

Sisterhood's Ordeals: Shared Interests and Divided Loyalties in Finnish Wartime Nursing

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SUMMARY

1.—Introduction. 2.—Politics of Selection. 2.1.—The Hierarchical Order of Nursing. 2.2.—The Fight Against the «Amateur Scare». 3.—A Calling for Sisterhood in Civil Service. 4.—Gendered Processes of Professionalization.

ABSTRACT

The aim of this article is to highlight early Finnish nursing in a special wartime context. Occupational development of nursing is envisioned by addressing at a more general level women's mutual relationships and the opportunities and obstacles of the process of occupational development. The article debates two main issues. Establishing occupational domains was a process of selecting suitable labour force and training women morally, as well. The hierarchical order of nursing is manifested especially in the questions of auxiliary labour and the so-called amateur scare. War was still a time of romanticism with visible military and religious models, but women also struggled for their right to have rights.

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1. INTRODUCTION

Occupational development in nursing has been a long process of cultural change and struggle of interests. But has it empowered women? In this article I shall address this question within health care in three senses: what women gained through occupational development, what was expected of them and what the calling obliged women to do.

Women's unpaid health work duties within the family and kinship have gradually been professionalised. The gender order deeply rooted in the patriarchal family has been transferred to wage labour via this process. «Ordered to care» is a well known notion of Susan Reverby (1987) (1), crystallising women's historical dilemmas of caring. Firstly, it includes women's obligations to care in a society that refuses to value caring. And secondly, it raises interesting questions about how a group of women became so divided that their shared gender-based oppression, as Reverby states, fails to unite them.

Finnish women are well known for their high participation in paid labour. Women have accounted for almost half of the labour force since the Second World War, and unlike women in many other countries, they have generally worked on a full-time basis (2). Finnish women have had a strong orientation to education and on average their level of education has been higher than that of Finnish men: (3) women's engagement in nursing education has been particularly strong. Through educational and occupational pathways Finnish women have step by step entered the labour market in several professional forms. Within health care and social welfare there is a variety of occupations and tasks

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- (1) REVERBY, Susan. *Ordered to care – The Dilemma of American Nursing*, Cambridge, Cambridge University Press, 1987.
 - (2) In 1940 women accounted for 79 % of the health sector labour force, which meant 15,500 employees. VATTULA, Kaarina. *Palvelustyöstä konttoristiin—naisten työhönoasallistuminen 1880-1940*. In: *När samhället förändras - Kun yhteiskunta muuttuu*, Helsinki, SHS, Helsingin yliopiston monistuspalvelu, 1981, pp. 63-90; see also POHLS, Maritta. *Women's Work in Finland 1870-1940*. In: *The Lady with the Bow. The Story of Finnish Women*, Helsinki, Otava, 1990, pp. 55-79.
 - (3) See KORPPI-TOMMOLA, Aura. *Education—the Road to Work and Equality*. In: *The Lady with the Bow. The Story of Finnish Women*, Helsinki, Otava, 1990, pp. 31-41.

labelled as «women's work», which refers to the strong development of domestic expertise in all areas of working life.

The cultural spectrum within the caring occupations in health care is, however, extensive and multirooted. It derives from deep religious devotion up to high tech; from charity and deacony to clinical specialities. Within the early professional phase nursing education and cultural ideas were introduced in a Nightingalean form modified by a Finnish, especially Finnish-Swedish, outlook. The chief designer was Baroness Sophie Mannerheim, the well-known nurse pioneer who was educated in England. Nurse education developed rapidly as she had become the head nurse of the Surgical Hospital (1904) and the chairwoman of the bilingual nurse association (Sjukssköterskeföreningen i Finland, founded in 1898).

In Finland the first courses on nursing started as deaconess training in 1867; the so-called secular nursing followed two decades later (1889). Gradually courses became longer and differentiated. By 1922 two programmes were developed: one lasting two years and another lasting three years. Depending on basic education (either elementary or intermediate school) the training opened up different positions in hospital hierarchies; longer training qualified for a matron's, head nurse's or ward sister's position, the shorter one for that of a rank-and-file nurse. Untrained auxiliaries acted as hospital servants and maids.

Nurse associations, educators and other leading ladies had struggled hard for decades for a longer and more qualified education. But it was not until 1929 that the three-year nursing programme was attained. The education was standardised throughout the sparsely populated agrarian country (4) and the state took responsibility for its funding and organisation, for which many appeals had been made. But the establishing of the professional realm and qualifications was not an easy task. Disagreements

(4) Finland gained independence in 1917 when the bilingual Republic of Finland was founded. Prior to independence Finland was an autonomous grand duchy of the Russian Empire for one hundred years; and prior to that a part of the Kingdom of Sweden-Finland for three hundred years. See ALESTALO, Matti. *Structural Change, Classes and the State. Finland in a Historical and Comparative Perspective*, Helsinki, Yliopistopaino, 1986.

with medical practitioners on basic educational requirements and the length of nursing education arose in several state committees and the question was also disputed in professional journals (5). In principle, medical practitioners wanted to keep standards low and the number of nurse professionals high; women instead wanted to upgrade standards and keep the number of professionals lower. It was also problematic how boundaries in relation to untrained lay caregivers could be set up.

The Second World War (1939-1945)—better known in Finland as the Winter and Continuation Wars—was, however, to break this course of development in many ways. Even before the unified three-year nursing programme had been completed, new needs came up forcing the nurses to bargain on their achievements. During the wartime health care suffered from a huge shortage of educated labour and quick arrangements were called for. But who were the ones to be recruited and on what conditions were they to enter the field? And what was interesting was how women met each other in these circumstances.

