This is a concise, step-by-step guide to conducting qualitative nursing research using various forms of historical analysis. It is part of a unique series of books devoted to seven different qualitative designs and methods in nursing, written for both novice researchers and specialists seeking to develop or expand their competency. Historical research is a qualitative research method that systematically examines past events from existing documents or other data, or by interviewing individuals who lived through those events, in order to understand the past.

Written by a noted qualitative research scholar and contributing experts, the book describes the philosophical basis for conducting research using historical analysis and delivers an in-depth plan for applying its methodologies to a particular study, including appropriate methods, ethical considerations, and potential challenges. It presents practical strategies for solving problems related to the conduct of research using the various forms of analysis and presents a rich array of case examples from published nursing research. These include author analyses to support readers in decision making regarding their own projects. The book provides a variety of examples of historical method studies, on topics such as mental health research, working with Navajo communities, World War II evacuation nursing, and many others. Focused on the needs of both novice researchers and specialists, it will be of value to health institution research divisions, in-service educators and students, and graduate nursing educators and students.

Key Features:

• Explains how to conduct nursing research using autobiography, biography, oral history, and document review
• Presents state-of-the-art designs and protocols
• Focuses on solving practical problems related to the conduct of research
• Features rich nursing exemplars in a variety of health/mental health clinical settings in the United States and internationally

MARY DE CHESNAY
EDITOR
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NURSING RESEARCH USING HISTORICAL METHODS

QUALITATIVE DESIGNS AND METHODS IN NURSING

Mary de Chesnay, PhD, RN, PMHCNS-BC, FAAN

EDITOR

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QUALITATIVE DESIGNS AND METHODS IN NURSING

Mary de Chesnay, PhD, RN, PMHCNS-BC, FAAN, Series Editor

Nursing Research Using Ethnography: Qualitative Designs and Methods in Nursing

Nursing Research Using Grounded Theory: Qualitative Designs and Methods in Nursing

Nursing Research Using Life History: Qualitative Designs and Methods in Nursing

Nursing Research Using Phenomenology: Qualitative Designs and Methods in Nursing

Nursing Research Using Historical Methods: Qualitative Designs and Methods in Nursing

Nursing Research Using Participatory Action Research: Qualitative Designs and Methods in Nursing

Nursing Research Using Data Analysis: Qualitative Designs and Methods in Nursing
For my nephew, Matt, who will probably be reincarnated as a cat. For my honorary nephew, Chris, whose current incarnation is as a free spirit.

—MdC
# Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contributors</td>
<td>ix</td>
</tr>
<tr>
<td></td>
<td>Foreword</td>
<td>xiii</td>
</tr>
<tr>
<td></td>
<td>Series Foreword</td>
<td>xv</td>
</tr>
<tr>
<td></td>
<td>Preface</td>
<td>xxi</td>
</tr>
<tr>
<td>1</td>
<td>Learning the Historical Method: Step by Step</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sandra B. Lewenson and Annemarie McAllister</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Essay on Sources</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Patricia D’Antonio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commentary: Interview With Dr. Barbra Mann Wall</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mary de Chesnay</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Inside Track of Doing Historical Research: My Dissertation Story</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Annemarie McAllister and Sandra B. Lewenson</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>History in the Making: Organizing a Nursing History Dissertation</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Jeannine Uribe</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Conducting Oral History Research in Community Mental Health Nursing</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Geertje Boschma</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Celluloid Angels: The Power of Stories</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>David Stanley</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>The Navajo Experience of Elizabeth Forster, Public Health Nurse</td>
<td>121</td>
</tr>
<tr>
<td></td>
<td>Mary Ann Ruffing-Rahal</td>
<td></td>
</tr>
</tbody>
</table>
8 Sojourner: Life Stories of a Global Health Nurse 137  
Barbara A. Anderson

9 Aviation Pioneers: World War II Air Evacuation Nurses 175  
Susan Y. Stevens
Commentary: History Through the Lens of a Nurse 175  
Susan Y. Stevens

Appendix A  List of Journals That Publish Qualitative Research 191  
Mary de Chesnay

Appendix B  Essential Elements for a Qualitative Proposal 195  
Tommie Nelms

Appendix C  Writing Qualitative Research Proposals 197  
Joan L. Bottorff

Appendix D  Outline for a Research Proposal 205  
Mary de Chesnay

Index 209
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David Stanley, NursD, MSc HS, BA Ng, DipHE (Nursing), RN, RM, Grad. Cert. HPE, Gerontic Cert., began his nursing career in the days when nurses wore huge belt buckles and funny hats. He is currently an associate professor at the University of Western Australia and has undertaken a number of qualitative studies using grounded theory and phenomenology. He has also undertaken a number of mixed methods studies with a more pragmatic
approach to data collection and analysis. David has taught research methods to undergraduate and postgraduate nursing and allied health students at a number of universities in Australia and Asia and supervised a number of higher degree research students to successful completion.

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**Jeannine Uribe, PhD, RN,** is an assistant clinical professor of nursing at Drexel University College of Nursing and Health Professions. She has taught research courses to graduates and undergraduates online and in the classroom. She is currently a board member of the Museum of Nursing History, Inc., in Philadelphia, where she continues to assist nurses to preserve and view their heritage.
Nursing researchers, practitioners of nursing, and nursing theorists have long debated whether nursing is a verb, indicating action, or a noun, signifying knowledge. Arguments can and have been made articulately that nursing is an art, a science, and even a calling. Is nursing what nurses do or what nurses know? For the graduate student anticipating hours of coursework, stacks of scholarly papers, and a thesis or project looming on the horizon, these questions are of about as much interest as faculty members’ obsession with whether anal-retentive needs a hyphen. The editor of this book recognizes that.

My academic career started with a brief stint as an instructor in an associate degree program attended mostly by licensed practical nurses, followed by a valiant attempt to coordinate a baccalaureate degree completion program for experienced registered nurses. In both cases, students were mostly older and more experienced in nursing than I was. And in both cases they questioned, sometimes vehemently, why they should study a profession they already knew how to do just for the sake of a piece of paper.

My solution to the problem was to try to convince them that knowing how to do something was not the same as understanding something. For their first assignment, I asked them to define nursing practice, nursing theory, and nursing research, and to schematically illustrate how these were related to each other. Obviously, I was not expecting one particular outcome and all attempts were equally rewarded, although they varied widely in creativity and depth. The purpose of the assignment was to convince them that just because they could do nursing tasks, they were not as knowledgable as they needed to be about the profession. I was trying to implant the idea that we must know more so that we can do better.

