

ORIGINAL ARTICLE

# Humanitarian nursing with Médecins Sans Frontières: The dream job

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## Abstract

**Aim:** This original oral history research explores the motivation for, and experience of, humanitarian nursing. It demonstrates nursing's role in relief work, offering a unique record of such remarkable nursing contributions in the late 20th and early 21st century. The formation of modern nursing is often associated with times of conflict, such as the Crimea and other wars, where nurses offered their services. This research adds understanding to the continuing attraction of such work and its place in nursing history and practice.

**Methods:** Following ethical approval, oral histories were recorded with seven nurses who worked for Médecins Sans Frontières during this period. Analysis used the Listening Guide, a feminist approach employing four related readings of the data.

**Results:** The histories of these nurses locate their extraordinary experiences within their life and identity as nurses; escapism and moral outrage, combined with a love of travel and thirst for adventure, influenced their decision to undertake humanitarian work. Once on a mission, their narrative captures the contrast between the ordinary and the extraordinary; familiar routine experiences side by side with mortal danger. Returning to normal life required resilience and a reappraisal of their life story in order to locate their experiences, finding meaning and peace in their post-mission world. An overarching theme of 'dreams' includes romance, nightmares and impossible dreams.

**Conclusion:** At a time of debate and challenge regarding the role and identity of nursing within society, this research records and analyses the oral histories of nurses working with Médecins Sans Frontières at this time.

**Key words:** history of nursing, humanitarian nursing, Médecins Sans Frontières, nursing identity, the dream job

## INTRODUCTION

This paper presents analysis of an original oral history project exploring humanitarian nursing. Following revelations of poor nursing practice within the UK (Francis, 2013), there has been debate and challenge regarding the role of nursing within society; this research examines nursing in one of its most iconic manifestations: offering nursing care in times of disaster and conflict. In doing so, it contributes to the understanding of nursing identity,

demonstrates nursing's continued position on a world stage, and offers a record of remarkable nursing contributions in the late 20th and early 21st century.

The relief of suffering is a fundamental principle that is embraced by the International Council of Nurses, which states: "Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people" as central to the overall definition of nursing (International Council of Nurses, 2015; paragraph 1). Thus, it may be argued that humanitarianism is at the heart of nurses' identity and motivation to practice.

There are previous studies about trained and amateur nurses' involvement in the relief of suffering in times of war or conflict in the 19th century, including high-profile cases such as Nightingale in the Crimea (Bostridge, 2009), but also lady amateurs in the Indian Mutiny of

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1857 (Goodman, 2015) and both trained and untrained nurses in the American Civil war (Maling, 2015). However, Gill (2013) locates the origins of the humanitarian movement as the Geneva Convention of 1863, at which point the International Committee of the Red Cross (ICRC) was also formed. Throughout the remainder of the 19th century, humanitarian involvement grew, such that by the turn of the century, many countries had their own committee of the Red Cross and relief could quickly be mobilized; for example, during the Italian earthquake of 1908, Red Cross volunteers were able to mobilize and make a significant contribution to relief (La Torre, 2015).

In parallel, military nursing as a distinct discipline was growing. The Royal Australian Army Nursing Corps was formed in 1898 (RAANC, 2016), and the American Army Nursing Corps was formed in 1901 (ANC, 2016). In the UK, the formation of the Queen Alexandria Royal Army Nursing Corps at the end of the Second Boer War (Dale, 2014) is a similar starting point.

The profile and purpose of humanitarian aid has changed greatly over the last 150 years, perhaps most significantly in the Yugoslavian conflict in the 1990s, where the weight of international concern allowed for the United Nations to endorse military humanitarianism (Chandler, 2001). Additionally, political difficulties in the delivery of aid, the role of major economic powers and their business interests affect the way in which humanitarian relief is now perceived and critiqued (Lowenstein, 2015).

