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NURSES' MEMORIES OF CHILDREN'S HOSPITAL CARE IN THE FAROE ISLANDS FROM EARLY 1960S TO LATE 1980S

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Abstract

Interview data from retired Faroese nurses, along with photos, excerpts from folders, working sheets, and newspaper articles that the nurses brought with them, contributed to this oral history about children's care in hospital in the Faroe Islands from the early 1960s to the late 1980s. The study period represents decades during which human aspects of the special needs sick children have, such as attachment, closeness, comfort and compassion, were secondary, and hygiene, strict rules and regulations were primary. The children were hospitalized without parents until family-centered care was introduced in 1988. From that point on, parents were allowed to be with their hospitalized sick child at any suitable time. The nurses recalled the ward and the ward sister, their work within a strict hierarchical order, the emphasis on hygiene and quite detailed practical rules and regulations, and how and why they now and then were challenging the rules. The additional data shed light on these memories. The study adds knowledge about Faroese nursing history and gives modern nurses insight into the development of child nursing's history in a small-scale remote country.

Keywords: Faroe Islands, Children's Hospital Care, Ethics, Memories, Nursing History, Oral History, Roy's Adaptation Model

1 INTRODUCTION

Conditions for children in health and sickness have changed considerably over the course of nursing history. In the past, children were regarded as small adults. When they needed hospital treatment, they were placed among sick adults without their parents. Demands from parents and professionals, scientific developments and societal declarations about paying greater attention to the hospitalized child's emotional and psycho-social welfare, and their right to have parents present all the times, contributed to more child- and family-friendly hospital care. Consequently, children's hospital care underwent substantial changes. This was also the case in the Faroe Islands, a remote mountain islands nation in the middle of the North Atlantic Ocean.

From 1988, the year of the first conference of the European Association for Children in Hospital (EACH) held in Leiden from May 11 to 13,[1] Faroese parents were allowed to be with their sick and hospitalized child day and night. Before that time, hospitalized children were cared for without their parents; they were only allowed to visit their sick child briefly and during strictly enforced visiting hours. In this study,

[1] Brandazzi 2008.

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we provide accounts of nursing care of hospitalized Faroese children in the decades leading up to the milestone year 1988. To place the Faroese situation within a broader context, we include research on what contributed to the change of attitudes concerning hospitalized sick children in other Western countries and what triggered us to study early hospital care of children in the Faroe Islands.

2 BACKGROUND

As a result of the influence of nurses, parents, the British psychologist and psychiatrist John Bowlby's and the Canadian psychologist Mary Ainsworth's research on attachment[2] and the social worker James Robertson's observations, including his 1952 film, *A two-year-old goes to hospital*, a gradual evolution took place in people's views of what it is like for a child to be hospitalized, opening the way for parental visiting hours in children's wards.[3] Robertson's film was an eye-opener that made people realize the significance of parent closeness and involvement for child wellbeing.[4]

1959 was a landmark year for the improvement of hospital care for children. That was the year the British Ministry of Health launched its report on *The Welfare of Children* in Hospital, often referred to as The Platt Report after the committee's chair Sir Harry Platt, a surgeon and President of the Royal College of Surgeons. The Platt committee, consisting of two surgeons, two physicians, one nurse/midwife and one registered sick children's nurse, regarded their central subject to be the child's emotional and psycho-social welfare. The recommendation included: "Parents should be allowed to visit their child whenever they can, and to help as much as possible with the care of the child".[5] Accordingly, individual hospitals started to change their visiting times even before the end of the 1950s, and they were enthusiastic about the results.[6]

However, it took decades for the Platt recommendations to change attitudes to children's hospital care and how it was organized. The British children's nurse Philip Darbyshire claimed that the very slow pace of implementation was due to the Platt committee's narrow vision and naive expectations.[7] The committee overlooked the meaning of the wider sociological implications of hospital practices. They were large institutions that did not manage to change easily. The recommendation to allow parents to visit day and night, and even stay with the child, demanded a total adjustment in the daily care of the children. As a result, the Platt Report recommendations were not followed in full in most countries until a new generation of doctors and nurses was in charge. After the EACH Charter was introduced in 1988, the principles of family-centered care were discussed more frequently and began to be adopted internationally.[8]

