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Olga Odiņa

**DEVELOPMENT  
OF THE NURSE PROFESSION  
IN LATVIA  
(18<sup>th</sup>– 20<sup>th</sup> centuries)**

Summary of the Doctoral Thesis  
Speciality – Health Care Science

Rīga, 2013

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RĪGAS STRADIŅA  
UNIVERSITĀTE

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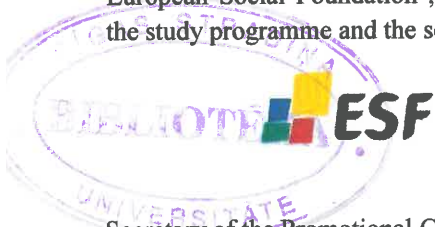
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A handwritten signature in blue ink, which appears to read 'Līga Aberberga-Augškalne'.

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# CONTENTS

Abbreviations used in the work .....	4
Introduction .....	5
<b>Chapter 1. Development of nurse profession in the territory of Latvia until the First World War (1789–1914) .....</b>	<b>9</b>
1.1. Activity of charity nurses of the Society of Priest Vincent de Paul in Latgale (1789– 1864) .....	9
1.2. Activity of deaconess nurses in Vidzeme and Kurzeme (1862–1914) .....	12
1.3. Charity nurses' activity in the territory of Latvia under the Russian Red Cross (1879–1914) .....	17
<b>Chapter 2. Development of nurse profession and their activity in the Republic of Latvia (1918–1940) .....</b>	<b>21</b>
2.1. Activity of charity nurses during the existence of the Latvian Red Cross .....	21
2.2. Russian charity nurse societies .....	29
2.3. The social status of deaconess nurses .....	31
<b>Chapter 3. Reorganisation and development of the nurse profession in Latvia (1945–1991) .....</b>	<b>33</b>
3.1. Characteristics of the nurse profession during the Soviet time .....	33
3.2. The educational system of medical nurses .....	34
3.3. Professional specialisation and job duties of medical nurses .....	37
3.4. Nurses' social activity during the time of Awakening (1989–1991) .....	38
<b>Chapter 4. Professional activity of nurses in independent Latvia (1991–1999) .....</b>	<b>40</b>
4.1. Nurses' activity for development of their profession .....	40
4.2. Institutions regulating the professional activity of nurses .....	43
4.3. Improvement of nurse education .....	45
4.4. Description of the professional activity of nursing specialties .....	48
Summary .....	49
Conclusions .....	61
Literature and other sources .....	63
List of publications .....	69

## ABBREVIATIONS USED IN THE WORK

- apr. – *apraksts* (description)
- CZVA – Cēsu zonālais Valsts arhīvs (Cēsis Zonal State Archives)
- e.g. – *exempli gratia* (for example)
- etc. – *et cetera f.* – fund
- l. – *lieta* (case)
- LSSR – Latvian Soviet Socialist Republic
- Ls – lat
- LVA – *Latvijas Valsts arhīvs* (Latvia State Archives)
- LVIA – *Lietuvos Valstybes istorijos archyvas*  
(Lithuanian State History Archives)
- LVVA – *Latvijas Valsts vēstures arhīvs*  
(Latvia State History Archives)
- НГАБ – *Нацыянальны гістарычны архіў Беларусі*  
(Belasurian National History Archives)
- No. – number
- p. – *pilsēta* (city)
- USA – Unite States of America
- USSR – Union of Soviet Socialist Republics
- WHO – World Health Organisation
- VZVA – *Ventspils zonālais Valsts arhīvs* (Ventspils Zonal State Archives)

# INTRODUCTION

## Problems

The origins of (medical) nurse profession formed already in ancient past. Since times immemorial, people's concern included disease prevention and health maintenance. Nurses' (medical) work originated alongside the traditional work of patient care and treatment. Several groups of nurses are known from history, who have worked in Latvia: grey nurses (in 1295, a grey nurse Menborha was mentioned in Latvia), deaconess nurses, charity nurses, medical nurses. During the course of time, the word "*māsa*" (nurse/sister) remained unchanged in Latvian. It is based on the Indo European "*mā*" which is also the origin of "*māte*" (mother). In ancient times the word "*māsa*" had the same meaning as the word "*bāliņš*" (brother), and it was used to denote female gender [1; 13].

Since 1295, when one of the surnames of grey nurses (Menborha) was mentioned, seven centuries have passed. Nowadays a nurse is a medical practitioner who has acquired an education which conforms to the requirements specified in the Law on Regulated Professions and Recognition of Professional Qualifications. A nurse, in her profession, in compliance with her qualification, takes medical care of the patients, participates in the treatment, manages patient care, informs patients about health care issues and performs the work of professional education [2].

In order to reach the modern professional level, a rather complicated way, full of changes, was needed for improvement of the nurse profession. Although this profession is very old, it was formed as professional activity only in the 19<sup>th</sup> century. A comparatively small number of historians have focused on the historical studies of nurse profession; therefore, the data are often

fragmentary, incomplete and distinctive. Nurses' tasks during the peace time and the war time were extremely different. This calls for extensive research. The aim and tasks of this work includes nurses' professional activity and development of nurse profession in modern times (18<sup>th</sup>–20<sup>th</sup> centuries).

### **The aim and tasks of the work**

The following aim was set for the Doctoral Thesis: to provide an analytical overview about the development of nurse profession in Latvia (paradigm and analogies) and its tasks.

The tasks of this work were the following:

- to summarize and systematize the available historical sources that provide information about the development of the nurse profession in Latvia's regions from the 18<sup>th</sup> century till the First World War (1789–1914);
- to provide a review of the education and professional activity of nurses during the existence of the Republic of Latvia (1918–1940);
- to analyse the reorganisation and course of development of the nurse profession in the Latvian SSR (1945–1991);
- to outline some aspects of nurses' professional activity in the independent Latvia (1991–1999).

## **Materials and methods**

The following methods of historical investigation have been used in this work: the descriptive method, content analysis of documents, method of classification.

For elaboration of this work, historical materials from Latvian archival funds have been used in the Latvian State Historical Archives and Latvian State Archives, as well as zonal archival funds of Ventspils State Zonal Archives, Cēsis State Zonal Archives, and Daugavpils State Zonal Archives. The course of development of the nurse profession in Latvia has been investigated rather little. To ascertain the activity of charity nurses of the Society of St. Vincent de Paul in the territory of Latvia, also the historical division of Latgale has been considered as well as nurses' places of origin. Thus the materials were sought for in Lithuanian State Historical Archives (Lietuvos Valstybes istorijos archyvas), Krakov (Poland) Historical Archives (Archiw państwowe w Krakowie) and Belarusian National Historical Archives (Нацыянальны гістарычны архіў Беларусі). Also, materials from Latvian museums were used — the funds of Pauls Stradiņš Medical History Museum and Daugavpils Museum of Local Lore. During the analytical review and selection of documents, 22 funds, 24 descriptions and 78 archival files have been identified. Literature sources in Latvian, German, Polish, Russian and English were used, which were translated into Latvian for the purposes of this work.

## **Structure of the work**

In view of tasks, the work is divided into four chapters. Chapter 1 discusses and analyses the development of nurse profession until the First World War (1789–1914), expounding on the activity of the charity nurses of St. Vincent de Paul Society, deaconess nurses and Russian Red Cross charity



nurses. Chapter 2 is dedicated to the professional activity of nurses during the existence of the Republic of Latvia (1918–1940). This chapter focuses on the course of reorganisation of nurse profession, the activity of minority representatives of this profession as well as the beginning of reorganisation of nurse profession during the Soviet period. Chapter 3 shows the professional activity of nurses during the Soviet time (1945–1991). Chapter 4 is dedicated to nurses' professional activity during the time of state independence from 1991 till 1999.

### **Novelty**

For the first time such a detailed and extensive research about the history of nurse profession in Latvia has been carried out. Within the frames of the research, an analytical review of the development of nurse profession in Latvia has been made in the most important stages of its development, beginning with 1789 (18<sup>th</sup> cent.) to 1999 (20<sup>th</sup> cent.). The research shows the development of nurse profession in the historical aspect, and in paradigmatic and analogical comparison. History is our heritage. It is difficult to make plans for the future without knowledge about the past. This concerns also the future of the professional development of medical nurses.

# CHAPTER 1

## DEVELOPMENT OF NURSE PROFESSION IN THE TERRITORY OF LATVIA UNTIL THE FIRST WORLD WAR (1789–1914)

### 1.1. Activity of charity nurses of the Society of St. Vincent de Paul in Latgale (1789– 1864)

The Society of Priest Vincent de Paul (1581–1660) of charity nurses (Daughters of Charity) was founded on 29 November 1633 in Paris (France). Nurses devoted their work to the poor and the sufferers, receiving for that general respect and appreciation by society not only in France but also in other countries, thus in the 18<sup>th</sup> century coming to the territory of Latvia — in the Latgale region. Especially the town of Krāslava (“*miesta Kreslava*”) is associated with this movement” [3; 11, 14]. Nurses’ activity and behaviour was strictly subjected to the Regulations elaborated in Paris in 1634 by one of the first charity nurses Ludwika de Marillac [4; 10, 13–18, 680]. It comprised 11 chapters and prescribed the main directions of charity nurses’ activity in nursing the needy and the sick in hospitals and at homes, as well as in their education [5; 147–164-v].

In 1754, the Catholic bishop Anthony Ostrovsky invited fathers Lazarists to Krāslava – the congregation of Catholic priests founded by Vincent de Paul in the 17<sup>th</sup> century. In 1789, also a nunnery was built in Krāslava. On September 4, charity nurses of the Society of Vincent de Paul, named Lazarists, or sometimes Vincentines, arrived in Krāslava from Warsaw (Poland) and started their charity work [6; 79]. Nurses’ work in Krāslava was supported by Countess Augusta z Ogińskis Broel Platerowa (?–1803), mother of the ruler of Krāslava of that time. She established the Charity Nurses Foundation dedicating 100 000 thousand zloty to maintenance of nurses [7; 5–6, 13, 143–147, 149].

Their maintenance and activity was materially provided also by other prosperous people who donated their money and immovable property [8; 8–11, 51–53, 105–106]. Nurses had to wear similar clothes: a grey dress with wide sleeves and a white cloth bonnet [7; 5–6, 13, 143–147, 149].

Nurses devoted their work to charity and education [8; 8–11, 51–53, 105–106]. In 1789, Countess Augusta Platerowa built the first hospital in Krāslava where charity nurses served to the poor and the sick [9; 34]. The hospital was meant for treating and nursing of peasants, town dwellers and orphans. Initially 60 patients were taken into the hospital [8; 8–11, 51–53, 105–106]. The hospital was visited by the local administration and some famous people who watched over the functioning and the equipment of this hospital, and the support rendered to the poor, granted donations to the hospital [3; 11, 14]. In 1793, in Krāslava, in the vicinity of the monastery, a girls' school was organised [10; 48], where nurse training and education was started [8; 8–11, 51–53, 105–106]. There were two departments in the school. One of them was meant for girls whose parents wished their daughters to get more decent religious education [4; 10, 13–18, 680]. Therefore, nurses' most important task in child education was to enlighten their mind: teach God's Prayers, God's and Church Commandments, Christian writings, Holy Sacraments and other teachings required for atonement [5; 147–164-v].