The 20th century has seen huge growth in the number of non-government organizations (NGOs). Some work is in a very specific field or location such as Medical Aid for Palestine (<http://www.map-uk.org/>), others, such as Médecins Sans Frontières (MSF) are global. MSF (also known as 'Doctors without Borders') formed in 1971 in France and 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" (Médecins Sans Frontières, n.d.; paragraph 15). 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 a starting date to the period of time explored in this project. The oral histories recorded include eyewitness reports of involvement in MSF humanitarian missions all over the world in the late 20th and early 21st century; this thus gave some insight into the organisation itself. However, this project did not set out to explore MSF as an organisation in any detail, so no attempt has been made, retrospectively, to do so here.

## METHODS

The aim in recording this oral history project was to explore the motivation for, and experience of, nurses engaging in humanitarian work, in particular where no immediate threat of war or invasion is present in their country of origin and in the absence of overt religious or nationalistic motivations. In so doing, the analysis offers insights into nursing identity and the place of humanitarianism in nursing 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.

Ethical approval was successfully sought from the authors' university ethics panel, and access to participants was facilitated through the MSF UK offices. Following a letter of introduction, seven nurses who had been recruited through the MSF UK office agreed to be interviewed in 2013. Orators/participants 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, in keeping with oral history methods, few prompts were offered (Thompson, 2000; Yow, 2005). The primary output is an oral history archive (Hargreaves & Golding, 2016) as well as academic papers.

### Analysis took two forms

Verbatim transcripts were used to analyse the text using the Listening Guide. This is a multi-layered and feminist approach in which the method "comprises a series of steps, which together are intended to offer a way of tuning into the polyphonic voice of another person" (Gilligan et al., 2003, p. 157). This method seemed congruent with analysing data from the personal perspective of oral history testimonies in general terms, as well as more specifically congruent with exploring their identity as nurses.

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 or 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 order to facilitate this analysis, the 'I's were used to create '*I*' poems. More layers of analysis follow when using the guide, looking for interactions and for wider socio-political issues, but because the primary focus was the nurses themselves, the first two readings predominate (Golding, 2011; Gilligan, 2015). In this paper, extracts of

data use include both direct quotations from verbatim transcripts and extracts from ‘I’ poems created during the analysis process.

In parallel, using Audacity open-source cross platform software (<http://audacityteam.org/>), which records and edits sound, each audio file was edited into a series of clips embedded into a Microsoft Word file (Microsoft Corporation, Redmond WA, USA) describing the progression of the biography, cross-referenced to thematic analysis and linked to the ‘I’ poems. This process enabled critical debate between the two researchers and led to further thematic analysis.

The seven nurses are a small and selective sample. All were recruited via the MSF UK office and all but one was British. The final participant was from another English-speaking country. She was traveling in the UK when she responded to a humanitarian crisis and applied to join. Her profile is not further defined in order to maintain anonymity. They are all white, female, of a similar age, trained as nurses at a similar time, and were involved in humanitarian work during the same period in history. They are the people who MSF UK chose to inform about the research opportunity and, of that chosen group, they are the ones who accepted the invitation. Whilst the findings make no claim to represent humanitarian nurses in general or MSF nurses in particular, publications regarding MSF (Bortolotti, 2010; Fox, 2014) and other humanitarian work (Hallett, 2009; Brooks & Hallett, 2015; Sweet & Hawkins, 2015) do give confidence that the analysis presented here is congruent and plausible. Furthermore, the oral history archive is unique, offering a striking example of the lives and experiences of MSF nurses in the late 20th and early 21st century.

## RESULTS

Thematic groups are listed in Table 1. Where verbatim quotes are included from transcripts and ‘I’ poems, the following chosen pseudonyms of the seven nurses are used: *Chris, Jo, Sophia, Lesley, Sam, Alex and Bo*.

The first three themes, ‘becoming’, ‘being’ and ‘leaving’ MSF, follow logically from the structuring of the oral history recording where the nurses were asked to talk about how they came to nurse and to work for MSF, their experience of life with MSF, and how this fits into their life course and career as nurses. A further theme on the metaphor of dreams emerged through the creation of the oral history archive.