Historical research is critical to understanding nursing and what nurses do. Optimal nursing practice requires integration of scientific knowledge with knowledge gained through reflection and relationship. Historical
research helps us to reclaim and value the comprehensive views of early nurses who intuitively (perhaps unscientifically, perhaps not) practiced in egocentric, homocentric, and ecocentric environmental paradigms, emerging into what has been called the transpersonal caring–healing model.

This series of texts in qualitative design gives guidance and encouragement to fledgling researchers to acknowledge, value, and learn from the voices of nurses from the past. I once interviewed a 96-year-old Black public health nurse who practiced in the 1940s. When I asked her about her career in nursing, she said, “Honey, I didn’t have a career; I just had a job. All they wanted was my hands, they could have had my head and my heart for free.” We need to record, distribute, and value what is in the heads and hearts of nurses so that we can do better. This book helps us learn, not only how, but why.

Lynda P. Nauright, EdD, RN
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In this section, which is published in all volumes of the series, we discuss some key aspects of any qualitative design. This is basic information that might be helpful to novice researchers or those new to the designs and methods described in each chapter. The material is not meant to be rigid and prescribed because qualitative research by its nature is fluid and flexible; the reader should use any ideas that are relevant and discard any ideas that are not relevant to the specific project in mind.

Before beginning a project, it is helpful to commit to publishing it. Of course, it will be publishable because you will use every resource at hand to make sure it is of high quality and contributes to knowledge. Theses and dissertations are meaningless exercises if only the student and committee know what was learned. It is rather heart-breaking to think of all the effort that senior faculty have exerted to complete a degree and yet not to have anyone else benefit by the work. Therefore, some additional resources are included here. Appendix A for each book is a list of journals that publish qualitative research. References to the current nursing qualitative research textbooks are included so that readers may find additional material from sources cited in those chapters.

FOCUS

In qualitative research the focus is emic—what we commonly think of as “from the participant’s point of view.” The researcher’s point of view, called “the etic view,” is secondary and does not take precedence over what the participant wants to convey, because in qualitative research, the focus is on the person and his or her story. In contrast, quantitative
Researchers take pains to learn as much as they can about a topic and focus the research data collection on what they want to know. Cases or subjects that do not provide information about the researcher’s agenda are considered outliers and are discarded or treated as aberrant data. Qualitative researchers embrace outliers and actively seek diverse points of view from participants to enrich the data. They sample for diversity within groups and welcome different perceptions even if they seek fairly homogenous samples. For example, in Leenerts and Magilvy’s (2000) grounded theory study to examine self-care practices among women, they narrowed the study to low-income, White, HIV-positive women but included both lesbian and heterosexual women.

**Proposals**

There are many excellent sources in the literature on how to write a research proposal. A couple are cited here (Annersten, 2006; Mareno, 2012; Martin, 2010; Schmelzer, 2006), and examples are found in Appendices B, C, and D. Proposals for any type of research should include basic elements about the purpose, significance, theoretical support, and methods. What is often lacking is a thorough discussion about the rationale. The rationale is needed for the overall design as well as each step in the process. Why qualitative research? Why ethnography and not phenomenology? Why go to a certain setting? Why select the participants through word of mouth? Why use one particular type of software over another to analyze data?

Other common mistakes are not doing justice to significance and failure to provide sufficient theoretical support for the approach. In qualitative research, which tends to be theory generating instead of theory testing, the author still needs to explain why the study is conducted from a particular frame of reference. For example, in some ethnographic work, there are hypotheses that are tested based on the work of prior ethnographers who studied that culture, but there is still a need to generate new theory about current phenomena within that culture from the point of view of the specific informants for the subsequent study.

Significance is underappreciated as an important component of research. Without justifying the importance of the study or the potential impact of the study, there is no case for why the study should be conducted. If a study cannot be justified, why should sponsors fund it? Why should participants agree to participate? Why should the principal investigator bother to conduct it?
COMMONALITIES IN METHODS

Interviewing Basics

One of the best resources for learning how to interview for qualitative research is by Patton (2002), and readers are referred to his book for a detailed guide to interviewing. He describes the process, issues, and challenges in a way that readers can focus their interview in a wide variety of directions that are flexible, yet rigorous. For example, in ethnography, a mix of interview methods is appropriate, ranging from unstructured interviews or informal conversation to highly structured interviews. Unless nurses are conducting mixed-design studies, most of their interviews will be semistructured. Semistructured interviews include a few general questions, but the interviewer is free to allow the interviewee to digress along any lines he or she wishes. It is up to the interviewer to bring the interview back to the focus of the research. This requires skill and sensitivity.

Some general guidelines apply to semistructured interviews:

- Establish rapport.
- Ask open-ended questions. For example, the second question is much more likely to generate a meaningful response than the first in a grounded theory study of coping with cervical cancer.

  Interviewer: Were you afraid when you first heard your diagnosis of cervical cancer?

  Participant: Yes.

  Contrast the above with the following:

  Interviewer: What was your first thought when you heard your diagnosis of cervical cancer?

  Participant: I thought of my young children and how they were going to lose their mother and that they would grow up not knowing how much I loved them.

- Continuously “read” the person’s reactions and adapt the approach based on response to questions. For example, in the interview about coping with the diagnosis, the participant began tearing so the interviewer appropriately gave her some time to collect herself. Maintaining silence is one of the most difficult things to learn for researchers who have been classically trained in quantitative methods. In structured interviewing, we are trained to continue despite distractions and
to eliminate bias, which may involve eliminating emotion and emotional reactions to what we hear in the interview. Yet the quality of outcomes in qualitative designs may depend on the researcher–participant relationship. It is critical to be authentic and to allow the participant to be authentic.

**Ethical Issues**

The principles of the Belmont Commission apply to all types of research: respect, justice, beneficence. Perhaps these are even more important when interviewing people about their culture or life experiences. These are highly personal and may be painful for the person to relate, though I have found that there is a cathartic effect to participating in naturalistic research with an empathic interviewer (de Chesnay, 1991, 1993).

**Rigor**

Readers are referred to the classic paper on rigor in qualitative research (Sandelowski, 1986). Rather than speak of validity and reliability we use other terms, such as accuracy (Do the data represent truth as the participant sees it?) and replicability (Can the reader follow the decision trail to see why the researcher concluded as he or she did?).

**DATA ANALYSIS**

Analyzing data requires many decisions about how to collect data and whether to use high-tech measures such as qualitative software or old-school measures such as colored index cards. The contributors to this series provide examples of both.

Mixed designs require a balance between the assumptions of quantitative research while conducting that part and qualitative research during that phase. It can be difficult for novice researchers to keep things straight. Researchers are encouraged to learn each paradigm well and to be clear about why they use certain methods for their purposes. Each type of design can stand alone, and one should never think that qualitative research is less than quantitative; it is just different.

