

An Exploration of the British Army Female Nursing Service during World War I

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Abstract: After the outbreak of World War I, the British War Office decided to dispatch female nursing personnel to the front lines due to the severe casualties among soldiers, the underdeveloped military medical services of the allied forces, and the maturity of the British Army female nursing service. Despite the harsh working conditions and the complexities of nurse-patient relationships under wartime restrictions, the female nursing staff also experienced moments of leisure that allowed them to relax and recuperate. The wartime British Army Female Nursing Service had a positive effect in reducing casualties and promoting the development of the official nurse registration movement.

Keywords: Britain; World War I; Female; Military nursing

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1. Introduction

In medical practice, “three parts treatment, seven parts nursing”^[1]. Nursing is one of the crucial factors determining the quality of medical care. However, during World War I, the military nursing industry of the British Allies was still in its infancy and was not up to the task of caring for mass casualties, so the British War Office decided to deploy female nursing personnel to the front. This article focuses on the female nurses under the jurisdiction of the British War Office, examining their military life to analyze the role and impact of British Army female nursing services.

2. Motivations for British Army female nurses to serve on the frontlines

2.1. High casualty rates among soldiers

In the decades leading up to World War I, advancements in science and technology led to the development and use of increasingly deadly weapons, which greatly enhanced firepower and destructive capability. This, coupled with harsh environmental conditions and prevalent diseases at the front, resulted in high casualty rates among soldiers.

In the years before World War I, the armies of all countries were equipped with an array of improved

weaponry, including machine guns, modern artillery, and chemical weapons, each capable of inflicting severe injuries. Bullets, a perfect lethal agent, were used extensively during the war. Rifles and machine guns were upgraded to fire at longer ranges and faster rates. “By 1914, an infantryman could fire 15 bullets per minute, and a machine gun could fire 600 bullets per minute”^[2]. Bullets acted over short distances, while artillery was effective over larger areas. Heavy artillery could destroy enemy positions from afar, and lighter field guns could take out machine gun posts and individual riflemen. Additionally, combatants employed chemical weapons such as chlorine, phosgene, and mustard gas, causing massive casualties.

Trench warfare was the predominant form of combat during World War I. However, trench conditions were abysmal—unwashed uniforms, garbage, urine, excrement, and corpses accumulated, providing breeding grounds for lice. This not only caused intense itching but also led to Trench Fever. “At the onset of the war, Trench Fever resulted in 200,000 casualties”^[3]. Soldiers also suffered from ailments like War Nephritis and Jaundice, keeping the casualty rates exceedingly high.

2.2. Inadequate allied military nursing services

The war resulted in massive casualties requiring immediate medical attention. However, allies like France and Russia had nascent military nursing services with a shortage of professional nurses, making it difficult for their medical departments to handle such extensive casualties. From the Middle Ages until the early 20th century, French military hospitals were closely connected with religious groups. In 1905, secularization reforms were enacted in national military hospitals, and hundreds of nuns were replaced by male nursing teams. This not only highlighted the deficiencies of the existing male nursing teams but also the complete disappearance of women from military hospitals drew public criticism. In 1907, the War Minister decided to allow secular women into military hospitals, but they had to meet certain standards, resulting in low admission rates. By 1914, there were fewer than 100 professional nurses in the French military. Russian nursing development was also exceedingly slow. On the eve of the war, Russia had only a basic nursing system, and a modern nurse training system had yet to be established, and there was a severe shortage of experienced nursing staff. Some Balkan nations were just beginning to develop their military nursing sectors. Romania and Serbia had been raising funds and training volunteer nurses since the First Balkan War, but these efforts were insufficient in the face of relentless warfare. In the Serbian military, up to 65% of soldiers died not from direct military action but from diseases and the lack of trained medical staff. As a result, Serbia sent urgent pleas for help to its allies through the International Red Cross.

2.3. Mature development of British Army female nursing services

Until the mid-19th century, there were no professional female nurses in the British military. The exemplary performance of Florence Nightingale and her nursing team during the Crimean War made the military recognize the importance of female military nurses, which led to the introduction of female nurses into the military and their slow development. After the Boer War ended in 1902, Queen Alexandra’s Imperial Military Nursing Service (QAIMNS) was established, officially incorporating female nurses into the military structure. In the following years, the female military nursing reserve also emerged, and the strength of British Army female nursing services continued to grow.

