Reframed Identity

Red Cross nurses’ identity formation between 1945 and 1977

Trine Jønland Højsgaard
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Abstract
The overall aim is to explore the construction of nurse identity at the Red Cross Nursing School (RCNS) in Sweden, between 1945 and 1977, when nursing became part of the system of higher education in Sweden. Occupational identity is understood as a construct both of social learning and of a self-image. The empirical data consist of documents from the Red Cross Archive concerning the training of nurses and of interviews with nurses trained during the studied period. A hermeneutical interpretative method has been used. The result showed that the period studied was divided into two different phases. The first phase between 1945 and the end of the 1960s, is called the post war phase. The following phase, from the 1960s until 1977, is called the reform friendly phase. RCNS was in the post war phase a kind of total institution, based on a particular belonging to a very special and highly respected social community, reinforced by the student nurses being dressed in the same uniform and living under the same strong authority in a quite homogeneous group. The training was an introduction to a life-long membership in the total Red Cross Nurse community. This community was in the reform friendly phase challenged by diverse external changes in society. Within a period of approximately ten years, much came to be questioned, and many previously important customs and habits were abandoned. The total community started to dilute, and the lives of students changed gradually passing to a social arrangement where they slept, lived and worked in different places with different people under different authorities. The total community was impossible to modernise, built as it was on pre-modern values and hierarchies. This led to a breakdown of the traditional Red Cross nurse identity based on honour, where they were first of all Red Cross sisters. While the uniform occupational identity was challenged, more and more nurses combined family and work. This meant that their self-identities became more multidimensional. The key to our understanding of the Red Cross nursing education and the shift that took place in the late 1960s is thus to be found in the transformation of the internal collective, where nurses no longer lived and learnt the traditional Red Cross codes of honour and conduct. Gradually, nurse training was integrated into higher education. This was a major reframing of the occupational identity formation, from specially selected Red Cross nurse students being trained into a total community of experienced Red Cross nurses, to an academic education of professional nurses.

Keywords: Occupational identity, nurse training, hermeneutics, total institution.

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REFRAMED IDENTITY
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Trine Jønland Højsgaard
Thanks

This intellectual journey has been both breathtaking and demanding. I have had the privilege to have four great supervisors who have pointed me in the right direction, by being my compass they have helped me to navigate through many challenges. From the Swedish Red Cross University College (SRCUC), Per Ekstrand and Marja Schuster have been thorough and reflective, making me rethink time after time. From Stockholm University, Annika Ullman came in as a new head supervisor halfway through my dissertation. She has been excellent with her historical knowledge and experience, making her ask the overall questions, which led the work in the right direction. Last but not least, Anders Gustavsson, recommended by my fantastic supervisor when doing my master: Sonja Olin Lauritzen, has been my anchor; without him this would not have been possible. Anders Gustavsson has been direct and demanding, but at the same time he has provided an incredibly great mental support.

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Thank you to the SRCUC for giving me the opportunity to look into the school’s important and amazing history.
The context of the Study

RCNS    Red Cross nursing school—today called
SRCUC   Swedish Red Cross University College.
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What humans are only history can tell her
Abstract

The overall aim is to explore the construction of nurse identity at the Red Cross Nursing School (RCNS) in Sweden, between 1945 and 1977, when nursing became part of the system of higher education in Sweden. Occupational identity is understood as a construct both of social learning and of a self-image. The empirical data consist of documents from the Red Cross Archive concerning the training of nurses and of interviews with nurses trained during the studied period. A hermeneutical interpretative method has been used. The result showed that the period studied was divided into two different phases. The first phase between 1945 and the end of the 1960s, is called the post war phase. The following phase, from the 1960s until 1977, is called the reform friendly phase. RCNS was in the post war phase a kind of total institution, based on a particular belonging to a very special and highly respected social community, reinforced by the student nurses being dressed in the same uniform and living under the same strong authority in a quite homogeneous group. The training was an introduction to a life-long membership in the total Red Cross Nurse community. This community was in the reform friendly phase challenged by diverse external changes in society. Within a period of approximately ten years, much came to be questioned, and many previously important customs and habits were abandoned. The total community started to dilute, and the lives of students changed gradually passing to a social arrangement where they slept, lived and worked in different places with different people under different authorities. The total community was impossible to modernise, built as it was on pre-modern values and hierarchies. This led to a breakdown of the traditional Red Cross nurse identity based on honour, where they were first of all Red Cross sisters. While the uniform occupational identity was challenged, more and more nurses combined family and work. This meant that their self-identities became more multidimensional. The key to our understanding of the Red Cross nursing education and the shift that took place in the late 1960s is thus to be found in the transformation of the internal collective, where nurses no longer lived and
learnt the traditional Red Cross codes of honour and conduct. Gradually, nurse training was integrated into higher education. This was a major reframing of the occupational identity formation, from specially selected Red Cross nurse students being trained into a total community of experienced Red Cross nurses, to an academic education of professional nurses.

Keywords: Occupational identity, nurse training, hermeneutics, total institution.
Chapter 1 – Introduction

The overall aim of this study is to explore the construction of nurse identity at what was called the Red Cross nursing school (RCNS), today named Swedish Red Cross University College. The study focuses on the historical period between 1945 and 1977 when the school became part of the system of higher education in Sweden. The nursing education at RCNS has a history of more than 150 years. The school was and still is well known and highly regarded.

![Image of two Red Cross nurse students, late 1960s. National Archives (Riksarkivet).](image_url)

The period selected for this study has earlier been identified as a period of great change in nursing.¹ The picture above, in my opinion, expresses the meta

story of this dissertation, illustrating the changing identities of Red Cross nurse students and nurses in the period explored. The young woman on the left confirms the feminine image of the traditional nurse, with long hair, cap and the old-fashioned uniform that was the only clothes students wore at the RCNS when being trained until the late 1960s. In contrast, the young woman on the right displays the transformation and appears as some kind of rebel, detached and unimpressed, her rejection of the RCNS’s norms illustrated by her short hair and her much less feminine, everyday appearance. I argue that the transformation of Red Cross nursing training during the period under study was, to a large extent, a change in occupational identity. This dissertation presents a trajectory from viewing nursing as an early life choice to understanding nursing as a career choice like any other. As illustrated in the picture, the change, to a large extent, concerned what a nurse and a student nurse was and how she was regarded in society. In order to understand the changes, I explore why some of the changes occurred and how the occupational identity formation of the students at the RCNS came to be reframed in such a radical way during the period under study. The data was primarily collected in the RCNS Archive and through interviews with nursing students during the specific time period.

This research is important for several reasons. It furthers our knowledge of higher education and occupational training in a historical period when the goals and organisation of occupational training of, for example, nurses and teachers were dramatically modernised and professionalised. Most of the studies of the training of nurses in Sweden after World War II explore what happened after the changes made by the 1977 reform of higher education. My study of the RCNS is first of all an in-depth exploration of Red Cross nurse training before the change, identifying the basic components of the pre-change education, when this nurse training was famous for skills and qualities. Beyond this, this study can broaden our understanding of women’s labour history, in which nursing played an important role by offering many women, mostly from the middle class, a way into the labour market. Furthermore,

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2 Identities related to work can be described in terms of occupational, vocational, professional identities, etc. I have chosen occupational as it is a rather neutral description. Professional refers to a special kind of occupation, not relevant for RCNS in the post-war phase. Vocational seems to imply the idea of vocation or calling, which is discussed in its own right in the dissertation.

3 Ibid.
nursing represents an interesting case of occupational training, being understood as a female occupation. Even today, approximately 50 years after the first man entered the occupation, there are traces of the beliefs that underpinned nurse training in its earliest days. Much of what has been written about nursing and a nurse’s occupational identity in recent years is almost all seen from the perspective of media, the public, or other health care professionals, and not from the perspective of nurses themselves. An important object of this study is to give voice to the nurses themselves, here the Red Cross nurses who graduated in the forties, fifties, sixties and seventies, These Respondents will soon be unavailable to interview and it will soon not be possible to carry out my aim of studying the occupation by combining archive material and interviews.

To clarify, this study concerns what is today called the Swedish Red Cross University College in Stockholm. The key reason for studying this school is that, from its establishment until today, it has often been considered to be in the forefront when it comes to educating nurses.

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Aim

The overall aim of this study is to explore the training of nurses’ occupational identity at the Red Cross Nursing School during the period 1945-1977. The period explored covers approximately 30 years. The following research questions will be in focus:

1. How was the nurses' occupational identity formed at the RCNS during the period 1945-1977?

2. Why was the occupational identity of Red Cross nurses formed in this way and why did it undergo transformation during this period?

A more precise aim, outlined in theoretical language, is to explore two dimensions of Red Cross nurse identity formation: firstly, the changes in the formation of the social occupational identity and secondly, changes in the formation of the subjective nurse identity, here referred to as the nurses’ self-identity. In fact, a special aspect of my study is to explore Red Cross nurse identity formation during the period under study with regard to the way the occupation was perceived by the nurses themselves. I wanted to find out how the nurses themselves related to, for instance, the very strict discipline that they were subjected to in the post-war period and if there was any collective/personal resistance to current educational ideals and norms. In order to fulfill this aim, I have interviewed nurses educated during this period and analysed their experiences and self-perceived personal identity. Thus, my study of nurse identity formation is a study of the interplay between nurses’ subjective self-identities, on the one hand, and on the other, the social definitions of nurse identity that students encountered during their training, expressed in the expectations of experienced nurses and teachers and in curricula, goals for the education, handbooks and the like. This means that nurse occupational identity really includes at least a socially defined nurse identity and a subjective nurse self-identity. In fact, the nurses interviewed sometimes expressed multiple nurse self-identities as well as several other different socially defined identities that they had been ascribed. In my study, I refer to nurses’ occupational identity in the singular, with multiple
expressions and contextual manifestations. I come back to this in the chapter about theoretical tools.

This project started with my doctoral student employment at the Swedish Red Cross University College, giving me an opportunity to explore the school and its history. The inspiration behind the historical period I have chosen came from Iris Erlöv and Kerstin Petersson. Their study also includes midwives, but I have focused on nursing. In a Swedish context, they studied the history of nurse training. The authors show how the training was subject to major review and change on four occasions up to 1977. They identified four phases. The first was nurse training before 1916, a phase characterised by bourgeois students, hard discipline and rejection of marriage and children if one wanted to work as a nurse. The work was quiet and invisible. The second phase was between 1916 and 1948. This was a phase characterised by female voting rights in Sweden, 1919/1921, generally making women more visible in society. The Swedish Medical Board (Medicinalstyrelsen) was made responsible of all nursing schools in 1920, with the intention of standardising nursing training. Nursing training was at this time characterised by traditions and ceremonies, and the private nursing training institutions were middle-class schools with principals who had bourgeois ideology and religious beliefs that agreed with middle-class parent’s upbringing. The next phase was identified as 1948 to 1964. Different schools to a large extent still had different students: the hospital schools had students from office worker and working-class families. Generally, the theoretical requirements were higher. Fear of failing to meet the theoretical requirements increased and discipline was generally reduced. There was a great need for nurses, who were now viewed as approved and licensed professionals. The last phase identified by Erlöv and Petterson was between 1964 and 1977. Gradually, the students got academic student status and the training was shortened to five semesters. The image of nurses as the healthcare services’ faithful servants was about to change. Part-time jobs were established to attract married nurses, and nurses became visible in the medical technical sphere as the hospitals became more and more specialised.

The aim of my work is to further explore the training of nurses at the RCNS during the last two of these phases, from after the Second World War to the end of the 1970s with a special focus on the formation of nurses’ occupational identity.6

The structure of the dissertation

This dissertation is divided into eight chapters. The second chapter starts by placing the thesis in the educational context, where education is understood to have a strong influence on identity formation. The theoretical term occupational identity is introduced here and connected with learning. The same chapter presents an overview of selected Swedish research on nurses that is valuable for this work. Chapter 3 discusses concepts and theories presented by Charles Taylors, Erving Goffman and Lave and Wenger which I have used in my analyses of the data. The complex concept of occupational identity is further explored, for instance, in the fact that identity has a social and individual dimension, the first constructed in the eyes of others, and the latter in an individual, internal dialogue. The fourth chapter introduces the hermeneutical method, the empirical material and how data have been analysed, with inspiration from Formal Data Structure Analysis. Chapter 5 gives an historical background to the Red Cross nursing school and nursing history in general. Chapter 6 presents the result of my analysis of the post-war phase by first describing the construction of the general image of nurses and the Red Cross handbook. The characteristics of nurse training during the post-war phase (1945 – 1960) are described in six themes. Chapter 7 presents the result from the second half of the period under study, a phase called the reform-friendly phase (late 1960s – 1977) characterised by five themes. This chapter ends with a description of the relationship between RCNS and the mother organisation of the Red Cross. The final chapter presents my concluding understanding of the total community and its fall, ending in a summarising analysis of the way the Red Cross nurses’ occupational identity was reframed during the period under study.

Chapter 2 – Points of departure and previous research

This chapter presents earlier research relevant to my study and some central concepts that will be used in the analyses of my collected data. The studies referred to are from the fields of education and learning, and identity studies with a special focus on nurses’ occupational identity.

Education and learning

In Swedish, training to become a nurse is usually referred to as “utbildning” (education), most often translated into English by training when referring to learning a specific occupation. In my dissertation I refer to training when I discuss RCNS and the training of nurses. The general knowledge field drawn on is education in a broad sense, and I want to begin by presenting a definition of educational research as it is applied in this text. Per Johan Ödman writes:

Education as a science treats different aspects of the process of education. This means that in every society and in every culture there exists a continuous influence on people with the intention that, through learning, they will in the best possible way be formed in agreement with what the society and culture in question wishes to make them into. The history of education is occupied with this process of education in the past.7

For Ödman, education is understood as both a social and an individual phenomenon characterised by time and place; it transforms our view of the world, as it changes our way of perceiving ourselves both mentally and

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physically. In a broad sense, this makes education and learning impossible to avoid, as experiences will always shape us. Lave and Wenger talk about ‘situated learning’, a term which I also find useful in this work as the students’ learning was and had long been based on a combination of current theoretical knowledge and special practice at the particular school of RCNS. Learning must thus be understood as constructed from the social world of which it is a part. This was especially true for nursing students, at that time living, working and studying in the school environment in the hospital area for a period of three years. Situated learning must here be understood as learning organised and carried out collectively, where learning is recognised as a social phenomenon constituted in the experienced, lived world, through participation in the ongoing social practice. Learning involves the construction of identities, both individual self-identities and social occupational identities, in what Lave and Wenger calls communities of practice. The RCNS can be understood as a community of practice, where a group of people learned to share a craft, with the goal of producing a skilled and respected occupational identity. For Lave and Wenger, situated learning means communities of practice, and they regard learning as situated, having a location in space and time as well as a social setting, giving community members the role of engaging in the generative process of producing their own future. Earlier, nursing was a craft in which a master taught an apprentice, and here, as we will see in greater detail below, the Red Cross community played an important role. As masters, teachers at the school provided important examples of situated learning within a specific community of practice. According to Lave & Wenger, the shaping of a collective, occupational identity is an important characteristic of learning in a community of practice. The Red Cross nursing students became members of a special institution, sharing the interest of becoming a nurse, and together they were shaped into a particular kind of person.

According to Ödman, in every society and every culture education has a constant impact on people, shaping people through learning. Ödman coined

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10 Ibid.
11 Ibid.
the concept of immanent pedagogy to describe this learning, and he describes it as the science that deals with all aspects of "the process of education". Hence, all forms of pedagogy, education and learning that permeate our lives are what Ödman calls immanent pedagogy. For him, it is immanent pedagogy that shapes our mentality and the alignment of our more or less unconscious views of the world immediately around us.

Introducing identity

This work explores the construction of occupational identity at a particular school in a particular period of time. The general term identity is a complex and multifaceted concept that comprises many aspects such as personal, collective, occupational and social identity, all of which have much in common but nevertheless differ in their focus. The understanding of identity has moved from previously understanding it to mean people having an intrinsic and biological essence towards understanding it to be more and more a social construction, in which identity appears as changeable, in an ongoing process. Identity is formed by one's culture, by groups and by institutional influences such as schools and families, all of which are dynamic and ever-changing. Within these social worlds we are created, we learn and adapt, and the concept of identity helps us reflect over these processes where we are both individuals and members of various groups. Thus we can distinguish two types of identity: the personal and the collective; and identification can be the process linking the former to the latter. Hence, identity, as Hammarén & Johanson argue, is a concept divided between psychology and sociology. It provides and identifies the link between individuals and the world in which they live. This means that identity not only indicates how I see myself but also how other people see me.

In everyday language, the concept of identity is often used to determine and define individuals’ belonging, often with a strong emphasis on similarities and differences. This is because people tend to categorise each other in order to

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14 Ibid.
understand other people, drawing on collective representations of who is a woman, a man, a nurse, a police officer, a young or old person and so on. Thus, identity is marked by taking for granted similarities to people who are like us, and by differences from those who are not. To some extent identity can be chosen. However, there is a social inconsistency surrounding identity, free will and choice. Hence, it is necessary to evaluate the extent to which a specific identity can be chosen, and to explore the relationship between social structures and individual agency. This raises the question of the need to be aware of some groups having more social, political and economic power than others.

Today we talk about social identity and self-identity, the latter describing an individual’s experience of her or his own identity. Self-identity is the answer to the question Who am I, connected to the question Who are “we”; for this reason, the concept of identity also and always contains the social aspect of being. My study will focus on these aspects: The Red Cross nursing students’ memory of their self-perceived identity of being educated to become nurses, and how others perceived their identity and what expectations and social norms rested on them. In terms of the nurses’ social identity, occupational identity, of course, represents just one aspect of their total social identity, and it is this aspect that will be in focus. Thus I will write of their occupational identity in the singular, as the aim of my study is to explore what Red Cross nurses had in common and how this communal self- and other-perception came to be transformed. This will be further developed in the result and analysis section.

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Learning occupational identity

Becoming a nurse implies a sense of shared experiences with other nurses, especially when educated at the same school under the same circumstances. Today, we would say that nursing is a professional occupation; consequently, being a nurse is a chosen, work-related identity, based on shared occupational practice. The learning of occupational identities, Camilla Thunborg writes, is about how individuals form a self in relation to others in that specific practice. Becoming a nurse was and is only possible after having undergone nursing training which legitimises the social status of nurses and thereby to some extent constructs the meaning of being a nurse. Thus taking on an occupational identity is a learning process, a key element of which is that students are stimulated to take on the role of being a nurse, influenced by significant symbols, languages and gestures from those involved. In order to take on the new role, the perspective of other people is necessary and it is transmitted through language and gestures that students read and adapt to accordingly. This is not merely a process of mimicry but rather means taking on a shared perspective, which also forms a common meaning. Thunborg points out that there is a distinction between learning about and learning to be. Learning about is about learning a content or a subject in terms of knowledge. Learning to be instead means the learning of identities in a certain situation or occupation. The present study, like the work of Thunborg, focuses on occupational identity, with the aspect of learning to be. Learning can thus be related to the way individuals take on certain values related to that particular occupation and internalise them. By participating in this process, nursing students learned a certain set of understanding of what was appropriate. Who they were as nurses was likewise an important point of departure for how they should act. A particular identity often also implies a certain form of subjectivity that is not static but formed by our relationships.

17 In English, nurse training is the current expression, instead of nursing education. For this reason, nurse training is used in this dissertation.
19 Ibid.
20 Ibid.
with others, where different people’s experiences are integrated into the concept of occupational identity. However, this is not always a process on equal terms. Thus the issue of the degree to which individuals can exercise free choice and the implications of free choice for the construction of identity is a relevant question, simply because different people with different conditions have different options to choose from, and people are under different social pressure and influence to comply with the social models of identity they are offered.

Occupational identity, according to Mats Alvesson, is a component of what is called social identity, referring to the group category that individuals identify with. 21 To some extent, an individual’s unique self-identity and her/his shared collective identity can be understood as similar. For Richard Jenkins they are entangled with each other, as both come into being within interaction.22 Thus social identities are negotiated in interaction, where they are both reproduced and threatened. Occupational identities are an important part of people's total identities.23 It is important to recall that contemporary research encourages us to think in pluralistic and non-essentialist terms, as identities are understood as multiple and contextual.24 This makes occupational identity an adjustable concept. The process of reproducing identities in all communities of practice are historically constructed in ongoing struggles where newcomers often have the least say.25 This means that changes in occupational identity and subjectivity tend to occur slowly.

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Overview of selected Swedish research on nurses

This is not a complete summary of previous research on the theme of nursing, as this is an extensive research area that can be divided into so many different areas such as history, sociology, education, anthropology and psychology. Instead, my presentation of earlier research is a selection of works of special relevance for my own research on the RCNS.

First, I will mention three RCNS studies. The first was made by Elisabeth Dillner, in 1934. She wrote a historical book about Red Cross nurse training between 1866 and 1904. The second is Sten Söderberg’s book from 1965, about the Swedish Red Cross and its first 100 years. The RCNS is not the main theme in the second study, but it is partly described historically. Furthermore, is the report by Ingrid Sandin from 1991 interesting. It explored mentalities at the RCNS, from the perspective of what was meaningful, what the students learnt and what was presumed as important. She interviewed RCNS nurses educated between 1940 and 1990 together with exploring the history of RCNS and Archive material.

Furthermore, there are many dissertations and articles on nurses and some on Red Cross nursing; here I will give an overview of what is most important for this work. In education, the work of Camilla Thunborg is important as she explores the learning of occupational identities in health care and medical services, aiming at increasing our knowledge of what characterises occupational identities and how these are learned. She defines learning as a continuous process of participation in everyday social practices in which occupational identities are formed, maintained and developed, in line with Lave & Wenger’s theory. Thunborg’s work has three theoretical points of...

27 Ibid.
departure: a social-interactionist, an institutional and a contextual approach; the last is seen as the main perspective. Also of interest is the work of Elisabeth Dahlborg-Lyckhage, who has written a dissertation on education concerning identity and nursing. Her work has two aims: first to describe and interpret how nurses are constructed and portrayed in the television media, and second to describe the conception of nursing that the student nurses have when starting their training.\textsuperscript{32} The overall theoretical approach is feminist culture studies based on constructivism. The result indicates a hegemony in the television series: that nursing is feminine and that the image of the profession that influences students in their decision to become a nurse is not just stable but, as Dahlborg-Lyckhage notes it is mummified. Overall she found nursing was chosen because the students wanted to help and care for people, but they also wanted to feel needed and to transmit knowledge.\textsuperscript{33} Another study of nursing with a gender perspective is Jorfeldt’s doctoral thesis from 2004, which aims to describe and understand both students’ and teachers’ perceptions and understanding of nursing as a subject.\textsuperscript{34} Her findings show no evidence that male nurses should be less suitable or have less interest in theoretical studies in nursing as a subject. They have, however, less interest in clinical studies and are more in favour of medical science and technology. For example, at an early stage of their studies, men students often choose as their special focus emergency nursing. The historian Sune G Dufwa wrote, in 2004, an interesting dissertation on the intake of men in the nursing profession by means of feminist theories in gender, pay and career.\textsuperscript{35} He illustrates, among other things, how the Swedish Nursing Association was characterised by feminist ideas. Dufwa is particularly interested in the career and wage development of female and male nurses, and how this has differentiated over time. Eriksson’s dissertation from 2002 also focuses on gender issues in


\textsuperscript{33} Ibid


\textsuperscript{35} Dufwa G, S. (2004). Kön, lön och karriär, sjuksköterska yrkets omvandling på 1900 talet. (PhD School of Humanities, Växjö University, Växjö).
He uses Foucault's discourse concept, and in a post-structural perspective he analyses how male nurses are received in the female environment of nurses—mainly in the period between 1950 and 1970. The focus is on how gender identities are created, and even here—as with Jorfeldt—he conducts an interesting discussion about the concept of gender dizziness, which is created by the fact that men suffered from inconsistent gender identities; a male nurse, for example, needed a word to clarify he was a nurse, by saying, for example, he was a male nurse whereas for women it was and maybe is enough to say she is a nurse. Even though few men applied to undertake nurse training, the difference between women and men students became obvious according to Eriksson. Male students were more likely to be married, and some were older than what was considered appropriate for women nurses in the 1950s. Thus different gender expectations existed within the same occupation at the same time. Nursing continued to be perceived as a female occupation and men nurses had difficulties in overcoming this attitude; moreover, they never totalled more than 10 percent of the student body. Men in a female stereotyped occupation did create confusion, which led to their being questioned differently from their female colleagues. For example, many people believed that men chose nursing as second best as they could not fulfil the requirements to be a doctor. Eriksson confirms that male nurses often receive special treatment in the work situation; nevertheless, being a man nurse was a challenge due to the necessity to balance male ideals in this female context. This is probably because identities for men nurses in contrast to women often have a close relationship to factors such as authority, sports, achievements and heterosexuality, as Ekstrand argues in his 2005 PhD thesis. This may also explain why men’s interaction in this context (men physicians and men nurses) seems to erase

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38 Ibid


former hierarchies between nurses and physicians.\textsuperscript{41} Ekstrand’s research shows there are few hierarchical boundaries between male nurses and male physicians.\textsuperscript{42}

Several researchers have pointed out that nurses are an exception in regard to gender bias; for instance, the professions of physicians and physiotherapist have managed to be more gender mixed. Nevertheless, there are similarities between nurses and physiotherapists; as Ann Öhman notes in her study, women and men tend to choose different specialisations in physiotherapy.\textsuperscript{43} Women tend to work in institutions such as hospitals and elderly care, whereas men tend to work in private practices, occupational health or sports medicine. Similar tendencies can be seen in nursing, where male nurses often work in acute or trauma care and women with elderly care.\textsuperscript{44} Both Öhman and Ekstrand point out how men cooperate less hierarchically.

In Ekstrand’s dissertation on education, gender perspective and gender dizziness also form a theme.\textsuperscript{45} His study focuses on locally situated interactions between men and women and among men. The main focus is on how men in nursing practice constitute their identities. The aim of the dissertation is to understand the meaning of gender, particularly the constitution of masculinities, in the formation of identity for men in nursing. Ekstrand’s theoretical approach is overall post-structuralistic, using among others theories of masculinities. As in Eriksson’s study, Ekstrand shows that men in nursing had a rather unstable identity in the health care organisation, and a central conclusion is that gender order did put strong pressure on identity formation and the construction of masculinities for men in nursing.

\textsuperscript{41} Ekstrand, P. (2005). \textit{Tarzan och Jane, hur män som sjuksköterskor formar sin identitet}. (PhD Department of Education, Uppsala University, Uppsala).
\textsuperscript{42} Ibid.
\textsuperscript{43} Öhman, A. (2001). \textit{Profession on the move; changing conditions and gendered development in physiotherapy}. (PhD Department of Community Medicine and Rehabilitation, Physiotherapy, Umeå University, Umeå).
\textsuperscript{44} Jorfeldt, I. (2004). \textit{Att utbilda sig till sjuksköterska: ett genusperspektiv på lärares och studenters beskrivningar av utbildningen}. (PhD Department of Education, Stockholm University, Stockholm).
\textsuperscript{45} Ibid.
Helena Rehn’s dissertation in education from 2008 focuses on the concept of caring and its historical development, aiming at exploring the meaning-making processes involved in shaping caring practice in the twentieth century by pointing out and analysing conceptions of caring in texts. Theoretically and methodologically she is inspired by Norman Fairclough and his critical discourse analysis. The work of Erlöv and Petersson already described above has, in a Swedish context, explored the history of nurse training. These researchers show how the training was subject to review and change on four occasions up to 1977. It was their dissertation that led me to explore the two last periods up to 1977 described in their work. In 1998, the authors presented a follow-up of their thesis, in the book “From vocation to academia—ideological changes in nurse training during the 1990s”. In 1972 Eva Bohm wrote an historical book on the occasion of the Swedish Nursing Association’s first fifty years. This describes how the nursing profession was once created and highlights crucial events in the history of the association as well as portraying its central people. Another historical study on professionalism comes from Åsa Andersson in her work on the significance of the calling and nurse training between 1850 and 1930. She illustrates how the calling worked as a tool for bourgeois nurses to build their professional identity at the beginning of the twentieth century. Her study shows that the calling not only had a religious undertone but was also used to help the profession achieve status and respect. Among other things, the term "calling" was used to mark a distinction between different female groups in health care: the nurse assistant had a job and the nurse a calling. Through this concept of calling, ideas were formulated about what a good nurse should be and what the nursing profession means.

50 Andersson, Å. (2002). Ett högt och ädelt kall, kall tankens betydelse för sjuksköterskans formering 1850–1933. (PhD Department of History, Umeå University, Umeå).
With the help of the theories of Bourdieu, Heyman (1995) explores the development of the relatively new science of caring and nursing.\textsuperscript{51} Identifying nursing research as a cluster of different methodological and theoretical approaches, Heyman sees nursing research as belonging to both the biological and the social science tradition, often, however, with the interest of improving nursing practice. She found a majority of the nursing dissertations had some sort of medical intervention, such as a medical focus and/or medical physicians as supervisors, opponents or sitting in the examination committee. This, Heyman points out, indicates low autonomy in the new scientific field of nursing (Sw. \textit{omvårdnad}).

Summary: Point of departure and previous research

My dissertation in education has its conceptual roots in the studies of immanent pedagogy, even if it is also a study of the more formal instruction and training of nurses at the RCNS. This means that my focus on education and learning is first of all on an educational practice, where teaching and learning to a large extent are “silent and practical activities” that the nurse students learn in everyday doing. Another consequence of the immanent pedagogical perspective is that learning is primarily understood in terms of identity formation rather than acquisition of certain knowledge. A preliminary finding, that nurse training at the RCNS worked like this for most of the studied period was an important reason for choosing this point of departure. Lave & Wenger’s work on occupational learning as a way of being introduced and accepted within an occupational community of practice raised my interest in their conceptual framework and perspective on RCNS nurse training. One of Lave & Wenger’s main points of departure is that identity formation is important in this kind of immanent pedagogy. Another useful concept is situated learning, which was illustrated at the RCNS, for instance, in the fact that the Red Cross nurse’s skills were first and foremost learnt as an integrated part of the Red Cross nurse’s lifestyle, values and the codes of conduct maintained in the Red Cross nurse community. This perspective on occupational learning has a great deal in common with Thunborg’s concept—learning to be—where the focus is on what people learn in a specific, occupational context where they are gradually integrated into the occupational community of practice.

Previous research on nurse training in Sweden has explored the changes in the training and occupation over the last 150 years with a special focus on modernisation of the nursing as a profession. There are important studies with, for instance, a gender perspective; but few with a historical perspective and

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55 See, for instance: Dufwa G, S. (2004). Kön, lön och karriär, sjuksköterska yrkets omvandling på 1900 talet. (PhD School of Humanities, Växjö University, Växjö); Eriksson,
even fewer with a focus on nursing schools like the RCNS. The changes that have taken place in the training of nurses have been studied, with a special interest in the development of the discipline of nursing and the professionalisation that took place in Sweden after The Higher Education Reform of 1977. Very little has been written about the traditional training of nurses developed at the end of the 19th century and in practice during the first half of the 20th century. My study sets out to explore this traditional training at the Red Cross Nursing School in the post-war phase and the phase preceding the 1977 reform.


This is an interpretative study, basically inductive in the sense that I approach my research questions from the point of departure of what data in the interviews and the archive have to say about the nurse training and identity formation. However, this does not mean that theories are not of interest. First, the interpretative work is characterised by a gradual move towards, more and more theoretical understanding. In the chapter on method, this is described in terms of a dialectic between experience-near and experience-distant interpretations. Second, the inductive approach means that theory is used in the later stages of the interpretative analysis as a means to further our understanding of the patterns identified in the data. In this sense, theoretical concepts mentioned in the last chapter can be regarded as theoretical tools, used to further our understanding of the results. As occupational identity is the focus of the research questions, it has been natural, for instance, to take a special look at such theories generated in previous empirical research. However, it is first necessary to give the reader a short introduction to the very extensive and complex field of research concerning identity. In my interpretation of empirical patterns identified in the interviews and the documents of the archive, I draw on some existing theories of the social and subjective dimensions of occupational identity and identity formation. Furthermore, I introduce Charles Horton Cooley’s looking-glass self-theory, which will be used to understand the identity formation processes in relation to the social evaluations that the Red Cross students were exposed to.\(^5^8\) In a similar way the concepts of the observational self and the sub-self are briefly discussed as a background to my interpretations of the multiple self-positions described by the nurses interviewed.

Moreover, Erving Goffman’s theory of the total institution is used in the analysis to illuminate the special learning processes discovered in the post-war RCNS.\textsuperscript{59} Finally, some aspects of Charles Taylor’s theory of recognition\textsuperscript{60} and Jane Lave’s and Etienne Wenger’s theory of learning in communities of practice are introduced as a background to my interpretation of the dynamics of identity formation at the RCNS during the post-war phase.\textsuperscript{61} The focus on occupational identity (and other aspects of identity) is to a large extent based on the aim and research questions of the study. This is also true of my use of Lave & Wenger’s theory of occupational learning. This means that these theories have provided an overarching perspective for the whole study. Of course, they differ to some extent in focus and orientation, but I find their basic assumptions and views compatible and coherent.

Another way of characterising my interpretative approach is to point out its constructionist methodological perspective. One important meaning of this perspective is associated with certain specific assumptions concerning the nature of the phenomena under investigation and the knowledge that it is possible to gain. These assumptions and the social constructionist approach to my research questions, data collection and analysis can also be seen as an overarching theoretical perspective of my study. One assumption, for instance, is that the form and content of Red Cross nursing training have changed in line with the historical development of our society and the social worlds\textsuperscript{62} related to the RCNS. Another assumption maintained by many historians is that it is not just historical phenomena but also historical knowledge that is never a pure reconstruction of the past. To some extent, the historian is always co-constructing past events and living conditions, in the sense that the past is always understood from our point of departure today. These meta-perspectives are of a more philosophical nature and not theories about empirical phenomena like nursing training, education, identity formation and the like.

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\textsuperscript{62} Social and cultural worlds are often studied within the disciplines of anthropology, ethnology or sociology.
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In education and the social sciences, this historical meta-perspective is also often referred to as a social constructionist approach. Thus, according to constructionism, history plays an essential part when understanding identity, together with the cultural and societal context. Reality is accessible to us through cultural, societal or historical categorisations, and our knowledge and representations of the world are not reflections of an essential reality “out there” but rather products of our way of talking about the world. Our understanding is thus moulded by history, language and culture, and the fact that humans are fundamentally historical, linguistic and cultural beings; our views and knowledge of the world are the product of historical interchanges where people define and maintain shared views of their worlds. Against this background, identities are likely to change over time as the ways of talking and interacting change. The concept of discourse has often been used in studying these linguistic and interactive aspects and a great deal of research has examined discursive productions of identity. Approaching identities as constructed in and through discourse means that what we believe the world is and what is possible or not influences what we do.

In the late 20th century, radical constructionists—often labelled post-structuralists or post-modernists—argued that the earlier essentialist and naturalistic explanations of, for instance, identity, must be replaced by a constructionist (anti-essentialist) understanding. I do not engage here in this meta-theoretical discussion, but it is important to mention that radical constructionist researchers have contributed with important theories concerning the ways in which, for instance, self-identities work and can be understood.

Perhaps the most important example is the introduction of the idea that people have several self-identities anchored in different social and linguistic contexts. An important part of this research studies social and linguistic contexts in terms of discourses.

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Theories of identity

The research field of identity is very extensive and complex, both in the sense that different aspects of identity are in focus in different studies and in the sense that identity is studied somewhat differently in different disciplines. Westin and Lange provide a kind of theoretical map summarising basic concepts in a taxonomy of identity studies. They argue that there is a crucial distinction between the self-defined and the other-defined aspects of identity.66 This is the point of departure for my analysis of the social and subjective dimensions of occupational identity formation. The subjective self-defined facets of identity are deeply rooted in a person's sense of agency and personal locus of control.67 Yet, even as we struggle to define our unique self-identity, we are also beings defined by others, and sometimes groups attach labels to us that differ from those we would choose for ourselves. The other-defined identities refer to the "outside" of self-identities and are imposed or perceived by the "public" or narrower social group. The other-defined identity is often called the social identity, while the self-defined identity is called the subjective, personal, individual or self-identity. Sometimes Ego-identity is used to denote the latter. Most of the studies of identity consist of empirical research on one of these aspects. Social identities are usually studied by sociologists, anthropologists and discourse researchers. Psychological studies of identity more often focus on individual or subjectively experienced identity. Most researchers would today agree that social identities and self-identities are in continuous interaction. Other-defined, social identities are experienced by individuals and can be very hard for an individual to oppose who is so defined. A good deal of research concerns negative and pejorative social identities and how individuals engage in different kinds of identity work to manage such identities. My empirical study explores the highly valued and respected identities of nurses trained at the RCNS in the period under study. My investigation includes both the other-defined and the self-defined

67 The self-perceived identity can in turn be discussed in terms of an intra-individual or an inter-individual perspective. The latter refers to what is sometimes discussed in terms of ‘we-identities’. Within the former category is Erikson’s theory of identity together with theories of personal identity and ego identity.
dimensions of Red Cross nurse identity as well as the interplay between these dimensions. Thus I draw on existing theories describing basic characteristics of these identity dimensions. Below, I introduce very briefly a few such theoretical languages and concepts, which will be further expanded in the results and the discussion of the results.

Identity formation in social interaction

Many theoretical languages describing the social and subjective dimensions of identity in relation to learning draw on the classical theory developed by the social psychologist George H. Mead, the founder of symbolic interactionism. Here, the formation of, for instance, occupational identities is understood in relation to how individuals interact in everyday social settings. According to Mead, the self is a product of social interaction:

The self is something which has a development; it is not initially there, at birth, but arises in the process of social experience and activity, that is, developed in the given individual as a result of his relations to that process as a whole and to other individuals within that process.

Thunborg—who has studied occupational identities of health personnel—states that this shaping can be understood as a two-step process. With references to Mead, she writes:

I have pointed out, then, that there are two general stages in the full development of the self. At the first of these stages, the individual self is constituted simply by an organisation of the particular attitudes of other individuals towards himself and toward one another in the specific social acts in which he participates with them. But at the second stage in the full development of the individual’s self, that self is constituted not only by an organisation of these particular individual attitudes, but

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also by an organisation of the social attitudes of the generalised other or the social group as a whole to which he belongs.

According to Mead, the individual does not merely perceive other individuals’ attitudes towards themselves, but also those towards each other in that specific social action. Furthermore, the perspective of the generalised other tells the individual what is expected of her/him. Mead considers the self as a process that is active and creative, taking on the role of others, addressing the self by considering these roles, and then responding. In this way, people develop self-images through interactions with other people. It is the action and the communication between people that create attitudes to ourselves and others and to the world as a whole. For Mead, the development of the self takes place as a complex interplay between the me (which contains learnt, internalised social role expectations) and the I (the impulsive and creative components of the personality). Hence the self must constantly try to create a balance between the social expectations of the “me” on the one hand, and the “I”, the spontaneous self, on the other. The process of role-taking described takes place through significant symbols, including physical objects such as the nurse’s uniform, brooch and hat. It is vocal gestures, especially language, which are the crucial significant symbols, as language for Mead is the highest form of communication. Therefore, it is the major tool of the interaction from which minds and selves emerge. For this reason, the individual's development of a self is dependent on the interaction between significant symbols, social interaction and human consciousness.

