

### Nursing and War Research Literatures

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**Abstract:** Nursing is a professional work within the health care system on the care of individuals, families, and communities so that they may attain, maintain, or recover optimal health and quality of life. Nurses provide care within the ordering scope of physicians. In the postwar period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male attendants, who may have been early nurses. This article introduces recent research reports on nursing and war as references in the related studies.

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Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family and other team members, that focuses on treating illness to improve quality of life. In the U.S. (and increasingly the United Kingdom), advanced practice nurses, such as clinical nurse specialists and nurse practitioners, diagnose health problems and prescribe medications and other therapies, depending on individual state regulations. Nurses may help coordinate the patient care performed by other members of an interdisciplinary health care team such as therapists, medical practitioners and dietitians. Nurses provide care both interdependently, for example, with physicians, and independently as nursing professionals.

Nursing historians face the challenge of determining whether care provided to the sick or injured in antiquity was nursing care. In the fifth century BC, for example, the Hippocratic Collection in places describes skilled care and observation of patients by male "attendants", who may have been early nurses.

Before the foundation of modern nursing, members of religious orders such as nuns and monks often provided nursing-like care. Examples exist in Christian, Islamic and Buddhist traditions amongst others. Phoebe, mentioned in Romans 16 has been described in many sources as "the first visiting nurse". These traditions were influential in the development of the ethos of modern nursing. The religious roots of modern nursing remain in evidence today in many countries. One example in the United Kingdom is the use of the honorific "sister" to refer to a senior nurse.

Nursing is the protection, promotion, and

optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations.

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery that he would perform unaided if he had the necessary strength, will or knowledge.

There are a number of interventions that can mitigate the occupational hazards of nursing. They can be individual-focused or organization-focused. Individual-focused interventions include stress management programs, which can be customized to individuals. Stress management programs can reduce anxiety, sleep disorders, and other symptoms of stress. Organizational interventions focus on reducing stressful aspects of the work environment by defining stressful characteristics and developing solutions to them. Using organizational and individual interventions together is most effective at reducing stress on nurses.

Catholic religious institutes were influential in the development of Australian nursing, founding many of Australia's hospitals - the Irish Sisters of Charity were first to arrive in 1838 and established St Vincent's Hospital, Sydney in 1857 as a free hospital for the poor. They and other orders like the Sisters of Mercy, and in aged care the Sisters of the Little Company of Mary and Little Sisters of the Poor founded hospitals, hospices, research institutes and aged care facilities around Australia.

Midwifery training is similar in length and

structure, but is sufficiently different that it is not considered a branch of nursing. There are shortened (18 month) programs to allow nurses already qualified in the adult branch to hold dual registration as a nurse and a midwife. Shortened courses lasting 2 years also exist for graduates of other disciplines to train as nurses. This is achieved by more intense study and a shortening of the common foundation program.

Student nurses currently receive a bursary from the government to support them during their nurse training, and may also be eligible for a student loan.

Before Project 2000, nurse education was the responsibility of hospitals and was not based in universities; hence many nurses who qualified prior to these reforms do not hold an academic award.

After the point of initial registration, there is an expectation that all qualified nurses will continue to update their skills and knowledge. The Nursing and Midwifery Council insists on a minimum of 35 hours of education every three years, as part of its post registration education and practice (PREP) requirements.

There are also opportunities for many nurses to gain additional clinical skills after qualification. Cannulation, venipuncture, intravenous drug therapy and male catheterization are the most common, although there are many others (such as advanced life support) which some nurses will undertake.

Many nurses who qualified with a diploma choose to upgrade their qualification to a degree by studying part-time. Many nurses prefer this option to gaining a degree initially, as there is often an opportunity to study in a specialist field as a part of this upgrading. Financially, in England, it was also much more lucrative, as diploma students get the full bursary during their initial training, and employers often pay for the degree course as well as the nurse's salary.

In order to become specialist nurses (such as nurse consultants, nurse practitioners etc.) or nurse educators, some nurses undertake further training above bachelor's degree level. Master's degrees exist in various healthcare related topics, and some nurses choose to study for PhDs or other higher academic awards. District nurses and health visitors are also considered specialist nurses, and in order to become such they must undertake specialist training. This is a one-year full-time degree.

Nursing was not an established part of Japan's healthcare system until 1899 with the Midwives Ordinance. From there the Registered Nurse Ordinance came into play in 1915. This established a legal substantiation to registered nurses all over Japan. A new law geared towards nurses was created during World War II. This law was titled the Public Health Nurse, Midwife and Nurse Law and it was established

in 1948. It established educational requirements, standards and licensure. There has been a continued effort to improve nursing in Japan. In 1992 the Nursing Human Resource Law was passed. This law created the development of new university programs for nurses. Those programs were designed to raise the education level of the nurses so that they could be better suited for taking care of the public.

This type of nursing is designed to help the public and is also driven by the public's needs. The goals of public health nurses are to monitor the spread of disease, keep vigilant watch for environmental hazards, educate the community on how to care for and treat themselves, and train for community disasters.

Levsey, Campbell, and Green voiced their concern about the shortage of nurses, citing Fang, Wilsey-Wisniewski, & Bednash, 2006 who state that over 40,000 qualified nursing applicants were turned away in the 2005-2006 academic year from baccalaureate nursing programs due to a lack of masters and doctoral qualified faculty, and that this number was increased over 9,000 from 32,000 qualified but rejected students from just two years earlier. Several strategies have been offered to mitigate this shortage including; Federal and private support for experienced nurses to enhance their education, incorporating more hybrid/blended nursing courses, and using simulation in lieu of clinical (hospital) training experiences.

The following introduces recent reports as references in the related studies.

