

Historiography in Nursing Research

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This introductory offering to the history department of the *Western Journal of Nursing Research* is in itself a historical entity. That such a department has emerged now in 1987 is indicative of the sensitivity of the journal's leadership to the raised consciousness of its readers. In addition, some credit must go to the developing cadre of nurse historians and their supporters who have demonstrated the relevance of their efforts to contemporary concerns in nursing.

The study of history represents the potential for the discovery of a unity and continuity in one's identity. Beyond the search for truth it can offer hope and reassurance. Further, the possession of an intelligent appreciation of the emergence and evolution of an identified group is fundamental to that group's status as a profession. Although nursing has often been called a profession, this has not been universally accepted. Part of the problem may well be attributed to the traditional disregard of the past, a certain lack of historical-mindedness. This absence of a historical perspective could account for the current dilemma that relates to redefining nursing and determining its parameters of professional responsibility within the health care arena. A sense of history seems appropriate as a prerequisite to a professional mentality. For, ignorance of the past contributes to the inability to identify one's boundaries properly and retards the development of the essential autonomy that accompanies professional self-determination.

The care givers of the past belonged to the same culture and society from which those identified as needing their care emerged. Because the growth and development of any entity cannot take place in a vacuum, it is most relevant to survey the cultural and societal components of the recurring themes and trends within the history of nursing care in order that we might better assess the place and part that nursing can assume as its own in the present, and in its planning for the future.

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Lavinia Dock (1931) our first nurse historian often spoke of the good of history being in the lessons for life and clearly stated that it was "useless to memorize a list of names, dates and places" (p. 751). The distinction between history and chronology is an important one to make. Chronology as a list of facts in order of their appearance "does not demonstrate relationships among facts, interpret the events or distinguish between major and minor events. History [on the other hand] . . . is an analytical exploration of events" (Brown, 1983, p. 51).

In addition, the process of fact finding is fraught with the rhetoric of history's promises and the reality of many enduring problems. The following are a few of these promises and problems.

First, history promises inspiration through information, that is, what Christy (1978) often referred to as "the hope of history." This sentiment is echoed by other historians. For example, Nevins (1962) spoke of history as a way "to measure time against eternity, to rise above the heat and dust of ephemeral issues into a serener atmosphere . . . history teaches a wise humility; in moments of darkness, confusion or pain it teaches a wise patience" (p. 407).

Yet the flipside of the coin of hope reveals the problems of despair. For rather than being inspired and wisely patient, we may become troubled by the persistent obstacles of the past that continue to confound us.

An important difference in the potential for inspiration has surfaced recently—no doubt related to the resurgence of general interest in women's studies, which of course includes women's history. Ashley (1976, p. 125) pointed out that "the role of nursing in the health field is the epitome of women's role in American society," that is, nursing history is women's history and that until recently women and their accomplishments have been virtually invisible (Davies, 1980). This is changing, and there is promise of learning much more from those who went before us. Most nurses at the turn of the century did not risk the glare of public attention that accompanied their reform activities, and their need to maintain a ladylike reserve created an unreal impression of their noble efforts—one that superhumanized them, making them paragons of virtue and difficult to relate to. There is today, a notable difference, as more realistic accounts of nursing history and biography are being reported.

How much do we really know about those who went before us? We may read of the grand and glorious reforms at the turn of the century that capture the imagination when we speak of the likes of Lillian Wald or Margaret Sanger. But what of the rank and file? Who were the people that made up the work force of nursing as it developed? What do we know about their frustrations, their setbacks, and their failed strategies? And couldn't we learn from their mistakes as much as we do by the noble examples of accomplished leaders?

Much of our history has been presented in the traditional manner of "women worthies." These accounts usually involved what Davies (1980, p. 12) refers to as "broad-brush history," which has as its focus "individuals, leaders in the field,

exceptional people who struggle against the odds and win” (see also Tuchman, 1981; Pachter, 1981). Thus the profession’s self-congratulatory efforts in past historiography restrained the potential of critical analyses so necessary if history was to meet its major objective of self-knowledge. To present effective models of achievement, biographical data must be balanced and the investigation must be carried out in as dispassionate a fashion as possible. We need to see our pioneers as they were—blemishes and all—so that in the process a collective identity crystallizes for all of us to relate to.