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Social occupational identity and the importance evaluations of others

A point of departure for our understanding of identity formation was presented in 1902 by another of the founding fathers of the discipline of social psychology, Charles Horton Cooley, the so-called *looking-glass self-theory*. The looking-glass self-theory explains that others’ perception of us involves an evaluation and that this evaluation also influences our subjective self-identity. Johan Asplund summarises Cooley’s own presentation of the looking-glass self-theory:

> In the same way as we see our face, our body and our clothes in a looking-glass and take an interest in them because they are ours, and are satisfied or not with them depending on if they correspond or not to how we wish they would be; in the same way we see in our imagination in another person’s consciousness a kind of thought concerning what we look like, our way of being, our intentions, our action, our friends and so on, and we are influenced in different ways of this.

Such a representation of oneself seems to have three fundamental elements: (1) the representation of how we appear to the other person; (2) the representation of how the other person appraises how we appear, and (3) some kind of self-esteem, as pride or humiliation. [---] We are ashamed of appearing as evasive in front of a straight-forward person and as cowardly in front of a courageous person or as rude in front of a refined person. We always imagine and share the representation of the other person’s evaluation of us.\(^75\)

Cooley’s own intention with the looking-glass self-theory has to a large extent been forgotten. When he is referred to, it is primarily for the idea that people tend to internalise others’ definition of who we are. This is of course one aspect of the looking-glass theory and much better known than Cooley’s original idea of how social identities are appraised and valued and how this is

a key to understanding people’s self-appreciation and self-esteem. Cooley’s analysis has great relevance for my analysis of Red Cross nurse identity in the post-war phase, as I found that constant social evaluation by colleagues seemed to be an important driving force for students to learn and live up to Red Cross identity ideals. I will return to this in the discussion of the results, analysing at greater length the importance of honour and what honour has meant in the Red Cross community.

In this work I study both self-identity and other-perceived, social identity, first of all within the frame of occupational identity of students at the RCNS or graduated Red Cross nurses. An occupational identity is, almost by definition, a social identity, that is, defined by people sharing the same occupation and often also by others. However, the individual engaged in a specific occupation develops an image of who he or she is as a member of this occupation. In fact, entering an occupation and learning how to perform the skills and other qualities expected of, for instance, a nurse, involves the development of a self-identity that has a great deal in common with self-identities of others in the same occupation. As a consequence, an occupational identity is characterised by specific social expectation, an expected social identity. The individual’s shaping of his/her self-identity must, to some extent, correspond with the social expectations. It is impossible to state that one has the qualifications of a specific occupation if these are not at all confirmed by others belonging to the same occupation. An important object of my study concerns these social definitions and self-definitions and how these processes have changed in the training of Red Cross nurses at the RCNS in Stockholm between 1945 and 1977.

Social identities are negotiated in social interaction, where they are both reproduced and threatened. When a social identity is inherited, a certain set of understandings of what is appropriate, for example for a nurse, can be taken for granted. Who I am as a nurse is, moreover, an important point of departure for how I should act. Thus a particular identity implies a certain form of subjectivity. However, it is important to recall that contemporary research encourages us to think in pluralistic and non-essentialist terms, as identities are understood as multiple and contextual.76

Subjective identity and the field of self-theory

The recently developed field of Self-Theory offers useful analytical tools for my analysis of, for instance, the complexity of the interviewed nurses’ self-identities. When they described themselves, it became obvious that they identified themselves with different everyday life roles as nurses, wives, mothers and so on. During the last few decades a number of studies have proposed that a person’s self-identity really includes several different identity positions. \(^\text{77}\) Two researchers in the field of Self-Theory, Arthur Deikman and Robert Ornstein, have introduced the concept of the sub-self and the observing self, referring to multiple self-identity positions and a special component in a person’s identity structure, with the function of coordinating the different sub-selves and maintaining a sense of continuity. \(^\text{78}\) Self-theory seems also to offer some productive analytical concepts for my analysis of the findings concerning the Red Cross nurses. In a recently published dissertation, Therese von Braun applies a model including the concepts of the sub-self and the observing self in social work research. \(^\text{79}\) Drawing on her model, I have illustrated the observing self in relation to an occupational and private sub-self, Figure 1.

![The observing self](image)

**Figure 1. The observing self, after Deikman and Ornstein\(^\text{80}\)**


As mentioned earlier, in this dissertation I refer to the complex identity structure of Red Cross nurses, including for example several sub-selves, in the singular in order to be able to determine identity matters as one important factor in their training. Furthermore, the results of my study pointed to interesting changes in the relation between the private and the occupational selves in the Red Cross nurse identity during the period analysed (1945-1977). I will return to this below.

Taylor, authenticity and recognition

Charles Taylor’s work on identity is extensive. Here I raise just two points of special interest for my study of the Red Cross nurses’ occupational identities.

Authenticity

In my study of nurse’s occupational identity, I have interviewed nurses trained in the period studied in order to explore their own position towards, for example, the extensive regulations of Red Cross training in the post-war phase. Charles Taylor presents an interesting background to these inquiries.\(^81\) According him, this idea of the nurses’ own positioning is rather new, dating back to the 18\(^{th}\). Before that, people were not supposed to have a personal position towards what happened in their life. People were their social positions, the idea that they had a personal view was not discussed. The French philosopher Jean Jacques Rousseau’s contribution was that he pointed out the importance of people’s inner voices and experiences of a personal view on life.\(^82\) According to Taylor, this can be described as the introduction of the idea of authenticity in Rousseau’s philosophy of human functioning—an idea that Taylor supports strongly:

There is a certain way of being human that is my way. I am called upon to live my life in this way, and not in imitation of anyone else’s. But


this gives a new importance to being true to myself. If I am not, I miss the point of my life, I miss what being human is for me. [...] Being true to myself means being true to my own originality, and that is something only I can articulate and discover. In articulating it, I am also defining myself. I am realizing a potentiality that is properly my own.  

The importance of recognition

As I mentioned above, my analysis of the interviews and the archive documents showed that a constant evaluation of the way Red Cross students and nurses really lived up to the ideals of Red Cross nurse identity was important for the maintenance of high-quality work with the patients. In his book Politics of Recognition, Taylor discusses similar social evaluations against the background of current social movements referred to in terms of the politics of recognition. He emphasises that the sense of who we are is also constructed in the eyes of the others. Maintaining one’s self sense of self is not something that can be achieved alone: it depends on inspiration and recognition from others for its realisation. The importance of recognition lies in that how others see us is a necessary step in forming an understanding of who we are. For this reason, identity is partly formed also by recognition or its absence, and to fail to be recognised by others is to be denied the very basis of one’s identity. Non-recognition or misrecognition can inflict harm, thereby becoming a form of oppression, imprisoning individuals in a false, distorted and reduced mode of being.

The main point in Taylor’s text, referring to the politics of recognition, analyses the importance of, and striving for, recognition. The politics of recognition refers to a sort of social activism based on the fact that individuals who feel they are misrecognised as a consequence of membership in a minority actively seek recognition in their own group in order to strengthen

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their own and their fellow members’ pride in belonging to the specific minority.

A number of strands in contemporary politics turn on the need, sometimes the demand, for recognition. The need, it can be argued, is one of the driving forces behind nationalist movements in politics. And the demand comes to the fore in a number of ways in today’s politics, on behalf of minority or “subaltern” groups, in some forms of feminism and in what is today called the politics of “multiculturalism.” The demand for recognition in these latter cases is given urgency by the supposed links between recognition and identity, where this latter term designates something like a person’s understanding of who they are, of their fundamental defining characteristics as a human being. 86

The observation of the new politics of recognition, or identity politics as it is sometimes also termed, has an interesting bearing on the transformation of the RCNS.

Goffman and total institutions

When analysing identity formation at the RCNS in the post-war period, Erving Goffman’s theoretical concept of the total institution offers productive theoretical guidance. His analysis appears to correspond quite well with life at the RCNS—at least in most of the period under study. When trying to understand total institutions in their most essential respects, we must first bear in mind that in most basic social arrangements in modern social society, people tend to sleep, play and work in different places with different people under different authorities. 87 The central features of a total institution, however, break down the barriers normally separating these spheres of life; furthermore, every institution captures the time and interest of its members, providing something of a one-dimensional world for them. In this, all institutions have compassing tendencies, that is, the desire to show and

thereby shape the inmates based on specific goals or ideals. This is especially true for identity formation. According to Goffman, examples of total institutions could be homes for the elderly or mentally ill people, prisons, boarding schools and nunneries. What characterises a total institution is that, primarily, all aspects of life are conducted in the same place and under the same single authority. Furthermore, all daily activities are performed in conjunction with other ‘inmates’ and all phases of daily activities are tightly scheduled. Just as importantly, the content of the inmates’ various activities is brought together as part of an overall rational plan designed to fulfil the aim of the institution.

To a large certain extent, Goffman’s concepts of a total institution coincide quite well with life at the RCNS, possibly until the late 1960s. The interviewees said that one of the first things nursing students had to do when arriving at the school was to put on the uniform—the nurse’s personal clothes could not be worn at the school until the late 1960s. Daily activities were regulated down to a quite detailed level. Goffman labels this the sociological stripping process, a process of three elements. First, any member of the staff has the right to discipline any member of the inmate class, second, the authority is directed to matters of dress, behaviour, social interaction, manners and the like. One example of this at the RCNS regarded the strict rules concerning clothing, and the requirement to dress differently when leaving the school area. This must have deterred Red Cross students and nurses from going outside the school area, as the tedious rules certainly must have made it easier just to stay in the dormitory or inside the hospital area. Hence, through regulating what students and nurses should wear at different places, the school could prevent students from wandering too far. The third feature of authority in Goffman’s sociological stripping process is that of rule-breaking and its consequences. This element can be seen to be applicable when Red Cross students were punished or expelled for breaking house rules or failing to meet other expectations of how a nurse should act or be. It may be said that total institutions in some way are about a form of rehabilitation; according to Goffman, this is about resetting the inmates’ self-regulatory mechanisms so that, for example, the student would maintain the standards of the establishment of her own accord after she left the setting. Goffman argues that

total institutions do not deal with acculturation or assimilation but with something more restricted than this. Total institutions effectively created and sustained some kind of tension in the management of people, where individuals were either in or out—something in-between was not possible.\textsuperscript{89} A key function of the total institution, according to Goffman, is the unusually effective identity formation of the inmates, and this aspect of the theory has also become one of the key cornerstones of my understanding of the RCNS and the strong Red Cross community of graduated nurses.

As mentioned above, Goffman first of all explores institutions like prisons and mental hospitals, which are known for discipline and repression, and also monasteries, based on voluntary adhesion to a total institution and more similar to RCNS. Here, we can take our interpretation of the RCNS as a total institution even further, drawing on the classical sociologist Ferdinand Tönnies.\textsuperscript{90} Tönnies explores two different, and opposite, kinds of social life: Gesellschaft, translated as society, and Gemeinschaft translated as community in English. A monastery can be regarded as a type of community and so was the socio-cultural group of Red Cross nurses and nursing students at the RCNS until the late 1960s. Goffman does not mention Tönnies’ work, but it is obvious that Tönnies’ concept of Gemeinschaft/community is a valuable complement to Goffman’s analysis of the total institution. However, I draw on Tönnies first of all in order to better understand the community of Red Cross nurses, which, I argue, can be interpreted as a total community. In fact, Tönnies explicitly discusses total communities when he analyses the most typical examples of communities, the family, the village and the community of people who share ideas or a common spirit. According to Tönnies, community is organically built, and members of a community are first community and second individuals.\textsuperscript{91} It is the community that decides peoples understanding of who they are and directs them how to live the life of the community, including their own personal life.

Neither Goffman’s nor Tönnies’ concepts are, arguably, entirely transferable to the case of the RCNS, which does not fully meet Goffman’s criterion of the

\textsuperscript{91} Ibid.
inmates being isolated and having little contact with the outside world; in comparison, nursing students experienced removal of aspects of their personal identity and lacked autonomy within a process of scheduled daily activities, but they also worked at different hospitals where they interacted with different colleagues such as physicians and assistant nurses.

Lave and Wenger and communities of practice

Furthermore, Lave and Wenger’s work on communities of practice is interesting as it moves learning into my analysis of the training and identity formation at the Red Cross Community.92 The RCNS was first of all an institution for training, or education. Here, Lave & Wenger’s theory of occupational learning is interesting as it presents a learning theory that the very dynamics of occupational learning is about being accepted as a participant of a specific community of practice.

Initially, Lave and Wenger were interested in apprenticeships, and because the RCNS to some extent can be understood as a master-apprentice relation in most of the period studied, their concept was useful. Lave and Wenger’s essential argument is that apprenticeship concerns a learning process by which newcomers advance from being peripheral to being more and more central participants of a community of practice. Here, experienced workers teach newcomers in a community—in an apprentice relationship. The occupational skills are acquired through participation in the daily activities, and the meaning of learning is constituted through the process of becoming a full participant in that specific socio-cultural practice, which in this case was the nursing practice at the RCNS. In this context, the social process included, in fact incorporated, the learning of knowledgeable skills. Lave and Wenger claim that occupational learners unavoidably participate in communities of practitioners and that the mastery of knowledge and skills requires newcomers to move towards full participation in the socio-cultural practices of a community. Another concept used to characterise this type of learning is situated learning, whereby social interaction and collaboration are essential.

components of learning. Becoming involved in a “community of practice” means learning *certain embodied beliefs and behaviours*.

Thus communities of practice means a group of people sharing a craft or a profession/occupation where learning is situated and embedded within activity, context and culture. Lave and Wenger locate learning in the processes of co-participation, arguing that learning is not only in the heads of people. For them, learning is a process that takes place in a participant framework, and not only in an individual mind. They attempted to clarify the concept of situated learning, that learning is an integral and inseparable aspect of social practice.³³ To summarise, a community of practice requires three components: (1) the domain, (2) the community and (3) the practice.

**Communities of practice and identity**

For Etienne Wenger, who has written more extensively on communities of practice, learning is central to human identity.³⁴ He has explored learning in relation to meaning and identity, pointing out four components of learning: meaning, practice, community and identity.³⁵ These are defined as follows:

1. **Meaning** is a way of talking about our ability to experience the world as meaningful.
2. **Practice** is a way of talking about shared historical and social resources, frameworks and perspectives that sustain mutual engagement in action.
3. **Community** is a way of talking about the social configurations in which our enterprise is defined, and our participation is recognisable as competence.
4. **Identity** is a way of talking about how learning changes who we are.³⁶

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³⁵ Ibid.
³⁶ Ibid.
These four components together provide a structuring framework for a social theory of learning that corresponds very well with life at the RCNS in the main part of the period under study. Wenger notes that the elements described in the model are interconnected, and that any of the four components, with learning in the centre as the primary focus, could be switched and the figure would still make sense.

In a community of practice, a person is understood as a social participant, as a meaning-making entity for whom the social world is a resource for constituting an identity. The experience of the person in all these aspects is actively constituted, formed, and interpreted through learning. Learning is not just acquiring skills and information; it is becoming a certain person—a knower in a context where what it means to know is negotiated with respect to the community of practice. Learning is not one-way communication; instead, it develops in communication with others, where people are involved in the process, by both being affected and affecting the learning process. In this process, motivation is important: students will learn when they have a desire to develop skills; and if they admire people with the same skills, it motivates them to become a central participant in a community of practice.

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Motivation can provide a powerful inducement for learning. That was the case at the RCNS, where students wanted strongly to join the community, therefore accepting the somewhat difficult conditions and working hard towards becoming a member.

Summary: Theoretical tools

In conclusion, my study has been guided by a constructionist, interpretative theoretical meta-perspective. This means that I regard the RCNS as influenced by historical, societal driving forces and processes of meaning-making. Learning on a collective and individual level are important components in these processes. In order to deepen our understanding of the results, I also draw on more specific theories and concepts which increase my understanding of the RCNS, the identity formations and the more or less dramatic changes of the nurse training. Here, the concepts of learning as a social practice, the total institution and total Red Cross nurse community are especially important.

In my exploration of the nurses’ self-defined identity, I have first of all made use of Charles Taylor’s work, while I have drawn on Goffman’s, Tönnies’ and Lave and Wenger’s concepts in exploring social, other-defined identity, for instance, in relation to learning an occupation. Taylor analyses the important concept of recognition as essential in constructing identity and the importance of being seen. However, Taylor also links the social identity to the self-identity, for example through the idea of authenticity, where individual and social identities are interconnected. Authenticity has to do with being true to yourself but also to some kind of social belonging, something that is shared with others.

The discovery of the RCNS as a closed, collective world, where meaning was transferred from generation to generation of nurses, was deepened by Goffman’s concept, a total institution, that, among other things, helps us see the importance of discipline in nurse training at a time when nurse students were subjugated to strict rules and codes of conduct that applied for all with no exceptions. In my interpretation of the RCNS, and its character of being a lifelong, very tight community; I furthermore draw on the similarities with Goffman’s theory of total institution and Tönnies’s analysis of Gemeinschaft as a total community, while the core of learning in this specific community of
practise is dealt with using Lave & Wenger’s learning theory, where the very dynamics of occupational is about being accepted as a participant of a specific community of practise. It should be noted that Lave & Wenger, first of all, discuss communities of practise in a much less tight and total sense. Nevertheless, there are important similarities. In fact, the case of the RCNS seems to illustrate the theory of occupational learning as a process of gaining access to a community of practise much better that many other studies of quite ordinary processes of learning an occupation.
Chapter 4 – Method

This chapter presents the methodological points of departure and the empirical material. First of all, the methodological approach is hermeneutical,\(^98\) with the aim to understand the underlying mechanisms of the changes in the training of Red Cross nurses and their identity formation. My analysis takes as its starting point the empirical material with interpretations as a tool. The empirical data is primarily documents from the Red Cross Archive concerning the training of and interviews with nurses trained during the period 1945-1977. My intention to explore the meanings of the historical documents and the opinions of the nurses who were interviewed, makes the choice of an interpretative method based on hermeneutics natural. Thus the focus is on training and the construction of the Red Cross nursing students’ occupational identity. My starting point is that occupational identity is a complex phenomenon, constructed in interaction between social expectations, norms and beliefs specific in a particular time period and for the nurses themselves. As my study is about something that happened approximately 50-70 years ago, it is about exploring memories of experiences and selected parts of what was saved in the Red Cross archive. The Red Cross nursing students’ occupational identity is approached from two different perspectives. The first, through the archive, aims to reconstruct basic characteristics of the socialisation of the Red Cross nurses when being trained between 1945 and 1977. Here, text analysis of the documented aims of the training, what the nurses studied, regulations of the training and the annex where the students lived and the like, has been my working tool. The texts can be regarded as traces of the training at that time, interpreted firstly by those directly involved and secondly by this author.

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My second tool, the interviews, is used to collect data of personal experiences. To some extent, the personal descriptions of what happened on different occasions could also be used to validate what I had found in the archive, but in-depth scrutiny of all these sources was, of course, necessary. The nurses interviewed were trained at the RCNS during the period under study. Through the interviews, I wanted to explore their self-perceived identity. As the interviewees have memories from their education, they can complete the picture of nurse training at the time. However, their memories and descriptions are also influenced by later experiences. In the interpretative work, the aim has been to check the historical authenticity of what the interviewed nurses said by relating it to other data from the interviews and the archive. A special aim of the interviews was to identify oppositions and conflicts between social definitions of the Red Cross nurse and subjective experiences. Here, I looked for cracks in the occupational identity that the nurses learned to identify with during their education.

Thus the empirical data consists of two different types of material: interviews and archive documents. The question of method has been a challenge because the material gives different kinds of information and demands different kinds of analyses. The interviews provide what is called life-world data and illuminate, in this case, some Red Cross nurses ‘experiences. In contrast, archive material largely consists of regulatory documents determining and describing what the RCNS expected of nursing students in the period. In order to be able to combine these kinds of data, I draw on the French philosopher Paul Ricoeur, who argues that the researcher can use different kinds of data in an interpretative analysis. Both interviews and archives documents can be regarded as historical traces. Interviews reflect experiences from the past that have left an imprint in the interview statements, which are recalled today through emphatic imagination. This is something no archive can do; according to Ricoeur, archives cannot replace the living souvenir of interviews. Thus we have nothing better than memory to signify that something has taken place, has occurred, has happened before we declare that we remember it. This can be contrasted with archives, which are silent traces, in this case of the functioning of an institution, the RCNS. The archive symbolises different

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100 Ibid.
kinds of institutional knowledge. The intention of this work is to understand what nurse training was like at different times, based on this mixed empirical approach, where the documents illustrate structures in RCNS training, and the interviews bring to life the archive’s documents. Thus I put the regulatory documents into a context of being, and use the archive as enlightenments and documentations of the conditions lived. As archives and memories are connected, my intention is to reconstruct the past through documents and oral memory—assuming these together can represent the livingness of the historical condition of having been a student at the RCNS in the period explored.

The Hermeneutical approach

Else-Maj Falk uses the metaphor of the hermeneutical method as doing a jigsaw puzzle. It is about finding individual pieces of data and combining them into a comprehensive picture of an interpretation. A simple definition is that hermeneutics is the art of interpretation. It is about interpreting, for instance, social life like communication and actions which for the performers are meaningful.

According to what is sometime referred to as the Stockholm school, interpretation involves a reconstruction of, for example, an actor’s experience of an action. However, this historical, ‘experience-near’ interpretation is often also translated in the hermeneutical analysis into a more theoretical (experience-distant) language that allows the researcher to compare her/his findings to other studies.

Hermeneutical interpretation always presupposes a pre-understanding (individual and social), something all people have. Pre-understanding can

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103 An approach to interpretative work developed at the Department of Education, Stockholm University that has inspired my study (described in greater detail below).

be considered as something ‘standing behind’ the consciousness of the understanding person and may be thought of as a framework that automatically operates to interpret the environment and make it understandable to the reader. Thus our pre-understanding provides the basis we navigate from when understanding new experiences. According to Gadamer, when we enter an encounter, we already have pre-formed ideas, we have a history and an understanding of the world before we begin to think about it. Gadamer has stressed the importance of our pre-understanding and how it plays a role in interpretational work, adding humans’ existential destiny, that we are all framed by traditions and historicity. This subjective historicity is thus the initial episode in the understanding process; for this reason, our understanding is never unconditional. Furthermore, interpretation, explanation and understanding are intertwined elements of a complex process that together constitutes successive steps to reach an interpretation. Understanding is mediated by explanations, and explanations are completed in the understanding; understanding encloses the explanation—and a distinction between them is not possible. Basically, the starting point for the hermeneutical process is the dialectical movement between explaining and understanding. It is about exposing meaning, and for Charles Taylor, the study of meanings raises the question of the way meanings change over time and differ across cultures.

Most importantly, interpretations must always be argued for. Interpretational work is an argumentative operation in which interpretations must be based on arguments that, in turn, must be based on relevant data. Hence, hermeneutics is about interpreting something that is not understood. In order to do that, a process of interpretation is needed, involving scrutiny of data, explanations of

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107 Ibid.
108 Ibid.
patterns of data and testing of possible understanding with the aim of finding an interpretation which is supported by all the available data.

Validation and inter-subjectivity in hermeneutical work

One challenge in interpretational work lies in that interpretations are based on something that is not obvious—they are interpretations mediated through a text, documented acts or artefacts. Nevertheless, historical interpretations aim at finding interpretations that are better than others—meaning they are “truer”, at least in the sense that the arguments found are more meaningful.\textsuperscript{110} Hermeneutics as a method moves between discovering and inventing, and between realism and relativism.\textsuperscript{111} The relativistic dimension lies in the interpreter always having to contribute, to some extent, to finding the meaning in a studied phenomenon. The realistic dimension is based on the exploration of an interpreted person’s experiences and the constant testing of all interpretations against data. The historian Arne Jarrick even argues that historians search for a kind of truth and asks rhetorically: If there is no truth to study, why do historical research?\textsuperscript{112} Ödman seems to take a similar stance when discussing validity in hermeneutics. In his opinion, the researcher must strive for the truth, maybe not truth in the form of an exact reconstruction of historical events or experiences, since this is not entirely possible. He argues that historical interpretation must aim at a mimetic truth.\textsuperscript{113} Validating interpretations demands overall that interpretations have support in the available data. This simply means that the interpreter must argue for her/his interpretation against the background of existing data. Another way of saying this is to relate to the hermeneutical circle, stating that the different parts (the data) and the interpretations must confirm each other, and that all partial interpretations must fit the overall interpretation. Thus all interpretations must be coherent with each other.\textsuperscript{114}

\textsuperscript{111}Ibid.
\textsuperscript{112}Ibid.
The validity of an interpretation ultimately depends on the inter-subjective confirmation it gets from people who try to understand the interpretation, given the existing data and the interpretations proposed by the interpreter. Thus inter-subjectivity depends on our consensus with others, the ability of the arguments to convince the reader, and the accuracy, truthfulness and support from the data of our interpretations.

In interpretational work, transferability and inter-subjectivity are based on other premises. As our pre-understanding must always be made visible, inter-subjective validation of an interpretation always demands that others who do the validation have full information concerning the different variations of interpretations that the interpreter has discovered and tested, including all her/his arguments and data used. As transferability and validation of interpretations are only possible on these conditions, it should perhaps be called conditioned inter-subjectivity or validation.115

My interpretative approach is inspired by the Stockholm School, whose ideas and practices concerning social science interpretative work were developed first of all by Trankell116 and Ödman. The special contribution of this method is to discuss interpretations of personal life histories and the development of the specific hermeneutical research method: Formal Structure Data Analysis. It is primarily this method that has guided me in this study. Below, I describe in greater detail the steps I have followed in my analysis of data. Ödman illustrates this historical approach in his extensive project of the Swedish history of education,117 arguing that when the focus of interpretation is on human beings and their lives, the perspective should always also include an existential awareness.118 The existential dimension refers to the fact that human experiences are always assigned different meanings depending on the historical and cultural belonging of the person interviewed. The interpretative project is to understand another person’s life and what it was like for her/him to exist on her/his own terms. Caroline Gustavsson says this is about putting

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yourself in the other person’s situation, which is not the same as being or feeling the same way as the Other.\textsuperscript{119} It requires, in other words not only intuitive empathy, or what 19\textsuperscript{th}-century hermeneutics talked about in terms of "Einfühlung."\textsuperscript{120} It is about exploring the other’s living condition at the time, as it appears for her/him in the world. It is the actor’s experiences that are of interest, when the researcher must interpret the traces expressed in, for example, an interview. According to Anders Gustavsson, the interest is in the action or statement’s genesis/origin.\textsuperscript{121}

Thus interpretations, in this perspective, shift between an interest in what the Respondents meant—which is the experience near interpretation and an interest in understanding the statement or a document in a more theoretical way, that is the experience-distant interpretation.\textsuperscript{122} I will elaborate on this later.

The researcher

Steinar Kvale argues that the researcher is important as he/she influences the outcome of research, especially in qualitative studies:

The person of the researcher is critical for the quality of the scientific knowledge and for the soundness of ethical decisions in any research project. By interviewing, the importance of the researcher as a person is magnified because the interviewer him or herself is the main instrument for obtaining knowledge.\textsuperscript{123}

But not only are the interviews influenced, as previously described, but also our interpretations, by our subjective pre-understanding. Hence, the researcher in this study must be presented. First of all, let me state what I am not: I am not a nurse and I am not Swedish. In all regards, I have been an observer,


\textsuperscript{120} Ibid.


\textsuperscript{122} Ibid.

standing on the outside looking in, with the pros and cons that this may have caused. I am a Norwegian, middle-class and middle-aged woman, for whom language is a challenge. The interviews were conducted in Norwegian/Swedish, which may well have constituted a challenge. In the interview situations I did not feel any problem with the language; rather it was in the later interpretational work that challenges arose. In the actual interview situation, I understood, and I felt I was understood. But in the later switches between Norwegian, Swedish and English, challenges arose, which meant a great deal of attention was placed on understanding each language and the meaning of different words. I have used a native Englishman to proofread my text and I have had many discussions with my supervisors concerning language.
My study

My empirical material consists of archive material and interviews with 10 nurses educated in the period under study. This section presents the empirical material and introduces the analysing process of both the archive and the interviews.

What is an archive?

According to Ricoeur, an archive is an organised body of documents with a relationship to an institution, in this case the Red Cross University College.124 For Ricoeur, the institutional character of archives can be recognised three times: archives constitute the documentary stock of an institution that produces them, gathers them and conserves them.125 Archives represent selected memories, where certain items were deemed worthy of keeping and others were bound for the trash. Additionally, not only is it a matter of what is chosen to keep, but there is also a selection of what will be used by the researcher, illustrating that an archive is produced, and used, by an exercise of power. Certain stories are privileged, others are marginalised. Nevertheless, the objects inside the archive are clearly pieces of history, and we can write history using the primary sources stored within the archive.126

Educational systems are not natural functioning systems but systems of rules created by humans. This was my interest: to find out how rules regulated both students and teachers and gave teachers a mandate to work on young people’s skills, attitudes and habits. Thus teaching and learning make up the normative regulations shaping the students.127 Paths were to be found in the archive. Regulatory documents are viewed as material aimed at shaping the nursing students into a predetermined identity, as regulatory documents generally present both requirements and guidance in a single document, distinguishing

125 Ibid.
between both the use of mandatory (e.g., shall, must) and non-mandatory (e.g., should, may) language. According to Helmut Fend, the aim of a teacher’s work is to shape students; via regulatory systems and cultural transmission, young people are fostered into becoming. This system could, for example include the handbook given to the nursing students when starting at the RCNS and the timetables describing what was deemed important to learn.

The Red Cross Archive
When starting my study, the archive was conveniently placed in the basement of what is today called the Swedish Red Cross University College, where I had my office. At that time and until summer 2016, the University College had residence at Teknikringen 1, in Östermalm/Stockholm. In spring 2016, the archive was moved to Riksarkivet,128 (The National Archives) and for a year was not accessible. This created time pressure to find material relevant for the research questions. Furthermore, the archive was quite unstructured, but I tried to establish some kind of structure in my work to find relevant material. In the archive there were a large number of minutes of Board meetings in chronological sequence (unfortunately some volumes were missing); here, I decided to read every second book. There were books until 1967, when the Board protocols ended. I followed the same procedure with the student applicant protocols, which also ended in 1967. A similar procedure was accomplished regarding the timetables. There were also many small boxes in the archive with mixed contents, some of which I chose to include, such as invitations and photos, helping me to get a feeling for the context. The archive was very time consuming, as it was unstructured, it was necessary to search through large quantities of documents in search of material relevant for this study.

For these reasons it was sometimes difficult to meet basic research demands such as establishing who took the picture, who wrote a document, who received it and who it was from. One example is the leaflet Notes on adapting to the nursing occupation, which is presented in the result. This leaflet was

found in the archive but not recognized by the few older nurses who were interviewed. The name of a principal was on the front, and after having searched for a while, it appeared that the text had been printed in the nurse magazine. But it was also printed as a leaflet, examples of which survive today. What exactly the leaflet was used for has not yet been established. I could only presume that it had been used as information for girls and young women wanting to become a nurse.

The RCNS archive can be interpreted as having had more than just one purpose, such as administrative and legal because the content went beyond pro forma information to include more personal items such as letters, pictures and invitations. Also, it seems to have had the purpose of preserving the School’s history, a purpose that seems to have come to an end in the late 1960s. At that time the function of the archive changed, becoming purely administrative and legal; personal items were omitted, together with both Board protocols and student card indexes, meaning that less material from the period after 1967 was found. Student protocols existed, but with much less information, and even photos from after the late 1960s were hard to find.

In brief, the time perspective of the archive is from 1866 until 2007. The archive measured 74,65 shelf metres. When the archive moved, it was reorganised at the National Archives (Riksarkivet), and after a year it was opened for the public. The references in this work were checked with the help of employees at the National Archives in order to secure correctness.

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130 Stiftelsen Röda korshemmet. Riksarkivet (The National Archive of Sweden). SE/RA/780 058 recovered from [https://sok.riksarkivet.se/?Sokord=R%C3%B6da+korset%2C+Bernadotte&page=2&postid=Arkis+88265d0b-62d9-4e3f-b21d-e76518ca3d13&tab=post&FacettState=undefined%3Ac%7C&vol=n&s=Balder](https://sok.riksarkivet.se/?Sokord=R%C3%B6da+korset%2C+Bernadotte&page=2&postid=Arkis+88265d0b-62d9-4e3f-b21d-e76518ca3d13&tab=post&FacettState=undefined%3Ac%7C&vol=n&s=Balder)
Interviews with former Red Cross nursing students

First contacts and ethical considerations
The interviews were carried out alongside the archive material. Before the interviews were conducted, all participants were contacted and informed of the project and about the approximate length of the interviews. When meeting the Respondents, they were given a consent form to sign before the interview started. The consent also contained information about the study, specifying that the Respondent could withdraw from the study at any time during the doctoral period without having to explain why. All contact information on supervisors and the doctoral student was included, together with the university behind the study. The signed document of consent was kept by the doctoral student, and the Respondent received a copy. Every interview was recorded and lasted about one hour.

The interviews
The ten interviews in this study are semi-structured, which means that the interviews were steered from an interview guide with open-ended questions. The questions in the interview guide were about the Respondents’ backgrounds, why they became a nurse, what the image of the nurse was, and how their relationships with physicians, assistant nurses and nurse colleagues had been. The community of women was of interest, as was the arrival of men into the profession, what the calling meant to them and how they experienced being a student at the RCNS.

The purpose of the questions was to get a comprehensive picture of the persons that were educated at the school, and how the education was experienced, not only as it related to classmates but also to the social environment. My main focus was on the period when the interviewees were educated, but as some of the interviews went back approximately 70 years, it was difficult to avoid talking also about what it meant to work as a nurse.

This meant that time constituted a challenge insofar as it was not always easy to discern which experiences and opinions were from the educational period.

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131 Appendix 1, The consent form.
133 Appendix 2. Interview guide.
The interviews were conducted in 2015 and 2016, and the nurses to be interviewed were found in different ways, as set out under the next heading. The interview guide was based on the research questions. When conducting the interviews, the interview guide helped me keep a similar framework in all interviews, which was helpful when analysing the information later. In the interview situation, I tried to maintain a good atmosphere. I was focused and active, saying things like: Yes, that’s interesting or Can you elaborate on that?, but mostly it was the Respondents who did the talking. When I had gone through the interview guide, all interviewees were asked whether they would like to add anything, or if they thought I had forgotten to ask about something. It was a privilege to meet the Respondents, and I expressed my gratitude after each interview. Immediately after coming home, I transcribed the interviews so that they were fresh in my memory. I found this process very effective as I got to hear their stories twice, once together with them and once where I could concentrate on what they were saying in a quieter environment. This helped me to remember each of the Respondents, the person, the place and the story. Each interview covered approximately ten A4 pages when transcribed.

The interviewees
There was a great deal of interest in participating in this study, and the nurses told me they were happy to have the opportunity to tell their story. In January 2016, I attended the Christmas lunch at the Red Cross Society of Nursing. On this occasion, many nurses volunteered to participate in the study. Unfortunately, I have not been able to interview as many as I would have wished, most of all because the previously-mentioned issues with accessing the archive took a disproportionate amount of time. Nevertheless, the interviews really gave me a feeling of how it had been to be educated at the RCNS. An interesting finding was that the interviews made me realise that the archives and the interviews did not always tell the same story. However, there were difficulties in finding male nurses educated in that specific period, which may be for several reasons. First of all, there were approximately 100 men in total in these 30 years, many of whom today are retired, and several were further educated to become physicians, which was possible in this period with a shortened medical education. Tracing the former male nurses turned out to
be challenging. The female nurses I interviewed had no contact with the male nurses. In the end, only one man was interviewed, Respondent G.

The list of interviewees below shows when the various Respondents were educated.

**Table 1. List of interviewees**

<table>
<thead>
<tr>
<th>Education</th>
<th>Respondent</th>
</tr>
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<tbody>
<tr>
<td>1955-1958</td>
<td>A</td>
</tr>
<tr>
<td>1955-1958</td>
<td>B</td>
</tr>
<tr>
<td>1949-1952</td>
<td>C</td>
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Analysis

My analysis of the documents in the archive and the interviews was guided by an interpretative model developed by Arne Trankell, who originally used it in investigations concerning the trustworthiness of witnesses’ testimonies in court. The purpose of the model, called Formal Data Structure Analysis, is to introduce an overarching formal technique to analyse the internal structure of the different kinds of data available in a study and how to test different interpretations. The model also guides the researcher through specific steps in the interpretative analysis.

The formal data structure analysis

The interpretative process described above can be divided into six analytical steps. First, the researcher uses the research questions to find a focus for exploring the possible data. This includes reading previous research and history concerning—in my case—the RCNS and nursing history. Second, the researcher gathers relevant data to answer the research question; this can be to interview, to observe or to look in an archive. Third, the researcher reads the material or the data repeatedly in order to find patterns and configurations, and from that makes reasonable interpretations which, in the fourth step, are tested against all the data. Steps 3 and 4 are dynamic, going back and forth between finding interpretations and checking them against the traces. Steps three and four may be said to constitute the core of the interpretational process. On a broad level, Step 3 is about formulating reasonable interpretations based on the material available; it is about creating interpretations that summarise what we know in a meaningful way. Step 4 is about control and involves testing the interpretations against the information available. Basically, Steps 3 and 4 involve switching between creation and control. The process, as can be seen in Step 5, may require supplementing the data material that has been collected. The researcher then returns to Steps 1 and 2, depending on what is necessary.

135 Ibid.
for order to understand. The sixth and last step tries to understand the interpretations from a theoretical perspective, which may be identity or gender theory. Step 6 also focuses on searching for overarching interpretations, which includes partial interpretations made earlier in the analysis. An important move in Step 6 also concerns extending the theoretical perspectives of the summarising interpretation in line with the dialectics between experience-near and experience-distant interpretations, which will be discussed in the next section.

The analytical steps

1. Understanding the context for answering the research question (previous research and history).
2. Gathering relevant information (traces) that may contribute to answering the research question: interviews, for example.
3. Formulating reasonable interpretations (experience-near interpretations).
4. Testing the interpretation with the information available, the context, the whole and the parts.
5. Returning to Steps 1 - 2 if more information is necessary.

Figure 3. The analytical process of the formal data structure analysis.

The process of analysing works both in terms of revealing meaning and assigning meaning. However, these are aspects that cannot be divided, as we cannot reveal meaning without at the same time assigning meaning. The act of interpretation is thus characterised by a dialectic movement between the one who interprets and what is interpreted. Within interpretational research, and especially within formal structure data analysis, this process needs to be made visible in order to make it possible for the reader to see the foundations for a specific understanding. Therefore, what is essential in this method is to display the origin of interpretations, and that evaluation is based on the interpreter's arguments and the presentation of how the researcher has reasoned to find the interpretation.

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The interpretational process

Gustavsson makes a distinction between two different kinds of interests of interpretation that are especially useful in historical interpretation: experience-near and experience-distant interpretations. To some extent these interests are carried out in separate steps, but they are not sharply different or separated; the latter, however, is more theoretical, the first referring to what is said about a human experience, for instance, in an interview. As shown above, the two types of interpretation also appear at different stages in the interpretative process.

The function of the experience-distant—more theory driven—analysis is twofold. First, in the final stage of the interpretation of data, the researcher tries to articulate more general knowledge, making it possible to relate to the findings of previous research. Second, the researcher draws on existing theories in order to try to explain empirical findings which are difficult to understand. In fact, this is the most important use of other theories in the interpretative analyses.

