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Care-givers in Portugal: a path changed by Salazar’s dictatorship

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**Introduction:**

This article aims to demonstrate how several laws published in the context of a dictatorship and the way of consolidating its ideals had deep effects on the well-being of the care-givers in Portugal.

Before analysing the situation in Portugal, it is important to define what well-being is. Traditionally well-being is used as a synonym for health, as a state of wellness and not only the simple absence of illness. But today it can be used more broadly and defined as *vitae commoditas*; all what contributes to make the life pleasant and more prosperous. Therefore it embraces a satisfying situation not only of the body but also of the spirit/mind. Etymologically, *well* is a versatile word with several meanings that can be linked with not ailing or disease, cured or healed but also with fortunate, good, in a satisfactory condition that fulfils a need, desire or expectation. As for being, it is the gerund form of the verb *to be* and therefore it is related to the being or life form in its entire existence. A person exists as a physical and spiritual/mental/physiological being but also as a social, political and economic one.

As a result, well-being is nowadays a multidimensional notion and different authors have been defining well-being and enumerating its different dimensions. For instance, for the utilitarians it is linked with pleasure and the absence of pain; for Griffin, well-being includes basic needs and mere desires and he believes it is possible to make a list of the values that a person considers necessary to his quality of life (individual state of well-being, based on their own set of values). For Felce and Perry the state of well-being is also defined by an individual’s value set in well-being’s physical, material, social and emotional dimensions. Others authors define other dimensions like Schalock, for whom they are eight: emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion and rights. Another example is Narayan,

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who identifies material well-being, physical or bodily well-being and social well-being, security, freedom of choice and action. All these dimensions have consequences to the psychological well-being.  

These different definitions and their dimensions increase the difficulties of measuring the well-being (with different indicators being suggested and used) either of an individual or a group. However, these theories clearly demonstrate that well-being is far more than just a state of health or a simple fulfilment of certain material desires and goods’ possession (like some economists though).  

There are also different factors that contribute to well-being. Amartya Sen defended that well-being is determined by economic but also by cultural and political factors. It is this last factor that is at the origin of legal changes that operated directly in the well-being and the quality of life of the care-givers in Portugal as we will see. This article aims to approach well-being in a psychological and social dimension (like Narayan suggested) and also in an emotional dimension (like Felce and Perry or Schalock defended) with a touch of other Schalock’s dimensions (social inclusion, rights and personnel development).  

Nursing care-givers in Portugal  

This article is centred in the nursing care-givers that worked in the Portuguese hospitals. At the 2nd half of the 19th century, these nursing employees had no scientific preparation, they were secular and of both sexes. Due to the advances in medicine, notably in chemistry with the discoveries of Pasteur, the work at the hospitals was changing. New rules were imposed with a great concern for the asepsis and antisepsis. It is in this context that several Portuguese doctors decided to create nursing schools such as the ones that already existed in the United Kingdom and in France.  

The first Portuguese nursing schools (in Coimbra, Lisbon and Oporto) accepted men and women as students, unlike the schools in the United Kingdom and France. The main concern was to give the needed education to the nursing staff that was already working at the hospitals and also to other individuals (men or women) that would eventually like to work at a hospital or that would just like to acquire some knowledge on this topic. I underline that in Portugal, the male nursing staff would be responsible for all the necessary cares only in the male wards while the female nursing staff would only work in the female wards. This division helps to explain why there was no discrimination towards men in the access to the nursing schools.

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Nevertheless, although the first Portuguese nursing schools were greatly influenced by the French ones, the situation was quite different in this last country. Several French doctors defended that women were ideal for the task of nursing. It was the case of the commission formed in 1899, responsible for the elaboration of the teaching programme of the nursing schools and of Doctor Bourneville, the founder of the first nursing schools in Paris, who believed that any woman with a primary education and a sufficient professional knowledge could be a good nurse but she also needed to have a good life conduct. In 1902, Doctor Charles Mourier defended the replacement of the male nursing staff by a female one. Finally, in 1905 the principle of the feminisation of the staff was adopted, although male nurses generally worked with psychiatric patients. Some were more critical like Doctor Anna Hamilton that due to her personal experience in the Maison de Santé Protestant de Bordeaux, declared men as “naturally inapt to the functions of nursing” with some exceptions.

