

DIARIES OF DISTRICT NURSES IN THE NETHERLANDS FROM THE 1970s

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Abstract

In 1970 the Nederlandse Bond van Wijkverpleegsters (Dutch Association of District Nurses) decided to start a study project to counter the dominant image of district nurses, which was too much about washing patients and taking care of babies. They believed this image prevented them from being invited to sit on various boards and committees. The study project requested district nurses to keep diaries about their work, focusing specifically on the importance of the highly complex care they delivered in order to demonstrate their professionalism.

Fifteen of those diaries were found in the archive of the Museum for Nursing History FNI (Florence Nightingale Institute), the Dutch knowledge center and virtual museum on the history of nursing and care, in fall 2022. This find opened up a totally new perspective on district nursing in the 1970s but also provided new insights: Some work-related issues were already present 50 years ago and had not changed in the ensuing years.

Keywords: nursing history, district nursing, diary, 1970s, the Netherlands

1 DISTRICT NURSING DIARIES

In 1970 the Dutch Association of District Nurses (Nederlandse Bond van Wijkverpleegsters) initiated a study project which invited district nurses to keep work diaries to counter the general image of district nurses. They believed that the overall image of district nurses in the Netherlands was too much about washing patients and taking care of babies. The association and its members assumed that this image prevented them from being invited to sit on various boards and committees. The solicited work diaries were intended to demonstrate specifically the district nurses' professionalism in performing tasks of highly complex care.

During fall 2022, the archive of the Museum for Nursing History FNI (Florence Nightingale Institute), the Dutch knowledge center and virtual museum on the history of nursing and care, found 15 of those diaries in its collection. Up until that moment these diaries were unknown to the FNI. The diaries provide a new perspective on district nursing in general but also new insights, revealing that some work-related issues were already present back in the 1970s and had not changed in 50 years.

This find is important for further research for three reasons: First of all, the diaries could be used as a starting point for the current oral history project that the FNI is conducting. Retired Dutch district nurses could respond to the descriptions and say whether they agree/disagree and explain how they see themselves in relation to their work. Second, the (brief) descriptions of daily life routine in the

various districts provide insights into the differences between urban and rural areas, between areas with an elderly population and those with predominantly young families, and regarding relationships in the early 1970s in the Netherlands. For example, they demonstrate how loneliness and individualism are not merely a current-day issue but existed back then too. They also show changes in society, where a single mother was commented on, and the working class was dominated by men. Third, and this is the main argument of this article, is that these diaries or weekly journals show two contradictory aspects of the image of district nursing in the Netherlands. On the one hand, the district nurses do not want society to see them as only washing patients and caring for babies. On the other hand, when referring to their tasks, they mention washing patients and taking care of babies without context, which means it still appears as though these tasks dominate their weekly routine. In this regard, the district nurses who wrote the diaries were less aware that they themselves were portraying the dominant image.

The details in the descriptions of work tasks performed during the day do present an image of an all-round professional because the nurses mention their great knowledge of complex care but also the societal tasks involved in preventing the deterioration of personal circumstances, such as housing, a lack of a social support network, or even domestic violence. It is understandable that the association wanted to portray and convey this professional image to the public, but did they succeed through this diary project? One could argue that they did, but one could also argue that they did not. This is the question at the center of our research: Were the diaries beneficial in helping to change the image of district nurses in the Netherlands?

In this article, the various descriptions of work tasks are analyzed by looking at the differences between the areas where the district nurses worked and how these various tasks are described, and assessing whether they actually perpetuate the image the association was trying to counteract. The overall history of district nursing in the Netherlands is described in Section 2, followed by an explanation of the diaries' context in Section 3. Section 4 analyzes the content of the diaries, while Section 5 deals with relevance and research after the find, before Section 6 presents a conclusion.

