put up with ... in my later days, the nurses wouldn't have put up with what 1 put up with in my early days.

Q: *And what did you think of this change in attitude*?

A: Some changes were necessary, some were beneficial, some had to come - just as the decrease in the domestic work had to come; but, eh, some wasn't beneficial, some wasn't acceptable to me. For example, I don't agree with the Christian names being used. OK. I'm rigid in that line, you know, but I just don't see how you can run a ward efficiently when you're all friendly-wendly together and all on Christian name terms [laughs].

Q: *Would you do the same thing again*?

A: Probably - with slight variations.

Q: *You would choose to be a nurse*?

A: Oh yes, oh yes - what else is there?

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CONCLUSION

The text generated by the interviews comprises almost 3,500 pages and the recordings have captured for posterity a rich and comprehensive picture of the nursing experience: it has, as yet, to be developed. The archive provides a wealth of material to this end.