Aloi, J. A. "A theoretical study of the hidden wounds of war: disenfranchised grief and the impact on nursing practice." *ISRN Nurs.* 2011;2011:954081. doi: 10.5402/2011/954081. Epub 2011 Apr 18.

Combat veterans face enormous challenges upon the return to civilian life, one of which is the ability to integrate incidences of death and killing into a healthy postdeployment life. This paper presents the lived experience of grief and loss resulting from the trauma of war. Social constructionist theory, due to its emphasis on meaning-making, serves as the theoretical framework. The effects of inhibited mourning due to the inability to mourn in combat and lack of nurturing upon returning home are described. Personal excerpts derived from interviews of warfare from veterans that experienced death and killing are presented. It is suggested that combat veterans experience a unique form of grief and therefore require a style of grieving that differs from those that have not served on the battlefield. Regardless of the point of care, nurses are positioned to help with the challenges of readjustment. A better understanding of combat veterans as a

disenfranchised group would enable nurses to intervene in ways that contribute to the readjustment process.

Barnum, N. C. "Public health nursing: an autonomous career for World War II nurse veterans." Public Health Nurs. 2011 Jul-Aug;28(4):379-86. doi: 10.1111/j.1525-1446.2011.00949.x. Epub 2011 Apr 11.

The 1944 G.I. Bill increased accessibility of higher education to male veterans. Less is known about how its availability affected opportunities for female veterans. The purpose of this study was to examine nurse veterans' use of the G. I. Bill at one large public university. Primary sources included archival documents of one large public university as well as articles published in professional nursing and medical journals of the 1940s and 1950s. Secondary sources addressing nursing and nursing education history, and the history of the G. I. Bill provided further context. Historical research methodology was conducted. Findings demonstrate that nurse veterans desired more independence in practice following the war. Archival documents of one large public university show that nurse veterans used G. I. Bill funds to seek degrees in public health nursing. The specialty of public health provided increased independence and autonomy of practice not experienced in hospital based care. G.I. Bill educational funds provided these nurse veterans the means to attain degrees in public health nursing, providing them the opportunity for more autonomous practice.

Beeber, L. S. "To be one of the boys: aftershocks of the World War I nursing experience." ANS Adv Nurs Sci. 1990 Jul;12(4):32-43.

The mass deployment of nurses during World War I removed them from their structured professional culture and thrust them into the unfamiliar world of men at war. Analysis of personal accounts indicates that for some nurses, this event increased awareness of conflicts between autonomous professional practice and the "good woman" image. It led them to examine the disparity between healing and participation in war and to experience sex-based inequality in the face of equal danger. The emerging dialectic provoked personal and professional change. The value of confrontation with differentness as an impetus to growth is examined.

Brooks, J. "Nursing typhus victims in the Second World War, 1942-1944: a discussion paper." J Adv Nurs. 2014 Jul;70(7):1510-9. doi: 10.1111/jan.12314. Epub 2013 Nov 21.

AIMS: This article explores the care British nurses provided to victims of typhus during the Second World War. BACKGROUND: Typhus is associated with poverty and overcrowding. During wars in the pre-antibiotic era, civilians were particularly susceptible to epidemics, which military governments feared would spread to their troops. DESIGN: This discussion paper draws on archival data from three typhus epidemics in the Second World War to examine the expert work of British nurses in caring for victims during these potential public health disasters. DATA SOURCES: The published sources for the paper include material from nursing and medical journals published between 1940-1947. Archival sources come from the National Archives in Kew, the Wellcome Library and the Army Medical Services Museum, between 1943-1945. Of particular interest is the correspondence with Dame Katharine Jones from nurses on active service overseas. IMPLICATIONS FOR NURSING: Whilst epidemics of typhus are now rare, nurses in the present day may be required to care for the public in environments of extreme poverty and overcrowding, where life-threatening infectious diseases are prevalent. This article has demonstrated that it is possible for expert and compassionate nursing to alleviate suffering and prevent death, even when medical technologies are unavailable. CONCLUSION: Expert and compassionate care, adequate nutrition and hydration and attention to hygiene needs are crucial when there are limited pharmacological treatments and medical technologies available to treat infectious diseases. The appreciation of this could have implications for nurses working in current global conflicts.

Brunk, Q. "Nursing at war: catalyst for change." Annu Rev Nurs Res. 1997;15:217-36.

From the first development of nursing research agendas, scholars have called for historical inquiries into nursing's heritage and the influences that have affected the development of the profession. Because war leaves an indelible and distinct mark on the era in which it occurs, periods of significant development and change in nursing's heritage can be linked to involvement in war. This review explores the published scholarship about American nurses in wartime, from the War for Independence through the Persian Gulf War and notes the most significant changes that have come as a result of this involvement. Although particular wars and wartime nursing is a popular topic for historical inquiry, there are still eras that need to be further explored for contributions to the profession of nursing as it is today.

Coler, M. S. "An axial representation of community mental health nursing diagnoses of a country at war: El Salvador." Nurs Diagn. 1993 Apr-Jun;4(2):63-9.

This paper explores the impact of a workshop on the formulation of community mental health diagnoses in El Salvador. The author taught the process of diagnosis from the NANDA framework and explored diagnostic decision making through Caplan's Crisis Model. An epidemiologic framework was also incorporated in the diagnostic process so that host, agent, and environment could be scrutinized. The workshop resulted in the formulation of three universal community mental health diagnoses for this (then) war-torn country: depression, aggression, and anxiety; the development of a proposal for the implementation of mental health services; and an invitation to explore implementation of community mental health care services in five rural communities in El Salvador. Although the politics of El Salvador have changed, this example is typical of many Third-World and war-torn countries.

Davis, R. S. and L. K. Connelly "Nursing and en route care: history in time of war." US Army Med Dep J. 2011 Oct-Dec:45-50.