The other department of the school was meant for girls who after acquiring the abovementioned subjects proceeded with their learning mastering housekeeping. Girls were taught History, Arithmetic, Polish, and separately, also French and German, Geography, General History, Piano and Guitar Playing [4; 10, 13–18, 680]. Nurses' task was to teach dressmaking and embroidery so that each girl knew how to cope individually with the very basis of housekeeping. However, the main goal of education was to get children accustomed from early youth to chastity and divinity: explain about divinity to them, and about how to prevent violations, about honesty and orderliness so

that children would preserve exactly these features, and thus, would commit as little as possible violations in the future [5; 147–164-v]. The high level of the girls' school was known long before, and in 1805, when the House of Charity Nurses was established in Gatchin (near St. Petersburg), one of the nurses of Krāslava, S. Antonina Księżopolska, participated in the expedition to share her experience [7; 5–6, 13, 143–147, 149].

In 17 July 1843, the Emperor of Russia passed an order saying that basing on the direction issued by the Magistrate of Social Care, he will provide nurses with adequate facilities, heating, lighting and food, and grant funds to them. Correspondingly, nurses had the following duties: supervisors, key keepers, aftercare nurses and other works in charity institutions. The nurses who did not wish to avail the monarch's generosity, could be recognised as ineligible and they would lose any support from government. Therefore, each charity nurse had to submit a written statement indicating in which institution of the Magistrate of Social Care she would like to work, and this information had to be provided until October 1 so that it could be possible to plan beforehand the amount of money required for nurses' maintenance, to be received on 1 January 1844.

This direction was sent to all monasteries. Also the nurses in Krāslava received it. At that moment nine charity nurses were working in Krāslava monastery (according to a report dated 14 October 1843). Each nurse had to submit a written reply to this "Monarch's generosity" [11; 1–2, 12–13, 23, 71–72]. In compliance with the rules, after taking the oath, charity nurses were not allowed to leave the congregation without a special permission (the order of the Consistory was required) [12; 1]. Thus, all charity nurses working in Krāslava refused to work in charity institutions, according to the direction by the Magistrate of Social Care [11; 1–2, 12–13, 23, 71–72]. Then, based on the order of 1843, they did not receive salary, but still continued their work in the

hospital. The spacious building of the institution remained empty. Nurses rented part of the premises to private persons thus obtaining means of subsistence.

In January 1863, during the latest Polish revolt, nurses participated actively in this movement – they sang revolutionary hymns and hid persons who had seemed suspicious for the authorities [7; 5–6, 13, 143–147, 149]. Nurses' open activity that was connected with supporting the insurgents became known to Russian gendarmerie. After discussing the events, on 31 October 1864, an order was passed by the Vilnius Roman-Catholic Spiritual Consistory, "On Dissolution of the Charity Nurse Home in Krāslava" [13; 1, 6, 9, 19]. The Russian police settled in the dwelling place of nurses in Krāslava, but the chapel was turned into an Orthodox church [14; 324].

## **1.2. Activity of deaconess nurses in Vidzeme and Kurzeme (1862–1914)**

In 1836, the German priest Theodor Fliedner (1800–1864) established the first Deaconess House in Kaiserswerth (Germany) reviving the ancient deaconess activity as it was during the times of Apostles (care of the needy and the sick) and making this job a social one. During the course of time, deaconess movement gained support not only in Germany but also elsewhere in Europe – in Denmark, Sweden, Norway, Switzerland, Slovakia and the territory of Latvia. The chief organiser of the activity of the inner mission in the territory of Latvia was Oskar Schabert (1866–1936), the pastor of St. Gertrude Church of the city of Riga, who had practical experience in the work of inner mission abroad [15; 22–24, 36, 85]. From the Christian perspective, the health care work of the deaconry possesses a special character. The character of the deaconry work is determined by three factors: demonstrating, with their work, the Covenant of Love between the God and the human; glorification of the God; and becoming the sign of the promised kingdom of God [16; 23]. The

work of deaconess nurses was based on the postulates of Lutheran belief and was under the shelter of the Church, since the work of deaconess nurses “is the work of the Church, and the workers are parish daughters who wish nothing else than serving to parishes” [17; 66].

The movement of deaconess nurses in Latvia appeared thanks to the flourishing of humane and Christian charity at the beginning of the 19<sup>th</sup> century. Thus, the diaconate unions established hospitals and shelters. The movement of deaconess nurses in Latvia had a regional character. Those belonging to the Evangelical Lutheran denomination could become deaconess nurses. Mainly this faith was distributed in Kurzeme and Vidzeme regions of Latvia [18; 19, 21, 24–25]. The largest deaconess nurse institutions in the territory of Latvia were in Riga and in Jelgava [19; 37].

In 1862, in Riga in Friedensstrase No. 3 (presently, Miera Street), with the support of Russian Empress Marija Aleksandrovna (*Мария Александровна*) the deaconess union was founded. The union was named in honour of the Empress – “Union of Charity Nurses “Mary”” The work of deaconess nurses was based on charity, and therefore, the name of the German Deaconess Union of Mary contained the words “charity nurse”. The organisation had its seal with the image of a cross, the year of foundation and the name of the organisation. The German Deaconess Union of Mary was organised with the purpose to teach aftercare of the sick and children’s care to Evangelical Christian women, and to provide a short-term shelter for women and teach them a useful work. The union organised an educational institution for nurses, with the hospital and a shelter for servants and helpers. The organisation’s funds comprised the collected money (from voluntary donations and payment for nurses’ work), which made the core capital. To satisfy the needs of the union, it was allowed – use the money obtained from payments for nurses’ work and from the interest profit. The core capital itself was recognised as untouchable. The German Deaconess Evangelical Union of Mary had an organised

administration that handled various issues associated with the institution organisation [20; 2,113–119]. Outstanding personalities of that time were members of the Deaconess Union Board: R. von Sengbusch, Dr. Christoph Stamm, Dr. O Stener, and B. Noltein [21; 1–2, 87, 104–105].

Later, in 1866, the first deaconess house in the Baltic was founded in Riga – Mary’s Deaconess House. The founder and the first Rector was Georg Loesevitz. The institution started functioning in Nikolajs Street (presently Krišjānis Valdemārs Street) nursing six patients. The first deaconess nurses came from Dresden (Germany) [18; 19, 21, 24–25]. In the German Deaconess Evangelical Union of Mary Lutheran virgins or childless widows could be enrolled [22; 26–27]. When enrolling low-income learners the institution provided them with free maintenance (food, clothes and the necessary sum of money). Impeccable reputation was a must for the candidates [20; 2, 113–119]. It was important that the students had positive moral and characteristic traits like cordial humbleness and serious diligence to acquire more and more skills, to set to difficult, unusual works and learn how to cope with them [23; 22–24, 26–28]. The age of the prospective nurses was limited – from the age of 18 to 40. The applicants were required to have at least elementary (4 classes) German education as well as some skills in needlework and housekeeping. Candidates had to answer definite physical and spiritual demands, they had to lack physical defects and chronic illnesses, and use to be in a good mood [20; 2,113–119].

Each prospective nurse who joined the Deaconess House received the behavioural rules and the rules of institution’s inner order that had to be strictly observed. Each newcomer had to go through a six-month pre-test period during which the administration of the Deaconess House got acquainted with the aspirant’s skills and character. In case after this test period the newcomers proved to comply with the requirements for deaconess nurses, they were enrolled as students. The duration of studies was two years [23; 22–24, 26–28]. Nurses’ education included both the theoretical and practical parts. The

theoretical part included religious services in the House, history of Christian medical treatment, female deaconess studies, elementary education subjects as well as classes for acquisition the nurse profession. Practical classes were held in hospitals under the guidance of doctors [20; 2,113–119].

If the tested nurses observed all the rules during their studies and proved their appropriateness for the position of deaconess nurses, then, basing on the decision made by the curators, they were enrolled as deaconess nurses. Confirmation was part of enrolment, it was a ritual of a festive service when, after lengthy contemplation and consideration, nurses were consecrated before God for their chosen future profession of a deaconess nurse. The prospective nurses had to make an official statement that they had voluntarily chosen the profession of deaconess nurses and that they would fulfil their duties with charity and will observe the rules of the Deaconess House. Simultaneously with their statements, during the prayer, the priest consecrated them into this profession by laying on his hands in the name of God [24; 26]. The nurses had to work in this profession not less than five years. They were also allowed to do any Christianity-associated things in the institution or outside it [20; 2, 113–119].

In 1865, Countess Elisabeth von Medem established the Deaconess House in Jelgava. During her trip to Germany, she got acquainted with the deaconess movement and became an adherent of it. She also roused other persons' interest, who joined making an association to promote female deaconry in Courland. In 1865–1880, deaconesses from Dresden worked in Jelgava [25; 65–66, 69]. In 1869, the priest Ludwig Katterfeld (1843–1910) arrived in Jelgava from Germany. L. Katterfeld was an admirer and student of Friedrich von Bodelschwingh, a famous German priest who founded a village named Bethel, for brainsick people near Bielefeld in Germany. Fulfilling his direct duties he taught the nurses of the Deaconess House. The goal of deaconry work was formulated by him as follows: “The institution deems its main task to



serve, facilitate the upsurge of the parish and recognise as the first provision of mercy the wish never to find itself outside the Church, and it is closely connected with the Church and its means of mercy granted by God. Buildings belong to the noble ones but the work that is carried out is the work of the Church, and it is done by parish daughters who wish nothing else than to serve the parishes.”

L. Katterfeld wanted the church garbs to be tailored in the Deaconess House. One of the nurses mastered this skill, and thus in 1891, in Jelgava, the making church garbs was also started. From that time, the Deaconess House performed such tasks also for many churches of Kurzeme and Vidzeme [26; 47–48, 65–68, 80–82]. His spouse, deaconess nurse Anna Ilgenstein-Katterfeld was his devoted assistant in this [18; 19, 21, 24–25]. From 1868, she worked as the head of the Deaconess House in Jelgava [26; 47–48, 65–68, 80–82]. In 1881, L. Katterfeld was awarded the Third Class Order of St. Stanislav for his work, but in 1895 he received the Golden Breast Cross [27; 8].

In his work I. Katterfeld first of all laid emphasis on three things: distribution of diaconate work in the countryside; establishment of charge over epileptics, lunatics and imbeciles; and establishment of charge over the unemployed. One of Katterfeld’s main aims was distribution of diaconate work in the countryside. This idea sprang up due to great misery in the countryside in case of illnesses. The first institution in the rural area was “Foka muiža” (estate) that was opened in 1885 in Robežmuiža, in the parish of L. Katterfeld’s devoted friend and companion dean Sesemann. In the next year deaconess houses opened in the small towns of Courland: Tukums, Kandava, Sabile, Aizpute, Talsi. Since until the opening of these deaconess houses in the small towns nursing of the poor patients was impossible, and even those who were badly wounded or sick were to be taken to Jelgava or Riga, these institutions became a great blessing for the whole province. Also concerning the second issue – establishing charge over epileptics, lunatics and imbeciles – the voice of L.

Katterfeld did not remain unheard. Here the institution named “Tabors” is to be mentioned, after the establishment of which in 1887, people started to call L. Katterfeld as Baltic Boexdelschwingh. In 1892, the Deaconess House was founded in Liepāja, and in 1901 it was separated from the House of Jelgava, but nurses were invited from Jelgava Deaconess House [26; 47–48, 65–68, 80–82].

The duties of deaconess nurses included not only nursing of patients, but also parish work [15; 22–24, 36, 85]. The task and matter of honour of a deaconess was to be a “continuation of priest’s hands” – they took care for the souls of the sufferers who wandered away from the path of virtue, visiting such persons in their homes and doing the explaining work [28; 27–30]. Moreover, under the wing of the Deaconess Union of Mary, also the school for small children was functioning where also deaconess nurses handled child education [29; 9]. The Deaconess Union of Mary acquired great respect in society thanks to its charity work, and some of the nurses were awarded silver medals “For diligence” („За усердие”) [30; 12].