In the United Kingdom there was also a clear preference for female nurses. For instance, Florence Nightingale, considered as the founder of modern nursing, defended that nursing was adequate to women whilst medicine was not. And the nursing school she created in London at St. Thomas Hospital was also restricted to women, like many others that followed its model.

Therefore, a sort of dogma was created around the superiority of women in the domain of nursing, with gender discrimination. The characteristics were the same of a mother: the nurse would tend to the sick and wounded as she would care for a son in need. In Portugal, this supposed superiority of women was not in discussion since Doctors and main hospitals’ administrators were more concern to avoid religious nurses of working in their wards.

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10 Leroux-Hugon, Véronique, *Des saintes laïques* (op.cit.), p.81 ; p.127.
12 Knibiehler, Yvonne, *(op. cit.)*, p.61.
14 Knibiehler, Yvonne, *(op. cit.)*, p.61.
15 In the three main Portuguese hospitals (Coimbra, Oporto and Lisbon) the nursing employees were already secular, since 1834. However, the physicians and the hospitals administrations were greatly disappointed by the services of these unprepared and uneducated employees. This was a topic of long discussions since some considered reintroducing religious nursing in the hospitals while others defended the creation of nursing schools. The second opinion prevailed since it would allow educating and giving the necessary formation to the employees already working at the hospital.
It was the case of the Hospital Geral de Santo António (Saint Anthony’s General Hospital) that was controlled not by the Portuguese state but by the Santa Casa da Misericórdia (Holy House of Mercy, a set of Portuguese confraternities that existed since the end of the fifteenth century in Portugal, created with the support of the queen D. Leonor and her brother D. Manuel and its Nursing School. This school was created in 1896 to provide a professional training to the hospital’s workers and also to other individuals from outside the hospital, of both sexes. Lessons were in the evening, two lessons per week, divided by sex, so that each gender had one lesson per week.

A data analysis of the minutes of the Administrative Direction of the Saint Anthony’s General Hospital (1893-1933) and the Registers Books of the Nursing School (1929-1948) shows a total of 3365 individuals registered in this school from 1893 to 1947, all courses and years mixed. From this students, 1847 were women and 1518 were men (45.11%) which demonstrates a slightly higher presence of female students in the school. Nevertheless the number of male students is still high, especially in the early days of the school and at the end of the 1920s when they were the great majority.

And if we compare with the French schools that were used as a model for the Portuguese ones, the difference per gender increases. Véronique Leroux-Hugon presented in her PhD thesis data of the number of students that have obtained their nursing diploma in the public schools in Paris (men were studying in the nursing school at the Bicêtre Hospital, and women in the female nursing schools - Pitié, Salpêtrière and Lariboisière, and this last one only opened in 1895). According

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16 Constructed by the Holy House of Mercy since the old hospital D. Lopo de Almeida was already insufficient. Its construction started in 1770 but the project of the British John Carr was enormous and it was never finished.


19 Livro de Actas das Sessões da Direcção Administrativa do Hospital Geral de Santo António, nº 4-15 (1893-1933); Livro de Matrículas da Escola de Enfermeiros do Hospital Geral de Santo António, nº 1-4 (1929-1948).

20 These schools were administered by the Assistance Publique de Paris and were created mainly due to the action of Dr. Bournville. However these schools were not mixed, for example, Bicêtre was only for men while Salpêtrière was only for women. As for the private schools, they discriminated men, since they only accepted female students.

21 Leroux-Hugon, Véronique, Infirmières... (op.cit.), p.101-102.
with her data, between 1883 and 1908 only 20% of the graduated students were men while in Oporto, between 1896-1908 male graduated students represented a total of 53,49%. This presence of male students is even stronger in the Nursing School in Lisbon with 76,54% of male graduated students, between 1901 and 1913\(^\text{22}\).

