



Bodily cleanliness in modern nursing

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Abstract

Why are bodily washing practices the way they are in nursing?

Michel Foucault argues that modern democratic societies discipline human bodies in accordance with political interests. In the extension of that argumentation we will show that bodily cleanliness in modern nursing may have been used as a disciplining tool. The first part of our discussion takes as its point of departure the second half of the 19th /the beginning of the 20th century, the period in which modern nursing emerged. At that time scientific theories on hygiene seem to have legitimized the political effort to produce a clean, pleasant-smelling, decent, obedient, and productive population. Doctors, nurses and teachers played important roles in the implementation of hygienic bodily washing practices. The second part of the discussion focuses on the Post War period. At that time humanistic needs theories seem to have legitimized political argumentation for independent patients who washed themselves if possible. Those who could not manage on their own, should, as far as possible, be washed by cheaper staff, so that nurses could concentrate on medical treatment. Finally we argue that present day bodily washing practices in nursing are in accordance with the norms of appearance and smell that arose in the second half of the 19th and the first part of the 20th century. We further argue that staff with little or no education perform much of the bodily nursing work. Self-care seems to be of interest only when it reduces public expenses.

Keywords: Cleanliness, baths, body wash, evidence, hygiene, needs, sanitation

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Introduction

At the end of the 1980ies I (first author) worked as a visiting nurse at the Churchill Hospital in Oxford. There I came in contact with a ward for older patients. Many of the patients suffered from major paralysis as a result of brain haemorrhaging. What was particular to this ward was that all patients had their whole bodies massaged twice a day with oils adapted to each individual, during the body wash routine. This was accompanied by music the patient appreciated. Often as sounds from nature. This way of caring for patients was a break with what I had seen in other areas of Churchill Hospital, a break with body wash as taught in Norwegian nursing, and a break with care as practised in Norwegian health institutions. I later started wondering how it could be that body wash as I knew it and had practised it, was as it was. Finding the answer to this proved difficult. In my search for explanations I came upon the French historian Georges Vigarello's study, arguing that the authorities in Western industrial societies have used bodily cleanliness as a disciplinary tool (Vigarello 1988). In what follows we will take a closer look at relation between bodily cleanliness in nursing and politics at the time of the birth of modern nursing, during the decades following World War II, and in our time.

From ritualistic to modern hygienic cleanliness

The nursing education and Western bodily cleanliness norms of our time emerged during the second half of the nineteenth century (Vigarello 1988: 224-225). To understand current bodily practises, we have to study the context that made the practices acceptable at a certain point in time (Foucault 1994: 225).

Ritualistic cleanliness

Norway's first nursing school was established in 1868. At that time ordinary people generally washed their whole body once a year - at Christmas. Men who worked as farmers, fishermen, or in the woods did not wash every day. Women who were more in contact with water might wash hands and face on a daily basis. Although there were little every day washing, it was very important that everybody washed visible body parts on Saturdays. People did not wash for the sake of hygiene, but in preparation for entering into the presence of God and their fellow men. Such washing practices are well documented by Eilert Sundt, who is considered the first Norwegian sociologist (Sundt 1975/1869: 290-328). The general Swedish population seem to

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3 have shared this understanding of cleanliness at this time; farmers and their families
4 smelled of the barn, fishermen smelled of fish, and they considered dirt a positive
5 protection against frost and illness (Frykman 1994:131-221). Scandinavian people's
6 cleanliness seems to have been in accordance with ordinary people's practices in
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8 England. In her textbook *Notes on Nursing*, from 1860, Florence Nightingale writes
9 that she is upset that people are proud of not washing other parts of their bodies than
10 hands, head and face (Nightingale 1997/1860: 136). Nightingale, who is considered
11 the founder of modern nursing, was an upper class woman, and in the second half of
12 the eighteenth century, the Establishment in industrialized societies seems to have
13 disassociated themselves from poor farmers and workers by keeping clean.
14 Cultivated people were encouraged to be hygienic and bathe every day (Frykman
15 1994: 131-221).
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24 Political context

