

AN ANALYSIS OF THE SOCIAL WORLD OF LITHUANIAN NURSING DURING THE TURBULENT PERIOD OF 1935–1945

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Abstract

Background and objectives: Historical research has made it possible to document the changes in the social world of Lithuanian nursing between 1935 and 1945, a decade in which the country of Lithuania experienced major transformations surrounding World War II. The research questions were: What was the social world of Lithuanian nursing in relation to authenticity, socialization, arenas and segments? How did other social worlds influence the Lithuanian nursing?

Material and methods: Historical inquiry was used to establish facts in order to describe and interpret selected, significant events.

Results: Nurses apparently did not have enough power in the Lithuanian government nor sufficient control over their profession to bring about this change at that time. Nurses worked in government hospitals under bad conditions, the salaries were low, hours were not consistent, and other benefits, such as housing, were limited. The focus of Lithuanian nursing was significantly altered after World War II. By 1940, Lithuanian nurses had organized themselves and viewed themselves as professionals. Written and oral communication, travel and observation of foreign health care systems was a method used to generate ideas and plans for change within Lithuanian nursing.

Conclusions: Between World War I and World War II, Lithuanian nursing grew and, with some political maneuvering, was able to run its own affairs. The development of Lithuanian nursing was halted with the beginning of World War II and further unraveled by the Soviet occupation. Nursing as a profession reverted to the avocation only.

Key words: nursing; social world; Lithuania; historical research

INTRODUCTION

Lithuania's geopolitical position, between Soviet Russia and Germany, made the country's independence fragile in the 1920s and 1930s. Although Lithuania professed to be strictly a neutral country, there was no way to enforce neutrality when situated between influential menacing powers. The first Soviet occupation of Lithuania occurred from

1940 to 1941. Lithuania was then occupied by Nazi Germany from 1941 to 1944. When the tide of war turned and the Soviets pushed back the Nazi invaders, the second Soviet occupation of Lithuania began in 1944. Lithuanians experienced a period of diminished autonomy, independence and responsibility due to increased control by competitive occupying forces. Soviet and German occupation in Lithuania resulted in leadership changes throughout

government-regulated groups, including nursing. The literature from 1935 to 1945 indicated that nurses continued to express their concerns about nursing education and practice and health care in general.

Lithuanian nursing may be defined as a social world which is, according to Strauss (1991), a professional or occupational group that shares a common activity. Historical research has made it possible to document the changes in the social world of Lithuanian nursing between 1935 and 1945, a decade in which the country of Lithuania experienced major transformations surrounding World War II. Lithuanian nurses had the freedom to build their profession after World War I when Lithuania became independent of Czarist Russia until the beginning of World War II. According to Church (1987), history provides “a sense of identity, a sense of continuity and a sense of unity”. For Lithuanian nurses, knowledge of their own history as a social world during different historical periods assists in understanding the origins of their discipline and the social forces that have shaped it. This kind of dimensional structured and theory grounded analysis also lays the foundations for further similar investigations and comparisons of Lithuanian nursing during different historical periods.

Social theory framework

Strauss (1991) described the study of social worlds and defined them as professional or occupational groups that share a common activity; he also described the location for the activity, membership and technology (Strauss 1991). Five aspects of the social world of Lithuanian nursing were examined including authenticity, socialization, arenas, social movements and processes.

According to Strauss, *authenticity* is the maintenance and control of membership through such processes as licensure and promotion of members. Authenticity for Lithuanian nursing focused on the rules for recognition as a nurse, promotion within the discipline and the people or other group(s) who established these rules. *Socialization* refers to how members enter and leave the social world. For nursing, this was defined as the process by which students were admitted to Lithuanian nurses’ training schools and, subsequently, into the workplace. *Arenas*

are places where issues are discussed, such as the workplace or during an organization’s meeting and, thus, were anywhere Lithuanian nursing was discussed. *Social movements* occur when groups or parts of groups, called segments, change. Segments are fluid and are influenced by work activities and methods, as well as other segments and occupations. They may also be regulated by legislation and have criteria for membership. Social movements are characterized by initiation of change, recruitment, leadership, organization, ideology and tactics. Changes in Lithuanian nursing or nursing specialty areas constitute social movements. Other social worlds that influenced Lithuanian nursing were physicians, Soviet occupying forces, German occupying forces and the larger social world of women of which Lithuanian nurses are a part. *Processes* refer to the methods used to manage constraints and to unite the group when faced with threats or opportunities. The strategies employed by Lithuanian nurses to maintain their discipline before, during and after World War II, were explored.