Gustavsson draws on the North American anthropologist Clifford Geertz when he introduces this distinction. Geertz writes about actor-oriented interpretations and experience-near/experience-distant concepts used in an interpretation of human action. A typical example of an experience-near interpretation is the interpretation of a statement or an act. Here, understanding is based on the emphatic move to try to understand the other person’s perspective and intentions. This, according to Geertz, is an imaginative act, a second-order description. To really see something as the other person has done is impossible. What we can do is try to grasp a reality similar to the one seen by the person we are trying to understand. As Geertz points out, it is only the actor who knows the first-order reality and what really happened. Each second-order understanding must be tested against all data and often modified before the process of interpretation is finished. According to formal structural


data analysis, the interpretational process involves a movement from experience-near interpretations to experience-distant interpretations. The aim of this move is to relate an experience-near understanding to a more general theoretical understanding, where the first interpretation is regarded as a special case of a more general principle or way of functioning.

I will give an example of moving between the two different levels of experience-near and experience-distant interpretations. For example, a researcher might wonder about the meaning of the Red Cross nurse uniform in the 1950s. When asking the nurses who wore them, the present experience-near answers are that they felt, for instance, proud and honoured to wear the uniform. In the over-arching analysis, the researcher needs both to explore what it meant for a woman to feel proud and honoured in the 1950s and to relate these responses to statements made by the other Respondents in similar situations in order to find more general ways of describing what the uniform meant. From an experience-distant perspective, the uniform might appear to be an expression of social identity.

When I applied my analytical model to the archive, the first analytical phase was about finding evidence from the relevant time period, focusing on demands, expectations, learning tasks, artefacts linked to the training and the like that could have played a part in shaping the Red Cross nurses’ occupational identity. Within the identified evidence from the period, I search for important ideas, with the aim of “reconstructing” themes of nursing socialisation. Here, I tried to understand the intention behind the demands, expectations, learning tasks and artefacts and the possible world of the student nurses, and what regulations meant to the nursing school and their leaders and teachers as well as what they could have meant to the students.

At the fourth level of the interpretational process, and according to the principles of formal structure data analysis, preliminary interpretations were checked against all data. Interpretations which were not supported or contradicted were abandoned. At the beginning of the interpretational work text-near, or what are also called experience-near interpretations were compared in order to fit different interpretations into more comprehensive pictures and understanding of the nurses’ life at the nursing school.
In the interview study, the interview guide gave me the first orientation concerning what to focus on. As the conversations went on, my wish to dig deeper into what the interviewees hinted at in their descriptions of life at the RCNS became more and more important. All interviews were transcribed verbatim. After several close readings of each interview with a pen at hand, I gradually identified and noted all the parts of the interview that were of relevance for the study. Each identified part was analysed in terms of the theme it introduced, and all themes were compared to get a systematic overview of all the information I had got from the nurses about their education and its meanings. This can be compared to the second level of the analytical process. As with the research carried out in the archive, the interviews started with experience-near interpretations of what the accounts of life at the nursing school seemed to have meant to the nurses themselves and their schoolmates. In the fourth step, all interpretations were, checked against all the available data, with the result that some were abandoned while those that were supported by the preliminary validations procedure were developed into more comprehensive pictures of what life at the nursing school and nurse training was like (see Figure 4).

**Figure 4. the essential part of the analytical process.**

The archive and the interviews were first analysed, and it was only when I felt that both the interviews and the archive could stand on their own that I started work on bringing them together. When combining the two materials, similarities and differences were the key issue in this analytical step. In this merging process, the experience-distant perspective was deepened and driven further.
Ethical guidelines

Qualitative researchers focus on exploring, examining, and describing people and their natural environments, which is embedded in research on relationships and power between researchers and participants. The purpose of qualitative studies is to describe a phenomenon from the participants’ points of view, which encourages a balanced research relationship, promoting trust and awareness of potential ethical issues. Researchers have a moral responsibility to protect research participants from harm. The Swedish Research Council has specified four general requirements within social science research: the information requirement, the consent requirement, the confidentiality requirement and the use requirement. Firstly, the information requirement aims at informing the participant before the study is conducted. Secondly, in studies including active contributions by the participants, a letter of informed consent must always be used and signed by the participant. In this study this requirement was met, along with informing the participants that they could withdraw from participating in the study at any time during the PhD period. This is because participants have the right to decide independently how long and under what conditions they will participate, and they must thus be able to cancel their participation without this having a negative impact on them. As a consequence, participants are given the opportunity to exercise their rights as autonomous persons who can voluntarily accept or refuse to participate in a study. Thirdly, the confidentiality requirement specifies that information on all persons must as far as possible be anonymised and personal data must be kept in such a way that unauthorised persons cannot access it. In order to protect participant confidentiality, I refer, for instance, to the participants in the text only as letters, and when they were trained at the RCNS. Furthermore, data concerning individual persons taking part in the study are kept in locked cabinets at what is today called the Red Cross University College. Lastly, the

145 Ibid.
146 Ibid.
fourth general requirement stipulates that information collected about individuals must only be used for research purposes. According to the agreement with the interviews, data will be saved until the publication of the dissertation.\textsuperscript{147}

Generally, all research should be guided by the principles of respect for people, beneficence and justice,\textsuperscript{148} where respect for people is to recognise participants’ rights.

Summary: Method

The overarching theoretical and methodological perspectives complement each other. The aim to understand the everyday life of the RCNS, the practice of learning and identity formation of the Red Cross nurses during 1945–1977, is carried out within the frame of a social constructionist, historical-interpretative perspective.\textsuperscript{149}

The empirical data consists of two different types of material: interviews and archive documents, both of which can be regarded as historical traces. The starting point for the hermeneutical process is to expose meaning through the dialectical movement between explaining and understanding.\textsuperscript{150} It is about interpretation and exposing meaning, which raises the question of the way meanings change over time and differ across cultures.\textsuperscript{151} Interpretational work is an argumentative operation in which interpretations must be based on arguments that, in turn, must be based on relevant data. Validating interpretations demands overall that interpretations have support in the available data. This simply means that the interpreter must argue for her/his interpretation against the background of existing data.

\textsuperscript{150} Ibid.
The special contribution of the Stockholm school is to discuss interpretations of personal life histories and the development of the specific hermeneutical research method: formal structure data analysis. In this specific method, the interpretational perspective shifts between an interest in what the Respondents meant, which is the experience-near interpretation, and an interest in understanding the statement or a document in a more theoretical way, which is the experience-distant interpretation. 152 My methodological historical-interpretative approach can be summarised in terms of the six steps of the formal data structure analysis (see Figure 3 above) and the dialectics between experience-near and theoretical, experience-distant interpretations of what happened at the RCNS.

Chapter 5 – The historical contexts

This work concerns and is based on the RCNS in the specific time period 1945 to 1977. For this reason, this section first presents a brief historical background of the origin of the school. Thereafter, follows a short historical overview of the nursing occupation in general in order to provide the reader with some background on nurses and nursing history before moving into the section on the research results.

First, a very short introduction of the Red Cross Organisation, since the RCNS was and is a foundation under the Swedish Red Cross. It all started at the battlefield of Solferino in northern Italy in 1859 when the Swiss banker Henry Dunant witnessed the chaos and suffering after a battle between French-Sardinian and Austrian troops. On his journey, he ended up among thousands of dead, wounded and dying soldiers. He was deeply affected by this experience. Through his large network and convincing agitation for the idea born in Solferino he managed to bring about a conference in Geneva with representatives from 14 countries. This conference led to the establishment of the first international Red Cross committee in 1863, which is also considered to be the year the Red Cross was founded. Today it is the largest humanitarian organisation in the world.

The origin of the Red Cross Nursing School

The Swedish Red Cross was founded in 1865, and at that time it was called the Association for Voluntary Care (Föreningen för frivillig vård). From the outset, the organisation had an awareness of women's issues, and at its first official meeting, the Red Cross decided that women should not be prevented from being members of the association. Already at the second meeting the start of training for women as medical assistants was discussed. Two prominent Swedish women at that time, Sophie Leijonhufvud and Rosalie Olivecrona, the editors of “The Magazine for the Home” (Tidskrift för hemmet), became involved in the organisation, in the Ladies Committee. They had a vision of the practical organisation of the future “nurse” training, that it had to be given to noble and enlightened women, so that nursing could become an occupation in which women led women. Leijonhufvud and Olivecrona both belonged to the upper-class circles in Stockholm and had a strong social position, giving them a voice that was listened to in society. This was true of all the members of the Ladies Committee in what was then called the Association of Voluntary Care. The work of the committee was practical, such as sewing and knitting medical material to be used in war. But perhaps more importantly, as Åsa Andersson notes, the Ladies Committee could also be viewed as a kind of discussion group or a lobby that could influence the larger organisation, facilitated by the fact that many members of the Association of Voluntary Care were connected through family and friends. Rosalie Olivecrona and Sophie Leijonhufvud-Adlersparre, after marrying, were good friends. Olivecrona had spent several years in America. She came to influence Leijonhufvud-Adlersparre, who was one of the initiators of the Fredrika Bremer Association (Frederika Bremerforbundet) that was established in 1884. The vision Leijonhufvud-Adlersparre had for the new nursing training was carried forward into the Frederika Bremer Association, where she ensured that the Association would work for the acceptance of

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155 Ibid.
156 Ibid.
157 Ibid.
women as wardens at hospitals and would support existing courses for women nursing. This was concordant with the work of the Ladies Committee at the Association of Voluntary Care. The Swedish Red Cross (the Association of Voluntary Care) was thus involved in women becoming active in society by creating opportunities for women’s education, and thereby offering opportunities beyond what had previously been possible, for middle-class women in particular.

The association of Voluntary Care and the Ladies Committee started training courses for women to become medical assistants on 22nd February 1866, when they wrote the first contract with six students to attend a four-month course at the hospital Serafimerlasarettet in Stockholm. Initially, the course was meant to train women who could assist physicians to provide care in wards. As medical knowledge and science was developing and the need for trained women in the health care service was high, the Association of Voluntary Care decided to establish more radical and thorough nurse training inspired by Florence Nightingale’s work.

Again, with Leijonhufvud at the front, commissioned by the Association of Voluntary Care, the task was to find the matron for the upcoming nurse training course. This was not easy, however, as the Lady Committee had strict requirements and high expectations for the nurses about issues such as Christian convictions, good family and education beyond what was normal for young girls at that time. Having searched for some time, in the autumn of 1866 the Ladies Committee heard about Emmy Carolina Rappe. Her family had a good reputation and was known for being involved in philanthropic projects. Rappe was selected and accepted and sent to London to be trained. For almost a year she was trained at St. Thomas Hospital, one of the first built to implement Nightingale’s theories of hygiene. On her return to Sweden, Rappe started at Akademiska sjukhuset (Academic Hospital) in Uppsala,

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Read more about Florence Nightingale: https://www.florence-nightingale.co.uk/Resources/biography/?v=f003c44deab6.
161 Andersson, Å. (2002). Ett högt och ädel, kall tankens betydelse för sjuksköterskans formering 1850–1933. (PhD Department of History, Umeå University, Umeå)
162 Ibid.
where the Association of Voluntary Care nurse training took place for the first ten years. Subsequently, for a short period, the education moved to Gothenburg, and then in 1881 it moved to Stockholm. In Stockholm, most of the students were boarded at Hagström at Rådmansgatan 33 (later 83). It was the association of Voluntary Care that paid for the training, but the students had to pay for food and board. In 1890 the Association of Voluntary Care changed its name to the Association of the Swedish Red Cross (Svenska Röda Korset). According to Sten Söderberg it was only from 1891 that the Red Cross sisters can be regarded as a uniformed corps: by then, the dormitory in Mäster Samuelsgatan was in place after the nurses had expressed the desire to share a common residence. It was only through fundraising and the willingness of the nurses to contribute part of their salary that this arrangement was realised. The first dormitory managed by the Red Cross nursing home was a ten-room flat in Mäster Samuelsgatan. In 1900 the dormitory moved to Kammakargatan 66, where there was also room for 10, and later 18 patients. Thus it also operated as a small hospital where the nurse students could do some of their training. Ten students arrived every six months to complete three years of training. In 1902 the RCNS received State approval. At this point, the Red Cross nurses had gained social respect and status in society. They were given, for instance, reduced fares on Stockholm's tramways and state railways, free admission to the open-air museum Skansen and reduced prices in many department stores. Over the next 20 years the RCNS would engage in different missions with ambulances and medical care in various countries. In 1949, Norrbotten Red Cross nursing home/school was added as a branch in Northern Sweden. The present study, however, concerns the RCNS in Stockholm.

165 Ibid.
167 Ibid.
The Swedish Red Cross University College moved in 2004 to Drottning Kristinas väg, in Norra Djurgården in Stockholm, (North Djurgården) next to the Red Cross Hospital. On 1st July 2016, the Swedish Red Cross University College moved to Campus Huddinge in Flemingsberg in the south of Stockholm, where it is located today.

The moral characteristics of a nurse

Sheryl Allen shows how the image of the nurse in the 1800s, was connected to bourgeois women. Such women were perceived as being both noble and pure, in contrast to the earlier boozy and lower-class women that worked in hospitals before the cultural and class upgrade with Florence Nightingale. This upgrade in the status of the profession occurred simply because bourgeois women had a higher status than the previous working class “medical assistants”. The new, more bourgeois nurses had the privilege of a previous education, something Nightingale viewed as a good basis for further training to become a modern nurse. She viewed nurse training primarily as personality training in discipline and morality, teaching nurses to be sober and honest, religious and caring, and most of all willing to sacrifice. The new more moral nurse was beyond what she had previously been. Their introduction was not easy, and for quite a long time, physicians opposed it, partly because of their discomfort when meeting and working with women from their own social class. The new demands on the modern nurse are also illustrated by Dillner in her book about nurse training at the RCNS up to 1904, referring to a speech from the turn of the century:

The nursing occupation requires distinguished features, and it is indisputable that women are most suited for this task because of their sensitivity and mind. Apart from their calling, nurses must be healthy

169 The hospital opened in 1927 and closed in 2014.
171 Ibid.
and have a strong body, with prominent moral characteristics. A nurse must be peaceful, patient, and loyal to the truth. She must be clean and reliable and have the strength and character to meet the sick and their families with genuine compassion. A nurse should be attentive and have a good ability to observe and evaluate - and with this perception carry out the doctor's orders. She must be very familiar with nursing and have the required knowledge. Theoretical teaching and knowledge are important; nevertheless, one should remember that dedication, desire and love of the occupation can never be taught; for this reason an appropriate mind is required. Spiritual qualities are considered very important, accompanied by religious motives, both vital to becoming a good nurse.¹⁷³

The above quotation provides a glimpse of what was expected of nurses trained at the RCNS at the turn of the 19th century. The new image, Nancy Tomes writes, was accompanied by new expectations, and the ideal of the nurse came to be constructed and communicated as a self-sacrificing woman performing devotional altruistic work.¹⁷⁴ Something we see in the text above also applied to the RCNS. The occupation was introduced as for women only, sealed in a desexualized uniform, living in sheltered and cloister-like dormitories in a separate nursing sphere.¹⁷⁵ Consequently, nursing acquired a matriarchal structure, which lasted for about a century.¹⁷⁶

Tomes write that for the daughters of the American middle class, the feminisation and professionalisation of nursing in the late nineteenth century meant a widening of educational and employment opportunities. Nursing promised good wages and steady work for most of those who undertook the calling. For a few, it offered more—a route to prestige and an uncommon measure of administrative power. Nursing gave highly motivated women the opportunity to create, as one nurse called it, 'a little world of our own,' a professional world of women centred in the nursing school.


¹⁷⁵ Ibid.

¹⁷⁶ Ibid.
Margaret Darrow asserts it was not only training that made nurses at the turn of the century, it was also holiness and pure femininity, it was women's voices, their way of moving, bending over, or sitting at the bedside that created nurse identity. In her opinion, it was the consoling balm of womanly hearts and tender smiles that calmed the patients. Nursing was thus a special way of being, paired with moral and bourgeois ideals. However, that only bourgeois women were nurses has been questioned, among others by Sue Hawkins, when she points out that working-class women had always worked, even as nurses. What was actually new was that it was bourgeois women that were working, which resulted in new expectations of nurses, that did not necessarily exclude working-class women but rather selected those able to demonstrate the appropriate Victorian manners. Hence, being a nurse could be understood as a state of mind rather than being solely dependent on social class.

The new nurses gradually took their place in health care, first in private care, then in the hospital services emerging in the Western world in the 1900s. According to Fealy, this was when motherhood was viewed as middle-class women’s primary task; nurses had long been an anomaly in this worldview, especially as nurses were not expected to marry and continue in employment. They had to choose. However, with their growing respectable reputation, nurses came to be viewed as mother figures at the hospitals. Fealy suggest that this was reinforced by their protected life at the dormitory, which meant nursing came to be regarded as an acceptable and noble occupation for women. Nurses came to have a high status and were perceived by many as moral and serious young women in a responsible and autonomous role.

179 Ibid.
Knowledge was of great importance, but a nurse’s appearance was perceived by many as even more important.\textsuperscript{183}

In Fletcher’s and Darbyshire’s studies, there is a discussion of how the stereotypical image of nurses survived for such a very long time; despite being both criticised and questioned, nurses were long portrayed as religious bourgeois women with a self-sacrificing mien.\textsuperscript{184} In the period between 1945 and 1965, as Allan points out, nurse training was often authoritarian and reflective of military and religious orders. She writes:

Nursing students reported that the superintendent’s role extended beyond the classroom and into their personal area. One previous nursing student reported that all students were told what places to go to, what types of clothes to wear, what time to wake up and when to be in bed and when to attend religious services, and they were strictly prohibited from fraternizing with males. Ironically, many of the nursing students viewed their experiences as the development of sisterhood during this particular time.\textsuperscript{185}


A quest for independence

There was also a strong and independent image of nurses, according to Hawkins, that was supported by them being believed to be mature and intelligent women, capable of taking responsibility for their own lives. Consequently, nurse training offered some women a respectable occupation with prospects to support themselves and break free from the often-stultifying family life which otherwise might have been their lot. It should be noted that nursing was not the only occupation open to women at the turn of the century; many opportunities emerged for them to work as telephonists, shop assistants, secretaries or teachers, although all employers demanded that women be unmarried, just as was the case for nurses.

Thus female occupations had quite a high turnover, which may be one reason for women’s low wages. However, other female jobs rarely gave the opportunity to advance in the way that nursing did. In Sweden, nursing developed as an occupation exclusively for women, and thus had no need for structures to protect the careers of male colleagues. Instead, as Hawkins points out, nursing offered a well-defined structure which provided not simply a traditional career progression but also opportunities to move into different branches of the work where new skills could be acquired. The acquisition of these valuable skills sets nursing apart from most other female occupations of the time, which requires a discussion of the history of nurses’ image of powerlessness, according to D’Antonio et al. In their article, they do not deny the historical circumstances of marginalisation, invisibility and gender biases, but they argue the necessity of doing justice to the richness, complexity and power also extant in nursing history. Hence, there is a paradox in the history of nurses being thought of as submissive but also respected as independent and strong.

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187 Ibid.
A female world

Nursing had long been, and still was at the beginning of the period of this study, a matriarchal domain. While being trained, the nurses had to live at the nurse dormitory; this was compulsory at many schools until the late 1960s. The dormitory was often placed at the hospital, or nearby. Often the students did not stay at the same dormitory all the time but had to move around to different residences during their practical training. In this way, they came to have different roommates and were socialised into a women-controlled community, into a separate world in which students were ruled over by trained female nurses. They were educated under surveillance. Owing to this way of being educated, Eriksson points out, students were regulated by both architecture and schedule, with the intention of preventing individuals from disappearing beyond control.¹⁹⁰ For a century, he argues rituals and ceremonies had characterised nurses’ everyday life, with the aim that enforcing "discourses" should form capable and responsible nurses. This kind of educational life separated nurse students from other women because guidance and rituals gave nurses specific expectations; it was self-disciplining techniques that made students conform to expectations through their performance. Hence, as Eriksson points out, beliefs together with performance trained nurses to become Sisters.¹⁹¹ For three years nurse students were educated in a female environment that occupied 24 hours a day. This living arrangement ensured also that nurses were able to rest between shifts. For nurses and students, the dormitory was also cheaper than living by themselves; they had company, it was cleaned, and food was provided. It was convenient and practical, ensuring its longevity.

Before the Second World War, it had been a long-standing principle that nurses could not marry and work. It was considered difficult for nurses to combine these two positions of responsibility. Nevertheless, from the 1930s onwards, the nursing association worked to change this attitude, which resulted in the gradual turning of a blind eye to this issue. As pointed out by Andersson, in the 1940s the idea of married nurses in Sweden was no longer

¹⁹¹ Ibid. Page 54.
unthinkable. Nurses had long been seen as women having a calling; as mentioned before, this was not thought of as being reconcilable with having a family and home. As late as 1965 just over 40 per cent of the nurses were still unmarried. In contrast to nurses, physicians had long been mostly men who could marry and have a family, and they did not have the same expectations related to their profession. Nurses, being women, were often presented and understood as subordinate to the physicians.

In the period of this study, at least in the beginning, women and men were understood to be complementary sexes, having different features and competences that were believed to naturally suit them better for different roles. Concerning the labour market, women were supposed to be at home, and men at work; thus women belonged to the private sphere and men to the public sphere. However, nurses deviated by working in the public sphere.

The seeds of male nurse training were sown by a Ministry of Social Affairs inquiry, which identified a shortage of nurses. As a consequence, a government decision in 1951 made it possible for men to undergo nurse training. However, the proposal stated that approved schools of nursing could, at the school board's discretion, decide whether they wanted to accept male applicants or not. It was the decrease in the number of nurses that led to the opportunity for men to enter nurse training; however, there was no rush of applicants. Even though few men applied to undertake nurse training, the difference between women and men students became obvious, according to Eriksson. Men students were more likely to be married, and some were older.

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192 Andersson, Å. (2002). *Ett högt och ädelt kall, kall tankens betydelse för sjuksköterskans formering 1850–1933.* (PhD Department of History, Umeå University, Umeå)
198 Ibid. P. 15.
than what was considered appropriate for women nurses in the 1950s. In this way, different gender expectations existed within the same occupation at the same time. Nursing continued to be perceived as a female occupation, and male nurses had difficulty in overcoming this prejudice: they never totalled more than ten percent of the student body. Men in a female stereotyped occupation did create confusion, which led to their being questioned differently from their female colleagues. For example, many people believe that men chose nursing as a second best if they could not fulfil the requirements to be a doctor. Eriksson confirms that male nurses often receive special treatment in work situations; nevertheless, being a male nurse was a challenge because of the necessity to balance male ideals in this female context.

The calling

The Christian calling has often been connected with nurses but understanding the concept of calling is complex. It is said that it was Florence Nightingale's Victorian roots, with her strong religious drive for higher moral standards, that laid the foundation of nurse identity. According to Berghs et al, Nightingale training had a moral nature; however, it was also practical and intellectual. In Berghs et al’s understanding, the main object of nurse training was the development of character and self-discipline, and in the spirit of the time, a religious calling from God was assumed to be necessary to become a nurse. Berghs et al state that Nightingale was known for saying: You cannot be a good nurse without being a good woman. Consequently, nursing was believed only to suit those who felt a deep-seated altruism which led them to

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200 Ibid.


204 Ibid.
dedicate their entire lives to aiding humanity. There are, however, other interpretations. Andersson indicates that Nightingale did not promote the calling as much as is perceived; rather, she felt that calling should be emphasised as a driving force. The religious element was there, but she did not believe that nurses should spread the word (= proselytize). To be more precise, Andersson claims that Nightingale promoted nursing as a secular occupation. Thus, the calling must instead be understood in the context of Florence Nightingale’s life, as the English Victorian era emphasised religion as a natural part of decent human life.

Even in Sweden, the first nursing schools, being private, had their own interpretation of the calling and their own view of the significance of religion. The calling was not emphasised as much at the RCNS as at Ersta Nursing School (today, Ersta Sköndal Bräcke högskola), the institution of deaconesses which was also the first school for nursing training in Sweden. At the Sophia Home Nursing School (today, Sophiahemmet Högskola), which started shortly after the RCNS, the calling was of the utmost importance. To be accepted as a student, one had to be a Protestant with a serious inclination and an aptitude for nursing founded on a true belief in and fear of God. No matter what religious view prevailed, physicians and nurses came to belong to two different norm systems in which physicians were associated with science and nurses belonged to the Christianity-“stamped” calling.

Below, a timeline is presented to give an overview of the time perspective on nursing education in Sweden.

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206 Andersson, Å. (2002). *Ett högt och ädel t kall, kall tankens betydelse för sjuksköterskans formering 1850–1933*. (PhD Department of History, Umeå University, Umeå)

207 Ibid.

208 Ibid.

209 Ibid.
84

Timeline - The period explored is dark grey.

1865, Swedish Red Cross was founded. (Föreningen För frivillig vård)
1867, Emma Rappe ran the Akademiska Hospital in Uppsala, and did so for 10 years
1866, they wrote the first contract with six students to attended a 4-month course at the Serafimerlasarettet in Stockholm. Autumn of 1866 the lady committee found, educated and employed Emma Carolina Rapper. For almost a year she studied at St. Thomas Hospital in London
1890, the association of Voluntary Care changed its name to the association of the Swedish Red Cross
1902, RCNS received State approval
1902
1927, RCNS moved to Dalagatan Sabbatsberg
1927
1958, Swedish nurse license
1963, RCNS became charge less
1967, the entry requirements at RCNS changed.
1967
1970
2004
2018
2004, The SRCUC moved to Drottning Kristinas väg, at Djurgården, next to the Red Cross Hospital.
1977, the Higher Education Reform
On the first of July 2016 the SRCUC moved to Campus Huddinge in Flemingsberg where it resides today.
Chapter 6 – The post-war phase

Nurse training and incorporation in the community of the RCNS

The period explored in this dissertation is between 1945 and 1977, when nursing became part of the system of higher education in Sweden. When starting to work on the analysis of the interviews with nurses educated during this period, I soon understood that the interviews did not represent one unified period, nor did the archive. The interviews rather represented two differing parts where occupational opportunities and life limitations were reformed and attitudes to and around the school were transformed. Towards the end of the 1960s, the archive changed character in the sense that the amount of material decreased, pictures were absent and the later Red Cross protocols or student archives no longer provided as much information as they had previously. These factors made me choose to divide the period into two analytical phases. The first was from 1945 until the mid/end of the 1960s, a phase of approximately 20 years, which in this work is called the post war phase. The following and second phase, was between the end of the 1960s until 1977, a period of around 10 years, which in this work is called the reform-friendly phase.

This chapter presents the results concerning the post-war phase, starting with a general image of nurses from the leaflet Notes on adapting to the nursing occupation. Next, the Red Cross handbook given to all the students at the RCNS until the mid-1960s will be reviewed, followed by a historical retrospective focusing on the RCNS and religious affiliation. Finally, the results from the interviews and the archive material are presented.
The leaflet *Notes on adapting to the nursing occupation*

This leaflet was filed in the archive with the principal, Birgitta Eriksson’s, name handwritten on it, probably to mark that the leaflet was hers. The leaflet contained information that was also printed in the nursing magazine. In a very concrete way, the leaflet portrays expectations concerning the occupation of nursing in general in the post-war phase, and maybe even in the period before. The purpose of the leaflet was presumably to introduce nursing to young women who were considering joining the profession. Overall what appears as most important in the leaflet was learning to adapt to life in the group, to be honourable, disciplined, trustworthy, loyal and a good friend. How to behave is considered essential. An illustrative text visualises the first and foremost obligation: to internalise the collective.

The nurse has certain obligations towards her comrades and towards everyone she meets in the health care service. The argument is that no one lives by themselves and no one dies alone. Thus a school is only as good as its weakest student. The students must therefore understand the community in which they will spend many years of their life. They will be closely connected with others, and what they do will affect the whole group, and if they break the ethics or laws of the society, this will hurt their colleagues and the reputation of the institution.

The outline was to maintain the collective, and for that individual responsibility was needed. Each student had to do her duty if the group was to be strong, as a school was only as good as its weakest student. It was presented as: no matter how strong a team is, a weak member could let them down and make them all fail. The focus in the leaflet is on the majority, and the individual is described only in terms of their obligations. Mostly, nursing is explained beyond our current beliefs; for example, it is described as an

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211 Ibid.
212 Ibid. Page 6.
occupation were women had to be shaped into grace, respect, loyalty, silence and the correct use of language and properness. The leaflet says:

In some cases, the nurse’s personality is a remedy for the patient.  

The aspiring nurse had to contemplate whether or not she was personable enough to be educated and refined to become a nurse. Knowledge was important, but without the right personality, one could easily fail, according to the leaflet. The message was that if a young woman lacked the right temperament and degree of self-discipline, she would be unsuccessful as a nurse. As we can see, a nurse had to meet large expectations; nursing was thought of as a serious assignment, and part of the education was keeping up appearances for the institution to which she belonged. A basic principle was that:

Girls who do not like people should never become nurses.

In the leaflet, liking people is defined as having a friendly attitude that came as naturally as the colour of one’s eyes. Furthermore, it states that the girls had to find joy in creating comfort and had to have the ability to understand people. Enjoying social contact was thus a precondition.

**Discipline for the collective good**

According to the leaflet, the guiding principle for someone who wanted to become a nurse was honourableness, which is described as the ethical science of behaviour and a character trait in which one needs to be trained. The leaflet states that people are raised to become honourable, and for nurses this ability was of the utmost importance. Another highlighted principle was discipline; the example given is that no orchestra can play if the players do not cooperate. Thus, to be subordinated to a collective, discipline was required, which creates a particular notion of freedom. The leaflet makes it clear that too much freedom can cause conflicts. Instead, freedom is defined as:


The ability to replace the external prohibitions with internal self-control.215

Freedom, in this sense, meant having the ability to control oneself, and it was the nurse’s attitude towards discipline that determined her ability to learn self-discipline. To understand and adjust to the given condition is described as dependent on who you are and on your personality. The skill to practise self-discipline is portrayed as something positive. Learning to obey the collective good was said to be neither hard nor uncomfortable, and had to be accepted as part of the life process of female nurses.

Becoming a nurse was a voluntary process, and discipline is held to have the specific goal of “helping” the student to mature and thus become a good nurse. Beyond this, the discipline process was defined as necessary if the student wanted to achieve a leadership position later in life. To be able to climb the hierarchy, the nurse had to learn to subjugate herself to discipline, also in order to be able to control others. Subordination was not only essential when being trained but also a necessary process, according to the leaflet, for the future.

**Nursing: different from other occupations**

Nursing is portrayed as not being like other kinds of work. Being a skilled student was insufficient, and to view nursing as just a job was not enough either. Something further was expected, something more spiritual that made them extraordinary women; wise, honourable, friendly, wanting to serve, brave and unselfish. They should not just want a comfortable life and they should be in good physical condition, be generous, have time to explain, give patients hope, be loyal and affectionate. The leaflet says that:

Being an uncut diamond is not good enough for a nurse.216

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Expectations were high, and nursing included an ethical and moral codex, which made it clear that a nurse should always be self-critical. The message was:

Don’t believe it is not possible to change, inability to do so is a sign of senility. 217

The willingness for the student to (re)shape herself was seen as a sign of health, and the contrary was a sign of illness. In this mental submission, a physical asset such as one’s voice was also mentioned. A pleasant voice was considered useful and a part of a nurse’s equipment. The leaflet explained that a nurse’s language had to be correct and clearly spoken, as this made the patients less irritated. A harsh voice or harsh language could be directly harmful to the patients and it created an unpleasant environment. Hence, vocabulary had to be worked on: it should be cheerful, but not excessively so, signifying that speaking with the patients had to be done in a dignified tone. It is notable that these expectations had a female character. The requirements differed from other occupational groups at the hospital. It was not expected of physicians to refrain from a comfortable life, nor that they should be generous, loyal and affectionate. The way physicians walked or talked was of little interest, and few thought a physician’s voice could make a patient better. With nurses, in contrast, it was different.

The leaflet presents the requirements of the ideal nurse at that time, or according to Max Weber, the ideal type. 218 For Weber, the ideal type was a mental construct, like a model, for the study and systematic characterisation of something concrete. Indeed, he used the ideal type as a methodological tool to understand and analyse social reality. However, the ideal type can be described as a mental construction of a specific phenomenon, in this case a nurse. There is no empirical counterpart to this mental construction, and it should be seen as an archetype. Using the ideal type methodology, the task of the researcher would be to examine how near or far from the ideal type the empirical reality was or is. 219

Notes on adapting to the nursing occupation

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offers a description of the ideal nurse. Thus the leaflet includes interesting
descriptions of what a nurse was expected to be in the post-war phase. I have
not been able to determine exactly how the leaflet was used in the training, but
publication in the journal for nursing students and the fact that the principal
had her own personal copy indicates that it was important. However, there is
another text—the Red Cross Handbook—that all nursing students received
when entering the RCNS.

Red Cross Handbooks

The Swedish Red Cross Nursing School Handbook was given to all students
when taking up residence. This book dictated student’s decorum on and off
the hospital/dormitory premises. Students were subject to strict restrictions,
sign-outs, penalties and travel restrictions, including rules against leaving the
dormitory and notice of what to wear and when and where to wear it. A partial
explanation of this monitoring was probably to meet parents’ expectations, as
well as to maintain a collective upbringing of Red Cross nurses. Two
handbooks from 1949 and 1960 are explored and compared. At first glance
they look similar, with the same cover, the same sections, and superficially
similar text. However, the aim of this section is to examine and understand the
meaning of small changes within the two texts. The first example is from the
Red Cross Handbook of 1949, where page 2 starts with a poem by Viktor
Rydberg. In the footnote, the full poem is rendered in Swedish. A free
translation would be:

In every soul, a longing is burning for what is noble and true. This is
deply felt, and is a solemn promise, where selfishness is forgotten. It is
about pleasing God, a gloriousness that goes from generation to
generation.²²⁰

Nowadays, this text may be perceived as rather old-fashioned and having a
solemn tone, which may cause the reader to ponder on the significance of

Varje själ som längtan bränner, till vad ädelt är och sant, bär uti sitt djup och
känner evighetens underpant. Blir vad själviskt är förgätet, blir inom dig Gudsbeläget,
härligare danat ut genom släkte efter släkte. skall hur långt än öknen räckte, du Jordanen nå
till slut.
beginning the handbook with these words. It also makes me consider who Viktor Rydberg was, and why he was given the privilege of welcoming the students. Viktor Rydberg was an admired professor and a member of the Swedish Academy as well as a supporter of the Farmers’ Party. His identity was thoroughly respectable, so his poem may have served as a metaphor, symbolising the high standards the school possessed. Not only his words but also his name gave the students a sense of the solemnity of being noble and true, and of the importance of abandoning selfishness. These praiseworthy features indicated the expectations of the nurse’s personality. By achieving high standards, the students at the RCNS would be rewarded by God and would probably also satisfy the school. Students were expected to live up to high moral and ethical standards, which entailed putting one’s own desires aside and not being selfish.

In reading this, it is necessary to be aware that when translating text from Swedish into English, words can easily lose their original meaning or connotation. “Ädel” in Swedish translates as ‘noble’, which often has connotations of aristocracy as well as meaning grand or impressive in appearance. In the context of the nurses’ handbook, it is interpreted as being about having noble virtues, saying that the soul is burning for what is noble and true. Noble can also be understood as having a high moral standing. When speaking of a moral virtue or an excellence of character, the emphasis is on the combination of qualities that make a noble individual the sort of ethically admirable person that he or she is. The presence of Rydberg’s poem in the 1949 handbook suggests that Red Cross nurses may have been expected to embody a moral ideal. The poem is absent from the 1960 handbook, published eight years after the Religious Freedom Act in Sweden.

Noble and true can be interpreted as being about bourgeois ideals connected to the Lutheran beliefs of being a hard worker and a moral role model. Furthermore, these high moral standards can be linked to the origin of nurses and Florence Nightingale, who took part in transforming nursing from being

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a disreputable job into a serious, honest and ethical occupation, emphasising strict morals in the personal and working lives of her nursing students. Additionally, noble and true can be connected to another term understood as noteworthy in the context of the RCNS—honour. In both the 1949 and the 1960 handbooks, in the section about the uniform, the texts end with the wording:

When you are in uniform, the public gaze is directed at you more than ever, so you must always look neat and well-groomed. Remember to honour the uniform and the union you belong to.

The term honour can be associated to the previous term noble. Noble is that which is both desirable for its own sake and also worthy of praise, worthy of honour. The notion of honour is often held to have a gender implication. Woman’s honour was/is primarily sexual in nature and consists first of her virginity and later her strict marital fidelity. Women can only lose their honour by indecent behaviour, but men are permitted to accrue to theirs by seeking glory and distinction in the public arena. The last was especially true for what is often referred to as traditional society. Men were regarded as the active and women as the passive principle. Even in more egalitarian countries, such as in Scandinavia, the idea of personal honour has an importance, and this was even more true in Scandinavians societies of the post-war phase. However, it is necessary to point out that honour may be more than purely masculine, and that—in post-war society—honour was an important point of departure for women as well as men when it came to understanding social

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status and social positions in society. The language in the handbook indicates this by using words such as noble and true together with honour.

The quote about honouring the uniform indicates that honour is also to be found, or maybe rather confirmed, in having the right appearance, by looking neat and well-groomed. However, how the students looked was just one part of the validation of what the RCNS stood for. Being a good and unselfish person was equally important. The handbook emphasised that the public gaze was on the nurses and the students, so the institution became visible through the uniform, which entailed a responsibility that would be noticed, particularly if the students did not meet expectations or follow the codes of conduct. This may very well also be linked to Foucault and his theory about the Panopticon in which visibility becomes a trap. The Panopticon is designed to give prison warders 360° visibility, which ensures the functioning of power. Thus the imagined gaze from the RCNS and the public influenced the shaping of student into the prescribed codes of conduct. Codes of conduct can be understood as the sum of the ideal values and principles and also as a guide for good practice. Honour was only received by fulfilling codes of conduct, guarded and controlled by both the public and the school gaze.

Appearance and grooming are carefully explained in the handbooks, albeit slightly differently in the two books. The 1949 book says:

> When you wear the uniform, you must above all look groomed; thorough combing is one of the conditions—there must absolutely not be too many curls and the hair must not hang loose. Try to make a neat roll that does not rest on the uniform collar. A Swedish nurse must have a clean face, unlike colleagues in America.

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När du bär uniform skall du framför allt se välvårdad ut. En ordentlig kamning är ett av villkoren - det får inte vara för mycket lockar och håret får absolut inte vara hängande. Försök få en snygg rulle som inte vilar på klänningskragen. En svensk sjuksköterska skall vara ren i ansiktet till skillnad från jämförelse kamrater i Amerika.
In this example appearance is described with directions on the hair style and a strong proscription against uncontrolled curls or loose hair. It is evident that hair needed to be controlled as a way of signalling that these young women also had mental and moral control, as if visible external control mirrored invisible internal control. The 1960 handbook has a slightly changed text:

When you wear the uniform, you must above all look groomed; thorough combing is one of the conditions—and the hair may not hang down on the collar. A Swedish nurse must have a clean face, unlike colleagues in America.230

In this text, the reinforcing adverb “absolutely” is absent, together with the description of the unwanted curls and the neat roll. In a way, the latter text has become more liberal. There were still rules, but they are expressed in a milder fashion. It is noticeable from the text that the world is changing. However, it is interesting to see that even in the early 1960s the traditional Red Cross ideals were present in the nurse training.