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26 Modern nursing emerged in England at a time when Western nations went from
27 being traditionally agricultural to becoming modern industrialised societies (Nerbøvik
28 2004/1999: 20-94). Free competition, the new economic ideal, reinforced the class
29 system. Factory owners and landowners became richer, while workers and landless
30 farmers became poorer. As poverty was considered an expression of low morale,
31 neither the wealthy, nor the government or the church, accepted responsibility for the
32 needy. However, society needed a strong, healthy, compliant, and productive
33 population (Schjøtz 2003, Moseng 2003). The English lawyer Edwin Chadwick was
34 engaged to find out how to possibly reduce the costs associated with the illnesses
35 and high mortality rates in the lower classes. His work resulted in an extensive
36 documentation of the extremely bad living conditions of the lower classes in England.
37 That changed Chadwick's view of poverty. From considering it a question of morals,
38 he changed to claim that it was the social and material conditions that made people
39 dirty, hungry, poor, and ill. He insisted on political action to improve the lower classes'
40 living conditions, and started *Sanitation Movement* (Martinsen 2003/1989: 169-181).
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52 Modern, hygienic cleanliness

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54 Chadwick and Nightingale collaborated closely in *Sanitation Movement* (Sydnes
55 2001). They argued for drain systems, clean water, clean and airy streets, houses,
56 clothes, and bodies. They claimed that improved sanitation and health legislation
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3 would be economically advantageous to society as a whole. The politicians did not
4 listen to the *Sanitation Movement* until the death rates in the working classes became
5 a real productivity threat and there was a danger of rebellion. The English health
6 legislation of 1847 represented a breakthrough for Western sanitation (Martinsen
7 2003/1989: 169-181). Both the English health legislation and the worldwide
8 popularity of the world's first textbook on nursing, Nightingale's *Notes on Nursing*
9 from 1860, may have contributed to the spreading of the sanitary movement. Both
10 texts are permeated with sanitation ideas.
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18 Bodily cleanliness had a central place in the *Sanitation Movement's* argumentation,
19 and poor people were encouraged to wash themselves in accordance with the
20 hygienic norms for cleanliness prevalent in the more cultivated classes. During the
21 19th century the hygienic miasma theory dominated the Establishment's
22 understanding of cleanliness. According to this theory, dirt could prevent the
23 exchange of oxygen and carbon dioxide through the skin, and dirt was also said to be
24 dangerous because infectious particles could enter unclean places and become
25 transformed into disease-producing miasma. After around 1880, the theory of miasma
26 gradually gave place to the theory of microbes. Cleanliness was considered an
27 important tool for preventing both miasmas and microbes from causing illnesses
28 (Schiøtz 2003: 25-78, Boge 2008: 25-29).
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37 38 *Look clean*

39 If bodily washing practices in nursing were based on hygienic theories, we might
40 expect nursing textbooks to advocate thorough and frequent washing of the parts of
41 the body which accumulate the most dirt. However, the first Norwegian nursing
42 textbooks, written in the period 1877-1901, do not do so (Nissen 2000/1877, Kaurin
43 1879, Waage 1901). On a daily basis it sufficed that the patients had their face and
44 hands washed, their mouth cleaned and their hair brushed. Other parts of the body
45 should only be washed on admittance to the hospital and then once a week, unless
46 there were special reasons for doing so more often. This washing regime was not in
47 accordance with hygiene theory. It was, however, largely in accordance with common
48 people's ritual washing practices at the time, with their concentration on visible parts
49 of the body (Sundt 1975/1869: 290-328).
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Do not smell

In 1911 the first Norwegian nursing textbook advocating daily washing of non-visible parts of the body was published. This textbook recommended that patients not only wash visible body parts every day, but covered parts as well, in areas with skin against skin, e.g. under arms, under breasts, the groin, around the anus and the genitals (Waage 1911/1901: 82). At first glance, this would appear to be in line with what is expected on the basis of microbe theory. However, there is little to suggest that these practices were based on such theory, among other things, because the chapter on micro-organisms in the textbook from 1911 is identical to the chapter in the first version from 1901. If the washing practices were based on microbe theory, we would expect the arguments for more comprehensive daily washing to have been included in the 1901 version. No new microbe knowledge was, however, included in the 1911 textbook. The chapter on microbes and the chapter dealing with bathing do not appear related in either version. It is more probable that the arguments for washing covered parts of the body were a result of diminished tolerance for body odour in Norway in the years around 1911. As we saw above, removing rubbish, introducing drain systems, access to clean water, clean and airy streets, houses, clothes and bodies were central to health legislation in Western countries in the second half of the nineteenth century. When dirt had been removed from streets, houses and clothes, the smell from less than clean covered parts of the body must have become insistent. The detailed washing instructions that appeared in the Norwegian nursing textbook in 1911 most likely reflect the official opinion on how bodies ought to be washed at that time, in order to reduce body odours.

