

## Nurses in American History

## The Lasting Impact

# of WORLD WAR II on Nursing



*Changes in nursing that came about as a result of World War II have continued to influence the direction and development of the profession.*

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Placing nurses at or near the battle zone was a controversial issue in earlier wars; by the time of World War II there was no longer any question

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about it. Nurses of various nationalities played a significant role in the war effort and had a share in creating a different balance of fighting power.

The more sophisticated fire power of the day increased casualties to both soldiers and civilians, but greatly improved health care helped cut the mortality from communicable diseases and wound infections that had characterized earlier wars. Thus health manpower began to assume an importance in successful warfare approaching that of arms and bearers of arms. Although this fact is seldom discussed, it has undoubtedly had an impact on subsequent governmental decisions about nursing and medicine.

The war in Europe was preceded by a protracted preparatory phase in which German and Italian expansion-

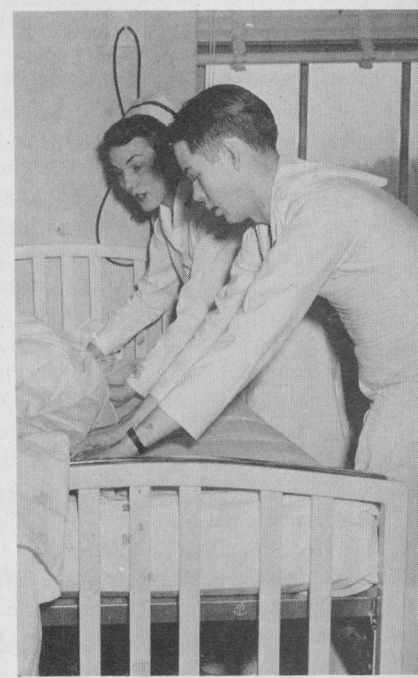
ism was seen as a danger to other European nations. The British and French finally declared war in 1939 when Germany invaded Poland.

In this country the possibility of involvement was hotly debated, but the decision was made for us in December 1941 when the Japanese attacked our naval base at Pearl Harbor in Honolulu. Eventually, all of the industrialized nations in the world were drawn into the conflict, which did not end until August 1945, after the Americans dropped atomic bombs on Hiroshima and Nagasaki in Japan(1).

From the beginning, organized nursing supported the war effort. Not that nurses favored the war before it started, but documents suggest that they believed it was inevitable so they might as well prepare.



*Nurses' contributions to the war effort—on the civilian as well as the military front—led to an increased emphasis on autonomy and on team functioning.*



At the 1938 American Nurses' Association convention, the Army Nurse Corps announced it had increased its strength from 600 to 675(2). In 1940, Julia C. Stimson, ANA president and former head of the Army Nurse Corps, convened a meeting of representatives of all of the national nursing organizations, various federal agencies, and the American Red Cross, a coordinating body known at first as the Nursing Council on National Defense, later as the National Nursing Council for War Service(3,4). It performed many services in coordination and communication, but perhaps its most lasting contribution was to sponsor the first reasonably accurate national census of registered nurses.

Realizing that state board lists were often out of date and included nurses

who were registered in more than one state, the NNCWS conducted a mail survey and, in 1941, reported that there were an estimated 289,286 registered nurses in the country and that 173,055 of this number were employed(5).

By the time the war ended, 100,000 nurses had volunteered and 76,000 had actually served in the Army or Navy Nurse Corps(6). Their war experiences were as varied as the areas in which they served. While some of the nurses who were stationed in the Philippines were evacuated when the islands fell, 66 remained behind. Members of this group were in a hospital attacked by the Japanese; 37 months later they again came under fire when the Americans recaptured the area(7). Nurses went ashore with the invading

troops in North Africa; they landed under fire at Anzio, and they moved into the beachhead at Normandy four days after the invasion. Dressed in fatigues rather than dress uniforms, they became a familiar sight wherever American troops were stationed(8,9).