### **1.3. Charity nurses’ activity in the territory of Latvia under the Russian Red Cross (1879–1914)**

In 1862, international cooperation of different countries in rendering aid to the sick and the wounded was realised for the first time. In this years the book *Un souvenir de Solferino* by a Swiss businessman and public figure, Jean Henri Dunant (1828–1910), was published. Dunant’s idea was aroused by the activity of the charity nurse Florence Nightingale (1820–1910). Since 1855, she had rendered medical aid to the sick and wounded during the Crimean War (1853–1856). Also the outstanding Russian surgeon Nikolai Pirogov (1810–1881) turned to involvement of women in rendering aid to the wounded [31; 346, 348]. In 1805, in Gatchin near St. Petersburg (Russia), the House of

Charity Nurses was established where the community of charity nurses was organised [7; 5–6, 13, 143–147, 149].

In 1864, 16 countries officially joined the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick [32; 174–176]. In accordance with the provisions of the Convention, medical aid had to be rendered irrespectively of the belligerent party of the army camp. Medical staff, equipment and medical institutions were to be untouchable [31; 346,348]. In 1867, Geneva Convention was joined also by the Tsarist Russia which incorporated Latvia at that time. In that year, the Russian Society of Care about Wounded and Sick Soldiers was founded. In 1879, it got a new official name — Russian Red Cross Society [32; 174–176]. Baron Staël von Holstein became the chairperson of the society [33; 1]. The aim of the Russian Red Cross Society was to render aid to the military administration in nursing the wounded and sick soldiers during wartime providing medical and other help [34; 2, 4–5].

In order to prepare the female sanitary staff for rendering medical aid to the sick and wounded during wartime and ensure nursing of patients in the military hospitals and infirmaries, and private houses during peace time, the Russian Red Cross charity nurse communities were established [35; 58; 239–240, 263]. In Latvia the first Red Cross charity nurse communities were organised in 1867 in Riga, and later also in Jelgava and Daugavpils [36; 7–9, 16–17, 20].

In 1879, the Central Board of the Russian Red Cross Community elaborated a regulation on divisions of Red Cross nurses, in order to establish these in places where there was a lack of nurses, or no nurses at all. Also in Riga, Ģertrūde Street, the Russian Red Cross Society organised, in 1880, the dwelling place of the charity nurse community which was subjected to the guardianship of the Empress — Her Imperial Majesty [37; 1–2, 4, 7–9, 38, 49, 316, 319, 321]. The means of subsistence of the community were accumulated from the money received by nurses for their nursing work, also from donations

and from the sums collected by the Ladies Committee of Riga, and from the interest of the core capital belonging to the community [38; 1–4,6–7,9–13].

In the improvement of the nurse profession the experience of the charity nurse Society of the French priest Vincent de Paul was taken into consideration, which promoted the spiritual education and development of the Russian Red Cross nurses [4; 10, 13–18, 680].

In 1875, basing on the Rules of Red Cross Nurses, and in accordance with the decision of the Ministry of the Interior, the Instruction for Russian Red Cross charity nurses was elaborated and published. It included the general rules for nurses about nurse duties in the community and in society, as well as the duties of the head nurse. Women irrespective of their confessional belonging, who were healthy and answered definite requirements, could join the community. A test period was set for them, and thus they were called testees. The test period was from one to three years. Moral and behavioural norms of nurse profession were involved. All nurses and students had to be called in their christened names. Similarly, the duties of the Head Nurse of the Russian Red Cross community were approved [38; 1–4, 6–7, 9–13].

In line with the 13 January 1879 bylaw of the Military Council and basing on the Statute of the Russian Red Cross Society, large attention was paid to nurse education. Studies were held in military hospitals in Riga and in Daugavpils. The study programme was elaborated for nurses, which included the theoretical and practical parts. The theoretical part was read by the head doctor of the community, and he invited also other doctors. The students were taught God's Law. During the lectures they were told about the functions of a human organism, they were taught anatomy, surgery, received information about the names of medical drugs and their kinds, about medical equipment – thermometers, medical and chemist's scales, about clean air, water and the quality of food-stuff and its preservation. During the practical classes the

students were taught professional technical skills: how to use bandages, compresses, splints, mustard plasters and other means for nursing purposes.

Nurses who came from other communities were additionally tested. The testee who passed the exam and in view of her moral traits was recognised as deserving to take the position of a charity nurse of the Russian Red Cross Society was approved by the Charity Community Board. The testee who failed to pass the exam got the chance to stay in the community for some time, with the permission of the guardian and the head doctor. When Red Cross societies and divisions assigned nurses to patient care they informed the administration about the nurse's certification. All nurses who had got in the divisions and were assigned for work in the hospitals were included in official lists [37; 1–2, 4, 7–9, 38, 49, 316, 319, 321].

On 20 January 1883, in Russia a byelaw was passed about the creation of the emeriture cash office for nurses who worked in the Red Cross Society. The cash office was established in order to provide Red Cross Society nurses and paramedics with a regular pension in their old age, which was assigned basing on special rules. Calculations of the emeriture cash office were under the Central Board of the Russian Red Cross Society. It was possible to receive pension from the emeriture cash office for persons who, on retirement, had worked not less than 15 years as nurses in the Red Cross Society [39; 7].

Charity nurses fulfilled their mission in the field of charity during both peacetime and wartime [33; 1]. Some of the nurses were awarded for excellent work with the Golden Breast Medal on the ribbon of St. Anne, and with silver medals [40; 5, 13].

## CHAPTER 2

### **DEVELOPMENT OF NURSE PROFESSION AND THEIR ACTIVITY IN THE REPUBLIC OF LATVIA (1918–1940)**

#### **2.1. Activity of charity nurses during the existence of the Latvian Red Cross**

After the First World War, on 18 November 1918, Latvia was proclaimed as an independent state [41; 228]. After the war, Latvia was devastated and weakened, almost every third Latvian became a refugee, there was a shortage of food in the country. In order to help the new state to gain new strength, two days after the proclamation of Latvia, on 20 November 1918, the Latvian Red Cross organisation was established. The founders were well-known Latvian doctors and lawyers headed by the surgeon Professor Dr. med. Jānis Jankovskis (1876–1923) [42; 2–3]. Latvian Red Cross organisations functioned in the following spheres of activity: direct monitoring of each individual's health; improvement of the hygienic conditions of society; and popularisation of health principles among citizens [43; 4].

The USA government structures that rendered humanitarian aid to the suffering citizens not only in Latvia but also in other Baltic states had a large impact on the introduction of medical reforms in Latvia and in the development of the Latvian Red Cross. Thanks to the assistance of the American Red Cross, already in the first years of existence of the Latvian Red Cross its activity in the state developed intensively: new divisions of the Red Cross were founded, as well as hospitals and sanatoriums [44; 37–38].

#### **Development of nurse education**

In order to extend medical activity, the necessity arose for well-prepared charity nurses. This urged the necessity of organising nursing schools in Latvia [45; 229–232, 237, 251]. The goal of the charity nursing school of the Latvian

Red Cross was to theoretically and practically prepare charity nurses for nursing of the sick and for health care [46; 186–187]. In 1921, a charity nursing school was founded under the wing of the Latvian Red Cross Hospital in Ērgļu Street, in Riga. The Central Board of the Red Cross appointed the director of the hospital Dr. A. Kaire (1883–1962) as the head of the school [45; 229–232, 251]. In 1921, Dr. A. Kaire founded a two-year nursing school under the wing of the city hospital in Liepāja [47; 22–39]. However, both of the nursing schools functioning in Latvia were not able to provide the required number of nurses for all medical institutions in the country [48; 11]. On 15 October 1932, the charity nursing school of the Latvian Red Cross was founded in Jelgava [45; 229–232, 251]. Dr. Dāvids Bīskaps, director of the Red Cross Hospital of Jelgava, was appointed as the head of the school [25; 65–66, 69].

In 1938, the Charity Nurse Board of the Latvian Red Cross signed the terms of enrolment and the general rules of charity nursing schools of the Latvian Red Cross. According to these rules, citizens of Latvia at the age of 18–30 years could be enrolled in the charity nursing school. Beginning with this year, the tuition fee was introduced, and it was 20 lats per month. Students with low-income were granted scholarships by the Latvian Red Cross, which had to be refunded after finishing school. All applicants had to pay one-month tuition fee [45; 229–232, 251]. The demand for charity nurses for work in medical institutions was ever-increasing. Therefore, on 1 November 1939, the Charity Nursing School of the Riga 2<sup>nd</sup> Hospital was opened. The head of the school was the medical director of Riga 2<sup>nd</sup> Hospital, Professor Pauls Stradiņš (1896–1958) [49; 5, 13]. Also, the joint nursing-obstetrician school was functioning under the wing of Riga City 1<sup>st</sup> Hospital, where the new nurses and midwives were trained [50; 13]. In 1939, a charity nursing and obstetrician school was founded in Daugavpils, under the wing of the united city hospital. The manager of the school was P. Grišāns, director of Daugavpils joint hospital [51; 283]. There was also the private charity nursing school under the wing of the Jewish

Hospital “Bikur-Cholim”. Students had to pay 330 lats per year for studies in this school [52; 79, 81].

The schools were functioning according to the curriculum approved by the government and they were subjected to the Latvian Health Department and the Ministry of Health [53; 16–18, 20, 79]. All charity nursing schools were subjected to the Health Department, but with regard to Statutes, curriculum and opening, they acted in accordance with the Statutes of the Latvian Red Cross [54; 55, 57, 59, 61, 64].

Initially, the charity nurse training curriculum included the theoretical and practical course in the basic subjects (for example, anatomy, physiology, etc.). Not only doctors did lecturing, but also charity nurses with higher education that they had acquired in England – London, Bedford College. In 1927, the educational curriculum of the school was extended with new subjects. In 1930, the Board of Charity Nursing Schools of the Latvian Red Cross approved the minimal curriculum which was supplemented with several subjects, for example, the course in the history of nursing, and the basic principles of radiology [45; 229–232, 251]. Beginning with the year 1933, a three-year study programme was introduced in the charity schools of the Latvian Red Cross. The first two years were meant for acquisition of theory, and the last – the third one – was dedicated to practicing in hospitals. With the transfer to the three-year study course, the highest level of charity nursing was reached in Latvia. At that time, only rare European countries were preparing so decently educated charity nurses [55; 6, 28, 32–34]. When charity nurses worked in specialised medical spheres, for example, in units for health care, X-ray rooms etc, they had to acquire the respective supplementary training [52; 79, 81].



### **Registration of nurses**

In order to clear up the number of nurses scattered during the wartime, compare their education, length of service and to prepare them for work in Latvian medical institutions, the Latvian Red Cross organisation, in 1921, started registration of charity nurses [55; 6, 28, 32–34]. Divisions of the Latvian Red Cross registered only those nurses who corresponded to the rules of registration worked out by this organisation. In order that a nurse could be counted as a full-fledged charity nurse, the main requirements for their registration were the following: they had acquired education in a charity nurse school or medical training courses (a written certification had to be produced); practical work in hospitals for not less than three years (not including the study period); good recommendations about their work in the hospitals (with documentary proof); and four-class secondary education. Alongside the registered charity nurses there were also reserve charity nurses. Nurses who corresponded to the abovementioned criteria but who did not have four-class secondary education, or had not worked enough (three years) in hospitals, were registered as reserve charity nurses of the Red Cross organisation. However, they were granted the right to work [54; 55, 57, 59, 61, 64]. This registration thinned out the numbers of nurses and denied the right to work to those nurses who actually did not have the right to do the nurse's job [46; 186–187].