The mission of the en route caregiver is to provide critical care in military helicopters for wounded Warriors. This care minimizes the effects of the wounds and injuries, and improves morbidity and mortality. This article will focus on the history of Army Nursing en route care. From World War II through Vietnam, and continuing through the War on Terrorism in Iraq and Afghanistan, Army nurses served in providing en route care in military airplanes and helicopters for patients being transported to higher echelons of care. From aid stations on the battlefield to forward surgical teams which provide life, limb, and eyesight saving care, to the next higher level of care in combat support hospitals, these missions require specialized nursing skills to safely care for the high acuity patients. Before the en route care concept existed, there was not a program to train nurses in these critical skills. There was also a void of information about patient outcomes associated with the nursing assessment and care provided during helicopter medical evacuation (MEDEVAC) of such unstable patients, and the consequent impact on the patient's condition after transport. The role of critical care nurses has proven to be essential and irreplaceable in providing full-spectrum care to casualties of war, in particular, the postsurgical patients transferred from one surgical facility to another in theatre. However, we have only recently developed the concepts over the required skill set, training, equipment, functionality, evidenced-based care, and sustainability of nursing in the en route care

role. Much of the work to quantify and qualify nursing care has been done by individuals and individual units whose lessons-learned have only recently been captured.

Dittmar, S. S., M. P. Stanton, et al. "Images and sensations of war: a common theme in the history of military nursing." Health Care Women Int. 1996 Jan-Feb;17(1):69-80.

We analyzed interviews with 22 military nurses who had served in wars or conflicts since World War II, up to and including Operation Desert Storm. Using a method of hermeneutic phenomenology, we found several common themes in the interviews. In this article, we report on the theme Images and Sensations of War. Within that theme, the subcategories sights, sounds, and other sensations (climate and weather, taste, smell, and comfort) were discovered. We categorized the images and sensations as pleasant, unpleasant, and horrible. The findings from this analysis may be useful to professionals who recruit military nurses, provide ongoing military training, help military nurses return to civilian life, and treat posttraumatic stress syndrome. Furthermore, the findings could be used as a basis for future quantitative studies to determine how widespread this theme is in larger groups of military nurses.

Eagar, S. C., L. S. Cowin, et al. "Scope of practice conflict in nursing: a new war or just the same battle?" Contemp Nurse. 2010 Aug-Oct;36(1-2):86-95. doi: 10.5172/conu.2010.36.1-2.086.

The changing roles within health care teams reflect the rapid pace of change in contemporary health care environments. Traditional nursing roles and responsibilities are being challenged as fiscal constraints drive health reform. How nursing teams are configured in the future and the scope of practice of the individuals within those teams will require clear and unambiguous boundaries. This study explores the relationships in and between scope of practice and communication amongst teams of nurses. Six focus groups with both Registered and Enrolled Nurses were undertaken in three Sydney metropolitan hospitals in New South Wales. Nurses report that confusion surrounding scope of practice particularly in the areas of medication administration, patient allocation and workload are resulting in situations whereby nurses are feeling bullied, stressed and harassed. With the imminent widespread introduction of a third tier of nursing into acute care hospitals in Australia the findings of this study are timely and suggest that unless nursing team members clearly understand their roles and scope of practice there is potential for intra-professional workplace conflict. Furthermore the

impact of the conflict may have consequences for both the individual nurse and their patients.

Fairman, J. "Context and contingency in the history of post World War II nursing scholarship in the United States." *J Nurs Scholarsh.* 2008;40(1):4-11. doi: [10.1111/j.1547-5069.2007.00199.x](https://doi.org/10.1111/j.1547-5069.2007.00199.x).

**PURPOSE:** To examine the context for the development of nursing scholarship post World War II. **METHODS:** Historiographical analysis of the social, political, and cultural context of nursing scholarship in the postwar period, with an understanding of how this context shaped nursing scholarship. **FINDINGS:** The development of nursing scholarship was influenced by three contextual strands: Nurses' use of experiential clinical knowledge to situate practice questions in the changing clinical care milieu of the 1950s to the 1970s; The development of an intellectual genealogy through new educational opportunities at the baccalaureate and graduate level from the 1960s to the 1980s that provided the foundation for reintegrating practice and education; and the creation of a growing cadre of nurse scholars and their political influence on the relationship between power, knowledge, and clinical practice. These formulations are critical for understanding how scholarship changed over time and help us understand contemporary clinical practice, its authority structure, how it helps us define a body of knowledge from which practice proceeds, and then, how it responds to public demands. **CONCLUSIONS:** Nursing scholarship is nested in a particular social, political, economic, and cultural context. This context also determines how and why it is generated, debated, and used. Its production does not always follow a rational, logical pattern. Nursing knowledge development is influenced as much by the political underpinnings of health care as it is by social, economic, cultural, and scientific foundations.

Hall, J. M. "Marginalization and symbolic violence in a world of differences: war and parallels to nursing practice." *Nurs Philos.* 2004 Apr;5(1):41-53.

Marginalization has been used as a guiding concept for nursing research, theory and practice. Its properties have been identified and updated in 1994 and 1999, respectively. This article re-examines marginalization, considering it to be a concept that changes with pivotal historical events. The events of September 11, 2001, and the war between the US/UK and Iraq are such pivotal events. The notion of the linguistic habitus and symbolic violence as outlined by Bourdieu provide new insights about the dynamics of marginalization. Specifically noted is the marginalization of persons and cultures based on their designation by the current US administration, and as

interpreted through mainstream media, as actual or potential 'terrorists'. A parallel situation in nursing is discussed, beginning with nursing's own marginality, related to the dynamics of symbolic violence. Nursing is argued to be vulnerable to having essential words and practices co-opted by dominant institutions and altered in meaning, that is, made incongruent with the discipline's emphasis on core values of confidentiality, equity and care. In response to marginalization and exteriorization those affected can use voice and testimony to 'recreate the centre'. Suggestions for protecting our practices and philosophy are included.