### Becoming MSF

Becoming a MSF nurse has elements of a ‘love affair’, as

**Table 1** Thematic analysis

Theme	Sub-themes
1. Becoming MSF	<ul style="list-style-type: none"> <li>● Motivation – vocation / moral citizenship / compassion / humanitarian</li> <li>● Love affair – the romance and adventure of travel</li> <li>● Life-changing opportunities / escapism / happenstance</li> <li>● Preparation and training</li> <li>● Recruitment to MSF</li> </ul>
2. Being MSF	<ul style="list-style-type: none"> <li>● MSF work: Type of work</li> <li>● MSF work: Emotional and physical danger</li> <li>● MSF work: Autonomy / leadership</li> <li>● MSF work: Conflict and unhappiness</li> </ul>
3. Leaving MSF	<ul style="list-style-type: none"> <li>● Letting go / making the decision to stop</li> <li>● Moving on / building a new life / making sense and finding peace</li> <li>● Recovery – stress [Post Traumatic Stress] / depression</li> <li>● Work–life post MSF missions – for some, this means continuing to work for MSF so it includes themes from ‘being MSF’</li> </ul>
4. Dreams	<ul style="list-style-type: none"> <li>● The dream job</li> <li>● Romance</li> <li>● Nightmares</li> <li>● The impossible dreams (moral outrage and témoignage)</li> </ul>

MSF, Médecins Sans Frontières.

the nurses describe their developing skills and inclinations to volunteer. Early motivation was often rooted in media representations of human suffering and the role of aid workers. An extract from Chris’s ‘I’ poem (see methods section for an explanation of ‘I’ poems) illustrates the draw to humanitarian engagement, which often predated nurse training or knowledge of MSF as a potential vehicle for involvement:

I saw life quite simply and sort of, you know, fairly black and white,  
 I would see images on the television of famine,  
 I, growing up in Britain, everybody had enough food and more than one set of clothes,  
 I sort of had this idea. (Chris)

All of the nurses had sought opportunities to travel prior to working for MSF; this included holidays, working abroad and volunteering. A fascination for

exploration and discovery led them to seek something more than tourism, to be actors on a world stage:

I want to see it (i.e., the world) as part of it rather than just travelling.... (Lesley)

The triggers for shifting from the idea to the reality of seeking a mission with MSF were varied; these included a lecture from MSF or other Non Governmental Organization staff, personal beliefs and morality, an unexpected change of personal circumstances such as the break-up of a relationship, or just a gradual drift from travel for its own sake to travel with a purpose. In all cases, the nurses were quite strategic in developing the skills and experience needed to be 'mission ready'. Alex was particularly focused, actively planning ahead:

If you're gonna do it well, really be there,.....I moved into A&E nursing, I did a tropical nursing diploma, I'd also done, an NVQ in further adult education so I spent five years basically building up my skills and what I didn't want to do was go and not be skilled enough. (Alex)

In all cases, whether by happenstance or design, the nurses' skills, willingness to take a risk and thirst for adventure, transported them to conflict zones, disasters and medical emergencies in remote settings all over the world.

### Being MSF

Each nurse completed numerous missions, some lasting for over a year and others, when employed in rapid-response emergency relief work or research, for just a few weeks. Destinations included many African countries, plus Pakistan, Bangladesh, Afghanistan, Cambodia, China, Haiti, Sri Lanka and the Middle East. The huge variety of experiences was always arduous and often dangerous, but could also be routine and banal.