Language: a process of democratisation

How we speak and write is often said to affect how we understand the world around us, a common belief within social constructivism. When exploring the two handbooks from 1949 and 1960, what is striking is that the language is in the process of changing. Another example of this is from the Introduction, page 3. The handbook from 1949 begins:

To the student, this handbook calls for joint and individual responsibility for the maintenance of high standards and ideals within the student body.231

The example sees the individual as the vital factor in maintaining the high standards. It starts with individual responsibility, a condition for the shared

231 Ibid: Till eleverna, handboken manar till gemensam och individuell ansvarskänsla för uppehållande av en hög standard och ideal inom elevkåren.
duties and the collective. It is through individual responsibility that students could fulfil high standard and ideals. The admonition is an authoritative guidance to the students to understand that from now on they had to meet the high expectations of the student body at the school. The word “ideal” is often used in everyday language—to mean an excellent example to follow, for example a role model. An ideal role model is someone we admire and aspire to be like; someone we often learn from. Only excellent was good enough and what we measure by mirrors is a competitive form of honour. The ideal was set by the school, with the intention of shaping the student as closely to the ideal as possible. The Red Cross students were peers, but also each other's challengers who could mirror and measure each other’s success. The example of the welcome from the handbook of 1949 can be contrasted with the handbook from 1960s, which starts in a quite different way;

To all the new students at the Swedish RCNS I (the Principal) would like to offer a warm welcome.232

This is a very different way to say welcome; notably the focus is on the students. There is nothing about fulfilling an ideal. The language is more inclusive and less demanding. Later in the same book (1960), the intention of the book and the rules are presented almost apologetically; the following text has a very different tone from its 1949 counterpart:

The rules you find in this book are not intended to limit freedom. They are introduced to bring about a common wellbeing at the school, and (the school) appeals to everyone to recognise their responsibility for the school's reputation and what is best for all.233

The notion of responsibility remains in the 1960 handbook; it is, however presented in an explanatory context. Thus the demand seems milder and is presented more like a request than a demand. The 1960 handbook claims that

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the purpose of the rules was not to limit freedom. This could perhaps be an expression of the new winds of liberalism in the society of the early 60s, but the message is also very similar to the previously described leaflet *Notes on adapting to the nursing occupation*. Over the years, a basic message in the nursing training seems to have been that becoming a Red Cross nurse included achieving a special kind of freedom by accepting discipline. By definition, rules are connected to some kind of restriction, and the synonym of freedom is described as being free from restriction. However, what first appears as a contradiction in the recommendations for the student nurses, that rules should not be perceived as regulating student’ freedom, is understood in the Red Cross nursing context as a perfectly natural way of achieving freedom by learning honourable self-regulation. What the school wanted the student to understand was that the rules were intended to help them be free. The handbook does not say so explicitly, but we get the implicit meaning that the guidelines should be respected for the good of all. The school had always presupposed rules were needed, but in the 1960s it was necessary to explain why; the guidelines were there to help student find a pleasant and shared togetherness. Thus, the language in the 1960 handbook is a little softer than in the 1949 handbook, the language is less directly disciplinary; the school requires, in contrast to demands in the 1949 handbook. Nevertheless, the overall nature of rules is to regulate behaviour, and in both books, taking responsibility meant following the rules. Both handbooks present the same content but it is expressed in two slightly different ways. However, the expected outcome was probably similar.

The closing remarks of the Principals in the two handbooks display a more pronounced type of changes. The 1949 handbook ends the introduction;

I (the Principal) trust you will take care of your own and the school's reputation, and that you will meet the expectations we set for you and your future efforts.\(^{234}\)

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Jag litar på att ni är rädda om ert eget och skolans anseende, och att ni uppfyller de förhoppningar vi ställer på er och er framtida insats.
A good reputation was important, and a student had to understand she was part of protecting the school’s reputation. It is worded, rather like an order, as something the student should fulfil to guarantee the quality of the RCNS. The Principal trusted the student, and the student thereby had a responsibility to fulfil the expectations. Nurses had a moral obligation to meet expectations set by the school. By this token, responsibility was a serious matter. In the 1949 handbook, it was the school’s reputation that was the key. However, the 1960 handbook had a very different take on things:

I (the Principal) express the hope that the training period will give you joy and satisfaction and that you will succeed in your quest to become a good nurse.  

This is a completely changed focus. Now the student is at the centre, and the Principal uses the emotive terms joy and hope. The 1960 handbook shows more respect regarding the student and the education. There is greater permissiveness in contrast to the 1949 handbook. The language in the 1960 handbook has become more democratic and less authoritarian, and the focus is more on the student and less on the school.

Transforming ideals
People communicate based on how they understand life around them. Hence, studying text written in a previous time often gives us glimpses of how people perceived and understood the world at that time. In the context of the handbooks, transformation at the RCNS is illustrated quite well in the communication with the student. In the two books it is possible to trace transformation, which presents itself in a new way of formulating communication. I will give an example from the handbook from 1949, taken from the section; Permission to Stay Outside the Dormitory:

Civility is a virtue.

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This sentence is missing from the 1960 handbook. To interpret why it was removed, we must understand the sentence’s meaning. Civility has to do with having good citizenship and orderly behaviour, it is about politeness and courtesy in behaviour or speech. Simply, one can say it is good breeding. Virtue, on the other hand, is behaviour showing high moral standards. At the risk of over-interpreting, the expression civility is a virtue can be understood as something like ‘good breeding provides moral superiority’. There is a strong sense here that being bourgeois made the RCNS students civil or superior and could therefore be perceived as good persons. It must thus have been some kind of inclusion criterion, as ideas of politeness and etiquette seem to have been important. The notion that civility is a virtue can even be associated to the words noble, true and honour that can apparently indicate something comparable. These words were used to confirm and emphasise one another at the end of the 1940s; however, this belief seems to have lost its power, as the sentence was removed in the 1960 handbook. The texts were thus formulated to match the time when the books were published.

A secular school

As mentioned in the historical background (Chapter 5), nursing has had a complicated bond to the Christian calling, but the RCNS has long regarded itself as a secular institution. However, whether this is really so is a complex question as institutions always operate in accordance with the time when they exist. Freedom of religion, giving the citizens of the country the right to freely practice a religion of their own choice, or to abstain from being a member of any religious body, was only guaranteed by law in 1952 in Sweden.237 In the first half of the 20th century, in Sweden, the church, the monarch and the bourgeois class constituted some kind of close-knit conservative triangle. This triangle was also apparent at the RCNS, where different male representatives from the royal family had replaced each other as chairman of the Red Cross board for many years. In addition, royal ladies also, at least until the 1970s, added lustre to the graduation ceremonies where Red Cross nurses received their brooch from a regal hand in a solemn church ceremony. The school was a reflection of the Swedish society which lived largely according to Christian traditions and values, and the spirit of the time was quite conservative. Since

the origin of the school at Dalagatan in 1917, Christian traditions had played an important role. The first example is when the Red Cross nurses collected money for the new nursing home (at Dalagatan).

When the Red Cross nursing home soon receives a new hospital and nursing dormitory, it is our wish that this institution should have a chapel. Hence there is a basic fund—called the Red Cross Sisters' chapel fund—which needs to be increased. We therefore intend to organise a bazaar in October 1917 and hereby invite those interested to contribute. The smallest gift will be received with gratitude.\(^{238}\)

This text from 1917 emphasises a wish for a private chapel, and the nurses were to raise money in order to achieve this wish. Nurses often worked 12-14 hours a day; nevertheless, they used their time to this end. Other findings also confirm a sense of religious belonging; the next example was found in a copy of a letter (archive), which is significant as the applicant was rejected as not being Protestant. In correspondence from 1932 to a Catholic girl applying to the RCNS, the reply to the applicant was:\(^{239}\)

Miss…
By reason of the application submitted by Miss […] to us to gain admission as a student, we have decided to recommend that for training in health care, [the applicant is advised] to turn to a professional school which is neutral as to creed. Our school is in many respects so distinct that difficulty in this matter would arise. We must therefore return your application documents.
Yours sincerely.\(^{240}\)

\(^{238}\) Röda korsets elev och sjuksköterska hem på Sabbatsberg 50 års jubileum (1977):3

\(^{239}\) Styrelsens protokoll m.m. (1932) Stiftelsen Rödakorshemmet (SE/RA/780058/1/A/A1A/20). Riksarkivet, Arninge. (Red Cross Home Protocol mm. Swedish National Archive).

\(^{240}\) Fröken, med anledning av fröken... till oss inlämnade ansökan om att vinna inträde såsom elev - vill vi alldeles avgjort råda fröken att för utbildning i sjukvård hellre vända sig till en sjuksköterskeskola som i religiositet är indifferent. Vår skola är i flera anseenden så pass
The letter advised the applicant to apply to another school, as her religious belief was thought to be incompatible with the Protestant ethos of the RCNS. In consequence, the Catholic women's associations contacted the school and asked for an explanation. In an answer dated 13 June, 1932, the Board of the school explained that the RCNS current regulations did not restrict admission to students of the evangelical Lutheran faith and that there was no regulation prohibiting Catholics from joining the school. But the school was a boarding school where the students interacted and shared a common faith. The training included education in ethics built on an evangelist—Lutheran basis.\textsuperscript{241} The issue of mixing religions in this community was considered difficult. However, as there were no written hindrances to the admission of other faiths, we may argue that the RCNS was a secular school; but then again, it might not have been necessary to write down restrictions of this nature, as the bulk of the population were Protestants. The state religion of Sweden was based on a Protestant faith, and at the time it was not a country which respected freedom of worship. Therefore, the school had an assumption of Protestantism in its ethos and among its students. Another religion was unusual, and as a result considered challenging. It was perceived that it was easier if the students shared the same religious belief. At the RCNS evening prayers continued throughout the post-war phase, indicating that religion long continued as an important factor in daily life at the school. The conservative triangle of the church, the royal house and the middle class was also confirmed by its students, who often had a better than average education; and because the education was subject to a fee, most students at the RCNS until the mid-1960s, when the education became free,\textsuperscript{242} came from middle-class homes. The church was represented by a priest teaching religion at the school (and ethics by the Principal), based on Lutheran ideology. Findings in the archive confirm the Protestant connection, which also appeared in the admission requirements request for evidence of a calling—a point that will be further discussed later. All this, however, suggests that the RCNS was, at least until the end of the 1960s, part of a close-knit, conservative triangle. It is thus questionable

\textsuperscript{241} Styrelsens protokoll m.m. (1932) Stiftelsen Rödakorshemmet (SE/RA/780058/1/A/A1A/20). Riksarkivet, Arninge. (Red Cross Home Protocol mm. Swedish National Archive).

\textsuperscript{242} Höjer, G. (1964). \textit{Att vara sjuksköterska}. Stockholm; Bonniers.
whether or not the RCNS was the first secular nurse training in Sweden, as stated by Sonia Bentling.\textsuperscript{243}

The RCNS—A world for the chosen

From 1927 to 2004, the RCNS trained generations of nurses in their imposing premises at Dalagatan 9-11 in Stockholm. The school was next to Sabbatsberg Hospital, where many nursing students would carry out their practical training. The RCNS building was grand and yellow; it had four storeys above ground, two storeys below, and an attic, all with large mullion windows. The school could offer housing for 350 nursing students and nurses and had a kitchen that could provide 1400 meals a day, served in the shared dining room on the ground floor. The living environment at the school and the dormitory (the same building) harmonised with the bourgeois and conservative style, especially in the common rooms. The bedrooms, however, were shared and were more spartan, although containing all necessities. One reason for the appearance of the school environment was, as Segesten explains, that reputable schools often inherited furniture, money, apartments, summer cottages and other belongings from rich families. Likewise, gifts from wealthy families were not uncommon, nor was it unusual for nurses to

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bequeath property or possessions to the school in their wills. Such donations were an important source of funds contributing to the school’s operation.

The grandeur of the RCNS building must have affected the users and residents, as contexts like a building can be a shaper of meaning. For example, Winston Churchill famously addressed the English Architectural Association in 1924, saying: “There is no doubt whatever about the influence of architecture and structure upon human character and action. We make our buildings and afterwards they make us. They regulate the course of our lives”. Architecture may thus have been a partial participant in constructing reflections of values, such as principles and standards of behaviour, and in this the RCNS building symbolised both quality and grandness that affected students, confirming some sense of the same high quality. In the post-war phase the RCNS was a foundation that did not provide a free education until the mid-1960s. In 1950, the fee was 600 SEK, which is currently about 11,000 SEK, in addition, the students had to pay for their uniforms. Sophia Home Nursing School, another private nurse training school, had similar fees, but St. Erik’s Hospital/Nursing School in Stockholm offered a free education. The training time was the same for all the schools.

Before 1962, most people had only seven years of schooling, and students from lower social classes seldom attended secondary school (realskolan and gymnasium) as this was voluntary. Hence, attending upper secondary school (gymnasium), the prerequisite for university entrance, was quite uncommon for rural children. In 1940, only about 15 per cent of adolescents entered a university/college, and before the 1970s it was rare to enter higher education. It should be pointed out that nursing training was not considered

247 Ibid.
academic; but as the requirement was to have fulfilled either lower or upper secondary school or a girls high school (with normal competence), education at the RCNS still excluded many girls, reinforced by the cost of becoming a student. The RCNS was assumed by many people to be one of the best nursing schools in Sweden—equal to the Sophia Home nursing school, also in Stockholm. Admission as a student at the RCNS was based on certain requirements beyond schooling. Below is the entry requirement from 1952:

**Paragraph 10: In order to gain entry into the school:**
- The student must have attained the age of 19 years; in particular cases 18 can be accepted when approved by the Board;
- The student must have evident good behaviour, with a friendly temperament and a feeling for the nursing vocation;
- The student must have a medical certificate confirming good health, and be free from moral defects not suitable for a nurse;
- The student must have adequate education and knowledge in order to be able to benefit from the learning at the school: certification from secondary school (*realexamen*) or a graduation certificate from a girl’s high school with normal competence or as approved by the Board;
- Possess knowledge of simple cooking;
- Be insured or a member of a recognised sickness fund.

As can be seen, not just any young woman could enter the school but only students with evident good behaviour, a friendly temperament and a feeling for the nursing vocation. The idea of a friendly temperament must have been something about having the right personality, that the candidates should be of the right “breed”. This must be related to the strict gender roles in the 1950s for both men and women, compliant with society’s expectations. Parental authority remained strong and women especially were expected to obey.

For women, this could mean not speaking before they were spoken to and being able to control their emotions. What is more, application to the school required a confirmation of good behaviour and a feeling for the calling. There

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could be no self-assessment; the moral judgement was often in the hands of a priest (who would be expected to certify it in writing), or other trustworthy persons such as previous teachers or employers. Evaluation of the students’ behaviour and morality was based on the perception and statement of respectable others. Moreover, the idea of the nurse’s calling adds a powerful moral element to the status of these young women. This was reinforced by the reputation of former prominent women like Florence Nightingale in England, or the Swedish women Ellen Key and Frederika Bremer, who were all inspired by what today is called “specific nature feminism” (särartfeminism), believing that young women from the educated classes should devote themselves to caring. The requirements for the right breed and morality were therefore within the framework of what was expected of young women of polite family, at least in the post-war phase.

The third requirement was a physician’s certificate of good health. It was necessary to establish that the student did not have any disorders which would prevent her from becoming a nurse. It is, however, not specified what that implied, but it might have meant something that did not affect their ability to work. When working in a hospital or with sick people, diseases could easily spread through infection, but the work in itself was also tiring. Diseases at that time were generally more severe; penicillin was a recent arrival and the bacterial disease tuberculosis could still have devastating effects in hospitals. Without penicillin, conditions such as tuberculosis and pneumonia were difficult to treat and required a long course of treatment. Moreover, nursing involved frequent heavy lifting, which could be stressful. Being a nurse, as we can see, was thought of as easier for those with a strong immune system together with a sound body and mind. It seems reasonable to speculate that the medical check might also have been an additional inspection of the applicant’s mental and moral constitution. Might the doctor’s test have been for ‘moral’ as well as communicable diseases such as evidence of sexual activity or the genetically inferior temperament of the working classes? The idea of the male doctor as the policeman of women’s behaviour might bear some relation here.

It was believed that it was necessary to be in the best physical condition to manage the training and occupation and the risks these entailed. Hence, to be accepted, personal qualities and good physical strength and health were seen as necessary in addition to the fourth demand: the level of previous schooling. The fourth requirement explains that adequate education and knowledge was necessary in order to benefit from the learning at the school. In stating this, the school seems to have regarded its educational level as so advanced that a relatively high level of prior education was necessary for students to be able to cope at the RCNS. This set of prerequisites prevented many girls from the working class from being able to enter. Therefore, it was probably mostly middle-class women who fulfilled all the requirements for entering. It should be mentioned that I have been told that the school had three or four educational places for students without means; however, this is not confirmed in the archive. When being accepted, the final hurdle was to complete a three-month probationary period with good reports from the supervisors. Hence, becoming a student at the school was demanding; it was in the hands of priests, a doctor and head nurses evaluating the probationary period, all judging the student’s personality and capacity to become a Red Cross nurse.

As noted above, when students submitted their application to the school, it had to contain documents such as confirmation of age and a respectable trustworthy person’s approval stating and confirming the applicant’s disposition until 1967. The statement from such a person needed to answer the following:

1. How long have you known the applicant and under what conditions?
2. What do you know about her family relationships?
3. What do you think of her character?
4. Does she behave in a gentle and friendly manner?
5. What is her temperament?
6. Is she conscientious, thorough and persistent in whatever she undertakes?
7. Is she practical?
8. Is she physically strong?
9. Do you consider the applicant suitable for a nurse’s serious, responsible and industrious calling?
Ten questions had to be answered, a large number of which concerned the applicant’s character. The fact that most of the questions are rephrasing of a request for confirmation of suitable character indicates that the questioners intended to catch out any discrepancies in the answers and that they placed great emphasis on this issue of character. It is noteworthy that the calling in question nine, was asked for related to the hard, serious and responsible work nurses performed. The calling can be interpreted as not being in terms of God, but rather in terms of entering a both physically and mentally demanding occupation. This could have reflected a trace of Swedish Lutheranism whereby God's calling was to perform useful and hard work.\textsuperscript{256} In addition, the applicant’s father's profession was noted in the application, and when looking at applications from 1949, fathers’ professions were documented as: professor, bank manager, forest bailiff, doctor, farmer, office manager, landlord, printer, country public prosecutor, cantor, station inspector and dentist. In the applicants explored, in only one application did I find the mother’s profession registered, as a teacher; the father was noted as deceased. Most of the above occupations can be described as solid middle-class jobs, which gives an indication of the social status and mores of the 1949 cohort.

An early set goal
During the interviews, an interesting comment from all those educated in the post-war phase was that becoming a nurse was an early set goal. They knew already from childhood that they wanted to be a nurse. Respondent A:

Well, I will tell you already when I was like [...] 6–7 years, I was at my grandmother’s in the countryside. She lived on a farm, and I used to ask the people who worked there about how they felt. It was a fairly large farm, and some felt not so happy–yes [...] I was a child.

I also went to the cemetery almost every day and took care of the graves that had no flowers. I picked flowers and put them on the graves. I had such an interest, so to speak. I always knew that I wanted to be a nurse.257

She had such an interest, which made her regard herself as suited to becoming a nurse. In her childhood, caring took expression in taking care of various things, from humans to graves. This is symbolic in itself, as the very core of nursing practice is said to be the act of caring. The environment she describes refers to her social status, notably the mention of her grandmother’s fairly large farm. Likewise, Respondent C, presents the choice of becoming a nurse as a childhood memory:

Yes, I think I was 5-6 years old when I heard on the radio about someone with an aeroplane who flew and helped people who were sick, and there was a nurse helping. Then I told my mother that I wanted to be a nurse when I grew up.258

Her narrative resembles a heroic story, with the hero assisted by the nurse. Becoming a nurse is narrated as some kind of a dream. This could have been because nursing for many middle-class women represented an opening beyond the opportunities that otherwise existed, that of being a wife and a mother. The interesting thing is that Respondent C succeeded in making her dream come true, with travelling and working abroad. She never married and devoted herself to her work. Before the Second World War, marriage while working as a nurse was inconceivable, but this changed in the post-war phase.

In a Canadian newspaper from 1950, the Assistant Director of the RCNS Miss Hallmén, was interviewed and said that many of the graduated married nurses

257 Jo, det skall jag säga dig, redan när jag var sådär... 6–7 år, så var jag jämt hos min mormor på landet. Hon bodde på en gård, och där gick jag runt och frågade hur de som jobbade där mådde. Det var en ganska stor gård, och en del mådde inte sådär [...]. Sen var jag på kyrkogården nästan varje dag, och de gravarna som inte hade blommor, eller ingen brydde sig om... Då gick jag och plockade blommor och satte på gravarna. Jag hade ett sånt intresse, så att säga. Sedan gick jag ju i skola, men jag visste hela tiden att jag ville bli sjuksköterska.

258 Ja, jag tror jag var 5–6 år, när jag hörde i radion en som hade ett flygplan och som flög och hämtade sådana som var sjuka. Så var det en sjuksköterska som var med och hjälpte till. Då sa jag till min mamma att jag ska bli sjuksköterska när jag blir stor.
turned to the school for help in regard to work. Even if they could work only part-time, Miss Hallmén said, it was necessary to let them in, also as a way to solve the shortage of nurses. This indicates a changed view regarding nurses combining work with marriage. According to Andersson, there was no written prohibition of marriage; rather, it was an unwritten norm that was transformed in the post-war phase.

The meaning of the RCNS
The RCNS, together with the Sophia Home Nursing School and Ersta Nursing School, were said to have been the most attractive schools for nurses to be educated at. Not only was the RCNS popular to apply to, the nurses graduating there were also regarded as particularly skilled. According to an old saying, men wanted to marry a Sophia Home nurse but to be looked after by a Red Cross nurse if they were in hospital. The two schools were often put in the same category when being compared. For Respondent A, the Sophia Home was no option, she only wanted to apply and attend the RCNS:

I knew from the beginning (that it was the RCNS). I thought it was international, more fun, had more pulse, compared to Sophia Home and Ersta Hospital/Nursing Schools.

What she says is possibly influenced by the Red Cross being an international organisation, well-known from their efforts in the Second World War. Moreover, the school had a good reputation, built up over time. Medical development was rapid in the post-war phase, and the RCNS milieu was thought of as exciting and innovative, affected by the private Red Cross hospital in the 1940s and 1950s being a famous hospital that treated paying patients even from abroad, with leading physicians carrying out brain and heart operations. They were in the forefront of medical development. Although the RCNS and the Sophia Home Nursing School often were compared, there was something special about the RCNS, according to

261 Jag visste redan från början, jag tyckte det var internationellt (RCNS), det var roligare, mera fart än Sophia och Ersta (two other and alternative nursing educations in Stockholm).
262 Read more: http://www.historylearningsite.co.uk/the-red-cross-and-world-war-two/.
Andersson. The origin of the schools was different, in that the Sophia Home Nursing School cannot be traced back to a middle-class women's movement to the same extent as the RCNS. Another difference between the schools, Andersson points out, was that the Sophia Home Nursing School had a more explicit moral responsibility, in which the Christian calling played a larger role. Additionally, the Sophia Home Nursing School was posher, with more students from the upper class. For these reasons, the schools were seen somewhat differently. Respondent B said:

The RCNS stood for something with quality. Development, quality and security, I think this was what it stood for.

It was the combination of quality and security that promoted its occupational development, which probably was most of all connected to the caring of the patients but can also be understood beyond the patients as regarding the hand-picked students, for whom the school provided a protected environment. These factors must have made the RCNS, together with the Sophia Home Nursing School, some kind of elite nursing schools, where the students felt selected, and therefore obliged and maybe more motivated to carry out their duties and comport themselves to the very best of their ability.

264 Röda Korset står för någonting med kvalitet. Utveckling, kvalitet och trygghet tror jag det stod för.
The paradox of religion

Religion has already been mentioned and is a difficult issue to avoid, particularly as it was on the school timetable. However, it is challenging to interpret, as Protestantism continued to be an important part of Swedish society even after the Freedom of Religion Act of 1952. We are all products of the time and place when we live, and institutions operate from the society in which they are placed. The nursing vocation was like a reminder, in the RCNS application linked to nurses’ hard and serious work. Both of these topics will be explored under this heading.

Religion on the schedule
Below is a timetable from 1948 showing religion to be part of the education. As identified, religion must also be thought of in conjunction with lessons called ethics, previously mentioned in connection with the letter to the Catholic women’s organisation making it clear that its ethics were based on Lutheran evangelism. The illustration below shows the number of hours in different subjects in nurse training at the RCNS in 1948.

Table 2. Subjects for nursing training 1948

<table>
<thead>
<tr>
<th>1948</th>
<th>Reading Course I</th>
<th>Reading Course II</th>
<th>Reading Course III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Ethics</td>
<td>6</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Sexual ethics</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Hygiene</td>
<td>16</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Anatomy/physiology</td>
<td>36</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Medical and epidemic</td>
<td>29</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Surgery</td>
<td>21</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

265 Styrelsens protokoll m.m. (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A /A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).
First and foremost, religion was an ever-present subject. Both religion and ethics feature in all three periods of the semester. Obviously, it was necessary to maintain continuity for these two subjects. Religion was taught by a priest, and ethics by the Principal. A further means of uniting the students was the RCNS choir, which performed hymns at various events and was an important part in the school’s ceremonies. In this context, the English idiom ‘to sing from the same hymn sheet’ can illustrate the effect or maybe rather the meaning that singing in a choir represented. Moreover, it can be interpreted as part of learning to pull in the same direction, and hence a means of creating togetherness, connected to singing religious songs. Sweden has a strong tradition of singing; in the 1940s, singing was on the syllabus even of elementary schools, and hymns were often used in music lessons.\textsuperscript{266} Singing was an important part of society, and an important part of the RCNS—much more so than we are accustomed to today. Celebrations or special ceremonies were often marked with Christian hymns right up to the 1970s. and one example of this can be seen in the programme celebrating the 50\textsuperscript{th} anniversary of the RCNS nursing home.\textsuperscript{267}

\textbf{Programme}

\begin{itemize}
  \item The foundation of the Red Cross home chapel
  \item Psalm 21 V. 1-3
  \item Song by the student choir
  \item Speech by Curate A. Cedermark
  \item Song by the student choir
  \item Altar Service
  \item Psalm 600 v.7
  \item Allotment of Medals
\end{itemize}

Overall, this makes it difficult to view the school as being genuinely secular, but rather it should be understood in relation to the contemporary society. For 


more than four centuries, Sweden had been Lutheran. Every new-born was automatically registered as a member of the church, and the Lutheran faith was the basis of Swedish society. Only in 1975 did the Parliament discuss replacing the teaching of Christianity with the more neutral teaching of religion, studying different faiths. The RCNS was, accordingly, in line with the prevailing circumstances. It would thus be fairer to describe the RCNS as the least religious nurse training school, as both Sophia Home Nursing School and Ersta Hospital/Nursing School emphasised religious conviction to a higher degree than the RCNS.

The calling
The term calling derives from the Latin vocare (call), which also appears in the word voice—meaning to follow the call of God or to do what we are called to do. Understanding the meaning of the calling at the RCNS is challenging, as some understood the calling as a Christian vocation and others described the calling as a desire to be good at what you do. The calling was at this point, but especially before, not only applicable to nurses but to several other occupations such as priests, physicians or teachers. Nevertheless, the notion of calling has come to be attached to nurses’ identity, supported by many in the belief that caring was women’s natural duty. When the notion of a calling is connected to religion, it gains a moral dimension, a dimension whereby the nurse and her personality are elevated into a context where her image included a moral preference. However, the calling was not spoken about in the interviews as much as might have been expected. Respondent D:

But I must say the calling—I never felt it. I wanted to be a nurse, and so it was. I enjoyed it very much.

In the interview nearly 70 years after Respondent D’s graduation, she declares the calling was not something she felt, and her choice of work was not connected to a calling but to a desire. She never ‘felt’ a calling, which implies

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a distance from a sense of a Christian calling. Instead, since childhood, nursing was the job she wanted; and today, in a retirement home, she is satisfied and says she made the right choice. Her dismissal of a sense of ‘calling’ may be due to the time span, and that Sweden today regards itself as a secular country. However, Respondent A makes a similar point:

I do not want to talk about a calling, no, never. For me, it was about a good skill, how to be and how to behave. To care. The patient lying in the bed was the most important person.  

Respondent A speaks of her occupation in the spirit of carrying out the work to the best of her ability, which may be connected to the calling being about a desire to be good at what you do. She does not want to call it a calling; rather she talks about skill and having the knowledge to meet and treat sick people well, and says it was about caring for people, and about personal qualities such as knowing how to behave (and perhaps the willingness to do a hard job). For her, nursing was a craft with a special code of conduct. Respondent B, on the other hand, refers to the calling in different terms.

When I started, I thought yes, it was a calling. I thought it was about going into something that meant to serve others in a way. And to help the sick in different ways, that was how we were trained. It was 1955-58 I was educated at the RCNS. I think much of this was still important at the school, that it was a calling. Yes, it was like this throughout my education, also for some of the others. Quite a few of my peers had a religious background. They said this was an alternative; if not a Deaconess, then they could become a Red Cross sister instead.

Not only for her but also for some of her classmates and the school, the Christian calling was present when they became nurses. Here, the time

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perspective appears when she says: When I started yes, I thought yes, it was a calling. This can lead us to understand that she may think differently about it today. The calling is ambiguous, and it is unclear what it entailed for the individual. For most of the interviewees in this study, the decision to enter nursing was not about a calling, or at least they will not call it such today. Only Respondent B declares there was a calling at that time for some of the young women and at the school.
A rule-based community

Up until the end of the 1960s all students had to live at the school dormitory while being educated (three years). They practically lived together around the clock, sharing education, work and most of the little leisure time that they had, all under the same conditions, with the same requirements and expectations. Below are the house rules notice which hung in several places at the school throughout the 1960s:

_Regulations for students at the Swedish RCNS:_

Everyone living at or visiting the Red Cross home should seek to contribute to the common well-being and homeliness. The belongings of the Red Cross home must be handled with care and responsibility, and if someone breaks or damages something, notice must be given to one of the home sisters. The bedrooms should be well organised: when leaving the room in the morning, the beds must be made, clothes hung away and the windows opened. Nails in the wall must not be used without permission. Male visitors are allowed between 12 am and 8 pm. Visits should preferably take place in the dayroom. Meal times must be observed as punctually as possible.

Breakfast: 8-9.30  
Lunch: 11.30-13 (Sunday 13.30)  
Dinner: 16.30 and 17.30  
Evening meal: 19.30 – 20.30

Food must not be served in the bedrooms other than in the case of sickness. Students must go to bed as soon as possible after night watch and may not get up before 3 pm. Bathtub and showers must be clean, and cannot be used after 9.50 pm. The lights in the corridor and stairs will be turned off at 10 pm, and then there must be silence. Students without special permission must not be home later than 12 pm. Permission to spend the night before the day off in the parents’ house should be obtained. Messages and requests about the above-mentioned
or of a similar nature may be made to the principal or one of the home sisters. 274

Overall, the house rules were a declaration of shared responsibility. It was a rule-based community, in which the end justified the means. The objective was to create a well-functioning community, and the school’s argument was probably that for this to enable togetherness, joint effort was the key. The school regulated many details of life, for example when to shower and when the lights should be turned off at night.

The idea of the common good takes for granted: that citizens stand in a civic relationship with one another and that this relationship requires people to create and maintain certain facilities on the grounds that these facilities serve certain common interests. Likewise, the RCNS organised itself in accordance with similar principles, which were necessary as the collective filled the lives of students around the clock for three years, meaning that a common responsibility was considered essential. If the student did not live up to the rules, there were consequences. At a Swedish digital museum page, a previous student at the RCNS tells viewers that if a student fell into disfavour, in the post-war phase, they were often unable to continue their education at the RCNS. Students were expected to adhere to strict behavioural codes, and the head nurses had an incredible position of power. 275

These are all examples of a rule-based community, in which rules are understood as normative and regulating behaviour. By the same token, rules also make togetherness and cooperation easier. People generally follow the rules of the context in which they are or work and try to ensure that others follow them, especially if the rules fit into a cognitive frame and make sense in the context to which they are applied. Adherence to rules, and commitment to their fulfilment, may thus be connected to a person’s identity: in the case of students who, by virtue of being young women with quite similar backgrounds wanting the same occupational identity, the acceptance of rules was probably

274 Appendix 3. Copy of “The Regulations for students at the Swedish RCNS”, found in The Red Cross Archive.
easier but also crucial for creating a sense of harmony between them. When it comes to rules about men, they were first of all excluded as students but were welcome, as guests; however, they were only permitted to enter as far as the common rooms, where behaviour could be more easily monitored. Despite the rules or maybe because of them, Johansson describes the life at the dormitory as pleasant for most of the young women, who came from many parts of Sweden.276 Because they often had long distances to travel home, many stayed at the school even on their days off, which made many students spend most of their time at the school together—making them, according to Johansson, close, sharing both ups and downs.277

The uniform and the guidelines
Nurses and nurse students wore the traditional uniform. This continued until the late 60’s and was not a choice but an obligation. Each nursing school had a special uniform, brooch and cap, the template being sufficiently uniform and distinct for a nurse to be readily identifiable. From a sociological perspective, uniforms symbolise a group, where different groups vary in legitimacy and prestige within a wider society. For this reason, uniforms confer different degrees of honour upon members, thereby influencing their willingness to enter and to serve. Nathan Joseph and Nicholas Alex write that the uniform makes the wearer’s status much more visible and minimises the possibility of confusing members with non-members.278 In this way, the uniform identifies the wearer and also suppresses her individuality, both in behaviour and appearance. The RCNS was one of the leading nursing schools in Sweden, so prestige was connected to their uniform, which was further confirmed in the graduation ceremony. Graduates in 1958 received the brooch, a very significant achievement at the RCNS,279 from the hand of Countess Estelle

279 All schools had their own brooch.
Bernadotte. Receiving the brooch from a royal hand can be interpreted as a clear reference to status.

When arriving at the RCNS, the new students immediately had to change into their uniform, and to wear it at all time in the school and hospital area. The uniform was a sign that symbolised the nurse’s role and her membership of a particular institution. Only RCNS students and nurses had the right to wear the Red Cross nursing uniform. Group affiliation was thus displayed when the uniform was worn; it identified and thereby verified the nurse’s identity, where putting on the uniform was a symbolic action embodying a transformed identity. Maybe it is tautological to say that nothing is more unifying than a uniform, but the nurse’s uniform made a coherent whole of young women—recognisable to most people, which can be seen in Else Johansson’s picture below.

![Picture 4. Else Johansson’s book.](permission from the author to use the picture).


Else Johansson wrote a book about being an RCNS student in the post-war phase, and the picture illustrates the instantly transformed identity after arriving at the school. The RCNS uniform remained unchanged for approximately 100 years, allowing everyone to see and recognise who was a Red Cross nurse. The uniform was their visible sign not only of being a nurse, but of being a Red Cross trained nurse. The nurse uniform symbolised affinity, as the uniform better than anything symbolised companionship at the same time as it testified to some sort of shared responsibility.

The period between 1950 and 1960 is described by Marilyn Yurdan as special, as this was when girls and boys came from all walks of life and were given a uniform, a code of behaviour, and most importantly, pride in the institution to which they belonged. This indicates a link between the uniform, behaviour and the institutions, where the three were interconnected. In this respect the uniform was important, as it had for approximately a century made it evident who was a nurse, and at what school she had been educated. Hence, the uniform became a visual symbol of nurses, in the same way as the crown symbolises a monarch. In a sense, the uniform became the group. Additionally, the uniform signified a meaning, where the effect of the uniform depends upon the degree of prestige accorded by and to the group. Consequently, the meaning of the uniform lay in how others valued nurses in general and in this case Red Cross nurses in particular, but also how members of the group understood and interpreted the meaning of their own uniform. Meaning was formed both from within the group and from the outside society. Subsequently, wearing the uniform has also been a commitment confirming the image of the nurse and thereby confirming the expectations resting on RCNS students and nurses.

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283 Ibid.
285 Ibid.
How to wear the Red Cross nurse uniform

With the uniform, nurses were bound to perform a particular role, where how to wear the uniform was also determined by specific rules. The Red Cross nurse uniform was designed by one of the first principals, Elisabet Holmgren. The brooch was added to the uniform in the late 1880s, and the cap was originally an idea from Germany. Most of all, the nurse had to be clean and well-groomed at all times. When starting as a student at the RCNS, they first had to pass to a three-month test period called the "plätt" period. During this time, they had to wear a small, flat cap together with the working uniform, showing that they were probationary students. After the probationary period, the student was told if she had been approved for further education for three years. Having studied for two years, the students got to wear a white armband, symbolising that they had become nursing assistants. Students had two types of uniform: a working uniform and a formal uniform for special occasions, for both of which they had to pay for themselves.

The working uniform was tailored and consisted of a blue cotton dress with a white apron. It had a special cuff and a white cap. The length of the dress should be a few centimetres above the floor and the apron should be above the length of the dress; with this the students had to wear black stockings and black shoes or brown stockings and brown shoes. Furthermore, the dress had a white collar that was fastened with a button at the back of the neck, with the nursing brooch at the throat. The dress had a special belt, and on the left sleeve was a white armlet showing that the wearer was a Red Cross sister. The white cap was designed especially for Red Cross nurses. Only needle pearl heads could be used on the cap that was attached to the chin rosette. When going out, the nurses had to wear the correct black coat, which was longer than the dress, to which the white armband had to be attached, and they had to wear black stockings and black shoes. All this had to be worn with a special hat with a chinstrap, called a “kapotten”. For other times, the nurses had a grey wool hat that could be worn with the blue cotton dress, although not in the dining room. When going out, the nurses always had to wear their outdoor

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cap. The uniform also included a blue woollen jacket, and the nurses were recommended to wear neat and pleasant lace-up shoes. With the outer coat, there were grey gloves and a grey-blue scarf. The formal Red Cross nurse suit was to be worn for weekends and occasions of great sorrow or joy, and the coat of this uniform could only be worn at ceremonies and at nursing inaugurations. This coat had a special collar with stitches and could only be worn after the nurse had graduated. It was important to be recognised, and it was even more important to emphasise what school the nurse had been educated at, as uniforms, caps and brooches carried different levels of prestige. This confirms the idea that wearing a uniform marked you out, and it embraced the different nurses, identifying the school they had been educated at, and making the uniform even more of a status marker.