2 THE HISTORY OF DISTRICT NURSING IN THE NETHERLANDS

District nursing in the Netherlands is a system of private nursing and health care offered outside of hospital care. Although it is similar in its structure and education program to that of other countries, one major difference, which makes the district nursing system in the Netherlands unique, is that historically it is organized along denominational lines. Religious and non-religious groups in the Netherlands, such as Protestant, Catholic and non-denominational groups, organized their own public health care support systems and membership through separate district nursing organizations.

During the 19th century, access to the health care system of the Netherlands meant access through financial means. Both for the 'haves' and 'have nots', access to the health care system was predominantly a matter of money. Affluent people could afford to pay for private care by women who would

take care of the sick, comfort both the patient and their family, and offer companionship. Less affluent people with no resources were not able to hire private care and were left at the mercy of charity care, which was first and foremost offered by churches or religious organizations.¹ As health care was still organized around care and not cure at the beginning of the 1800s, this health care was limited to the final stages of diseases and did not encompass prevention or healing until the Epidemic Diseases Act of 1872.²

As was the case in the rest of Northwestern Europe, industrialization had a tremendous effect on cities in the Netherlands in the 19th century. As factories attracted people from the countryside, families searching for work inundated the cities. These cities, most of which still had medieval street layouts, sometimes still with walls marking the original city boundaries, were not able to cope with this influx of people. Housing situations deteriorated quickly. A lack of running water, proper sewer systems and overcrowded houses led to a situation in which infectious disease such as smallpox, cholera and tuberculosis could flourish and spread easily.³ Public health was at stake and in the Noord-Holland region (Hilversum and the surrounding area) Dr. Penn, a physician and infectious disease inspector, set up an organization in 1875 which would mark the start of the district nursing system in the Netherlands.⁴ The goal of this 'cross organization' (*kruisvereniging*) was to start prevention work to fight the spread of epidemic diseases. The name White Cross (Witte Kruis) was inspired by the Red Cross organization that assisted the injured during armed conflicts.⁵

Women were hired to visit poor neighborhoods for prevention work and to instruct families on how to improve their health. After only a few years, the White Cross started its training program for nurses, which marks the beginning of education for district nurses. As the White Cross organization spread and founded local organizations in the urban parts of the Netherlands, it was copied from 1900 onwards in other parts of the Netherlands as well, and new organizational structures arose. These newcomers, the Green Cross (Groene Kruis), Orange Green (Oranje-Groen) Cross and White Yellow (Wit-Gele) Cross, would merge into one organization by the end of the 1970s.⁶ Although each group's denomination – Protestant in the case of Orange Green and Catholic in the case of White Yellow – was mentioned in their nurse contracting policies, the tasks performed by the district nurses were the same everywhere and were regularly described as care from cradle to grave. In general, the main tasks were considered to be: care of patients at home, care of mother and child, fight against tuberculosis, and mental health care. However, mental health care tended to be considered one of the tasks of the denominational cross organizations.⁷

District nurses in the Netherlands mostly lived in the district in which they worked. It was not very common for men to work as (district) nurses.⁸ Work contracts stopped when nurses got married,⁹ and training was facilitated through the various district organizations themselves until an official nursing education program was launched in 1972, which included 'district nursing' as one of its fields of specialization. In the early 1970s, there were approximately 1,500 cross organizations, and their membership comprised over half of the Dutch population.¹⁰

¹ Daalen/Gijswijt-Hofstra 1998, p. 127.

² Rensman/van den Schoor 2013, pp. 10-12.

³ Jamin/ Carbo/ Michon 1999, p. 11.

⁴ Jamin/ Carbo/ Michon 1999, p. 15.

⁵ Jamin/ Carbo/ Michon 1999, p. 14.

⁶ Jamin/Carbo/Michon 1999, p. 164.

⁷ Huige 2011, p. 143.

⁸ Daalen/Gijswijt-Hofstra 1998, p. 125.

⁹ Until the *Handelingsonbekwaam* ('Incapacity') Act was abolished in 1956, married women were legally barred from working. After the abolishment of this act, women were no longer restricted officially, but socially it still took a while for married women in the Netherlands to take on jobs.

