

Development of the Nursing Profession in Pre-War Independent Lithuania (1918–1939): A Comparison Between Past and Present

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Summary. Introduction. For Lithuanian nurses, knowledge of their own history should help them to better understand the origins of their discipline and the social and political forces that have shaped it. This article presents the evidence and discussion of changes in Lithuanian nursing that reflected the pre-war period from 1918 to 1939, which was then compared and contrasted to the present.

Methods. Historical inquiry was used to research and analyze written nursing history in Lithuanian libraries, archives, and smaller repositories. Research materials included documentary sources, books, and journals pertaining to nursing education and practice.

Findings. Between World War I and World War II, the Lithuanian nursing profession 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 discussions and professional organizations. By 1935, Lithuanian nurses were active and able to discuss health care issues locally, nationally, and internationally. They continued to refine their profession and struggled for increased recognition. However, increasing political tension in Europe from 1935 to 1939 began to slowly encroach upon the activities and plans of Lithuanian nurses.

Conclusions. Over the last decade, Lithuanian nursing has been rapidly evolving and racing to reclaim its place among nursing in Western countries. Historical inquiry revealed that several trends in asserting the nursing profession continue. While conditions for nursing students have improved, the working conditions for nurses are still suboptimal.

Introduction

After World War I, Lithuanians became independent from Czarist Russia and were busy rebuilding their country. They were free to govern themselves and develop a national infrastructure. Lithuanian nurses were also free to develop their profession, including the establishment of nurses' training and standards for practice.

The establishment and development of Lithuanian nursing from 1918 to 1939 is discussed. The particular era was studied and described in order to delineate the structure and organization of Lithuanian nursing before 1935 when worldwide political tensions began to increase. Unfortunately, few people thought it important to save records in Lithuania. This, coupled with losses of materials during World War II, resulted in adequate, though not abundant,

historical records. Little attention has been given to the history of Lithuania, as it is a small country with little political importance to the West.

Based on historical research methods, this publication provides Lithuanian nurses with a documented history of their profession during a critical period of development. More specifically, significant individuals and events that contributed to those developments were described.

For Lithuanian nurses, knowledge of their own history might help them to better understand the origins of their discipline and the social forces that have shaped it, and allow them to proceed with change. An incidental purpose of this study is to provide a basis for present and future comparison with nursing development in other Eastern European countries.

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Research Questions:

1. How did Lithuanian nurses structure their profession after World War I when Lithuania became independent of Czarist Russia, from 1918 to 1939?
2. What were the challenges to the nursing profession and what movements have been sustained until the present day?

Materials and Methods

Historical inquiry, used for this study, involves the selection of a topic that will provide a relevant contribution to the field, in this case a period of Lithuanian nursing history (1). History connects us with a heritage <...>; it serves as the collective memory of nursing accomplishments (2) and can guide the present and future (3). According to Church (4), history provides “a sense of identity, a sense of continuity, and a sense of unity.”

The parameters of this investigation – 1918 to 1939 – reflect the period after World War I when Lithuania became independent of Czarist Russia. A cumulative written nursing history in Lithuanian libraries, archives, and schools of nursing was not found by the principal investigator; therefore, this analysis of data describing the specified historical period was completed. The existence, location, and availability of materials were explored to ensure that this historical investigation was possible (1). Primary source materials, eyewitness accounts of events, as well as secondary source materials, descriptions, or reactions to someone else’s account of an event, were supplied and examined in the Antakalnis archives and the Martynas Mažvydas National Library, both located in Vilnius, Lithuania. Documents were retrieved through the assistance of a consultant from the Martynas Mažvydas National Library. There was no need for particular arrangements as there was free public access to the archives and to the Martynas Mažvydas National Library in Lithuania.

Historical inquiry involves the establishment of 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 (1, 5). In addition, 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 an accurate interpretation of data to establish the truth. External criticism involves the trustworthiness and authenticity of documents (1, 3, 6). The materials housed in archives included official documents, re-

ords, correspondence, and journal articles pertaining to nursing education and practice and 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. The topical coding corresponded with the stated research questions for this study. The chronological coding of data facilitated linkages between events.