Hermansson, A. C., T. Timpka, et al. "The long-term impact of torture on the mental health of war-wounded refugees: findings and implications for nursing programmes." *Scand J Caring Sci.* 2003 Dec;17(4):317-24.

Today, nurses from many disciplines are expected to provide nursing care to refugees severely traumatized in war and conflict. The general aim of this study was to explore the long-term impact of torture on the mental health of war-wounded refugees. The study group consisted of 22 tortured and 22 nontortured male refugees who had been injured in war. Standardized interview schedules, exploring different background characteristics, and three instruments for assessment of mental health were used: the Hopkins Symptom Checklist, the Post Traumatic Symptom Scale and a well-being scale. The prevalence of psychiatric symptoms was high in both groups. However, there were no significant differences in mental health between the tortured and the nontortured refugees. The patterns of associations between background characteristics and mental health were different in the two groups. The strongest associations with lower level of mental health were higher education in the tortured group and unemployment in the nontortured group. Methodological difficulties in research on sequelae of prolonged traumatization remain. Further studies within the caring sciences can broaden the present understanding of the impact of torture and other war traumas.

Immonen, I. "Nursing during World War II: Finnmark County, Northern Norway." *Int J Circumpolar Health.* 2013 Apr 25;72:20278. doi: [10.3402/ijch.v72i0.20278](https://doi.org/10.3402/ijch.v72i0.20278). Print 2013.

**INTRODUCTION:** This study is part of the project "Nursing in Borderland - Finnmark 1939-1950" within nursing history that sheds light on nursing and health care during World War II in Finnmark County, Northern Norway. The study focuses on challenges in nursing care that arose during the war because of war activities in the Barents area.

This article focuses on challenges caused by shortage of supplies. The aim of the project is to widen the understanding of development within health care and living conditions in the area. **STUDY DESIGN:** This is a historical study using narratives, government documents and literature. **METHODS:** Interviews with nurses and persons active in health care during World War II constitute the main data of the research. Thematic issues that arise from interviews are analysed. Primary and secondary written sources are used in analysing the topics. Because of war activities, deportation and burning of the county, archives were partly destroyed. Central archives can contribute with annual reports, whereas local archives are fragmentary. There are a number of reports written soon after the War, as well as a number of biographical books of newer date. **RESULTS: CHALLENGES CAUSED BY WAR, WHICH APPEAR IN THE INTERVIEWS, ARE:** 1) shortage of supplies, 2) increased workload, 3) multicultural society, 4) ethical dilemmas, 5) deportation of the population. In this paper, focus is on challenges caused by shortage of supplies. **CONCLUSIONS:** Both institutions, personnel and patients were marked by the war. This has to be taken in consideration in health care today.

Kelsey, A. "Nits, nurses and the war: school nursing before the National Health Service." *Int Hist Nurs J.* 2002 Summer;7(2):14-20.

A previous paper (published in the last issue of the 'International History of Nursing Journal') traced the origins of the school medical service and the work and employment of school nurses in the first years. The following account outlines the development of school nursing up to the period following the World War II. This takes place against a series of political and organisational changes, including those precipitated by both the World wars. Although there are frequent references to school nursing work in contemporary records, the voice of school nurses themselves is often missing. The sources used in writing this paper include the archives of the Health Visitors' Association and its predecessors (particularly the Women Public Health Officers' Association--the WPHOA) include records of the responses of a professional association for school nurses to proposed changes. Records of the School Medical Group (SMG) of the Society of Medical Officers of Health (Soc MOsH), including correspondence with the BMA, were also consulted. The records of both of these groups are held at the Contemporary Medical Archive of the Wellcome Institute for the History of Medicine. Material kept at the Public Record Office was used, but papers relating to the years after 1969 remain

closed under the 30-year rule. Relevant secondary sources were also used.

La Torre, A. and M. Lusignani "Nursing in the Sardinian-Piedmontese Army during the Crimean War." *Prof Inferm.* 2013 Oct-Dec;66(4):237-42. doi: 10.7429/pi.2013.664237.

Contemporary history considers the Crimean War one of the most important European military campaigns between the Napoleonic Wars and World War I. For the history of nursing this is an historical landmark, where, thanks to Florence Nightingale, the professional nursing was born. At the moment, the organization of health care and nursing of the Sardinian Piedmontese Army has not been the subject of extensive study. This report is meant to start the analysis of their commitment. Through analysis of primary historical sources, we would like to highlight the role of healthcare and nursing in the Sardinian-Piedmontese Army starting from 1855, during the Crimean War. We have analyzed the records stored in the archive of the Ispettorato Generale (part of the Ministry of War) in Turin and the reports by Army chief physician Dr. Comisetti, as well as the surveys in the archive of the Sisters of Charity at the convent of San Salvato in Turin, the letters of Florence Nightingale and the French doctors' testimonies. So we were able to shed light on the people involved in assistance and healthcare in the Sardinian - Piedmontese Army. A new, unprecedented historical research has shown the dedication and the daily work of male military personnel and religious during the Crimean War, a new aspect during this war that of what would later become the basis of the profession nursing.

Malone, J. "Nursing in the world's war zones." *Nurs Manag (Harrow).* 2012 Jun;19(3):26-8.

This article describes the difficult decisions faced by healthcare workers providing treatment in conflict areas to civilians as well as combatants. While endeavouring to provide the best possible care including, where practicable, follow-up treatment, they daily face the risk of kidnap, attack, takeover of hospital facilities, the seizure of drugs and medical equipment, as well as having to negotiate checkpoints. Care is provided in conflict zones by charities and military medical facilities.