Bo sums up the dramatic danger many of the nurses identified; this was the very first day of her first mission in Somalia at the start of a long career with MSF:

When I turned up on a Hercules and they didn't switch the engines off because it wasn't safe to do so,.... I was on my own actually so 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)

All of the nurses made it through the experience, but the emotional and physical danger was real. Sophia, a seasoned traveller but new to humanitarian work, recalls the potentially overwhelming difficulties of a refugee camp, which is often chaotic and volatile. Jo was with a reconnaissance group who were kidnapped for several hours; they make it back to safety but only after some skilful negotiating and many tense hours:

I think my innocence saved me, I had, I mean I knew refugee situations were bad but I had no idea of the enormity of it. It was just, you know, it was a steep learning curve.... (Sophia)

There was an incident one time, we were sort of, well we were, I say semi-kidnapped, we were sort of kidnapped really by [laughs] at the end of a, of a, a rifle by Interahamwe and erm, taken off and marched off for about two hours into, over this mountain. (Jo)

Despite the nurses' strong commitment to MSF and their respect for the expert briefing and back-up provided to them, they operated with a large degree of personal autonomy and control. In this quote, Alex is new to MSF work, a female nurse in her mid-20s:

Six weeks into my mission I had a very frightening incident where, we had a, you had to cross a river where a bridge had been..., [it was] knocked down so you went by canoe,...., and so we basically went across and I was with the driver and, I was aware that he was having a big argument with this massive..., African guy. He then basically chased us across the river [laughs] we got to the other side, lots of kinda fisticuffs and I managed to get him into the land-cruiser and I said you've just gotta drive and you hang around and they've all got their guns out. (Alex)

The analysis is striking in the contrasting experiences; at times, the nurses were miserable. First missions in particular could be isolating and unhappy times; they were not yet established as part of the MSF family with its daring and arrogant image and uncertain of their place. But there was also a lot of fun, life-long friendships and camaraderie with other workers and with local people.

The type of work undertaken offered the wide variety typical of nursing careers, from hands-on care, through to management, teaching and research. Several of the nurses held senior posts responsible for coordinating major, high-profile projects. Even the routine 'ordinary' work of nursing, running a clinic or dispensary for example, became extraordinary where helicopter or boat rides were required:

... five of them [clinics] were only reachable by boat so we had a little boat and we went off for days on end to this, these remote villages which was amazing fun, I mean my goodness it was fantastic [laughs]. (Sam)

In whatever role they performed, the nurses wove their MSF work into the fabric of their lives over a period of many years.

### Leaving MSF

I haven't been with MSF again, yet. I, and, and I think most of us will never rule it out. (Lesley)

Lesley sums up the feeling of many of the nurses in keeping an open mind to the possibility of returning to active mission work. Leaving MSF behind, to face something like ‘normal’ life was hard. Chris is reflective and insightful in this regard and articulates very well what several of the nurses felt; that the courage needed to stop was equal to that of remaining. With a career spanning many years with Voluntary Service Overseas and MSF, including nursing, nurse teaching and senior management roles, when Chris talks about stopping, she says:

It probably would be really difficult, but I wasn’t gonna just run away and it, the easy option would be to take another mission but [I decided] that I would come back and put down some roots. . . , I think the really difficult thing, and this is where you’re talking about career, is what do you do after that? (Chris)

Alex describes the life on missions as “unanchored”, exciting in its way but in the end, unsustainable. All of the nurses talked about the effect of their experiences on their physical and mental health, with periods of post-traumatic stress and depression. Jo exemplifies this in an ‘I’ poem extract:

I, I, you know,  
I think it was an amazing experience but it was enough,  
I, I, I still think it’s so abnormal some of the stuff you go through,  
I, I, I had enough. (Jo)

She and others found returning to the routine of life in the UK at times frustrating, but have been inventive in finding outlets for their skills through continuing to work for MSF in non-mission roles, consultancy and research work with other agencies and episodic work within the UK health services, such as agency and locum postings. By contrast, Sam has created a career-long pattern of UK National Health Service and MSF work, which suits her lifestyle. For others, home, marriage and children have given a focus to life that was not possible during the mission years.

Although no attempt is made here to make generalisations about all people returning from humanitarian work overseas, this small group seem to have found ways to locate their extraordinary experiences within their past, and reach a state of acceptance. The degree of success in achieving this appears to be related to the time since their last active mission, the stability of the world they have created around themselves, and the level of meaning they have found in their current working lives.