The researchers contrasted and compared the Lithuanian nursing profession in the pre-World War II era and the present. This analysis is useful for nurses to apply the insights gained through studying the past (7).

Findings and Their Interpretation

The Establishment of Lithuanian Nursing. The recorded history of Lithuanian nursing begins after World War I. From the late 18th century until 1918, Lithuania was part of the Russian Empire. The defeat of Russia by Germany in 1917 and the subsequent defeat of Germany by the western Allies in 1918 made it possible for Lithuania to regain its earlier independence (8–10).

During the period of Russian imperial domination, nurses’ training programs had been instituted in Vilnius, Lithuania, in 1895 and in Kaunas, Lithuania, in 1897. However, the true beginning of Lithuanian nurses’ education came with independence (11–13). Lithuania was eager to develop its own education programs. In 1919, while a program of higher courses was evolving into a university in Kaunas, the Red Cross organized nurses’ training courses (10, 14, 15). There was a shortage of nurses to care for the sick and wounded from World War I, and therefore, nurses’ training courses were sorely needed (14, 16).

Not all government administrators thought that nurses needed official training. Gusievas wrote that the *gailėstingos seserys* (sisters of mercy)¹ were a community, not a profession (17). They would teach each other to sacrifice themselves and serve humanity. This was in keeping with the predominant Christian ethic in Lithuania that encouraged caring, self-sacrifice, and suffering (18, 19). According to Baršauskienė and Rymeikytė, Christianity served to lower Lithuanian women’s status and tie them to their reproductive function (20). Women were expected to stay at home, bear and raise children. Single women without children fulfilled the female care giving function by caring for their relatives.

¹Nurses were known as “sisters of mercy” until Soviet occupation. These sisters of mercy were not religious nuns and were not affiliated with any religious order. They were known as sisters of mercy for the care and compassion they displayed toward the ill and infirm.

Lithuanian regional reports showed that nurses were economically at a disadvantage with no set working hours and low salaries in the early 20th century (21). Likewise, teachers' salaries in Lithuania were low (14, 22, 23). Women did hold nominal positions, but there was little power associated with them (24). For example, the appointment of Sofija Čiurlionienė to the League of Nations in 1929 ultimately never had a significant impact (25). In the workplace, nurses were seen as extensions of the physician's arm, and they followed physician's orders. Their role was to gather information, a tedious task consistent with women's work overall, and report it to the physician.

In fact, nursing education and practice were dominated by male physician educators and administrators. The first honorary director of the Red Cross nursing program in Kaunas, Lithuania, was Dr. Jonas² Šliupas, although his daughter, Dr. Aldona Šliupaitė was the actual director (15, 25–27). The six instructors in the first nurses' training course were physicians and only one was a female (15). The fact that Lithuanian nursing students learned from physicians was a drawback noted by the International Council of Nurses (14, 28).

Conditions for Lithuanian nurses in the first half of the 20th century were consistent with those in the West. During the same period in the United States, there was little thought of remuneration beyond room and board for the performance of one's duty (29). Nursing, as well as teaching, was an acceptable occupation for women who were expected to care for people, sacrifice themselves, and earn little. Many women chose nursing as an occupation outside the home simply because most had experience in caring for family members. Nursing in general, therefore, was a predominantly female occupation with low status and low salary (30–32).

Nurses' Training. From the establishment of nurses' training courses in Lithuania in 1919, the admission criteria for nurses' training included an eighth grade education, a certificate of good conduct, a health certificate, and being at least 18 years of age (10, 14, 28, 33). The first training courses were 4 months to 1 year long, but by 1923, nurses' training had been increased to two years. In addition, the education requirements for admission were also increased to the 10th grade (15, 28, 34, 35). Although medical education was established at the university level in 1922, nursing education remained based in medical schools until 1990 (9, 10, 25, 36, 37).