**A path changed by Salazar’s dictatorship**

From its origins the Portuguese nursing schools were organised and controlled by the administrations of the hospitals where they were settled in. Only in the 1940s, the Portuguese state starts interfering in the nursing schools’ organisation and consequently in the profession by defining who should be the students and the future professionals. This governmental interference must be linked to the Portuguese political situation of the time. António de Oliveira Salazar (1889-1970), after being the Minister of Finances during a period of economic crisis, becomes the Prime-Minister in 1932, when he starts a dictatorship (\textit{Estado Novo} - The New State). Authoritarian, nationalist, anti-communist, and Catholic, this dictatorship ruled over Portugal until 1974. Its spirit was defined by the three main pillars formula \textit{Deus, Pátria, Família} (God, Motherland, Family). The regime controlled culture as well as education and was helped by structures such as a political police and censorship.

It is in this political context that the Portuguese state decides to publish several laws in order to have homogeneous nursing schools, which would be coordinated by the state. These governmental laws caused prejudices and had consequences in the well-being of the nursing schools’ students, the nursing staff and even in the patients’ care, as we will see further in this text.

**a) Interdiction to marry and well-being**

The decree-law number 28794, of the 1\(^{\text{st}}\) July 1938 and the decree number 32612 of the 31\(^{\text{st}}\) December 1942 defined that hospital nursing was possible for women with the condition that they were single or widow without children and that they should be dismissed if they were not in these conditions\(^\text{23}\). The nursing schools should also adapt their regulations to this law that obliged the hospitals to dismiss the female nursing personnel when they had children and also the single, widow or divorced nurses when they got married. It is important to underline that the nurses


working at the hospitals could be single, married, widow or divorced since there was no discrimination based in their marital status.

For the dictatorial government the family was the most solid basis of the entire social organisation and the solution to most of the economic, moral, political and social problems. In the family, the mother had to raise and educate the children, and she could not be replaced by the father. Therefore, this mission requires a constant dedication of the mother and this cannot match with the practice of a professional job, especially if it obliges her to spend some time away from the family. According with the ideology of the regime, it is not possible to conciliate the role of the mother with a profession with the risk of having negative consequences either in one or both of them. Furthermore, since the Portuguese society had a larger number of women than men (298,656 more women in 1940) it was defended that these single women should not remain inactive. On the contrary, they should try to have a good education and to find a compatible job with their ambitions. And nursing was presented as the best feminine profession for a single woman, for those that wanted to gain their independence but still be devoted to God, the Motherland, and the Family. For the Portuguese government it was also a possibility for these single young women to have an education in respectable schools, and a good job afterwards, with a salary that would give them some independence, but the real situation was in fact very different. In the hospital, like at home, a nurse had to obey to the doctor’s orders, commonly a man, since she was only his auxiliary or collaborator. As for the patient, he was like her child in need that she had to look after him permanently and she had to be completely dedicated and devoted to him.

The consequences of this in the life and well-being of these women, either students or nurses, were deep. In the Technical School for Nurses, a second year student wanted to get married. Her colleges were happy but the teachers and the school director were nervous. At the end, the rules were followed: she got married.

24 Rodrigues, José Francisco, A Família, a Mulher e o Lar, Lisboa, Papelaria Fernandes, 1949, p.11; p.80-82.
26 In the Nazi state the ideal woman was also the mother that was naturally able to give birth and to educate her children. Nevertheless, the working woman was also well seen if she had the appropriated job for her and if it served the people. Nursing was seen as the most beautiful and feminine occupation for a woman. (Steppe, Hilde, “Nursing under totalitarian regimes: the case of National Socialism” in Nursing History and the politics of welfare, edited by Anne Marie Rafferty, Jane Robinson, Ruth Elkan, London and New York, Routledge, 1997, p.14-19).
and left the school\textsuperscript{29}. Also the president of the Catholic Nurses Association had to give up her profession when she got married although she continued some of her work in the association\textsuperscript{30}.