Mary de Chesnay
REFERENCES


Preface

Qualitative research has evolved from a slightly disreputable beginning to wide acceptance in nursing research. Approaches that focus on the stories and perceptions of the people, instead of what scientists think the world is about, have been a tradition in anthropology for a long time and have created a body of knowledge that cannot be replicated in the lab. The richness of human experience is what qualitative research is all about. Respect for this tradition was long in coming among the scientific community. Nurses seem to have been in the forefront, and though many of my generation (children of the 1950s and 1960s) were classically trained in quantitative techniques, we found something lacking. Perhaps because I am a psychiatric nurse, I have been trained to listen to people tell me their stories, whether the stories are problems that nearly destroy the spirit, or uplifting accounts of how they live within their cultures, or how they cope with terrible traumas and chronic diseases. It seems logical to me that a critical part of developing new knowledge that nurses can use to help patients is to find out first what the patients themselves have to say.

Series volumes address ethnography, grounded theory, life history, phenomenology, historical research, participatory action research, and data analysis. Efforts have been made to recruit contributors from several countries in order to demonstrate global applicability of qualitative research. There are many fine textbooks on nursing research that provide an overview of all the methods, but our aim here is to provide specific information to guide graduate students and experienced nurses who are novices in the designs represented in this series in conducting studies from the point of view of our constituents—patients and their families.

The chapters in this volume on historical research reflect the array of methods including autobiography, biography, oral history, and document review. The authors are experts in collecting historical data and their first-person accounts convey the richness of the designs. I was involved in
only two oral history studies, one as an exercise in graduate school in which I interviewed my elderly aunt, a former tuberculosis nurse, who had stories not only of the early days of working in a sanatorium, but also about being a nurse in the early 1900s and helping a physician perform an appendectomy on a farmhouse kitchen table with only moonshine for anesthesia. The second project was to encourage my father, a veteran of the cavalry in World War II, to participate in the oral history project of the Veterans History Project of the American Folklife Center.

The studies conducted by contributors provide much practical advice for beginners as well as new ideas for experienced researchers. Some authors take a formal approach, but others speak quite personally in the first person. We hope you catch their enthusiasm and have fun conducting your own studies.

Mary de Chesnay
In any publishing venture, there are many people who work together to produce the final draft. The contributors kindly shared their expertise to offer advice and counsel to novices, and the reviewers ensured the quality of submissions. All of them have come up through the ranks as qualitative researchers and their participation is critical to helping novices learn the process.

No publication is successful without great people who not only know how to do their own jobs but also how to guide authors. At Springer Publishing Company, we are indebted to Margaret Zuccarini for the idea for the series, her ongoing support, and her excellent problem-solving skills. The person who guided the editorial process and was available for numerous questions, which he patiently answered as if he had not heard them a hundred times, was Joseph Morita. Also critical to the project were the people who proofed the work, marketed the series, and transformed it to hard copies, among them Jenna Vaccaro and Kris Parrish.

At Kennesaw State University, Dr. Tommie Nelms, director of the WellStar School of Nursing, was a constant source of emotional and practical support in addition to her chapter contribution to the phenomenology volume. Her administrative assistant, Mrs. Cynthia Elery, kindly assigned student assistants to complete several chores, which enabled the author to focus on the scholarship. Bradley Garner, Chadwick Brown, and Chino Duke are our student assistants and unsung heroes of the university.

Finally, I am grateful to my cousin, Amy Dagit, whose expertise in proofreading saved many hours for some of the chapters. Any mistakes left are mine alone.

A people without the knowledge of their past history, origin, and culture is like a tree without roots.

—Marcus Garvey
No occupation can be understood or intelligently followed if it is not, to some extent, illumined by the light of history.

—Stewart & Austin, 1962, p. 3

There are many ways to do historical research. Yet, getting started is the most difficult step, especially if you have not had formal training in the historical method. If you are not in an environment with a cadre of historians, especially nurse historians, or historians whose interest is in women’s work, nursing, and health care, you can be at a disadvantage in learning this method and can feel discouraged. Yet many in nursing overcome these deficits and become scholars in the historical method and historical content of nursing. They do so by taking courses in history and historical methods, attending history conferences, participating in workshops on methodology, networking with other historians, and essentially learning the method through the experience of doing studies. Nurse historians are nurses who have studied the historical method and bring to their research the added dimension of a nursing background. One’s experiences as a nurse contribute to the questions formed during the research process. They lead the scientist to examine data like nurses’ role in public health nursing or in the movement toward higher education in nursing. For example, drawing on her own nursing background, Annemarie McAllister, a nurse historian, had firsthand experience at being an associate degree nurse in the 1970s through attending one of the early programs in the United States designed by Mildred Montag. As McAllister (2012) designed her doctoral research, she read through the materials and kept raising the question: “How did Montag and McManus change the face of nursing education so quickly?” Nursing was typically slow to change, especially when it came to moving nursing education outside of the hospital-based setting. While other historians might address the
data similarly, they might not have the same insights that a nurse historian, like McAllister, may have. It is important to note here that biases, stereotypes, and other subjective responses of either the nurse historian or the historian who studies nursing may seep into the study and, while not fatal, should be recognized as offering one point of view rather than the “definitive” point of view.

This first chapter in this series explores the value of historical research, especially in nursing and health care; it covers the steps necessary for doing this kind of research and provides reasons why the researcher would select this method. The steps in becoming a historian are not linear and are described here as steps only to help delineate parts of a larger process of becoming a historical researcher. This chapter explores what is necessary when approaching this method, the steps that lead you through the process, and considerations that need to be addressed as you journey through the historical method. This chapter will also serve as a guide for Chapter 3, where Annemarie McAllister presents her experiences about becoming a historian during her doctoral work at Teachers College (TC), Columbia University.

**VALUE OF HISTORICAL RESEARCH**

Nursing leaders have long been aware of the need to understand the profession’s history as a means to know the past, sort out the present, and direct the future. In the over 100 years since the beginning of what’s known as the modern nursing movement, beginning when Florence Nightingale influenced the opening of training schools in the United States in 1873, early 20th century nursing leaders like Adelaide Nutting, Isabel Stewart, Lavinia Dock, and others recognized and spoke about the value of historical knowledge. The National League of Nursing Education, an early professional nursing organization established in 1896 by the superintendents of the early training schools, published curriculum guides in 1917, 1927, and 1937 respectively; these guides included content on the value of nursing history as well as content related to this relevant method. By the 1970s, however, most schools no longer included a separate course in nursing history; this may have been due to the decreasing value placed on history by nurses. Ultimately, this hindered the development of nurse researchers interested in doing historical research.