The use of biography as a specific framework from which to operate allows us the opportunity to view the larger context through the experience of the individual. Tuchman (1981, p. 80) speaks of the appeal of biography as reflecting a prism of history. Through the attraction of dealing with the history of an individual, one can view the larger history and appreciate the context out of which the individual emerged. By the same token “life telling” in the words of Pachter (1981, pp. 14-15) has become an “intimate act” and in the final analysis the clues uncovered must, to be worth the telling, portray a convincing vision of life.

Another promise of history is its potential as a unifying force. This is based on the belief that having determined a collective past, one can look to developing a sense of unity. Yet unity has been an elusive element in the development of nursing.

In 1893, Edith Draper said “to advance, we must unite,” and her words at the World’s Colombian Exposition in Chicago became a rallying cry to the assembled nursing superintendents gathered for the first time in what would lead to the birth of organized nursing in this hemisphere.

She was joined by her colleague Isabel McIsaac (1893) who spoke out on the importance of collective action; what we today might call *networking*, as she spoke of the benefits of establishing alumnae associations. She saw the difficulties of indifference and lack of enthusiasm but maintained:

It needs no argument to convince us that in union lies strength and in knowledge, power. We have for ourselves a most honorable calling, one which compels respect of all mankind. We are just beginning to realize how much higher we may go. . . . We have fought for firm footing. We can by united effort lift ourselves to honorable permanency. United we stand, divided we fall. (pp. 155-156)

Dumas and Felton (1984) have said it all again:

At various times in the history of professional nursing, we have sought to develop stronger power bases to enable us to determine the direction of our future and to negotiate in our best interest. Success in these endeavors will not be achieved without more solidarity among our ranks. We must pull together to resist forces that threaten to keep us dependent upon conceptions of what others believe to be in our best interest. (p. 22)

The hope of solidarity and unity in the face of an escalating diversity within our ranks may seem a foolhardy promise. Yet our shared past speaks to the universality in nursing as an experience, and our shared mission for humankind speaks to our professional responsibilities.

The knowable truth, that is, the available data that is collected and processed as objectively, accurately, and systematically as possible, allows for a measure of interpretation. As a result of synthesis and evaluation of the evidence, the process includes the search for facts, as well as the interpretive task. In addition, historians attempt to satisfy what is commonly referred to as the *so-what* factor. This refers to the relevance of the findings. Given the complexities inherent in the human condition, historical interpretations are fraught with multiple causation. Tuchman (1981) speaks of the historian's complex task when she acknowledges (and maintains that) "human beings are always and finally the subject of history." She speaks of history, "as the record of human behavior, the most fascinating subject of all" (pp. 247-248).

Recognizing that the quest for truth is paramount, one must acknowledge the reciprocity involved in uncovering the there and then as we attempt to relate it to the here and now. For "the greater our knowledge of the present, the more relevant can be our inquiries into the past. There is thus a reciprocal relation between historical and current studies" (Nevins, 1962, p. 407). Nevins acknowledges this reciprocity, stating that "it is as true to say that current events cast their shadows backward as that coming events cast their shadows before" (p. 407).

In coming issues this space will be shared with historians and historiographers in nursing whose research efforts and ideas provide linkages and relevance for our time.

We may not always find specific answers to specific persistent questions, as history deals best in generalities. If we accept historical truths as they are revealed to us and develop an informed sensitivity to our place in history, we may yet find the strength and wisdom of humility and patience to proceed along the untraveled path ahead. Donaldson (1983) has urged, "nursing must be confident enough of its own scholarliness to recognize and foster its link with humanism as it strengthens its scientific base" (p. 43).

Of history's many promises, I would end this column as it began—that is, with the promise of a sense of identity, a sense of continuity, and a sense of unity.

These are the knowable historical imperatives that can provide the breadth and depth so vital to an enlightened perspective on the present.

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