## Dreams

Lesley recalls a mission where she would “just walk to

the helipad in the morning and get on my helicopter and off we’d go into the mountains, and beautiful scenery, lovely people” as ‘the dream job’, which led to a re-reading of the histories through the metaphor of dreams. These proliferate throughout the voices of the nurses as they describe their experiences in the terms of romance and nightmares, and in the never-ending quest to bring humanitarian aid to suffering people, the ‘impossible dreams’ used to title Fox’s ethnographic study of MSF (Fox, 2014).

Romance features in all of the oral histories as intense relationships with others form and break. It is also embedded in the excitement of travel, danger and adventure. However, what was most striking was the romance of MSF itself. Sam captures this when she breathlessly describes herself as “almost in awe” when, returning from a mission with another organisation, she first sees the characteristic white vehicles with red logos and plucks up courage to speak to the workers:

. . . so he called his friend over who worked with MSF and we had a chat, he was quite good looking I seem to remember at the time, and he said well would you like to come with us for the day, tomorrow, to see what we’re doing here in this, in this area. And I could barely speak. (Sam)

The reality, however, also left traumatic memories. Personal fear and danger, including kidnap have been presented in theme two, but ‘nightmares’ were just as much about the suffering they had witnessed as any personal risk. Jo was one of the early workers on-site after the Rwandan genocide:

So, these poor people, I remember that, desperately coming over and. . . , just sort of stopping halfway out of Goma up to Kigali probably, I don’t know, forty minutes, an hour’s walk and people who, you know, walked out with nothing, they’ve had no food, no clean water, no nothing. And by now cholera was setting in. So it was just an area of volcanic rock. I remember that, so 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)

In addition, tiredness, isolation, meagre food and poor facilities could lead to low mood, physical ill-health and unhappiness. Sophia describes the tensions and volatile dynamics in missions where the level of danger meant that they were locked into compounds for their own protection:

. . . but after four-and-a-half months I, I was just like, I think this is too much for me, there’s being imprisoned, because were imprisoned, it was a bunkered mis-

sion... I mean in Somalia we were imprisoned and [in] bunkered missions people go crazy. (Sophia)

The metaphor of impossible dreams is one that MSF use of themselves; an acknowledgement of the compromise and risks taken in the face of limitless need and their imperative to remain independent, neutral and impartial (Fox, 2014). The nurses embodied this in their relationship with humanitarian nursing and with MSF. They worried about the work they did, its significance for the individuals and communities they cared for; if it was enough, if it really made a difference. However, the urge to return, to keep doing one more mission was strong. Bo has worked for MSF in many capacities for over three decades and refers to MSF as her route to doing the work that she feels is important:

... there's a very strong impulse in me and it, it doesn't happen now but it was happening up until a couple years ago where I would see something on, happening on the news and I'd think I'd have to go and help in that situation. So, fortunately, I've got that into perspective now, but I think that's part of my character. I think that, you know, I have a strong impulse to do something to, if I think it's unfair or, you know, if I think I can do something to help. (Bo)

MSF make claim to two core aims: the relief of suffering and *Témoignage*, a French word meaning to witness. From its creation in 1971, MSF committed to speak out for and with the people they were helping. Chris describes how this worked for her in practice:

The phrase is *témoignage*,... and it's witnessing, so you go into a situation where there is a population in danger, where there is, there is a sense of moral outrage at what is happening, and you help them and it's about the health aspect, so you're, you're dealing with the health situation and then you take that, what you have personally witnessed and... experienced and you speak about it in order to effect change because... whatever has caused that moral outrage you want that to stop. (Chris)

Thus, dreams, in all their manifestations, offer a uniting metaphor for the nurses' lives and work, offering some insight into nursing identity.

## Discussion

It is not surprising that the seven nurses who gave their time and their life stories to this study demonstrate humanitarianism to be at the heart of their identity as nurses. First, they were a purposeful sample identified by MSF UK as matching the research brief; second, they had given a significant period of their lives to humanitarian work; and finally, they remained sufficiently committed

to be willing to share their life histories.