As little is known from the nurses' perspective about Faroese children's hospital care before 1988, this subject was included in a nursing history program. The program was inspired by the realization that Faroese nursing was largely invisible.[9] The first study in this program concerned accounts of how, for half a century (1897-1948), Danish deaconesses served in the Faroe Islands, and how their orderly and religious understanding of nursing shaped the development of professional nursing on

[2] Bowlby 1988; Bretherton 1992.
[3] Alsop-Shields/Mohay 2001; Bradley 2001; Lindsay 2003; Wierzchowska 2020.
[4] Coffin 1955; Callery/Smith 1991; Coyne 1995; Shields et al. 2003; Quaye et al. 2021.
[5] Davies 2010, p. 14.
[6] Coffin 1955.
[7] Darbyshire 1993.
[8] Jolly/Shields 2009.
[9] Joensen/Hall 2015.

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the islands.[10] Another study presented accounts about the first nurses and their work and service in the early1900s.[11] A third study described accounts of conditions for Faroese individuals with a mental disorder up to the time when the first psychiatric hospital was established in the Faroe Islands in the late 1960s.[12]

In this Faroese nursing history, we wanted to explore how Faroese nurses experienced working on the children's ward prior to the adoption of the EACH Charter, and before hospital care regulations for children switched to a family-centered approach. These nurses would now be retired but would hopefully still have memories of their previous working lives. Our objective was to gain knowledge and understanding about children's hospital care in the 1960s to 1980s by addressing the following research questions: How do nurses remember the ward? How do nurses remember caring for the children? How do nurses remember their actions, thoughts and feelings? How do nurses remember parents' worries?

To add to historical knowledge, the study was conducted following a historiographic methodology using the method of oral history.[13] At first, the oral history was organized around individual interviews. However, since sampling followed the principles of convenience and snowball sampling,[14] the interviewees knew each other well. They asked to be interviewed together, something we agreed to. Consequently, the 16 retired nurses we contacted were interviewed in groups of two to four. Additional data included photos and written material from newspapers and the nursing journal *VØKA* that the participants brought with them.

The participants, all women, had an average age of 70,1 years, and a median age of 71 years (ranging from 64 to 82 years). All had worked at the children's unit during the 1960s, 1970s and/or 1980s, some for decades, others for some years or less. During their basic training, the participants had either two or four months' compulsory training in pediatric nursing. Coincidence and unemployment were common reasons given for working on the children's ward. Many of the nurses were mothers of young children at the time. During the interviews several of them remarked that talking about memories was a scary journey back in time. "Thank God that things today are changed and are better for children and their parents."

The interviews were recorded and took place from January to March 2023 in quiet places accessible for the participants - either at the Faroese nursing trade union or at the Department of Nursing, University of Faroe Islands - and they lasted from 85 to 110 minutes. No other people besides the interviewer and the interviewees were present and the interviews were conducted in Faroese by three of the authors.

We used an interview guide containing research questions about physical, relational, role and ethical issues and had interview questions that would elicit spontaneous and rich responses.[15] The theoretical framework for the interview guide was Sister Callista Roy's Adaptational Model (RAM).[16] The RAM conceptual model builds on a humanistic worldview and offers a pattern of human life processes such as containing, regulating, thinking, becoming, valuing, relating, feeling, and acting, as the core of nursing knowledge development.[17]

[10] Malchau Dietz 2013; Hall/Joensen/Malchau Dietz 2022.
[11] Hall/Joensen/Malchau Dietz 2023.
[12] Hall/Mortensen/Joensen/Malchau Dietz 2024.
[13] Biedermann 2001; Wall/Edwards/Porter 2007; Miller-Rosser et al. 2009; Olden-Jørgensen 2016.
[14] Polit/Beck 2010.
[15] Kvale 1997.
[16] Roy 1980.
[17] Dobratz 2008.

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RAM was chosen in part because it was inspired by Roy's observations as a young nurse in the 1960s, when she worked in a children's unit and observed how resilient the sick children were, and how they adapted to new circumstances.[18] Other reasons for using RAM included its continuous development and expansion to meet changes and emerging needs in nursing and society, in families and other groups.[19] Roy is widely recognized for integrative nursing knowledge based on theoretical, philosophical and epistemological underpinnings that demonstrate both unity and diversity. However, she is criticized for not referring to any nursing ethics literature, even though nursing theory and nursing ethics are mutually relevant.[20]