In this article I shall focus on this occupational turning point rooted in an important moment in the formation of the Finnish nation in two senses. I shall highlight the structural rearrangements in the division of labour and envision the cultural collision in the professional ethos of nursing. A new labour force was to be trained and recruited. To the vanguard of professionals it was, however, more than self-evident how this should be realised and how the newcomers were to behave. Wartime forced open the closed institutional order of hospitals. In this changing context the meaning of vocation was to be re-evaluated and reconstructed as well. Nurses were forced to dismount and participate in everyday life in a new way. This was not an easy task for rank-and-file nurses who had been taught to obey and follow the archaic traditions of devotion and self-sacrifice.

What constitutes the process of occupational development and what kinds of interests have women introduced into it? Professionalisation

(5) More about these struggles see HENRIKSSON, Lea. Gendered division of labour in health work. Tensions and contradictions in Finnish nursing. In: Birger Simonson; Annette Thörnquist (eds.), *Arbete, Genus, Fackförening*. Göteborg, Skrifter från Historiska institutionen i Göteborg, 1993, vol. 3, pp. 121-135.

will be envisioned as courses of events in terms of the division of labour, but I shall also pay attention to the cultural embeddedness of the process (6). This article opens up a view to the early formation of the ground of the Finnish welfare state which, however, started to flourish in the 1960s and 1970s.

2. *POLITICS OF SELECTION*

Wartime occupational politics were closely connected with the reform of the educational system and with pedagogical views of German origin, introduced into curricula already by the mid-1930s: their emphasis was on work, discipline and activity. The atmosphere was elevated by the ideas of will power, physical performance and the raising of national defense. Finland appeared to be behind its neighbours in this respect and international recommendations required the intensification of vocational education (7). Questions of introducing employment obligation and even some sort of military service as well as civic education into schools were raised. Community service in organisations and associations was a way to meet the spirit of the time and its civil duties that also concerned women. Health work was a suitable field for these efforts.

The realms of domestic and professional work and the division of labour among women changed. Wartime brought about new tasks and showed that the number of existing professionals was insufficient. The need for auxiliary, temporary, short-trained and cheap labour became evident. Short state-supported courses (8) gave rise to new, permanent women's branches. This was true for health work, as well. The basis of labour and health policies was that a small country like Finland could

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- (6) The core of the research material consists of state committee reports on nursing education and articles of professional journals of nurses and medical practitioners: *Suomen Lääkäriliiton Aikakauslehti/Finnish Medical Journal (SLA)* and *Sairaanhoidajatarlehti/Finnish Nursing Journal (SHL)*.
- (7) Printed State Committee Report, 1948, no. 9, Sosiaaliministeriö, Valtion Painatuskeskus (VAPK), Helsinki, 1967.
- (8) Printed State Committee Report, 1944, no. 7, Maatalousministeriö, VAPK, Helsinki, 1967.

not afford to educate a sufficient amount of medical practitioners (9). On the other hand, the state regarded it necessary to build public health services because of economic recession in a situation where it was impossible to wait for the expansion of private practices. There was clearly a need for female professionals, but for whom and on what terms?

2.1. *The Hierarchical Order of Nursing*

The well-known principle of occupational process is concretised in the question of the hierarchy of nursing professionalisation: exclusion, segregation and selection of legitimate professionals, who also needed external symbols and a strict etiquette to support them. In my research material segregation and selection concerned in the first place the relation to auxiliary labour, of the so-called amateur nursing. It also became visible in the discussion about military models and ideals.

The question of auxiliary labour referred to the radical change of educational and occupational policies in the realm of nursing. The shortage of trained labour and general criticism of nursing education hastened the change. Medical practitioners and the so-called general public felt that nursing education was already too long and theoretical in character, and that the entrance requirements were all too high. Cheaper and more easily available labour was needed in the countryside instead of «over-qualified» women who had graduated from girls' schools and three-year nursing colleges and who were also thought to ruin hospitals financially (10).

In addition to the labour shortage and economic crisis, the change in work tasks and requirements created a need for auxiliary labour: the amount of literary work had increased, patient turnover was high, nursing under the wartime conditions required a vast labour force, the general condition of the patients had deteriorated, and the care of disabled

(9) APAJALAHTI, Aulis. Kätilökoulutuksen uudistamisesta. *SLA*, 1943, no. 3, 89-95.

(10) SNELLMAN, Venny. Sairaanhoitajattaret ja koulutusksymys. *SHL*, 1941, no. 4, 111-114, 132-134; Sairaanhoitajatarjärjestöjen koulutuskomitea. *SHL*, 1942, no. 12, 346-348.

soldiers required an extra effort. As the war continued, years of overwork, long assignments and working hours without a holiday increased the staff's morbidity and further reduced the size of the labour force. In these provisional arrangements the expedient organisation and execution of work called for additional labour (11).

The core of the question of auxiliary labour was: which parts of household management or office jobs should be transferred from nurses or public health nurses to other workers, and what would then be the position of these workers? (12). It was not easy, however, to distinguish auxiliary tasks from others: «Nursing will lose the best of it if we nurses start to break it down and transfer to others duties that are so central to it, such as serving food and feeding the patient, cleaning the patient's nearest surroundings and other pleasant arrangements which the patient would be deprived of» (13). On the other hand, it was feared that office work would turn out to be all too tempting. «When a young nurse gets behind a desk, she feels she is on top of the world. She soon forgets that the most valuable part of a nurse's work is done at the patient's bedside» (14).