Research questions

The primary research question was: What changes in Lithuanian nursing occurred between 1935 and 1945 that contributed to the social awareness and self-identity of Lithuanian nurses? Two subordinate questions were framed in order to obtain specificity. They were: What was the social world of Lithuanian nursing in relation to authenticity, socialization, arenas and segments? How did other social worlds influence the Lithuanian nursing?

MATERIAL AND METHODS

Access to material

The existence, location and availability of materials were explored to ensure that this historical investigation was possible (Fitzpatrick 1993). The reestablishment of Lithuanian independence in 1991 resulted in easier public access to public records in Lithuanian libraries and archives. A search for a cumulative written nursing history in Lithuanian libraries, archives and schools of nursing yielded no results. Primary source materials, as well as secondary source materials

were examined in the Antakalnis archives and Mažvydo National Library, both located in Vilnius, Lithuania. These materials included official documents, records, correspondence and journal articles pertaining to nursing education and practice. Documents located in the central archive, national library and smaller repositories were retrieved through the assistance of a consultant from the Mažvydo National Library.

Research method

A historical investigation allows a discipline such as nursing to better understand itself and to provide future directions for the discipline (Church 1987, 1993, Fitzpatrick 1993, Ogren 1994, Hall-Long 1995). Historical inquiry was used to establish facts in order to describe and interpret selected, significant events. A historical fact is established when two independent primary sources concur or when one primary source and one secondary source concur without other opposing evidence. When only secondary sources are available, then only probability may be asserted (Sarnecky 1990, Fitzpatrick 1993). Also, the researcher must consider whether the primary sources contain bias. To accomplish that, tests for reliability and validity, known as internal and external criticism are carried out. Internal criticism is concerned with accurate interpretation of data to establish the truth. External criticism involves the trustworthiness and authenticity of documents (Lusk 1990, Fitzpatrick 1993). Materials housed in archives have already met the criteria for external criticism. Each document reviewed was coded according to topic and date. One file contained a chronological order of events while another file contained information sorted by topic.

DISCUSSION

Strauss' social world theory provides us with insight into the motivations of Lithuanian nurses from 1935 to 1945. Analysis of Lithuanian nursing revealed who controlled the profession (authenticity), how one entered the profession (socialization), where issues were discussed (arenas), changes that occurred in the profession (social movements) and how those changes occurred (processes).

Authenticity

Membership in the social group of Lithuanian nursing depended upon non-nurses. Male physicians controlled nursing education while the predominantly male government controlled registration (Kronika 1920, Monkutė-Janulionienė 1989). Although a system of registration was established, it did not ensure that nurses without official training were separated from those with official training. Unregistered nurses could still work and non-nurses were hired into nursing positions (Gustaitienė 1937).

Quite clearly, Lithuanian nurses' training was controlled by male physicians and entry into practice by male politicians in the government. Male physicians dominated as school directors and instructors. Only two women were involved in nursing education from 1935 to 1945, and only one of them was a nurse. Even clinical practice was supervised by physicians or government appointed head nurses (Jakubaitienė 1998). Although Lithuania was producing more registered nurses, they were not rising to higher leadership positions in nursing education. Control of nursing remained outside of the discipline and may partially account for the lack of significant change in requirements for registration prior to World War II. The process by which a nurse was promoted was simply based on years of service. As hospital administrators were male physicians, a staff nurse was most likely promoted to the position of head nurse.

In 1938, at a meeting of Baltic nurses, the Lithuanian representative, Vitkauskaitė, presented information about a planned reorganization of nursing schools and an expansion to three years of study (Jakubaitienė 1998). This plan was formulated by nurses but did not come to fruition between 1935 and 1945. Nurses apparently did not have enough power in the Lithuanian government nor sufficient control over their profession to bring about this change at that time.