The study was conducted in accordance with the Helsinki Declaration[21] and was approved by the Faroese Regional Committee for Medical and Health Research Ethics.[22] All participants provided written consent by an invitation letter which included details about the study purpose, contact information, voluntary participation, anonymization, and the right to withdraw at any time. We were aware of the challenges to maintaining anonymity in small-scale societies such as the Faroe Islands.[23] Equally, as the Faroe Islands are a remote and small-scale society, it was important to manage the ethics involved in the ubiquitous and inevitable dual relationships that exist in such societies.[24]

Because some of the researchers are Danish and Norwegian, and the interviews had been conducted in Faroese, the data were transcribed in Danish by the interviewers (who are all fluent in both languages). We considered cultural equivalences and followed suggestions to translate early in the cross-language study.[25] The research team read the data several times. We discussed characteristics of and changes to child nursing, and the participants' perspectives of their work in caring for children, and we searched for commonalities and telling extracts. Throughout the analysis, we considered congruent values of words and expressions in the languages involved: Faroese, Danish and English. We successively processed accounts that answered our research questions and organized our data according to everyday terms and categories. What follows is, therefore, accounts of children's hospital care as told by the interviewed retired nurses and interpreted by the authors.

3 CHILDREN'S HOSPITAL CARE FOLLOWING STRICT HIERARCHICAL ORDER

Prior to a special children's ward at the Landsjukrahusið (National Hospital) in the capital Tórshavn, sick Faroese children older than six years of age were placed in hospital rooms alongside adult patients. Newborns and small children were cared for in a couple of children's rooms at one of the adult wards. Usually there were 24 small children admitted, but occasionally it was very crowded with up to 34 sick small children to take care of. On busy days, there were three caretakers in the small children's rooms, a nurse, a nurse trainee and an afternoon assistant. Daily care, such as washing and bathing, took place in the room. The children had some toys in the room, such as small play tables and chairs, and they could also play outside. The parents were only allowed to see their children through the door window, which often left the children feeling upset and distressed.

[18] Phillips 2006; Personal contact with Sister Callista Roy 1995.
[19] Roy 2011, 2018.
[20] Yeo 2009, p. 556.
[21] World Medical Association 2013
[22] Answer to E. Hall, 22. April 2022.
[23] Damianakis/Woodford 2012; Hayfield 2022.
[24] Lusk 1997; Halvorsen/Brownlee 2010.
[25] Regmi/Naidoo/Pilkington 2010; Santos/Black/Sandelowski 2015.

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Toward the end of the 1960s, a children's ward was established at the national hospital, but it was furnished and organized exactly as hospital wards for adult patients. "In the 1960s and 1970s, the children's ward was a ward *with* children but not *for* children", one of the interviewed nurses stated, emphasizing the prepositions.[26] The ward contained four four-bed rooms, each with a bathroom (shower and toilet), and one one-bed isolation room with toilet. To begin with, the decoration was sparse, if any. One nurse stated: "I don't remember that we in the first years had anything pretty on the walls, but later after employing a teacher there were. I was there until 1985." [27]

Some of the nurses reminded each other about a faded picture of a member of the Danish royal family, and how one mother covered the picture with a big cloth because she found it ugly. Likewise, they remembered that, in the late 1970s, decorations became colorful and child-friendly and one of the bedrooms was converted into a playroom. It was not until the early 2000s that the walls were decorated to correspond to the four seasons, and the rooms were named the Spring, Summer, Autumn and Winter rooms. The participants recalled this as a big leap forward.

The nurses recalled that, during the 1960s and 1970s, the daily tasks and the cooperation among staff members were based on a strict hierarchical order. The physician and the ward sister were at the top of the hierarchy and decided what to do. One nurse stated, "We were silent workers at the bottom, following orders, schedules and regulations."[28] Another added, "The ward sister told us what to do, what patients and what room we had. We did not discuss, just accepted and went to work."[29]

The work schedule, divided into eight-hour day, evening and night shifts, was filled with regulated measures about practical tasks. These tasks were described in detail in notebooks and included cleaning medicine chests, bathing the children, washing their diapers, cutting their fingernails and toenails, feeding them, taking their temperature and making beds. There were specific instructions about when these tasks should be done and how, and how long each should take.