Lithuanian nursing students were not educated in the alternating periods of theory followed by practice but attended lectures after a full day of hospital work. In the Kaunas Red Cross nurses' training

program, tired Lithuanian nursing students listened to lectures on surgery, pediatric illness, anatomy, obstetrics, gynecology, neurology, and psychology given by physicians. All of the physicians were male excluding a female physician who lectured on gynecology (15). No further details were found regarding specific course work, practical experiences, or the influence of other countries in Lithuanian nurses' training.

After completing nurses' training, nurses were required to take an exam administered by the Lithuanian Red Cross Society (26). No record was found concerning what type of exam was given or who designed the exam. There was no official registration of those who completed nurses' training at that time. Registration by the Department of Health of the Ministry of the Interior was in place by 1929 (14, 28, 35). Nurses registered by the Lithuanian government were allowed to practice in Lithuania in any government institution. The requirements for registration included Lithuanian citizenship and nursing courses completed in Lithuania. Nurses' training completed in Russia was accepted until February 1918, when Lithuania regained its independence from Russia, and in Germany until January 1920, when the Klaipėda region was recovered from Germany. Nurses who completed their training elsewhere were eligible to work in Lithuania if they passed the Lithuanian nursing exams. A temporary work permit for one year was issued to nurses pursuing Lithuanian citizenship (38).

A woman desiring to be a nurse with full working rights in Lithuania needed to scrutinize the nurses' training programs available. Some organizations trained nurses, but the diploma they received was not recognized by the Department of Health. For example, the Jewish organization *Ozė* trained nurses, but they were not eligible for registration. Even though not all nurses qualified for the national registry, they were still able to work in private institutions or private duty (28, 35). These nurses were known as "sister-samaritans" and were eventually allowed to take the nursing exams (15). They were "invited" to go through official nurses' training courses and, thereby, become eligible for registration (14, 39). In essence, the invitation was not a choice, but a requirement if the sister-samaritans wanted to register themselves as nurses with the Lithuanian government. No information was found to clarify whether there was some credit given for prior practice.

The first census in 1923 revealed that in cities (Kaunas, Panevėžys, Šiauliai, and Ukmergė), there were 77.3 medical personnel³ per 10 000 population

²Dr. Šliupas' first name is given as Rokas in Monkutė-Janulionienė and as Jonas in "Lithuania."

³Nurses and midwives were also considered "medical" (medicinos) personnel, not "health care" (sveikatos apsaugos) personnel. There was no distinction between the discipline of nursing and the discipline of medicine. Anyone providing any type of health care service was considered "medical" personnel.

of which 52 were physicians. In rural areas, there were only 6.3 medical personnel per 10 000 population of which 5.2 were physicians (40). The actual number of physicians was 422 with 117 in Kaunas, 271 in country districts, and others in smaller towns (10). Nurses were grouped with feldshers⁴, midwives, dental technologists, and pharmacists under the title mid-level medical personnel. In 1923, the national registry contained 293 feldshers, 193 midwives, and 77 nurses. There were 39 hospitals with 1796 beds and 6 outpatient clinics (41). By 1929, the number of nurses had risen to 160 (28, 35). In 1939, the total number of mid-level personnel was reported as 2000 (42).

Statistics maintained in Lithuania regarding health care workers and institutions from 1918 and through the Soviet occupation were not clear. At times, nurses were separated from other health care workers, and at other times, they were not. In addition, not all areas of Lithuania were surveyed at the same time. Therefore, even though there are many figures available, they cannot be compared and contrasted accurately. It appears that Lithuanian health care officials had not devised a consistent system to collect health care information.

Working Conditions for Nurses. The conditions for both nursing students and nurses in the workplace were not good. Clinical practice sites for nursing students were in Lithuanian government institutions such as the Red Cross Hospital, State General Hospital, and University Children's Hospital, all being in Kaunas (28, 35). During the first 6 months of nurses' training, the students were on probation. They could be dismissed or choose to leave the nurses' training program voluntarily. Nursing students received full patient care assignments without full remuneration. Their days were prolonged by lectures in the evening. At the end of the program, they received diplomas in general nursing and public health (23).

