As soon as histories are properly told there is no more need of romances.

Walt Whitman, Leaves of Grass

History with its flickering lamp stumbles along the trail of the past, trying to reconstruct its scenes, to revive its echoes, and kindle with pale gleams the passion of former days.

Winston Churchill

Oral history is the recording of people’s memories, experiences and opinions. It is:
• A living history of everyone’s unique life experiences
• An opportunity for those people who have been ‘hidden from history’ to have their voice heard
• A rare chance to talk about and record history face-to-face
• A source of new insights and perspectives that may challenge our view of the past (OHS).

Learning from history is an under utilised approach to life; we can often spend time recreating wheels and not learning from the achievements and failures of others who went before us. Capturing stories of the lived history of individuals is an opportunity to be amazed, inspired and stimulated by experiences from the past. This paper highlights the value of oral history and provides background context for the Memories of Nursing (MoN) project, where recordings of interviews with elderly nurses, mainly residents of the Retired Nurses National Home (RNNH) in Bournemouth in Dorset, were made in order to capture their stories so others can learn from them.

Oral History Methodology
According to Boschma et al (2008:83), oral history is a “crucial methodology in capturing nursing’s past...[however] Its potential for exploring changes in nursing and health care practice...is only in a very early stage”. It can be argued that nursing “has struggled for
acceptance and legitimacy as a profession in its own right” (Beidermann 2001:61). However, oral history, and the project described here, that explores and records the lives of nurses, has the potential to promote greater understanding, acceptance and legitimacy. The project acts as “an avenue for the integration of the past and the future” (Church & Johnson 1995:30) by producing rich and detailed accounts of those “non-elite nurses...who have no record of their lives in historical documents” (Beidermann 2001:61). To this end, it “is important that nurses reflect upon and understand the past, learn the lessons this experience teaches, and apply the knowledge to the nursing practice of today” (Furness 2002). Indeed, it has been said that “the future of nursing may well depend on the study of its history” (Kirby 1998).

Although there are quite a number of relevant oral history accounts in existence (see for example Hemmings 1996; Hopton 1997; Leap & Hunter 1993), the number of autobiographical (Gluck 1985) oral histories that exist is very limited, although would include the relatively recent work of the ‘Nurses Voices’ project of Manzoor, Jones & McKenna’s (2007) account of nursing during the Northern Ireland crisis and of the slightly less recent work of, for example, Mitchell & Rafferty (2007), Gates & Moore (2002) and Furness (2002). Recording an understanding our nursing heritage would help us to avoid the risk of the profession “being adrift without memory” (Cushing 1996:7), in a state of rupture and dislocation (Nelson & Gordon 2004); it allows us to recognise that knowledge of nursing’s past can contribute to present and future practice (Furness 2002; Lait 2000) and, as so eloquently expressed by Birchenall (2003:324), it “signposts the path of change, showing footprints left by those who were in the vanguard...” All this strongly indicates that it is highly desirable that nursing begins to carefully and systematically record its history and heritage.

Using Oral History Approaches in the MoN Project

The Memories of Nursing project fully accepts these principles and takes the frameworks and methods employed by the oral history tradition in order to explore these issues and develop a greater understanding of nursing’s essentially hidden past. It does this by conducting detailed interviews with retired nurses from the RNNH that has existed on the outskirts of Bournemouth since it was formed in 1934 (see section on RNNH at
‘Memoriesofnursing.uk’). In order to structure data collection activity, generally accepted routine oral history methods are employed (Sommer & Quinlan 2002) upon which a chronological life history (Erickson 1975; Hagemaster 1992) and/or autobiographical (Gluck 1984) method is implemented.

The Oral History Society (http://www.oralhistory.org/about/principles-and-practices/) suggests “oral history interviews are historical documents that are preserved and made accessible to future researchers and members of the public. This preservation and access may take a variety of forms, reflecting changes in technology. But, in choosing a repository or form, oral historians consider how best to preserve the original recording and any transcripts made of it and to protect the accessibility and usability of the interview.” Therefore the complete transcripts of the MoN interviews are preserved by the Dorset History Centre so future researchers can access the complete narratives. The ‘memoriesofnursing.uk’ site includes audio clips from these interviews that provides examples of the key themes that have arisen from analyzing the recordings, to whet the appetite of interested colleagues. Scholarly articles are also planned and will be linked to the website once published.

**Ethical Considerations**

Engaging in such a project raises a wide range of potentially controversial issues that encompasses a number of ethical considerations. These include the need to avoid coercive recruitment, protecting the best interests of the participant (by recruiting only those informants that are fully able, physically and mentally, to usefully participate in the interview process and by keeping interview episodes brief enough not to tire the participant), identifying issues related to the potential loss of anonymity, issues of confidentiality and disclosure, the potential to uncover unprofessional practice, the need to ensure third party protection and to eliminate the risk of defamation, and copyright. For these reasons, a range of carefully considered procedures has been developed in order to guide the project. These are drawn from a range of influences, including the comprehensive set of ethical and legal guidelines developed by the Oral History Society (see: http://www.ohs.org.uk/; accessed 27.10.08).
Conclusion

Capturing the memories of nurses who practised largely in the mid 20th century has been an honour for the members of the MoN research team. We feel we have a responsibility to ensure these stories are shared appropriately so others can learn from the experiences of these nurses, as is the tradition of oral history research. This paper sets the project in the context of that tradition and provides detail on how we have preserved these gems of history for others to use and to learn.

References


Manzoor F, Jones G & McKenna J (2007) How could these people do this sort of stuff and then we have to look after them? The ethical dilemmas of nursing in the Northern Ireland conflict. Oral History 35: 2, 36-44.