Detailed political regulations of the body

Detailed regulations on how to use the body may, according to Foucault, have been used to govern the inhabitants in democratic societies. He uses soldiers as an example. From being brave, elegant and proud men, the soldiers became, in the second half of the nineteenth-century, a kind of material to be formed into a useful machine – into a body that was always service-minded. The same kind of body control became prevalent in hospitals, schools, and factories. The goal was to form the useful body without the use of violence, and this was done by focusing on details. Every detail was important and could be utilized politically. Optimal use of time

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3 became important, and good use of the body made good use of time possible. One
4 had to intensify the use of every minute. Those who weren't effective were
5 sanctioned, as were the impolite, dirty or obscene. In this way the normal,
6 democratic population was formed (Foucault 1999/1977:125-201).
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10 11 *Scientific legitimacy*

12 Science seems to have had an important role in legitimizing the formation of the
13 democratic population. Foucault argues that individuals have been disciplined
14 biologically by using scientific knowledge to legitimize politically expedient bodily
15 practices (Foucault 1995/1976: 62-86). Hygienic theories are considered scientific
16 knowledge. Foucault's argumentation may explain why there are chapters on micro-
17 organisms in nursing textbooks, although no connection is established between the
18 scientific argumentation in those chapters and the washing norms that are advocated
19 in other chapters in the same book. The scientific knowledge on microbes in the
20 textbooks may only have been used to legitimize the modern norms of appearance
21 and smell that became politically interesting towards the end of the eighteenth and
22 the beginning of the nineteenth century. The detailed bodily washing instructions that
23 appear in Norwegian nursing textbooks in the period 1877 – 1911, may have been
24 part of the disciplining formation of democratic, civilized individuals.
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36 Bodily cleanliness appears to gradually become a necessity in democratic societies,
37 but it was at times difficult to convince ordinary people that they had to wash more
38 often and detailed than they were used to. In order to get people to follow the political
39 arguments, doctors argued for causal connections between dirtiness and such
40 illnesses as leprosy. Sundt's studies on cleanliness did not support such
41 argumentation. He found that the level of cleanliness might be high in areas with
42 much leprosy, compared to areas with little or no leprosy. He further claimed that
43 ordinary people would follow the established norm for cleanliness if they had better
44 living conditions. When he did his study on cleanliness in 1869, the lower classes in
45 Norway were so poor that they could not afford washing equipment or towels (Sundt
46 1975/1869). Sundt's argumentation did not support the political interests, and the
47 government did not allow him to continue his research, although his studies were of
48 excellent quality (Christophersen 1975: X). This is an example of how important
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3 cleanliness was to politicians at that time. This period of economic upheaval was
4 characterised by industrialisation, liberalism, free competition and growing
5 inequalities between higher and lower classes (Nerbøvik 2004/1999: 20-94).
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10 The Establishment hoped that clean streets, clean homes, and clean individuals
11 would create moral, compliant, healthy, and productive members of society. The
12 intension was to transform poor people through cleanliness. Poor people's
13 cleanliness became a symbol of their moral stature and a guarantee of order. Doctors,
14 nurses, and teachers had key roles in the major political work that was launched to
15 encourage people to wash their houses, homes, and bodies according to hygiene
16 guidelines (Nerbøvik 2004: 343-354, 385-392, Vigarello 1988: 191-198).
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22 *As cheap as possible for society*

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24 To improve cleanliness, public baths were built for the masses. However, experience
25 from Paris shows that people were not allowed to bathe for more than 30 minutes,
26 the temperature was set as low as was justifiable and automatic stop valves ensured
27 that the baths were filled with the least possible amount of water. After a while it
28 became too expensive to make bathing in bath tubs available to the poor. Showers
29 were less expensive. An experiment with showers was carried out for the first time in
30 a prison. After 1880, showers were installed as public bathing facilities in poor areas
31 of Paris. Even less expensive was body wash with a washing barrel and a wash cloth,
32 and detailed washing regulations were established on how to wash properly
33 (Vigarello 1988: 79-122, 192-201, 215-225). This latter, least expensive, daily body
34 wash, was recommended in nursing textbooks. Nightingale argued that everyone
35 could keep clean, and that bathing was unnecessary. A jug of water and a rough
36 towel were all that was needed (Nightingale 1997/1860: 136-138).
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48 **Cleanliness in Post War nursing**

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50 Until the Post War period hygiene seems to have functioned as a theoretical
51 foundation for nursing in Norway. In 1967 there was a change. At that time a nursing
52 textbook appeared in which the hygiene perspective was toned down to the
53 advantage of humanistic need theory. The book starts with the statement that the aim
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3 of nursing is to attend to the basic needs of the sick and needy (Lerheim & Norsk
4 sykepleierforbund 1967).

