A Brief History of Nursing in Iceland

Nursing in Iceland became formalized as an occupation in the latter part of the 19th century in relation to the establishment of hospitals and as a part of general social reform activities and a recognized need for assistance to the poor and elderly (Björnsdottir, 1996). Initially, nurses had no formal education, but gradually nursing education became formalized with more and more nurses having a 3-year hospital-based education. The roots of nursing as a professional activity in Iceland can be traced from the Nordic countries as well as from England. Influences from Nightingale’s writings, particularly, were recognized early in Iceland as reflected in nurses’ emphasis on general health measures, hygiene, infection control, and elimination of poor living conditions and health education. Nightingale’s insistence on the good character of the novice to help her become a dutiful and obedient nurse was also evident. In spite of the notion of the subservient role of the nurse, nurses had a clear sense of nursing as an independent service to promote health among the public, and they provided nursing care independently from medicine, despite physicians’ persistence to define the nurses’ role as subordinate to them. The nurses’ influences were particularly strong in public health. However, around the middle of the 20th century these influences had declined. Medicine had “gained an almost monopolistic right to name and treat all matters related to health” (Björnsdottir, 1996, p. 18). Along with the development of acute healthcare in hospitals, nurses lost their independent role in providing care and became assistants to physicians.

During the last three decades of the 20th century, improvements in education have been central to reestablish nurses’ identity and position in the healthcare sector as professionals who collaborate with other healthcare professionals in providing quality patient care. University-based nursing education was established at the University of Iceland in 1973. This was the first baccalaureate nursing program to be established in Iceland and in Europe. (In the beginning, the nursing program was a department within the Faculty of Medicine, but, in the year 2000, nursing became a faculty of its own.) This was followed by another program at the University of Akureyri in 1987, a year after the Icelandic State School of Nursing was closed. The Icelandic State School of Nursing operated for 55 years and was the one and only diploma school in the country. Another school, the New School of Nursing, was in operation from 1974 to 1989, to provide nurses with a diploma for continuing education in specialty areas such as anesthesia, community, geriatric, medical, surgical, operating room, and pediatric and psychiatric nursing. Midwives were also offered nursing education toward a diploma at the New School of Nursing (Björnsson, 1990). This school was closed and a part of its function transferred to the University of Iceland. Continuing education programs on a baccalaureate level were maintained there for about a decade but have been reduced in function due to budget restrictions. Since there is an ample need for such programs, a different forum for them will be in place in the near future.

In 1991, an 18-month baccalaureate program for nurses with a diploma was established at the University of Iceland. This program has been offered since but will be discontinued in a few years.

Keywords: Icelandic nursing, nursing knowledge, nursing theory
In 1996, a 2-year education toward a candidata obstetricorum degree in midwifery was established at the University of Iceland. This is an advanced theoretical and clinical degree built on the baccalaureate degree in nursing. Before the establishment of this program, midwives were educated in a diploma school within the National University Hospital in Reykjavik.

The Institute for Nursing Research was established at the University of Iceland in 1997. Its main purpose is to support nursing research among faculty and to facilitate collaboration between healthcare institutions and the academic setting as well as to facilitate collaboration between individual faculty members and nurse clinicians. The institute also conducts service research for healthcare institutions and organizations on different issues related to nursing and health.

In a society composed of a little more than 250,000 inhabitants and having one or two schools of nursing running at the same time, reforms in nursing education have been relatively easy. Schools of nursing and the organizations of nurses have also worked closely together throughout the years. The Icelandic Nurses’ Association heavily supported the Icelandic State School of Nursing when in operation, and in recent times there has also been collaboration between the association and the university programs. Faculty members are members of several boards for the organization, and at present the president of the Icelandic Nurses’ Association holds a senior position on the faculty of nursing at the University of Iceland. Through this work, scholars have been influential in promoting the agenda for the profession based on nursing and scientific knowledge as the organization influences educational matters.

Since the establishment of university-based education, there has been a growing interest in graduate education. Nurses have gone abroad for master’s and doctoral education, mainly to the United States, but also to the Nordic countries and to Great Britain. Recently, a master’s program in nursing was initiated in the Department of Nursing at the University of Iceland. This master’s program is a 2-year program and has strong theoretical as well as research focuses. In the near future, more clinically focused programs will be established, but theoretical knowledge development and research will continue to be the central issues.