An earlier paper (Hargreaves & Golding, 2014) has explored the similarities and differences between the motivations of the nurses in this study, those of MSF workers in general (Fox, 2014), and of humanitarian workers in the 19th century identified by Gill (2013). Suffice to say that it concluded that excitement, professional challenge, idealism and moral outrage were common features, but that motivations over time and between agencies did vary; the nurses in this study favouring the borderless, post-colonial, secular ethos espoused by MSF.

The discussion in this paper centres upon the connections between nursing identity and humanitarian work. Alex, having worked as a nurse on active missions and in Human Resources recruiting and supporting MSF volunteers observes that there is a good match between nursing identity and humanitarian work. Whilst nursing identity is not a single or static concept (MacIntosh & Hautman, 2003; Johnson, Cowin, Wilson & Young, 2012), the research conducted by du Toit (1995) summarises enduring elements of nursing identity as including pride in being a nurse, capabilities around supervision, working with others, and high-quality skills with a focus directed at the care of individuals as the primary motivation. For the nurses in this research, their heightened sense of moral citizenship and compassion directed them to develop professional expertise and give total commitment to doing everything in their power to improve the situation they were assigned to. In doing this, they were resilient, flexible and self-aware.

A paradigm case of this identification can be seen in Jo's experience in a refugee camp; in an earlier quote (in the section on 'dreams'), she describes the desperate situation as refugees arrive before the resources are in place to support them. Months later, an extract from her 'I' poem shows what she has achieved:

I must've been there seven or eight months,  
I think,  
I'd finished, you know, it was a great running camp,  
very good,  
I'd trained my... translators up to be,  
I had two very good translators,  
I was running by that time four out-patient clinics in  
the camp,  
I'd trained them up and they were so good they ended  
up being managers,  
I moved out really they were running the camps well  
with local staff. (Jo)

MSF's strategy of placing a small number of ex-pat staff with local populations in order to support, train and

hand over control is seen in action here. It also illustrates a professional, rather than the romanticised view of humanitarian work. Sam states most clearly that the work she has done is just one, albeit remarkable, type of nursing work:

I'm under no illusion whatsoever that, you know, it's, it, I'm going for personal and quite selfish reasons now, mostly, I... but it's taken me that time to convince myself that's fine. You know, I just see it as part of my career. So, therefore, it's not volunteering... I'm a professional. (Sam)

Their experiences allowed them to demonstrate the huge flexibility and diversity of nursing practice. Bo, when people ask what she does says "I'm all sorts of things" and she is. A very experienced clinical nurse, a researcher, an anthropologist, a manager and a leader who has systematically developed her skills and sought further education to maximise the impact she can have.

This analysis leads to some confidence in the assertion, at the commencement of the paper, that 'humanitarianism is at the heart of nursing', is defensible. However, it has also raised questions regarding the nature of humanitarian work and nurses' role within this. At times, the nurses felt overwhelmed and uncertain of the value of their work. They were aware of the compromises MSF and others negotiate to remain in dangerous aid situations. They worried that the work was not enough, or worse, could lead to harmful consequences. Thus, reflecting on the nurses' experience raises a challenge; if nursing identity closely aligns with humanitarianism, does this mean that it is tainted by the same moral ambiguities faced by Non Governmental Organizations, such as legitimacy and long-term effects.

## CONCLUSION

This paper presents an oral history project that sought to record the place of humanitarian nursing in the lives and professional identity of the nurses interviewed. Themes from the nurses' histories tell of becoming and being MSF nurses, of leaving MSF, of weaving MSF into their lives and careers, and of related hopes, dreams and nightmares. The assertion at the commencement of this paper, that humanitarianism is at the heart of nursing identity, is supported by the data and explored in the discussion section.

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## AUTHORS' CONTRIBUTION

JH led the research and this paper, conducted the oral history interviews and created the archive. BG undertook the analysis using the Listening Guide, contributed equally to the development of the thematic analysis, actively engaged in the creation of presentations and publications, and offered critical review of this paper.

## DISCLOSURE

There are no disclosures.

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