Various short-trained auxiliaries such as members of Lotta Svärd organisation (15) (women's voluntary defense service), auxiliary home

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- (11) Työvoimaa lisää opetussairaaloihin. *SHL*, 1945, no. 3, 71; VESAMAA, Liisa. Oppilaat sairaanhoidon työvoimana. *SHL*, 1945, no. 3, 61-62.
- (12) Sairaanhoitajatarpula. *SHL*, 1939, 5, 188-189; Koulutuskomitean työstä. *SHL*, 1943, no. 3, 73-75.
- (13) ÅBERG, Elsa. Potilaan henkilökohtaista hoitoa olisi tehostettava. *SHL*, 1939, no. 6, 238.
- (14) SINERVO, Agnes. Sairaanhoitajatyövoimaa tuhlataan osastoillamme. *SHL*, 1944, no. 3, 59-60
- (15) Lotta Svärd had grown up out of the women's divisions of the civil guards during the independence struggle. At the time it was the biggest women's organisation in the whole country; by the end of the Continuation War its membership numbered an impressive 232 000 (LUKKARINEN, Vilho. Naisten maanpuolustuskeski: Ristivetoa naisten sijoittamisesta puolustusvoimien palvelukseen jatkosodan aikana. *Tiede ja ase. Suomen Sotatieteellisen Seuran vuosijulkaisu*, 1985, 43, 76.) Lotta Svärd was suppressed soon after the war because of the alleged connections of its leaders with Fascism. BÄCKSTRÖM, Maija-Liisa. *Fanni Luukkonen. Lottajohtaja*, Helsinki, Otava, 1993; see also MARAKOWITZ, Ellen. *Gender and Nationalism in Finland: The Domestication of the National Narrative*, Ann Arbor, Columbia University, 1993.

helpers, girl guides, student nurses, hospital trainees and civil defense aides had been used to ease the workload of nursing practitioners (16). They were trained in courses that took from a few days to a few months. Childcare workers, mental health nurses and home helpers were auxiliaries with a longer training. Lay caregivers also had a place in nursing the sick.

While a decisive change took place during the war in the division of labour in nursing, there was no mass movement amongst idle upper-class women to join the ranks of professional nurses in fieldwork—which apparently happened in many other countries (17). Finland did not have that many upper-class women; at least they had no business replacing educated nurses.

In the ideological reform of nursing, a borderline in relation to women's domestic work had already been drawn during the first decades of the 20th century. The aim was to purge the occupational image of nursing from the «burdens of the past», that is, from connections with and traces of domestic duties (18). Wartime forced decisive action. The need for auxiliary labour was clear, but the discussion about it was marked by fear and suspicion. The educational activist Aino Durchman referred to the Swedish experience where tasks she felt belonged to the realm of nursing had been transferred to auxiliary labour. Good general care of the patient was the cornerstone of a nurse's occupation «for which Florence Nightingale fought and won over the civilised world». The reorganisation of tasks to be done by auxiliary labour would endanger occupational efforts of nursing and lower the standard of nursing in the

(16) K.H.-Ö. (Pen name) Lääkintälotat. *SHL*, 1940, no. 6, 156-157; LARSSON, Sigrid. Kotiapusi-sartoiminta. *SHL*, 1941, no. 10, 282-284.

(17) HAGAN, Lyyli, Suomen Punaisen Ristin sairaanhoitajatoiminta. *Historiikki ajalta 1926-1964, kesäkuu 1965* (unpublished historical report); SUMMERS, Anne. *Pride and Prejudice – Ladies and Nurses in Crimean War. History Workshop Issues*, 1983, 16, 33-56.

(18) One of the ideological principles of the professionalization of nursing has been to break off the link between women's wage work and domestic duties, which has been thought to lower the status of the occupation. See e.g. O'BRIEN, Patricia. «All a Women's Life Can Bring»: The Domestic Roots of Nursing in Philadelphia, 1830-1885. *Nursing Research*, 1987, 36, 12-17.

country (19). Regardless of the conflicts, the training of auxiliary nurses started in Finland after the war in 1946.

The position of lay workers as a resource for nursing was by no means more easy than the question of auxiliary labour. In general, nursing institutions took a negative view of trainees, but they were used due to practical reasons. The trainees were of importance, especially in teaching hospitals, as cleaning aides. Mental health nursing accepted trainees more readily, because the field was still seeking its place and expertise in the professional domain. Home care was a cheap and good way to organise outpatient care. The department for the insane at the local home for the elderly was perhaps the only institution where «any person of good repute with the inclination and experience in taking care of the sick» could work with the consent of the National Board of Health (20).

Outside of institutional care the question of auxiliary labour focused on the possibility that domestics would assist public health nurses. The slogan of the time was that «home is the natural care setting», and it assigned to women total responsibility for caring at home. The discussion about civil education concerned only women, and nurses felt that schoolgirls should also be taught basic skills of nursing (21).

Home helper education had started in 1939, but its educational content and the position of workers had to be evaluated more carefully in relation to nursing. The rural health care committee had suggested that home nursing aides should be trained and used more extensively, which as such had evoked a response in nursing and medical practitioners. Plans for a six-month education were made, but the project was still criticised heavily during the war. Nursing professionals felt that home helper education laid all too much stress on the nursing component. Instead of this, it should be based on household management, on studies of domestic science and housekeeping and simple nursing

(19) DURCHMAN, Aino. Potilaan yleishoito on pääasia. *SHL*, 1945, no. 9, 228-229.