In 1931, the Pension Law was adopted in Latvia, which ensured state pensions also for the charity nurses of the Latvian Red Cross. Pension was ensured for the nurses registered in the Latvian Red Cross, and therefore, the Board of the Latvian Red Cross reworked the procedure of nurse registration. From that time the Latvian Red Cross organisation recognised as full-fledged and registered the nurses who had finished the charity nurse school or medical courses before the proclamation of the Latvian state independence; had finished a two-year charity nurse school during the existence of independent Latvia and practiced in Latvia for at least three years in any of the hospitals; citizens of

Latvia having good command of the Latvian language, with secondary education. As a case of exception, also nurses with unfinished secondary education were registered (but not less than two years of secondary education). Charity nurses who beginning with 1932 had enrolled in charity nurse schools were registered only in case the minimum curriculum of Latvian charity nurse schools was introduced in these schools, which was approved by the Latvian Red Cross organisation on 30 May 1930 [54; 55, 57, 59, 61, 64]. Charity nurses who had finished nurse schools abroad until the proclamation of the State of Latvia (1918) were registered in case they had acquired at least four-class secondary education and if they had worked at least five years in Latvia in medical institutions (of these, three years in hospitals); if they were citizens of Latvia and had good command of the state language. Charity nurses who had finished charity nurse schools abroad during the existence of independent Latvia were registered only in case they had secondary education, had practiced for a year in a hospital in Latvia and passed a state exam in the nurse profession. They had to be citizens of Latvia and have a good command of the state language.

In case the applicant lacked the moral traits required for coping with the nurse profession her registration could be rejected. Registered charity nurses who repeatedly disregarded the job duties of charity nurses could be expelled from the register of charity nurses. Each year in October all registered charity nurses had to resume the registration certificates. In case a nurse failed to resume her certificate in due time she was expelled from the register. Such annual over-registration was necessary in order that the Latvian Red Cross organisation knew precisely the dwelling and work places of all the registered nurses, especially for the purposes of mobilisation. It was envisaged that in case of war the Latvian Red Cross organisation and the registered charity nurses would come under the command of the Commander-in-Chief of the army.

Regular over-registration of nurses was indispensable also in order to control the nurses' professional activity [55; 6, 28, 32–34].

### **Formation and principles of the Charity Nurses Union of the Latvian Red Cross**

In order to unite the charity nurses of the Latvian Red Cross; raise their professional level, improve and ensure the material position of charity nurses; improve their work conditions; render aid to them in old age and in cases of illnesses or disasters, on 29 June 1922, the Charity Nurses Union of the Latvian Red Cross was founded [53; 16–18, 20, 79]. The Board of the Union was comprised of: nurse Marta Celmiņa (1880–1937), the chairperson of the Union; nurse Elza Grīvane (1892–1935), vice-chairperson; nurse Justīne Kušķe (1892–1977), secretary; nurse Serafīma Dreikante, cashier; nurse Ernestīne Šampele, assistant secretary; and nurse Ebba Krēmere, deputy cashier [56; 2, 7, 15, 22]. The Charity Nurses Union was functioning under the Board of the Latvian Red Cross. The activity of the Union was regulated by the instructions of the Central Board of the Latvian Red Cross [57; 50].

The Organisation's assets were comprised of once-for-all payments and annual membership fees; income of Union's institutions and enterprises; money and property donations; Union's undertakings; Latvian Red Cross allowances, and other earnings. Initially, registered nurses could become members of the Union, who made once-for-all payments and regular member fees in due time. The person who wanted to join the Union had to pay a lump sum of 300 roubles. The membership fee was 50 roubles per year. Beginning with 1923, also reserve nurses were enrolled in the Union.

Only the nurses of the Charity Nurses Union who had received the certificate issued by the Central Board of the Latvian Red Cross had the right to wear clothing of a definite pattern – with the sign of the Red Cross on the breast and the number with a stamp on the left hand. Wearing the Red Cross sign

without the certificate was forbidden. The charity nurses wore the clothing with the Red Cross sign only during the working time [53; 16–18, 20, 79]. This was the way how people could distinguish between genuine charity nurses and false “nurses”, since the society was informed that the genuine nurses did not wear their special clothing on the street and in public beyond their working hours [58; 56].

The Charity Nurses Union dedicated its work in favour of nurses stimulating the representatives of this profession. There was a work office in the Union which helped the members to find work [56; 2, 7, 15, 22]. From 1929 to 1940, with Union’s support, the magazine *Žēlsirdīgā māsa* (Charity nurse) was issued that informed nurses about the activity of the Union, events in nurse profession in Latvia and abroad [59; 4].

### **Nurses’ job tasks and duties**

Charity nurses had to strictly observe some job duties with regard to patients, doctors, the society and themselves. Charity nurses had to inform the society about the social hygienic conditions and facilitate their improvement. In correspondence with their profession nurses had to strive to promote and raise the level of their profession morally, juridically and materially. Meanwhile, nurses had to take care of their own physical and spiritual health. It is considered that only by taking care of her own health the nurse would be able to cope with her responsible work. Nurses had also to follow all novelties in medicine and apply them in their work. During aftercare nurses had to stimulate the patients’ physical and spiritual recovery, take care about the patient’s body hygiene, ensure an appropriate surrounding environment and dispose the patients to sooner recovery. Also, nurses had to try to calm down the concerned relatives of the patient. When nursing patients at home they had to inform the relatives about preventive measures against the illness, about hygiene and aftercare issues. Nurses were considered to be doctor’s assistants. They had to

assist the doctor in patient examination, observe patients in doctor's absence, and inform the doctor about the patient's state of health as well as fulfil doctor's orders [60; 6–8].

### **Activity of charity nurses in maintenance of national health**

Factors like protection of citizens against illnesses, improvement of the state of human health, prolonging one's working ability and lifetime were considered to be the basic principles of national health care [61; 10]. In view of these principles, charity nurses face a very extensive and multiform sphere of activity in the national health care handling also the social work. With the development of medicine, not only treatment but also illness prevention became a highlighted branch in national health maintenance [54; 55, 57, 59, 61, 64]. Charity nurses had to cope with a wide field of work: patient aftercare in medical institutions and private houses; work in health care centres, schools, industrial enterprises and sanatoriums. With this, also the nurses' specialisation became manifold: nurses handled health care, there were school and visiting nurses [53; 16.–18, 20, 79].

For selfless work in aftercare, as well as for popularisation of medicine and improvement of the nurse profession four Latvian charity nurses (Marta Celmiņa, Elza Grivāne, Elza Nulle-Siecniece, and Justīne Kušķe) received the highest international award – the Medal of Florence Nightingale (1820–1910). This award was established in 1912, and it was conferred biennially in the headquarters of the International Red Cross in Geneva, for especially outstanding services [62; 13, 18, 35].

## 2.2. Russian charity nurse societies

In the Republic of Latvia 10 per cent of the population were of Russian ethnicity, and after 1918 they were joined by Russian emigrants [63; 80]. The Board of the Russian Hospital Society was still functioning in Latvia. The purpose of the Board implied rendering medical aid and aftercare not only for its members but also to all Russian citizens of Latvia [64; 1, 26, 29, 31, 39, 54, 71, 73, 75–76].

In 1927, the Russian Charity Nurses society “The Sacred Cross” („Святой Крест”) was founded. The aim of the society was to render aid to its members, ensure work to them, improve its members’ material conditions, nurse patients and the feeble ones, as well as to take care of its members’ spiritual development [65; 9, 26–28, 31, 33, 35, 43, 47, 54, 68, 72, 88, 99]. The Society united 34 charity nurses who prior to that had belonged to various communities of the Russian Red Cross. Among them there were participants of the First World War, and some of them had been awarded St. George Cross [66; 1, 26, 29, 31]. Nurse M. A. Slavinska (*Мария Андреевна Славинская*) was elected as the chairperson of the Society. The members confirmed the Cross as the symbol of the Society and were acquainted with the community Regulations [67; 54, 56, 66, 200, 205]. In order to become a member of the Society “The Sacred Cross” it was required, alongside the application to submit the certificate issued by the former Russian Red Cross community of Riga, and the certificate from the doctors of the Russian Society. The Society did not have the core capital, and therefore, beginning with 1929, it started organising lotteries. Money obtained from these was distributed as benefits to the needy charity nurses of the Society and to their children of school age who were orphans for obtaining of books and clothes. However, the earnings from the lotteries were negligible, therefore, the Society applied for material help for several times to the City Council as well as to the American Red Cross, but still it did not

receive adequate material support and was in a difficult financial position [65; 26–28].

In 1934, in Latvia one more Russian charity nurse organisation was registered, “Russian Charity Nurse Society in Latvia”, with the aim to unite the Russian charity nurses in Latvia, help its members to find work, improve the work conditions, render mutual aid, moral support, and facilitate the material welfare and spiritual development of its members. The chairperson of the Society was H. Zobninska (*Хелена Зобнинская*) [64; 1, 26, 29, 31, 39, 54, 71, 73, 75–76]. On 26 April 1934, the Statute of this Society was confirmed [68; 2, 9, 54, 68, 72]. The Statute provided that charity nurses not younger than the age of 18 could be enrolled, who had acquired education during the wartime or had finished some private courses, and also reserve nurses were enrolled. Exceptionally, also such charity nurses were enrolled whose belonging to the status of a charity nurse was proved only by a certificate from their place of service. Also, paramedics (doctor’s assistants), midwives and aftercare nurses were enrolled. Persons who were not charity nurses but who actively supported the aims of the Society also could be elected as members – contributors. The responsibility of each member was to facilitate implementation of organisation’s aims, to observe the Statute, pay the membership fee in the amount of 2 lats. In 1935, 38 members were registered in the Russian Charity Nurse Society [64; 1, 26, 29, 31, 39, 54, 71, 73, 75–76]. The assets of the Society included membership fees, donations, undertakings, lotteries, concerts and organising other events. However, also the activity of this organisation was restricted and it was in a difficult material position [68; 2, 9, 54, 68, 72].

Taking into consideration the grim financial situation faced by both Russian charity nurse organisations, the Ministry of the Interior suggested both the organisations to join [67; 54, 56, 66, 200, 205]. However, the charity nurse society “The Sacred Cross” due to some reasons made the decision not to join with the Russian Charity Nurse Society in Latvia [66; 1, 26, 29, 31].

As a result, the society “The Sacred Cross” continued its activity using the stamp only with the inscription in the state language, without the sign of the Cross on the stamp. [67; 54, 56, 66, 200, 205]. Whereas the Russian Charity Nurse Society in Latvia, in order to keep on its activity, was offered to make amendments in the Statute and change the name of the Society so that it excluded the words “charity nurses” [64; 1, 26, 29, 31, 39, 54, 71, 73, 75–76]. After considering the existing situation, the members of this organisation decided that in case of changing the name of their organisation its activity would not correspond any more to the aim and Statute of the organisation. Therefore, in 1937, the decision was made about the liquidation of the organisation “Russian Charity Nurse Society in Latvia” [68; 2, 9, 54, 68, 72].

### **2.3. The social status of deaconess nurses**

After the First World War (1914–1918), the Board was established in the German Deaconess Evangelical Union of Mary, which handled various issues of organisation [20; 2,113–119]. The Board of the Deaconess Union comprised Dr. R. von Sengbusch, Dr. Christoph Stamm, Dr. O. Stenders, and B. Nolteins. The Union maintained a shelter which was the home for ten disabled deaconesses. They received food, clothes, pocket money, an lodgings with heating and lighting [21; 1–2, 87, 104–105]. The activity of the German Deaconess Union of Mary was supported by the German Doctors’ Hospital Union [20; 2, 113–119]. The deaconess nurses who were registered worked as charity nurses with various doctors having private practices, in medical institutions of the Latvian Red Cross, and in German hospitals [21; 1–2, 87, 104–105].