Socialization

Women entered the social world of Lithuanian nursing by entering nurses' training. Other than an increase in education requirements, admission criteria for nurses' training changed little in independent Lithuania. An entering student had to be at least 18 years old, with

at least ten years of education, in good health and had documented good character.

Clinical practice for nursing students was completed in Lithuanian government institutions such as the Kaunas Red Cross Hospital (Current events of international interest 1929, Roušarova 1934). Students were on probation for the initial six months of training during which time they could be dismissed or leave voluntarily. Upon completion of the nursing program, graduates received diplomas in general nursing and public health (Vitkauskaitė 1937). Students were both employees and learners. As employees, they were given a full workload, but since they were students, they were not paid. More time for rest and study was cited as a needed improvement in nursing education by Kubilius, a hospital director in Kaunas (Kubilius, n.d.).

After graduation, Lithuanian nurses obtained positions in hospitals by writing to city government officials (Krėnienė 1940, Petrauskienė 1940). They indicated where they were trained as nurses and whether they were Lithuanian citizens. The workplace was not closely regulated and legislation was not enforced as both registered and unregistered nurses could work. For example, although only registered nurses could legally work in nurse positions, hospitals hired non-nurse midwives to work in nurse positions as well. Registration had not provided job security for the nurse nor protection for the public as it should have. There was no evidence that hospitals were censured for hiring non-registered nurses in nurse positions.

Conditions were neither good nor stable for nurses. Nurses who worked in government hospitals generally worked under worse conditions than those in private duty or private hospitals. The salaries in government hospitals were lower, hours were not consistent, and other benefits, such as housing, were limited (Jakubaitienė 1998). Therefore, as Vitkauskaitė (1937) noted in her report to the members of the International Council of Nurses, there was no incentive to remain in the nursing profession. Approximately one third of the country's registered nurses were not working in the nursing field. Most nurses were single, had no children, and no other means of support. Marriage provided an opportunity to leave

nursing by usually providing a non-nursing income to support the family (Jakubaitienė 1998). Nursing, with its harsh working conditions, was not appealing to those who could support themselves in other ways.

Arenas

Lithuanian nursing issues were discussed at many levels and in many areas. One may infer that nursing issues were discussed at work between physicians and nurses. Kubilius, a hospital director, wrote to the nursing school director about conditions for nursing students. In order to learn about these conditions, he must have observed and discussed problems with nurses and nursing students.

Many issues were also discussed through the written media. Journal articles revealed concerns about health care and specifically about nurses' training and practice. Letters were used to convey concerns between administrators, such as Kubilius' to the nursing school director. Letters were also used to alert officials to difficulties in the nursing profession (Matulionis 1942).

Nursing issues were raised during meetings of the Lithuanian Nursing Association and the Lithuanian Red Cross Nurses' Society. Both organizations discussed problems in nurses' training and practice and sought solutions in meetings and social gatherings. In addition, the Lithuanian Red Cross Nurses' Society provided an international forum for nursing issues by seeking out international experiences for nurses.

Internationally, Lithuanian nurses were able to voice their concerns through the Baltic nurses' organization and the International Council of Nurses as an associate member. This could have assisted Lithuanian nurses in gathering support and assistance for future plans. Lithuanian nurses would have been able to learn about similar problems in other countries and, possibly, potential solutions.

The international and national arenas were eliminated by Soviet occupation in 1940. The process for Lithuanian nurses to become full members of the International Council of Nurses was halted after 1940. Written materials and discussions on patient care units were still used to convey nursing concerns during World War II. After World War II, even the written word was silenced for a decade. The materials in the mid-1950s were

no longer focused on conditions for nursing education and practice, but on the behavior of nurses. The focus of Lithuanian nursing was significantly altered after World War II.

Social movements

By the beginning of World War II, Lithuanian nursing was firmly rooted with seven training programs (Vilnius, Kaunas, Klaipėda, Panevėžys, Šilutė, Druskininkai, and Švenčionys), two national nursing organizations (the Lithuanian Nurses' Association /LNA/ and the Lithuanian Red Cross Nurses' Society) and ties to international organizations (the Red Cross, the Baltic nurses' organization and the International Council of Nurses). The training programs and organizations are examples of significant changes and social movements in Lithuanian nursing. Nurses were people with a profession rather than women with a duty. They identified their needs and established a structure for their profession. They worked through their associations to gather support for changes in Lithuanian nursing education and practice. By 1940, Lithuanian nurses had organized themselves and viewed themselves as professionals.