The revues of the time clearly demonstrate the consequences on the nurses’ well-being and their individual and collective quality of life. Several nurses actually got married but in secrecy and they continued to use their single surname, they did not use any wedding ring and never appeared in public with their husband. Nevertheless when they were pregnant, they could no longer keep their silent relationship and then they were obliged to leave the school or the hospital\textsuperscript{31}. In relation to this subject, it is interesting to see that several members of the Portuguese Catholic Church (such as cardinals and archbishops) were openly against this law. For them, it was actually having the opposite effect and being the cause of immoral behaviours such as concubinage, abortion and it was an obstacle to the birth growth.

The Portuguese League of Social Prophylaxis (\textit{Liga Portuguesa de Profilaxia}) pointed out that it was the only profession that still forbade women of marrying. They had had a strong role in the fight of the telephonists for the right to marry, that they obtained in 1940. The League also compared the situation in Portugal with the one in other countries and they reached the conclusion that Portugal was the only country where nurses could not get married (in Belgium, Bolivia, Brazil, Finland, France, Italy, Mexico, the Netherlands, Norway, Panama, Spain, Sweden, the United States and Uruguay, nurses could get married)\textsuperscript{32}. The League also agrees that this law contributed to immoral behaviours, since many nurses actually had “sinful relations” and illegitimate children\textsuperscript{33}.

On the other hand, several members of the Nursing Syndicate revealed their disapproval towards this law and even defended that usually a married woman was a better nurse. For them, the work of a married nurse was usually more organised and more regular since they are more responsible and more secure of themselves, probably due to their obligations as a wife and a mother\textsuperscript{34}.

\textsuperscript{30} \textit{Servir}, revista da Associação das Enfermeiras Católicas, nº5, 1953.
\textsuperscript{33} Magalhães, António Emílio de; Costa, Gil da Costa, \textit{A lamentável proibição do casamento às enfermeiras, novamente posta em foco pela Liga Portuguesa de Profilaxia Social}, Separata do Jornal de Médico, XXIX (683) 438-440, Porto, Costa Carregal, 1956, p. 3-11.
\textsuperscript{34} \textit{Revista de Enfermagem}, nº12, Dezembro 1955, p.8.
However, in 1949, the Holy House of Oporto decided that these measures were contradictory and counterproductive and that the female nursing employees were free to get married\textsuperscript{35}. Despite this decision, the public hospitals still had to apply this law until 1963\textsuperscript{36}, which had consequences in the nurses’ well-being and in their life quality.

b) Gender discrimination and well-being

As for the decree-law number 36219 of the 10\textsuperscript{th} April 1947, it analyses several problems of the nursing schools and tries to bring up some measures, for reorganising education. For the first time, it is defined a clear preference for female nursing students and subsequently for a female nursing staff. The two exceptions were the services of psychiatry and urology\textsuperscript{37}. This is a clear influence of what was happening elsewhere in Europe and also in the United States, where nursing was almost exclusively for women. Only in the 1940s the opinions that the female nurses where better than the male ones started to be heard in Portugal. Some of these opinions were formed as the result of visits to study the situation of nursing in other countries where male nurses were rare or inexistent. It is the case of Medical Doctor Luis Adão, who visited several Nursing Schools in Spain, where male nursing had been abolished since 1931. Therefore, this doctor who was also the director of the Nursing School Artur Ravara, in Lisbon, defended that the Portuguese nursing schools should “release themselves of the male students, the cause of their profound inferiority”\textsuperscript{38}.