During the 1960s and 1970s resurgence in historical research, social histories, specifically those looking at nurses and women’s work, found nurses interested in this particular method of inquiry (Lewenson, 2013a). Lucille
Notter, the editor of early editions of *Nursing Research*, believed that nurses, especially nursing leaders, needed to understand history as well as know the method in order to bring a broad perspective to the profession (Christy, 1978). Despite this renewed interest in doing historical research, some within nursing, in general, and among educators, more specifically, resisted the movement. This resistance stemmed partly from ignorance of the method and partly from what they perceived as lack of scholarly rigor in historical research. Quantitative research served as the gold standard for nursing leaders, who sought scientific parity and respect from other professions. Christy (1978) highlighted this in her presentation at the 1977 Isabel Stewart Nursing Research Conference at TC, Columbia. She said that nurses have disdained historical research because they consider it to be more “search than research,” assuming it is easy and lacking rigor. Yet, Christy implored, “nothing can be further from the truth” (p. 5).

Nurse historians like Theresa Christy, Vern and Bonnie Bullough, Nettie Birnbach, Louise Fitzpatrick, Joan Lynaugh, Barbara Brodie, and many others expanded on the method using a social, feminist, and more progressive focus when studying nursing’s past. The resurgence in the study of nursing history became even more apparent in the organization of the Society for Nursing History at TC and Boston’s Nursing Archives Association; these predated the start of the American Association for the History of Nursing (AAHN), which was founded in 1978 (AAHN, 2013; Lewenson, 2013a; Lynaugh, 2009). The AAHN began as an organization for those studying historical research methodology and has continued to expand its interest in the promotion of historical research. Its website (AAHN, 2013) states its purpose—fostering the importance of history by stimulating interest, educating nurses, supporting research, facilitating collections of documents, serving as a resource, and promoting collaboration.

Throughout the world, the establishment of organizations such as the Canadian Association for the History of Nursing (CAHN), the Australian Nursing History & Midwifery Project, the British Columbia History of Nursing Group, and the Danish Society of Nursing History added to the support for historians as they matured in using this scholarly method of inquiry (Lewenson, 2013a). Increasing global attention to explore nursing in a broader global context has become evident in international conferences like the one held at the Royal Holloway College in Egham in 2010. This conference was sponsored by the AAHN along with the European Nursing History Group (ENHG) consisting of the UK Centre for the History of Nursing and Midwifery; the Irish Centre for Nursing and Midwifery History; Kingston University, London; St. George’s, University of London; and the Royal College
of Nursing History and Heritage Committee. History sections at the International Council of Nursing and Sigma Theta Tau also testify to the increasing relevance and value attributed to this kind of research (Lewenson, 2013a). The most recent work by D’Antonio, Fairman, and Whelan (2013), *Routledge Handbook on the Global History of Nursing*, presents the work of scholars who “consider new understandings of the historical work and worth of nursing in a larger global context” (p. 2).

Yet, as nurse historian Joan Lynaugh pointed out in an address presented at the Randolph International Nursing History Conference at the University of Virginia on March 20, 2009, while we are making progress in explaining the value of nursing history to fellow nursing colleagues, it is “still easier to explain nursing to our history colleagues” (Lynaugh, 2009, p. 14). Value and recognition for the history of nursing must start somewhere. The AAHN supports the inclusion of history in all nursing curricula (Keeling, 2001; Keeling & Ramos, 1995; Lewenson, 2004). Keeling believes that incorporating history and historical methodology into nursing curricula will “expand students’ thinking,” provide them with a “sense of professional heritage and identity,” and “broaden the students’ repertoire of research skills” (Keeling, 2001, para. 5). Without the inclusion of history in the curriculum and appreciation for its value to nurses in practice, education, and research, opportunities for the development and mentoring of new historians are limited.

**Why Select the Method?**

Following an understanding of the value of nursing history, the next step in the process of becoming a historian is to consider your own reasons for selecting the historical method. Your interest and the research question should direct the method that you will use to study your topic. Historical research provides the depth and breadth of what may have gone on before, allowing the researcher to view the topic within a contextual framework. The historian Christopher Maggs (1996) explains that, “the historian sees a multiplicity of events, facts, acts, and tries to reconstruct not just what happened but why it did so in the way and form it did” (p. 631). Historical analysis provides nurses with a way of knowing about their profession such as how it fits within the larger context of health care and medical advancement, how it may have influenced health care policy, or how issues related to gender, race, and ethnicity intersect with the economics and politics of care. For example, Keeling and Lewenson (2013) use their historical research to educate nurses and policy makers about the role nurses have historically played, and still play, in promoting and providing access to primary health care. They use as case studies the history of
three nurse-run community services established during the first half of the 20th century that provided primary health care to underserved populations in urban and rural settings. The first one is the Henry Street Nurses’ Settlement House on the Lower East Side of New York City, established by public health nursing leader Lillian Wald in 1893; the second example is the establishment of a rural public health nursing service by the American Red Cross that existed from 1912 to 1948; and the third is the Frontier Nursing Service that served the rural citizens of Leslie County, Kentucky, between 1920 and 1950 (Keeling & Lewenson, 2013). Keeling and Lewenson used these three examples to show nursing’s leadership in bringing care to underserved populations and by employing interdisciplinary models to do so. They believe that the current debate about medical homes and who should lead the care provided by these homes is served by historical inquiry. Keeling and Lewenson, both nurse historians interested in public health, access to care, and policy issues, show the connection between these three historical nursing organizations and decisions being made today, specifically with regard to decisions being made about medical homes. Policy makers who are developing the federal policies surrounding medical homes, they believe, need to be aware of nursing’s past contributions as well as the contributions they make today and will make in the future. Keeling and Lewenson (2013) write:

Time and time again, nurses have demonstrated the expertise and experience that makes ... them poised to be valuable partners and leaders of the new developing models. Federal funding is necessary to support both nursing education and nursing practice initiatives as well as interprofessional models rather than a medical home model led only by physicians. What is needed is a unified interprofessional comprehensive service that includes, among others, nurses as leaders. The new model should therefore use neutral provider language. It behoves health policy makers to examine what was successful in the past and what needs to be changed to adapt to the present social, political, and economic health care environment. (n.p.)