The nurses had mostly unpleasant memories of working evenings and nights shifts – memories of being a trainee or newly qualified nurse on one of these evening or night shifts and feeling overwhelmed by the responsibility placed on them. Some expressed it as "you shivered in your pants" or "being alone on an evening shift was horrible…." [30] Some nurses added that often, after working alone on busy night shifts, "we walked home tired and crying".[31]

Sometimes, following the hierarchical order proved too difficult. One nurse recalled an incident in which she criticized a medical doctor for his behavior towards parents from a faraway island. Two of their children had been admitted for meningitis, one of them died and now the parents had come to take their surviving child home. This is in brief what she stated:

> I had evening duty. The nurse on day duty reported that the physician would come later and talk with the parents. Parents who just lost a child. …There was much activity in the hallway. The physician arrived and talked to the parents… in the middle of the swarm of children, parents and everything. I asked him to take the talk in the examination room, but he did not want that … After the talk I told the physician that I had found what he did unacceptable. I said it quite decisively. You know what he said to me? That, what I said would have consequences. He would have a talk with the matron. I could expect to lose my job.[32]

[26] Interviewer 1, 26. Jan. 2023.
[27] Interviewer 3b, 2. Feb. 2023.
[28] Interviewer 1, 22. Jan 2023.
[29] Interviewer 3b, 2. Feb. 2023.
[30] Interviewer 3b, 2. Feb. 2023.
[31] Interviewer 3b, 2. Feb. 2023.
[32] Interviewer 1a, 31. Jan. 2023.

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Other nurses remarked that the examination room was small and dark, possibly justifying the doctor's reluctance. The ward, at the time, was not suitable for serious talks with parents. The nurse did not lose her job but commented: "He did not care about the parents in such a serious situation!"[33]

The nurses quite well remembered Olina Niclasen (1923–2003), who served as ward sister throughout the years at the children's unit. Niclasen (as she was called) was trained in Denmark in the care of both healthy and sick children. Initially she was trained in the care of healthy children. Then for four years she worked at children's units at Danish hospitals and became a nurse. In 1952, Olina Niclasen was recalled to the Faroe Islands and became the first ward sister at the sick children's ward, a position she kept for 36 years, until she retired in 1988.[34] Niclason was known for her strict orderliness. She meticulously documented all tasks in notebooks to help her staff adhere to specific procedures.

The nurses' memories of Niclasen varied. Some remembered her quite kindly and extremely orderly and well-educated but conservative. Some recalled a reprimand that they had been given when they had failed to follow the strict daily order of tasks by the clock. Yet, there were also instances where Niclasen turned a blind eye to rule-breaking. Sometimes she even believed that the nurses let the physician take too many decisions. So, despite being considered conservative and hesitant to talk to parents, Olina Niclasen governed the ward and cared for the patients according to what was broadly accepted as competent care standards for sick children at that time.[35]

A common memory among the nurses was Niclasen's deep love for the children – and the children's affection for her. Often while working on the daily roster, she would be carrying a toddler or sitting in her office with a small child on her lap. Niclasen cared especially about the small children with eczema who suffered harsh treatments during long stays in hospital. Interviewed after she retired, Olina Niclasen remembered that when she left for the day, children became upset. Some even wanted to go home with her and sleep there.[36]

When it came to the parents, the nurses recalled that Niclasen found the parents difficult to cooperate with. However, one of the nurses remembered suggesting to Niclasen that the parents were kind and approachable if one simply spoke to them with kindness. The nurse remembered this clearly as she was surprised that Niclasen accepted her feedback.[37] The ward sister's love and care for some children was compared to the strict rule that the nurses should not comfort or carry a crying child. The crying would stop after a couple of days, Niclasen said. The nurses were not allowed to have favorites even though Niclasen herself appeared to do so. They remembered that she expected all children to receive the same care. The nurses recalled obeying in silence but often with frustration. One nurse stated:

> We young nurses were not happy with the way we had to work. There was much talk in the corners about how unhappy we were about the way we had to care for the sick. We wanted to be close to the children, take them up and comfort them when they were unhappy and crying. It was unbearable![38]

In the 1960s and 1970s, there was no trained pediatrician in the Faroe Islands. Nurses recalled that the same physician who treated adult patients also examined the sick children. The physician had authority; he alone decided, and he shared little information with the family. The parents respected his authority and rarely asked questions. The same can be said of the nurses - they knew their place

[33] Interviewer 1a, 31. Jan. 2023.
[34] Samrøda vid Olinu Niclasson 1988; Landsjukrahúsid, Barnadeildin B4,1979.
[35] Interviewer 3a, 31. Jan. 2023.
[36] Interviewer 2a, 22. Jan. 2023. Samrøda vid Olinu Niclasen. VØKA 4(1988), pp. 28-31.
[37] Interviewer 2a, 22. Jan. 2023.
[38] Interviewer 1, 22. Jan 2023.