In May 1908, the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR) was announced. After the outbreak of the war, the QAIMNSR flourished, and well-trained nurses flocked to sign annual contracts to join the military nursing service. By the end of 1914, at least 2,223 professionally trained nurses had joined the QAIMNSR, with 1,803 being deployed overseas. In July 1908, the Territorial Force

Nursing Service (TFNS) was officially established. TFNS nurses, with their extensive nursing experience, met the complex needs of Casualty Clearing Stations (CCS) and field ambulances during the war, with some emerging as some of the most capable nursing managers of wartime. In 1909, the Voluntary Aid Detachment (VAD) began to be formed by various organizations approved by the War Office, including both male and female units, each officially numbered by the War Office. The only explicit requirement for VAD members was to have preliminary qualifications in first aid and home nursing. Initially, it was thought that V.A.D would only be suitable for home defense. However, as medical units at home and abroad multiplied, maintaining full staffing in hospitals became increasingly difficult. Thus, in the spring of 1915, British authorities decided to allow VAD to work in overseas military hospitals.

“By 1914, few believed that military nursing was a man’s job. QAIMNS, QAIMNSR, and TFNS were established on an all-female basis, and the VAD plan quickly removed the original provisions about supplementing male hospital staff” ^[4]. Between 1914 and 1919, at least 32,000 women served as military nurses, making a significant contribution to the Allied victory in World War I.

3. Life of British Army female nursing personnel during World War I

3.1. Harsh working conditions

As the war progressed, injured soldiers were continuously brought to hospitals, significantly increasing the workload for nursing personnel. Due to the high number of casualties, multiple surgeries often took place simultaneously in one operating room, requiring some nurses to assist more than one surgeon at a time. To improve treatment efficiency and free up surgeons for more severe cases, nurses were responsible for removing shrapnel or other debris from smaller wounds and suturing larger ones. At Casualty Clearing Stations (CCS) close to the front lines, most of the “triage” tasks, which involve assessing patients’ injuries to prioritize treatment urgency, were also carried out by nurses. In general hospitals farther from the front lines, nursing staff had to provide highly regimented wound care. They monitored patients around the clock, recorded vital signs like pulse and blood pressure every four hours, and administered medications on schedule. Additionally, nurses cared for both the physical and psychological needs of their patients. The combination of pain from wounds, the unfamiliarity of being abroad, and the uncertainties of war left many soldiers psychologically fragile, requiring nurses to provide emotional support to stabilize their moods. Due to the prolonged duration of battles, casualties were brought into field hospitals at all hours, subsequently increasing the nurses’ working hours. They often worked continuously for ten or more hours or even around the clock, and the working hours were very long.

The working environment for nursing personnel was also exceedingly harsh. The British Army Medical Service established medical aid posts close to the battlefield to maximize life-saving efforts. These posts were quickly set up (often tented) or repurposed from existing buildings near the battlefield, resulting in relatively primitive facilities. Hospitals often lacked enough beds, forcing patients to lie on stretchers placed very close to one another, with nurses sometimes having to straddle these stretchers to dress wounds. Some hospitals had poor ventilation, forcing nurses to work in foul-smelling wards. Moreover, soldiers with burns emitted a nauseating smell of charred flesh. Additionally, nurses had to work amid various noises: the sounds of battle, including gunfire and bomb explosions, were audible due to the proximity to the front lines. Inside the wards, the cries of delirious patients and the incoherent mumblings of those awakening from anesthesia constantly surrounded the nurses.

3.2. Complex nurse-patient relationships

The nurse-patient relationship “refers not only to the relationship of healing and seeking medical care but more

importantly to the relationship of mutual interaction, i.e., the relationship of emotional exchange”^[5]. This relationship is strengthened in military medicine by the pain and vulnerability of the injured body, and complex emotions of gratitude, respect, and affection develop between patients and nursing staff.

During the long and painful treatment processes, nurses not only cared for patients’ physical needs but also provided emotional support and encouragement. The patients often express gratitude, nurses know that these thanks are extremely sincere, so they cherish them. Moreover, nurses often showed great respect for Caucasian patients from countries like Australia, Canada, and New Zealand. These patients were not only volunteers from afar but also shared a common identity as members of the Royal Family, some of whom were prepared to die in service.

Sometimes, the relationship between patients and female nursing staff is similar to kinship. During treatment, nurses not only attended to physical wounds but also comforted and encouraged patients, waking them from nightmares and creating psychological connections that male medical staff could not achieve. This made patients reminiscent of home, friends, and family. Meanwhile, many nurses also had brothers, sisters, and other relatives in combat, which made caring for injured soldiers feel like caring for their own family members.