(20) UNKILA, Enni. Tarvitaan työntekijöitä, joilla on myötätunto ja kyky ymmärtää sielullisia sairaita. *SHL*, 1939, no. 4, 155-157. Koulutuskomitean työstä. *SHL*, 1943, no. 3, 73-75.

(21) Kotisairaanhoido. *SHL*, 1939, no. 9, 311-313; Potilas perheen jäsenenä. *SHL*, 1940, no. 6, 148-150; HERPOLA, Oskar. Äitiyshuollosta. *SHL*, 1941, no. 11, 293-300, 318.

procedures, not on actual nursing care (22). New professionals, i.e. home helpers, who were to work under public health nurses, were needed to solve the shortage of labour force in outpatient care.

For professionals the question about auxiliary labour was clear-cut and simple. Girl guides, who had taken a short Samaritan course, got the feel of hospital order. Members of the girl guide union told that they learned the skills of compassion and obeying orders: «We are not nurses, we work *under* their supervision and do everything we are allowed to do. We feel very proud when the ward sister (by the way, we call her the head nurse) asks us to keep an eye on the ward for a moment» (23). The head nurse felt that girl guides were excellent workers and a good example of what it meant to know one's place and understand it right. Members of Lotta Svärd were also given credit: they were «imbued with discipline» and knew where they stood (24).

Caregivers felt it necessary to see to the content and length of auxiliary education and to be wary of job overlap (25). Relations of command and leadership were to be clear-cut. Auxiliary labour were not meant to turn into «quack nurses» (26). The position, tasks and number of auxiliary labour were to be determined carefully in relation to better trained employees. The core of this question was: auxiliary

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- (22) JASKARI, Aino. Kodinhoitajatar toiminnan järjestely. *SHL*, 1941, 5, 156-160; LARSSON, note 16, pp. 282-284.
- (23) Sairaanhoidon reserviläiset. *SHL*, 1940, 3, 54-55; see also SIMONEN, Leila. *Contradictions of the Welfare State, Women and Caring*, Doctoral dissertation Tampere, University of Tampere, [Acta Universitatis Tamperensis, ser. A, vol. 295], 1990.
- (24) K.H.-Ö, note 16, pp. 156-157.
- (25) Physicians had a corresponding discussion about nursing education during the first decades of the century. See HENRIKSSON, note 5.
- (26) This so-called «quackery-scare» lurked for nursing practitioners, as well. Nurses had willingly assumed physicians' tasks and the Nurse Union was concerned about violations of occupational boundaries. Patient care was in danger of becoming secondary in importance. However, these principles were limited by practical necessities. Unusual conditions and lack of funds «simply forced people to practice quackery». This meant that safety at work was also put in danger. Järkyttävä onnettomuus. *SHL*, 1939, no. 5, 184; Sairaanhoitajatarjärjestöjen koulutuskomitean lausunto. II osa. *SHL*, 1943, no. 11, 272-274, 298-306.

labour should know where they stand and relate appropriately to their job. It was important to prevent the rise of violations of occupational boundaries and competing professions from being born especially under the wartime conditions (e.g. by using various regulations).

2.2. *The Fight Against the «Amateur Scare»*

During wartime Finnish nursing education and organisation were exceptional in the international context: the nursing committee of the Finnish Red Cross compiled a register on all trained nurses and organised their labour force to be used in assignments and employment obligation duties. Unlike other countries, the Red Cross had a consulting committee that was composed exclusively of nurses (e.g. chairwomen of both the bilingual and Finnish-speaking union of nurses). The committee's task was to deliver statements with the aim of securing the occupation's interests, as well as to make plans for the listing and use of trained labour for wartime needs. The committee attended to the interests of trained professionals «in acquiring female auxiliary labour». Control remained largely in the hands of professionals, even though their position was legally unclear and controversial. The division of labour between the National Board of Health, the medical department of the Ministry of Defense and the Red Cross nursing office was blurred in different phases of the war.

School nurse Lyyli Hagan, the founder and long serving director of the Red Cross nursing office and reserve took it as her calling to prevent the short-term education of lay caregivers during the war. The education of the members of Lotta Svärd was also disputed. As the chairwoman of Lotta Svärd, Fanny Luukkonen, the «general» of the organisation stated, it was required that the organisation discontinue its educational activities. Instead, it continued to train auxiliary nurses. In rejecting this so-called «amateur scare» in the name of «the idea of nurse reserves», Lyyli Hagan operated with the kind assistance of General Mannerheim, the chair of the Finnish Red Cross. Mannerheim had appealed to nurses: «The nurse reserve of the Red Cross has been created to form a screen wall of charity behind the battlefields». Hagan followed in the footsteps of Baroness and head nurse Sophie Mannerheim,

the pioneer of nursing and the general's sister, by making use of Swedish and British experiences (27).

In practical work as auxiliary nurses, nurse members of Lotta Svärd were renowned. They were trained like soldiers to understand their position, and drawing a borderline in relation to trained nurses was essential, as it says in a textbook for nurse members of Lotta Svärd:

«A nurse member of Lotta Svärd must, just like nurses, absolutely conform to the written and unwritten rules of the hospital and she is never to forget her subordination to doctors and nurses or criticise their orders in the presence of patients and colleagues, since, first, she does not have the knowledge to do this and secondly, she has to be honest with her superiors and colleagues» (28).