There were no standard uniforms for graduate nurses in Lithuania, and most nurses continued to wear their student uniforms.⁵ Other nurses simply wore white lab coats over their street clothes. Until 1938, only one hospital in Kaunas required uniforms for its nurses (43). Nurses did not "graduate" into a different nursing uniform and did not benefit from the nursing uniform as a symbol of identification. In fact, graduate nurses were an extension of the student role in the hospital that differed only in the level of supervision and amount of remuneration.

In a letter to the Internal Affairs Minister, Gustaitienė discussed the risk of contracting infectious diseases, the lack of set working hours, dis-

tance traveled to work, and length of time needed to earn a pension as hazards of the nursing profession (22). She suggested that nurses should work only 20 rather than 25 years to qualify for a pension and that salaries should be increased. Most nurses lived a substantial distance away from hospitals as they could not afford apartments closer to hospitals. Vitkauskaitė noted that most nurses worked in hospitals and earned low salaries (23). Private duty for nurses was more lucrative, but not readily available and probably too expensive for the majority of people. Even so, nurses were in short supply in hospitals due to poor working conditions (16, 23).

Although registration was established in the 1920s in Lithuania, Gustaitienė noted that many hospitals hired midwives in nurse positions (44).⁶ She complained that registered nurses should be in these positions since they needed to earn a living as well and had more appropriate training. Obviously, not all hospitals viewed registration as a nurse as a prerequisite for a nursing position. Although there were guidelines established by the government, they were not enforced. The discipline of nursing with its harsh working conditions had a high turnover rate. It was not a difficult choice to leave nursing if a woman had another means of support. Vitkauskaitė reported to members of the International Council of Nurses on the status of nursing in Lithuania (23). She wrote that there were 298 registered nurses in Lithuania in January 1937. Of those registered, 200 were employed as nurses. The number of unregistered nurses was not reported. After two years of nurses' training, a Lithuanian nurse could change to midwifery training (45). Other nurses married and no longer worked in nursing although marriage did not automatically end their nursing careers (14). Marriage usually meant that another income to support the family was available; therefore, the married Lithuanian nurse usually chose to leave the difficult conditions of her job and remain at home. The typical Lithuanian nurse was single, without children and, once married, did not continue to work in nursing.

Male dominated professions benefited from higher status and greater remuneration than female ones. For example, Lithuanian army officers commanded large salaries, especially during the politically charged time from 1935. The fear of foreign occupation encouraged Smetona, then the President of Lithuania, to bolster the armed forces even though they were minute compared to the forces of Germany or the Soviet Union. In 1935, army officers received 785 Litai per month while industrial workers earned 100 Litai and teachers 200–300 Litai (9). Teachers' salaries were equivalent to those of

⁴Feldshers were similar to physician assistants and provided medical care primarily in rural areas.

⁵Student nurses wore blue dresses and white scarves on their heads.

⁶Midwives in Lithuania did not have to complete nurses' training before entering midwifery.

nurses who also earned between 200–300 Litai per month. In addition, nurses may have received living and meal allowances if the hospital's financial situation allowed for such extras (14, 23, 44). Comparatively, nurses were close to, but not at the bottom of the wage scale.

Specialties in nursing in chemical warfare, pediatrics, nutrition, and radiology began to appear in the 1930s. The course on chemical warfare was needed given the probability of hostilities in Europe. In Lithuania, the proper care of children was a high priority (46–49). There were also courses for nurses enabling them to specialize in nutrition (50). Another important area was radiology. The Lithuanian Red Cross held courses for those nurses who wanted to work in the newly emerging x-ray department (51, 52). Since Lithuanian nursing paralleled Western development up to World War II, promotion for Lithuanian nurses was, most likely, similar to promotion for nurses in the United States and moved the Lithuanian nurse further from her patients with less time spent at the bedside.

An Organization for Nurses. In addition to the establishment of nurses' training courses, two different plans for a nurses' organization were proposed in December 1921. One was a professional association and the other similar to a union. The Lithuanian Nurses' Association (LNA) was officially established in 1922 as a type of union for nurses (14, 15, 21, 53). The Red Cross representative, Dr. Alekna, stated that the Red Cross had wanted to organize a professional nurses' organization, but for unnamed reasons, failed to do so (53).