Consequently, the existing nursing schools, public and private, had to adapt their regulations to this law giving a preference to female students. Due to the insufficient number of nurses, several new schools were created and most of them only accepted women as students. It was the case of the Nursing School of St Vincent of Paul (created in 1939), the \textit{Escola Técnica de Enfermeiras} (Technical School for Nurses – created in 1940 with a financial and technical support of the Rockefeller Foundation), the \textit{Escola Enfermeira Rainha Santa Isabel} (Nursing School Queen Saint Elisabeth, created in 1946), \textit{Escola de Enfermeira da Cruz Vermelha} (Nursing School of the Red Cross, created in 1952), the public school in


\textsuperscript{36} Since the hospitals had difficulties in recruiting single or widow nurses without children, the Portuguese government decided to change the 1942 law. Hospitals should continue to give a preference in recruiting single women or widow without children but they could also hire married women or widow with children in case of need and if their working timetable would be suitable with their duties of mother and wife (Diário do Governo, I Série, Nº65, de 18 de Março de 1963. Decreto-Lei nº 44923, p.270).

\textsuperscript{37} Diário do Governo, I Série, Nº 80, de 10 de Abril de 1947. Decreto-Lei Nº 36219, p.278.

Oporto (created in 1954), the public school in Lisbon at the Saint Mary’s Hospital (created in 1956)\textsuperscript{39}. In the Nursing School in Évora, created in 1955, the number of male students should not be higher than 10%.

The implementation of this law forbade men to become nurses and to follow this profession, with a clear discrimination by gender based in the so-called superiority of women to take care of the sick and wounded. Those that would like to choose this profession would see their life and well-being affected since they had to fight against this preconceived idea and had their options reduced to become a psychiatric or urologist male nurse. Several of the nursing periodicals express their disagreement towards this law and their incomprehension of the reasons that led to its publication. According to the \textit{Revista de Enfermagem}, the Portuguese men with a vocation for this profession cannot follow it or get registered in the schools. Even the ones that eventually do claim to be treated differently than women\textsuperscript{40}. This law is clearly seen as a problem for the nursing profession since it contributed to the enormous lack of personnel.

However there were also consequences for the patients. The review \textit{Ecos de Enfermagem} demonstrates that some sick felt affected and even humiliated since some preferred to be treated by male nurses and did not want to be “touched” by unknown women\textsuperscript{41}. It is also necessary to mention that female nursing students did not learn the male sexual organs which obliged to call a male nurse when it was necessary to perform a urinary catheter. This situation also had consequences in the male patients’ well-being that when they were in pain and suffering in the hospital had either to wait for a male nurse either to let a female nurse to insert the urinary catheter while she had never done it nor learnt how to do it.

**Conclusions**

The Portuguese dictatorial regime published several laws that aimed to consolidate its ideology. However, these same laws did not improve well-being but contributed to the loss of a certain quality of life of the care-givers in Portugal. Narayan defends that the freedom of choice and action contributes to the well-being. Therefore, when the Portuguese government decided that female nurses were obliged to remain single and not to have children it affected their quality of life and their psychological, social and emotional being. Considering that these nurses worked in the hospitals, that they had access to medical instruments and

\textsuperscript{41} \textit{Ecos de Enfermagem}, nº 109, Outubro 1963.
that they had the scientific knowledge, it is not difficult to imagine that some performed abortion, to keep hiding their illegal relationship. However, we can also imagine the physical and emotional consequences of these acts. As for the nurses that had their child and that were dismissed, they found themselves with a newborn child and without a job, with clear economic consequences. In relation to this, I can also add that this interdiction to marry also affected the life of their “spouse” that were also forced to live an immoral life in secrecy and were taken away the possibility of having offspring.

On the same hand, since nursing should be mainly for women, the Portuguese dictatorship discriminated men and forbade them the right to choose their profession and the right to have access to nursing education.

Finally, some patients have also seen their quality of life being affected since they lost the right to choose a male care-giver with emotional and sometimes physical consequences.

Therefore, the Salazar’s dictatorship did not act to improve the care-givers well-being, as a welfare state should. On the contrary, by trying to consolidate the dictatorship and its ideals, they affected negatively the life quality of several individuals.
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