Nelson, J. and M. E. Hagedorn "Federal Nursing Service Award. Rhythms of War: activation experiences during the Persian Gulf War." *Mil Med.* 1997 Apr;162(4):233-9.

Reserve military members and families require family support; however, support needs may increase in war. Stress may stem from entering active

duty or change in family situations. This ethnographic study illuminates patterns of activation through deactivation of reserve military members, their families, family support personnel, and commanders during the Persian Gulf War. The sample included 59 individuals. Five themes were uncovered: (1) staying connected, (2) living with war, (3) fluctuating emotions, (4) refocus your sense of life, and (5) challenges of living the day-to-day. This study contributes to understanding family support experience from activation through deactivation. Recommendations are offered.

Papamikrouli, S. "[Nursing contribution to the celebration of 50 years since the epic war 1940-41]." *Noseleutike*. 1991 Apr-Jun;30(136):87-92.

The Hellenic National Graduate Nurses Association presents the participation of the Greek nurses to the titanic effort of the nation to confront -for six months- two great military -then enemy- forces, of Italy and Germany, with inconceivable bravery and heroism, on the occasion of the fiftieth anniversary from the glorious period of the recent history of our country. The atmosphere and the spirit of enthusiasm and dedication is described, as well as the faith, the bravery and the self abnegation with which the Greek soldiers fought in the Albanian mountains and the Greek nurses in their own battle field, in the health care Army establishments for the treatment and relief of the brave wounded and sick warriors. Statistical data are given, concerning the numbers of graduate and volunteer nurses, who were mobilized at that time by the Army, under the flag and the responsibility of the Hellenic Red Cross, with the guidance and the co-ordination of a great Greek nurse, the late Athena Messolora, a leading figure of history of nursing in Greece. The ten, graduate and volunteer, Red Cross nurses who offered the highest sacrifice of their life for our country during this war are mentioned. Reference is also made to the recognition and appreciative acknowledgements for the great contribution, the devoted services and the sacrifices the Greek nurses rendered to their country, by the Army, the Academy of Athens, the Hellenic Red Cross and the International Committee of Red Cross as well as the Greek society. This article, the speeches of Mrs. M. Eleftheriou and Mrs. Chr. Koletti and also the selected reports of graduate and volunteer nurses, on their war experiences, which follow, are offered by the Association to the younger generations of nurses and to those who will come after them, as a greatly indebted obligation. At the same time all this material is presented, as a tribute of deep gratitude, to those heroic nurses who wrote with their generous hearts and their heroic lives a glorious page in the history of nursing of our country.

Perez-Aguado Mdel, C., E. Bruges, et al. "Medicine and nursing in the Spanish Civil War: women who served in the health services of the International Brigades (1936-1939)." *Vesalius*. 2010 Dec;Suppl:29-33.

The outbreak of the Spanish Civil War in 1936 had repercussions throughout the world. Even though Western democracies had signed a Non-Intervention Agreement, thousands of foreign volunteers fought on the Republican side. This paper briefly summarizes the issues that directly led to the war, and focuses on the intervention of the International Brigades, the origins of the International Sanitary Service (ISS) and the role played by women at the ISS. These women implemented and collaborated in important and innovative procedures in military medicine, that we analyze below.

Perron, A., T. Rudge, et al. "The politics of nursing knowledge and education critical pedagogy in the face of the militarization of nursing in the war on terror." *ANS Adv Nurs Sci*. 2010 Jul-Sep;33(3):184-95.

This article critically examines the incursion of the military in nursing education, practice, and knowledge production. New funding programs, journals, and degrees in (bio)terrorism, emergency preparedness, and disaster management create a context of uncertainty, fear, and crisis, and nursing is portrayed as ideally positioned to protect the wider public from adverse (health-related) events, despite important ontological, epistemological, and ethical considerations. In this article, we discuss implications for nursing education and knowledge production. We posit that a critical pedagogy framework promotes critical reflection, resistance, and a renewed sense of agency not dependent upon external organizations such as the military, intelligence agencies and public health surveillance organizations.

Portnoy, G., D. Kantor, et al. "Missile attacks and nursing staff: impact of the Gulf War." *J Psychosoc Nurs Ment Health Serv*. 1992 Mar;30(3):21-2.

Missile attacks on Israel during the Gulf War created an expected atmosphere of fear and anxiety among hospital nursing staff. There seems to be little doubt that staff group sessions were helpful in alleviating these feelings. The group members openly expressed this sentiment, and it was also the clear impression of the group leaders. The groups were also helpful in dealing with the prevalent theme of conflicting loyalties of the nurses, ie, their profession versus their families. The desire for and benefit from group sessions decreased secondary to a shift in the perceived threat. As the external threat receded, stress became largely due to prolonged hours in close

quarters with other staff. It is too early to be aware of any long-term consequences on nursing staff from the recent war situation. Assessments in this regard are intended in the future, most likely in the form of written evaluation and personal interviews.

Rastegari, M., A. J. Dehkordi, et al. "Assessing the effect of community health nursing care management at home on war-worn soldiers' physical problems suffering from spinal cord complications (urinary infection, bedsore)." Iran J Nurs Midwifery Res. 2010 Dec;15(Suppl 1):322-30.