The reason to select the historical method should be based on what the researcher hopes to do. To uncover what happened in the past is important; however, perhaps more important is to consider what and how this data will inform something that is current. Continuing with the example of how history can inform policy, D’Antonio and Fairman (2010) explain that, “history provides a critically important perspective if we are to understand and address contemporary health system problems ... [and] ... History also provides a way to look forward” (p. 113).
Although other chapters in this monograph address the state of the art of historical research in nursing, publications highlighting historical research will showcase the interests of historians as they make sense of the health care environment today. Examples of some of the research published include Arlene Keeling’s (2007) work titled *Nursing and the Privilege of Prescription, 1893–2000*, where she examines nurses’ use of medications in their practice; Patricia D’Antonio’s (2010) work *American Nursing: A History of Knowledge, Authority and the Meaning of Work*; Julie Fairman’s (2008) work exploring the history of the nurse practitioner movement in the United States, *Making Room in the Clinic: Nurse Practitioners and the Evolution of Modern Health Care*; Cynthia Connolly’s (2008) book, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909–1970*, which uses the care provided to children who were at risk of developing tuberculosis to help us understand how we care for childhood epidemics today. Connolly’s interest in pediatrics, policy, and politics, as well as the intersection of race, class, and gender, can be seen in her work. Edited texts, like the one by Patricia D’Antonio and Sandra Lewenson (2011), *Nursing Interventions Through Time: History as Evidence*, showcase their own interest in using historical research to understand contemporary nursing care. They include research by historians who examine the changing nursing interventions for bedsores, cancer, and obstetrics, for example, to demonstrate the interplay of gender, race, and class and the kind of care provided. In Barbra Mann Wall and Arlene Keeling’s work (2011), *Nurses on the Front Line: When Disaster Strikes 1870–2010*, Wall and Keeling’s own interest in history, and how communities address disaster, prompted the collection of their own research and the research of other historians.

Trends in more recent historical research places nursing within the larger context of the world-at-large and can be seen in the work by D’Antonio and colleagues (2013). The meanings that can be obtained through historical research impact nursing in other countries, the politics of care, and the effect of nationalism, colonialism, and war, for example, on that care. The editors write, “The history of nurses and nursing is now mined for insights that help explain or illustrate the global circulation [of] ideas about the care of the sick; about gender and valuation of care work; about the intersections of lay and professional care; and about the definitions and valuations of vulnerable populations” (p. 2). Lewenson’s (2013a) chapter, “Historical Research in Nursing: A Current Outlook,” included in Cheryl Tatano Beck’s (2013) *Routledge International Handbook of Qualitative Nursing Research*, provides further examples of how historical research gives evidence for practice, education, and research and lays out a broad understanding of the state of historical research today.1
Chapter 1. Learning the Historical Method: Step by Step

Table 1.1 Steps in Doing Historical Research

- Identify area of interest
- Raise questions
- Formulate title
- Conduct literature review
- Interpret data
- Tell the story

Adapted from Lewenson (2008, 2011) and found in Capturing Nursing History, Chapter 3, p. 26.

What Is Your Interest?

There are many ways to approach historical research (Lewenson, 2008). The different frameworks—social, feminist, policy, biographical, or economic—can shape the way the historical study develops. Each of these types of frameworks helps the researcher develop questions and explore the phenomenon under study. For example, in McAllister’s work (see Chapter 3 for a full discussion), she selected a social/educational framework examining the development of the associate degree model for the education of nurses in the 1950s. Her interest in the topic emerged from her own background in nursing and exposure to the history of nursing at TC. Questions arose about how the leadership at TC promoted the rise of this unique and innovative mid-20th century educational model within a very short time frame (9 years) (Montag, 1959). Using the doctoral coursework in the executive program for nurses at TC, McAllister explored each assignment from a historical perspective. This set the stage for her to explore the history of nursing education, specifically at TC, considered by many the mecca for graduate education of nurses throughout most of the 20th century. Issues, such as the nursing shortage at the end of World War II, provided important background data that led to the search for quicker and more economical ways to educate nurses. Research in nursing was taking on greater significance in the profession, and in 1953 the Institute of Research and Service in Nursing Education was established by R. Louise McManus, Director of the Department of Nursing Education at TC, along with others (McAllister, 2012). This was in keeping with the overall nursing profession’s growing interest in research. McAllister completed several papers assigned to her in various doctoral courses, which supported her exploration into history. One
such paper responded to the question, “What does the literature say about the need for your historical study?” and, “What is the rationale for using a historical approach to your problem?” This allowed McAllister to explore in depth why she was going to do historical research for her doctoral dissertation and directed her to examine the literature that would support the reasons for her decision to study R. Louise McManus, Mildred Montag, and the leadership at TC.

The first step in historical research then was really to explore McAllister’s interests in greater depth and breadth; this led her to develop an understanding of the context of the time frame in question, which then led to the development of further questions that she posed to historical data. Historical research seeks to understand phenomenon that occurred in the past and as such cannot be done in a simple linear fashion. While a timeline will help the researcher organize the data collected during these various steps in the process, it is the questions that are raised about the event, the context in which the event occurred, and the meanings behind the event that lead to the narrowing of the topic and more focused questions as the process evolves.

What Are Your Questions?

One of McAllister’s other advisors on the doctoral dissertation committee said that there are no answers, only more questions. This holds true for most research designs and especially the historical method. The ambiguity that historians often express about the method stems from this lack of clarity and incomplete, missing, or confounding data. Yet the questions direct the researcher regarding where and what to study. Questions help one keep an open mind and can lead the researcher in surprising directions that he or she had not considered earlier (Lewenson, 2008). Lynaugh (2009) asks that historians move away from “ideology, theory, or predetermined thesis,” letting a set of open questions guide the research. These questions include: “What happened?” “When did it happen?” “What difference did it make?” and “Why should we care?” (Lynaugh, 2009, p. 16).

As you proceed in your historical study, keep an open mind. This will allow you to pose more questions and direct and redirect the study as you reflect on who you are, select additional readings, complete grant applications, submit your research to your institutional review board for approval, and determine the rationale and the purpose of the study. The research question focuses the study. By isolating some part of the topic, your study usually becomes more manageable. Yet, you as a researcher need to be aware of this split so that you can then ultimately relate to the whole in...
the analysis and answer the important questions of “So what?” and “Who cares?” These questions must be raised to make sense of why your work is relevant and meaningful to a larger audience. The audience you write for will also influence the questions you may ask. For example, consider an audience who is interested in celebrating the first 100 years of their school’s history. This group may be more interested in the celebratory nature of their history rather than a critique of their educational experiences in comparison with another school. Your doctoral dissertation committee will be looking at the depth and breadth of your study, including such areas as your methodology, data collection, the frameworks you select, your analysis, and the narrative.