![Picture 5. Red Cross nurses in their uniform. National archive (Riksarkivet).](image)

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Pride concerning the uniform was evident in the interviews. When talking to Respondent A, her contentment was apparent when telling me that even when she started at the Sophia Home Hospital, she wore the Red Cross nursing uniform, and she shows me pictures explaining to me in detail how the uniform should be worn, saying:

Yes, I was the only one. I was proud of it (the uniform), and I thought it was neat. I was familiar with it.\textsuperscript{291}

Despite working at the Sophia Home Hospital, she continued to wear the Red Cross nurse uniform. Probably this was because she wanted to continue to be identified as a Red Cross nurse. She was proud, showing the status the uniform for her symbolised. That the uniform was familiar is not unexpected, as it had to be worn all the time. Her way of talking about it makes me think the pride she felt had two sides: to wear it and to be seen in it, as if the gaze of others confirmed her feeling of pride. She felt respected, and this gave her a value. The meaning of the uniform contributed to some sort of self-respect, because nursing in general had status, but also particularly because the Red Cross was admirable and maybe even at this time connected to elitism and the feeling of having been selected. Furthermore, her identity as a working woman was on display in the uniform. Equally if not more important than the uniform was the brooch, Respondent C says:

I have always worn my brooch, as it is my identity, when I wear it on my coat.\textsuperscript{292}

Respondent C connects her identity to the brooch. Another Respondent said: “The brooch is my most valuable jewellery, three years of hard work is behind this artefact, showing both what I am but also where I have been educated”. The brooch was and maybe still is an artefact that helped communicate both personal and group identities. Its importance was recognised among health care workers and others. The brooch can be interpreted as a small but powerful material manifestation of their identity. This shows that not only gender was linked to nurses’ identity; so also were other identity markers such as the

\textsuperscript{291} Ja, jag var den ända, jag var stolt över den, jag tyckte den var snygg (uniformen). Jag var van vid den.
\textsuperscript{292} Jag har alltid haft min brosch på mig, det är jo min identitet när jag hade den på min frack.
uniform and the brooch, together with mental attributes such as being patient, humble and caring.
The RCNS - a hothouse

It is realistic to think that the RCNS had, until the late 1960s, two undertakings. First and foremost, it was to educate students to become nurses. Bearing in mind that the age of majority in Sweden was 21 until 1969, the age of students entering the school must have influenced whether the school and society regarded and treated the students as adults or not. The archive shows that most of the students were minors, which is important to note, particularly as they were accommodated at the school and thus the school was also responsible for them; taking care of underage persons must have been a greater obligation than accommodating adults with sole responsibility for themselves.

Being a residential school, they had to guarantee a protected and safe environment, and to assure parents their children were safe while they were being trained to become a nurse, a responsibility that was probably reinforced by the students being young women, which meant that they were subject to, and seen to require, control and discipline to an extent that currently would be extraordinary. In the applications from the archive, the age of students on applying can be confirmed. On courses from 1949 and 1963 the age composition was as follows:

1949

<table>
<thead>
<tr>
<th>Year</th>
<th>Born</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1928</td>
<td>1</td>
<td>(21 years)</td>
</tr>
<tr>
<td>1929</td>
<td>5</td>
<td>(20 years)</td>
</tr>
<tr>
<td>1930</td>
<td>12</td>
<td>(19 years)</td>
</tr>
<tr>
<td>1931</td>
<td>5</td>
<td>(18 years)</td>
</tr>
</tbody>
</table>

1963

<table>
<thead>
<tr>
<th>Year</th>
<th>Born</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1942</td>
<td>3</td>
<td>(21 years)</td>
</tr>
<tr>
<td>1943</td>
<td>11</td>
<td>(20 years)</td>
</tr>
</tbody>
</table>

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The vast majority of students were, by the legal definition of the time, minors, at least for one or two of the three years of training. Using a metaphor, the school must have represented some kind of a hothouse, an environment where students were formed and cultivated in relation to a particular codex. The hothouse metaphor is particularly valid as the young women lived and worked there for three important years between being a teenager and becoming an adult. The school must obviously have been more than just going to school and just being educated. The residential life must have had a profound effect on the students, who had left their families to enter a complex world where they would be trained to become a nurse, something they all aspired to be. Becoming a residential student meant adapting to the new circumstances that were unlike home by, for example being less personal, more institutional and more restricted. Living in the dormitory must have required an adjustment, as it meant proximity with strangers in a new social and physical environment. For this reason, I use the hothouse metaphor to illustrate the process students underwent, that consequently made them more uniform as they all had to adapt to the same circumstances. In the dormitory, it was the matron who had strict control over the nurse students. This was in the 1950s, when nursing was still traditional in terms of training and discipline. The matron and the sisters had real authority. Adrian O’Dowd states that the matron was as powerful as senior physicians, having such bearing and an authority that even senior physicians would not dare enter a ward without first seeking the matron’s or the sister's approval. For this reason, students living in the nurse dormitory had to obey matron in their private life as well, taking instructions on how late they could stay out, how smartly dressed they were to be and the suitability of any young man they wished to marry. Nurses had to subjugate themselves to this new “family” when entering the RCNS in the period up until the end of the 1960s.

298 Ibid.  
299 Ibid.
Sisterhood—working, studying and living together

Having entered the school and put on the uniform, the nurse students moved into a world that since 1867 had been a restricted female world, where students lived, were schooled and worked together virtually 24 hours a day, in a group membership that included carrying out most of the daily chores. Respondent A:

Yes, but you can imagine. In the school—we lived in pairs. We were mighty close to each other. [...] But it was nice, you know, we jumped up in the morning and went to work. We said hello to our buddies and went on. Then we came home in the evenings and we whined a bit about how it had been, or if it had been funny. If it had gone well and all that. It was a great community, I must say. 300

For her, the community entailed togetherness, a community in which one had someone to share the day and its experiences with. The community consisted of women sharing the same interest, religion and background, thus a community that can be understood as some sort of sisterhood. They wanted the same things, held the same beliefs and ideals, and lived in the same enclosed environment sharing experiences and concerns. Respondent B reinforces this idea:

It (the female community) was obvious; I think that it was quite pleasant, and it was nice. I would probably have thought it was difficult with a mixed boarding school. I may have been influenced by the fact that my last year of upper secondary school was at Sigtuna boarding school. But I didn’t sleep there, as it was close to where I lived. But I learned to think that boarding life seemed funny. I appreciated it. The idea about being in one place was good. Work, study and live together, I thought it was good. 301


Her experience of the dormitory was positive, but she describes a mixed boarding school as more challenging. The idea of living and working in a same sex community was felt to be less demanding than living at a dormitory with both women and men. Respondents A and B shared the positive feelings, both describing the female community as unifying, pleasant and conventional. Respondent B’s comment also allows us to see what one might call a class indicator, as she went to Sigtuna boarding school which was private and took mostly students from the upper social class.

Signs of change in the mid-1960s emerge in the interviews. This can be seen in the statement of Respondent D, educated a decade after the others, who started her studies in 1964. She says she was the first student to get pregnant who was allowed to finish her studies. This, she explains, was possible because she was married, a circumstance that also gave her the possibility to move out of the dormitory, which had previously not been possible. This had an effect on the group membership:

We have kept in touch, but as I got married and moved away from the school the last year, I lost a lot of contact.  

In contrast to the others, Respondent D expresses a feeling of reduced camaraderie, caused by her moving away from the dormitory. Her focus was not like the others on the internal environment; instead, she talks about how she was part of the transformation that enabled other opportunities which came to have an effect on the group affiliation. The process of transformation brings new life experience but also entails a degree of loss.

verkade roligt. Jag uppskattade nog det, det var någon sorts ide om att det var bra att vara på ett ställe. Arbeta och läsa och bo ihop, jag tyckte det var bra.

Vi har hållit kontakten, men då jag gifte mig, och flyttade från skolan sista året så tappade jag mycket av kontakten.

302
The Good Girl

It seems as if the kind of young women who were accepted, the kind of dormitory, the circumstances, the rules and the image taken together had a consequence. When speaking to the interviewees from the post-war phase, it became apparent that they viewed and experienced the occupation as more than just a job. Becoming a nurse seems to have meant being understood as a special kind of woman, as Respondent A states:

Yes, you could say in the 1960s that many people looked up to us actually, and thought we were mighty good girls. And we were. We were energetic and we had learned discipline. And we had learned social skills as well, which is not as common today. How to behave towards the elderly and so on, this was also upbringing.303

They were, according to her, “mighty good girls”, energetic and disciplined, as if these factors were necessary for being perceived as a good girl, and indirectly as a good nurse. Moreover, Respondent A explains they were good girls because they had learned how to behave towards different kinds of people, something she says is rare today. This is an example of the nurse training at the RCNS, and how the school, with the help of a code of conduct, rigorously trained the students how to behave. Thus students were not only trained in caring, medicine and techniques but also to have good manners. Respondent A adds it was about upbringing: that students were brought up to be good nurses and metaphorically to be good girls. However, it is unclear whether those who entered the school were already qualified as “good girls” or if it was the school’s training and ethos that produced “good girls”. In this regard, it should be recalled, the entry requirements at the RCNS were often met only by middle-class girls who had previously enjoyed a higher than average level of education. Hence, education can be interpreted as having reinforced the image of being a good girl. Respondent B puts the concept of good girl in a slightly different context:

303 Ja, man kan säga att på 60 talet, då såg många upp till oss faktisk, och tyckte vi var väldig duktiga flickor. Vi var ju det. Vi var energiska och vi hade lärt oss disciplin. Och vi hade ju fått lära oss lite social kompetens, vilket inte är lika vanlig nu. Hur man skall vara med äldre, det var bildning också.
I think it was because when I was growing up, we lived in the country. I lodged throughout my high school years in another city—and I was not at home except at weekends. This meant that talking to my parents about my future did not happen. So it was nice for them that I chose to be a good girl and become a nurse. That was fine. It was never questioned.\textsuperscript{304}

In all likelihood, choosing to be a nurse was not questioned because it did not break with the conventions at that time. Nursing seems to have been an acceptable choice for females. For this reason, her choice was acceptable to her parents, as it implied that she was and would continue to be a good girl. Hallam writes that the relationship of nursing with the expectations of womanhood also constituted a suitable preparation for adult life as a wife and a mother.\textsuperscript{305} Furthermore, the notion of being a good girl was possibly enhanced by the strictly regulated life of nursing students, which gave them few opportunities to incur society’s disapproval. For all these reasons, there seems to have been an aura around nurses that must be understood as being something more than just nursing as an occupation; nurses were understood to be young women with some sort of socially desirable and culturally approved identity of the period. It must have been this totality of acceptable identity that made Respondent B’s parents approve of her choice. Hallam notes that throughout the post-war period, nurses represented the middle-class feminine ideal; the personal qualities needed to be a good woman were concomitant with those required to become a successful nurse.\textsuperscript{306}

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\textsuperscript{306} Ibid.
Discipline – the social contract

After becoming a student, discipline was part of the social contract; the students were expected to obey house rules and rules about how to dress and behave on different occasions. As noted by Andersson, the nursing lifestyle was a way of life reminiscent of the military’s, with some kind of man-made ideal.\textsuperscript{307} The military influence was to be found in the hierarchies and was visualised in the nurses’ uniform. In addition, discipline, being part of the nurse education at that time, was also influenced by the military: it was believed that military discipline formed and ensured obedience, making people carry out orders, and creating and maintaining cohesion in the units.\textsuperscript{308} Hence, managing and controlling the students at the dormitory was a key part of the RCNS role, aimed at constructing the ideal nurse in terms of behaviour and moral attitude.\textsuperscript{309} The issue of discipline is brought up many times in my interviews. Respondent C says:

\begin{quote}
It was very strict, we had to be home at a certain time, and sometimes we could not even leave the dormitory. We had to sign out when going out and sign in when coming home. They wanted to keep an eye on us. We wanted to become nurses; we had to accept that it was rather strict.\textsuperscript{310}
\end{quote}

Becoming a nurse was strictly conditioned. First and foremost was the condition to accept and live by the rules, at least as a student. Nonetheless, the rules must have been consistent with what was thought reasonable. There are nuances suggesting this when C says, ‘it was rather strict’: she acknowledges that life in the dormitory was more tightly controlled than life outside, but she does not seem to have found the limitations on her freedom onerous or unacceptable. Students must have acknowledged the circumstances, as they wished to become part of this community. They were monitored, but they

\textsuperscript{307} Andersson, Å. (2002). \textit{Ett högt och ädelt kall, kall tankens betydelse för sjuksköterskans formering 1850–1933}. (PhD Department of History, Umeå University, Umeå).


\textsuperscript{309} Andersson, Å. (2002). \textit{Ett högt och ädelt kall, kall tankens betydelse för sjuksköterskans formering 1850–1933}. (PhD Department of History, Umeå University, Umeå).

\textsuperscript{310} Det var väldig strikt, man skulle vara inne vissa tider och man fick inte gå ut. Man fick skriva upp sig om man gick ut, och anmäla sig när man kom hem. De ville ha koll på oss. Vi ville bli sjuksköterskor, man fick acceptera att det var lite strikt.
accepted the terms because they wanted to become nurses. To put discipline into a context, the Swedish artist De Geer says in her summer talk on Swedish Radio in 2016 that her great-grandfather was very content when his daughter decided to become a Red Cross nurse in the 1940s, as she was motherless, and this choice meant she would continue to get a good upbringing. Somehow, discipline and upbringing and that a girl would be nurtured seem to be interconnected. It was taken for granted that nurse training was about good upbringing, and that Red Cross nurse training was particularly good. There the girls learned to be well-behaved, to follow the rules and to do their work to perfection. Respondent D confirms that the strict school milieu still existed in the 1960s:

We were drilled so hard; in many ways we were disciplined.

Discipline can be interpreted as a technique that makes people more willing to obey and to control themselves, driven by knowing that there would be a penalty if expectations were not met. The institutional power of the RCNS set the rules with the objective of creating special members; those who followed the rules constituted an ideal, and furthermore became someone other students admired and imitated. In this way discipline developed a self-regulating system, where individuals (students) disciplined themselves to achieve the ideal and were rewarded with respect and recognition. In the Foucault’s terminology, this can be understood as the disciplinary process of institutions, intended to optimise both the power and the knowledge of the institution but also the capabilities of the individual. All of this was ensured by the procedures of power that characterised the discipline, which was meant to accustom the body and the mind to a special way of life. Actually, it was about normalisation: promoting certain principles that the individual adopted. Thus power was executed through discipline to achieve normalisation, followed by the students’ self-regulation. For students it may therefore have

312 Vi var så hårt drillade, vi var på många sätt disciplinerade.
314 Ibid.
been easier to follow the rules and achieve recognition than to question the restrictions with the risk of being excluded from the social community. The social processes often make people choose to follow norms and to self-regulate in terms of what they know or feel or learn, and what constitutes right or wrong behaviour. At the RCNS, there were consequences if the rules were broken, but there were also rewards such as acquiring a desirable identity. Discipline was the tool for learning to live according to the contemporary codes of conduct. Discipline in a way was about teaching and helping people to control their behaviour so that they could act in accordance with what was thought of to be right or wrong at that time.

Often we think of discipline as punishment, and there are examples indicating that discipline at this time was based on fear. Respondent M narrates her experiences from the shared meals in the dining room:

Yes, we were scared, maybe Miss Beck Friis will come in to eat, perhaps I will have to sit next to her. She was the Principal. She was so strict. Have you heard of her? She was a competent woman—but we were very scared of her.\textsuperscript{315}

When asking why they were scared, the answers were vague, about having respect. There is a sense of wanting to do the right thing, and also maybe a fear of a reprimand. Simply, it might have been about not living up to expectations. This may have been what frightened them, although Respondent M later qualifies her statement, saying discipline might even have been good:

It's obvious that good manners and so on harm no one, it was pretty good.\textsuperscript{316}

As we see, she turns the idea of discipline into learning good manners, and argues that it was pretty good, because good manners meant that student nurses learnt how to act according to socially acceptable and respectful norms.

\textsuperscript{315} Ja, man var rädd, kanske kommer fröken Beck Fris och åter, kanske måste jag sitta bredvid henne och sådant. Det var rektorn, hon var så sträng. Har du hört talas om henne. Det var en duktig kvinna - men vi var väldigt rädda för henne.

\textsuperscript{316} Men det är klart lite hyfs och så där, det skadar ju ingen. Det var ganska bra.
To learn good behaviour was therefore part of the Red Cross nurse training. Discipline seems to have created a social contract, in which members accepted and obeyed a particular set of rules. It acted like traffic lights: members had a mutual expectation of red, yellow, or green. It was about following the rules and living up to the expectations, one of which was always to be available for the physicians. Respondent A told me that she actually stopped eating lunch altogether as the meal was so routinely interrupted by duties for the physicians. My response was to ask if they did not have the right to eat lunch, and she answered:

It was not a question of rights. We never questioned it. 317

Respondent M also said; 

No, no, no regarding the possibility of questioning authority, adding;

We took it for granted, this was a long time ago, society was different. 318

It appears that there was a general acceptance of the prevailing conditions. Discipline was at that time not only important at the RCNS, but it was also part of the Swedish society, which allowed corporal punishment in public schools until the late 1950s. 319 Currently, discipline is often interpreted as something rather negative and connected to punishment; however, discipline may also bring some sort of stability and structure into a person’s life. This could have been another reason for the students’ acceptance. Then again, children in general experienced a harsher and less free upbringing than they do today. Children were meant to be "seen but not heard." Girls in particular were not expected to question authority. For this reason, the conditions at the RCNS were probably well within the scope of the students’ and nurses’ expectations. Thus it was not recognised as a problem but rather reproduced as the way to do it. Another positive consequence may have been that knowledge was repeatedly trained to perfection, and as one nurse said to

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317 Det var inte frågan om vad man hade rätt till, man ifrågasatte inte.
me: We knew the craftsmanship, we knew exactly what to do, it was in our bones. This correlation between discipline and high competence also agrees with current Australian research, whose results demonstrate significant differences in discipline for low, medium and high-performing students. Peak-performing students had the highest level of discipline.\textsuperscript{320}

**Myths as a normative tool**

Rules, norms and expectations all steered students into becoming the right kind of a nurse. Another factor, that of myths, seems to have influenced students’ beliefs. In general, myths can be understood as widely held but false beliefs or ideas, or misrepresentations of truth. Thus, myths can be interpreted as occurring when people want to fill gaps in their knowledge. When we cannot logically explain why something happens, myths can evolve to explain why. Thus myths help us to (mis)-understand the world. Furthermore, myths encapsulate the values and knowledge of a society, so that beliefs can be passed down to newcomers,\textsuperscript{321} hence, myths can function as tools of cultural knowledge and must be understood as normative.

In one example from the interviews it became clear that one thing was thought of as absolutely not acceptable: to get pregnant while being a student at the RCNS. The rumour was that if this occurred, the student would be expelled. However, according to the archive, this was only partially correct, since it gives several examples of students taking leave from the school. However, the real reason was often not given in the application for leave, for example when the protocol stated: “The student…. had to leave for health reasons”.\textsuperscript{322} Later the student sent in a new medical certificate showing that because of pregnancy she had been prevented from participating in the teaching for a period of time. The Board then decided that she was allowed to resume her studies after having been at home for approximately a year.\textsuperscript{323} Hence, a student could get pregnant and return to the school, but the interviewees told me that this was not possible. Pregnancy and the mention of pregnancy appear to have


\textsuperscript{322} Styrelsens protokoll m.m. (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).

\textsuperscript{323} Styrelsens protokoll m.m. (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).
been taboos since the true cause of a student’s absence often came to light only at a later date. First, the student and her family had to deal with the “problem” privately before contacting the school with the truth.

Another example of a myth from the interviews was that getting married while a student was frowned upon, although this occurred as early as 1948. The protocol from 1948 discusses this matter:

On several occasion the Board have considered whether students who have married during training can be allowed to continue their course, and whether married applicants can be accepted as students at the nursing school. After a thorough discussion, the Board decided that married students would not meet any barrier and could complete their education, provided they submitted themselves, like other students, to the current regulations, for example in terms of housing, and that, in the case of pregnancy, they requested leave of absence for at least one year. Nor for entry to the school would marriage be a barrier, but if the choice were between several applicants, account would be taken of such a situation. In summary, the application of the student [...] was hereby processed. About leave of absence during the period 15 June to December 1948, the Board has decided that before the case can be processed, there is need for a more specific reason for the leave of absence.324

This text shows that neither marriage nor pregnancy meant the end of studying. Hence, there was an inconsistency between what students thought was possible and what actually happened. Nevertheless, the school apparently

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324 Styrelsens protokoll m.m. (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A/A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol m.m. Swedish National Archive); På förekommen anledning upptog styrelsen till behandling frågan huruvida eleven, som under utbildningstiden ingått äktenskap, skulle tillåtas att fortsätta sin kurs, och huruvida gifta sökande skulle kunna antagas så som elever vid sjuksköterskeskolan. Efter ingående diskussion beslöt styrelsen, att hinder icke skulle möta för gifta elever att fullfölja sin utbildning under förutsättning att de underkastade sig de för övriga elever gällande bestämmelser, bl.a. i fråga om bostad, samt att de vid eventuell graviditet skulle begära tjänstledighet under minst ett år. Icke heller för antagnings till elev skulle giftermål utgöra hinder, men vid val mellan olika sökanden skulle hänsyn kunna tagas till sådant förhållande. I sammandrag härmed behandlades ansökan av eleven [...]. Om tjänstledighet under tiden den 15 juni – 31 december 1948, beslöt styrelsen att före ärendets avgörande, vid att infordra en mera precisering orsak till tjänstledigheten.
chose to keep quiet about this decision; at least the conversations with older nurses educated at the RCNS suggest that the school did not openly declare it was possible. However, what the protocol really says is: Marriage would not constitute an obstacle, but priority would be given to unmarried students. Furthermore, pregnancy was acceptable although it obliged the student to take a one-year sabbatical. The overall requirement for making this possible was that everyone had to submit to the same rules - with no exemptions. The community was what mattered. Rules that allowed for the possibility of pregnancy or marriage existed, although the Respondents interviewed for this work believed otherwise. The Respondents were aware of students having been expelled but were often in the dark as to the circumstances, which may have led to rumours, assumptions and myths. In a way, myths came to work in a similar manner as the discipline-based system Foucault discusses. Hence, myth seems to have had a normative effect (operating as a discourse) shaping students’ behaviour. By maintaining the idea of what was possible or not, myths regulated students’ behaviour and ideas.

**Violating the Codes of Conduct**

Not everyone followed the codes of conduct at all times, and there are many examples in the archive of students acting incorrectly. One example was when the Board considered disciplinary action against a student because of her absence from the dormitory and from duty. The student broke the rules twice and faced the consequence of expulsion. The Board decided the student should be suspended from the school, with the proviso that the Board would reconsider her application for reintroduction to the school after a year in which the student could demonstrate progress. The acceptance of such an application would credit her with the traineeship time already served.\(^{325}\) Currently, this would be considered a very hard consequence, but in the post-war phase, there was no acceptance of breaking rules. Failure to follow rules had consequences, which acted as a lesson not to break the rules again.

In another example, we can see that some unspecified behaviour was unacceptable:

\(^{325}\) *Styrelseens protokoll m.m.* (1950). Stiftelsen Rödakorshemmes. (SE/RA/780058/1/A/A1A/38). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).
The delegation of the school decided to give the student a warning ... because of inappropriate behaviour (including violation of the regulations) This warning will be announced by the Principal later.\textsuperscript{326}

It is not specified what happened other than there was some manner of inappropriate behaviour and violation of regulations evidently sufficiently serious to merit a warning, but not serious enough for the student to be expelled. The student was made aware that the school recognised what she had done and wanted to mark that this was not acceptable. Presumably, the school would now keep a watchful eye on her, or at least this is what the student would expect. The feeling of being watched was, they hoped, enough to self-regulate her behaviour. The first example broke two rules, and not showing up at work also negatively affected others. The second example was inappropriate and somehow transgressed the rules; more than that is not known. A third way for the RCNS to handle transgressions could be, as in the following example, to wait for the student to deal with the matter herself.

There was consideration of [...] the question of expelling the student [...] from the school because of immaturity and lack of order, but the Board found it reasonable to wait for a possible tender of resignation from the student.\textsuperscript{327}

This student did not live up to expectations, being immature and lacking order, which was not concordant with the expectation that nurses needed to be orderly. The Board simply waited and expected the student to leave the RCNS voluntarily. What all these students had in common was that they did not live up to expectations. When failing, the consequence was visible, and for the same reason, a break was thought of as a good solution, both to serve as an example, but also for the student involved to have an opportunity to rethink

\textsuperscript{326} \textit{Styrelsens protokoll m.m.} (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A /A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).

\textsuperscript{327} \textit{Styrelsens protokoll m.m.} (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A /A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).

: Behandlades väckt fråga om att skilja eleven [...] från sjuksköterskeskolan på grund av omgenhet och bristande ordning, fann styrelsen skäligt bordlägga frågan i avbidan på eventuell ansökan om entledigande från eleven själv.
her behaviour. In many cases the protocols state that the school left the door open, giving the offending student an opportunity to return.
Subordinated or not

Joanne Meyerowitz writes that women in the post-war phase were subject to a paradigm of men’s domination and nurturing maternal love.\textsuperscript{328} It was these circumstances that denied women careers and allowed few commitments outside home, narrowing the woman’s world to the home, and restricting her role to that of housewife.\textsuperscript{329}

In many ways’ nurses stood outside this image, as they were educated and worked and had the possibility of being self-sufficient. On the other hand, nurses also confirmed the special female stereotype of being caring and unselfish, subordinated to men and in particular the physicians. The key for the students was to learn to submit to discipline, with the surprising outcome, the interviews confirm, of feeling competent and self-secure. Education was about forming students in an environment where senior nurses with experience trained young students.

The world of the RCNS was characterised by a strict matriarchal hierarchy, while the health care sector as a whole was characterised by a patriarchal hierarchy with women as nurses and men as physicians. Different sexes had different expectations and possibilities. Because some middle-class women worked as nurses, they were somewhat out of kilter in the patriarchal society, so it is interesting to ask how this was experienced and how cooperation with mostly male physicians worked at this time. Respondent B:

Well, it was like this; it was absolutely a strict hierarchy. Nurses were subordinate. It was like in some marriages, or other organisations where strong people in subordinate positions could still have control, and it was very much so. When experienced nurses said something, this was valid. Many doctors accepted this. Still, it was obvious that nurses were subordinated.\textsuperscript{330}

\textsuperscript{329} Ibid.
\textsuperscript{330} Jo det var så, det var absolut så att det fanns en ordentlig hierarki. Och att det var underordning. Det var som, vad skall man säga vissa äktenskap, eller andra organisationer, där det kan finnas starka personer i underordnade ställningar som ändå styr. Och det var
Respondent B suggests that some nurses had power. Nurses’ authority, she explains, was connected to experience. This implies that while physicians had the formal power, some nurses seem to have had an informal but still valid power thanks to their experience. Furthermore, she compares the relationship between physicians and nurses to marriages, as if both relationships shared the same conditions, where the man was the master, but informally it was (at least sometimes) the woman who made decisions and took control. Nurses’ positions are often presented as subordinated, but this is to some extent challenged. To become nurses, women had to subordinate themselves to specific codes of conduct. The RCNS was a hierarchical world, and the consequence of not obeying could be expulsion. The result, however, seems to have been a feeling of competence; the interviewees talked about being both respected and having status. Hence, subordination must be understood in relation to status and self-respect, which is a challenging idea as these two can be thought of as opposed to one another. In feminist literature, subordination often refers to the inferior position of women, their lack of access to resources, decision-making and the like, and to the patriarchal domination that women have been subjected to in most societies.\textsuperscript{331} Subordination often gives a feeling of powerlessness, discrimination and an experience of limited self-esteem and self-confidence.\textsuperscript{332} Status, on the other hand, is the respect that one has in the eyes of others, confirming or approving one’s behaviour. Nurses were, at this time, subordinated by virtue of being women. In hindsight, this perhaps shows that in particular the Red Cross nurses fulfilled the norms and expectations to such a high degree that they gained status. The perception of their own social standing can possibly also be explained by their high social class, and this social standing can be related to the patterns of high self-evaluation, reinforced by the feeling of having carried out satisfactory work.

Nurses interviewed in the post-war phase say their work was valued both by colleagues and by society. When Respondent D, educated in the late 1940s, was asked if nursing could be perceived as a subordinated occupation, she

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\textsuperscript{332} Ibid.
seemed annoyed. The question was maybe provocative, but it was based on men being physicians, and thus being the nurses’ superior when working. Respondent D:

I've never had any problems; we have gained respectability and recognition. No, I did not feel subordinate. I did not. Of course we never said “Du” (you singular, informal) to the professor, I can tell you. But then one day the professor came in and said; From now on, we will say “Du” (not using his title, he wanted to be less formal) to each other. My God, I thought, I will not do that. But to all the assistant doctors we said Du, we were not subordinate to them, we helped each other.333

Respondent D had both respect and recognition, so in her view she was not subordinated. However, there were differences in rank, and she mentions titles and her dilemma about how to address the professor. This illustrates the epoch, and that changes taking place. Titles were common, representing a social position where some were understood to be above others, dependent on ancestry, money or profession. In general, the working class had for the most part said Du (singular) to each other, while the upper layer of society used titles such as Dr. Martinson, Minister Erlander, Professor's wife and so on. With the Swedish so-called ‘Du’ reform of the 1960's this use of titles slowly vanished.334 But, as we can see in Respondent D’s response, old habits are often hard to break. Her resistance illustrates her own social class position, as working-class people were more accustomed to using Du to each other.

**Red Cross nurses felt respected**

As indicated, the interviewees talked about feeling both respected and trusted. Respondent A:

Yes, they trusted us (the physicians). Yeah, they actually did. They have always done so, even at the Sophia Home Hospital. I could handle it all, I could prescribe drip and everything thinkable. You know, two young, newly-qualified nurses took care of an entire hospital. There was a doctor on call, but you know—he was divided between the Sophia Home Hospital and the Red Cross Hospital, so you can imagine. If he was at the Sophia Home, he had to run through the entire Liljan forest to get to us.\(^{335}\)

This signifies confidence, emphasising that she believed nurses to be reliable; even when young and newly-graduated, they could manage an entire hospital. Just to think that she could handle anything must have required immense self-confidence. This is reinforced by her claim that it was not only the nurses who believed in themselves but that physicians also relied on them. Nurses, she says, trusted themselves and were trusted. Yet, as Respondent M points out, nurses were fully aware of their place in the hierarchy:

Yes, of course it was the doctor who decided. Of course. Obviously, we knew our place. But no, it was good that the doctors took responsibility. Of course, we did not have their education. I think it has been good, I've had good managers, both male and female.\(^{336}\)

Respondent M brings in the concept of different educations being the reason for different hierarchical positions: those with the highest positions were those who had completed the most rigorous educations. Whether nurses were

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\(^{336}\) Ja, det var ju klart att det var doktorerna som bestämde, det var ju klart. Det är klart man har vetat sin plats. Men nej, det har varit bra att doktorerna har tagit ansvaret. Det är ju klart, vi hade ju inte den utbildningen. Jag har nog tyckt det har varit bra, jag har haft bra chefer, båda manliga och kvinnliga.
subordinated or not is therefore a question of in relation to what? In relation to other women, in relation to men or in relation to education? In relation to what gives different answers, especially because nurses were women, and thus subordinated simply by virtue of their gender. They had other expectations to fulfil and thus other codes of conduct to follow. There were also differences between the nurses, where some got opportunities that others, whatever the reason, never got. Their salary was generally low and the work hard, but at the same time nursing offered an education, an occupation, a salary and opportunities beyond what many women in Sweden had at the time. The nurses interviewed seem to have felt some sort of self-confidence; furthermore, they had a sense of being valued. They felt respected. Hence, the nurses I interviewed in the post-war phase did not describe themselves as powerless. A sense of self-respect is apparent and is expressed in all the interviews, for example as Respondent B says:

Everybody knows that I am a nurse, even in the Stockholm archipelago they can call and say; Can you come and help, something has happened? Then I go.\textsuperscript{337}

The nurse retained her identity \textit{qua} nurse (in both her self-perception and in the perception of others) outside the workplace, and even today this Respondent is called to advise on and deal with issues in her neighbourhood, despite being long retired. The ability to make choices and decisions, and the degree of autonomy that (at least some of) the Red Cross nurses had seem to have meant that they came to feel both needed and respected.

Respondent A:

Yes, they (the doctors and society) admired us. Red Cross nurses have always had a good reputation, and I have always received respect for being a Red Cross nurse.\textsuperscript{338}

Nurse training seems to have offered some women possibilities beyond what was available to the majority of Swedish women at that time. They had self-

\textsuperscript{337} Alla har vetat att jag är sjuksköterska. Även när jag är i skärgården kan de ringa; 'Kan du komma och hjälpa oss!'. Och då kommer jag förstås.

\textsuperscript{338} De beundrande oss. Röda korsets sjuksköterskor har alltid haft ett gott renommé, jag har aldrig… jag har alltid fått respekt för att jag är en Röda-Korset-sjuksköterska.
confidence and they felt needed and respected. Their work was recognised. A sense that one’s efforts are appreciated must be fundamentally good, and it must have made their work even more meaningful. People want, and maybe also need to be respected and valued for their contribution, and the Red Cross nurses interviewed felt that they were indeed respected and valued, and that being a Red Cross nurse was a good choice.

**Autonomy and freedom**

Marriage was the norm for women in the post-war period, as was being a housewife and a mother, so those who did not marry or who combined work with family were aberrant during this period of recent history. Nursing represented an acceptable alternative to the prevailing expectations, and for some it was even a way to achieve an intentional choice not to marry. Respondent A:

No, I decided not to get married, as I wanted to decide myself. I did not want to go home and make dinner at 6 o’clock. I wanted to be the one to decide.\(^{339}\)

Nurse education offered other and more opportunities; while some nurses made a conscious choice not to marry, others did marry and combined part-time nursing with family life. Even that represented an unusual way of life at a time when very few middle-class mothers had a role outside the family. Respondent A made a conscious choice not to marry. She was educated in the 1950s, emphasising a desire to make her own decisions and not wanting to be subjugated to family requirements. That perspective is female and obviously meant that one could not both marry and decide for oneself. Marriage seems to have meant new expectations and obligations that Respondent A was not interested in. She says:

After the training, we became free.\(^ {340}\)

This was a reason for choosing nursing, according to Respondent A; because—after graduation—nursing offered her freedom. Self-government


\(^{340}\) Etter utbildningen blev man fri.
could be achieved through nurse training. On the basis of this, the education represented for her a test or an assessment that subsequently offered some kind of independence. Being free is challenging to understand, as it has the element of ambiguity representing both freedom from something, but also freedom to do or get something. Respondent A explicitly expresses freedom from family demands. What she got was freedom to decide for herself. It was through nurse training that she was able to achieve autonomy. But this is complicated, as autonomy and nursing are not often co-existent in the literature. This assumption can be challenged, as a nurse could choose her work and was free to leave or change it if she wished. She could travel thanks to work, and she earned her own money, factors which can be understood as kinds of freedom. Because women have historically been given the duty of care and because altruism was often assumed to be the basis of caring, autonomy was in a way inconsistent with this view. Hence, the dilemma of nurses and nursing may be that caring was perceived more as an identity than work, which trapped nurses in altruism rather than giving them freedom and autonomy. At least this may have been the case from the origin of nursing up to the end of the 1960s.

Prior to the Second World War, it was not considered possible for nurses to be married and continue their careers, although this changed after the war. This probably made the choice of Respondent A not to marry quite unexceptional for the time, simply because norms can be persistent. However, nursing may have offered an attractive lifestyle for those who wanted another option than what was generally available to women. Respondent B makes a pertinent point:

Yes, I think you can compare it (becoming a nurse) to becoming a nun, or something like that. If you were disappointed with your life, maybe you could choose this profession instead, or if you wanted to decide things yourself. Then you could do this instead of family and marriage. In the 60's the man was in charge. I think some women felt that this profession gave them the opportunity to decide for themselves. I don’t know—that is only my interpretation. I think the profession could give some women more freedom, but nursing was also a good education for marriage. I do think so. I felt like that when I got married, I did not have
to go to a maternity clinic—I could do that myself. I thought my education could guide me in all situations.341

Respondent B also presents freedom as a consequence, or benefit, of becoming a nurse. If you wanted to decide for yourself, then you could become a nurse and disregard the option of family and marriage. Again, it is implied that a woman could not marry and retain control over her life. Respondent B argues that in the 60's, the man was in charge, which means that if one wanted control, one had to forego marriage. Her reasoning is concordant with Respondent A, who was educated at the same time; for many women it seems to have been an either/or choice. However, Respondent B adds another dimension, by explaining nurses’ freedom on two levels; freedom to decide for themselves by not marrying, but also freedom to start a family with the best possible preparation. Respondent B’ reinforces this by saying: *I thought my education could guide me in all situations.* Freedom is described as giving her confidence in herself, no matter what she chose to do later in life. Thus, nursing is talked about, in the interviews, in terms of the opportunity to choose.

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Summary of the post-war phase

The post-war phase was largely a continuation of how it had been to become a nursing student from the origin of Red Cross nursing training in the second part of the 19th century. Of course, the school and its training had not been static. Several changes were made along the way, but overall much was done as it had been done before. In fact, the stable and traditional organisation of the RCNS was an important source of the immanent pedagogy that still characterised the school in the years after World War II. The students in the post-war phase still lived at the school, were all dressed in the same traditional uniform and were taught by experienced, older female nurses.

One aspect of the analysis seems to overarch all the other identified themes, namely, that entering the RCNS, in the post-war phase, meant being incorporated into a taken-for-granted Red Cross nursing world, closed to most other people, where the students stayed for three years and learned the values, codes of conduct and perspectives of a Red Cross nurse. The results show in detail how comprehensive the Red Cross nurse institution was in supervising and controlling the students’ whole life. Goffman’s concept, total institution, is useful to describe and understand life in such a closed social world, where people live a highly regulated life organised by an authority. Goffman’s own key examples were prisons and mental hospitals, but he also understood monasteries and nunneries as total institutions. One of Goffman’s main ideas is that life in a total institution means being subjected to a strong process of identity formation, where one’s old identity to some extent is replaced by a new one configured in the everyday life of the total institution.

In my analysis of the collected data on the post-war phase (1945 till late 1960s), six themes were identified, corresponding to the two main empirical questions of the study: 1) A world for the chosen 2) The paradox of religion 3) A rule-based community. 4) The RCNS, a hot house. 5) Discipline, the social contract. 6) Subordinated or not. Together they complete the picture of how the identity formation of Red Cross nurses worked during this phase. The key to the training was—and had for a long time been—to transfer traditional Red Cross nurse ideals, values and codes of conduct from an experienced generation to the next. In order to understand how this could work so well, we must be aware of the character of the total institution of the RCNS, where a
student’s decision to enter was often based on a personal conviction that this was the best choice for her life and where entry meant being incorporated into a new world characterised by the ideals to honour Red Cross symbols like the uniform and to strictly follow the Red Cross rules. The immanent pedagogy was in fact based on this identity formation, in the sense that the students gradually first internalised the nurses’ values and codes of conduct as an ideal of what a Red Cross nurse should be like. During the time at the RCNS, teachers and experienced nurses constantly checked that the students lived up to these standards. Second, the students also gradually internalised the evaluations and learnt to self-regulate their behaviour in line with the achieved Red Cross nurse identity.