Moral strength was the most important quality. The textbook also points out that orders did by no means require:

«servile submissiveness and fawning, but a gay and voluntary acceptance of certain facts and arrangements».

The question of amateur nursing showed concretely what it meant to protect the domain of trained professionals during the war. Although the prevention of an «amateur scare» and control over nursing education and organisation involved certain conflicts, trained professionals maintained their internationally strong position in nursing organisations. This question showed the central position of the occupation (and more generally, of trained female labour) in the nation state and for the nation state (29).

(27) The register was kept up-to-date until the 1960s, when the National Board of Health took over and started its own register on all trained staff in the field of health work. HAGAN, note 17.

(28) *Lääkintälötkön oppikirja. Lotta Svärd julkaisu* (Helsinki), 1942, 12, 239.

(29) Wartime showed the importance of (qualified) female labour in different fields of society (Printed State Committee Report, note 7). Or, as Lukkarinen states, the contribution of Finnish qualified women was disputed throughout the country. Besides the home and the family, women were needed as members of Lotta Svärd, in agricultural struggles, in performance and administrative jobs and as nursing practitioners. LUKKARINEN, note 15, pp. 75-100.

Although nearly all trained nurses were in the reserve, they did not wear a uniform (except for members of Lotta Svärd), which was the case in many other countries. Military influence and models were nevertheless evident in nursing. The necessity of military rank and official position was discussed in order to clarify, strengthen and display hierarchic relations. Supporters of military rank (e.g. head nurse Engelvuori) referred to the Swedish experience where nurses were given a position equivalent to second lieutenant, and head nurses that equivalent to a lieutenant. The opponents thought that military rank could give a boost to «women's aspirations to power» (30).

There are many ways to evaluate the nursing practitioners' position in the Armed forces. The military is based on authority, and as American nurses, some Finnish nurses also felt they were not able to cope with their duties without a formal position with its external symbols. On the other hand, external position in a military-medical bureaucracy has been considered an advantage. It enabled prompt action and passing over the official lines of organisation. At its best it could have helped to question operational modes of the authoritarian system and their applicability to nursing and its occupational ideals.

The external symbols of official rank and hierarchy were of importance to the nursing profession. Even though these ambitions were never fulfilled in Finland, admiration and ideals of the Armed forces were evident in the issues of uniform and working clothes. Members of Lotta Svärd were excellent role models in this respect. The uniform symbolised the unity of the profession and served as a kind of «visiting-card» of sisters in civil service. A strict dress code signalled that nurses were not private persons, but civil servants with a certain degree of knowledge and skill. The head nurse, however, felt that the use of uniform, the «dress code», was not controlled adequately. Although Finnish nurses had received recognition abroad for their unified and clean dress, their «all-white», there were signs of indifference as to its use. This was the result of a more tolerant upbringing and of

(30) ENGELVUORI, Aili. Sairaanhoidajattaren sotilasarvo. *SHL*, 1941, no. 4, 139-140; TEVÄ, Hilikka. Sairaanhoidajan sotilasarvosta. *SHL*, 1941, no. 5, 166.

the fact that an ever-increasing number of nurses lived outside hospitals (31).

To sum up, the politics of selection concretised how nursing practitioners took an active role in constructively filling the «empty places» (32) of the lower part of the occupational hierarchy during the war. Throughout this process differences among women and strict professional and ideological boundaries sharpened. On the one hand, there was a need to clarify relations and to secure them by means of external symbols, even to assume military authority, and, on the other hand, there were suspicions about the misuse of this power. Those with better training feared that the increase of auxiliary personnel would mean the introduction of an unqualified, poorly trained and cheaper labour force into the labour market. The position and benefits of professionals were in danger, in particular when it was not self-evident which tasks could be transferred to auxiliary personnel.

However, the construction of hierarchies in nursing was not merely due to the occupational development of nursing. By educating women to women's jobs, a separate labour market was created and women's low-wage domestic branches began to establish themselves. This structured the labour market for a long time to come. Although this development improved the position of young, unskilled women (and, in particular, of young, unmarried women among evacuees) and offered them possibilities of independent living, it also meant that later even qualified women had limited possibilities to better their position. During the war nursing institutions were reinforced to serve as mediating structures between the civil society and the nation state. This was concretised in the professionalisation of women's work. But the firm foundation of professionalization was already laid in organisational activities and voluntary work. Two principles of the institutionalisation of nursing were the

(31) N. (Pen name) Sotatalven herättämiä mietteitä. *SHL*, 1940, no. 12, 327-329; HANGAN, Lyyli. Kuriton sukupolvi. *SHL*, 1942, no. 10, 264-269; Kuriton sukupolvi. Haastatteluja. *SHL*, 1942, no. 11, 310-314; S-TAR (Pen name). Johtajatar Lyyli Haganin vastauksen johdosta haastatteluun Kuriton sukupolvi. *SHL*, 1942, no. 11, 318-319; POHJALA, Kyllikki. Kuriton sukupolvi. *SHL*, 1942, no. 12, 349-350.

(32) Cf. PHILLIPS, Anne; TAYLOR, Barbara. Sex and skill. *Feminist Review*, 1980, 2 (6), 79-88.

gendered division of labour and hierarchies among women which only sharpened during the war.

3. A CALLING FOR SISTERHOOD IN CIVIL SERVICE

Differentiation within nursing, new operational modes and changing demands of professional work shaped the occupation's social position and professional identity. Culturally and socially more broad ideas had replaced what was initially a vocation with a strong religious undercurrent.