¹⁰ Jamin/Carbo/Michon 1999, p. 167.

3 THE CONTEXT OF THE DIARIES

Strong images dominate the descriptions of the work of district nurses in the Netherlands up until today. Images like the support stocking and bicycle are still dominant, and weighing babies and washing patients are frequently mentioned when summarizing tasks. As the district nurses themselves were aware of and frustrated by this dominant image, they decided to address it during a study day in 1969. The Dutch Association of District Nurses noted “that district nurses were not invited for meetings about public health care and that even school nurses were invited instead of them”. They thought this had to do with the fact that “the district nurses are only known for caring for babies and washing patients and not for the highly complex health care tasks they performed”.¹¹

In the following year, 1970, a study project set out to obtain more clarity about the professional identity of district nurses.¹² Its goal was to investigate how the work of the district nurses was perceived in society and to describe and keep track of tasks performed to enforce an image of professionalism. Thereafter, the Dutch Association of District Nurses asked all regional circles to collect examples of the health care issues encountered in daily practice by keeping work diaries.

Like any other museum depot, the FNI depot is used to store not only objects, but also various archives, in particular of nursing organizations and representation boards connected to nursing history. Mostly, these archives contain minutes of meetings, agendas, letters and reports. Amongst the usual files of policy papers, minutes and reports, these diaries are exceptional. The format, typed A4 sheets of plain paper, is easily overlooked since there is nothing to distinguish them from any other report, policy paper or minutes. No other files similar to or connected to these diaries have been found in the FNI depot since this find.

In total, the find consists of 15 diaries, 164 pages of A4, mostly typed, with only one diary being handwritten. The paper copies of all 15 diaries look the same, so they are not even the original ones but most likely xeroxed on the same machine. The accompanying letter offers 15 diaries but also mentions that more will be sent in the future. In an accompanying file there is a two-page document reflecting on the progress of the study project towards its goal of gathering information and documenting the work of the district nurses to debunk the idea that they only take care of babies and wash patients. It discusses how to proceed and motivate some of the circles to hand in diaries.

The length of the diaries varies between three and 29 pages each. This has to do with the fact that some district nurses tend to write in an anecdotal style, while others enumerate tasks. The diaries mostly cover two weeks in the summer of 1970 or 1971, specifically in July/August. It is likely that this was a most convenient period of the year to keep diaries due to the Dutch summer holiday season – a time when additional administrative chores, such as writing diaries, could be completed. The diaries underline the degree of autonomy enjoyed by the district nurses when faced with regulatory pressure. One author sighs that one week was already too much, and that she does not have the courage to continue writing the diary for another week.¹³ Another notes on Thursday August 20: “necessary day off”.¹⁴

Diary number 12 is the only one that is handwritten and the copy is not very bright, making it hard to read. Diaries number 3 and 5 are identical, but not direct copies. The layout is different and some

¹¹ Verslag bijeenkomst studieprojecten dagboeken van Ned. Bond Wijkverpleegsters, 15 May 1971, pp. 1–2, p. 2.

¹² Verslag bijeenkomst studieprojecten dagboeken van Ned. Bond Wijkverpleegsters, 15 May 1971, pp. 1–2, p. 1.