**BACKGROUND:** Veterans are among the highly-susceptible and highly-esteemed groups of the society. there is no correct, principled, and comprehensive programming with respect to home-nursing care for them. **METHODS:** In this quasi-experimental study, 26 veterans with spinal cord complications, with a 70-percent damage who were resident of Najaf Abad, Iran were concluded. The data were gathered by a checklist consisted of two parts, the first part included the demographic data and the second part consisted of Para-clinical (clinical findings) assessment of the veterans suffering from urinary infection, laboratorial assessments, and assessing the bedsores. The researcher visited all the veterans and completed the checklist by interviewing them. **RESULTS:** The mean age of the veterans was 45 (5.1) years and the highest frequency (53.8%) belonged to the age range of 40-44 years. The mean number of the family members was 4.4 people. The veterans who had paraplegia damage included 88.6%. Considering the damage rate, the highest frequency (69.2%) belonged to thoracic vertebra level. all the 26 veterans had been suffering from urinal infection before the managerial intervention; however 20 subjects (76.9%) had urinal infection after the intervention. **CONCLUSIONS:** It can be stated that pressure wounds are preventable and these caring measures can be offered to susceptible groups of the community in a better and cheaper way if more studies are done with a closer contact and a higher number of samples in addition to have unison among the community-based systems.

Richardson, S. L. "'Stand up and be counted": nursing at the Calgary General Hospital after the Second World War." Can Bull Med Hist. 2001;18(2):297-323.

The post-second World War period of reconstruction was a time of ferment for Canadian hospitals, and consequently, for hospital nursing work and education. Demand for hospital services, especially nursing, increased dramatically. At the same time, fewer young women were willing to enroll in hospital nurse-training programs. This article is a case study of how one voluntary western hospital - the

Calgary General Hospital - grappled with the post-second World War shortage of both graduate nurses and student nurses, at a time of transition from a small, cottage-type hospital into a large, complex urban institution. The analysis offers insights into today's economically driven and politically controlled health care delivery system restructuring, while illuminating the contributions of one of Canada's least known nurse leaders - Gertrude May Hall.

Rys, S., R. Deschepper, et al. "The moral difference or equivalence between continuous sedation until death and physician-assisted death: word games or war games?: a qualitative content analysis of opinion pieces in the indexed medical and nursing literature." J Bioeth Inq. 2012 Jun;9(2):171-83. doi: 10.1007/s11673-012-9369-8. Epub 2012 Mar 21.

Continuous sedation until death (CSD), the act of reducing or removing the consciousness of an incurably ill patient until death, often provokes medical-ethical discussions in the opinion sections of medical and nursing journals. Some argue that CSD is morally equivalent to physician-assisted death (PAD), that it is a form of "slow euthanasia." A qualitative thematic content analysis of opinion pieces was conducted to describe and classify arguments that support or reject a moral difference between CSD and PAD. Arguments pro and contra a moral difference refer basically to the same ambiguous themes, namely intention, proportionality, withholding artificial nutrition and hydration, and removing consciousness. This demonstrates that the debate is first and foremost a semantic rather than a factual dispute, focusing on the normative framework of CSD. Given the prevalent ambiguity, the debate on CSD appears to be a classical symbolic struggle for moral authority.

Sandelowski, M. "Venous envy: the post-World War II debate over IV nursing." ANS Adv Nurs Sci. 1999 Sep;22(1):52-62.

After World War II, a debate ensued over whether nurses should perform intravenous (IV) therapy. The debate was resolved by permitting nurses to do venipunctures as physicians' agents and by recirculating the familiar tautology: if nurses were already doing venipunctures, they must be simple enough for nurses to do. The vein was a portal of entry for nurses, but one with limited access. What was ultimately ceded to nurses was not full jurisdiction over a domain of nursing practice, but rather a limited settlement in a domain of medical practice. The debate over IV therapy demonstrated how technology, in combination with ideology, can both create and destroy nursing jurisdictions.



Schweikardt, C. "New aspects of the German 'scientific nursing' movement before World War I: Florence Nightingale's Notes on nursing disguised as part of a medical tradition." Nurs Inq. 2006 Dec;13(4):259-68.

A group of German physicians propagated 'scientific nursing' in the 1890s in order to establish it as a medical specialty. Martin Mendelsohn (1860-1930) emerged as the figurehead of this movement. One of his earliest key publications on this topic appeared in 1890, with a second edition in 1892. It was entitled *The comfort of the sick (Der Comfort des Kranken)*. The comparison with Florence Nightingale's (1820-1910) Notes on nursing led to the conclusion that Mendelsohn's book constitutes a hitherto unknown and unacknowledged reception of her ideas. Mendelsohn took great pains to demonstrate a medical tradition of 'scientific nursing' dating from antiquity. However, chapters 2-8 distinctly show a large number of passages that correspond to the Notes on nursing. Acknowledging Florence Nightingale would not have served Mendelsohn's interests. In his view, the role assigned to nurses was much more restricted than in the Notes on nursing and entailed merely carrying out physicians' orders. Consequently, the development of nursing in England was not an example to be followed. Although the 'scientific nursing' movement failed, its ideas on the role of nurses were incorporated into the regulations of the Prussian state nursing examination of 1907.

Siles Gonzalez, J., E. Garcia Hernandez, et al. "[Nursing in the movies: its image during the Spanish Civil War]." Rev Enferm. 1998 Dec;21(244):24-31.

**INTRODUCTION:** The cinema had carried out a determining role in the development of stereotypes and in a wide gamut of models related to real life situations. The objective of this analysis is to determine the influence cinema had on the image of nurses during the Spanish Civil War from 1936-1939. These are the initial hypotheses: the role of Spanish nurses during the civil war was reflected by both sides in their respective movie productions; and the image of nurses shown in these films, on both sides, presents a conflicting role concept for women in society. **METHODS AND MATERIALS:** Following strategies developed by specialists in film analysis (Bondwell 1995, Uneso 1995, Carmona 1991) a total of 453 movie productions, 360 on the republican side and 93 on the national side, were reviewed. These films were listed in the Spanish National Films Library records. **RESULTS:** After analyzing the Spanish cinema productions during the Spanish Civil War, data relating to 453 films were identified. The genre included documents, news programs and fiction movies. 77 were produced in 1936, 235 in 1937, 102

in 1938 and 39 in 1939. A tremendous difference exists between the republican productions, 79% of the total, and the national productions. By genres, the types produced on the republican side were: in 1936, 53 documentals, 4 news programs and 9 fiction films; in 1937, 186 documentals, 5 news programs and 19 fiction films; in 1938, 72 documentals, 1 news programs and 2 fiction films; in 1939, 2 documentals and 2 fiction films.