In official discourse, the relationship between male patients and female nurses was portrayed as a brotherly-sisterly “happy family” relationship, but reality proved this description to be overly simplistic and idealistic. In the cramped wards, nurses frequently come into direct or close contact with patients, sometimes the pain caused by the disease lasts for a long time. This requires nurses to convey emotional comfort and support while trying to maintain professional distance. However, romantic relationships also blossomed in these potentially intimate settings. Military regulations forbade flirtation, and nurses had to resign if they chose to marry during service. While some nurses firmly rejected advances from male soldiers, there were numerous instances of nurses marrying patients. After marriage, these nurses either continued to live in the country where they served or moved to their husbands’ countries.

Attitudes towards soldiers from colonial countries varied among nurses. Some nurses held clear negative stereotypes against non-Caucasian soldiers, believing it inappropriate for Caucasian women to attend to soldiers of other races, which they thought would hinder things by lowering the prestige of Caucasian women. However, other nurses interacted just as cordially with non-Caucasian soldiers as they did with Caucasian soldiers.

3.3. Leisure time enjoyed by British female nurses

Caring for injured soldiers day and night was only one aspect of the nurses’ wartime daily life. During the more than four years of war, intense military activities were not constant but occurred in intervals, leaving many long and peaceful periods. During these times, wards in CCS and general hospitals often saw few or even no patients. Nurses could use this time to take their annual leave or make the most of the extra downtime provided to recuperate from previous overwork.

Nurses could choose their leisure activities within the regulations of the military. They could visit nurse rest clubs, where they could bathe, drink tea, read newspapers, and learn French for free. Writing letters was also a significant form of relaxation for nurses, many of whom served far from home. If they did not wish to stay in the hospital, they could opt to take walks nearby with a few friends or visit local towns for sightseeing and shopping. Nurses thoroughly enjoyed their rare leisure time.

4. The impact of British Army female nursing services during World War I

4.1. Reduction in casualty rates

Over the decades leading up to World War I, advancements in science and technology not only resulted in

increasingly deadly weaponry but also improved healthcare. The role of nursing staff was crucial for the recovery of patients; without a well-trained, knowledgeable nursing force, medical and surgical interventions would not have been successful.

Upon arrival at casualty clearing points, the first task for nursing personnel was to bandage wounds to stop bleeding and reduce infection, thereby buying time for further treatment. If wounds were contaminated with trench mud, tetanus vaccines were administered immediately, leading to a decrease in tetanus infections in the military. Additionally, nurses spent considerable time at patients' bedsides, providing food and warm drinks to restore strength and using humorous words to ease their suffering. The peaceful environment facilitated by the nurses allowed soldiers to detach from the war, energizing them for recovery. The high standard of personal care was often credited by patients for their swift recovery.

Despite the significant advancements in weaponry during WWI, which made arms more lethal, for the first time, after a concerted effort by medics, fewer people died of disease in War than from enemy action. The casualty rate among wounded soldiers decreased from 20% during the Crimean War to 8%.

4.2. Advancement of the official nursing registration movement

Influenced by the statutory registration of practicing doctors in the late 19th century, senior nurses began to consider whether nursing should also be tested through public examinations and whether the title “nurse” should only be reserved for formally registered candidates. In 1887, the British Nurses' Association was established, advocating for all nurses in the UK to unite and promote the process of official registration. That same year, the General Medical Council passed a resolution supporting the authoritative certification of trained and qualified nurses. However, the move also faced opposition, most notably from Florence Nightingale, who felt that the nursing profession was too young and unorganized at the time, making it premature to implement official nurse registration. Nightingale's opposition, carried out through her contacts in the medical community and parliament, significantly hindered the British Nurses' Association from gaining the authority to create a registry.

During the war, nurses worked tirelessly under difficult conditions, earning national gratitude and increasing public awareness of the importance of public health nursing, which helped to garner support for the nursing profession. By December 1919, the Nurses Registration Act was ratified by royal assent, and similar acts for Scotland and Ireland followed, successfully concluding the nurse registration movement that had lasted over three decades.

5. Conclusion

The war has resulted in a large number of casualties and there is an urgent need for ambulance crews to come to the rescue. However, the shortage of professional nursing staff in the allied countries made it difficult to cope with such massive casualties. The British female military nurses, already equipped with significant medical nursing skills, were deployed to the front lines where they overcame numerous challenges to treat the wounded, making a crucial contribution to the victory in World War I. Studying the British Army female nursing services during World War I provides historical insights that can inform the development of current battlefield medical practices.

Disclosure statement

The author declares no conflict of interest.

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