In the second part of 1939, with aggravation of the domestic policy events, the emigration of Germans started, who lived outside Germany [69; 382].



Under the Law on Non-profit Societies and Their Unions and Article 13 of the Agreement on Displacement of Latvia's Citizens of German origin to Germany, on 4 November 1939, the Minister of Public Matters made the decision to close down the German Deaconess Union of Mary (in 1937 the chairman of the Union was B. Nolteins), and he appointed the liquidation commission.

The German Deaconess Union of Mary owned real properties in Riga, 45 Miera Street, 47 Miera Street, 24/26 Šarlotes Street, as well as a residential building in Jūrmala, Melluži, 65 Kāpu Street. In Riga, 45 Miera Street, the Union owned hospital buildings and a chemist's shop, dwelling and household brick buildings, laundries and residential buildings, and a mortuary.

In view of the existing situation, on 13 October 1939, deaconess nurses submitted a petition to the Latvian Red Cross Charity Nurses Union with the request that "all nurses of the Riga Deaconess House would retain all the due maintenance right, and the Union property would be returned to nurses again, since we, the nurses, deserve it". Nurses laid emphasis on the fact that the rules of the Deaconess House had always been such that all income and profit gained by nurses and their hospital remained at the disposal of the Deaconess House and nurses received full maintenance for this till the end of their life. Later, without having received a positive answer, the deaconess nurses submitted the same petition to the liquidation commission. Still the commission ignored this petition as unjustified. Five deaconesses of German origin from the German Deaconess Union of Mary left for Germany, but five Latvians remained in the shelter. However, the liquidation commission kept on maintaining the mentioned deaconesses obliging the users of the property of the liquidatable Union to ensure them with furnished apartments. Later the liquidation commission ran short of money to maintain the deaconess nurses, and the nurses were displaced to the shelter for incapacitated ones under the Riga Maintenance Board, and payments for their maintenance were postponed. In

1940, all German hospitals were liquidated in the country, and with this the movement of deaconess nurses was discontinued in Latvia [21; 1–2, 87, 104–105].

## CHAPTER 3

### **REORGANISATION AND DEVELOPMENT OF THE NURSE PROFESSION IN LATVIA (1945–1991)**

#### **3.1. Characteristics of the nurse profession during the Soviet time**

Creation of the national health protection system in the Soviet Union was considered to be one of the most important achievements of socialism [70; 41–42]. The quality and cultural level of medical care for the inhabitants depended on the fact how skilfully the most extensive part of health protection workers was prepared – paramedics including also nurses [71; 12–13, 46].

After the Second World War, charity nurses acquired the name of medical nurses [72; 161]. Medical nurses were prepared for work in medical prophylactic institutions for aftercare of patients and fulfilling of doctors' orders, illness prevention and taking prophylactic measures [73; 338].

In the Union of Soviet Socialist Republics medical nurses were not divided between medical nurses working in public health protection and medical nurses working in social protection. This was connected with the unified system of medical and prophylactic institutions. The range of work tasks of medical nurses was extensive: consultations for children and women, work in outpatient clinics, medical centres for tubercular and other patients, health centres, and other institutions. Medical nurses did not form an independent and autonomous corporation – neither within a separate hospital, nor on the level of the whole health protection system. Also, the hierarchy

of nurses was not formed in Soviet hospitals. All health protection workers were united in a common trade union of medical workers and there was no necessity for creation of separate corporations for paramedics, medical nurses and other groups of medical staff.

Until 1959, medical workers worked in hospitals according to a three-rank system when the patient was treated by a doctor, and served by a medical nurse and a ward maid. After 1959, a two-rank system was gradually introduced including a doctor and a medical nurse. This imposed new, more extensive duties to medical nurses depending on their work place and specialisation [74; 196–197].

Medical nurses actively participated in the socialist competition and movement [70; 7, 8, 41, 66]. For long-term decent humanitarian work some nurses were awarded the diplomas of the Red Cross, and several were conferred the title of an excellent worker in health protection, and awarded the N. Pirogov Medal [75; 48].

### **3.2. The educational system of medical nurses**

Provision of the republic with medium medical staff members was largely dependent on the work organisation of the medical school. After the Second World War, medical nursing schools lacked the academic staff, and also the material and technical condition of the schools was unsatisfactory [76; 3, 5, 8–10, 167, 169–170]. Right after liberating the territory of Latvia from the fascist occupants, medical schools did not function yet [77; 1–2]. Whereas on 2 June 1945, the People's Commissariat of Health Protection of the USSR passed an order which authorised the activity of medical nurses schools in the Latvian Soviet Socialist Republic. The studies in these schools were free of charge [78; 1–4, 7, 9].

After the war, the School of Charity Nurses and First Class Trained Sanitary Nurses of the Riga 2<sup>nd</sup> City Hospital (this was the name of the school in 1939) continued its activity. One of the founders of the school was Professor P. Stradiņš who was the director of the school during its first years of existence [79; 33, 42, 48, 88, 103, 111, 141, 143, 170–171]. Also, the medical nursing school at the Riga City Hospital No. 4 in Riga, 5 Jāņa Asara Street kept on its activity. The first director of this school was doctor A. Neibergs [80; 49]. In 1945, the nurse school of the Children Institution started its activity in 45 Vienības gatve Street. The first director of the school was Otto Frišs [79; 33, 42, 48, 88, 103, 111, 141, 143, 170–171]. In 1945, medical nursing schools were organised also in other towns – in Daugavpils, Liepāja, Ventspils and Cēsis [78; 1–4, 7, 9]. In Liepāja the nursing school was functioning in 37 Jūrmala Street. The first director of the school was Pēteris Sprincis [81; 1–3, 74, 152, 166]. The medical nursing school in Daugavpils started working in 26 Varšavas Street (former Tereškova Street). The first director of the school was Taťjana Vsesvjatska (*Татьяна Всесвятская*) [82; 2]. The medical nursing school in Cēsis was situated in 7 Dārza Street [81; 1–3, 74, 152, 166]. *Dr.med.* Eižens Siļķe was appointed as the first director of this school [83; 1]. The medical nursing school in Ventspils was established not far from Ventspils town hospital, in 33 Vasarnīcu Street. *Dr.med.* Ernests Brencis was appointed as the first director of the school [81; 1–3, 74, 152, 166].

In order to compensate the lack of medium medical staff in Latvia, also students having arrived from other republics were taught for acquiring the nurse profession; the studies for them were organised in Russian [76; 3, 5, 8–10, 167, 169–170].

After the war, the right to enrol in medical schools was conferred to all Soviet citizens at the age of 15–35, having 7-class education, irrespective of the social status, gender and ethnicity [79; 33, 42, 48, 88, 103, 111, 141, 143, 170–171].

In the 1950s, due to the development of industrialisation, the preparation of medical staff became more intensive, however, there still was a lack of medical nurses. Thus, nurses were prepared not only in medical nursing schools, but in some hospitals they were trained on the spot [84; 117]. The time of studies in medical schools for acquiring the nurse profession differed: three years for those having unfinished secondary education and two years for those having finished secondary education [85; 4]. The studies were held in Latvian and in Russian [62; 13, 18, 35]. For improvement of the study process in medical nursing schools, the methodical board of medium medical schools was organised under the Ministry of Health, which functioned according to policies approved by the Ministry. In the course of time the study curricula were supplemented with new subjects and were distributed in cycles. It was forbidden to alter the curricula in medical schools. Doctors lectured in medical schools but practical classes in hospitals were led by nurses [86; 10, 13–14, 16–17, 19–21, 24, 26]. In the 1950s, with the aggravation of the political situation, preparation of reserve nurses was started in short-term (8 month) and two-year courses. The aim of the courses was to prepare reserve nurses for protection during wartime. After finishing the two-year course, nurses had the right to work in medical institutions. After having worked in the medical sphere not less than two years, these nurses were counted equal to nurses with finished secondary medical education [87; 28, 45, 62].

In the 1960s, basing on the direction concerning the consolidation of schools' connection with practice, the study process in medical nursing schools was organised following the new curricula. Great attention in the training of the prospective nurses was paid to acquisition of the history of the Communist Party of the Soviet Union (CPSU) and CPSU congress materials [88; 18]. In the 1961/1962 study year, in the republic there was a transfer from compulsory 7-class elementary school education to compulsory 8-class education.

Therefore, in medical schools the applicants had to have acquired 8-class education, and the age limit was 30 years [89; 33].

In the preparation of the prospective medical staff great attention was paid to popularisation of Communism and instillation of Socialism ideas. For improvement of the work of ideological education the decisions of all congresses of the Communist Party were taken into consideration [86; 10, 13–14, 16–17, 19–21, 24, 26].

Until 1980, seven medical schools had been preparing nurses in the Latvian Republic. In June 1980, for this purpose, one more nurse school was founded – Riga 5<sup>th</sup> Medical School at the Gaiļezers Hospital [90; 178].

### **3.3. Professional specialisation and job duties of medical nurses**

After finishing the nurse school, the graduates had acquired skills and got the right to work in some basic branch of the extensive health support network: in departments of general therapy and general surgery, children's therapy and surgery, and elsewhere. In order to work in a specialised department (for example, of surgery or therapy) primary specialisation was required [62; 13, 18, 35]. Therefore, in 1946, the base for courses organised by the Ministry of Health Protection of the Latvian Republic was created, which fulfilled several functions: raising of qualification and improvement of work of the medium medical staff, and mass preparation of qualified cadres [91; 39–40, 47, 69, 123–124].

Considering the wide range of nurses' activities in various branches of medicine, the job duties of medical nurses were extremely diverse and they depended on the place of work and specialisation. However, irrespective of their specialisation and work position, nurses were obliged to raise their level of political competence and qualification: they had to participate in the work of

medical nurses' board, make reports in nurse conferences, master related professions [70; 7, 8, 41, 66]. All nurses in their work places had to take care of appropriate use of work equipment, keep the documentation, fulfil doctors' orders, follow the work of ward maids.

During the work hours medical nurses had to submit to doctors. In each working place the administration had the right to supplement nurses' job duties. When fulfilling her duties, the nurse constantly had to take care about her personal hygiene. The diversity of nurses' functional activity was determined by the type of medical prophylactic institutions or their job position [92; 7–8, 13, 82]. Depending on their specialisation and job position nurses had to fulfil definite duties in their practice [70; 7, 8, 41, 66]. Any specialty is characterised by a procedure of observation of definite ethical norms and behavioural rules. In this aspect, the mutual relations of the medical personnel, their relations with patients and patient relatives were regulated by medical deontology – a branch of science on observing the professional duties of medical workers, whereas the moral and ethical aspects in medicine were regulated by medical ethics [93; 7–8].

### **3.4. Nurses' social activity during the time of Awakening (1989–1991)**

With the Awakening, in 1989, also reorganisation in the nurse profession started in the Latvian Republic [94; 20]. On 18–27 June 1989, the First World Congress of Latvian Doctors was held in Riga. Thanks to its large scope and the vast range of professional problems addressed, this congress in Latvia is to be considered as an unprecedented event: of 6000 delegates more than 1000 were Latvian and foreign medical nurses. During the congress, nurses made proposals about the creation of a constant system of nurses' professional improvement; about the improvement of nurses' work conditions as well as

about the development of nurses' international contacts [95; 30]. After the congress, a sharp turnabout started in the nurse profession: contacts were made with the Latvian exile nurses from the USA, doctors of philosophy and pedagogy, with Professor Z. Priede-Kalniņa, and other foreign colleagues. Also, there was exchange of work experience with colleagues in Lithuania and Estonia [96; 10].