Knowledge Development and Nursing Theories

The main thrust in knowledge development in Iceland has been the advancement of nursing practice. The goal is to help move forward the establishment of practice that is grounded in scientific knowledge as well as in values and traditions that belong inherently to nursing. These attempts have also aimed at helping to define nursing as a profession different from but collaborating with medicine. Meeting constantly changing needs of the Icelandic society for nursing knowledge and concurrently developing knowledge that has relevance to an international perspective is also a challenge at present.

The introduction of some nursing theories, particularly Henderson’s needs-based theory, has been helpful for nurses to redefine their practice and professional identity as different from medicine in Iceland as well in several other countries (Kitson, 1993). Influences from Henderson’s writings, which were mediated through the International Council of Nurses and translated into Icelandic and introduced to nursing programs in the 1970s, can still be recognized. However, the theory may not have been as helpful toward furthering nursing as it was meant to be. Analyzing needs-based theories in general, one of which is Henderson’s theory, Kitson (1993) illustrates:

Physical needs were often given priority, and this tended to link the needs-based theories with the biomedical model, particularly if patients’ needs were related to dysfunction caused by disease or medical intervention. Although the needs-based theories did lend themselves to imaginative, independent interventions determined by nurses, the danger stalking this group of theories was the ease with which nursing interventions could be reduced to a set of actions to be performed without any wider awareness of the nurse’s total role in patient care. (p. 32)

The popularity of a needs-based nursing theory indicates that biomedical values are well and alive in nursing practice. Although these influences are clearly identified, they are not the only values to which nurses aspire. When asked whether or what nursing theory(ies) guides their practice, nurses refer also to several other theories, particularly those developed by the American nurse scholars Benner, Newman, Orem (also considered a needs-based theory) and Parse (Jonsdottir, 1999b). These theories are considered more as general guidelines to practice rather than explicit frameworks on which to ground practice. Several nurses do not consider any nursing theory as guiding their practice and maintain that they are not applicable to their practice. The words by Holmes (1991) may reflect this position when he maintains that in order for a theory “to be applicable it must have insights and consequences which are specific enough to guide practice in particular cases” (p. 440). Regardless of adherence to nursing theories or not, the core concepts that nurses identify as their philosophical bases are a broad notion of holism, caring, therapeutic relationships, respect for a patient’s uniqueness, health promotion, and human needs (Jonsdottir, 1999b).

In the educational arena, nursing theories have been introduced to students over the past couple of decades, both in the diploma and the baccalaureate programs. Several theorists have been introduced, such as Henderson, Nightingale, Neuman, Newman, Orem, Riehl and Roy, and Benner. This introduction has been meant to support students in identifying the focus of nursing as different from that of the biomedical sciences, to facilitate reflective practice, and to encourage students to explore their own values regarding health, nursing, and interaction with clients. Nursing theories have, however, not been laid out as the theoretical base for any specific course or nursing program so far.
In the clinical setting, no particular nursing theory has been introduced as the one and only theoretical framework on which to ground nursing care. At the National University Hospital in Reykjavik, the purpose statement for nursing, which was composed by staff nurses in cooperation with nurse managers, addresses concepts such as holism, caring, adaptation, respect for individual patients and their values, partnership in care, therapeutic relationships, and health education. These concepts are seen as reflecting influences from among other theorists: Nightingale, Henderson, Peplau, and Roy. The extent to which the purpose statement reflects the clinical setting has not been evaluated systematically. Thorsteinsson (1999) considers the philosophy of nursing alive and well in clinical practice, as it is apparent in the purpose statement of the hospital that was mentioned and is, as well, evident in a new clinical ladder system. The clinical ladder reflects different levels of competency in clinical nursing practice and has resemblance to Patricia Benner’s (1984) description of knowledge embedded in clinical practice (Thorsteinsson, 1999).