Thus the RCNS was a world for the chosen. What made the RCNS such a powerful collective and model for the Red Cross students was that it was such a closed world for selected young female students who fulfilled specific standards. It was a world where the nursing students acted and worked in an unusually homogeneous community consisting mostly of young, middle-class women who said that becoming a nurse was something they had dreamt about since childhood. Entering the RCNS had, for most of them, meant, and still for many meant refraining from marriage, motherhood and devoting one’s life to being a Red Cross nurse. This is exactly the process of identity formation that Goffman describes as taking place within the total institution, where ordinary roles and social identity positions are replaced by a master identity, which in the case of the Red Cross nurses also seems to have dominated both the private and the occupational identity spheres without the boundaries that separate these spheres for most people. It is interesting to note that one admission requirement to the RCNS was to confirm a calling, and this brings us to the second theme in my analysis of the post-war phase, the paradox of religion. The calling could not be self-confirmed, it had to be confirmed by a trustworthy person, preferably a priest. Maybe this practice just reflected the recognised social status of priests at the time. The strong position of the Christian religion in the curriculum of the RCNS can perhaps be understood in the same way, as an expression of the strong place that religion had in most educations at that time. The paradox consists in the fact that neither the calling nor religion were highlighted as important in the data. In the interviews made with the older nurses, the calling and religion got little or no attention. The most likely explanation is that religion and the calling seemed paradoxical to
the old nurses today, against the background of today’s views on nurse training.

The third theme in my analysis was that the matriarchate at the RCNS was a rule-based or maybe even fear-based community in which the students were afraid of not living up to the expectations. Still, students were voluntarily willing to submit to the community. This links to both the understanding of the training as a total institution and to the idea of the Red Cross nursing community mentioned above. The matriarchate helps us to understand how the immanent pedagogy worked by introducing how life was regulated by house rules, and the strict rules on what to wear, when and together with what. In collaboration with explicit rules, implicit myths also regulated the students’ behaviour, where they believed the possible to be impossible, such as to get pregnant or get married during the education.

The fourth theme highlights the meaning of identity. The time the students spent in the hothouse not only gave them an occupation but also a social reputation of being both respected and recognised. In terms of identity, this can be described as entrance to a highly respected social community; as a consequence, the nursing students also gradually acquired a highly valued social identity. It seems important to make a distinction between the social definition of the nursing students and the social definition of graduated, practising nurses. The latter had passed through the total institution which, in turn, gave them entrance to the total community of the highly respected Red Cross nurses. A characteristic of the membership of this community was that it was not restricted to matters of occupation and caring. It seems to have been all this that the interviewees referred to when they denote themselves as good girls, with a good upbringing.

The fifth theme highlights that the RCNS community rested on a platform where discipline was the social contract. The same rules applied to everyone, there were no individual action plans. The function of this aspect of the education was to become disciplined, trained and educated. This was also stressed by the interviewees when they described what it meant at the time to become a Red Cross nurse. To oppose the school and its values was nothing they talked about. The explanation is probably that the strict regulations were almost taken for granted and were within the framework of what the students
were used to. Breaking the rules could cause expulsion, but the school’s door was often ajar for a student to return—when she had matured. As a metaphor, they were fostered in a kind of “hothouse”, to become nurses cast from the same mould.

All this together deepens the interpretation and helps us better understand how the hard RCNS training could lead to an occupation that offered them independence and several kinds of freedom. Thus, the sixth theme problematises the issue of whether Red Cross nurses were subordinated or not. During the time they spent at the RCNS, they were definitely subordinated, at least to some extent. At the same time, it is obvious that they experienced some freedom. I understand the sense of freedom to be linked to the honour they felt when earning their own money, having the freedom to change jobs if they wanted to and perhaps to travel within the Red Cross organisation. However, the extent and the strength of the freedom and honour that they felt cannot properly be understood without including the nurses’ experience of becoming part of the Red Cross community and, perhaps, of climbing the matriarchal hierarchy of a highly respected societal institution, opportunities that were usually not open for most married (middle-class) housewives at the time. The interviewees talk as if nursing had enriched their whole lives on several levels. The archive has been useful here, as it has confirmed that what was believed impossible in life for other students in most other occupational trainings was possible for the Red Cross nurses. Nevertheless, this came at the price of following the rules, living up to the expectations and fulfilling what I have chosen to call the Red Cross codes of conduct. By fulfilling these requirements, they got entrance to the Red Cross community, and the code of conduct was also a code, that, in turn, was an important aspect of the social identity of the Red Cross nurses.

Gradual adjustments of the training were made over the years. The total institution of the training became gradually less total. New values of democracy and equal opportunities for all young people, irrespective of sex, background and calling, spread during the years to come, changing the necessary conditions for the Red Cross community of nurses and their occupational identities. In the next empirical chapter, we will take a close look at what happened. The high expectations on becoming a nurse probably
deterred or barred many girls, but it must also have conferred status on the ones selected.

One of the most striking empirical patterns in my study of the period between 1945 and 1977 is that it expresses a quite dramatic shift, occurring in the late 1960s. This meant that the period under study was divided into a before and an after the shift. The phase before the shift has previously been summarised, and the time after the shift, between the late 1960s and 1977, will now be presented; it is called the reform-friendly phase.

At the RCNS, many structures had survived for more than 100 years; they were well established, but in the late 1960s they were both challenged and disrupted. From the Red Cross handbook, we have learned that the language transformed, from having been very authoritarian, focusing on the collective and obligations, to becoming in the 1960 handbook a bit softer, requesting in contrast to requiring, which was the case in the 1949 handbook. The language in the 1960 handbook is more democratic, focusing more on the student and less on the school. The internal community of the RCNS in the late 1960s was about to change, due to diverse external changes in society. Within a period of approximately 10 years, much came to be questioned and many previously important customs and habits were abandoned. There emerged a new way of talking about becoming a nurse, showing that the meaning and content of becoming a nurse was transforming.

Before moving onto the results, the time period will be described briefly. In 1960, 40 per cent of all nurses were still unmarried: 342 this may be something of a generation ‘hangover’, when more older nurses remained unmarried and younger nurses entered with new attitudes and ambitions. The realities of combining work and family gradually changed for women within this period.

Generally, the 1960s was the beginning of an era when housewives entered the workforce. According to Yvonne Hirdman, the number of “working housewives” rose from 15.6 per cent in the 1950s to 36.7 per cent in 1965. Housewives went from being solely homemakers to combining this role with working outside the home. Conversely, nurses as a workgroup after 1945 gradually went from being solely working to also establishing a family. What they all had in common was that they went from having had only one role to expanding their identity to include a new role; and the nursing occupation was to change character from having once been the whole of one’s life to becoming just a part of one’s life, even more so in the 1960s.

Kjell Östberg, Professor and Head of the School of Historical and Contemporary Studies at Södertörn University, describes the period after World War II as generally characterised by economic upturns and bourgeois ideals, which came under great pressure during the late 1960s. One dimension of this rather dramatic change expressed by a youth movement, often referred to as the “68 generation”, was the rejection of old ideas and traditions. The 68 generation can be associated with the post-war baby boom in the Western world, resulting in a large number of children born in the 1940s and 1950s becoming young persons in the late 1960’s. A number of circumstances contributed to the emergence of the 68 generation in Sweden. The children growing up during the 50s and 60s knew that they had more opportunities.

The welfare state expanded, compulsory schooling for all children was introduced and many families experienced a better economy. During the second half of the 1960s, there was growing criticism among the younger generation of social injustices and inequalities. At the same time, economic growth encouraged great urbanization, where the highest degree of mobility

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345 Ibid.


347 År 1967 publicerade Maj-Britt och Gunnar Inghe boken Den ofärdiga välfärden
was among young people. Before 1960, universities had mainly been sanctuaries for the upper class, but now there was significantly broader social recruitment to higher educations. No longer were universities and higher education reserved for the country’s elite. The numbers illustrate this very clearly; in 1950 there were 11,000 students at universities in Sweden, but by 1970 this had risen to 125,000, more than tenfold in twenty years. This created new social layers, and new types of demands were articulated concerning equality, freedom and a modernisation of the society and the welfare state. Social norms and ideologies were altered, along with expectations that made new opportunities arise. The consequence was a new middle class rising from the public sector: students, intellectuals, social welfare workers, health service workers and the like. The new political goal was a right to good education, social welfare and health services for all, and the demands to recruit new groups increased. It became obvious that men and women from all layers in society were needed in order to reach the goals in the health services. Thus traditional educational systems became insufficient. Demands for professionalisation through the inclusion of teachers and nurses into regular higher education were put into practice. Traditional education, associated with bourgeois ideals and hierarchies, like that on offer at the RCNS, became outdated. The youth movement was left-aligned with a focus on social equality and democratic rights. It was a wave of radicalisation that came to modify both norms and values.\(^{348}\) However, as Östberg points out, the 68 generation was supported and to some extent initiated by more liberal movements emerging before 1968. There was broad support in society for liberalisation concerning divorce, the use of contraceptives and traditional roles in working life. Former bourgeois ideals were rejected, and character traits which had previously been described as noble, honourable and virtuous became less important and were opposed by many groups for being old-fashioned and unequal. The fact that similar movement emerged in many other Western countries reinforced the radical Swedish groups.

In relation to the research questions, we can see that during the reform-friendly phase, the traditional training of Red Cross nurses, through identity formation and learnt self-regulation in line with Red Cross ideals, values and codes of conduct, gradually broke down. The result was a kind of internal

emancipation for the students, creating space for a number of changes that many of them supported and that the school, at least to some extent, tried to slow down. Several circumstances and forces contributed to this change. Perhaps the most important one was the basic transformation of ideals and values in the whole of society, often associated with the year 1968, but in reality this transformation started long before and continued for at least a decade after 1968. Another important factor of change was the on-going development of the Swedish welfare state, including basic and higher education as well as health care for all citizens—a development that had started after the war and had reached something of a turning point. This meant increased demands for nurses and reforms of higher education that included, for instance, teachers. Within the nursing sector, plans for a modernisation of training for nurses had existed for a long time, including ambitions to create a research field for nursing, a new discipline that could be the basis for nurse education and strengthened professionalisation. The new system for higher education of nurses was not put into place until after the Higher Education Reform of 1977, but the new ideas started to influence Red Cross nurse training during the reform-friendly phase. In relation to the research question concerning how occupational identity formation worked at the RCNS during this phase, it seems to have been a time of a gradual weakening of the old system of the total institution and the strong internalised Red Cross nurse identity; but as the photo on the cover of my book shows, traditional Red Cross nurse symbols and training seem to have existed side by side with new ideas about what a Red Cross nurse should be like.
New requirements, new times at the RCNS

As already mentioned, school education was made compulsory in 1962; as a consequence, the previously described requirements at RCNS were adjusted in 1967. The rules for entering the RCNS, 1967. Most of the previous requirements such as good behaviour, friendly appearance and the calling to be a nurse had disappeared. For this reason, the attestation from a trustworthy person regarding good behaviour and family was no longer present, nor were the previous requirements of health insurance and cooking ability.

Paragraph 21: Qualification to be accepted as a student in nursing school

- The student must be 18 when the course starts.
- The student must be in good health and have good physical strength as well as being free from diseases or disabilities that make the applicant unfit to be a nurse.
- The student must have completed nine years of compulsory school.

We can see that the age requirement was lowered by one year. Students were now accepted at the age of 18, while the age of majority in Sweden was still 21; two years later, in 1969, the age of majority was lowered to 20, and then again in 1974 to 18, as it is today. This means that between 1969 and 1974, within 5 years, the age of majority was adjusted and lowered by three years. What, on the other hand, was retained was the necessity for a nurse to be in good health. The reasons were most likely the same as before, that work was hard and exposure to infections involved a risk. But again, it is not specified what good health entailed. The archive, nevertheless, shows that when becoming a student, their health was to be monitored by regular visits to the school doctor. There they were weighed, measured and blood samples were taken. The students were recorded, showing collected and comparative samples and answers regarding their health.

After the reforms of 1962 and the changed entry rules at the RCNS, the demands (nine years of compulsory school), were achievable for most young people. Why it took five years for the RCNS to change this entry requirement is difficult to understand. It is reasonable, however, to think that there is a natural inertia when institutions with strong traditions have to adapt to the surrounding society.

**Becoming a nurse by coincidence**

In the previous phase, all those interviewed highlighted that becoming a nurse was something they had dreamt about from childhood; however, such statements do not occur after the late 1960s. From then on, becoming a nurse seems more or less to have been the result of a number of coincidences. Respondent E:

> I became a nurse as it was the first education I got accepted for. I had applied to different educations. I considered and applied to be a physiotherapist, physician and even teacher actually. This was a time when we just decided.\(^ {351}\)

Nursing was by now just one of many possibilities, and according to Respondent E this was a time where young people took life as it came and chose an education and occupation that seemed interesting. Respondent E seems to say that the time itself was more open-minded and open for personal choice—things were not as predetermined as previously. What is interesting is that the professions mentioned by Respondent E were all dominated by women with the exception of physician. This may illustrate that now more women came to look for occupations previously viewed as suitable only for men. Several respondents had a desire to break boundaries. Respondent H confirms the wish to go beyond those previous limits, stating that she wanted to enter one of the professions dominated by men:

> I first wanted to be a journalist.\(^ {352}\)

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\(^{352}\) Jag ville först bli journalist.
Even today, journalism is dominated by men; in 1965 only 16 per cent of journalists were women.\textsuperscript{353} Thus, the mental map in regard to future work expanded, and it became possible to choose from more occupations. Respondent H explains it was only a coincidence that she became a nurse; it was after ending up in hospital herself that she saw and experienced that nursing could be a viable and rewarding career. Hence, had she not been hospitalised, nursing might not have been a career option for her. Some kind of coincidence also brought Respondent F into the occupation, as nursing was not her first choice either:

My grades were so so, they were okay. First, I started to study education at the university. At that time, it was a bit like: What will you do, what will you become? Actually, I wanted to be a psychologist, but my grades were not good enough.\textsuperscript{354}

She too describes the time period as special. She had studied at university, which means she had attended upper secondary school. Previously, upper secondary school, the entrance ticket to universities, had been reserved mostly for the middle and upper classes. Now, as most student had nine years of compulsory school, more also attended higher education. As her grades prevented her from being accepted for the programme for psychologists, the next best option was to become a nurse.

Thus, at this point, there were several reasons why one might choose to become a nurse. Respondent G started out as an assistant nurse but reconsidered and understood that nursing was his way forward, a decision based on his admiration for nurses and their ability to administer the wards. Respondent G:

\textsuperscript{354} Mina betyg var sådär, de var väl helt okej. Jag började med att läsa pedagogik på universitetet. På den tiden så var det lite sådär – vad skall du göra – vad skall du bli. Egentlig ville jag bli psykolog, men mina betyg räckte inte till.
It (nursing) was like the most highly respectable management I could do. The doctor we saw only occasionally. And when he came, he only asked for the sisters, and the sisters had their own office.\footnote{Det (sjuksköterska) var liksom det högst respektabla chefskapet som jag överhuvudtaget kunde göra. Doktorn såg man bara någon enstaka gång. Och han kom ju bara och frågade efter systrarna. Och systrarna hade sin egen expedition.}

This was a time when women chose male-dominated professions to a greater degree, while men chose female-dominated occupations, albeit to a much lesser extent. Respondent G explains his choice as being about admiration for those he believed controlled the hospital wards. In some respect his choice had to do with power and with getting some sort of control. The physicians were not often present, and it was the nurses who had the “centre of control” even between the wards. Nurses had the overview, according to his previous experience as an assistant nurse. Furthermore, G stated that after graduating as a nurse, many male nurses choose to be further educated to become a physician, as nurses at that time could enter a shortened physician education. For Respondent G, however, this was not an option. He wanted to become a nurse, and only five years after his graduation he got his first manager's job. However, despite the possibility of a more rapid rise in rank for men, many men according Respondent K, did not apply to become a nurse She says:

The wages probably meant that many men did not apply.\footnote{Lönerna har nog gjort att många killar inte sökte.}

But Respondent K also added that men entering nursing advanced more quickly in the nursing occupation than women and could also have a higher salary. The “public” argument for this, she said, was that men could not support a family on the payment that nurses had.
A new kind of nursing student

As explained, the educational system in Sweden went through changes and the private RCNS stopped charging fees in 1964. The RCNS got a wider range of student, which was further supported by the student loans that were introduced. With the changed entry requirement from 1967, an application only needed to be accompanied by birth certificate, grades from compulsory school and certificates of earlier employment. The consequence was that the composition of students gradually changed. When looking at students in 1975, ages ranged from 18 up to 37 years old, and there were six men students. However, most students were still women aged between 18 and 25.

1975

<table>
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<th>Year born</th>
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<td>1938</td>
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Another change was that it was now possible for assistant nurses to be further educated for 3 semesters to become nurses moreover, it was possible for those who had taken the senior high school (vårdgymnasium) care programme to become a nurse with only two semesters at the RCNS. The latter alternative, however, disappeared in 1975, with the argument that these students did not obtain the necessary training to manage the education to become a nurse.

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within just two semesters. Despite the new ways of becoming a nurse, the original way, to study for three years, was still an option, and only these students stayed at the nursing dormitory—before it was closed. In this new system, the group taking the original education and the assistant nurses studying for three semesters were said, in an interview, to have been equally large groups; the two groups, however, may have represented two different social classes. According to Thunborg, the culture of assistant nurses is often described as a collective working-class culture. This stands in contrast to the previous Red Cross students’ background, which to a large extent was middle class. This may of course have changed after 1967, but it is not possible to see this change as the archive no longer has student records where the father's work is listed. However, we can assume that the traditionally admitted group was also a broader social class than previously. For these reasons, the post-68 period was marked not only by men being educated to become nurses at the RCNS but also by a higher age and greater social class diversity.

**Freedom and heterogeneity**

The consequence was a new composition of students regarding age, social class and gender. Hence, men students were only one of many changes. The RCNS decided to accept men students only in 1968, 18 years later than the nurse training at St. Göran’s Hospital. This was not because men did not apply to the school: in the protocol from 1950 there is evidence that a named man applied for a place. In response to the applicant (NCO in the army), the principle informed him that the Board had discussed the matter and decided not to oppose welcoming men as students; however, the current applicant could not attend as the nurse school had the character of a boarding school and was unable to provide residence for men students. The application could thus not be approved.

This justification was similar to that given to the Catholic applicant who was rejected 20 years earlier because of her religion. Previously, it was a dormitory for Protestant women, now it was a dormitory

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361 *Styrelsens protokoll m.m.* (1950). Stiftelsen Rödakorshemnets. (SE/RA/780058/1/A/A1A/38). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).
for women nursing students. This provided the ultimate excuse for not accepting men applicants, just as the need for religious and ethical compatibility had justified the rejection of Catholic applicants, as described earlier. The ultimate explanation for refusal was housing, which most probably, in the case of men, had to do with sexual issues and the need to protect the girls. At this time there may have been a greater degree of justification for segregated accommodation on grounds of gender than on grounds of religion. Separating men and women students had been standard practice, not only in Sweden.\footnote{Gross, L. (2014). \textit{Coming of age in the 1950s}. Lulu.com.} But now, this was also becoming more relaxed. According to the archives, the first man to enter the RCNS in Stockholm was Tore Ahlqvist in 1968.\footnote{Ansökningshandlingar. Stiftelsen Rödakorshemmet. Matr:nr 8369–8383. (SE/RA/780058/1/E/1/E1A/280). (Red Cross home application documents).} It was not only the RCNS that delayed accepting men students; the Sophia Home Nursing School, likewise a private school, did not accept men students until 1968.\footnote{Sundelin, Inger. (2009). \textit{Systerskap}. Sophia Nytt. 1. Recovered 2019.03.22 from: http://om.sophiahemmet.se/las_promo.asp?promo_ID=15.} Both the oldest and perhaps the leading schools refused men entrance for virtually 18 years.

When men got access, for the most part they had to stay next door to the dormitory. Respondent G, who started at the RCNS in 1972, four years after the first man had paved the way at the school, remembers another man student who stayed at the dormitory, and says:

It was a dormitory, but there the girls stayed. But I remember a guy—he was allowed to live there. That was something big. At the dormitory, there was a housemother named Elsa, she was the old school—and she was not happy about this. So she was after him pretty much. She was like a guard, but she was still loved and well liked. I lived in a student studio at the hospital, available also for psychiatric nurses.\footnote{Det var ett sjuksköterskehem, men där bodde tjejer. Men vi hade en kille som jag kommer ihåg, han fick bo där. Det var stort. Man hade en husmor som hette Elsa som var av den gamla stammen - hon var inte glad åt detta. Så hon var efter honom ganska mycket. Hon var som en vakt, men hon var älskad och omtyckt. Jag bodde i en studentlägenhet där på sjukhuset, för mentalsköta.}

According to Respondent G, it was extraordinary that men could live at the dormitory. This must have felt most keenly by the housemother, as two
paradigms collided. Previously she had done what was possible to keep men visitors out of the dormitory, except at special times and occasions. Then suddenly men could not only become nurses, they were also allowed to live inside the former women’s dormitory. A consequence of men students’ arrival at the school was explained by G:

At the dormitory, they were worried. Elsa (the housemother) was very worried there would be a lot of running with the boys. When the boys lived there, they could be attracted to the hen house—a bit like that.\textsuperscript{366}

His statement signals that having women and men in the same place could create some sense of imbalance, which then created worry. Another major consequence happening at the same time was that students were no longer obliged to live under the same conditions. Instead, at this point they came to have diverse living arrangements, making it much more difficult for the school to administer their lives as students. Respondent E clarifies:

The guys did not live at the dormitory, they lived in a house next door, where those who took further education stayed. Assistant nurses who wanted to become nurses also lived there. They only needed to study for three semesters. They could stay there with a room and a kitchenette. We lived in a corridor.\textsuperscript{367}

I understand Respondent E’s tone as expressing a degree of dissatisfaction with her living conditions. She would rather have lived next door and not in a dormitory, sharing and with less privacy. What previously had meant togetherness was no longer appealing for everyone. Instead, more students now wanted the freedom to do as they pleased without being monitored. Men got access to the nurse training, but still predominantly it was for women students. This was, however, the beginning of the end for the nurse dormitory.

\textsuperscript{366} På sjuksköterskehemmet, där var man väldig oroliga. Elsa var väldig orolig det skulle bli mycket spring med pojkarna. När killar bodde där skulle de lockas till hönshusets – lite sådär.
\textsuperscript{367} Killarna bodde inte på skolan, de bodde på hemmet bredvid, där de som gick vidareutbildning bodde. Undersköterskor som ville bli sjuksköterskor bodde också där, de behövde bara gå 3 terminer. De fick bo där med ett rum och pentry. Vi bodde i korridor, ja.
Consequences of change

What were the consequences of men’s entry into nurse training? Respondent B, educated in 1956—did not have men as fellow students, but she worked with male nurses and says:

Yeah, I remember, it was both incredibly obvious that they should enter, but also, I thought, how is this going to be? (Laughter). I thought of those situations where we would be educated together, in hygiene and such things. How will this go, it must be difficult, I thought. Was it difficult? Yeah, was it? I can—I think, when you ask the question like that—it was maybe what contributed to nursing becoming more theorised—I think. Nurses became more theoretical and then we did not have to do the work around the bed. No, I don’t know. This is just speculation. I think this maybe contributed to the estrangement from nurse practice.368

Another outcome of men entering the nurse training could, according to the respondent, be that nurse practice came to be more theoretical, and proximity to patients suffered as a result. Whether this was due to men entering the occupation or the development of the occupation can be discussed. But that the identity of nurses in this phase was affected seems quite clear. For a long time, being a Red Cross nurse had meant being a “good woman” or “a good girl”. This was true both for the students and the graduated nurses. As mentioned in the summary of the last chapter, other private roles and identity positions seem to have had much less space in the occupational identity of Red Cross nurses and students in the first post-war phase. In a paradoxical way, this meant that gender was both very present in their identities but probably also more absent than in other women’s life at the time. The fact that there were no men meant that gender and perhaps also sex lost some of its importance. However, as I mentioned before, the most striking characteristic

of the first phase nursing occupational identity was the blurred border between occupational and private life and identity positions. They were Red Cross nurses all the time and for their whole life. The conflicts between private and occupational life were most probably less important. At the same time, it may be interpreted that some students and nurses missed the private life of an ordinary woman that they had thought about and seen in their own families.

I asked a male nurse what the effect of men entering nursing was. Respondent G said:

There was much more debate when we arrived, as I understood it when it was just a girl school, they were so cowed. It was so quiet in the classroom; it was like that in my time too, but I think there was an attitude change with the boys. Above all, in the debates in the classroom. Subsequently I think social intercourse was important, to mix boys and girls.369

Men’s entry into the occupation was good for many reasons, according to Respondent G. It is probable that the mixture of sexes contributed to the emancipation of the women, as it helped to erase previous values, ideals and boundaries in the total institution of the RCNS. First, the mixture of men and women in the classroom invited more critical discussion, in line with G’s statement. Men had historically been empowered to question the authorities to a higher degree than was possible for women. Still more important, the entry of the men opened the dormitory and dismantled the earlier character of the RCNS as a total institution, initiating the students into the community of the Red Cross nurses. Here, the new difficulties of the housemothers seem to illustrate how difficult, if not impossible it must have been to maintain earlier regulations when men entered the institution.

But according to Respondent H, men students could also have special difficulties and did not change much:

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369 Det blev mycket mera debatt när vi kom, som jag uppfattade det, när det var bara en flickskola, så var de så kuvade. Det var tyst i klassrummet, det var det på min tid också, men jag tror det blev en attitydförändring med pojkarna. Framförallt tror jag debatten i skolorrummet, sen tror jag det sociala umgänget var viktig, att pojkar blandades med flickor.
Some guys had problems with their identity as nurses, and they were run over by the girls. That was the problem.\textsuperscript{370}

Nor did Respondent H have any male students on her course. Even her experiences were from working as a nurse. In her eyes, many men struggled with identity issues, which sounds reasonable as nursing had for approximately 100 years been a women’s occupation. The consequence, she says, was that men were questioned in a way a women nurse was not. For example, men nurses could be questioned by older physicians, with questions such as; “so what shall we call you.... sister?” or that a male nurse was believed to be the doctor, with the bewilderment this may have led to. Thus men entering the occupation had to reshape and create a “new” identity and thereby also new expectations. Being a reformer, something men nurses were in the beginning, included sticking out and withstanding uncomfortable questioning. Respondent E:

It was probably pretty tough to be a man (nurse student). I remember than one of them was having a rather difficult time. He was quite shy and withdrawn. The other went in like this you know (she gestures by flexing her muscles—marking dominance).\textsuperscript{371}

She herself started only one year after the first man student had entered the RCNS, and there were two men in her class, although she says she had little to do with them. Despite this, she demonstrates how men could handle the experience in different ways. Because expectations of the different genders are dissimilar, and as nursing had been totally female for a century, we can understand that gender during the transition posed a challenge, especially to the earlier closed institution of the RCNS. The most remarkable change, however, was that the students no longer lived under the same circumstances in the same dormitory.

\textsuperscript{370} Några killar hade problem med sin identitet som sjuksköterskor, de blev kört över av tjejer. Snarare var det problemet.

\textsuperscript{371} Det var nog rätt svårt att vara kille, den ene killen kommer jag ihåg hade det rätt tufft alltså. Han var lite blyg och lite tillbakadragen, lite såhör, medan den andra killen gick in såhör vet du (och breddar armarna, och knyter händerna – markerar makt).
Transformation, about winning and losing

As a result of the transformations of the RCNS, much came to be questioned: old customs and ideas had to be left behind and new issues had to be dealt with concerning transformation, about getting something new, but also about losing something; and in this case, the institution of the RCNS lost much of what it had worked for for more than a hundred years. The dormitory gradually died out, and after 1968, the general regulations of student life disappeared simply because more and more students chose to live outside the dormitory, out of sight and control of the teachers and house-mothers. As mentioned above, hierarchical differences emerged between the traditional “students”, usually younger women studying for five semesters and lived in the dormitory, and the group of women/men who had previously worked as assistant nurses, who could now become nurses by attending the school for three semesters. The latter group usually had bedsits in a house next door, where hospital staff could also stay if necessary. Respondent K explains the hierarchical differences:

We who were studying for five semesters were a bit superior but there were actually some in my course who were assistant nurses, who still chose to do five semesters. I would say there were probably half that did three semesters, and the other half was us who came from upper secondary school.372

The five semester students seem to have had a higher status. In the transition period, it was the youngest women, Respondent K says, with upper secondary school education, who lived at the dormitory. They seem to have got the highest status, which was probably why some previous assistant nurses also chose this alternative. In other words, it was those who took the traditional education who ranked the highest. Those with more experience, who were often a bit older, seem to have had a lower status. At the same time, the social changes of this period meant rejecting previous ways of training in many respects. The school underwent a transition from having been something close to a total institution and a world of its own consisting only of young women,

372 Man var ju lite finare som gick 5 terminer, men vi hade faktisk några i min kurs som var undersköterskor, som ändå valde att gå 5 terminer. Skulle nog säga det var hälften som gick 3 terminer, och den andra hälften var vi som kom från gymnasiet.
to becoming an ordinary higher education, recruiting students of different kinds. This was a social shift that may be understood as a redefinition of boundaries previously taken for granted due to the emergence of new ways of thinking, valuing and perceiving the world. This is illustrated by the realisation that the school could no longer remain successful simply by doing the same things for ever; they could no longer resist social change as the surrounding world was transforming.

In this transformation, some things were certainly won, but also something was lost for the RCNS, such as being perceived as an avatar of an old tradition that was expected to fulfil the requirement of an honourable and moral identity. It is difficult to see the significance of this transformation without looking more closely at its meaning for the students’ and the nurses’ occupational identity. The blurred borders between private and occupational life were replaced by even stronger barriers. There was room for a growing private identity, the (potential) role as a mother and wife becoming more important, and in consequence, earlier Red Cross ideals, values and codes of conduct lost much of their importance. The skills and quality of Red Cross nursing got new driving forces from professional ideals supported in the education, but also by other nurses who fought for the professionalisation of their occupation. The fight for the new ideals was per definition a critique of the training and expertise based on traditions and membership of an earlier Red Cross nursing community. Thus the transformation of the occupational identity became a driving force itself in the transformation of nurse training and the profession.

**The uniform, from hero to zero**

In the turbulent 1960s, the nurse’s uniform, like much else, was not immune to the immense transformations taking place in society. Feminism was a catalyst, allowing all women to re-examine their place and role in society. Additionally, the training of nurses in Sweden moved from the hospital to academic settings in 1977. Lynn Houweling writes that, not surprisingly, the nurse’s uniform came to be seen not as a symbol of power but one of oppression. In the constant struggle for independence from physicians, Houweling states, some nurses started to see the uniform as a symbol of the

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angelic, demure, dependent woman, not the tough, resourceful and skilled person she really was. The cap was retained a bit longer, but even that was soon rejected as it came to be viewed as both unfashionable and awkward, but it did not disappear without debate. To some, the cap remained a unique and therefore important symbol of nursing; nevertheless, it went. Within the 10 years between the late 1960s and 1977, in what I have chosen to call the reform-friendly phase, the uniform came to lose its previous glory. At the beginning of 1970 few nurses wore the uniform when being trained and even fewer wore it when working. An illustrative example is given by Respondent A:

Once when I was at the Sophia (Home Hospital), a patient became very ill, and I wanted to accompany the patient with the ambulance to the intensive care unit at KS (Karolinska Hospital). I quickly tore of my cap and the band on my arm and dressed in a doctor's coat and buttoned it like this—so they would not see how I actually looked. They would have laughed at me because at the intensive care unit they all wore green clothes. They would think I was a bit over the top. Some people thought it was exaggerated, but not the patients, who thought it was wonderful when I arrived.

The previously proud image of the traditional Red Cross nurse uniform lost its precious lustre in the late 1960s. The uniform gradually changed its meaning, not because of internal circumstances at the RCNS but because society was changing. There was a need to be more practical and it was no longer regarded as necessary to stand out; equality became more important. The example above shows how the traditional uniform shifted from respect and acknowledgment to being perceived as backward rather than modern. Respondent A knew this, so she adapted to match the image of being professional among those working at Karolinska Hospital. She says that she would have been laughed at, as the traditional uniform was no longer taken

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375 En gång då jag var på Sophia blev en av våra patienter jättedålig, och jag skulle följa med i ambulansen till intensiven på KS. Då slet jag fort av mig mössan och armbindel och så tog jag på mig en läkarrock och knäppte såhär – så de inte skulle se hur jag så ut. De hade skrattat åt mig, därfor att på intensiven hade alla gröna kläder. De skulle tycka jag var lite överdriven. Folk tyckte det var överdriven, men inte patienterna de tyckte det var underbart när jag kom.
seriously. That was why it was necessary to change clothes. Professionalism was confirmed by the outfit. What we wear obviously (as we know) influences how we are seen by our fellow human beings, but this is also something that can rapidly change. Within a period of ten years the image of the nurse’s uniform was transformed, falling from hero to zero in that period. In contrast, the cap stayed on for a while, and the brooch even today is emphasised as important. The physical identification of the Red Cross nurse, that earlier was based on the uniform moved to the cap and ended up only in the brooch. Respondent K:

Yes, the brooch was important. More important than today. We were someone, and it was best to be a Red Cross nurse. That made the best impression. We were ranking each other. I will not exaggerate its importance, but we always checked where the others came from. Why the brooch kept its meaning and status and still offers prestige is not easy to explain. One reason might be that many of the Red Cross nurses wanted to keep a sign of their belonging, and the brooch was not experienced as being too challenging. Over the years, the critique of the traditional markers has also lost much of its power. During the last 20 years - along with privatisation - the interest in special profiles has also increased again. For a long time the RCNS had its high ranking, and despite all changes, it was one of the nurse trainings with the highest grade requirements. The RCNS still excelled, but with these changes, the school came more and more to resemble other colleges and universities. After the late 1960s, nurses’ occupational identity became more similar; it was no longer as evident as before which school the nurse had been educated at. Being a nurse seemed to be more important than, as before, being a Red Cross nurse.

We were revolutionary

What I mean when I call this phase the reform-friendly phase is that it was characterised by new political, cultural and educational ideas. Of course, everybody was not positive about all the changes, but support for the values and ideals was much stronger than in an ordinary generation conflict, not just among young people but in the whole population and most Western countries. Respondent E describes the changes as very powerful:

We were revolutionary in our class. We were very obstinate towards the teachers, very critical.

No longer did the students accept life at the RCNS as it had been before; instead, they were questioning and persistently driving change. Few words are stronger than revolution when describing change, a term that can be understood as a process of fundamental change that takes place within a (very) short time. Terming it revolution maybe said to dramatise the process, but Red Cross nurse training did fundamentally and radically change within a short period of time. In less than ten years many of the previous 100-year-old traditions were rejected. There was a desire for change that was driven from below. Respondent E says “We were revolutionary”, indicating that it was the students who drove the transformation by being critical and obstinate towards the teachers. This indicates that, to some extent, the school tried to hold back because it did not want to lose control, she said. By giving in, the school, according to E, risked losing its power over the education. Against the background of my analysis of the first phase, we can see that what was at stake was the whole basis of the earlier education and, to a large extent, also of the social mechanisms that held the graduated nurses together and gave them their strength. As occupational identity was one of these mechanisms, it was also transformed radically. Compared to others, the RCNS was a rather slow-moving institution, defending its culture, values, beliefs and social norms. Even in my interviews today, the students had strong memories of opposing what was on offer from the school; they wanted something else. Respondent F said:

377 Men vi var väldig revolutionära i klassen. Vi var väldig obstinata mot lärarna, väldigt kritiska.
I did not notice this coming from the teachers; it was from the students.  

The students felt it was they who were pushing for change, among other things by questioning the circumstances under which the nurses were educated. This was not questioned in the post-war phase, at least it does not appear so in the interviews from that phase.

Nevertheless, the use of the term revolution hints that general acceptance of the conditions at the school had come to an end. What the students wanted instead was change, despite being at this point a more heterogeneous group they wanted the same.

Respondent E:

We were probably a pretty tough group that questioned everything from training to the competence of teachers and so on. And we protected each other; so there was probably a wall around us, even if we represented everything from the bluest blue to the reddest red. We were together, even against the management, but most of the teachers were very open, they gave us much of themselves.

The students held together, even against the management; some teachers supported the changes. It was a transformation throughout a society, that was introducing new reforms and new opportunities for most people.

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378 Jag märkte inte detta kom från lärarna, det var vi studenter.
A tug of war

According to the interviews, it was the school that was holding on to traditions and the students who wanted change towards a more modern education. Thus, the students wanted training that was more in line with other higher educational courses, where one could have a private life alongside being educated. This demand for emancipation aroused resistance almost everywhere at the RCNS. Against the background of my analysis of the driving forces of the first phase of Red Cross nurse training and the nursing community, this resistance comes as no surprise. Respondent F carries on describing the changes:

It was some kind of transition. We stopped using the uniform as student clothing. Everything should be modern and new. We were almost anti-uniform. There was a lot like this going on, it was a bit of a revolution.380

According to Respondent F, the students knew what they wanted to get rid of, although what they wanted instead was not very clear, except that they wanted to be modern. The educational changes were part of a national policy for higher education, where the welfare state, including the Health Services, was to expand and include all citizens. Through higher education, the teaching and instruction in schools and Health Services would be improved and professionalised. Higher education was to be open to all students from all backgrounds. In this policy, there was no room for value-based occupations and educations. For the RCNS to carry on as before was not conceivable for the younger generation of students. The period after the late 1960s was special; all those interviewed talked about a desire for change. However, some traditional ideas remained at the RCNS for several years, but there was a discontinuity between what had been and what was to come. The importance of the concept of being a good girl, for example, was reduced but was still present. Respondent K:

No, no, we were all very good girls, I did as Mummy told me.381

381 Nej, nej. Vi var alldeles för snälla flickor, jag gjorde som mamma sa.
This was not entirely true, as Respondent K told me she challenged her mother when she chose to move to the dormitory. At this time students were no longer required to stay at the dormitory. By the end of the 1960s, some students lived at home with their parents, some lived by themselves, and others lived in the dormitory or the apartment building next door. K’s mother wanted her to live at home even when she became a student at the RCNS. But Respondent K wanted to move, because at home she had to share a room with her siblings, and at the school there were also other opportunities beyond what would seem possible at home. Thus moving away from home can be understood as a step towards some kind of independence and a new freedom, despite the strict conditions at the school. According to K, the rules at the dormitory were not followed as strictly as before, but the restrictions on men visitors still existed. As Respondent K said, fathers and brothers could visit and even stay over. This opened for creativity among the female students, saying that boyfriends were brothers, and this meant that they could visit at the weekend:

This was when we all had brothers visiting at the weekends.\textsuperscript{382}

Respondent K reported that the housemother “hunted” in the corridors, and interfered in everything, deciding what they could or could not do. We understand that she thought monitoring the dormitory was exaggerated. Thus attitudes had changed in relation to the previous, post-war phase when criticism of the rules was quite absent. And the overall rule, that everyone should live under the same roof and follow the same regulations, no longer existed. Gradually, the students came to be more separated from the school and the character of a total institution disappeared. Transformation was the aim of the time. But there seems to have been a countermovement from the school—a tug of war between the institution and the student in the period from the late 1960s until 1977, when all nurse training became part of higher education in Sweden.