The goals of the LNA were to improve the material and spiritual lives of nurses (21, 23, 35). The members recognized the need to work for the good of all people, but also not to sacrifice their own health and well-being. Financially, the organization sought to assist unemployed, ill, retired, or married nurses in addition to working toward increased salaries for all. Legal advice was available to nurses. Continuing education was provided through lectures, conferences, classes, courses, and books. A work bureau was established to help with job placement.

The members of the LNA identified practice areas in need of improvement including infant mortality and control of infectious disease (53, 54). Lectures, programs, and dues brought in revenue for the LNA to continue with projects (14, 23, 28, 35, 54). The LNA hosted social gatherings and concerts to provide more cultural events for members. In addition, the organization owned a villa in the seaside town of Palanga and a restaurant in the town of Birštonas. Nurses could rent a room at a modest price, and both the villa and restaurant were a source of income for the LNA as well as a respite for nurses.

Through the LNA, nurses were able to attend an

international nursing school in London to further their knowledge in nursing practice and administration. The program lasted two years, and the Red Cross League provided scholarships to 3 Lithuanian nurses. The country of origin paid for travel expenses. Nurses arrived in London 4 or 5 months before entering the program to live with a family and learn English. Kazė Laurinavičiūtė, V. Monkutė, and Kazė Vitkauskaitė completed these courses, and Vitkauskaitė later became a leader in Lithuanian nursing (15).

International Cooperation. Lithuania's geopolitical position, between Soviet Russia and Germany, made the country's independence fragile in the 1920s and 1930s. Even cooperation with the other eastern Baltic countries proved difficult. However, cooperation among the nurses of Estonia, Latvia, and Lithuania was achieved with the formation of a committee of Estonian, Latvian, and Lithuanian nurses in 1925. These nurses reached out to each other shortly after each country reasserted its independence (14, 35, 55).

The purpose of the Baltic nurses' organization was to discuss professional questions and cooperate in raising the professional standards of nursing (55, 56). They discussed legislation and promoted registration based on minimum standards of education and experience. The Baltic nurses agreed that nursing theory and practice should be supervised by nurse instructors and not physicians. Students should have two years of training and be allowed to enter only after completing secondary school. They agreed to construct a curriculum with minimum standards for practice and to work toward its enforcement through legislation. Finally, they identified the need to educate themselves about different types of nursing, especially public health (56).

The Baltic nursing alliance formed in the mid 1920s continued until Soviet occupation of the Baltics in 1940. At a meeting of the alliance in 1938, the participants discussed nurses' training. The Lithuanian representative Kazė Vitkauskaitė, a school inspector and vice-president of the LNA at the time, presented information about a planned reorganization of nursing schools and an expansion to 3 years of study (14). However, admission criteria from 1935 to 1941 did not change significantly, and prospective students were still accepted after the 10th grade. There was a stated preference for those who completed secondary school (23, 57, 58).

The Lithuanian Red Cross Nurses' Society was finally established in 1936 (14, 23). The goals of the organization included raising nursing standards and facilitating visits to foreign hospitals (23). Other goals were similar to those of the Lithuanian Nurses' Association and included continuing education, social excursions, and annual meetings (15).

The LNA was reaching beyond its Baltic nurs-

ing partners. Before World War II, the LNA sought membership in the International Council of Nurses (ICN). Kazė Vitkauskaitė gave a report about Lithuanian nursing to the ICN in 1937. World War II and the subsequent Soviet occupation of Lithuania delayed the membership of Lithuanian nurses into the ICN for more than 50 years.

As Lithuania stood on the brink of war, health care suffered from a lack of nurses to care for patients and a limited understanding of what health care should be provided. War and competing regimes would stretch health care even further.

