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Humanitarian nursing with Médecins Sans Frontières: an oral history project

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Purpose of the study
This original oral history research explores humanitarian nursing, locating this in the life story of the nurses interviewed. It demonstrates nursing’s continued position on a world stage offering a unique record of remarkable nursing contributions in the late 20th and early 21st century.

Rationale and significance
Nursing work in times of conflict or natural disaster both before and since Florence Nightingale’s high profile mission in the Crimean war is significant in the formation of nursing identity (Starns 2000).

This research adds to our understanding of the continuing attraction of such work and its place in nursing history and practice.

Methodology
Oral histories were recorded with 7 [female] nurses, who worked for Médecins Sans Frontières (MSF) during the 1990s and early 2000s. MSF was chosen as it espouses a strongly secular and international philosophy.

Analysis used the Listening Guide, a feminist approach employing four related readings (Gilligan et al 2003).

Findings
Becoming an MSF nurse has elements of a ‘love affair’. An overarching theme of ‘dreams’ includes romance, nightmares and impossible dreams (Fox 2014).

Romance
“I sort of had this idea...for my life to be worthwhile... then going and helping... would be a good thing to do... [and] nursing would be a good way to do it” [Chris]

“...and I remember years and years before that I’d seen a documentary on MSF and thought what a fantastic thing to do” [Jo]

“...I was sort of almost in awe of just seeing the logo on one of these vehicles...and he said well would you like to come with us for the day, tomorrow, to see what we’re doing here in this area. And I could barely speak” [Sam, Tanzania, 1990s]

Nightmares
“...I turned up on a Hercules... they didn’t switch the engines off because it wasn’t safe to do so... I was on my own... I sort of got off the plane and was on the sand, no tarmac, and this guy met me and he said ‘Welcome to Hell’” [Bo, Somalia, 1992]

“...there was an incident one time... we were, I say semi-kidnapped, we were sort of kidnapped really by, at the end of a rifle, Interahamwe and, taken off and marched off for about two hours into these mountains” [Jo, Zaire, 1995]

“I had been ... two-and-a-half months without break, just in the little prison ... [i.e. locked in enclosed MSF ‘bunkered’ area for safety]...... on bunkered missions people go crazy” [Sophia, Somalia, 2000]

Impossible dreams
“...So these poor people... desperately coming over and just sort of stopping halfway out of Goma up to Kigali... forty minutes, an hour’s walk... people who walked out with nothing, no food, no clean water, no nothing. And by now cholera was setting in. So it was just an area of volcanic rock... you couldn’t dig latrines, you couldn’t put proper tents up, it’s just rough and this is where everyone just stopped. And we, we had to deal with them there” [Jo, Rwanda, 1994]

“Remember having huge questions about what was I doing in humanitarianism and was it really humanitarian and what differences are you actually making and a lot to think about after it” [Alex, Sierra Leone, c1999]

Conclusion
At a time of debate and challenge regarding the role of nursing within society, this research examines nursing in one of its most iconic manifestations.

References


In 2012 I was fortunate to be awarded a National Teaching Fellowship by the Higher Education Academy in the UK. My route to becoming a university lecturer had been through nursing and I had developed an interest in nursing history. I also had great respect for the work of Médecins Sans Frontières (MSF). I therefore decided to use my fellowship grant to undertake a project researching MSF nurses if MSF would allow this: They did. MSF [also known as 'Doctors without Borders'] is a large, multinational organisation offering medical aid in areas of conflict and natural disaster. Formed in 1971 in France it was created on the “belief that all people have the right to medical care regardless of gender, race, religion, creed or political affiliation, and that the needs of these people outweigh respect for national boundaries” (msf.org.uk). There are now regional offices all over the world, operating in a coordinated but diffuse system. MSF UK was opened in the early 1990s, which gave starting date to the period of time explored in this project. The nurses offer a window into the life of a nurse working for MSF at that time and thus some insight into the organisation itself, although no attempt has been made to explore MSF in detail. In addition, the histories include eye witness reports of involvement in humanitarian missions all over the world in the late 20th and early 21st century.

The aim in recording their histories was to better understand nurses’ motivations for engaging in humanitarian work, in particular where no immediate threat of war or invasion is present and in the absence of overt religious or nationalistic motivations. In so doing the project offers insights into nursing identity and the place of humanitarianism in nursing lives and practice. Secondary aims were to explore nurses’ contribution to MSF and their experience of being in the field following humanitarian crises of the 1990s and early 2000s.

Following ethical approval from the University of Huddersfield and support to access participants from MSF UK seven oral histories were recorded in 2013; each was recorded in a single sitting. They were asked to recount their pathway to becoming a nurse and then subsequently volunteering with MSF; their experience of working for MSF; and their post-MSF life. Beyond these three questions few prompts were offered. The listening guide was used to aid analysis of the text due to its multilayered and feminist approach to understanding and analysis: ‘The Listening Guide method comprises a series of steps, which together are intended to offer a way of tuning into the polyphonic voice of another person.’

Multiple ‘listenings’ / readings of the text are advocated: firstly for the plot which parallels to other methods of thematic analysis that are looking broadly for themes, gaps, surprises. Second is to read specifically for the use of ‘I’ which involves listening for the ‘self’ within the context of the story being told and by extrapolating phrases where ‘I’ is used; in some instances the ‘I’s are used to create ‘I’ poems. More layers of analysis follow when using the guide, but are not discussed further here. Five thematic groups are identified: ‘becoming’, ‘being’ and ‘leaving’ MSF; dreams [the ‘dream job’, ‘romance’, ‘nightmares’ and ‘impossible dreams’]; nursing identity and humanitarianism.
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There is congruence with some of the motivations of humanitarian workers in the 19th century identified by Gill as: Honing professional expertise; Evangelism; Adventure and Moral citizenship. In addition there is a strong association with the motivations of MSF workers explored by Fox:

“... idealism, altruism, moral indignation, a commitment to social justice, a sense of adventure, the desire to ‘escape an uncomfortable situation back home’ or to ‘put the past behind’ one, a search for self-fulfilment and a 'because we can' spirit of pragmatism “ (Fox, 2014 p 19)

At the outset I asked my colleague, Dr. Berenice Golding, to collaborate with me on the analysis and development of this project which has added greatly to the thematic development and to my enjoyment. We are both indebted to MSF for their support, to the Higher Education Academy for my Fellowship grant, and most especially to the seven nurses who so freely and eloquently shared their lives.

For more on this research see Hargreaves and Golding (2014).

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