The issue of vocation manifested itself in the Finnish Nursing Journal (*Suomen Sairaanhoidajalehti*) in three discussions. Traditionalists underlined vocation in the sense of self-sacrifice. These definitions were repeated by most of the male writers (physicians), but also by many of the (head) nurses. Educational activists, in turn, felt that nursing had already changed from a vocation into a vocation-like work. The leader of the Finnish-speaking professional union (*Suomen Sairaanhoidajaliitto*, founded in 1925), MP Kyllikki Pohjala, emphasised the meaning of social responsibility and loyalty to the occupation.

Traditionalists appealed to the ethical and moral obligations of nursing *vocation* and to the nature of women. Women, and especially nurses, were considered to possess a natural powerful instinct for nurturing the weak and the sick. A positive attitude was seen as one of women's «inborn abilities» which brought up life-giving and constructive powers against ravages caused by war. This «life-creating maternal instinct» which gave women pleasure and fulfilment, was to be emphasised also in nursing education (33).

The importance of self-discipline, the spirit of self-sacrifice, adaptability and obligations of hard work were in the core of this discussion. Many thought that morals had loosened during the war and were in danger,

(33) KARPPINEN, J. Huoltopiirin lääkäri puhuu terveydenhoitajille. *SHL*, 1939, no. 4, 144-148; H. (Pen name) Sairaanhoidajien kertauskurssit Ruotsissa. *SHL*, 1942, no. 8, 197-200, 221. See also SATKA, Mirja. Sota-ajan naiskansalaisen ihanteet naisjärjestöjen arjessa. In: Anneli Anttonen; Lea Henriksson; Ritva Nätkin (eds.), *Näisten hyvinvointivaltio*, Tampere, Vastapaino, 1994, pp. 73-96.

especially in remote places and near the front; the increase in marriage rates was an indication of this, as it suggested that nurses had had time to keep company with men, as Lyyli Hagan pointed out (34). On the other hand, nursing had started to attract work-shy girls as far back as before the war. Personal interests were all too often preferred to institutional life. Only a decade earlier families had in fact opposed the choice of a nursing occupation, but now mothers encouraged their daughters to enter the safe occupation of a nurse, which at least offered choices (35). Traditionalists were most worried about the fact that nursing was becoming an ordinary job.

Educational activists emphasised that the nursing profession should be understood as *a vocation-like occupation* which required thorough training. Aino Durchman, the chairwoman of the nurses' educational committee that had functioned actively during the war, crystallised the core of this policy. Nursing is, according to her, an independent, science-based work that has evolved to be a professional skill. It required good practical competence, but also independent judgement and initiative. Even though nursing had initially been founded on the desire to serve and care, now it should be based on knowledge. Seemingly minor duties in nursing were to be promoted to high-quality professional work (36).

This effort to reform the occupational image and the requirements of professional skill touched upon the question of the appropriate relationship between technical skills, practical work and intelligence. On the other hand, advocates of nursing had wanted to draw a borderline in relation to nuns and stated that nurses do not want to be «angels without hands», as Nightingale was reported to have criticised a group

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- (34) MARILA, Elsa. Kuriin on alistuttava. *SHL*, 1941, no. 3, 81-82, 88; HAGAN, Lyyli. Kun ollaan reservissä. *SHL*, 1941, no. 3, 72-75, 93-95; PENNI. (Pen name) Sairaanhoidajataroppilaan «kasvatuslaitos»—oppilaskoti. *SHL*, 1941, no. 4, 136-138.
- (35) MANELIUS, Meeri. Sairaanhoidajattaret vaihtavat paikkoja liian helposti. *SHL*, 1939, no. 4, 148-150; S.H. (Pen name) Sairaanhoidaja ja poliklinikkatyö. *SHL*, 1944, no. 6, 127-130, 145.
- (36) DURCHMAN, Aino. Sairaanhoidajien koulutuksesta. *SHL*, 1943, no. 6, 160-163; Koulutuskysymys II. *SHL*, 1943, no. 11, 272-274; HAKOLA, Liisa. Yksilön huolto. *SHL*, 1944, no. 11, 243-244.

of nuns (37). As a consequence of this, some thought that the importance of hands, that is, technical skills and nursing procedure patterns had been overemphasised. A concern about nursing institutions turning into factories was expressed. Machines had become models for nursing, and nurses had become parts of machines. On the other hand, it was understood that skillful hands are not enough to give the relief that the sick person needs in a spiritual sense. An individual compassion that was supposed to be the basis of entering the field of nursing, seemed definitely ineffective from this point of view (38).

The goals of the so-called civilised human being were part of the discourse of a vocation-like occupation. The nursing occupation was to be developed psychologically and spiritually, as well. Nurses were to attend to their inner growth and be wary of not turning into «narrow-minded, self-seeking petty-bourgeois» (39). The nursing profession combined emotion, intelligence and knowledge. In addition, the nurses had to know how to meet the patient's spiritual needs. The nursing occupation involved a religious element, but the very nature of this conviction was disputed. Some feared that the professions would become too secular, whereas others criticised narrow religious notions and fanaticism (40).

If anybody underlined *the social nature of vocation*, Kyllikki Pohjala did. The development of nursing was not about mere promotion of professional competence as a worker and a human being, but about the aspiration to offer society better services. Pohjala urged broad-mindedness, self-criticism and social responsibility. Nurses had to struggle to solve health and social problems. The tradition of the monastic system had left traces in nursing, but they also involved plenty of dead weight related to the word «institution». Pohjala thought that nurses were all too attached to institutions and to the institutional spirit. In student

(37) VOIPIO, Enni. Useampia ja pienempiä sairaanhoitajatakouluja. *SHL*, 1939, no. 3, 86-89.