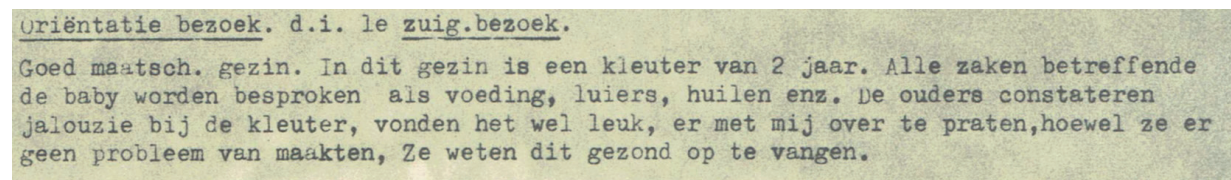
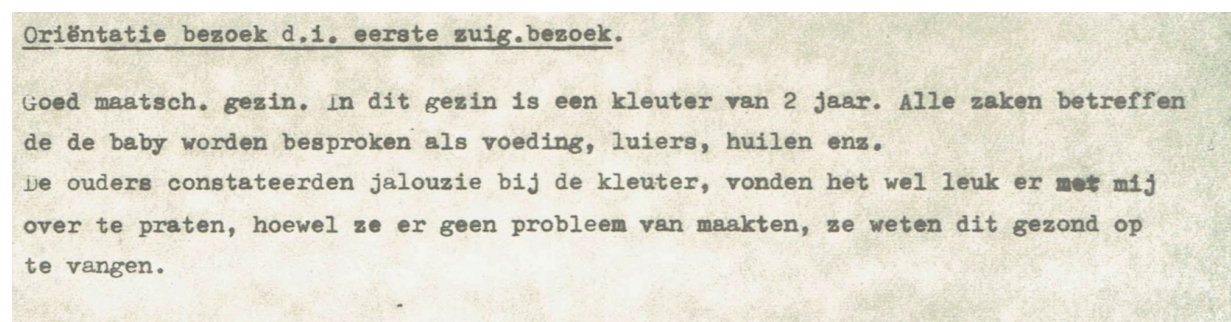
¹³ Diary no. 15 of 15 (1970–1971).

¹⁴ Diary no. 4 of 15 (1970–1971).

typos are corrected but content-wise both documents are completely identical. The file accompanying the find explains that original diaries would be typed at the head office, so one diary was typed up twice, maybe by accident, since no other reason was found (compare the similarity of photos of diaries 3 and 5).

After the find, the files were scanned and stored as PDF files for research purposes only. They are not filed publicly because some of the documents contain personal information. The numbering of the diaries (1 to 15) was done by the FNI and refers to the order of the find. It therefore ignores the fact that diaries 3 and 5, as mentioned above, are identical.

Photos of diaries 3 and 5



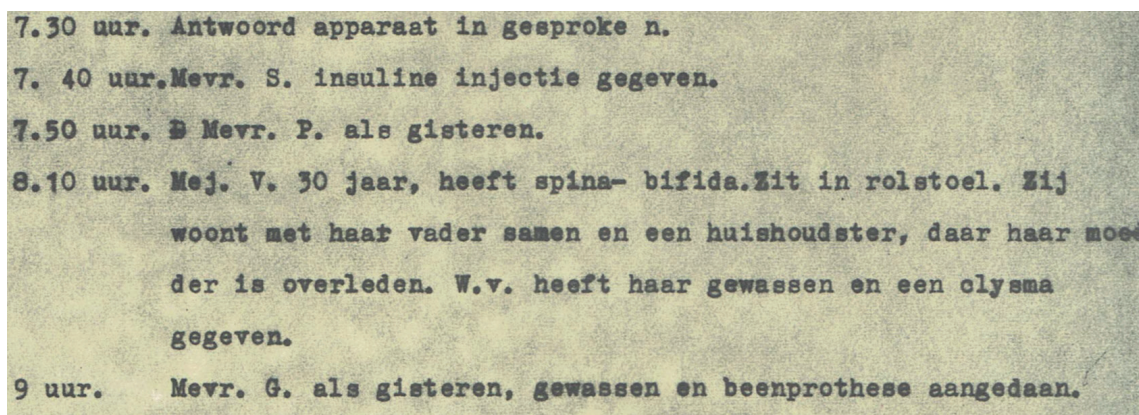
Good social family. In this family, there is a toddler of 2 years old. All matters concerning the baby are discussed such as feeding, diapers, crying, etc. The parents observed jealousy in the toddler, found it nice to talk to me about it, although they didn't make a problem out of it, they know how to handle this healthily. (Text translation by ChatGPT)