On 3 February 1989, the nurses' conference was held which gathered 324 nurses from 103 medical institutions of Latvia. During this conference, nurses made the decision about the restoration of the activity of the Charity Nurse Union of the Red Cross in Latvia. The aim of the Nurse Union was to promote the improvement of the quality of national health and medical support corresponding to modern opportunities and requirements. In 1989, Lūcija Lapiņa, senior medical nurse of the Riga City 4<sup>th</sup> Clinical Red Cross Hospital, was elected the President of the Nurse Union [97; 1–11].

The wish of medical nurses to supplement their competence in their profession, stand beside the doctor as a colleague, but not only unconditionally fulfilling doctor's orders, created the idea about the formation of an academic Medical Nurse Department at the Medical Academy of Latvia. For implementation of this intention, the nurses' study curricula of the universities of Eastern European countries and especially – the USA, were carefully analysed. This idea was realised in 1990, when medical nurses gained the opportunity to acquire higher education in the Medical Nurse Department at the Medical Academy of Latvia (from 1998 – Riga Stradiņš University). The aim of the newly-formed course was to develop creative and clinical thinking in students, and the scientific basis in medical nurses' practice [98; 17–18]. During that time, the students had to acquire the nurse profession on a higher quality level – the nurse aftercare work, which mandatorily includes collecting data about the patients' state of health, diagnosing, elaboration of the aftercare plan, its realisation and evaluation of results [99].



## CHAPTER 4

### **PROFESSIONAL ACTIVITY OF NURSES IN INDEPENDENT LATVIA (1991–1999)**

#### **4.1. Nurses' activity for development of their profession**

Since the restoration of Latvian state independence in 1991, considerable changes occurred also in the health care system. The weakness of the Soviet health care system, including tremendous inefficiency and a centralised system as well as lack of initiative in the improvement of cost-efficiency and quality, united all the interested parties for a common action in order to implement changes that would start elimination of the existing shortcomings and modernisation of the health care system [100; 2–3]. During the transition period, the European Regional Bureau of the World Health Organisation (WHO) helped the member states, including Latvia, concerning citizen health issues, in order to lessen the distinctions in this sphere among the populations of Western and Eastern Europe. In 1991, Latvia as an independent member state was incorporated in the World Health Organisation. The aim of WHO's activity is to render help to Latvia during the transition period facilitating elaboration and implementation of such public health improvement policy that would focus on improvement of public health [101; 134–136].

Thanks to the already created international contacts, in 1991, the Baltic States Nurses Association was founded, with the aim to unite the activity and experience of these states in the protection of moral and material rights of medical nurses, public health improvement, reaching of an adequate level of medical help, and its introduction in the practical work of medical nurses [102; 22]. With the formation of the Baltic States Nurses Association, Latvian nurses got the opportunity to meet colleagues in Europe and elsewhere in the world for exchange of experience in professional issues. Foreign colleagues also urged

Latvian nurses to introduce innovations in nurses' professional development and practice [103; 1].

Thanks to the development of international contacts, already in 1992, Latvia's nurses started cooperation with Norwegian and Swedish medical nurses organisations and schools [104; 1]. The Swedish Red Cross, in cooperation with the medical nursing school of the Latvian Red Cross and the Health Department, organised in-service training courses. The principal aim of these courses was to prepare nurses who could later carry out educational work in Latvia, organise courses in their hospitals, work in medical schools and in-service training courses. Nurses learnt how to make the plan of patient care, set the main aims in aftercare and apply methods for realisation of this plan [105; 10].

With the aim to facilitate the improvement of national health and patient care by nurses in line with the modern possibilities and requirements, on 8 July 1993, the Latvian Nurses Association was registered in Latvia. This is a voluntary, public, professional organisation that actively supports radical transformation of public health care. The first president of the organisation was L. Lapiņa, senior medical nurse of the Riga City 4<sup>th</sup> Clinical Hospital of the Red Cross. The organisation has the right of a legal entity, it has a stamp with its name. The Association functions within the frame of legislation of the Republic of Latvia and in correspondence with its Statute and programme. Any medical nurse can become a member of the Association, irrespective of her ethnicity, religious belonging and party affiliation, provided she acknowledges the Statute and programme of the Association, pay the membership fee, and with her activity promotes implementation of Association's aims and tasks. The main tasks of the Association are the following: promotion of nurses' education, restoration and maintenance of nurses' prestige in society; remuneration for nurses' work, improvement of work conditions and technical equipment; regulation of the legal status of the nurse profession; development

of international contacts; publishing of the magazine of the Association, *Žēlsirdīgā Māsa* (Charity Nurse), and other informative materials, as well as restoration of constant headquarters of the organisation [106; 31].

In 1993, members of the Nurses Association adopted the main policies of the organisation: to elaborate patterns of nurses' medical documentation, draft standard of medical nurses' practice, and the regulation on nurses' certification [107; 5]. Also, in the board meeting of the Nurses Association, on 20 October 1993, the section of the draft law on the medical treatment, "medical nurses, midwives, medical nurse assistants", was discussed [108; 3].

Beginning with 1 July 1994, the office of the Latvian Nurses Association was situated in the premises of the Riga Red Cross Hospital in 3 Jāņa Asara Street. In that year, Jolanta Zālīte was elected as the president of the Nurses Association [109; 39]. The Latvian Nurses Association worked out its policy which focused on the development of nurses' education and elaboration of the code of nurses' work standards and professional ethic; creation of the Nurses' Register [110; 29]. The formation of the Latvian Nurses Association facilitated also the establishment of Nursing Specialties Association (e.g., of surgery, children, etc.). Such associations are indispensable in order to improve nurses' education and practice in a definite specialty and raise nurses' qualification; to participate in working out the certification programme and in its realisation; to organise regular visiting conferences in Latvian regions and towns [111; 23].

Thanks to the activity of the Nurses Association, it was possible to achieve that Chapter 7, on the nurse profession, was included in the Law on the Medical Treatment of 1 October 1997. Articles 44 and 45 of the Law state that a nurse is a medical practitioner who has acquired medical education and is registered in the register of medical practitioners – nurses. In her profession, corresponding to her qualification, the nurse performs patient care; participates in the treatment; leads the work of patient care; handles patient education in

health issues; carries out the work of professional education [2]. This law replaced the Regulations on Medical Care of the Cabinet of Ministers adopted in 1994 [112; 40].

#### **4.2. Institutions regulating the professional activity of nurses**

Following the suggestions of members of the Nurses Union and the Nurses Association, in 1995, the Regulations of the Cabinet of Ministers No. 190 were adopted, on certification of nurses authorised to practice, and nurses' registration was confirmed.

##### **Registration of nurses**

The Latvian State Nurses Register is a list of nurses who have the right to practice in this profession in Latvia. The Register is a structural unit of the Medical Statistics Bureau of the Health Department of the Ministry of Welfare of Latvia, and of the Medical Professional Education Centre. Creation of the nurses register entitled a registered nurse to perform patient care and participate in the treatment in correspondence with the existing legislation. The main tasks of the register were to protect the patient (client) from low-quality aftercare and treatment, provide information to state and municipal institutions, medical establishments and enterprises, to ensure effective distribution of nurses and the chance to use the gathered data on registered nurses in Latvia in work organisation.

A registered nurse restored her right of practice producing 150 educational credit hours<sup>1</sup> not later than a month before the end of the term of registration [113; 5–9].

Registration was made by an order of the Health Department of the Ministry of Welfare of the Republic of Latvia, according to the established procedure. Nurses' inclusion in the Register took place gradually, encompassing all medical institutions of Latvia. With the introduction of nurses' registration procedure in Latvia it was envisaged to raise the prestige of the nurse profession in the country. The registered persons acquired the right of practice for five years. After that time, re-registration of nurses was required in order to restore the right to practice.

### **Certification of nurses**

Nurse's certificate is a qualification document confirming her professional competence in a definite specialty and gives the right to the holder to practice independently as a specialist in all medical institutions irrespective of their form of ownership. Certification means evaluation and acknowledgement of nurses' theoretical and practical preparedness and professional skills. Certification is made by the certification commission. The task of certification is to evaluate and confirm nurses' knowledge in a definite specialty in order to ensure efficient patient care. Certificate can be obtained by all nurses who have registered in the Register of Medical Practitioners of the Health Department of the Ministry of Welfare and after obtaining the diploma of medical education have worked for three years in the medical treatment sphere, and of these – two years in the specialty in which they are willing to obtain the certificate.

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<sup>1</sup> One educational credit hour corresponds to one lesson in accredited course curriculum; two-hour participation in a workshop with an extended programme, submitted to the Centre of Medical Professional Education; half-an-hour running of a workshop class (with the programme submitted to the Centre of Medical Professional Education); two-hour practice or education in the nurse profession outside Latvia; three-hour participation in a professional conference. Whereas three credit hours correspond to a professional publication in a journal or a newspaper.

The certificate entitles nurses as specialists to practice patient health care, participate in medical treatment, monitor or head a medical treatment institution or its structural unit, carry out the work of health care education as well as, after having paid the stamp duty according to established procedure, to obtain a licence for entrepreneurship in the respective specialty. The Certification Board is formed and confirmed for the three-year-period by the Health Department of the Ministry of Welfare. The Certification Board approves the regulations of certification commissions; elaborates certification test programmes; organises production and accounting of certificates, as well as approves and issues certificates and their duplicates [14].

### **4.3. Improvement of nurse education**

In the independent Latvia the specialty of a medical nurse can be obtained in medical schools, but academic education (Bachelor or Master programmes) – at Riga Stradiņš University, Faculty of Nursing, and at the University of Latvia, Faculty of Medicine [115; 3]. Since 1991, medical nurse schools are subjected to the Health Department of the Ministry of Welfare of the Republic of Latvia [116; 54].

#### **Procedure of nurses' education and training in medical nursing schools**

At the beginning of the 1990s, in Latvia, the goal of nurses education was to work out such an educational programme for nurses that would be comparable (in regard of the scope, aims and the content) to nursing educational programmes in Western Europe (initially – in the Nordic Countries) and would correspond to the requirements of EU directives [117]. In view of development of nurses' education, Directive 77/453/EK was adopted by the

European Council on 27 June 1977, the coordination of which refers to professional training of general care nurses. According to this Directive, in order to enrol in a nursing school in Latvia, general secondary education was required. Also, the study period for acquisition of the nurse profession was prolonged till three years. Medical nursing schools gradually started to work according to self-made plans, including the subjects mentioned in the Directive in the training curriculum, and each nursing school had school regulations elaborated on their own. Curricula of the nursing schools were approved by the Health Department of the Ministry of Welfare in coordination with the Centre for Medical Professional Education. Beginning with 1993/1994, for an applicant to the nursing school only secondary education was required [116; 54].

On 16 October 1996, the Cabinet of Ministers issued the order No. 412 “On liquidation of separate medical schools”. According to Article 7, point 3, of the Educational Law of the Republic of Latvia, the following medical schools, under the Ministry of Welfare, were liquidated: Cēsis Medical School – with 1 July 1997; Riga 3rd Medical School – with 1 January 1997; Ventspils Medical School – with 1 January 1997 [118]. Thus, in 1999, six medical schools were functioning in Latvia that were training medical nurses: Red Cross Riga Medical School; Liepāja Medical School; Riga 1<sup>st</sup> Medical School; Daugavpils Medical School; P. Stradiņš Riga 2<sup>n</sup> Medical School; Riga 5<sup>th</sup> Medical School. On average, each year 359–400 prospective nurses enrolled in these schools. The duration of studies was 2 years and 10 months. However, the number of graduates was half less the applicants. To a large extent this was connected with the low salaries, unsatisfactory work opportunities and conditions. Although in this sphere there was no unemployment, the work conditions made the prospective nurses to change their vocation [115; 3].