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in the hierarchy, and most of them were obedient. Some nurses remembered that when in the 1960s, when the senior doctor came on his round, everything had to be in perfect order. The physician even remarked if the bed sheets were rumpled. Change arrived in the early 1980s when a younger doctor, the first trained Faroese pediatrician, was employed. From that point, the tone between pediatricians, nurses and parents shifted. The parents became involved; the pediatrician talked with them and there were new treatments for the children.

4 PLEASANT AND UNPLEASANT MEMORIES

As already mentioned, the nurses had both pleasant and unpleasant memories from their time working at the children's unit. Many of the memories were pleasant. They recalled well-functioning dynamics between fellow nurses. They reminded each other of small things that they did while caring for the sick children and their families. They recalled reading stories, playing cards or singing for them. One nurse stated, "I always kissed the babies when changing their diapers".[39]

Still, stories of unpleasant memories dominated, and affected the participants as they recalled them. These included memories of the sick children's admittance, their long stay at the hospital and their painful treatments. The nurses recalled the mothers' short visits and sudden departures, and they all remembered unpleasant duties from working evening and night shifts.[40]

One memory was that the children were sometimes admitted for reasons that one no longer sees nowadays. The children might be suffering from long-lasting and serious illnesses such as pyloric stenosis, asthma, eczema, meningitis or the thigh-bone Legg-Calvé-Perthes disease. Or they could be hospitalized because of malnutrition or obstipation because of being fed milk only.

The procedure when a child was admitted was remembered in detail and was a subject the nurses returned to repeatedly during the interviews. When a sick child was admitted, the hospital physician examined them in a small windowless room. When the physician had finished, and after he had given some information to the accompanying parents, the child was dressed in hospital clothing, placed in a hospital bed and brought to a bedroom with three to four other children. Immediately after, the parents were asked to leave, the child would be crying, and the nurse was not allowed to comfort. As one of them stated:

> We fed them, changed their diapers, took care of what else was of care and treatment. Then they just stood in their cribs and cried. Cried and were bored, were longing, probably homesick. We were told that the children were crying because then they got rid of their emotions. While the others, the apathetic ones who kept everything inside, felt worse.[41]

This rule forbidding the nurses from comforting unhappy and crying children when their mothers left or the child was given a painful treatment was: "so terrible that I hardly want to think about it."[42]

Extended hospitalizations were typical of the time; children could be in hospital for weeks, months, sometimes even years. However, when the weather permitted, the beds were pushed outside, and the

[39] Interviewer 2b, 23. Mar. 2023.
[40] Interviewer 1, 26. Jan. 2023.
[41] Interviewer 1, 26. Jan. 2023.
[42] Interviewer 1, 26. Jan 2023.

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children could enjoy fresh air and green grass. Likewise, everything took a long time, and this was seldom an issue; it could take up to a week to get the results of an examination. It did not matter whether the children were in hospital for one or several weeks; there was no hurry to return them to their family at home. Time and hospital care meant something different in those days. "It was as if the hospital owned the children".[43] The long hospital stays meant the nurses got to know some of the children and their parents quite well.

Often, the children were admitted at a late stage of their illness, largely because of the challenges involved in arranging a doctor's visit to the distant islands and the lengthy, difficult transportation of patients by boat to the hospital. Some nurses remembered with horror the seriously ill children and those children who died without their parents present. One of the nurses conceded: "Then, I never thought of parental sorrow when losing a child".[44]

Several episodes that stuck in people's memories concerned the parents. One painful memory was when, after the visiting hour, the parents had to say good-bye to their unhappy crying or screaming child. The rule was that the parents should leave instantly when the visiting hour ended. This was difficult for both parties. All nurses had several memories of mothers camouflaging their goodbyes by saying that they were going to the toilet. Instead, they disappeared. "It was hard work to persuade the mothers to be truthful and tell their children that they would come back another day." [45]

One specific issue that the nurses remembered well concerned the effort to provide snacks for the parents. Their desire was that the parents should get a snack when visiting their child. "... we struggled for some food for the parents. They visited after working in faraway hamlets. They needed a snack".[46] To begin with, the nurses used to hide snacks for visiting parents. But after years of advocacy and pressure on the management, their request was finally accepted and became standard practice.