\textsuperscript{382} Och på den tiden hade vi alla bröder som kom på helgerna.
Abandoning ideals and the calling

In the modernisation process, it was natural for the students to distance themselves from previous norms and values. Even historical, and to some extent mythical persons were highlighted and dismissed, such as Florence Nightingale. Respondent K said:

Florence Nightingale may have had a renaissance now, but we giggled a lot about that. About the calling. I don’t think we believed in that; we were modern young women.383

Respondent H confirmed this attitude towards the calling:

Yes, I graduated in 1968. At that time the calling was a bad thing.384

Both statements convey that the interviewees experienced the calling as something almost imposed on the nurses. However, it should be observed that the nurses in the previous, post-war phase, were not particularly concerned with the calling. The calling was mostly rejected but not discussed with contempt, an attitude which obviously seems to have changed in the 1960s. At this time, the calling was not only rejected but an object of serious criticism. Respondent E concluded that her group, she thought, was the first course where the calling meant nothing:

No, we were probably the first group that did not have a calling. It was really so. My God, we did this for our own sake. There was no calling for us. I remember a bit that the school [...] but we stopped them pretty quickly. No, we did not go to church. But I think those who lived at the school had some sort of meeting. But I felt a little bit like—Thank goodness! What a relief not to have to be part of that.385

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383 Florence Nightingale har nog fått en renässans nu, utan vi fnissade nog mera åt det där. Åt kallet, det tror jag inte vi tyckte…vi var moderna unga kvinnor.
384 Ja, nu blev jag färdigutbildad i 1968, då var kallet fult.
Not only did they reject the calling, they also took the education for their own sake, as if the calling had previously stood in the way of such “selfish” considerations. It is easy to believe that previous students did not undertake the education for their own sake, but now they were free to do that. As we have seen earlier, this was a misunderstanding, most probably based on the strong and simplified critique delivered by the ’68 generation. But losing traditions had consequences, as Respondent F explains:

We did not even have a finishing ceremony in the church. Not that I remember. I’m now thinking in hindsight. I think this was a turning point. It was more that now we would like to make everything new. We were strong and free.\footnote{Vi hade inte engång avslutning i kyrkan. Inte som jag kommer ihåg. Jag tror nu såhär i backspegeln. Jag tror det här var en vändpunkt. Det var mera att nu skall vi göra allt nytt. Vi var starka och fria.}

Again, it is implicitly indicated that the previous nurses were assumed not to be free or strong, at least not to the same extent. My interpretation is that it was necessary, at the time, to overdo the criticism. Respondent F continues:

I just remembered we had T-shirts that said, we are not Florence Nightingale. You see, everything had to go, - it is not a calling, it is an occupation. This was when we lost some of our identity, I think.\footnote{Vet du vad jag kommer ihåg nu! Vi hade t-shirt där det stod vi inte var några Florence Nightingale. Förstår du, allt skulle väck. Det var inget kall! Det är ett yrke. Då tappade vi något av vår identitet tror jag.}

The consequence of letting everything go, Respondent F says, was a sense of having lost the old occupational identity. The character of Red Cross nurses, once clearly defined, was now unsteady. It seems as if Respondent F had a sad undertone, as if she only understood this from her later experiences, when reflecting on the past. For her, something went missing when they turned their backs on their own history.
Politics entered the school

It has been mentioned that most students in the post-war phase at the RCNS were middle class. Respondent H states that many students were almost upper class, even in the reform-friendly phase:

Yeah, the students at the Red Cross were typical upper-class women: the real upper class went to Sophia Home (Nursing School). Look at the names, there were many aristocratic girls from noble families.  

The selection based on the students’ background was a sorting of people, and this was what the 68-movement wanted to stop. There seems to have been a kind of consensus on these matters, even if the students in the Red Cross nursing training in the late 60s represented a broad political spectrum. In Stockholm, the student uprising took place in 1968, at a time when there was a revolutionary mood in several places in the world. The period involved intensified protests against the Vietnam War, the cultural revolution in China and the Soviet Union invading Czechoslovakia. It was also a period when the women’s struggle intensified. All this influenced the ideas and activities of the Red Cross students. Respondent E:

At the school, there were two groups, one group consisting of the girls whose mothers started Group 8 […] you know. Better red than dead, slogans like that all the time. Very bolshy towards the teachers. This group was probably a third of the students. Many did not want to live at the nurse dormitory, there was a great upheaval at the school. At the same time, several had boyfriends, one sports car after the other outside the school.  

From having been almost only middle to upper-class young women to becoming a socially more mixed group was a change. F’s point, that one third

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of the students were left-wing feminists, indicates a rather militant critique that must also have affected the nursing school. Group 8 was a feminist organisation in Sweden, founded in Stockholm in 1968. The boyfriends with sports cars seem to be mentioned in order to point out that the school included students with very different backgrounds and political views. Or maybe Respondent F rather wanted to point out that the middle-class women with boyfriends and sports cars also fought for changes such as education and careers for everyone, kindergartens, free abortion and pain relief when giving birth. Respondent F phrases it this way:

This was after the student revolution, so it was a bit red.\textsuperscript{390}

It was maybe, as Respondent E said, only one third of the group that actually drove the changes, even if the majority were in favour of some change. This break with traditions also meant a break with the established, identity-giving authority of the RCNS. The new individuals, liberated from the traditional collective, wanted to combine occupation with family life and regarded education and work as just one of their life projects. Students who advocated for change were turning against old values and school practices.

**Two diverse realms**

By this the traditional world of the RCNS became more and more fragmented, and the internal world of the school lagged behind developments in the surrounding society. Respondent E explains:

In our class, there were very big age differences, and we had two boys, which was not common. I was 18 and I guess I was the youngest. Most were probably round 20. Some had taken Nail Courses in England or something like that, they came with red nails, lipstick and loose eyelashes. The school was shocked. This was out of the question! You should come all natural to the school. We had to get up in the morning and show our nails. This was 1969, no nail polish, just short and tidy nails.\textsuperscript{391}

\textsuperscript{390} Detta var efter studentrevolutionen, så det var lite rött.

\textsuperscript{391} I vår klass var det väldigt stor åldersskillnad och vi hade två killar vilket inte var vanligt. Jag var 18, jag var väl yngst, de flesta var nog runt 20. Några hade gått nagelkurs i England och sådär, de kom med röda naglar, läppstift och lösa ögonfransar. Skolan höll på att slå bakut. Det var det inte tal om, man skulle komma helt naturell på skolan. Man fick ställa sig
As we can see, beliefs and ideologies at the school were also defended, not only in regard to what was deemed natural for a nurse. As with the dormitory, the uniform and the other rules, the school tried to hold back, refusing to embrace the new times. The RCNS was at this point an institution approximately 100 years old, and consequently had a history of beliefs based on cumulative experiences passed down through the school culture and its immanent pedagogy. The traditional Red Cross values, ideals and code of conduct existed as a shared, social knowledge, repeated by all new generations of students in their more or less conscious interaction with older nurses. However, by this time, the school was gradually being forced to adjust because of the unprecedented conflict between the external world and inner realm of the RCNS. Respondent K gives her view on the matter:

Some thought they were terrible (the rules), but one got used to them. I don’t think we noticed there was a break before we went to the graduation ceremony. Previously, people wore a dress coat when they graduated in church. It was very solemn. But we had to be in the school, it was a rather boring arrangement. Not solemn at all, as I remember it.392

When change occurs, small alterations are often not noted; we just adapt and get used to the circumstances. However, big changes catch our attention. In this regard, it may be that the disappointment connected to the graduation memory helped her remember. The graduation had lost its previous glitter. Something that previously had been praiseworthy, special and perhaps even honourable was just removed without being replaced by something new that made them feel extraordinary and special. The graduation ceremony was probably something they had heard about, and maybe also looked forward to. K was confronted with a change which, for her, meant that a respected and deeply loved aspect of the RCNS had disappeared, turned into an arrangement
that for her almost had a negative value. As pointed out, there was some kind of tug of war going on over change.

At this time, the community of students and teachers/nurses at the RCNS was experienced as different from the outside society, probably both by the insiders and by people outside the RCNS. The example Respondent K uses, is that the students were very well looked after. At the same time, this was a time when previous regulations were being loosened and more freedom was emerging. Maybe that is why the supervision was so provocative, so it was what they wanted to get rid of. We can see that the institutional body of the RCNS was slowly renewing itself, and the school needed to round off some of its earlier, sharper corners. New student of more varied age, sex and class, new teachers, the fading of the dormitory system, and new attitudes regarding uniform, religion and togetherness were all part of a transformation to the new, modern social world. The changes demanded extensive internal ideological and behavioural adjustment. It must also have been a battle of values, ideals and ways of understanding the world.

The RCNS and the Red Cross

Much of what is written here about Red Cross nurses is also applicable to courses at other nursing schools in Sweden at this time. However, it does seem that Red Cross nurses were expected to live up to a particular ideal type of nurse and an equivalent occupational identity. In this situation, the Red Cross, the mother organisation, had a highly respected position, which the RCNS probably drew on. However, it seems that the RCNS and the Red Cross at this time had little cooperation, a point which was made by many of the interviewees, not only in this later, reform-friendly phase.

Respondent K:

No, it was very clearly stated that we had nothing to do with the Red Cross—we only had the name. But I have to say at that time I did not care much about it. We did not care about it, in my generation. We were not like that. I had a little dream, that when I became a nurse, I would be a midwife and go out and save the world. But that was more just something one said. But no one encouraged us at school. Soon after, there was probably a teacher, I think…, who had international courses
and so. Afterwards, I thought how strange it was that we did not have anything to do with the Red Cross. But, no.\footnote{Nej, det talades väldig tydlig om, att vi inte hade med röda korset att göra – vi hade bara namnet. Men jag måste säga på den tiden brydde jag mig inte så mycket om det. Vi brydde oss nog inte om det, den generation jag var med i. Vi var inte så. Jag hade någon liten dröm att när jag blev sjuksköterska så skulle jag bli barnmorska och åka ut och reda världen. Men det var ju mera något man sa. Men det var ingen som uppmuntrade från skolan. Men det kom nog någon lärare tror jag, som hade internationella kurser och så. Efteråt har man ju tänkt vad konstig att vi inte hade någonting med röda korset att göra. Men, nej.}

It turns out that in the period between 1945 and 1977, the Red Cross was not present in the teaching, and I was told that even up until and maybe a bit after the school moved from Dalagatan, the school and the Red Cross were very much separated.

The trademark of the Red Cross created dreams, but as K says, it was just something they said. Perhaps pointed out in the realism of hindsight. Saving the world is expressed as part of the ideology of the Red Cross, an ideology that does not seem to have been explicitly imposed on the students, but the programme might have been an implicit ideological factor in students’ choices to come to the RCNS and in their later work. It is difficult to say if this humanist ideology derived from the basic ethical principles of the nurse's or the Red Cross aid organisation, as the basic ideas of both nurses and aid organisations basically rest on the same grounds. However, at a certain time, the division between nurse training and the aid organisation was necessary and loosely explained as the RCNS needing to focus on education, development and professionalisation. In contrast, the Red Cross as an aid organisation focused on all the challenges connected to aid. It was maybe concluded that the two organisations had different agendas.
Summary of the reform-friendly phase

The changes in the Western world in the late 1960s were complex processes with some transnational elements and some local backgrounds. The Swedish welfare project developed at full speed and the time had come to include teacher and nurse training in regular higher education with its demands for scientifically based courses, the right to award degrees and so on. This was also true of the RCNS and other vocational programmes that had been run by private organisations. Here, the 1977 Higher Education Reform Act\textsuperscript{394} was instrumental, but the new political winds started to influence schools like the RCNS even in the years before. For the RCNS, the most important change was probably that they had to give up their own special ideals, methods and structure in order to adapt to the state model for higher education, where, for instance, different nurse trainings had to be similar in important ways.

During the 60s, the demands for change at the RCNS were reinforced by the liberal and left-wing winds that swept through the whole Western world, including Sweden—winds which especially affected higher education as the student movement played an important role in articulating the demands for freedom and equality. During the 60s and 70s, almost all of the earlier main characteristics of the RCNS were questioned and started to be replaced by new goals and structures. This is illustrated in the interviews conducted for this study, but also in textbooks like the Red Cross handbook, where it was seen that from 1960 the language changed slightly. As mentioned above, the archive contains much less than before, from the reform-friendly phase (late 1960-1977). Important changes in the internal work seem to have taken place, where what was previously regarded as important to preserve in the reform-friendly phase lost significance.

In my empirical analysis of the data, I identified five main themes in the reform-friendly phase, and a final theme regarding the Red Cross and its connection to the RCNS, all corresponding to the two research questions of my study. The five themes are: 1) New requirements, new times at the RCNS.

2) *A new kind of nursing student.* 3) *Transformation, about winning and losing.* 4) *We were revolutionary.* 5) *Politics entered the school.*

The first theme is *New requirements, new times at the RCNS;* this relates to the introduction of compulsory schooling for all in 1962, and corresponding changes in the entry requirements at the RCNS in 1967. At that time, the education at the RCNS became free of charge. The only requirement, after 1967, was nine years of compulsory school. Another important change was that assistant nurses could become nurses, with a reduced time of study. No longer was nursing described as a childhood dream; rather, the choice of occupation emerged more as a coincidence. However, nursing still had a high social status and position, understood by some as the spider in the web of the health services. During this time women got more opportunities, and men moved into female occupations, albeit not to the same extent. The consequence of these changes was the recruitment of different and new students regarding class, sex and age, leading to the second theme *A new kind of nursing student.* During the 60s and 70s, the earlier so important homogeneous collective transformed, with new entry requirements and hence a more heterogeneous student group, which probably contributed to the emancipating of the female nurse student, as the mixed student group helped to erase previous values, ideals and boundaries in the total institution of the RCNS. During this time, society as a whole was characterised by a redistribution of the social classes, the building of the welfare state and development towards more equality between the genders (in the case of the RCNS, men’s entry into the training). The third theme *Transformation, about winning and losing* visualises how change created new hierarchies between those undertaking the traditional education (most often the youngest students) and those undertaking the alternative programme for assistant nurses (often older with more experience). It was interesting to see that it was the youngest with the least experience who followed the long programme that had the highest status. But transformation meant transformed ideals, also concerning the highly regarded traditional uniform. Previously, the uniform was a sign of honour, of being trained to become a nurse from a prestigious school. Within approximately a period of 10 years the uniform went from honour to something the Red Cross nurses tended to hide, with all that that entailed. How

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this occurred is described in theme four *We were revolutionary*. During the reform-friendly phase, the nursing students no longer accepted the ideals and codes of conduct that had earlier been taken for granted in the RCNS. Exactly how large the oppositional group was is difficult to say, but one of my interviewees guessed one third of her class. The school tried to hold changes back, resulting in some kind of tug of war between what had been and what was to come. The new diversity of students also seems to have raised new questions. One of the interviewed students argued that the men students asked more questions and did not accept things as students had before. The fifth theme was *Politics entered the school*. The 68 movement moved into the conservative corridors of the RCNS. The goals of the students seem to have been rather unclear, but they argued for more individual freedom, in terms of residence, future opportunities and life in school. The positive key word seems to have been “modern”—an ideal which primarily seems to have been a critique of traditions and existing regulations. The Principal wanted a gradual change of the dormitory, the uniform and other traditional regulations. We can guess that the nurses and teachers who had experience of the good functioning of the Red Cross nursing institution, by then approximately 100 years old, felt that something important was about to be lost, even though they were not aware of exactly how the school and the nurse collective actually functioned. Most probably, the gradual change that did take place was the result of a mix of different forces and dynamics, where the ongoing reformation of higher education also had its influence in forcing the RCNS to reorient the training from its earlier ideals and customs to a more academic model of training based on theoretical education and tried and tested experience.

What affected the RCNS also happened in most other similar vocational education in Sweden at the time. These similarities probably contributed to the gradual change that took place everywhere. In terms of the ideological winds of the 68 movement, it was something that touched people in most corners of society. The post-war class system had remained largely intact, but in the 1950s and 1960s inequalities in the social distribution of educational opportunity were highlighted in Sweden, pointing, for instance, to the fact that the secondary school was attracting a disproportionately high number of adolescents from upper and middle-class homes, so that teenagers from the working class were disadvantaged. The consequence of introducing universal
compulsory schooling was that new categories of young people got new opportunities, and this contributed to the new diversity of the RCNS students.
Chapter 8 – Concluding remarks and interpretations

As stated in the aim of the study, the period 1945-77 was deliberately chosen as I wanted to explore in depth the changes in Red Cross nurse training that had been reported earlier. My close reading of the documents in the archive and the interviews with the nurses trained during this period confirmed that many important changes took place at that time. In fact, interesting changes in the nurses’ identity formation during the period were also found. The present chapter will discuss the most important changes of the period, deepening some of the theoretical perspectives mentioned in the results. This can help us understand the nursing school and its impact on the Red Cross nurse’s occupational identity. This also summarises my answers to the two research questions described in the introduction.

The last part of the period studied has much in common with our own time and the training of nurses of today. This makes it somewhat difficult to discover the basic characteristics of what is familiar. In short, I understand the new nurse training at the end of my studied period to be the introduction of professional nursing, and this also means the introduction of a new identity formation. But there is one point to mention before moving on: the history of the Association for Nurses in Sweden (SSF) shared similarities with the RCNS. According to Segesten, the organisational structure of the SSF was virtually unchanged until 1965. The homogeneity of the management was illustrated by gender, age, class and marital status. For a long time, the organisation was represented by unmarried, middle-aged women from the middle or upper middle class. The Association was characterised by

homogeneous continuity, and the turnover of deputies was very low; when someone was elected, the mandate was often repetitive.\textsuperscript{398} For a long time, nursing was about a continuity that was broken in the late 1960s by a new demand for a modern nursing profession with modern training.

My analysis starts with post-war nursing training and its specific occupational identity formation. Most of the existing research focusing on the modernisation of nurse training after World War II has analysed the new professionalisation, the creation of the discipline of Nursing (\textit{Omvårdnad}) and its new research field that developed from the 1970s onwards.\textsuperscript{399} Earlier, traditional training of nurses, and how it can be understood, has raised much less interest.

In fact, the big challenge in my analysis of the RCNS remained for a long time how to understand the post-war training of Red Cross nurses. Here, Ödman’s idea of immanent pedagogy, and how it worked rather by a “silent acculturation” of common practices, views and values than by explicit goals and curricula guided my understanding. The discovery of the richly documented everyday discipline that characterised the RCNS after the war constituted an important step in my analysis. The somewhat surprising experiences of the discipline as a way to freedom and the development of the Red Cross nurse’s expertise and recognition reported in the interviews with the old nurses constituted another empirical pattern that led me to the discovery of the learning dynamics of the Red Cross nurse collective itself. However, it was the experience-distant, interpretative turn towards Erving Goffman’s theory\textsuperscript{400} of the total institution that opened up the discovery and understanding of the special learning dynamics at the RCNS. More specifically, my historical-interpretative analysis was developed by the dialectics between experience-near descriptions of the RCNS training practice and the more theoretical insights provided by Goffman’s analysis of the

typical cases of learning and identity formation in monasteries, prisons and mental hospitals (the last, in an experience-distant turn). Of course, there are differences between Goffman’s cases and RCNS. However, there are also important similarities regarding the special conditions for learning and identity formation in institutions characterised by a certain closedness to the surrounding world and a strong power structure shaping the everyday lives of inmates or, in my case, nurse students. In the same way, the understanding of the empirical findings that the training of RCNS was followed up by a life-long training within the community of graduated Red Cross nurses was deepened by drawing on Tönnies’ theory of community/Gemeinschaft. In order to make this finding visible I introduced the concept of total community to describe the community of Red Cross nurses. This will be further elaborated below.

Thus my main contribution to the new knowledge within the field of the training of nurses is first of all that I show how the post-war Red Cross training of nurses worked within the total institution of the RCNS and the strong community of Red Cross nurses in Sweden. Understanding the changes that followed during the reform-friendly phase to a large extent means understanding the disappearance of the former dynamics of the social community and identity formation. During the reform-friendly phase (late 1960s to 1977) the training of nurses at the RCNS was characterised by the mix of old traditions breaking down and the introduction of new goals to train a professional nurse, educated both in the new theoretical field of Nursing (Omvårdnad) and patient-oriented care. These findings constitute the starting points for my answer to the first research question: How was the nurses' identity formed at the RCNS, and how did this change during the period 1945-1977? Below, I develop my interpretation of identity formation and how it changed over the period.
From a total institution to a total community

My understanding of the post-war, and earlier, Red Cross nursing training and practice is based on an overarching interpretation that the phase explored between 1945 and 1967 was characterised by a 100-year-old total institution, where a Red Cross nurse identity was very effectively introduced and gradually internalised by the students.

Goffman’s theory of total institutions

Goffman’s theory of total institutions describes different types of modern institutions which expose their inmates to a special kind of informal learning or immanent pedagogy whereby they are deprived of their earlier self-identity and tend to develop a new, similar institutional self-definition and behaviour. In contrast to most other social arrangement in modern society, where people tend to sleep, play and work in different places with a different set of coparticipants, total institutions are characterised by a breakdown of the barriers between these spheres. In total institutions people do most things at the same place together with the same coparticipants. Another feature of total institutions is that all important aspects of daily life are conducted under the same single authority that supervises each phase of the inmates’ daily activities. Furthermore, each phase of the daily activities is tightly scheduled, with one activity leading at a prearranged time to the next, the whole circle of activities being imposed from above through a system of formal rulings and a body of officials. Finally, the contents of the various enforced activities are brought together as parts of a single overall rational, more or less explicit plan that fulfils the objectives of the institution.

Drawing on Goffman’s theory helps us understand the strength of the immanent pedagogical driving forces of the RCNS. As I have already pointed out, it is obvious that the RCNS differs from the most well-known of Goffman’s examples, the prison and the mental hospital. However, his description of the monastery as a total institution which people chose to enter to seek a special kind of life also illustrates the validity of the theory for institutions like the RCNS, which really manifested many of the key

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characteristics of the total institution. Goffman’s analysis of the process whereby new inmates were stripped of their earlier identity and exposed to a rather homogenous authority, introducing a totally new self-identity and way of life, seems to be especially helpful in our understanding of the RCNS.

As mentioned in Chapter six, my experience-near analysis of the interviews with the nurses trained in the post-war phase revealed interesting resemblances between the RCNS and what Erving Goffman called total institutions. The strict regulations and the limited space for individual choice that was available for the nursing students were richly illustrated. It is not difficult to see how the dormitory and the hospitals, where the students did their practical training were also to a large extent closed social spaces. Life at the RCNS was closed off from the surrounding world and the students’ contacts with this world were organised by the teachers and the Principal of the nursing school. However, in order to understand the success of the Red Cross nurses as outstanding representatives of the health profession of their time, it is also necessary to take into account the very special community that the nurse students of the post-war phase were introduced to and maintained in for the rest of their lives.

A life-long total community

In order to highlight the importance of the Red Cross nurses’ community, I introduce the concept “total community”. As mentioned above, this concept is inspired both by Goffman's total institution and Tönnies’ concept, (total) community/Gemeinschaft. As I have described in Chapter 6, the special and life-long Red Cross community followed up and maintained the immanent pedagogy that the students were introduced to at the RCNS. Becoming a Red Cross nurse was only possible through the three-year course at the total institution of the RCNS, where the students learned what a Red Cross nurse was and how to self-regulate their behaviour, in line with established codes of conduct and values. However, without the constant confirmation that they also experienced in the Red Cross community for the rest of their lives, the Red Cross nurse identity would most probably not have become so strong.

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Continuous exposure to the immanent pedagogy is the very core of the total community.

Thus, my analysis of the life-long Red Cross nurse community described in Chapter 6 led me to a second theoretical turn, drawing on Ferdinand Tönnies’ theory of community and society (Gemeinschaft/Gesellschaft). Tönnies’s concepts date back to his work from the late 1880s, describing two opposite types of social organisation called in German, Gemeinschaft and Gesellschaft.403 Gemeinschaft is translated into English as community and Gesellschaft as society. In fact, Tönnies himself mentions the total community, referring to one of his ideal types of community, the family, that was described as total in many senses.404 According to Tönnies, a community is organically built, and members of a community are firstly community and secondly individuals. It is the community that decides their understanding of who they are and directs them how to live the life of the community, including their own personal life. This is a good characterisation of the Red Cross nursing community. Thus being accepted at the RCNS meant entering a total institution that trained the young women for a life in the total Red Cross nursing community.

My main analytical point here is that the strong immanent pedagogical influence that the Red Cross nurse students were exposed to is difficult to fully understand only as a result of the time they spent at the total institution of the RCNS. The fact that the RCNS also meant entry into the life-long Red Cross nurse community helps us understand the strength and success of the immanent learning the nurse students took part in.

The community of Red Cross nurses was of course not characterised by the same kind of closedness as a prison or a mental hospital described by Goffman. However, the point I am trying to make is that even if this community was more open than a monastery, my study of the lives of the nurses who had graduated from the RCNS after World War II showed many signs of a closed social system in which life was organised according to strict

404 Ibid.
norms, rules and schedules, a world that was also closed to persons who had not gone through training at the RCNS. The fact that many nurses, after the war chose not to marry and raise a family but instead devote their lives foremost to their occupational duties shows that they experienced and maintained a kind of separateness from the rest of society. The RCNS was a kind of total institution and the fact that the Red Cross nurse community linked, so to speak, onto the totality of this training period contributed to the totality of the community.

The fall of the total institution and community

During the last ten years of the period explored, between late 1960s and 1977, the traditional institution of Red Cross nursing gradually fell apart as the result of the rapid development of the welfare state and regular higher education for larger groups in society and the result of new liberal and left-wing ideologies that conflicted with the traditional Red Cross nursing school’s values, ideas and codes of conduct. In terms of identity formation, this was a time of growing diversity, when traditional identities were mixed with new ways of being a Red Cross nurse without priority for any specific new identity profile.

The community of Red Cross students also changed gradually. My contribution is that I discovered that this very special occupational community, during the post-war phase, contributed to the maintenance of the immanent pedagogy behind the Red Cross nurses’ special occupational skills, know-how and dedicated caring relation to the patients, in what Lave & Wenger\textsuperscript{405} have called a community of practice. In most people’s eyes today, such a community—even if it was strong and impressive in many ways—seems a little doubtful as the driving force for such an important health occupation as nursing. Today we assume that the skills, know-how and professional caring of nurses must be based on science and tested experience, irrespective of the social community the nurses belong to. I will argue that this expectation of a more solidly based training of nurses was shared by those who worked for new, more professional nursing in the 1960s and 70s. Another reason for demanding new professional nursing was that a profession open to both men and women from all layers of society was desperately needed to

recruit more candidates for nursing. Such professionalisation was also supported by the nurses’ union.  

In order to understand the success of the new ideas of professionalisation, it is necessary to be aware of the new demands for health care and nursing based on science and tested experiences. As a result, the views and values of the old community of practice, during the 1960s and 70s, met stronger and stronger opposition. In his book on the 68 movement, Kjell Östberg argues that the 60s and 70s were characterised by an initial liberalisation of gender roles and sexual practice with strong support in Swedish society, followed by a rather strong, left-wing political turn criticising, among other things, the cracks in the welfare state, the lack of equality between men and women and a number of colonial projects in international politics.

The total community was a community of practice

In the post-war phase at the RCNS, leaders and students lived together in a community of practice. As I have shown, this was an important dimension of the immanent pedagogy and occupational learning. The RCNS was partly residential and partly a formal educational organisation. An important aspect of the totality of the RCNS was this mixture of formal training and social life. Jean Lave’s and Etienne Wenger’s work on communities of practice furthers our understanding of this kind of learning. In fact, Lave & Wenger’s project—later developed further by Wenger in his book *Community of Practice*—was to explore how occupational learning can be understood as a kind of gradual acculturation into a community of practitioners within a specific occupational practice. In short, they argue that learning an occupation means qualifying for participation in a specific community of practice. Thus, training to become a nurse in the RCNS can be described as an incorporation of a new member in a nursing community of practice—a community of craftsmanship, where the knowledgeable and experienced nurses trained and educated the new and inexperienced students in a dependent relationship.

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where the ones with most experience also had power over many aspects of the students’ world. However, the community of practice in Lave & Wenger’s sense does not include the features of totality that characterised the RCNS. They regard almost any occupational practice as a community of practice. Nevertheless, the RCNS seems to present an unusually good example of Lave & Wenger’s theory of occupational training understood as gaining access to a specific community of practice.

Drawing on Lave & Wenger’s work was a way of furthering my understanding of the immanent pedagogy of these social training relations between masters and apprentices in the total institution of the RCNS. According to Lave & Wenger, an important aspect of occupational training processes is the development of an occupational identity, in this case as a member of the Red Cross nursing community. Furthermore, Wenger identifies three characteristics a community of practice that need to be fulfilled, and it is by developing these three elements in parallel that such a community is cultivated. First, communities of practice have an identity defined by a shared domain of interest, where membership implies a commitment to the domain. Second, a community of practice builds relationships that enable its members to learn from each other. People having just the same job or the same title does not make them a community of practice unless the members also interact and learn together. Third, communities of practice are not only communities of interest; most of all they are communities of practitioners in the special field where they work.

Figure 5 below illustrates, the process of getting access to the Red Cross nurse community of practice. Four key aspects of learning in nurse training are marked with circles. Learning to live together at the dormitory and learning to follow the codes of conduct (for example always to wear the traditional uniform) represent two typical aspects of learning at the RCNS during the post-war phase. Here, participation is a matter of becoming a member of the

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411 Ibid.
Red Cross nurse community in an everyday sense. In Figure 5, the Red Cross total community is represented by the dark grey field. The more formal aspects of nurse training (learning theory and learning to do practical nursing work) demands participation in the more ordinary community of practice of nurses (the light grey field). Theory—today often the starting point for nurse training—was the last aspect of learning to be introduced at the RCNS.

Figure 5 illustrates how nurse training in the RCNS during the post-war phase involved participation in both these communities of practice, starting with learning to live together with the other Red Cross students at the dormitory. When the formal training started, gaining participation in the ordinary community of practice of nurses’ clinical work and the theory of what is today called the field of nursing also became more and more important.

![Figure 5 A total community participation and learning process](image)

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412 Inspired by: The UNESCO four pillar of education. 1996
From a society of honour to a society of dignity

The Red Cross handbook given to the students until the mid-1960s says that they should honour the uniform and the corps they now belong to. The handbook made the students aware that becoming a nurse from now on would make them visible, more than before, not only in society in general, but to a special kind of supervision of other nurses in their community of the RCNS. There were high expectations to fulfil, and the students were carefully selected, making them feel special and responsible, but also vulnerable in the sense of being visible. The school mastered and monitored the students, and the public eye followed their doings. In short, we can say that the result of this striving for honour was that the students learnt to control themselves by self-regulation in order to be perceived as good Red Cross nurses and to live up to the Red Cross nurses’ code of conduct. The reward for these efforts was a highly respected social position in society—a position that was difficult for most women to reach in the period before the reform-friendly phase.

As mentioned in the chapter on theoretical perspective, the Canadian philosopher Charles Taylor discusses honour as a basic concept in traditional Western societies and the foundation for a special kind of social hierarchy and status. Taylor’s point is that honour in Western societies have now been replaced by dignity as a founding principle for social status and hierarchies. Taylor discusses this basic societal change in relation to today’s preoccupation with identity and recognition—two phenomena also in focus in my study.

We can distinguish two changes that together have made the modern preoccupation with identity and recognition inevitable. The first is the collapse of social hierarchies, which used to be the basis for honour. I am using honour in the ancien régime sense in which it is intrinsically linked to inequalities. For some to have honour in this sense, it is essential that not everyone has it. This is the sense in which Montesquieu uses it in his description of monarchy. Honour is intrinsically a matter of “préférences.” It is also the sense in which we use the term when we speak of honouring someone by giving her some public award, for example, the Order of Canada. Clearly, this award would be without worth if tomorrow we decided to give it to every adult Canadian. As against this notion of honour, we have the modern notion
of dignity, now used in a universalist and egalitarian sense, where we talk of the inherent “dignity of human beings” or of citizen dignity. The underlying premise here is that everyone shares in it. It is obvious that this concept of dignity is the only one compatible with a democratic society, and that it was inevitable that the old concept of honour was superseded. But this has also meant that the forms of equal recognition have been essential to democratic culture. For instance, that everyone be called Mr., Mrs or Miss, rather than some people being called Lord or Lady and others simply by their surnames—or, even more demeaning, by their first names—has been thought essential in some democratic societies, such as the United States.\textsuperscript{413}

Thus Taylor understands honour as a characteristic of traditional society, where it was used to distinguish persons with a higher social status (more honourable) from others with a lower social status. Honouring the Red Cross nurse uniform, values and highly respected work was a way for students to gain the status of a trainee who was to become a Red Cross nurse, a position that had high social status and respect. As I have argued in the chapter on the results, in the post-war phase (1945-1965), the RCNS still had a recognised position within a societal hierarchy based on honour—a hierarchy that had already disappeared in many other parts of Swedish society—but was still maintained at the RCNS. According to Taylor, this hierarchy and the distinguished status of the Red Cross nurses was doomed to disappear with the entry of new values of democracy and equal dignity of all citizens. However, during the post-war phase, honour still seemed to be one of the most important driving forces for Red Cross nurses, learning to honour the corps and the uniform. Here, the uniform was, of course, something more than clothes; it was a symbol of the special way of being a nurse that characterised the RCNS. As I have described above, the training of Red Cross nurses was to a large extent the same thing as learning to become an honourable member of the Red Cross nurse community and to receive the recognition, status and respect associated with this distinguished community.

Thus Taylor’s point is that the honourable social positions of, for instance, Red Cross nurses in traditional society were difficult to fit into a modern society of equal citizens. The principal of equality, built on the value of dignity, implies a society where all citizens have equal rights to education and opportunities to train for specific professions associated with respected social positions. The new winds of the 1968 movement scrutinised traditional social hierarchies and inequalities critically. As Taylor puts it: “It was inevitable that the old concept of honour was superseded”. My point is that the RCNS in the post-war phase was still organised according to the principle of honour, while life in most of the surrounding Swedish society was already on the move towards the principle of dignity and equality. The reason why Red Cross nurse training had been able to retain traditional ideals and organisations is probably the total character of the RCNS and the good reputation that Red Cross nurses had over the years.

As I mentioned earlier, the key to understanding the role of honour in Red Cross nurse training was the formation and maintenance of the Red Cross nurse identity—often articulated in terms of honouring the corps or uniform. Comparing Figures 6 and 7, we can study this process of learning through identity-formation in greater detail. During training at the RCNS, the driving force in the nurses’ learning to become good Red Cross nurses was to a large extent the face-to-face, social evaluations that the Red Cross nurse students were exposed to by their more experienced colleagues (see Figure 6 below, referring to the post-war phase). Typical examples of the ideals the students were supposed to live up to, before the reform-friendly phase, were the ideal of the good girl and the code of conduct. A third important ideal was the calling to serve people in need of health care and always to put their wellbeing first.

Over time, the Red Cross nurse students got so used to these evaluations that they gradually internalised them into a kind of self-regulation, which became the long-lasting driving force in the nurses’ work and lives as Red Cross nurses. (Figure 7). Thus a very important part of the nurses’ learning process consisted in this internalisation of the social evaluation of their own occupational performance in relation to the existing code of honour. As a consequence, the core of the training at the RCNS in the post-war phase seems to have been to learn this sophisticated self-regulation. When the students’
self-regulation made them live up to the ideals of honour, they also mastered important aspects of their duties as nurses. Thus the ideals of honour can be described as the basic driving forces of the Red Cross nursing students in their mastery of their occupation, but also of the graduated nurses who kept on evaluating their own honour and quality as nurses. In Figure 6, the honourable ideals are illustrated by rising arrows and the striving to be a good RCNS nurse. The driving force was the nursing students’ quest for recognition and honour, which was first displayed concretely in the interaction between the students and the graduated nurses. At this point, the student nurses’ occupational identity was under construction in a process of constant evaluation by more experienced Red Cross sisters. To a large extent, their occupational identity was a result of the everyday recognition or misrecognition that the nurse students experienced at the RCNS and in the community of Red Cross sisters at large.

**Figure 6 The dynamics of honour in the occupational identity of the Red Cross nurse/nurse student**
At a later point in the nurses’ training, the new nurses had internalised the evaluation process and made it into a process of self-regulation, where the concrete feedback from more experienced sisters was no longer needed; it was replaced by self-regulation carried out automatically by the nurses themselves.

Figure 7 The dynamics of honour in the occupational self-identity of the Red Cross nurse/nurse student.

Thus the dynamics of honour in relation to occupational identity is first learnt in real-life social interaction with experienced Red Cross nurses and fellow students within the community of Red Cross nurses. At this stage, the driving force is constituted by the experienced nurse’s and fellow students’ recognition or misrecognition. This is in line with Taylor’s description of identity processes, as based on a dialogue between recognition and misrecognition with people regarded as significant in our lives:

In order to understand the close connection between identity and recognition, we have to take into account a crucial feature of the human condition that has been rendered almost invisible by the overwhelmingly
monological bent of mainstream modern philosophy. This crucial feature of human life is its fundamentally dialogical character.\textsuperscript{414}

As a result of the accumulated experience the nurse students had in the total institution of the RCNS, the quest for recognition and the driving force for being an honourable Red Cross nurse were internalised and operated by the nurse students themselves as an occupational self-evaluation. Taylor describes a similar process of internalisation in all people’s personal development when growing up. As time goes by, the real-life dialogue with significant others is gradually replaced by an internal dialogue:

Even after we outgrow some of these others—our parents, for instance—and they disappear from our lives, the conversation with them continues within us as long as we live.\textsuperscript{415}

In order to understand how the internalised dialogue can be understood in greater detail, we can draw on Deikman’s and Ornstein’s work, mentioned in the chapter on theory.\textsuperscript{416} They propose that the self can be understood in terms of several sub-selves or voices, for instance, the internalised voice of a teacher at the RCNS and the nurses’ own voice experiencing pride or shame. In line with Deikman’s theory, the self-structure also includes a coordinating function called the observing self. The role of the observing self is to make negotiations between the different sub-selves/voices possible (in the form of inner dialogues) and to maintain a sense of personal continuity in spite of the complexity of several different sub-selves. The observing self can also be supposed to monitor the internalised self-regulation process and negotiate conclusions concerning how one’s self-esteem is influenced by the evaluation results.


Taylor’s cited text on the politics of recognition is relevant here as it is about community recognition. He sets out to explore the current movements of the politics of recognition, where individuals who experience discrimination and exclusion, as a result of some kind of difference from an ideal of what a normal man or women should be like, in today’s society mobilise their own community in order to get recognition. The best-known example is probably the Gay movement in the US, but the women’s movement and various disability movements also show examples of such mobilised communities. Even if the context and the individual objectives were different, I argue that the community of Red Cross nurses in the post-war phase functioned in a similar way. 417

Previous studies of honour

To further the understanding of honour in the context of the RCNS, honour has, in other circumstances, often been attributed to men and to the previous bourgeois societies in the Western world. 418, 419 When it has affected women, it has often been about chastity, and about regulating their sexual behaviour. In the female total community of the RCNS, they maintained high ideals and values, and for this reason an important driving force may have been their sense of honour. In fact, their shared values and ideals could be understood within the frame of a system of honour. This can also be connected to what was written in the Red Cross's handbook about honouring the uniform and the corps they now belonged to. My understanding of honour, as being identified as an important component of the Red Cross nurse's identity in the post-war phase, draws on Taylor’s distinction between honour and dignity, but also on the work of the anthropologist Frank Henderson Steward, who takes our understanding still deeper. In his opinion, honour has an internal personal quality, that of feeling your own worth, and an external quality, that of your reputation—the worth you have in the eyes of others. 420 This coincides with the identity process and how our identity is constructed, both by the self-perceived and by the other-perceived impulses.