As they served, their role and status in the armed forces changed. In the legislation under which the Army Nurse Corps was created in 1902 and the Navy Nurse Corps in 1908, the nursing units were envisioned as somewhat separate from the regular forces, and the law specified female nurses. They were recruited by the Red Cross rather than the services themselves, and nurses had no clear position in the military hierarchy.

In 1920, Army nurses and, in 1942, Navy nurses were given a status called



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relative rank, which meant that they carried officers' titles but were accorded less power and pay than their male counterparts. In the midst of the war, relative rank was temporarily abandoned, the recruitment responsibilities were removed from the Red Cross, and nurses were brought more closely into the military services system.

In 1947, full commissioned status was sanctioned, and the segregation of Negro nurses was ended. The last vestige of discrimination in the Army Nurse Corps was finally removed in 1954, when men were admitted with full rank as officers(10,11,12).

On the surface, this struggle for rank may seem to have only symbolic significance; it was actually a real struggle to gain the power that was needed to plan and deliver good nursing care. Most of the discrimination against nurses was subtle and paternalistic; it was nevertheless real. Nurses' ambiguous status in the highly structured military system led to inefficiency and indirection. What they won when regular rank was finally achieved was the right to manage nursing care, including both the care they themselves delivered and nursing functions carried out by the enlisted corpsmen. In gaining this managerial power, military nurses set the direction for all members of the nursing profession to move toward more autonomy and more responsible managerial positions.

The vigorous recruitment by the armed forces created serious shortages in the civilian sector, and the manner in which this problem was solved had several long-range consequences. The movement to stratify nursing started before the war, but the wartime experience in both military and civilian hospitals was the deciding factor in changing nursing from a single entity to a multi-level system.

During the war the Red Cross and the Office of Civilian Defense trained more than 200,000 volunteer nurse's

aides. At first these aides were used only for non-nursing tasks, such as serving food and water or running errands, but the shortage of help forced them to take on some nursing functions. Eventually many of these aides switched from volunteer to paid status, and their cost effectiveness in the basic bedside role did much to stimulate the permanent development of nurses' aides and licensed practical nurses(13,14).

The second approach to the shortage was governmentally sponsored refresher courses to bring inactive nurses back into the work force. Since many of these women were married and had significant family responsibilities, they were available only part time. They were accepted on these terms, and employers found they could make significant contributions. As a consequence some of the old prejudices against married and part-time nurses crumbled.

The third strategy was to bring massive numbers of students into nursing schools, not only to prepare them for nursing after graduation, but also to use their services while they were in training. Because students had been the major source of nursing manpower since the beginning of the hospital training school movement in the last quarter of the nineteenth century, this was in no way precedent setting. The new element in the program was the large-scale federal assistance to schools and students which was furnished by the Cadet Nurse Corps.

Established in 1943, the Cadet Nurse Corps had by 1945 allocated funds to 1,125 schools and 170,000 students. Since the corps forbade discrimination on the basis of race or marital status and set minimum educational standards, it was a significant factor in improving the educational system(15,16). The federal assistance set a precedent for governmental cooperation in nursing education and, although in the post-war years that assistance varied with administrations and national conditions, the funds that were granted helped the schools as they moved into the mainstream of American education. Federal funds gave educators stronger bargaining

power with colleges as they sought affiliations for nursing schools.

In summary, the events of World War II had a lasting impact on nursing. The contributions made by nurses to the war effort were significant; in fact, they helped to make the health care team a crucial factor in any modern combat force. Many old prejudices were abandoned, and nurses gained power and prestige. The one-to-one "primary nursing" role gave way to a stratified nursing team which in the post-war years pushed many registered nurses away from direct patient contact into managerial roles.

Paradoxically, the Cadet Nurse Corps, which used students as workers, set precedents for federal aid to nursing education which later helped the schools escape from the apprenticeship system.

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