4 THE CONTENT OF THE DIARIES

Although the diaries were solicited and written while the nurses were going about their daily practice, apparently no further instructions were given on how to write them as they appear to vary strongly both in style and content. The anecdotal, descriptive ones give insights into the tasks performed, sometimes adding brief, opinion-style reflections on the (home) situation of the patient. These short personal notes reflect the moods of patients and the mood of the district nurse involved, for example whether they were agitated, irritated, tired or relieved. Most comments suggest either physical

reactions (tired) or mental reactions (agitated) to situations encountered by the district nurses. The business-style ones include hardly any personal comments or reflections on the task performed (example diary 7). One possible explanation is that the district nurses were used to writing patient records in a professional way with limited options for reflection on their own emotional state of mind.

Diary 7



7.30 uur. Antwoord apparaat in gesproke n.
7. 40 uur. Mevr. S. insuline injectie gegeven.
7.50 uur. @ Mevr. P. als gisteren.
8.10 uur. Mej. V. 30 jaar, heeft spina- bifida. Zit in rolstoel. Zij woont met haar vader samen en een huishoudster, daar haar moeder is overleden. W.v. heeft haar gewassen en een clysmagegeven.
9 uur. Mevr. G. als gisteren, gewassen en beenprothese aangedaan.

7.30 am The answering machine message was recorded

7.40 am Administered an insulin injection to Ms. S

7.50 am Ms. P. as yesterday.

8.10 am Ms. V, 30 years old, has spina bifida. She is in a wheelchair. She lives with her father and a housekeeper since her mother passed away. The district nurse has bathed her and administered an enema.

9 am Ms. G, as yesterday, was washed and her leg prosthesis put on.

(Text translation by ChatGPT)

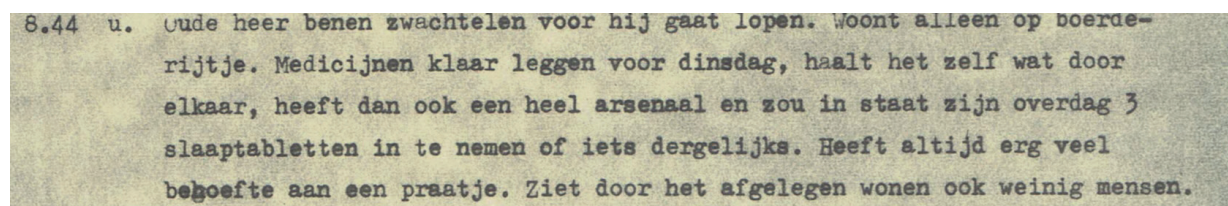
Locations cannot be distinguished unless they are explicitly mentioned. In one of the diaries (diary 1), names of small villages in the border region of Friesland/Groningen are explicitly mentioned as well as the names of the patients or streets, so this diary would be affected by privacy issues. Other diaries only explicitly mention the province, but the specific areas or villages are not made public. Some diaries mention names but the districts are impossible to identify.

Some diaries include time records (e.g. diary 7). From these records it is clear that all the nurses have an early start (working days started around 7.30/7.45 am) and rather long days, with some tasks in the evenings and/or on weekends. They mention lunch breaks of 1–1.5 hours. Looking closely at the descriptions of the lunch breaks, however, we find frequent mentions of other related tasks being performed during them. These include administrative tasks like telephone calls and (membership) administration.

Some explicit details provide an indication of the demographics or socioeconomic situation of the district in question. For example, diaries that describe districts with more elderly people living in farmhouses indicate that these are located in rural areas. Contrasting with these are diaries written by district nurses who provide care to (young) mothers and their babies. Fathers are only mentioned as being at work, or absent in the case of a single mother or a 'shotgun' marriage. In rare occasions, diaries mention disturbing situations, like a father having recently been released from prison or a mother who cannot handle the new situation raising a baby on her own, and in which the district nurse is worried about the safety of little children but also of the mother herself.