Social movements included increased opportunities for women between World War I and World War II as evidenced by the career of Kazė Vitkauskaitė. As a female nurse, she rose to the position of assistant director of a nursing school after significant contributions to the discipline of nursing. This was an important achievement for a woman and a nurse in Lithuania. It is possible to trace her work in nursing further through her attendance at international nursing programs, and her promotion to assistant nursing school director. After 1945, however, Vitkauskaitė disappeared from the health care literature. This is another indication that Soviet occupation halted the trends in Lithuanian nursing and promoted other leaders with different priorities.

Social movements within Lithuanian nursing resulted in the evolution of segments or specialties. Nursing specialty areas began to evolve in the 1930s with the goal or improved nursing care for patients. Pediatric nursing care and nutrition were areas in need of improvement in the Lithuanian health care system and these became nursing

specialties. The increasing tensions in Europe and, specifically, in Lithuania, resulted in a chemical warfare specialty. The first official text book for Lithuanian nurses "Ligonių slaugymo vadovėlis" (Nursing textbook), issued in 1938, was a translated version of a textbook by Dr. Ostermann and included a separate section on chemical war (Ligonių slaugymo vadovėlis 1939). Finally, the emergence of radiology provided another specialty arena. Nursing specialty training soared after the second Soviet occupation in 1944, but there was no information about the need for or quality of these nurse specialists.

Processes

Letters and journal articles were frequently used to describe Lithuanian nursing problems and suggest solutions. Letters provided information to administrators who may have been able to change conditions for nurses. Journal articles allowed others to read about the concerns in nursing and, thereby, nurses may have gained support for their proposed changes in health care. Writing, then, was a method used by Lithuanian nurses to influence social movements.

Oral communication was used to discuss nurses' concerns. This occurred on many levels including local, national and international. Nurses spoke with their administrators and explained the problems with education and practice. They also discussed these problems during national LNA meetings and sought solutions. Internationally, they discussed nursing issues with other Baltic nurses and more widely at the International Council of Nurses' meeting. Oral communication was another method used to promote change in Lithuanian nursing.

Finally, Lithuanian nurses were also able to visit foreign hospitals. The Lithuanian Red Cross Society tried to arrange such visits. Prior to the efforts of that organization, the Red Cross League had sponsored three Lithuanian nurses on a visit to England. The international experience would not only have introduced Lithuanian nurses to health care in other countries, but also been a supportive forum for the discussion of problems and solutions. Travel and observation of other health care systems was a method used to generate ideas and plans for change within Lithuanian nursing.

CONCLUSION

A look at nursing in Lithuania with a focus on 1935 to 1945 brings to the fore the interaction of local and general factors in the evolution of Lithuanian nursing. Between World War I and World War II, Lithuanian nursing grew and, with some political maneuvering, was able to run its own affairs. Although primarily male physicians were in positions of authority, the career of Kazė Vitkauskaitė indicates that women could rise to administrative levels. Nurses were striving to improve both their training and working conditions through verbal discussion and organizations. They took advantage of opportunities to travel to other countries and learn about health care. Nurses were active, organized and struggling for increased recognition and improvements in education.

The development of Lithuanian nursing was halted with the beginning of World War II and further unraveled by Soviet occupation.

The opportunities available for Lithuanian nursing changed. Nursing organizations ceased to operate and nurses lost an important forum to discuss concerns. During the first Soviet occupation and the subsequent Nazi occupation of Lithuania, information about health care conditions was still published. However, the second Soviet occupation was quite different. There were few journal articles about health care and when they finally surfaced, the majority of the articles were about the advances of Soviet medicine. The concerns and goals established by the LNA were ignored. The Lithuanian nurses' voices that had been raised before World War II were silenced.

Over the last decade, Lithuanian nursing has been rapidly evolving and racing to reclaim its place among nursing in Western countries. Lithuanian nurses continue the journey toward increasing independence, autonomy and, ultimately, respect for the nursing profession in Lithuania.

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