(38) LIND, Elisabeth. Ihanteet. *SHL*, 1945, no. 12, 314-317.

(39) K.S.-VAARA. (Pen name) Sairaanhoitajan tehtävästä kulttuuri-ihmisenä. *SHL*, 1940, no. 12, 338-340.

(40) Sota-ajan sairaanhoidon arvostelua. *SHL*, 1940, no. 10, 244-250; Sairaanhoitajien koulutusta käsittelevät neuvottelupäivät. *SHL*, 1945, 3, 68-71; HILLBOM, Karin. Kristillinen sairaanhoito. *SHL*, 1942, no. 11, 302-307.

halls of residence this special feature of professional culture and constant supervision went so far that «all movements of the soul were firmly standardised». Nursing education and the nurses' way of life called for a thorough reform. Nursing practitioners had to step out into the wide world of patients, into the rush hour buses, into the housing market, and take care of their own finances in order to understand the economic side of nursing (41). The movement to get nurses out from institutions laid stress on the social responsibility, characteristic of a female professional.

The Finnish nursing journal was a mouthpiece for the activists of the occupation, so it is not surprising that it emphasised the social importance of nursing and loyalty to its organisation. Besides raising the social consciousness of caregivers, the Finnish Nurses' Union's main concern was to reform nursing education. Professional and ethical issues were debated and issues regarding working conditions, that is, wages, pensions, work time and housing arrangements, were addressed. Social activity of nurses was to be made visible as civil action, by taking part in decision making and by voting women to Parliament. Independent initiative and knowledge of common causes were to be part of professional integrity. What once was a «swarm of sisters» was now becoming an organised «army corps of civil servants» which by its own definition differed from other woman professionals in terms of its education, training and personal qualities (42).

The principal argument of this social consciousness policy was, as the chairwoman of the Swedish Nurse Association, Elisabeth Lind, often put it: «What we want is a little less glory and a little more pay» (43). This argument was heavily attacked by the more tradition-bound parties. They felt that overtime work was the most glorious form of self-sacrifice. A nursing practitioner should always be ready to show flexibility in

(41) LAPPALAINEN, Tyyne. Sairaanhoitajan sosiaalinen näkemys. *SHL*, 1945, no. 6, 168-169; POHJALA, Kyllikki. Sairaanhoitaja yhteiskunnan jäsenenä. *SHL*, 1945, no. 10, 253-254.

(42) SIHTEERI. Sairaanhoitajia eduskuntaan. *SHL*, 1939, no. 6, 240; TAYLOR, Effie J. Mistä olemme vastuussa? *SHL*, 1941, no. 2, 38-43; POHJALA, Kyllikki. *Kuljin tietäni*, Porvoo, WSOY, 1966, p. 128.

(43) Elisabeth Lind 60-vuotias. *SHL*, 1941, no. 5, 15.

terms of working hours and to remain devoted to the ideals of institutional life tracing back to Florence Nightingale and Sophie Mannerheim (44).

High-flown speeches and realities of life were, however, often wide apart, in particular from the student nurse's viewpoint. According to the description of a student nurse, the everyday routine of nursing seemed monotonous and the journey onwards gloomy: a long life crowded with grey, exhausting days with nothing else to look for than hard work on the ward. Rather, as seen from this position, self education and social interest were demands that disabled the newcomer. Norms of vocation were narrow in practice and it was forbidden to display one's personality, one was not allowed to use one's intelligence, and personal life was also forced into a strict pattern. From this perspective, the hospital was such a powerful institution that the student nurse feared it would engulf its «worker ant». She worried about nurses becoming as uniform as their strict dress code (45).

To sum up, wartime vocation-related discussions about occupational development crystallised into the following key concepts: *vocation, a vocation-like occupation and social responsibility*. Discussion about these questions gave rise to this construction of the new female professional strategy whose ideology and practices also carried traces of military and religious models.

(44) Kyllikki Pohjala had criticised Sophie Mannerheim's pedagogical principles even as a student. After having been employed by the press Pohjala found the discipline and precision characteristic of nursing schools even more exaggerated. However, Mannerheim had a crucial influence on Pohjala's career choice: Mannerheim had in fact «settled» Pohjala's studies in the USA and career as a nursing teacher. It was common practice that after graduation Mannerheim placed graduates in posts, which meant that Finnish-speaking graduates had difficulty in finding a good post. An additional condition for starting a career was that in order to get a job at a school of the bilingual association (founded in 1898) the graduate was supposed to rejoin the bilingual association. The founder member of the Finnish-speaking association (founded in 1925) was not ready for such a bargaining: she had to find her «battlefield» elsewhere, as a chairwoman of the Finnish trade union and in Parliament (as a MP of the Coalition Party and its first female minister). POHJALA, note 42.

(45) OPPILAS. Jokapäiväinen työemme. *SHL*, 1941, no. 9, 249-251.

4. *GENDERED PROCESSES OF PROFESSIONALIZATION*

Health care was developed actively despite the unusual conditions of the war, and nurse professionals had undeniably a place in the vanguard of the national project. The Winter and Continuation Wars showed the importance of women's collective contribution and what their initiative, know-how and persistence meant in practice.

The economic crisis, shortage of labour and acute need for care required, however, that the length of nurse education and unity of the occupation had to be reduced. Caring work became redifferentiated, and structured by degrees. New occupational pathways were opened, but new divisions and tensions also arose among women. The ideals of vocation were subjected to serious consideration.