In the (brief) comments about family and baby care, all the diaries give an indication of the district nurses' opinion of the home situation. It becomes very clear that these differences in demographics require different care tasks to tackle health care issues. Rural locations with farmhouses can be inferred when a diary mentions elderly people with a grown-up single child still living at home, and this is different to a city-like description of a mother alone with a new-born child in a flat. Some of the problems mentioned in relation to the situations of elderly people, like loneliness, lack of support from family and staying at home, are surprisingly identical to the health care topics being discussed in the Netherlands at the moment (example diary 8).

Diary 8



8.44 u. Oude heer benen zwachtelen voor hij gaat lopen. Woont alleen op boerde-
rijtje. Medicijnen klaar leggen voor dinsdag, haalt het zelf wat door
elkaar, heeft dan ook een heel arsenaal en zou in staat zijn overdag 3
slaaptabletten in te nemen of iets dergelijks. Heeft altijd erg veel
behoefte aan een praatje. Ziet door het afgelegen wonen ook weinig mensen.

8.44 am The elderly gentleman's legs are bandaged before he starts walking. He lives alone on a small farm. Set out medications for Tuesday; he mixes them up a bit himself, so he has quite an arsenal and might be able to take three sleeping pills or something similar during the day. He always craves conversation. Due to his remote living situation, he also sees few people. (Text translation by ChatGPT)

A few specific notes can be made. Firstly, descriptions of means of transport and distances are found in hardly any of the diaries. In diary 8, driving is explicitly mentioned in time slots of a few minutes, and diary 13 mentions beginning the day with starting the car engine. Secondly, the diaries sometimes mention handling objects like instruments, but not in a descriptive way, merely as a tool. Thirdly, none of the diaries mentions the religious denomination of the organization or specifies the background of the district organization. A first conclusion that can be drawn is that working for an organization was not material to the professional identity of district nurses. Fourthly, all diaries still use the word patients and not clients, which is more common nowadays.

5 AFTER THE FIND – FURTHER RESEARCH AND RELEVANCE

The two-page file accompanying the diaries refers to a meeting on 15 May 1971 during which the project's progress was discussed. The aim of the study project was to analyze the data of ten diaries per province: 10x11=110 diaries of unknown length. By the time of the study day in May 1971, only 25 diaries had been handed in and this number was considered too small. The 15 diaries of this find, dated summer 1970 and 1971, can only represent a part of the total of 25 diaries collected earlier and mentioned in May 1971. Responses from several regional boards show that, in some regions, opinions of the project were quite negative – they did not see the relevance of this locally collected material and would have preferred a more national, overarching approach. As there was no majority opinion and some regions had a positive view of the project, the document concludes that they would like to put out a new call to hand in diaries. Additionally, the meeting decided to organize a national conference to elaborate the project's findings in a follow-up project in January (1972 presumably).

The offer letter accompanying the diaries is the most confusing part of the whole find. It is very unclear who sent the diaries to whom. From the village of Schiedam, this batch of 15 diaries (and a promise: there are five more to be sent later) was sent to Amsterdam, to a nurse working at the Cultural Information and Service Center Amsterdam (CISCA). It is not clear whether CISCA was at that moment connected in some sort of way to the Dutch Association of District Nurses because there are records showing that this Nurses' association ceased to exist in 1974. So it is very likely that no formal conclusions were drawn by the end of the study project. It is unclear whether this has to do with the merging of the association, or whether there were simply too few files to analyze, or a lack of manpower to finalize the project. Additionally, it is impossible to tell whether the other five promised diaries were ever sent.