The treatments for children were often unpleasant and painful. Treatment with intravenous cannula was introduced in the 1980s. Before that, children of all ages, even tiny infants, got fluids administered though quite painful subcutaneous drips.[47] Another common painful treatment that the nurses remembered clearly was the tar baths given to children suffering from extensive eczema. These tar baths were described as torture for these children.[48]

A strict rule remembered with horror was the early awakening of the children. Starting at 4.30 am, all the children were woken up one by one to have their temperature taken. Most of them were put back to sleep but some had to be washed "... in a very cold bathroom before the day shift arrived at 7 am." These children were given a shower and were washed thoroughly before being put back to bed again. "It was dreadful, so dreadful that it is hard to think back on." [49]

A particularly demanding and emotionally difficult task that the nurses recalled was accompanying a child to treatment in Denmark. Children with serious illnesses or disabilities, such as deafness, blindness, epilepsy, mental disorders or injuries of various kinds were transferred by ship to Danish hospitals or institutions, often for lengthy treatment and rehabilitation.[50] The accompanying nurse had to leave the child in another country with a foreign language and a different culture. Such memories made the nurses sigh and be silent for a while. One statement was: "I am happy that those conditions are in the past."[51]

[43] Interviewer 3a, 31. Jan. 2023.
[44] Interviewer 3b, 2. Feb. 2023.
[45] Interviewer 1, 26. Jan. 2023.
[46] Interviewer 3a, 31. Jan. 2023.
[47] Interviewer 2b, 22. Mar. 2023.
[48] Interviewer 3b, 2. Feb. 2023.
[49] Interviewer 3b, 2. Feb. 2023.
[50] Hansen 1996.
[51] Interviewer 1, 26. Jan. 2023.

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5 CRITICAL REFLECTIONS ON UNPLEASANT MEMORIES

During the interviews, we encouraged the nurses to elaborate on both good and bad experiences. To our surprise, bad memories dominated. Consequently, we cannot but reflect critically upon the nurses' bad memories and their frequent use of the word terrible regarding treatments, rules and regulations. Statements such as "I think back on it with horror" and "It was so terrible that I can hardly bear to think about it" appear to carry unsolved moral distress,[52] which triggered feelings of guilt, regret and remorse during the interview. Of course, memories are shaped by policy, attitudes and nursing ethics over time, especially the family friendly childcare service of today. However, there could be several reasons for the frequent recall of terrible care issues.

One reason could be that loyalty, obedience and social constrictions put a lid on problematic ethical situations at the time. During the study decades, the nurses obeyed strict rules loyally, and they had long and rigid schedules. They were part of, and had to respect, rules governing and treatments such as painful subcutaneous drips, tar baths and cold bathroom showers very early in the morning.

An additional cause could be that, in this small-scale remote nation, the participants reacted with deep emotions because the sick children were part of their family or related to their friends or neighbors. Additionally, since some of the interviewed nurses had children of their own, the sick child might have been a cousin or a playmate of their own children. This meant that professional and private lives overlapped, creating ethical predicaments and moral distress.

As professionals, the nurses worked in a hierarchy, had a duty of confidentiality, and were ordered to disregard pain, suffering and to be, instead, dispassionate when caring for the children. It was far from easy to be obedient, silent professional workers who followed rules and treatments ordered down in a strict hierarchy. Not showing compassion and care for the children was one of the disgusting rules that the nurses challenged.

As private individuals, the nurses belonged to a rural nation where everybody knew everybody, encountered each other at church, and participated in large social events and celebrations, such as confirmations, weddings, anniversaries, baptisms, and burials. Consequently, the nurses were often related to, friends with, or neighbors of parents of some of the hospitalized sick children.

No wonder that overlapping relationships lingered as terrible memories that were difficult to ignore. We would argue, as have others,[53] that overlapping relationships inevitably exist and constitute ethical concerns in small-scale remote societies. The dual overlapping relationship was an ethical issue for the nurses when working at the children's unit in the study period; and it might still be an ethical issue to consider today.