Discussion

The historical analysis of the Lithuanian nursing professional development showed that the period of independence between World War I and World War II resulted in significant change and advancement in nursing. The independence regained in 1990 again encouraged the advancement of many areas, especially in health and education. Health care reform begun in 1990 announced new health care principles – care delivery separated into three levels with priority to primary care and health promotion, establishment of the family physician institute, accessibility to care and its quality. The changes in the nursing profession were profound from the establishment of baccalaureate nursing studies at Kaunas University of Medicine (KUM) in 1990 to the establishment of a master's degree in nursing at KUM in 1999. With each graduating baccalaureate nursing class, the number of physician educators decreased as nurses successfully taught clinical topics. The nursing profession has continued to develop with the ability now for nurses to achieve a doctorate degree in nursing. In nursing education, nursing students are exclusively taught by nurses academically and experientially qualified as nursing faculty.

At the beginning of the last century, there were few levels of nurses' training, and the quality and recognition of diplomas were controlled by the Ministry of Health. Candidates for nurses' training between World War I and World War II (1918–1940) were chosen for their maturity, and a strong desire to pursue nursing as 18 was the minimal age to enter training. In comparison, today the European Union (EU) also sets the minimum age at 18 for commencing nursing studies in the directives for all EU countries such as Lithuania. Practice sites for Lithuanian nursing students continue to be in the largest state hospitals. However, in contrast, the conditions of nursing student learning have improved: most nursing programs are cyclic in that theory is separated from practice, which composes half of their education. Practice occurs in every course after theory is taught in order to evaluate theory and skills learned during the semester.

Despite changes in the quality of nursing educa-

tion, the attrition rate for nursing students reaches up to 20%, even for students in later courses. This forces nursing educators to find methods to select the most interested candidates and how to keep them motivated throughout their studies. Documentation about the probationary period for nursing students before World War II indicated that selection and retention were already areas of concern.

Historical documents showed that nursing did not have an identifying uniform before World War II. This did not change when Lithuania regained its independence in 1990. Nurses are free to choose their apparel for work. During Soviet occupation before 1990, the white lab coats or scrubs did not differ from physician or other health care personnel clothing. Florence Nightingale holding her lamp is a shining example of an international visual nursing identity. Lithuanian nursing, however, continues to lack a separate visual identity.

When comparing and contrasting nursing during Lithuanian independence before World War II and from 1990, there are similarities and differences in practice. In 2001, the Nursing Practice Law was passed, and starting in 2002, nurses were licensed and registered. As historical documents have shown, the foundation for licensure and registration was laid during Lithuanian independence before World War II. The struggle for professional recognition rather than the status of a vocation or volunteer work led to national recognition of nursing as a profession. The Nursing Practice Law ensures that only those who have a diploma in nursing are able to work as a nurse in Lithuania. This eliminated the Soviet tradition, still followed in the Russian Federation, in which medical students or elders with medical degrees work as nurses. The limitation of the title "nurse" to only those educated in nursing is vital to establish a nursing identity and unequivocal status among health care providers.

It is noteworthy to mention that the relationship between nurses and midwives remains sensitive. During various periods, nurses and midwives have found themselves with the same clinical responsibilities for a number of reasons. The decrease in births as well as the aging of the Lithuanian population has decreased the employment prospects for midwives. Unlike nurse midwives, for example in the United States, who first become nurses and then go on for specialization in midwifery, Lithuanian midwives may have some courses that overlap with nurses, but they do not hold a nursing degree. Their degree is in midwifery only.

Specialization in nursing has been discussed from the beginning of the nursing profession and how to advance knowledge in a narrow area such as physician specialists are able to do. The only difference in discussion surrounds the types of specialization, which in turn, most likely flow from

population characteristics and needs. Currently, in Lithuania, the 4 nursing specialties of anesthesia and intensive care, public health, mental health, and operating room nursing are able to ensure the quality of nursing care.

The professional nursing movement continued to develop in the same venues as in the pre-World War II period with nurses participating in professional organizations. The LNA continues to unite a large number of nurses. The goals and activities are the same as those announced at the beginning of the last century: unification of nurses, defense of work, economic, and social rights, representing the interests of nurses and national and international representation for Lithuanian nurses. The LNA renewed its membership in the International Council of Nurses in 1994. The Baltic nurses' group continues their work, and each year, the presidents of the national organizations arrange meetings. However, the social privileges that LNA provided the last century were associated with Soviet traditions, and the LNA has not continued these privileges since 1990.