Caring as a moral ideal and as therapeutic relationship influence nurses’ thinking about the philosophical underpinnings of their work. This notion of caring is typically not attached to any specific theory on caring, although some nursing theories of caring are known in Iceland, such as Watson’s theory and the work of Benner and her co-workers. An Icelandic nurse scholar has developed a theory on caring and uncaring encounters in nursing and healthcare (Halldorsdottir, 1996). The main thread in this theory is the notion of nursing as a practical science in which competence, caring, and connection are central concepts. The theory symbolizes two main metaphors in caring relationships as that of the bridge, referring to openness in communication and the experience of connectedness, and that of the wall, indicating negative or no communication and the experience of detachment.

Nurses quite frequently refer to the concept of holism. The most common approach is to view the person as a bio-psycho-social-spiritual being, focusing on the person as a sum of the parts. Holism from a unitary-transformative perspective is the major thread in Newman’s theory on health as expanding consciousness. This theory inspired work on the experience of people with chronic obstructive lung diseases demonstrating a life pattern of isolation and being closed in (Jonsdottir, 1998). Conclusions drawn from the results were that a fundamental change in nursing care was necessary in order to meet people with lung diseases at the point where they are. Reforms in practice have consequently aimed at attending to people’s own experiences of health and the development of the nurse-patient relationship. Among changes that have been introduced were the implementation of primary nursing in hospital care (Jonsdottir, 1999a) and the development of reminiscence therapy for people with end-stage lung disease (Jonsdottir, Jonsdottir, Steingrimsdottir, & Tryggvadottir, 1999).

An elaboration of a middle-range theory on unpleasant symptoms is taking place at the present time. This theory focuses on fatigue and symptom distress in mothers with difficult infants and has been the focus of several research projects (Thome, 1998, 1999, 2000). Along with this theory development, Thome (Thome & Alder, 1999) has developed an intervention based on cognitive-behavioral therapy directed toward postpartum fatigue. The overarching aim of this project is to help nurses to recognize some of the health-related phenomena that exist in the primary healthcare setting unrelated to medical diagnoses and with which nursing has the best capability to deal.

Conclusions

In this column, the use of nursing theory and its relation to knowledge development in nursing in Iceland has been explored. Scholarship in nursing in Iceland is about 30 years old. Advancement of nursing practice has been the main thrust in knowledge generation in Iceland over these decades. The struggle for recognition within the scientific community as well as for the profession to be acknowledged in the practice setting takes place in Iceland as elsewhere. The discourse on the creation and utilization of nursing knowledge in Iceland has not reached the point of debating what kind of knowledge is unique for nursing in general and in Iceland in particular. Rather, knowledge that informs practice is valued. Knowledge development is multi-focal and draws on frameworks that have their origins in the nursing literature as well as the non-nursing literature. A multiparadigm perspective has been favored in order to explore and promote the relative strength of different perspectives. Despite great advancements in nursing scholarship, the public discourse on nursing is still dominated by biomedical values (Björnsdottir, 1998). The private discourse is, however, quite different, indicating nurses’ attendance to the uniqueness of nursing.

Nursing theories are inextricably linked to the development of the discipline of nursing. Meleis’(1997) definition of nursing theory reflects the dominant approach in Iceland. The approach delineated by Cody (1994) is peripheral. This situation may reflect the developmental stage of the discipline of nursing in Iceland and elsewhere as suggested by Rawnsley (1999). Emphasis on exploring and using nursing theories for the purpose of making the uniqueness of nursing more clear as well as to provide nurses with language to help them talk about their practice seems, however, to be increasing in Iceland (Thorsteinsson, 1999). That may concur with trends elsewhere where it has been maintained that theory in general and nursing theory in particular will become more essential for nursing in the 21st century than it was in the past. The main reasons put forth by Silva (1999) were that because of a faster pace in knowledge generation and dissemination and more interdisciplinary work of nurses with scholars and practitioners, nurses will need their own theories now even more than before in order to grasp the theoretical base of their own discipline.

It has been maintained that the purpose of knowledge development of the discipline of nursing must be to support service to clients and the health of society, not the promotion of
the profession as such (Donaldson, 1995). This is an important message at a time of struggle for scientific identity and recognition within academia and the practice setting, both of which are dominated by value systems that are very different from the ones to which nursing adheres.

References


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