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9 *A need to take care of oneself*

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11 It is clear that the textbook's argumentation on basic needs was inspired by the
12 American nurse Virginia Henderson, whose ideas were spread worldwide by
13 *International Council of Nurses (ICN)* in 1960. Henderson argues for 14 basic needs
14 that nurses should take care of. One of these is helping patients keep their bodies
15 clean and well groomed. Earlier, she writes, bed rest and bed bath were prescribed
16 for days and weeks. This gave the patients a chance to talk, to tell the nurse about
17 their troubles, and to feel the nurse's sympathy through touch. Now, Henderson
18 writes in 1960, the pendulum has swung in the other direction. Physical and
19 emotional dependency during illness is to be discouraged and replaced by activity.
20 But nurses in overcrowded hospitals did not have time to engage in activities with
21 patients, so the patients had to help themselves or be helped by relatively or totally
22 untrained nurses. This was particularly true of provisions for cleanliness and
23 elimination. Qualified nurses had taken over many of the physician's former functions
24 and had become professionals who directed others on how to perform a service. That
25 role made the daily, spontaneous communication with patients difficult. Henderson
26 was worried that the hospitals would become cold and uncomfortable for patients
27 who were unable to act as independently as expected (Henderson & Norsk
28 sykepleierforbund 1961/1960: 37-41).

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41 Henderson seems inspired by the American humanistic psychologist Abraham
42 Maslow. He argues for an active will in the human being for health and self-
43 realization. He developed his human need theory based on studies of people with a
44 high degree of self-realization. Many of them had prominent positions in society (Hall
45 & Lindzey 1978: 266-275). Maslow's theory may have turned out quite differently
46 had he studied very ill people.

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54 *Be clean, don't smell*

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56 Based on the need argumentation in the 1967 nursing textbook, we might expect that
57 the needs of the patient were to determine how washing was to be performed. This
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3 connection, however, is not made in the mentioned textbook. Patients are expected
4 to wash the greater part of their bodies at least once a day, and it appears as if the
5 textbook attempts to adapt the human needs theory to fit such bodily washing
6 practices (Lerheim & Norsk sykepleierforbund 1967: 150). Those practices were in
7 accordance with the norms established in the above mentioned textbook from 1911
8 (Waage 1911/1901).
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13 14 15 *Humanistic legitimization*

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17 How can it be that there was hardly any connection between the chapters that argue
18 for nursing as a humanistic profession based on needs theory and the washing
19 norms that were advocated in other chapters in the same textbook? Foucault argues
20 that individuals in industrialised democracies have not only been controlled and
21 formed by linking bodily practices to scientific knowledge, like hygiene theory above,
22 but also by linking humanistic knowledge to politically expedient bodily practices
23 (Foucault 1995/1976: 62-86). We consider Henderson's need theory a humanistic
24 theory (Henderson & Norsk sykepleierforbund 1961/1960). According to Foucault,
25 such theories have been used to induce individuals to form themselves in
26 accordance with society's expectations (Foucault 1995/1976: 28-46, 62-86). In the
27 case of body washing, this would entail not asking for more help from society than
28 absolutely necessary.
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40 41 *Political context*

42 Henderson's need theory may have been used politically to legitimize the use of
43 personnel with little or no education to care for the patients' bodies, so that nurses
44 could concentrate on medical treatment and administration (Melby 1990: 202-208).
45 That would have been very expedient in the Post-War period with its shortage of
46 nurses. At that time much of the bodily nursing was transferred to nursing assistants
47 with less education and lower wages. The *Norwegian Nursing Association* nurses
48 disliked the change, as nurses lost much of the close contact they had had with
49 patients. Bodily nursing had been considered a kind of treatment (Jervell 1944/1941a:
50 V). The fact that *Norwegian Nursing Association* accepted the education of nursing
51 assistants may have been rooted in the eagerness to establish nursing as a
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3 profession. In that respect it may have been an advantage to be associated more
4 with medical treatment and to a lesser degree with bodily care. However, it may look
5 as if the nursing profession used Henderson's humanistic needs theory to create a
6 distance to the medical profession. This is understandable considering that a
7 profession needs to establish itself as distinct from the neighbouring professions, and
8 the nursing profession thus legitimized itself as a humanistic profession with distinct
9 delineations to the scientific medical profession.
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15 16 **Cleanliness in nursing today**