As in the previous century, Lithuanian nursing remains a female profession, which, undoubtedly, has decreased its visibility and weakens its political influence. Although nursing salaries remain low and, as in 1935, do not differ from teachers' salaries, recognition from colleagues and public opinion of the nurs-

ing profession are consistently positive and quickly improving. The positive image of nursing is associated with higher education, increased skills and competence, and changes in responsibility. The current challenge for the Lithuanian government, however, is to maintain qualified nurses in Lithuania, increase salaries, and improve the physical and psychological work conditions for nurses. The growing number of health care personnel who emigrate for better salaries and work conditions internationally will soon lead to a catastrophe in health care resources.

Conclusions

The study of the nursing profession in Lithuanian between the two world wars and the comparison of events and trends with present day confirm that historical events occur in a spiral, i.e., repetitively. Regardless of the characteristics of the nursing profession today, the concerns, successes, and challenges have a similar trajectory. Hence, they can be compared, contrasted, evaluated, and even projected. The historical study of professional development not only satisfies scientific curiosity, but also confirms and ensures a continuation of profession's basic principles.

Statement of Conflict of Interest

The authors state no conflict of interest.

Slaugos profesija tarpukario nepriklausomoje Lietuvoje (1918–1939): praeitis ir dabartis

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Raktažodžiai: slauga, tarpukario nepriklausomybės laikotarpis, Lietuva, palyginimas, istorinis tyrimas.

Santrauka. *Įvadas.* Remiantis istorinėmis žiniomis apie slaugos raidą Lietuvoje, galima tiksliau nustatyti šios profesijos ištakas bei įvertinti profesijos raidą lėmusius socialinius veiksmus.

Tyrimo tikslas. Atskleisti esmines slaugytojų profesinės plėtotės kryptis ir pokyčius, vykusius tarpukario Lietuvos nepriklausomybės laikotarpiu, t. y. 1918–1939 m. To laikotarpio slaugos profesijos pokyčiai sugretinti ir palyginti su pastarųjų dešimtmečių pasiekimais.

Tyrimo medžiaga ir metodai. Rašytiniai šaltiniai, rasti bibliotekose, archyvuose ir slaugytojų mokyklose, analizuoti remiantis istorinio tyrimo metodologija. Tyrimo medžiagai naudoti dokumentai, žurnalai ir knygos, susijusios su slaugytojų rengimu bei praktika.

Rezultatai. Tarpukario nepriklausomybės laikotarpiu slaugos profesija vystėsi ir, nepaisant tam tikrų politinių jėgų įtakos, profesinės savireguliacijos lygis buvo gana aukštas. Nors gydytojai vyrai buvo užėmę svarbiausius valdančius postus, slaugytojos Kazės Vitkauskienės karjera rodo, kad moterys taip pat gebėjo pakilti iki administravimo lygio. Slaugytojos siekė gerinti mokymo ir darbo sąlygas, diskutuodamos profesinių organizacijų vardu. 1935 m. jos aktyviai diskutavo sveikatos priežiūros klausimais vietiniu, nacionaliniu bei tarptautiniu lygmeniu, siekdamos didesnio profesinio pripažinimo ir pažangos. Deja, didėjanti politinė įtampa Europoje 1935–1939 m. nutolino slaugytojų planus ir darbus dešimtmečiams.

Išvados. Per pastaruosius dešimtmečius Lietuvos slauga sparčiai vystėsi ir rado bei įtvirtino savo vietą tarp Vakarų šalių. Istorinis tyrimas atskleidė slaugos profesijos vystymosi kryptis, kurios yra ir turi būti tęsiamos. Slaugos studentų mokymosi aplinka tapo labai gera, tačiau praktikuojančių slaugytojų darbo sąlygos turėtų būti palankesnės.

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