Additionally, the nurses' tendency to remember bad, unpleasant and awful matters might be explained in terms of psychology. Bad memories are often remembered better than good memories because they touch deep emotions.[54] The emotional content of an experience influences the way in which the event is remembered and recalled. Biographical memories are imbued with emotions, they have meaning, and they help us to remember. Memories as such are not stored as perfect records but

[52] Moral distress is experienced when prevented from doing what would be the right thing to do (Carnevale 2012, p. 44).
[53] Szumer/Arnold 2023.
[54] Holland/Kensinger 2010.

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rather constructed from a store of knowledge. A metaphor used in this context is that bad memories stick like Velcro and good memories slide away like Teflon and are forgotten.[55] We would argue that the medical and nursing rules that were customary at the time fit well with this metaphor.

6 CHALLENGING THE RULES

The nurses recalled being obedient when it came to rules and restrictions. However, they acknowledged feeling disobedient, even rebellious, in relation to some of the strict rules. In particular, they resisted the rules about task regularity to the minute, parents' strict and limited visiting hours and the rule not comforting an unhappy, anxious or suffering child in pain. "We were even told to remove their pacifier at night!" Such rules created moral distress. Despite these restrictions, the nurses remembered how they tried to bend and break the rules. Their intention was to introduce some humanity. "There were always exceptions … we were not quite inhumane."[56] They talked about promising an ice cream to a child after painful treatment. "We went to the hospital kiosk and paid for it with our own money!"[57]

Over time and especially during evening shifts, the rules became less strict, and the parents were allowed to stay a little. Likewise, during the evening shift, it sometimes happened that the nurse on duty would sneak in visiting parents or let in fathers who wanted to say goodbye to their children before embarking on a long fishing tour. They remembered how, in secret, they would bring in a bed for a tired mother who lived a long way away, so she could sleep beside her sick child. Likewise, they talked about their efforts to remove this bed early in the morning before the ward sister found out. However, the ward sister who imposed rules and regulations strictly, was not completely inhumane. Probably, she knew about their actions but chose to turn a blind eye. She might have found them appropriate, maybe even the right thing to do. And with time, the changes came quite fast. "Parents and siblings were allowed in, and the rules about visiting hours were no longer so draconian".[58]

From the 1970s onward, the nurses became more open and secure. Their voices were heard, and their knowledge found an audience. Some dared to stand up for their beliefs after working in other Nordic countries where they had experienced more up-to-date children's care. Still, they found that changes took place slowly. "But we were the ones who redrew the borders," several of them stated.

However, the nurses were not the only hospital employees to shift hospital care for children towards a family-centered approach. In the 1980s, the conditions for hospitalized sick children were transformed. At this time, the staff included a trained pediatrician, a psychologist, and two teachers. Daily life became easier for all. "When a child was unhappy, you just asked the teacher to play with her." [59] And, after the ward sister Olina Niclasen retired in the middle of the 1980s, a younger ward sister with new ideas was employed.

[55] Hansen 2009.
[56] Interviewer 2b, 22. Mar. 2023
[57] Interviewer 2b, 22. Mar. 2023.
[58] Interviewer 2b, 22. Mar. 2023.
[59] Interviewer 3a, 31. Jan. 2023.

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7 CRITICAL REFLECTIONS ON CHALLENGING THE RULES

In the decades in question, the Faroese healthcare system, like other hospital systems around the world, was characterized by a strict hierarchical order. Silent obedience was a much-valued quality. In the nursing profession, however, there was an increasing worry that a hospital system that was too strict and hierarchical might undermine the profession's intention to provide nursing care based on more humanistic values. Nurses should not be silent workers at the bottom of the hospital hierarchy. Thus, the new era signaled what was to come, namely doctors' and nurses' joint contribution to competent and compassionate patient care.[60]

Other factors that affected children's hospital care were an increase in nurses' writings. During the 1960s and 1970s, Nordic nurses coauthored new editions of child nursing textbooks that had previously been authored by medical doctors only.[61] Nordic nurses also argued for parent participation in children's hospital care.[62] In a guidebook for the everyday care of sick children, the British nurse June Jolly acknowledged staff nurses, not only as contributors, but as creators of the unit atmosphere.[63] Jolly encouraged nurses to develop a relationship with the families and urged them to overcome obstacles in children's hospital care.

It is doubtful whether the Faroese nurses in this study were impressed by written words. They remembered that the ward sister encouraged her staff nurses to be more visible, demonstrating a growing self-knowledge and professionalism. Our study demonstrated that the ward sister both followed rules and regulations and considered the future. Likewise, our study showed that, whether they were allowed or not, nurses were speaking up and bending rules. In hindsight, they recalled how they discriminated against the strict rules in favor of individualized care for the hospitalized children and their parents. They knew that both were suffering.