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18 The daily bodily washing norms that were introduced in Norwegian nursing in 1911
19 are still practiced today. Observations and interviews in a Norwegian nursing home in
20 2002 and 2006 showed that patients washed their face, hands, mouth, chest, back,
21 and private parts every day (Boge 2008: 99-159). The rest of the body was, with few
22 exceptions, washed every 14.day when the patients were given a shower. There was
23 little room for patients who wanted to shower more often, as that may increase the
24 nursing home's costs. Neither was there room for patients who did not want to take
25 showers or clean their teeth. Neither family, staff, nor other patients would accept
26 untidy and smelly patients. Patients were usually showered every 14th day
27 independently of the needs they might have had. These practices were in close
28 accordance with body wash practices in other Norwegian nursing homes and also
29 with the minimum standard of washing in the most used textbook on nursing in
30 Norway in the spring 2005 (Kristioffersen 1996/2004). Patients were not encouraged
31 to wash themselves if it took more of the staff's time, i.e. was more expensive, than if
32 nursing home personnel washed the patients. Self-care in the health sector only
33 seems to be of interest if it reduces public expenses (Olsen 1998, Pols 2006).
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46 The textbook uses both hygiene and need theory to legitimize nursing, while those
47 who make political nursing decisions seem to be inspired by ideas from *New Public*
48 *Management* (NPM). This philosophy takes as its starting point that the welfare state
49 is too big and too expensive. In order to reduce costs the welfare state should
50 operate more on the terms of the private sector. Initially, such arguments were used
51 by more conservative politicians only, but the ideas have since been supported by
52 social democrats (Hagen 2006: 205- 215). The NPM movement started in England
53 around 1980. Up until then, bathing patients in need of care at home was considered
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3 a nursing service in England. It was not a service you paid for. In the 1990's, bathing
4 that did not include medical treatment became a social service that individuals were
5 required to pay for if possible, and bathing was to be carried out by persons who
6 were not trained as nurses. Nursing was to be limited to medical treatment (Twigg
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8 2000). Although those in need for help do not have to pay for body wash in Norway,
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10 the costs of community health services are kept as low as possible by using staff with
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12 little or no education to perform much of the bodily nursing work (Høst 2002, Dahle &
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14 Isaksen 2000).
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18 Final remarks

19 Political perspectives on bodily cleanliness in nursing challenge the scientific hygienic
20 understandings of bodily cleanliness. That does not necessarily imply that hygiene is
21 not important, but as far as we can see, the fear of miasmas and microbes cannot
22 explain the bodily washing practices in Norwegian nursing textbooks and nursing
23 homes. The political situation that made current washing practices in nursing emerge
24 a hundred years ago, seems to lead us much closer to an answer to why bodily
25 cleanliness practices in nursing are the way they are. Bodily cleanliness seems to
26 have been a part of the political formation of a clean, pleasant smelling, decent,
27 obedient, and productive population. Doctors, nurses, and teachers have played
28 important roles in that bodily transformation work.
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38 The self-help movement in nursing that emerged after the Second World War shows
39 that not only scientific theory, but also humanistic theory can be used to legitimize
40 politically interesting bodily cleanliness practices in nursing. At that time humanistic
41 needs theories seem to have supported the political argumentation for as
42 independent and self-aided patients as possible. Patients were expected to wash
43 themselves if possible. Those who were not able to do so, should, as far as possible,
44 be washed by cheaper staff with little or no education. Nurses should concentrate on
45 medical treatment and professionalization.
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53 The bodily washing practices in nursing in our time are in accordance with the norms
54 of appearance and smell that emerged in the second part of the 19th and the first part
55 of the 20th century. Staff with little or no education perform much of the bodily nursing
56 work. Self-help only seems to be of interest when it reduces public expenses. In other
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words; bodily cleanliness in nursing does not seem to be based on the theories they lean on, but on a balance between politically expedient norms and economy. This politically interesting hygienic body wash routine was performed for health purposes only and not to promote well being. The patients I (first author) met in a ward at Churchill hospital some twenty years ago received a massage as part of the body wash routine purely for pleasure. Such practices for promoting well being constitute a break with the hygienic washing practices that arose in modern nursing some 150 years ago.

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