Determining a Title

How you name your study will be important for a number of reasons. First, it directs both you (the researcher) and the reader as to what the study is about. A clear and concise title will help readers or potential readers determine if they want to read your work. This includes reviewers for journals and conferences—a title that is interesting and captures the reader’s imagination is more effective in enticing the reader. Second, a title may keep you focused; covering topics that don’t relate to the title lets you know you have strayed from your plan. The title typically includes a succinct statement about the study, delineating the topic and the years being studied (Lewenson, 2008, 2011). It will not be easy to determine the title (or at least it was not easy for this researcher). The title needs to be concise, clear, and—perhaps more importantly—easy to search on web browsers. If you want to use a web-based search to find your study, include in the first part of your title sufficient information so that your study will be searchable. Consider the “Googled” findings for a study titled, “When One Door Opens Another Closes” versus “The Phasing out of the Bellevue and Mills Training Schools and the Expansion of Hunter College, 1967.” The latter renders hits on Bellevue and Hunter College’s two programs in nursing while the former renders nothing on the topic. Finding a title for any study can be challenging and very often changes throughout the process. For this reason, it may be best to finesse the final title at the end of the process. Another point to note when determining your title is that titles can change when the focus of the study changes, or when findings lead you in a different direction. For example, using the previous example, when studying the phasing out of the Bellevue and Mills Training Schools of Nursing and the expansion of Hunter College into the Bellevue facility in 1967, one title depicted this long explanation of phasing out and expansion and was used
for presentations and explanations of the study; while reexamining the data focusing on the political ramifications of support from the City of New York for this change in nursing education, the author created a new title for the study. The new title, seemingly more catchy, used a quote from a newspaper clipping from 1967 that heralded the change in nursing education in the city with the phrase, “Nurses’ training may be shifted.” The study was published in *Nursing History Review* in 2013 with the title, “‘Nurses’ Training May Be Shifted’: The Story of Bellevue and Hunter College, 1942–1969” (Lewenson, 2013b). Whether this captures more hits on a Google search is yet to be determined, but it seems to this author to be a more interesting title. The balance among what is interesting, catchy, encapsulating the essence of the study, and enticing is difficult to attain. Sharing your study with others to read, doing your own web searches for what shows up with your topic, and thinking about the title (almost ad nauseam) may help with finding the right one for the study. Run your proposed title by colleagues, friends, your advisor, and family and see what they say. As you struggle with naming your research, remember that, even though a title helps focus a new researcher (as well as a seasoned one), it should not restrict or limit the study that is underway.

**Searching the Literature**

The literature search continues throughout the historical research process. In other words, you start out reading materials that provide the contextual background and continue to read throughout the study, beginning with your interest in a particular topic, through the identification of background materials, the questions raised, the analysis, and the writing of the narrative (Lewenson, 2008). This is where the various types of source materials, both primary and secondary sources, become relevant in the steps along the way.

**Secondary Sources**

Secondary sources include materials that provide background for a specific period of time, a particular intervention, or a newspaper account of an event. Secondhand knowledge transmits a contextual backdrop to the topic under study. Many of the books mentioned earlier in this chapter are secondary sources. Fairman’s (2008) analysis of the nurse practitioner movement, for example, is a secondary source that historians use to contextualize and understand the nurse practitioner movement in the United States during the second half of the 20th century. Secondary sources broaden the historian’s
understanding of a particular place or event and help the researcher to re-focus and question the data. It is an ongoing part of the process, and one that perhaps will make the historian question, “When is enough, enough?” When do you stop reading, and, more importantly, when do you stop questioning? Both questions can be answered as both “never” and “at some point.” These questions surface throughout the historian’s foray into this type of research and are worth considering (these are discussed in a later section, and McAllister considers them in Chapter 3). While you may never really stop reading and questioning, you will need to do so (to some degree) to complete your dissertation or study in a reasonable amount of time. What can help here is to read other historical studies as guides for formats, frameworks, or writing styles; select a framework that will help focus your work, whether using a social–feminist framework, an economic framework, or a political framework; this will help you select reading that may help contextualize your findings (Buck, 2008).

Primary Sources

An important point for all those embarking on historical research is to consider the availability of primary source materials. A significant part of the search of the literature is locating primary source materials. Primary source materials offer firsthand accounts of an event or subject of interest. They can take the form of personal letters, diaries, organizational minutes, or financial ledgers lending insights into a particular place, time, person, or event. Because of the firsthand nature of primary sources, these documents may be subject to the personal bias of the author and should be considered a possible limitation of the study. For example, Mansell (1999) considers organizational minutes as perhaps being too one-sided when presenting a broader picture of nursing. It represents the events of organized nursing rather than the rank and file, thus limiting “the response to the research questions about ‘class, status, and ethnicity’ of these nurses as opposed to the leadership in nursing” (p. 220). Because primary sources may provide only one perspective, researchers must consider this in their analysis. McAllister’s work, for example, observed that the records located at TC archives shed light mostly on what the educators involved in the establishment of the associate degree model considered important to retain in the official records. The records of those opposing the associate degree model, or perhaps the influence of TC on the landscape of nursing practice and education, were not included and were difficult to locate in other collections. Part of the work of the historian is to consider what kinds of primary materials exist, determine where they
may be found, and analyze them in light of the framework (e.g., social, political, economic, feminist), the context in which the primary sources reside, the researcher’s own bias that frames the way he or she considers the data (including the missing data), and the genuineness and authenticity of the source material (Lewenson, 2011). Genuineness refers to the document being what it says it is, and authenticity refers to whether the data found on that document make sense in light of the period of time to which it refers. For example, the researcher needs to ask if the document represents a truthful reporting of that period of time (Barzun & Graff, 1985).

Ensuring the integrity of the primary source material is not an easy task for the historian, and it is an especially challenging one for the novice. Archives, where historians typically find the primary sources (although not always), can help with the task of authenticating the source material. According to Barzun and Graff (1985), a researcher who is lucky enough to have found a stash of letters about his or her mother’s experiences as a nurse during an earlier period of time may need to pay special attention to the details within the letters, common-sense reasoning, understanding of human behavior, and the chronology of events.

Where to Find Primary Sources

The primary source materials can typically be found in archives, like the ones located at the Bellevue Alumnae Center for Nursing in Guilderland, New York (www.foundationnysnurses.org/bellevue/index.php); the Barbara Bates Center for the Study of Nursing located at the University of Pennsylvania in Philadelphia (www.nursing.upenn.edu/history/Pages/default.aspx); or the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry at the University of Virginia in Charlottesville, Virginia (www.nursing.virginia.edu/research/cnhi). These three archives provide rich data in which to study nurses and nursing history. The AAHN website (www.aahn.org) offers a comprehensive listing of other archives throughout the United States and globally, offering great opportunities for researchers who are pursuing a particular area in history. Archives differ from libraries in the kinds of documents stored, the way they are stored, the way they are used, the way they are identified, and the way they are documented. Archives use finders’ guides to document their holdings, which are quite commonly posted on their website. Most archives require researchers to contact them directly to discuss the research they are doing, the kinds of documents that may exist in the collections, and the kinds of access a researcher may have to those collections. For example, most (if not all) archives require that the researcher make
an appointment and visit the archives; in others, depending on the topic and amount of content that is available, the archivists might make copies to send to the researcher and save the researcher the expense of traveling to those archives (Lewenson, 2011).