When examining the diaries' content, one thing stands out: It is clear that the district nurses are required to be highly flexible and their view on societal issues is tremendously thorough, but it is less clear whether they provide highly complex care. The purpose of logging the tasks performed was to demonstrate the professionalism of district nursing as a profession. This is achieved through descriptions of the variety of the nurses' tasks and responsibilities in a vast range of health care-related areas. However, although the diaries reflect the breadth of the tasks, they are less clear on the high degree of complexity, as these references mostly relate to diabetes injections, washing patients and bandaging the legs of elderly people. It is unclear why the medical and technical tasks are not made more explicit. One explanation might be that the medical and technical aspects are either subject to privacy restrictions, or that it is taken for granted that the readers will be peers and will know that if someone needs treatment X or Y, certain medical and therefore technical tasks will automatically be performed. Another possible but very simplistic conclusion could also be that the district nurses had an inflated sense of the complexity of their tasks.

Analyzing the 14 diaries does not give a straightforward answer and leaves us with an ethical question: Were the district nurses actually performing highly complex care tasks? One of the remarks in diary 2 is quite explicit on this point. The patient is suffering from a hernia and keeps lying in bed although the doctor's prescription is to exercise. The district nurse who discovers this situation manages to

convince the patient to exercise and this quickly improves the recovery process. The interesting part is that the district nurse needs to 'convince the patient' and demonstrate her expertise. This reflection on the work and its implications shows that the district nurse was a professional. While performing the task of 'washing the patient', the aspect of full care and recovery is addressed properly, with the nurse taking an overall view of the situation, whether it be the circumstances of the patient's living conditions, e.g. hygiene, or the social dimension, which could support or limit a full recovery.

As the anecdotal accounts do not describe the tasks performed in full and leave out the complexity involved, this raises the following (ethical) question: Were nurses not able to address this aspect properly on paper, or was the care not complex? To illustrate, one could assume that even if a patient was too ill or wounded to be touched by anyone besides a professional, the general task performed could be summarized as washing the patient. This would still not fully describe all the implications involved, such as ensuring that bandages covering the wound were replaced properly, and would not detail any additional steps that had to be taken to be able to wash the patient.

Additionally, the high degree of complexity of the work of district nurses is fully reflected in the diversity and social aspects of the work they did to support the patients socially and watch over them. There are several mentions of combining a personal coffee break with having coffee with the patient. The nurses' sensorial approach – being professional 'eyes and ears', and not merely automatons – is something that should not be ignored. The administrative workload and the extra work mentioned, for example in connection with contacting a housing corporation or municipality, are not tasks that demonstrate medical skills, but could be considered care-related soft skills that unofficially form part of a district nurses' job description. The invisibility of those skills has to do with writing for peers in which it is taken for granted that those tasks were done, but maybe also with modesty when working autonomously, as district nurses mostly did. The doctor or hospital colleagues do not see the full complexity of the district nurses' work directly themselves, and perhaps take it too much for granted, so that district nurses do need a sense of their own worth to fight for their existence. However, it is not clear whether the diaries were successful at this level.

Physically, the diaries are not the original documents (as they have been typed up and photocopied) but, in terms of content, the documents are original, simply because no other documents of this kind are known to exist. District nurses did write ego documents like letters and postcards or photo albums and shared them with the FNI. The diaries found here, however, are unique since they were written during the same period, which makes them comparable, although individual details like wording differ. There are in total 14 different districts to compare. The importance and use of this find as a historical source lies in the fact that (technical) descriptions of work are only known through protocols and hardly any descriptions of practical day-to-day routines have been documented, meaning they were unknown up until this find.

These lost & found objects are valuable historical sources of the history and ethics of nursing care and add to the research in three ways. Firstly, the documents add a historical point of view, giving insights into the position of district nurses in Dutch society in the early 1970s by showing how they organized themselves and came up with this study project. Secondly, the diaries give quite a thorough insight into the technical aspects of the workload and the varied tasks involved, whether medical and

technical tasks, or the social aspects of the work. Although the entries are limited and do not always provide full details, it is clear that the district nurses in the early 1970s really did work as 'all-round' district nurses, and this emphasizes their ability to move quickly from one situation to another, which is different from work in a hospital, where one is assigned to one ward with e.g. a cardiological focus. Lastly, the brief reflections on the work, especially the situations encountered by the district nurses in the various households and the tasks performed, provide an insight into their views regarding the ethics of the work of public health in general and nursing care in particular.