Research into discussions about professionalization brings out the fact that an occupation is not a natural category, but regenerative in terms of its boundaries, ideology and structure related to the division of labour. An occupational group is not homogeneous by its organisation or loyalties, but it has a historically conditional inner structure which is supported ideologically. The boundaries of an occupation are repeatedly redefined in the process of professionalisation, the occupation's contents are reshaped and the practitioners are faced with new requirements. Positions and occupational goals change more rapidly than cultural expectations of the practitioners.

Orientation towards society, emphasis on civic activities, spiritual growth and inner freedom as well as the development of possibilities of education and career expressed women's emancipatory activities in wartime health care. Attempts to free oneself from institutional patriarchs and matriarchs as well as from the institutions' immediate labour and economic interests also became visible. It was thought that governmental guidance and support would guarantee broader opportunities for occupational development and for attending one's rights as compared to strict commitment to the interests of care institutions and their leaders. But the other side of these emancipatory prospects was the practical politics of strict moral order and divisions. During the wars women's wide activities and civic obligations, which were anything but voluntary, were appealed to. Women met each other in the realm of

health work with their differing ambitions and competencies. The division of labour and command became the visible point at issue in the organisation of the field of nursing.

In the reform of occupational culture the criticism of boarding school order and demands for the worker's right to live outside the institution anticipated the change in the attitude towards the possibility of fitting the family and labour together in caring work. Women's position was touched on in discussions about the shortage of labour or civic and social obligations, but not with regard to the family.

The family and wage work did not fit together with institutional nursing. This was not the case in midwifery and public health nursing. Even though the general attitude towards a married woman's wage work changed after the war, and the combination of marriage and work was discussed (46), this did not apply to work at the institutions. It was not until after the war in the 1950s that the combination of family and wage work became the most acute question of the women's labour force which, however, did not concern nursing professionals to a considerable extent until the 1970s (47).

The organisation of nursing showed how a wage-work oriented and socially conscious professional identity created breaches in romantic-religious behavioural patterns and occupational ideals. Ideals of military order and discipline were generally accepted and visible especially in relation to auxiliary labour. Nursing was not only confined by educational differences, but also a moral otherness, and distinctions broke the unity

(46) Women were also needed after the wars because of the labour shortage, and they never went back home which was the case in many other countries. Interests of the national economy and population policies were evident in discussions about the combination of the family and paid work. At first these interests and concrete measures concerned the industry, commerce and handicraft. There were no uniform regulations on working conditions for married women. Women were often fired because they got married, others left their jobs on a more voluntary basis. (Printed State Committee Report, note 8; Printed State Committee Report, note 7)

(47) By the early 1950s almost half (43%) of those trained in nursing had left their jobs. See HAGAN, Lyly. Suomen Punaisen Ristin sairaanhoitajareservi, 25-vuotiskatsaus. *Suomen Punainen Risti*, 1951, 27 (2), 31-34.

that the occupation strove for. Those with a different kind of occupational ethic were not regarded as «real or proper» nurses. The belief in the unifying effect of education and its power to engender collaboration between occupational groups was nevertheless strong. It was thought that discipline would train moral strength, whereas the politics of openness would train joint responsibility. Although notions that war «deepens and exalts nurses ethically and morally» (48) were expressed within the occupation, for many it also meant the fulfilment of their yearning for adventure and freedom as well as aspirations for independence which were enhanced by the permission to be released from institutional control. Women exceeded their limits by working in men's jobs, in field conditions and in close proximity to the front, taking great pains.

A solid basis of care, and service systems of the welfare state were created while the professionalisation of nursing took place. Local and state authorities were expected to take care of the funding, establishing and unifying vocational education. New posts within the whole spectrum of nursing were created after the war and working conditions were slowly improved. In reforming health care institutions national interests were emphasised, but at the same time gender and occupational boundaries and hierarchical practices were asserted. Gendering processes of professionalisation and working life constitute an important dynamic of the formation of the welfare state.

Wartime ideals of nursing and occupational practices emphasised loyalty to the occupations and social responsibility. However, texts on professional history imply that the fighting spirit of the «health front» referred rather to individual than collective heroism. Pohjala (49), for her part, felt that the history of Finnish nursing all the way from the Kalevala healers and carers had been one of personal struggle and achievements of great champions. Descriptions of struggles, suffering and difficulties were repeated in history. It seems that individual and

(48) See e.g. VIRTANEN, Ritva. *Sairaanhoitajat talvisodassa 1939-1940. Ylihoitajalehti*, 1991, 1, 11-15.

(49) POHJALA, Kyllikki. 20 vuotta. *Sairaanhoitajatarliiton puheenjohtajan Kyllikki Pohjalan puhe liiton 20-vuotisjuhlassa. SHL*, 1945, no. 4, 98-99.

work heroism were the cornerstones of nursing, supported by dogmatic and hierarchical occupational ideals of the discipline of vocation.

During the war professionalisation was characterised by a budding, socially more broad-minded professional identity which found expression in the criticism of the institution-centred way of life and in demands to improve working conditions. During the war caregivers who had internalised the ethics of responsibility and swore by the examples of Florence Nightingale and Sophie Mannerheim, struggled for a «right to have rights» (50). The rhetoric of vocation was now contested by the rhetoric of paid work. On the other hand, wartime was still a time of romanticism in nursing in which religious and military models were visible.

(50) REVERBY, note 1, p. 9.