### **Nurses' training in universities**

In 1993/1994 study year, the Medical Nurses Department of the Medical Academy of Latvia (now Riga Stradiņš University) was transformed into the Faculty of Nursing [99].

In 1994, for the first time in the history of Latvia, the first 20 medical nurses were registered, who had graduated from the Faculty of Nursing. They were the first to receive diplomas for obtaining the Bachelor's degree in Nursing [119; 1].

Each year Nursing programmes were developed and improved at the Riga Stradiņš University, clinical subjects were associated with patient care involving medical nurses with Bachelor's degree in Nursing. In 1998, with the aim to train nurses on the level of Master's degree, the extramural Master study programme in Nursing was created at Riga Stradiņš University. This programme provided the opportunity to train medical nurses with better knowledge and skills, who would be able to train prospective nurses, develop a higher level of practice for nurses in health care institutions, and train society in health promotion. The duration of studies in this study programme is two years. After Master studies, nurses have the right to continue with Doctoral studies [120].

In 1999, study programmes in Nursing were opened also in the Medical Faculty of the University of Latvia, Bachelor and Master (of Health Sciences). The study programmes were created in view of European Union's directives on regulated professions [121; 66–68].



#### **4.4. Description of the professional activity of nursing specialties**

On 2 November 1998, with the order No. 269 of the Ministry of Welfare, and order No. 3 of 7 January 1999, the Regulation on Nursing Specialty was adopted. According to the regulation a nurse is a person who has acquired professional basic education. The nurse performs health care and participates in the medical treatment helping society, family and an individual to prevent the causes of illnesses, maintain and recover person's health, bearing respect to individual peculiarities, relieves sufferings and works in extreme situations.

In Latvia there are nurses with different specialties, for example, nurses of endocrinology and diabetology, neonatology and paediatrics, and others [114].

A nurse with a definite specialty is a medical practitioner who takes care of patients in case of illnesses. A nurse with a concrete specialty has the right to practice if she is registered in the Nurses Register and, according to the regulations, has acquired postgraduate education in her specialty. The regulation provides for activity, responsibility and postgraduate studies of certified and uncertified nurses.

A certified nurse is one who has passed the certification exam in her specialty and consequently obtained the certificate. A certified nurse irrespective of her specialty, within the frame of her professional activity, according to the procedure provided for in the Law on Medical Treatment, must regularly lead and document the patient aftercare process, realise patient treatment and rehabilitation, perform medical treatment manipulations, handle the educational and prophylactic work in society, as well as the professional education work in her specialty. A certified nurse is responsible for her possible technical mistakes

and negligence, as well as for the activity of an uncertified nurse who works under her guidance or leadership.

An uncertified nurse can work only under the guidance or leadership of a certified medical practitioner. She is responsible for fulfilment of the tasks given by the certified medical practitioner, for regular manipulations, for her possible technical mistakes and negligence, as well as for exceeding the scope of activity determined by the certified medical practitioner.

With the aim to develop on a regular basis and improve one's knowledge, postgraduate education in nursing specialty included acquisition of practical experience in a concrete specialty, under the guidance or leadership of a certified medical practitioner, and of theoretical knowledge in line with the themes confirmed by the regulation. The number of credit hours is determined by the regulation of nursing specialty [122].

Postgraduate education is organised in the form of lectures, courses, workshops or conferences according to programmes approved by the Centre for Medical Professional Education [123].

## SUMMARY

Development of the nurse profession in the territory of Latvia from the 18<sup>th</sup> century till the First World War has been analysed. During that time, charity nurses of the Society of Priest Vincent de Paul (1581–1660) were active in Latgale region; deaconess nurses – in Vidzeme and Kurzeme regions; and throughout the whole territory of Latvia there worked the charity nurses of the Russian Red Cross.

Charity nurses of the Society of Priest Vincent de Paul, who were Polish women of Catholic denomination, started their activity thanks to “Catholisation” of Latgale. In the 18<sup>th</sup> century, in 1789, nurses of Vincent de Paul were invited to the territory of Latvia from Poland, thanks to the

movement of Catholic priests – missionaries, which reached the provinces of this territory that were supported by Catholics. Their maintenance and activity was materially supported by the most influential personality of the region, Countess Augusta z Ogińskis Broel Platerowa (?–1803) as well as by other wealthy people, who donated money and real property. The activity and behaviour of nurses was strictly subjected to the developed rules (Regulation) which determined the main directions of activity of common and senior charity nurses: aftercare of the needy and sick patients in the hospitals and homes, educational work. Also, the charity nurses of Latgale performed this work working in the hospital in Krāslava and educating children at school. Nurses did also social work helping the poor. According to the Regulation, the nurses' duty was nursing the moribund patients. Also, nurses' duty was visiting the sick at homes. This activity did not correspond to the principles of the life in a monastery, therefore, it was considered that charity nurses were to a larger extent subjected to the possibility of sinning than nuns who lived in monasteries. In order to become charity nurses, they made a common pledge, for one year. From 1801 (after the French Revolution, (1789–1799) nurses' oaths became compulsory, and nurses recurrently made them each year. During this study the author did not manage to clear up precisely the subjects and scope of lectures that were delivered to charity nurses of the Society of Vincent de Paul. The Regulation, on its turn, not only reflected the rules of nurses' activity and behaviour but also provided nurses' preparedness for aftercare of the sick. The foundation of the society of charity nurses was one of the first steps out of the shade of monasteries. These charity nurses, supporting the insurgents of the last Polish uprising, discontinued their activity in the territory of Latvia in 1864.

The deaconess nurses' mission, on its turn, sprang up thanks to “the activity of the inner mission (humanitarian and Christian beneficence) which formed in Germany in the 19<sup>th</sup> century (Wittram H. Die Anfänge diakonischen Wirkens in Livland und Kurland im 19. Jahrhundert. Die Anfänge der Diakonie

im ostlichen Europa, Folge 5, Münster, 2002.). In the territory of Latvia this mission was supported by Evangelical Lutheran Church, especially in Vidzeme and Kurzeme, where the number of those belonging to this denomination was the largest. The main organiser of the activity of the inner mission in the territory of Latvia was O. Schabert (1866–1936), pastor of St. Gertrude Church of Riga, who had practical experience in the work of inner mission abroad.

In 1862, in Riga, with the support of Russian Empress Marija Aleksandrovna, the deaconess union was founded and named in honour of her – “Union of Charity Nurses “Mary”” Later, in 1866, the first deaconess house in the Baltic was founded in Riga – Mary’s Deaconess House. The founder and the first Rector was Georg Loesevitz. The Deaconess House in Jelgava was founded in 1865 by Elisabeth von Medem. A significant contribution to the development and organisation of Jelgava Deaconess House as well as in deaconess nurses’ training was given by Ludwig Katterfeld (1843–1910). He did not strive to model after any type of German deaconess houses that were known to him, but took over what was acceptable for the Baltic provinces, “abandoning the traditions that did not correspond to the Baltic conditions”.

Only Lutherans were admitted training in the deaconess profession. From the Christian perspective, deaconry aftercare work had a specific character. It was determined by three aspects; professing the covenant of Love between God and human with their work; glorification of God, and becoming the sign of the promised Kingdom of God. The applicants had to be virtuous women who corresponded to the required physical and spiritual requirements, aged 18–40, with the educational level of 4 classes in German elementary school and skills in housekeeping. Nurses’ education included the theoretical and practical parts. The theoretical part included religious services in the House, history of Christian medical treatment, female deaconry studies, elementary education subjects as well as classes for acquisition the nurse profession. Practical classes were held in hospitals under the guidance of

doctors. If the tested nurses observed all the rules during their studies and proved their appropriateness for the position of deaconess nurses, then, basing on the decision made by the curators, they were enrolled as deaconess nurses. Confirmation was part of enrolment, it was a ritual of a festive service. The work and behaviour of deaconess nurses were based on the postulates of the Evangelical Lutheran belief and was done under the shelter of church. Deaconess nurses were maintained thanks to voluntary donations of wealthy people and from payment for nurses' work. Irrespective of the denominational difference, there were differences in nurses' motivation and activity. Deaconess nurses had a fairly extensive range of work: they nursed the sick, old people and children, they worked in hospitals and shelters, handled educational work (training wardmaids, women and children). Nurses rendered moral help to people with their prayers and God's work not only in case of illnesses but also during the times of difficulties and crises. Thus, the main directions of work in the practice of deaconess nurses were nursing patients in the hospitals and at homes (home care), educational and Christian social work.

In 1867, also the Tsarist Russia, in which Latvia was then incorporated, joined the Geneva Convention of the Amelioration of the Condition of the Wounded and Sick. With the aim to render help to the wounded during wartime and peacetime, stimulated by the Russian Red Cross, in 1867 in Riga and later also in Jelgava and Daugavpils the charity nurse communities of the Russian Red Cross were established where the prospective charity nurses were trained. In the charity nurse communities of the Russian Red Cross women were admitted irrespective of their denominational belonging, since from the Christian perspective nurse's work was based on mercy (charity). Charity nurses of the Red Cross were represented mainly by ladies from the higher society – spouses and daughters of Russian and Baltic German landlords who came from prosperous families. This noble work was denied for common working people – farmers, workers, and autochthonous population of the Baltic.

The Russian Red Cross organisation introduced also innovations in nurses' professional organisation elaborating a training programme for preparation of nurses; taking care of nurses' welfare in their old age; creating the emeriture cash office. Reviewing the activity of charity nurses during the existence of the Russian Red Cross, the author managed to find materials about nurses training programme in the Latvian State History Archives. The prospective nurses were taught also God's Law apart from some clinical disciplines. In their work nurses had to observe the instruction given to charity nurses by the Russian Red Cross. It included the common rules for nurses about their duties in the community and society, as well as the duties of the senior nurse. A separate instruction was elaborated for senior nurses. Charity nurses, fulfilling their mission of mercy in patient aftercare, worked in hospitals and private homes, and acquired great respect – prestige in the eyes of society.

Analysing the course of development of the nurse profession in the territory of Latvia from the 18<sup>th</sup> century till the First World War a characteristic paradigm was highlighted: nurses' work was based on Christianity, belief in God, and mercy. Nurses were united by patient aftercare in hospitals and private homes, educational and social work.

Reforms were started in the nurse profession after restoring the independence of the State of Latvia in 1918, when the Latvian Red Cross was founded two days after the proclamation of Latvia, on November 20, and international contacts were developed. Nurses' professional development was facilitated by the structures of the USA government who organised exchange of experience for nurses, which was implemented in the practice of the charity nurses of the Red Cross. Several medical institutions were opened in Latvia: hospitals, sanatoriums, outpatient clinics and health care centres. Such radical changes required well-prepared medical staff – nurses.

At that time the definition “a certified charity nurse” appeared, which was approved in the Statute of the international union of charity nurses as

follows: “The title “a certified charity nurse” denotes a charity nurse who during her time of studies in the charity nurse school and before the final (state) exams has acquired theoretical and practical knowledge in nursing surgical and therapeutic patients as well as in nursing children. It is recommendable that such an educational course that comprises the abovementioned skills would last for three years” (*Žēlsirdīgā māsa* [Charity Nurse], December, 1930). In order to fulfil the set goals in preservation of national health and to improve the work of health care, reorganisation of the nurses’ activity and training of the prospective nurses was necessary. As a result, in 1933, a three-year course was introduced in nurses’ education. The aim of the charity nurse school of the Latvian Red Cross was to prepare theoretically and practically capable charity nurses for aftercare and health protection.