419 Do not refer the honour discourse that exists today in some immigrant cultures.
Henderson Steward presents honour by dividing it into two dimensions, horizontal and vertical honour.\textsuperscript{421} Horizontal honour is explained as the “right to respect among an exclusive society of equals”, and it is premised on three elements customised to the total community of the RCNS:

1. A code of honour lay out the standard that must be reached in order for a person to receive respect within the group. Codes of honour within a group often lay out very high standards for the group and can be viewed as the minimum for inclusion.
2. An honour group consists of individuals who understand and have committed to live by the code of conduct. Honour groups must be exclusive and need to be tight-knit and intimate.
3. When persons fail to live up to the group code, they are excluded.\textsuperscript{422}

This was the basis of the total community of the RCNS: transgressing the rules and expectations meant there was an imminent danger of their being expelled. In a horizontal group, honour serves as a dividing line between ‘us’ and ‘them’ In this way, honour can be understood as a discursive power regulating the total community of the RCNS.

According to Stewart, vertical honour, on the other hand, is rather about giving praise and esteem to those who are superior by virtue of their abilities, their rank and so on.\textsuperscript{423} Its nature is hierarchical and competitive, and it goes to the one who not only lives by the code of honour but also excels in doing so.\textsuperscript{424} This distinguishes the experienced nurses from the students and first of all the Red Cross nurses/nursing students from other people. In the matriarchy of the total community of the RCNS, the hierarchy was strictly structured. Seniority and skill were rewarded. Thus honour can be understood as regulating and governing the students correlated to the rules set up by the school and the students’ relations to their Red Cross superiors. The students were educated

\begin{footnotes}
\item[422] Ibid.
\item[423] Ibid.
\item[424] Ibid.
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in a distinctive school in a tight community, a kind of total institution with strict rules, wearing a recognisable uniform, conforming to a certain set of being and behaving, that applied to everyone. All this, combined with a desire, may not to be the best—but may be regarded as one of the good, and definitely more honourable than most other people. Further, the idea of a calling was an important component of the honour attributed to their social identity, despite most interviewees rejecting such a calling. Inspired by Max Weber, the concept of a calling was an idea, and a product of the Protestant notion that had to do with the valuation of the fulfilment of duty in worldly affairs. It was the highest form of moral activity that an individual could have, which according to Weber gave everyday worldly activities a religious significance. The calling offered a moral basis for the concept of honour. To be clear, I am talking about the concept of honour linked to the membership of the bourgeois class, where, for example, titling each other was common. This discourse was abandoned in the 1960s, when the bourgeois no longer constituted the ideal. Herewith the concept of honour also faded, which coincides with the reform-friendly phase and the collapse of the total community of the RCNS.

The reform-friendly phase—a breakdown of the total community and hierarchies built on honour

New winds

The extensive transformation of the Red Cross nurse training that started during the 1960s can be understood in relation to a number of societal changes in Sweden at this time; and these changes also provide important answers to my second research question, why the identity of Red Cross nurses was formed in this way and why it underwent transformation during this period.

The radicalisation wave in the 1960s was, according to Östberg, very much about distancing from previous norms and hierarchies, with a consensus of breaking with conservative traditions such as the church, the monarchy and puritanism. Taylor describes a more long-lasting societal development towards modernisation and democratisation—a development that entered its latest, extensive phase in Sweden during the 1960s. According to Taylor, one basic line of change concerned a move, as mentioned above, from honour to dignity, a disappearance of traditionally based social hierarchies in favour of the idea of all citizens’ equal rights and positions. As I have shown earlier, the Red Cross nurses’ social position and status in post-war Sweden was based on a typical traditional honour hierarchy. The Red Cross nurses were not just supposed to be more honourable than other people, they were also supposed to be more honourable than other nurses. Many such hierarchies had already disappeared in Swedish society and the political fight for equality grow stronger and stronger during the 1960s and 70s. The social-democratic program for the People’s Home from the late 1920s had strong political support after World War II, and the extensive popular support for more liberal views on contraception, sexuality and divorce that had paved the way for the 68 generation increased the criticism of traditional hierarchies and unequal systems of honour. However, as a consequence of the total character

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428 Folkhemmet.
of the RCNS, it managed to maintain the traditional hierarchies up to the end of the 1960s.

Of the ‘68 generation, a large part attended university, and fewer belonged to the upper class and its norms and values. Instead, a large number of students had values that belonged to the working class’s more radical traditions of equality and equal rights for all citizens. Among others, Group 8, a women’s movement, quickly achieved success in the 70s, with a huge public impact. They had a socialist platform, but many of the founders had a bourgeois background and were able to build alliances with traditional women’s organisations. The fact that the ‘68 movement was so focused on the young generation and students probably meant that it had a special impact on the RCNS, where students said they represented the reddest red to the bluest blue; nevertheless, they all agreed that change was necessary. The period 1960 to 70 signified, according to Östberg, a paradigm shift, urging alternative ways of thinking and doing. As we have seen, the dynamics of the total institution and community and the career system built on honour disappeared quite rapidly. Of course, the on-going reformation of higher education was one of the major driving forces, but open debate concerning traditional values and hierarchies most probably also had some impact. The interviewees in this study suggest the period also represented a special era, with more spontaneity and opportunity, where nursing was no longer necessarily a childhood dream. It can be seen that this period of the RCNS’ history corresponds with Östberg’s argument that the late 1960s was the peak of the spontaneous phase, a time when values changed rapidly.

All aspects of life became politicised in this era; everything could be challenged and for many people, everything seemed possible. All of these views correspond with my interviews.

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431 Ibid.
432 Ibid.
Swedish nursing was, to some extent, prepared for these changes. In 1910, the Swedish Nursing Association was already focused on higher education for nurses, offering teacher training and health-care administration training.\textsuperscript{433} Also, as already mentioned, the state nursing school was in the forefront with its quite radical way of training in the 1940s and 50s. The school must have paved the way, albeit provocatively, for many at that time. It must also have opened up new ways of thinking. The modern Principal of the state nursing school was Astrid Hedvig Maria Janzon, who was educated at the RCNS. Furthermore, on their own the Swedish Nursing Association appointed in 1967 a research committee to stimulate interest in research and development among its members.\textsuperscript{434} This, according to Alice Rinell Hermansson, prepared nursing education for when the government began to discuss educational reforms. With the development of the welfare state in the reform-friendly phase, there was increased demand for health-care workers and it was difficult to defend the old system, where some nurses were more honourable than others.\textsuperscript{435} On the contrary, the need for nurses demanded educational changes, such as the training period being shortened to two and a half years and the theoretical element expanded at the expense of the practical training. The practical training came to constitute only one third of the previous training time.\textsuperscript{436} An important point was the 1977 higher education reform, when supervision was moved to the Swedish Council for Higher Education (\textit{UHÅ Universitets och Högskoleämbetet}) and the courses were regulated by the laws of universities, like other academic programs. The reform also required training of nurses to have a scientific basis. For nursing this resulted in the creation of the discipline of Nursing (\textit{omvårdnad}) which was used for the first time as the name of the nursing research field. In 1994, general nursing

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The breakdown of the traditional identity based on honour

During the early actions for modernising nursing training, the RCNS was rather conservative, maintaining most of the totality of the RCNS and the exclusivity of the Red Cross nurse community. However, as a consequence of the implementation of compulsory schooling in 1962 and the SOU reports 1964:45 and 1973:58, the RCNS adopted new regulations for entry and other changes in the training of nurses. As for the 1977 higher education reform, Helena Rehn’s dissertation provides interesting information. According to Rehn, a nurse's occupational identity was, during this time, transformed from an earlier bourgeois discourse resting on nurses’ social class, towards what Rehn has chosen to call the educational discourse. Rehn’s observation is that nurses, in general, continued to have the same recognised, hierarchical position in working life, but after the 1977 higher education reform, the status and position of their occupational identity came to be based on higher education and not as previously on social class. Against the background of Taylor’s analysis of the change from honour to dignity in Western societies, we can see that the dissolution of the total educational institution of the RCNS and the total community of Red Cross nurses was an expression of a more fundamental transformation of society from a traditional system of recognised occupational positions built on honour to a system of equal chances and opportunities through a reformed system of higher education, where all citizens had the opportunity to enter higher educational programmes, for example for nurses, depending only on their prior schooling and competence. In the case of the RCNS, the bourgeois discourse that Rehn writes about was the traditional system for training in the total institution of the RCNS for the honourable community of Red Cross nurses, a system that was also challenged by the introduction of assistant nurses and the shortened training they were offered to become a nurse. This was an opportunity that also promoted

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education for those previously unable to meet entry requirements, because of, for example fee payment. With the new mix of students, the former behaviour rules of nursing students were ignored, circumstances that, in themselves, constituted an ideological change.

In SOU 1964:45, the future 1977 higher education reform was described as necessary for two reasons: first, to increase the level of education for nursing and school teachers, which was described as of great importance for the standard of health basic education; second, it was desirable that higher education in different forms was accessible to all suitable students so that nursing could be an attractive alternative for all ambitious students who wanted to continue in the academic system. In SOU 1964:45, nursing is defined as a post-secondary education, although only 5.4 per cent of the nursing students had graduated from upper secondary school (Studentexamen), and 65 per cent had graduated from lower secondary school (realexamen and/or later, nine years of comprehensive school).

Both my analysis of documents describing the training of nurses and the interviews with nurses trained during the period explored show that the total community started to weaken in the late 1960s. The lives of both students and graduated nurses changed gradually, moving to a social arrangement were people slept, played and worked in different places with different people under different authorities during term time.

This meant that the characteristics resembling the total institution described by Goffman were no longer valid. More students started to wear civilian clothes, and this weakened the former sociological stripping process, described by Goffman, and the strict rules of the community. The consequence was that the school could no longer supervise students’ total life, which meant that the total RCNS community, which had survived for more than 100 years, weakened. This period represented a general downfall of hierarchies in Swedish society along with the collective sisterhood of the total community.

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of the RCNS. The emphasis was now on equality, also achieved by the RCNS becoming free of charge and changing the admission requirements to being based solely on grades and/or past experiences, similar to other educations.

Nursing education slowly headed towards professionalisation, and the focus turned from training towards adult education, with the aim of producing an accredited, standard nurse. All this had consequences for their identity formation, a transformation revolving largely around the concept of letting go a tradition of honour. In practice, the transformation had a major impact not only on giving up the previous nurse identity but rather of becoming a different sort of a Red Cross nurse. Here, we can see some interesting aspects of how the emerging, new Red Cross nurse identity can be described.

**From a united to a divided identity**
For a long time there were no sharp borders between the Red Cross nurses private and occupational lives. First and foremost, they were always Red Cross Sisters. This also affected their identity, first of all in the sense that there were no distinct borders between their occupational and private identities. As a consequence of more nurses marrying and starting a family in the 60s and 70s, their identities became more multi-dimensional, like the identities of other women working outside their home. They were nurses, but also mothers, wives and the like. As I mentioned above, the post-war nurses’ identity, on the contrary, was rather one-dimensional and homogenous, consisting first of all of a Red Cross nurse’s role and identification.

Drawing again on Robert Ornstein’s and Arthur Deikman’s work, the changes in Red Cross nurse occupational identity can be described as a split of the post-war, generalised occupational/private Red Cross nurse identity into at least a private sub-identity and a different occupational identity. This seems to be true both for their self-identities and their social identities.

In line with Deikman’s proposal that the self-structure also includes a coordinating function that he called “the observing self”, it is reasonable to

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442 Similar differences appear in the nurses’ social identities
assume that Red Cross nurses, during the 1960s and 70s, developed an observing self that helped them handle the relation between the private and the occupational selves. Figure 8 illustrates the self-structure of the nurses during the 1960s and 70s, and how the observing self can be understood as a coordinating function within this structure, when the differentiation between the private and the occupational sub-selves had taken place.

Figure 8 The sub-selves of the Red Cross nurse of the 1960s and 70s

The identity of the post-war nurses seems to have been more undifferentiated. Another way of characterising the post-war Red Cross nurses’ identities is to say that borders between their occupational and private selves were blurred. The private and the occupational sub-selves even interacted and reinforced each other as one whole. Figure 9 illustrates just one Red Cross identity, including both a private and an occupational dimension, which in everyday life where intimately integrated. By virtue of being a good woman, they became superior nurses. The female aspect of nursing had long built on caring being understood as a fundamental component of the female being.
In conclusion, the breakdown of the total community brought about a transformed Red Cross nurse occupational identity. The interviews showed that nurses from the second phase of the period under study had difficulty in understanding those from the first phase and vice versa. In the reform-friendly phase, students thought of previous students at the RCNS as victimized women acting on a calling, in contrast to themselves endorsing autonomy and freedom. The modern students saw their predecessors as sheltered and restricted. However, for the earlier students, their Red Cross nursing training appeared as a path to autonomy and freedom in relation to what opportunities society offered at the time. The new nurse of the 60s and 70s thought she was the first nurse without a calling, choosing to become a nurse for a personal reason. Thus she positioned herself in opposition to previous students choosing nursing; she thought, for altruistic reasons, that position included having a calling. The denoting of previous ways of doing things as odd also constituted for the new modern student a demotivation to follow the codes of conduct. When the nursing occupation was modernised—as my work indicates—there was a tendency to look down on previous ways of doing things. However, as I mentioned, the traditional nurses did not look down on their training when interviewed today, which speaks for the validity of their descriptions of what their training looked like, as even in hindsight they present a collective idea of a good training.
In terms of occupational identity, I have mentioned some important changes. Furthermore, we can see that the social, occupational identity seems to have been very influential in also shaping self-identity during the whole period that I have studied. However, the content of these social identities has gone through extensive transformations. After the war, a Red Cross nurse was still defined as an honourable member of a community of such nurses, who lived up to highly respected ideals and values. Learning to live up to this socially defined identity was a major goal of the training. Social identity was to a large extent internalised in the students and later the nurses’ self-identities. During the 60s and 70s, the traditional social identity of Red Cross nurses was questioned and to a large extent replaced by a new one, based on new ideas of a higher education that would lead to a more professional Red Cross nurse. Additionally, this social identity was strong, and the reformation of the training included replacing the traditional self-identity by a new one, more similar to the self-identity of other women and men who had gone through higher education.

Deikman’s conceptualisations of the observing self seems to be useful in our understanding of the role of self-identity in the nursing students’ training. Here, it should be added that the training of nurses today can also be understood in terms of gaining participation in a modernised and more professional community of practice. The main difference between the nursing community of practice of the post-war phase and the nursing community of today’s training seems to be that the traditional ideals have been replaced by new academic and science-based clinical goals. However, these goals are internalised in the same way as the Red Cross ideals were earlier. Using Deikman’s concept of the observing self, we can say that a key component in the training of nurses seems to be that the students learn to use their observing selves to evaluate how well they live up to current ideals or goals. In the post-war phase, the Red Cross students learnt to constantly evaluate what they did as a nurse in relation to the ideals of being a good girl, the code of conduct and the calling. From the late 60s, these ideals were replaced by the new goals of higher education and the students had to learn to use their observing selves.

in evaluating how well they managed to live up to these new goals in practice and work as nurses.

Reframing occupation and identity

As we have seen, the typical learning process of the total RCNS institution and the Red Cross community was in the reform-friendly phase replaced by learning to live up to national higher educational goals. Gradually, the RCNS lost more and more of its power to supervise students’ total life and its power over regulating students’ totality of existence. However, it should be mentioned that the new goals, which were not really implemented until after 1977, meant that the period between the late 60s and 1977 was first of all characterised by a moving away from traditional nursing training. After 1977, a clearer, new direction was pointed out by the reform, reinforced by the students’ own visions for a future training of nurses.

As already mentioned, two of the perhaps most important aspects of the previous learning process disappeared (learning to live together at the dormitory and to live up to the RCNS code of conduct, see Figure 5), and the two remaining aspects of learning (practice and theory) seem to have switched places, in line with the increased interest in theoretical learning. The proponents for theory referred to the need for a solid scientific base for the nurse’s practical work. Experienced nurses, however, objected, saying that teaching in the classroom was also less expensive and that the focus on theory was a result of the great difficulties to find in-service placements for all the nursing students. 445

During the 1960s and 70s the total community of Red Cross nurses lost its importance in the training. In line with this, the earlier so important aspects of everyday learning (learning to live together at the dormitory and learning to follow the Red Cross nurses’ code of conduct) lost their influence and meaning. In fact, the training of Red Cross nurses gradually became more and more focused just on entry into, and participation in an ordinary occupational community of nurse practice (described by Wenger, 1999). This is illustrated in Figure 11.

446 Inspired from: The UNESCO four pillars of education. 1996
Figure 11 shows what the learning process of Red Cross nursing education looked like in the late 60s and 70s. 448

 Returning to my research questions, we now better understand the transformation that Red Cross nurse training went through. In short, the transition from the traditional ideals of honour to the ideals of dignity/equality of modern, Swedish society came more and more in conflict with the Red Cross nursing traditions built on pre-modern values and hierarchies in the mid 20th century. 449 Most probably there are many reasons why the RCNS remained traditional for so long. One important reason is probably that the Red Cross nurses and their training had such a good reputation. However, the national, educational reforms of the 1960s and 70s and the growing need for the development of the health services within the welfare state at last made it impossible for the RCNS to continue on as before.

Thus the total institution of the RCNS broke down and gradually the total community of Red Cross nurses also lost much of its strength and status. As a consequence, the basic conditions for traditional Red Cross nurse training through identity formation disappeared. An important consequence was that the differentiation between the Red Cross nurses’ occupational and private identities, and the earlier so important learning through internalisation of

community ideals and codes of conduct, was gradually replaced by a more ordinary higher education for nurses based on the learning of nursing theory that was applied in practice. To some extent, the earlier training process of self-regulation most probably still worked in Red Cross nurse training, but it lost its dominant role as the main driving force in the students’ training and its earlier societal meaning as a basis for a distinguished social position in society. The key to our understanding of Red Cross nursing training and the shift that took place in the late 1960s is thus to be found in the transformation of the internal collective (the total Red Cross nurse community), where the core of the occupational learning was no longer the internalisation of the honourable Red Cross occupational identity, which the interviewees often referred to as being a good girl. Also in the Red Cross nurse training, nursing gradually became based on higher education in a manner similar to other student training for similar professions built on science and tested health care experience. This was a major reframing of the Red Cross nurse identity.

The answer to the second question turned out to be very complex. An important clue to the reason why the changes occurred at the RCNS has been provided by Charles Taylor in his analysis of the more general shift from traditional ideals of honour to dignity/equality in the Western societies. There is plenty of data indicating that maintenance of the Red Cross nurse ideals of honour, anchored in the strong community of Red Cross nurses, played an important role in the traditional training of such nurses. The internalisation of the community evaluations of how one managed to live up to the ideals of honour also seems to have constituted a basic dimension in traditional Red Cross nurse training. Thus the societal transformation away from honour as an ideal towards equal dignity of all citizens seems to have had an important influence in the change of Red Cross nurse training during the 1960s and 70s. A deeper analysis of what exactly triggered and supported these changes in Western societies falls outside my study. It seems reasonable to believe that the so-called 1968 movement, with its critical scrutiny of all existing traditions and structures, contributed to the rather rapid changes of the RCNS during the second phase of the period under study. However, the on-going modernisation of the Swedish higher education system, the expansion of the welfare state and other important political projects during the 1960s and 70s might have been even more influential. I hope to return to this issue later on.
As a teacher myself at the Swedish Red Cross University College today, I know that the question is raised now and then whether it would be possible to reconstruct the highly respected skills and respected societal position of the traditional Red Cross nurse. OK My study shows that even if this were desirable, it would not be possible to recreate the society that constituted the foundations for this nurse training. However, it might be possible to integrate today’s Red Cross nurse training much more closely with current Red Cross values and reputation. But that is another story.
Svensk sammanfattning

Inledning & forskningsfrågor


1. Hur formades sjuksköterskeeelevens yrkesidentitet vid RKSS, mellan 1945–1977?

2. Varför formades deras yrkesidentitet på detta sätt och varför förändrades identitetsformeringen under denna period?

För att besvara dessa frågor har jag intervjuat sjuksköterskor utbildade under den aktuella perioden och analyserat deras erfarenheter. Utöver detta har jag också analyserat diskursiva uttryck av deras sociala yrkesidentitet som finns i läroplaner, mål för utbildning, handböcker etc. Det övergripande metodologiska tillvägagångssättet är en hermeneutisk tolkningsmetod.
Avhandlingens utgångspunkter och tidigare forskning


452 Ibid

Teori


En av de mest kända teoretiska utgångspunkterna gällande identitet har utvecklats av socialpsykologen George H. Mead,453 som ofta också beskrivs som grundaren av den symboliska interaktionismen. Mead argumenterar för att det individuella självet är en produkt av social interaktion, som inte ursprungligen finns vid födseln, men som uppstår i processen av sociala erfarenheter och aktiviteter. Det är genom att vi tillägnar oss, den så kallade ”generaliserade andras” perspektiv (samhället i stort), som vi lär oss vad som förväntas av oss, dvs. att vi tar till oss andras syn på vem vi är och deras förväntningar på hur man ska vara och vad man ska göra. I samspelet med

andra människor skapar vi attityder mot oss själva och andra, och till världen som helhet. Självets utveckling är därmed ett komplext samspel mellan ett subjektivt ” jag” och ett socialt, och objektifierat ” mig”. Identitetsprocessen består i att vi strävar efter att skapa en balans mellan de sociala förväntningarna på ” mig” på ena sidan, och det subjektiva och spontana ” jaget” på andra sidan. Med detta så var det genom att lära sig sjuksköterskerollen och hur de skulle uppträda mot andra, som sjuksköterskeeleverna lärde sitt yrke och identitet. En annan av socialpsykologins klassiska företrädare, Charles Horton Cooley har utvecklat vad som kallas teorin om spegeljaget, dvs. att människor tenderar att internalisera andras definitioner av vem vi är. En viktig aspekt av spegeljagsteorin är att vi inte bara internaliserar sociala identiteter, utan också andras värderingar av oss, och detta är en nyckel till att förstå människors själ lvärderingar och självaktning. Inom det forskningsfältet som brukar kallas ” själ vteori”, har man under de senaste åren introducerat idén om att människor har flera identitetspositioner (som barn till någon, som förälder, som yrkesföreträdare; flera så kallade sub selves). Varje position är förankrad i ett visst socialt sammanhang med sina förväntningar och värderingar. Dessa olika identitetspositioner hanteras oftast utan några problem med hjälp av en övergripande samordnande funktion i identitetsstrukturen, som kallas det observerande självet. Charles Taylor påpekar att förståelsen av individuell och social identitet kan beskrivas med hjälp av en blandad modell, där interaktion med andra utgör en viktig process, och individens egna inre reflektioner en annan. Reflektionsprocesserna kan beskrivas som dialogiska. Taylor skriver att känslan av vilka vi är, ursprungligen är uppygdda i andras ögon. Det innebär att vi också är beroende av andras erkännande. En viktig följd av erkännandet ligger i att andras värderingar av oss påverkar vår egen. Uteblivet erkännande (misrecognition) hotar vår självaktning och kan betraktas som en form av förtryck.

I min analys av sjuksköterskeelevernas identitet vid RKSS fann jag att även Erving Goffman erbjuder ett fruktbart begrepp, nämligen ” den totala

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456 Ibid.

I min tolkning, där de sjuksköterskor som utbildades vid RKSS blev skolade in i en livslång gemenskap, och där arbetet och stora delar av sjuksköterskans liv vårderades med utgångspunkt ifrån den speciella gemenskapens värderingar och hederskodex, har jag också använt sociologen Ferdinand Tönnies arbete om Gesellschaft, och Gemeinschaft: två olika former för socialt liv. Gemeinschaft avser den samhällsform som bygger på personliga och familjära relationer, ofta grundade på känslor av gemenskap. Gesellschaft däremot avser en mer modern samhällstyp präglad av individualism, arbetsfördelning, institutioner och status baserad på utbildning och konkurrens. Den speciella gemenskapen mellan rödakorssjuksköterskor kan förstås som en typ av Gemeinschaft, som hölls ihop av gemensamma idéer och värderingar. En gemenskap hos unga kvinnor med liknande bakgrund och en delad vilja att bli just rödakorssjuksköterskor. För att fördjupa förståelsen, knyter jag också an till Lave och Wengers arbete om yrkeslärande i en praktikbaserad gemenskap (Communities of practise).

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458 Ibid.
Metod


Min studie


Resultat


Efterkrigsfasen

I efterkrigsfasen identifierade jag sex teman i utbildningen och identitetsförmeringen: 1) En värld för de utvalda. 2) Religionens paradox. 3) En regelbaserad gemenskap. 4) RKSS, ett växthus. 5) Disciplin, det sociala kontraktet. 6) Underordnad eller inte. Tillsammans ger dessa teman en bild av hur identitetsbildningen av rödakorssjuksköterskor fungerade under denna första fas. Nyckeln i utbildningen var, och hade länge varit, att överföra traditionella rödakorssjuksköterskeideal, värderingar och uppförandekoder från erfarna sjuksköterskor till eleverna. För att förstå hur detta kunde fungera


den tid som de tillbringade vid skolan var de i många avseenden underordnade. Samtidigt tycks eleverna gradvis ha betraktat sin utbildning som vägen till frihet. Tydligast blev nog det när de var färdigutbildade. Friheten bör förstås utifrån den ärade och hedervärda position de fick som rödakorssjuksköterskor; där de kunde tjäna egna pengar, hade friheten att byta arbete om de önskade, och kunde resa inom sitt yrke både i Sverige och utomlands. Dimensionen och styrkan i den frihet och ära som de kände, kan inte förstås utan hänsyn till sjuksköterskornas erfarenhet av att bli en del av den åtråvärda rödakorsgemenskapen, och möjligheten att klättra i den matriarkala hierarkin vid RCNS eller liknande andra institutioner. Detta var möjligheter som de flesta kvinnor vid denna tid oftast inte hade.


**Den reformvänliga fasen**

Ett av de mest slående empiriska mönstren i min studie av perioden mellan 1945 och 1977, är det ganska dramatiska skiftn översikt som inträffade i slutet av 1960-talet. Många strukturer vid RKSS hade överlevt i mer än 100 år och var väl etablerade, men de kom i slutet av 1960-talet att bli både utmanade och ifrågasatta. I min jämförelse av olika upplagor av rödakorshandboken kunde jag se att språket ändrades från att ha varit kollektivt och auktoritär i efterkrigsfasen, med fokus på skyldigheter, till att i handboken från 1960, bli lite mjukare med önskningar i motsats till de tidigare kraven. Språket i handboken från 1960 är också mer demokratiskt, det fokuserar mera på eleverna och mindre på skolan. Den interna gemenskapen på RKSS var i slutet av 1960-talet på väg att omskapas, bland annat på grund av olika förändringar.
Slutliga tolkningar

Min närläsning av dokumenten i arkivet och intervjuerna bekräftar att många viktiga förändringar ägde rum under den studerade perioden, och jag fann också intressanta förändringar i rödakorssjukköterskans identitetsbildning. Generellt bygger min förståelse av efterkrigsgesamheten på en övergripande tolkning, att denna tid på RKSS kan förstås som slutfasen av en 100-årig total institution, vars inflytande hela tiden hade förstärkts av att de utbildade sjuksköterskorna blev medlemmar i vad man kan kalla ”en totalt yrkesgemenskap”. Den reformvänliga fasen är sedan början på den totala institutionens och gemenskapens sönderfall som ett resultat av 1960-talets nya, ideologiska vindar som kom i konflikt med de traditionella värderingar, idéer och uppförandekoder som fanns vid RKSS. I efterkrigsgesamheten var RKSS en ganska isolerad värld, baserad på en homogen gruppering kvinnor, som var klädda på samma sätt, och som levde under samma starka auktoritet, i en respekterad gemenskap. En gemenskap som efter utbildningstiden fortsatte att hedra gruppens idéer, uppförandekoder och yrkesstolthet som de hade lärt sig på RKSS. Med Lave & Wengers begrepp kan denna gemenskap karakteriseras som en mycket tät, praktikbaserad gemenskap.463

För att förstå den speciella gemenskapen, som eleverna i efterkrigsgesamheten introducerades till och levde i, använde jag det teoretiska begreppet ”den totala gemenskapen”. Begreppet inspireras av Goffmans idéer om den totala institutionen.464 RKSS hade totala kvaliteter, dock utan att helt stänga eleverna ute från omvärlden så som en total institution i Goffmans mening ofta gör. Den totala gemenskap som rödakorssjukköterskorna blev en del av, var stängd för personer som inte var utbildade vid RKSS. Utbildningen var också en introduktion till ett livslångt medlemskap, organiserad kring arbete och omvårdnad, men gemenskapen inkluderade också stora delar av sjuksköterskornas privata, sociala liv. Mitt begrepp ”den totala gemenskapen” hämtar även inspiration ifrån Tönnies begrepp Gemeinschaft, som avser den samhällsform som bygger på personliga och familjära relationer, och hålls samman av homogena, enande normer och idéer.465 Enligt Tönnies är de som

ingår i en sådan gemenskap först och främst medlemmar av gemenskapen, och
i andra hand individer. Det är de gemensamma perspektiven och idealen som
bestämmer förståelsen av vem man är och hur man skall leva. Detta är en bra
karakterisering av RKSS totala gemenskap.

Disciplin var en viktig sida av gemenskapen, särskilt under utbildningstiden.
Men den stränga utbildningen erbjöd också eleverna framtida möjligheter,
som de till och med beskrev som ett liv i frihet. Eleverna hölls ihop genom att
dela samma villkor, bekräfta samma uppförandekoder, värderingar och ideal,
med det övergripande syftet att skolan ville träna eleverna på bästa möjliga
sätt att bli rödakorssjuksköterskor. En viktig egenskap hos den totala
institutionen RKSS var således att den också i många avseenden var attraktiv
för eleverna som såg framför sig en rad livsmöjligheter, och en gemenskap
med en högt respekterad yrkesidentitet. Den nära gemenskapen band ihop
gruppen på en fysisk nivå, men också på tankenivå, eftersom medlemmarna
skolades in i en delad, ömsesidig förståelse, där skolans förvaltning, lärarna
och studenterna ingick i samma projekt. Man kan säga att det teoretiska
begreppet ”en total gemenskap” har fyra aspekter. Först och främst liknar det
en total institution, så som den beskrivits av Goffman.

466 Vidare kan vår förståelse av själva gemenskapen fördjupas i linje med Tönnies begrepp
Gemeinschaft/Community. Gemenskapen bland rödakorssjuksköterskorna
var en värde- och hedersbaserad gemenskap som upprätthölls av ett delat
regelverk, en känsla av solidaritet och moraliska skyldigheter mot varandra.
Det var en stängd och stark gemenskap med kvinnor som delade samma yrke,
men också mycket annat i sitt sätt att se på livet. De noggrant utvalda eleverna
kände sig speciella och viktiga, men hade även höga krav att uppfylla. Det
underströks exempelvis i skolans handbok, som kungjorde att eleverna inte
bara var observerade av skolan, utan även av samhället. Infriade eleverna
uppförandekoderna, husreglerna och vad som förväntades av en
rödakorssjuksköterska vann de en hedervärd position, gjorde de inte det kunde
de avvisas. Det sistnämnda illustrerar praktikgemenskapens lärandeaspekt och
knyter an till Lave & Wenger.

467 Taylor bidrar också till vår förståelse av ”den

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participation. Cambridge: Cambridge University press.

Den samhällsutveckling som Taylor beskriver fick ny kraft i Sverige under 1960-talet. Hierarkier grundade på att människor intog olika, mer eller mindre ärofulla eller hedersamma, positioner i samhället betraktades som mer och mer förlegade och orättvisa. Den demokratiska värderingen att allt har samma värde och att olika positioner i samhället skulle fördelas efter kompetens och utbildning vann starkt stöd. Dessa nya vinar blåste också på RKSS, men som en följd av skolans totala karaktär gick förändringarna långsamt och de traditionella strukturerna och hierarkierna fanns kvar under större delen av 1960-talet. 68-rörelsens bars främst av den unga generationen och på RKSS var det främst studenterna som drev på utvecklingen. Den allra viktigaste drivkraften bakom förändringen var nog emellertid den pågående

\[469\) Ibid.


blev som andra, och sjuksköterskorna bildade familj och utvecklade sina övriga livsroller, kom deras yrkesidentitet således att bli mera avgränsad och deras självidentitet som helhet, blev mer mångdimensionell, ungefär som självidentiteten hos andra kvinnor som arbetade utanför hemmet.

Nyttel till vår förståelse av utbildningen vid RKSS och det skifte som ägde rum i slutet av 1960-talet, finns således i de parallella omvandlingsprocesser som, å ena sidan ägde rum i hela det västerländska samhället och som fick ny kraft under 1960- och 70-talen, och omvandlingen av det interna rödakorssjuksköterskekollektivet å andra sidan. Från att i hög grad ha gått ut på att man skulle lära sig vad det innebar att vara rödakorssjuksköterska genom att tillägna sig värderingar, färdigheter och uppförandekoder av de äldre kollegerna i en tät sjuksköterskepraktik, utvecklades utbildningen successivt mot teoretiska studier av ett nytt ”sjuksköterskevetenskapligt” kunskapsområde som i Sverige fick beteckningen ”omvårdnad”. Härmed förlorade den tidigare identitetsformeringen i rödakorsgemenskapen sin centrala betydelse för hur man skulle lära sig att vara rödakorssjuksköterska. Rödakorssjuksköterskornas identitetskonstruktioner kom på det sättet att få en ny inramning och funktion i yrkeslärandet, mycket mera lik identitetsformeringen inom andra moderna, akademiska utbildningar. Sin mera definitiva form och sitt specifika innehåll fick denna nya identitetsformering inte förrän efter Högskolereformen och dess genomförande på 1980-talet. Under den reformvänliga fasen av den period jag studerade tycks rödakorssjuksköterskornas identitetsformering således ha präglats av en blandning av upplösningen av den traditionella identitetskonstruktionen, och utvecklingen av de nya innebörderna i vad det innebär att vara sjuksköterska. Mycket talar för att rödakorskontexten också här fick nya betydelse.


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London: Routledge.

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Styrelsens protokoll m.m. (1948) Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A/A1A/36). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).

Styrelsens protokoll m.m. (1950). Stiftelsen Rödakorshemmet. (SE/RA/780058/1/A/A1A/38). Riksarkivet, Arninge. (Red Cross home Protocol mm. Swedish National Archive).


Appendix 1—Letter of informed consent

Studie om Röda Korsets sjuksköterskors sociala identitet.
Du tillfrågas härmed att delta i en studie om hur det har varit att vara Röda Korsets utbildad sjuksköterska. Studien utförs av Röda Korset Högskola i samarbete med Stockholms Universitet.

Bakgrund till studien

Syfte med studien
Syftet med studien är att utforska sjuksköterskors sociala identitet, vilket fokuserar på sjuksköterskors självdefinierade identitet, i förhållande till det sociala sammanhanget och hur omgivningen har definerat dem.

Studieplan
Studien har precis gått in i sitt andra år, av totalt 5 år.

Studiedeltagande
Ditt deltagande i denna studie är helt frivilligt och du kan avbryta eller dra tillbaka ditt samtycke när som helst utan förklaring. Upppe om man avbryter sitt deltagande i studien genom en skriftlig eller muntlig begäran. Vilket vill avlägna din intervju från studien.

Hantering av personuppgifter och insamlad information
Din intervju är konfidentiell, och kommer att avidentifieras. Ditt namn kommer inte att framkomma, bara vilken tid du jobbade med utdrag från intervjun utan namn och arbetsplats specificerad.

Kontaktperson
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Informerat samtycke
-Jag bekräftar att jag fått denna skriftliga samt annan muntlig information om studien.
-Jag ger mitt samtycke till att delta i studien och vet att mitt deltagande är helt frivilligt.
-Jag är medveten om att jag när som helst och utan förklaring kan avsluta mitt deltagande.

..........................................................  ..........................................................  ..........................................................
Datum Namnteckning Namnförtidyligande
Appendix 2—Interview questions

Interview Question:

1. Why did you want to be a nurse?
2. Varför valde du att bli sjuksköterska
3. Why did you choose Red Cross Nursing School?
4. Varför valde du Röda Korsets sjuksköterskeutbildning?
5. Can you tell me about your education, and if you think Red Cross nursing school differed compared to other nursing schools?
6. Hur var din utbildning, och tror du RK skilde sig från de andra utbildningarna?
7. Tell me about your childhood - parents and siblings?
8. Hur vill du beskriva en sjuksköterska?
9. Vilka förväntningar hade menar du, samhället på sjuksköterskan?
10. Vilka krav kan du speciellt komma ihåg du reagerade på, under utbildningen eller efteråt när du kom i arbete?
11. Hur var din barndom, vem var dina föräldrar och vad med syskon?
12. Did you work with only female nurses, how was that?
13. Jobbade du med bara kvinnliga sjuksköterskor?
14. What did nursing homes mean for you?
15. Sjuksköterskehem – bodde du på det, hur var det?
16. Why do you think many nurses did not marry?
17. Varför tror du mange sjuksköterskor inte gifte sig?
18. What about the teamwork with physicians and assistant nurses?
19. Hur vill du beskriva samarbete med läkare och undersköterskor
20. What do you think about male nurses?
21. Vad tankar du om manliga sjuksköterskor?
22. Have you ever worked in catastrophe situations?
23. Har du har jobbat i katastrof eller krig, hur var det?
24. What do you think military and war meant for Swedish Red Cross nurses?
25. Vad tror du militären och krig har betyd för Röda Korsets sjuksköterskor?
26. Tell me what your uniform meant for you, and the brooch?
27. Vad betyde din uniform för dig, och din brosch?
28. Do you think your career choice influenced you in a different way compared to girlfriends who chose another career?
29. Tror du din karriär och yrkesval har påverkat dig på ett sett som är annorlunda i förhållande till dina vännor?
Appendix 3—Data management plan

**Project name**


**Project**

The overall aim is to explore the construction of nurse identity at the Swedish Red Cross Nursing School (RCNS), between 1945 and 1977, when nursing became part of the system of higher education in Sweden. Research questions:

1. How was the nurses' occupational identity formed at the RCNS during the period 1945-1977?

2. Why was the occupational identity of Red Cross nurses formed in this way and why did it undergo transformation during this period?

The methodological approach is hermeneutical, with the aim to understand the underlying mechanisms of the changes in the training of Red Cross nurses and their identity formation.

**The empirical data**


Together with interviews with nurses trained during the period 1945-1977.
List of interviewees

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<th>Respondent</th>
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<td>1951-1954</td>
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Data security

Archive is accessible through The National Archive of Sweden

The interviews are saved together and stored at The Red Cross University College.

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Governing Institutions

Red Cross University College is founding the project.

The project is carried out with the PhD program of Department of Education, Stockholm University and followed up every year with an individual student plan at the Department of Education.

Ethical Review

The project has not been formally reviewed by an ethical advisory board, as the study was not considered to include sensitive, hurtful or offensive data or analyses and did not qualify for the mandatory examination of the ethical advisory board.

Informed consent

Yes

Protection of the respondent/ anonymisation

Yes

Confidential information

No

Copyright

Yes – Red Cross archive inclusive pictures, copyright in writing

Yes - Else Johansson’s drawings – copyright in writing

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Reframed Identity

Red Cross nurses' identity formation between 1945 and 1977

Trine Jønland Højsgaard

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