6 A LAST FIND: THE FULL CONTEXT

After this article was submitted to ENHE, another discovery was made, which completes the context of the diaries. No additional diaries were found, but when checking the monthly magazine of the Dutch Association of District Nursing for details of the study day in 1969, it became clear that this was the first time the association had organized a themed day and it was new to all the participants. They were invited to reflect on the work and professional identity of district nursing in the Netherlands. As no formal conclusion was drawn concerning the professional identity and work of district nurses due to the variety of opinions, a decision was taken to start a study project involving diaries. The study project was initiated in 1970 but it lingered on. There are reports that not enough diaries had been sent in and that the board kept requesting more and emphasizing their importance.

When checking the magazines published between November 1969 (the study day) and November 1974, when the association merged with other district nursing organizations and the magazine ceased to exist, it becomes clear that up until May 1973, the diaries and the project are mentioned in the reports of the board on an irregular basis. It also becomes clear that the total number should be 45 separate diaries handed in. According to the reports, the diary project was delayed due to the typing process, and administrative support provided by the secretary of the board was limited because of illness and delayed for a year.

In May 1973, the typing and analyzing process was completed and the study committee intended to discuss it further. After that report, there are no further comments until September 1974, when one of the nurses involved in the study committee mentions that it is such a shame and waste of effort that nothing has been done with the diaries. The board decides to put it on the agenda for their closing and dissolution meeting and a final account is found in the magazine of November 1974. This mentions that there were 'about 40 diaries' and that the decision had been taken to send some of them to a district nursing education program to have a student write a report on the outcomes. As the education programs were being restructured, the diaries were sent back, and no report was made.

After a new review, the board notes that the diaries do not mention the restructuring of local cross organizations in the health centers and notes that this could provide interesting additional input for discussion by new committees involved in the restructuring and regionalization of district nursing. The board invites the district nurses to participate in these committees, saying the diaries could most

probably be used as source material for those groups.¹⁵ One of the explanations for the 15 diaries in the find could be that they were the ones that were sent to the education program for a report, hence the accompanying letter of April 1973, and were then sent back to the association. However, this is not yet definite and, up until today, summer 2024, the other 25–30 diaries mentioned have still not been traced.

7 CONCLUSION

The diaries are a very valuable find, although unfortunately not a complete one, since not all of the diaries mentioned have been rediscovered and there are some unanswered questions, which might never be solved. However, the existence of these diaries is already relevant and gives voice to the 'lack of understanding' or 'lack of involvement' of district nurses in the public debate. As mentioned, district nurses were not automatically invited to official meetings to which other (nursing) professionals were invited, indicating the outsider position which they held and continue in some sort of way to hold to this day. Working (and living) in the various districts, the district nurses are the first to observe and report societal changes and their effect on public health situations and standards.

The diaries reflect the day-to-day work at the time, which is sometimes comparable to the work of district nurses today and sometimes different. There are similarities that reflect the fact that the position of district nursing in general is still taken for granted. These hard-working professional women (and men nowadays) are the eyes and ears of society because they are the only ones entering the homes of people from all sectors of society on a regular basis. The situations they encountered in the 1970s are comparable to the situations encountered today and reflect societal issues like the loneliness of elderly patients, insecure mothers with babies alone at home, the workload and the administrative burden.

The importance of this find for the Museum for Nursing History FNI (Florence Nightingale Institute) collection is high. The diaries give a snapshot of a period in the early 1970s before the advent of material changes (the use of disposable materials) and societal changes (women going out to work). This article demonstrates that the work of the district nurses in participating in the study project and writing down their experiences will be saved for future research purposes.

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