Also, in 1938, the Board of the charity nurses of the Latvian Red Cross adopted the terms of enrolment and general rules of the nurse schools of the Latvian Red Cross. According to the rules, citizens of Latvia aged 18–30 could be enrolled in the charity nurse school. Beginning with this year, the tuition fee of 20 lats per month was introduced. Students from low-income families were granted scholarships by the Latvian Red Cross that had to be paid back after finishing the school. Schools were functioning according to a curriculum approved by the state, and were subjected to the Latvian Health Department and the Ministry of Welfare. Nurses had to acquire both the theoretical knowledge in medicine and practical skills in their clinical practice. However, the God’s law was not taught to the prospective nurses. It was substituted by other subject – nurses’ ethic. Exactly during that period the question about raising the prestige of the nurse profession was raised. In nurse schools charity nurses were prepared for work in various branches of medicine: preventive medicine, work in operating rooms, in X-ray and therapeutic rooms, dietetics and psychiatry. Also, the opportunity appeared for nurses to acquire higher education in England.

With the aim to raise the nurses' professionalism, registration and re-registration was introduced. This registration thinned out the numbers of nurses and prevented the nurses, who actually did not have the right to work as charity nurses, from this work. Charity nurses had to strictly observe several job duties in relation to patients, doctors, society and themselves. Corresponding to their profession, nurses, with their activity and performance, had to strive to promote and raise the level of their profession morally, juridically and materially. Nurses were considered to be doctors' assistants, they were subjected to strict work requirements and professional etiquette. During the functioning of the Latvian Red Cross the charity nurses' field of activity was wide, they worked in the national health care and social work. Nurses worked not only in outpatient clinics, hospitals and sanatoriums but also at schools and health care centres. Fulfilling her functions at schools, health care centres and other medical treatment institutions a charity nurse had to be an educator and a psychologist popularising individual and public hygiene in society, and handling the problems of social work. Thus, the nurse specialization became more varied: there were health care nurses, school and visiting nurses.

Thanks to the nurses' activity, the Charity Nurses Union was founded that defended only the interests of charity nurses of the Latvian Red Cross, and less attention was paid to minority nurses. Thus, notwithstanding the predominant position of the charity nurses of the Latvian Red Cross, also societies of minority charity nurses were formed ("The Sacred Cross", "Russian Charity Nurse Society in Latvia").

Analysing the professional activity of charity nurses, it was cleared up that irrespective of their ethnicity their activity was analogical: professional improvement – introduction of registration order in nurses' practice, and educational unity. This is the paradigm of that period with the dominant feature of professionalism.



Following the political events of 1940, when Latvia was „incorporated” in the Soviet Union, there was reorganisation in the nurse profession. In relation with Latvia’s incorporation in the USSR, the work structure and organisation of the nurse profession was formed according to that already having been formed in the Soviet Union. Changes in the political and economical situation in Latvia were reflected in, and left impact on, the nurse profession in reorganisation of their work. During the Soviet time, international contacts were broken and in professional education the socialism and communism ideology became the dominating ones. After the Second World War, charity nurses were started to be called medical nurses. During the Soviet times, a medical nurse was defined as a worker of the medium medical staff who was considered to be doctor’s assistant in medical treatment – prophylactic institutions. Persons having acquired two-year education in a medical nurse school could work as medical nurses. The right to enrol in medical schools was given to all USSR citizens at the age of 15–35, with 7-class education, irrespective of their social status, gender or ethnicity. In the 1961/1962 study year, in the Latvian Republic there was a transition from compulsory 7-class elementary school education to compulsory 8-class education. Thus, applicants to medical nurse schools were to have 8-class education, aged till the age of 30. For students with secondary education a two-year programme was introduced, and for students with unfinished secondary education – a three-year programme.

Development of industrialisation stimulated also vast development of medical institutions and medical branches. However, medical schools were not able to supplement medical institutions with medical nurses. Therefore, nurses were prepared not only in medical nurse schools but they were also trained in hospitals. Also the political situation in the Soviet Union furthered mass preparation of medical nurses. The students were inhabitants of the Latvian Republic as well as incomers from other Soviet republics, and they were from various social strata. Priority was given to students from common workers’

families. In the study curriculum of the nurse profession subjects for raising the political level were introduced, since only a politically competent person could be counted an educated citizen. A subject like medical ethics became a non-compulsory one. In the course of time, the structure of the government changed, and thus the activity of Latvia's medical nurse schools was subjected to the following institutions: from 1945 to 25 December 1959 – to the People's Commissariat for Health Protection, later – Ministry of Health Protection; from 25 December 1959 to 9 May 1961 – to the State Committee for Higher and Secondary Special Education of the Council of Ministers; from 9 May 1961 to 1989 – again to the Ministry of Health Protection. Corresponding to subjection also the names of medical nurse schools were changed. Study curricula and programmes of secondary medical schools were approved in the USSR People's Commissariat for Health Protection (USSR Ministry for Health Protection) and their correction in nurse schools was forbidden.

In the Soviet Union, medical nurses were not divided into those working in the sphere of public health care and those working in social protection. This was connected with the united system of medical treatment and prophylactic institutions. Medical nurses neither within a separate hospital nor on the level of the whole system of health protection did not form an independent and autonomous corporation (trade unions).

Development of industrialisation in the republic facilitated also extensive organisation of medical treatment institutions and medical branches. In the Latvian Republic as well as in the whole territory of the Soviet Union the activity of hospitals, outpatient clinics, health centres, maternity hospitals, children and women consultations, sanatoriums and other medical treatment institutions was widely developed. Medical nurses with definite specialties were required for work in some medical treatment institutions and medical branches. Taking into consideration the wide range of nurses' activities in medical branches, the job duties of medical nurses were very diverse and they depended

on the place of work and specialization. The duties of head nurses and general nurses were different. However, irrespective of the specialization and the job position nurses were obliged to raise the level of their political competence and qualification: they had to participate in the work of the board of medical nurses, make reports in nurses conferences, master related professions. All nurses in their work places had to observe efficient use of work equipment, do the records, fulfil doctors' orders, follow the work of wardmaids. Nurses were strictly forbidden to spread information to unauthorised persons about patients' state of health. The range of nurses' professional activity during that period was wide: patient aftercare, social work and educational work of training the prospective nurses and the junior medical staff.

Basing on the ideology existing in the Soviet Union, the reorganisation that was made in nurses' professional activity created another paradigm – all nurses were started to be called medical nurses, church was separated from the state, Russian became the dominating and compulsory language, and all nurse schools were functioning according to united study curricula.

Radical changes in the nurse profession were started with the time of Latvia's Awakening in 1989 when the Nurses Union was restored with the aim to make radical changes in nurses' professional activity.

Nurses' professional improvement was continued during the time of independence after 1991, alongside democratisation in the country and development of international contacts. With the aim to promote national health care and nursing corresponding to modern possibilities and requirements, in 1993, the Latvian Nurses Association was founded which facilitated also establishment of associations of nurses of various specialties. The registration and re-registration of nurses, having been started in 1995, stimulated further nurses education.

Certification, on its turn, meant recognition and admission of nurses' theoretical and practical competence and professional skills. The certificate

gave the right to nurses as specialists to handle patient health care in a definite speciality. The certificate can be obtained by all the nurses who have registered in the Register of Medical Practitioners of the Health Department of the Ministry of Welfare and who, after having received the diploma of medical education, have worked three years in the medical sphere, and of these two years – in the speciality in which they intend to obtain the certificate.

Thanks to the Latvian Nurses Association, in 1995, the Latvian Nurses Code of Ethics was adopted. The Code of Ethics provides for nurses' chief duties: to strengthen and restore health, prevent illnesses and relieve human suffering. In patient care respect for human life, self-respect and rights are very important.

In 1998, with the order of the Ministry of Welfare, the Regulation of the nurse profession was approved that regulates the activity and postgraduate education of certified and uncertified nurses.

A reform was carried out also in nurse schools – a three-year course of training was introduced making nurses education comparable to the international level. Medical nurse schools gradually started to work according to plans made on their own, and each nurse school had its own school regulations. The programmes of the medical nurse schools were approved by the Medical Treatment Department of the Ministry of Welfare in coordination with the Centre for Medical Professional Education. Theoretical and practical classes included basic knowledge about the nursing process in order to make the prospective nurses understand the character of the nurse profession and professional ethics, as well as about nursing principles in connection with general and specialised medicine. Considering the international experience (America and Western countries) and adjusting it to the local conditions nurses got the opportunity to acquire higher education (in Riga Stradiņš University and University of Latvia) in the faculties of nursing, with the possibility to gain the Bachelor and Master degrees as well as involve in doctoral studies. Also the

characteristic of nurse's qualification was changed: "A nurse is a person who has acquired professional basic education. The nurse performs health care and participates in the medical treatment helping society, family and an individual to prevent the causes of illnesses, maintain and restore person's health, bearing respect to one's individual peculiarities, relieves sufferings and works in extreme situations." Fulfilling their professional duties, nurses handled patient care, educational work and social work (until 1996, when the Latvian Professional Association of Social Work was founded).

The reform in nurses' professional organisation in the independent Latvia facilitated certain reformation and improvement of the profession: nurses' registration, certification, higher education in Nursing. Analysing nurses' professional activity during this period it can be seen that their activity was analogical: professional improvement – introduction of registration and certification in nurses practice, and educational development. This is the paradigm of this period with dominating professionalism.

Doubtfully, whether in the course of time, with the improvement of the profession, we have not lost the very mission of a nurse – mercy (charity)?

During this work several aspects have been highlighted that require supplementary research (e.g., development of palliative care in nurses' practice, involvement of males in the nurse profession).

## CONCLUSIONS

Analysing the development of the nurse profession in Latvia from the 18<sup>th</sup> century till the 20<sup>th</sup> century corresponding to the goal set for this work:

- to provide an analytical overview and a paradigmatic and analogical comparison of the development of the nurse profession in Latvia in its most important stages and to the tasks:
- to summarize and systematize the available historical sources that provide information about the development of the nurse profession in Latvia's regions from the 18<sup>th</sup> century till the First World War (1789–1914);
- to provide an overview of the education and professional activity of nurses during the existence of the Republic of Latvia (1918–1940);
- to analyse the reorganisation and course of development of the nurse profession in the Latvian SSR (1945–1991);
- to outline some aspects of nurses' professional activity in the independent Latvia (1991–1999).

The conclusion can be made that during that time period the following groups of nurses worked in Latvia:

- charity nurses of the Society of Priest Vincent de Paul (1581–1660);
- deaconess nurses;
- charity nurses of the Russian Red Cross;
- charity nurses of the Latvian Red Cross;
- medical nurses.

Analysing the four historical periods in Latvia it may be concluded that:

- beginning with the 18<sup>th</sup> century till the First World War, the nurse profession in the territory of Latvia was based on godliness and was formed according to the regional, national and denominational principles;

- during the existence of the Latvian Red Cross (1918–1940) development of nurses' professional activity was based on international experience, the nurses working in the state were united and prepared to acquire a unified professional level;
- in the Soviet period (1945–1991) in the Republic of Latvia the development of nurses professional activity was stimulated by industrialisation creating new professional specialisations of nurses, according to a unified system and corresponding to the political ideology;
- reorganisation in the nurses profession started with the democratisation in the country in 1989 and it develops following the foreign experience, improving nurses' professionalism on a Western-European level and adjusting it to the system of medical care having been created in Latvia.

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