Silverstein, C. M. "From the front lines to the home front: a history of the development of psychiatric nursing in the U.S. during the World War II era." Issues Ment Health Nurs. 2008 Jul;29(7):719-37. doi: 10.1080/01612840802129087.

During World War II, psychiatric nurses learned valuable lessons on how to deal with the traumas of war. Using psychohistorical inquiry, this historian examined primary and secondary sources, beyond the facts and dates associated with historical events, to understand why and how psychiatric nurse pioneers developed therapeutic techniques to address the psychosocial and physical needs of combatants. Not only is the story told about the hardships endured as nurses ministered to soldiers, but their attitudes, beliefs, and emotions, that is, how they felt and what they thought about their circumstances, are explored. In this study the lived experiences of two psychiatric nurses, Votta and Peplau, are contrasted to explicate how knowledge development improved care and how this knowledge had an impact on the home front in nursing practice and education, as well as in mental institutions and society, long after the war was won.

Sorokina, T. S. "Russian nursing in the Crimean war." J R Coll Physicians Lond. 1995 Jan-Feb;29(1):57-63.

Although the practice of military medicine and surgery goes back to antiquity, the British date the proper care of the wounded from the arrival of Florence Nightingale at Scutari in Turkey on 4 November 1854. The 140th anniversary of her work in that winter of the Crimean war is being celebrated by an exhibition at the Florence Nightingale Museum, 2 Lambeth Palace Road SE1 7EW, from 1 December 1994 till 30 April 1995. For the first time in this country it will tell a little of the other side of the story--the exploits of Russian nurses in caring for the casualties from both sides in the conflict--which is the subject of this article.

Starns, P. "Nursing leadership as a legacy of the Second World War." Int Hist Nurs J. 1996 Spring;1(3):34-42.

In an overview of British nursing history from 1939 onwards, this paper challenges the view that professional stagnation in the post war period resulted

from a lack of nurse leadership. Instead the paper argues that strong dynamic leaders did exist, but they failed to gain the support of rank and file nurses.

Stevens, S. Y. "Sale of the century: images of nursing in the Movietone news during World War II." ANS Adv Nurs Sci. 1990 Jul;12(4):44-52.

Images of nursing in televised news have been problematic at a time when recruitment of nurses is a critical need. During the World War II years, a massive campaign successfully recruited nurses, and newsreels were a major source of news information. An analysis of two years, 1942 to 1944, of the Movietone news, the largest US newsreel company, identifies images presented during the times, considers those images in a historical context, and proposes successful recruitment strategies that could be useful today. Nursing's scientific base, the great demand for nurses, and a link between public needs and nurses' skill and intelligence are powerful images that should be promulgated in today's news media.

Stolzle, A. "[The voluntary medical care during the First World War. The work of the nursing staff in the military field hospitals on the eastern and western frontlines]." Medizinhist J. 2012;47(2-3):176-220.

The voluntary medical care consisted of civilians who were provided to the medical corps in the First World War for the first time in this great dimension. The nursing staff on the eastern and the western German frontlines were sending letters back home, some of them were drafting diaries due to the special event or recorded their experiences after the war. Besides the narratives of their private impressions, these documents are reflecting their nursing work, which the nursing staff had to achieve. An important factor was, that the patients were soldiers. Conflicts in the cooperation with the medical staff and among the nurses did not seem to have influenced a good quality of care, however it facilitated a harmonic coexistence and above all, it helped to sustain behind the fronts. The study of the nursing care and the relationship with patients and among the staff reflects on the meaning of nursing care for the staff.

Telford, J. C. "The American nursing shortage during World War I: the debate over the use of nurses' aids." Can Bull Med Hist. 2010;27(1):85-99.

This article explores the history of the creation of the Army and Navy Female Nurse Corps and the debate that ensued between American nursing leaders Jane Delano, director of the Red Cross Nursing Service, M. Adelaide Nutting, president of the American Federation of Nurses, and Annie Goodrich, dean of the Army School of Nursing, over the use of

untrained nurses' aids to offset the nursing shortage that resulted from the United States entry into the Great War in 1917. The recruitment of minimally or untrained nurses' aids to offset the nursing shortage of the World War I era was a logical solution for American nursing leaders who had to meet the needs for nursing personnel. The exclusion of trained African American nurses, however, was a gross oversight on the part of these leaders. Whether or not this action compromised the status of nursing as a profession is still a matter of interest. Moreover, the debate about the delivery of care by unlicensed personnel continues.

Tjoflat, I. "Nursing practice in war zones and wisdom acquired." Vard Nord Utveckl Forsk. 1997 Winter;17(4):47-9.

The purpose of this study was to describe nursing practice in war zones and skills nurses had acquired through their work. A descriptive design was used. The sample included 39 nurses who had worked in different areas of conflict around the world for two Norwegian humanitarian organizations. A questionnaire was designed to collect both quantitative and qualitative data. The results seem to indicate that the nurses were well prepared for this particular work. The nursing practice consisted of nursing victims of war and supervision/teaching of local nurses. The nurses had positive experiences from their work. The nurses acquired personal and professional skills from their work in war zones, but the results seem to indicate that their Norwegian employers just to a certain degree took advantage of these skills.

Tooker, J. "Antietam: aspects of medicine, nursing and the civil war." Trans Am Clin Climatol Assoc. 2007;118:215-23.