**Oral Histories**

Oral histories serve as important primary source materials and can add depth and breadth to historical research. The topic and the period of time under study will determine whether or not one can collect oral histories. Topics that are situated within the mid- to late 20th century may still have some witnesses to events from that period of time. Interviewing nurses who knew Mildred Montag and R. Louise McManus, as in McAllister’s study, provides insight into the personalities of these two leaders that could not be obtained from written documentation. Boschma, Scaia, Bonifacio, and Roberts (2008) explain that oral history gives “the narrator the freedom to express ideas and thoughts in a way that may not otherwise be preserved in a written form and about subjects that have not traditionally been topics of historical investigation” (p. 79). Oral histories offer firsthand accounts of a particular event in time; yet, like other source material, they contain the bias of that person’s account of the event. The relationship between the interviewer, the interviewee, and the environment in which the event happens influences the story that emerges and must be accounted for by the historian in the final analysis and the written narration of that history.

**Interpret the Data**

When completing oral histories for one of her own studies about the phasing out of Bellevue and Mills School of Nursing and the expansion of Hunter College Department of Nursing (Lewenson, 2013b) into that facility, McAllister used oral histories of students and alumnae from both schools to share their insights into what they experienced at the time of this change. Conflicting memories about how they learned of the change in schools or how they reacted to this event added dimension to the study that the written documentation by itself could not provide. McAllister’s own perception, as someone who had also attended Hunter College at this same point of time, certainly added to the challenge of analyzing the data. Analysis included the placement of the themes that emerged from the oral histories in context with themes that emerged from the other primary source documents such as the
minutes of the board of trustees, faculty notices, and city records. Interpretation of the data, placing it within a context of time and space, and framing the data—using the framework that you select, in this case a sociopolitical one—helps the researcher understand and explain in the narration or the telling of the story. The final step in the research process—narration—blends these themes together; in McAllister’s study, it created a rich story reflecting how New York City balanced its financial concerns with those of higher education and health care in municipal-run organizations, as well as with the search for educational excellence at the Bellevue and Mills School of Nursing and Hunter College Department of Nursing, and with the personal and professional stories of individuals engaged in this educational change at both the leadership and the student level (Lewenson, 2013b).

Tell the Story

One of McAllister’s favorite histories is the one by Elizabeth M. Norman (1999), *We Band of Angels: The Untold Story of American Nurses Trapped on Bataan by the Japanese*. Her prose reads like a novel, yet it is still a well-documented historical research work. Telling the story means pulling all the parts of your research together in a meaningful way that presents your findings in a coherent and organized manner that is also interesting to read. This is not easy and is a skill that requires practice and time to acquire. Narrating involves making sense of the data you have collected, responding to your questions, interpreting these findings for the audience, and making the history resonate with the reader. Comfort with the written word helps with coherently weaving the various parts together. It is a big job and one that requires the researcher to be creative. Nurse historian Joan Lynaugh (2000) explains that the challenge of writing the narrative means setting the time accurately, organizing the facts in the context of the period, and keeping the reader engaged and clinging to the story.

Other Considerations Along the Way

As the researcher progresses through the steps of historical research, other considerations need to be addressed. Issues that the researcher may face include ethical concerns related to the study and the submission of an institutional review board application; the cost to complete the study and grant opportunities to cover those costs; time constraints and the selection of advisors; and support of all kinds that will help expedite the work.
**Ethical Concerns**

Historical research requires the researcher to act ethically, honestly, and truthfully. Just as in other forms of research, historians experience ethical concerns such as how to handle data that may be sensational in nature or possibly harmful to the participants involved. While doing oral histories, consent forms must be obtained to protect the rights of the participants. These forms should include information about what can be published, and where it can be published. Other issues may arise when using photographs, which historians typically use in presentations and scholarly works. Are the photographs found on the Internet, or are they from an archive requiring a fee and acknowledgment? How does the historian use them—in scholarly presentations or in publications—and what kinds of permissions (and perhaps fees) are required when using these photographs? Lewenson and Herrmann (2008) refer historians to the *Ethical Guidelines for the Nurse Historian* and *Standards of Professional Conduct for Historical Inquiry in Nursing* developed by nurse historians Nettie Birnbach, Janie Brown, and Wanda Hiestand (Birnbach, 2008). Historians can refer to these two documents for questions about ethical behavior as they provide relevant talking points about what makes sense and what is expected. The responsibility of the historian to the primary and secondary sources, the subjects, students, community, and history can be found in the *Ethical Guidelines*. According to this document, some of the responsibilities a historian undertakes during the research process include sharing knowledge, mentoring others, advocating the preservation of historic documents, and expecting to be true to the data (Birnbach, 2008). The second document, *The Standards of Professional Conduct*, outlines some of the responsibilities that historians assume during the process. These responsibilities are to the public, colleagues, students, subjects, research, and ethical canons of research. Some of the responsibilities that lay the groundwork for ethical discussions and behavior include acknowledging the work of others, engaging in peer review activities, including student participation in research projects, recognizing the value of historical research, and following the canons of historical inquiry (e.g., do not damage archival materials). The reader is encouraged to read both Birnbach’s (2008) chapter “Ethical Guidelines and Standards of Professional Conduct” and Lewenson and Herrmann’s (2008) chapter, “Using Ethical Guidelines and Standards of Professional Conduct,” for a more complete discussion.