Seen in a caring context, taking the example of the Finnish nurse and caring theorist Katie Eriksson, the nurses' small rule-breaking actions were a sign of "caring communion", described as fighting together, being together and moving together to develop "the art of making something very special out of something less special".[64] Suffering has many faces according to Eriksson, and suffering is what motivates all kinds of caring. Encountering suffering in real situations (as the nurses really did) is to be there and, in the best possible way, through empathy and compassion, to share their suffering.[65]

Taking interdisciplinary views into consideration, as suggested,[66] this development in children's hospital care coincided with an attitude change among women in general. Research has shown that, during the decades studied, Western women were moving away from silence and male hierarchy; they were demonstrating a different, more meaningful voice; and they were gradually allowed to speak and were listened to.[67] The Faroese nurses in this study are good examples of women with a new, relatively open, different voice. They dared to bend strict rules, and they remembered it well.

[60] Holler/Scheel 1980; Ottsen 1980; Schwamm 2023.
[61] Maunsbach 1971; Vesterdal 1970.
[62] Maunsbach 1980; Sundal/Petersen/Boge 2019.
[63] Jolly 1981.
[64] Eriksson 1992, p. 208.
[65] Eriksson 2006.
[66] Wall/Edwards/Porter 2007.
[67] Gilligan 1982; Belenky et al. 1986.

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8 STRENGTH AND LIMITATIONS OF THIS ORAL HISTORY

What we refer to in this oral history is a concise compilation of essential issues in the nurses' memories of the past. However, personal accounts told in a narrative are not life itself.[68] A study like this reveals not only how the interviewees understand the past but also what they now think about their past actions and how they want to be remembered.[69]

A second limitation might be the snowball sampling used. This sampling method and the group interviews, instead of individual interviews originally planned, carry the methodological risk of interviewing friends who share similar experiences and views. As a result, group dynamics may have limited the nurses' narratives.

Even though we planned the interviews according to an interview guide, the participants came with their own presuppositions and expectations of what to highlight. Afterwards, we realized that some considered the interview guide to be restricting. It might have been. However, the interview guide stimulated the participants' memories, coordinated the three interviewers' questions, and helped the authors when it came to analyzing the data.

The interviews covered more subjects than have been presented here. Furthermore, we cannot ignore the fact that, in an interview where both the researchers and the participants are nurses, we are all informed by contemporary child and family care values and contemporary ethics. Thus, our decision to present only some features from the interviews has both strengths and limitations. Our oral history is a comprehensive presentation of the core issues of the retired nurses' shared memories. At the same time, it is limiting the richness of their narratives.

9 CONCLUSION

This oral history is about children's hospital care in the Faroe Islands from the 1960s to the late 1980s. As such it is a revisit of times, assumptions, philosophy and ethics of days gone by. Based primarily on nurses' memories, the study gives accounts of the ward, the patients and the staff as well as nurses' thoughts, feelings and actions. During the decades under review sick children were hospitalized for a long time without their parents, a situation the nurses found cruel and terrible. Likewise, it was a time of strict hierarchy where, to begin with, the nurses were silent and obedient but gradually moved towards working more independently.

Inspiration from abroad made nurses challenge rules and regulations in favor of a form of care that was centered on the child's health and welfare. In this, they were moving towards the forthcoming family-centered care, involving the care of mothers, fathers and siblings. The Faroese nurses were therefore following the same trend that led to updated children's hospital nursing in many countries at that time. Still, the study concerns nursing history from a small-scale remote country with close relationships and family ties and a strong religiosity. These issues make the story special; it is one of the first of its kind in the Faroe Islands.

[68] Sandelowski 1991.
[69] Wall/Edwards/Porter 2007.

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Studies about healthcare in small-scale communities are crucial because they offer intriguing insights into previously under-researched areas.[70] For this reason, and to obtain deeper and broader pictures of the time, we suggest further research into early hospital care of children in the Faroe Islands, based on accounts of children who were hospitalized before the parents were allowed free visiting hours. Furthermore, it would be meaningful to learn about their parents' memories. Such oral histories would spark interest and show how, generations ago, hospitalization impacted children and their families in remote small-scale communities.

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[70] Butterworth 2020.

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