Robert E. Lee's Army of Northern Virginia met the Army of the Potomac under George B. McClellan at Antietam Creek near Sharpsburg, Maryland on September 17, 1862. Before the day was done, nearly 23,000 men were killed, wounded, or missing, memorializing Antietam as the bloodiest single day in American military history. Dr. Jonathan Letterman, the Medical Director of the Army of the Potomac, Clara Barton, the "Angel of the Battlefield," and Dr. Hunter McGuire, Chief Surgeon to and Medical Director of General Stonewall Jackson's Corps, were among the nursing and medical personnel engaged on that historic day. These three individuals provided medical and nursing care to the casualties at Antietam (and other Civil War battles), but perhaps more importantly, developed systems of casualty management that brought order and humanity to the battlefield. These models of care continue today in modern military medicine.

Tschudin, V. and C. Schmitz "The impact of conflict and war on international nursing and ethics." Nurs Ethics. 2003 Jul;10(4):354-67.

Modern nursing evolved out of a war. Today's nurses not only work in war zones the profession as a whole needs to consider its responsibility in caring for victims conflict and what its international duty is in preventing wars. This means that must be informed of the devastation caused by conflict not only in countries where conflicts and war take place but also world-wide. Nurses' responsibility is to prevent illness and alleviate suffering, which includes the long-term morbidity caused by wars. They need to be more politically active in conflict resolution and prevention at local, community, national and international levels. The purpose of this article is to address these issues from an ethical perspective and to suggest implications for nursing education and practice.

van Bergen, L. "Duty leads to right, right leads to duty. Dutch Red Cross, nursing and war 1870-1918." Neuere Med Wiss Quellen Stud. 2011;20:67-87.

As a consequence of conscription in the second half of the nineteenth century the Dutch army began to exist of "sons of our home" instead of mercenaries. This led to a cry for better medical care to which the military and political authorities responded by calling into being a Dutch Red Cross organization. The home front would be satisfied and being a voluntary organization, military budgets would stay intact. However this was criticized in two ways. Radical nursing organizations opted for aid given by the state so nurses would be properly paid and soldiers would receive aid from well trained personnel. Wounded soldiers had the right to be helped and nurses had the right to be satisfactorily paid and only the state could guarantee both. Others also opted for state help, but for other reasons. Where radical nurses underlined the rights, they mainly pointed at obligations. Soldiers had the duty to fight and nurses had the duty to assist those who got sick or wounded so they too could do their bit for the Fatherland in need.

Vickers, E. D. "Frances Elisabeth Crowell and the politics of nursing in Czechoslovakia after the first world war." Nurs Hist Rev. 1999;7:67-96.

The firmly entrenched, negative attitude regarding the nurse in Czechoslovakia was a major deterrent to the development of nursing education in that country after the First World War. Social work was the culturally acceptable form of caring activity for educated women who perceived nursing as a hospital function performed by the religious orders and

the less educated. Alice Masaryk, an innovative force in addressing social welfare problems after the war, reinforced this perception. Despite her early investigative experience in social welfare in American settlements before the war, Masaryk gave no indication that she was aware of the recent progress in the development of nursing in America. Her attitude fostered the indecisiveness of the ministers who lacked a clear understanding of nursing and who were reluctant to make any innovative changes that would modernize the profession. Furthermore, older physicians were content with the current nursing situation and did not share younger physicians' visions of a public health team that included well-educated nurses. Crowell had to negotiate within this political and cultural environment where the major figures struggled against proposed changes that may have seemed not only expensive, but also unsettling to their way of life. She recognized the necessity of respecting the Czech position and cooperating with them in attaining an amicable solution. Her educational and professional background, and the European cultural insights she had gained during her years in the U.S. supported her well in meeting this challenge.

Wells, J. S. and M. Bergin "British Icons and Catholic perfidy - Anglo-Saxon historiography and the battle for Crimean war nursing." Nurs Inq. 2015 May 16. doi: 10.1111/nin.12104.

Taking as its starting point Carr's view that historical narrative reflects the preoccupations of the time in which it is written and Foucault's concept of consensual historical discourse as the outcome of a social struggle in which the victor suppresses or at least diminishes contrary versions of historical events in favour of their own, this paper traces and discusses the historical narrative of British nursing in the Crimean war and, in particular, three competing narratives that have arisen in the latter half of the 20th century and the first decade of the 21st. These are the established narrative surrounding Florence Nightingale, the new narrative surrounding Mary Seacole and an Irish narrative surrounding the role of the Sisters of Mercy. It is argued that the increased vehemence of the debate surrounding these narratives is representative of the changes that have taken place in British society. However, we also argue that the Irish narrative and its critique are reflective of deep-rooted Anglo-Protestant attitudes articulated by Nightingale and uncritically accepted by subsequent historians even in modern British historiography.

Yost, T. L. "Nursing care of service members with head injury during the Vietnam war." J Neurosci Nurs. 2012 Jun;44(3):157-63. doi: 10.1097/JNN.0b013e31825106ba.

The purpose of this article was to describe and analyze the nursing management of head-injured soldiers by military nurses serving in the Vietnam War. This study used traditional historical methods and a military history framework. Primary sources included original military reports, letters, and policies from the Vietnam War period (located in the archives of the Army Medical Department, Office of Medical History in Falls Church, VA); journal articles of the time period; and autobiographical texts. Secondary sources consisted of biographical and historical texts and Web sites of historical societies. Findings supported that advances in medicine, nursing, and technology throughout the 1960s have an overall positive impact on patient care in a combat zone. The Vietnam War was a time when new theories in the management of head injuries led directly to overall improvements in survival. In conclusion, nurses were professionally and emotionally challenged on a near daily basis but were able to directly apply new nursing science in a combat environment to help improve survivability for those who may not have previously survived off the battlefield.

The above contents are the collected information from Internet and public resources to offer to the people for the convenient reading and information disseminating and sharing.

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