**Institutional Review Board (IRB) Application**

Most institutions require that the researcher undergo a review by an institutional review board (IRB). In this way, the rights of the participants and
any ethical issues related to the method are considered and addressed at the outset of any research project. Locally based IRBs bear the responsibility of approving the “ethical acceptability” of a proposed research project, and the question of what kinds of research bear review vary depending on the funding sources being sought and federal requirements (American Association of University Professors [AAUP], 2013; Shopes, n.d.; Shopes, 2007). Although oral histories are not required by federal law to undergo the scrutiny of an IRB, many IRBs require the researcher to submit an application for the IRB to determine whether a review is needed or not. Because of the complicated and tenuous nature of determining the need for an IRB, Shopes (n.d.) recommends the following “reasonable course of action” for college or university students, scholars, or staff members undergoing an oral history project:

1. Inform yourself of the federal regulations.
2. Seek allies within your department or relevant administrative unit.
3. Take a proactive approach with the IRB, informing it of the principles and practices governing history in general and oral history in particular and insisting that it conform to the federal requirement that an IRB include or consult with individuals who can knowledgeably review any proposed research, in this case an individual with adequate knowledge of oral history.
4. Provide a forum for discussing “real ethics” in oral history. (Shopes, n.d., para. starting with “What to Do”)

Typically, historical research, whether inclusive of oral history or not, undergoes an expedited institutional review, which still requires the researcher to respond to questions assuring the protection of participants. The historian needs to be able to prepare the documentation required by the IRB and include any letters of consent for oral histories and other documentation regarding the use of the data in the study. Those completing oral histories should follow the oral history association’s (OHA) Principles and Best Practices for Oral History, which includes what historians need to follow (OHA, 2009). Consent forms signed by oral history participants must be included in the IRB application and should be part of the study regardless of whether the IRB requires it or not. The letter should include information about the study, ownership of the copyright of the data, where the transcripts will be stored following the study, and the rights of the narrator (the person being interviewed). The consent can be signed or recorded prior to the collection of data (OHA, 2009).
Chapter 1. Learning the Historical Method: Step by Step

17

Covering Costs

Aside from the ethical and methodological issues one faces, covering the cost of historical research is a huge consideration. While grant money is available, few fund historical research. Whelan and Connolly (2008) advocate applying for grant money for several reasons including obtaining financial resources, and, perhaps equally important, for “currency in the scholarly world” (p. 181). These authors write that obtaining external funding for a historian “is a recognized credential that reinforces the notion that historical research is knowledge-generative research and not ‘fun nostalgia’” (p. 181). It is important to note here that the AAHN has several external grant opportunities available to nurse historians. In addition, the various history centers mentioned earlier in this chapter offer funding opportunities as well (check the AAHN.org website for a listing of additional grant opportunities).

Possible costs that you need to consider include the purchase of books and materials to enhance the ease of research; travel to archival collections, which includes such expenses as transportation, hotel, and meals; purchases of electronic equipment to help with the collection and organization of data (although free downloads for the organizing Zotero—www.zotero.org—help; in addition, laptops, digital cameras, and smartphones will help with the collection of data at various archives and libraries and will be essential when collecting oral histories); transcription costs for oral histories; photocopies for primary source material (although you can use your camera or smartphone to photograph documents if the archives permit its use; if so, be sure to include the identifying data on the photograph so that you will know where you found it if you decide to use the data in your study); membership in history organizations (e.g., AAHN); and attendance at professional meetings that can enhance your understanding of the method as well as the content of your study (thus requiring consideration for registration costs, hotel, and food). Since other costs may also arise, determining ways to cut costs will be helpful—for example, identifying primary sources that you can travel to at a reasonable expense. If you have identified primary sources located at a great distance and cost, check with the archives first to see if they have what you are looking for or if there is any way materials can be photocopied or electronically sent to you before you make your trip.

Time Constraints

For all researchers, time is important. For those going through the doctoral process, the process can be overwhelming. Completing a dissertation in a timely fashion that allows one to graduate not too far from completing the
coursework is the goal. Yet, historical research takes time. Reading, identifying your interest, selecting the historical method (and then learning the method if unfamiliar with it), selecting advisors and mentors who can expedite the process (rather than slow it down as in some cases), locating the primary and secondary sources, traveling to the archives, addressing ethical and financial issues, applying for funding, completing oral histories, and writing the narrative all contribute to completing the study in a “reasonable” amount of time. Although there is no set reasonable amount of time for conducting research, as historian Nettie Birnbach stated to McAllister years ago, “it’s not your life work—go home and work with what you have.” As Birnback offered this advice, McAllister sat in the old American Journal of Nursing library in New York City where she had been reading through the many nursing journals from 1898 to 1920 for evidence connecting nurses and nursing to the women’s movement during that same period. After being at this collection stage for over a year, McAllister had piles of materials stacked beside her, yet she continued to search (sometimes repeatedly search) for these kinds of references (this was before the digitalization of AJNs or any other journal of nursing). It was finally time to stop—McAllister was faced with what Fondiller (1978, p. 26) describes as “every researcher’s fear of overlooking some splendid gem of historical import.” Fondiller advised that at some point, one has to “work with what you have” (p. 26). Learning when to stop is crucial, especially when time is of the essence, meaning doctoral students should be graduating within a year or two of when they complete their coursework, assuming that they have worked throughout their coursework on parts of the research process.

The selection of one’s doctoral committee advisor or a mentor for one’s historical research is extremely important to the process as a whole and, in particular, to the time you will spend on your dissertation. Find advisors and mentors who are willing, have the expertise (whether in content or method), and have the time to help move you through the process. In other words, they need to be able to read your material in a timely fashion and be available to you when you need a response (or friendly voice). What is meant by “timely fashion” should be determined by both the advisee and advisor, and fit the expectations of both. While a quick turnaround time for a question or critique of a particular section of the dissertation is desired, especially by the student, it is not always possible for the faculty. The converse is true when the faculty expects work to be delivered, and the student is unable to do so at an agreed time. It’s a dance, if you will. Both parties (and you are typically dealing with the schedules of several educators on the committee) must negotiate a timeline, a schedule of when and how material will be returned, when meetings will occur, and how often you will meet. Very often, meeting by phone, Skype, or Microsoft Lync (or some other electronic means of
connecting) can offer solutions for long distance communication alleviating the time and expanse of traveling to the campus.

All research takes time; for novice historians, it may take even more time. Newton (1965) wrote that “Historical research leads the student down one path and another until he is amazed and must decide when to stop” (Newton, 1965, p. 25).

Next Steps

Once you have completed your study and have had it approved by your committee, you are ready to take the next step of dissemination. Throughout your dissertation, you need to submit the various sections as you go to different conferences (here is where networking with other nurse historians at the AAHN will be helpful as the organization holds a doctoral luncheon at every annual meeting where doctoral students from all over meet to share with others) and consider where and what parts of your dissertation you will be submitting for publication. These next steps are all part of the journey of becoming a nurse historian and considering your next historical study. Although one never really stops reading and questioning (as noted earlier), you should be considering your next research project, building on what you have been doing in your first. Your advisors, mentors, and your colleagues in your program will help you through this whole process as well as help you discover what your next steps may be and where they will take you.

NOTES

1. The American Association for the History of Nursing (AAHN) website provides a more complete listing of published books, articles, and websites that will help a budding historian determine whether the historical method is the right design for his or her own interest in a topic.
2. For additional resources and a more in-depth discussion, see the Oral History Association website (www.oralhistory.org); also see Chapter 5 by Boschma in this book.

REFERENCES


Chapter 1. Learning the Historical Method: Step by Step


