

Title: Nurses as therapeutic agents in the extreme environment of the desert war, 1940-44

Running head: Nursing as therapy in war

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Impact statement

This historical article provides a unique lens on nursing as therapy. Through its focus on the harsh environment of the desert war zone in the Second World War, it exposes the ability of nurses to improvise, innovate, provide fundamental nursing care and a home-like space to support healing, or a dignified death. It is acknowledged that it is sometimes difficult for nurses to articulate their significance to patient care against other members of the multidisciplinary team. It is anticipated that this essay, which demonstrates the therapeutic value of nursing in and of itself will support nurses' ability to communicate their important work. Nurses are currently working across the globe caring for victims of natural disaster, war and epidemics, such as the recent Ebola crisis. This article in its exploration of the therapeutic value of nursing in the harshest of environments, demonstrates how nurses can support their patients even in the most hostile places.

Abstract

Aims: The purpose of this article is to explore therapeutic nursing with combatants in the extreme environment of the desert in World War II.

Background: The notion of nursing as therapy gained credence in the 1990s and is currently experiencing resurgence, as nurses seek to find meaning in their work and improve patient care in the post-Francis environment.

Design: This discussion paper will use the hostile space of the desert war zone in World War II to explore nurses' therapeutic engagement with their combatant patients. It will examine how nurses provided care and comfort through the use of self, fundamental nursing skills, improvisation and innovation and the manipulation of the environment.

Data sources: The data used are a combination of letters, diaries, memoirs, and published archival material. Much of the personal testimony is part of an uncatalogued archive of correspondence between nurses and the Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service.

Implications for nursing: Nurses sometimes struggle to identify the importance of their work, compared to other members of the multidisciplinary team. By understanding nursing as therapy, the profession can articulate how their work is fundamental to the healing, or support to a dignified death of their patients. This article illustrates how the therapeutic engagement with patients, even in the most difficult of environments, is possible and brings comfort.

Conclusion: Deserts are amongst the most hostile of any space inhabited by people. Yet, even in a place where survival is difficult, therapeutic nursing can support healing and recovery.

Key words

Therapeutic nursing, war nursing, history of nursing, nursing theories, nursing practice

Summary statement

Why is this research or review needed?

- Develops an understanding how nurses can work therapeutically even in the most hostile of environments
- Contributes to the body of historical literature on nursing work
- Provides a unique lens on the work of nurses in the Second World War

What are the key findings?

- Nurses were aware of the therapeutic value of their work, even in an era when they may not have articulated their work in that way
- Despite prescriptive training, nurses were able to innovate, improvise and manipulate their environment to provide secure spaces for their patients to heal
- Nurses can provide therapeutic care that supports healing or a dignified death, even in places that are harsh and resource limited

How should the findings be used to influence policy/practice/research/education?

- Nursing therapeutics is a course unit at the author's university and this paper will support students' learning and understanding of the therapeutic value of nursing
- By providing nurses with the autonomy and authority to care for their patients, they are able to develop innovative practices and support patient healing, recovery, or a dignified death
- Given current global conflicts and health crises, it is important for nurses and their colleagues to understand the essential service nurses provide when they are able to support patients therapeutically, either alongside medical technologies, or when those technologies are absent.

Introduction

The notion of nursing as therapy has gained credence within the profession since the 1990s and is understood in a number of different, but corresponding ways. These include the nurses' use of self, the creation of partnerships with patients, the provision of comfort and the ability to create a secure and safe environment (Muetzel 1988, Henderson 1991, Hockey 1991 and McMahon 1998, Greenberg 2003). In these discussions, the therapeutic engagement with patients has focused on current general nursing-practice spaces, usually those of British or American hospitals in the late twentieth and early twenty-first centuries. There has to date been no historical exploration of the therapeutic engagement of nurses. The absence of such studies means it is not known if nurses have previously tried to engage therapeutically with their patients, even if they did not articulate their practice in that manner. Furthermore, the focus on Western hospital systems means that there has to date been no examination as to how and if nurses work therapeutically in difficult and hostile environments. Given the work of nurses across the globe in war zones, refugee camps and epidemics such as the recent Ebola crisis, this limited work on nursing as therapy in alien environments seems an oversight. It is the intention of this paper, to use the harsh environment of the desert war zone in Second World War as a background to expose the therapeutic work of nurses with their patients in hostile spaces.

There was little impetus for a war in the desert from either Germany or the Allies. However the decision and subsequent failure of Mussolini to invade Libya through British held Egypt firstly drew Britain into a Middle East war with Italy, followed by Germany to support the defeated Italians. The strategic importance of the desert war is generally understood to be the improvement in morale of the Allies after the defeat of Rommel's Afrika Corps in the spring of 1943 (Lucas 1982, Evans 2009 & Gilbert 2009). Given the great distances covered by the

armies in this battle-zone, it was necessary for the casualty clearing stations (CCS) to be both mobile and in forward areas. The distance from Britain, meant base hospitals in North African and Middle Eastern cities and towns, needed to provide both critical and convalescent care to allow the soldiers to heal before returning to the Front. According to Harrison (2004), the medical services were essential in the Second World War as the troops needed to believe they were cared for, in order to continue fighting. In the desert war zone of the Middle East and North Africa, so far from Britain, it was nurses who provided the crucial female body of this essential service. Yet, there has been no consideration of the nurses' involvement in the desert during this conflict, despite its importance for female nurses as the first arena in which they were placed in forward areas. This essay is therefore unique in its examination of the alien space of the desert in the Second World War, focusing as it does on the therapeutic engagement of nurses with their combatant patients.

Background

For Henderson (1991, p. 24) and McMahon (1998, p. 6), it is the nurse-patient relationship that is at the centre of their therapeutic engagement; that 'being with' the patient can make the difference. Within this understanding of nursing as therapy, it is the very presence of the nurse that supports the care, comfort and healing, or dignified death of the patient. Watson (1999) argues that the presence of female nurses is such that it is, 'translated into an actual caring art that affects the healing and well-being of both the nurse and the patient' (p. 225). According to Hockey (1991, p. x) therapeutic nursing is multidimensional and the healing work of nurses includes the physical, mental, spiritual, emotional and environmental. Muetzel's (1988) multifaceted framework for therapeutic nursing contains a number of pre-requisites that will be familiar to nurses across the globe, including the development of partnership, the creation intimacy and reciprocity in the nurse-patient relationship, the

provision of comfort and care and the ‘manipulation of the environment’ (McMahon 1998, p. 7). The framework has been used to understand how nurses act therapeutically in a number of different discourses. These include Haggart’s discussion of ‘Nursing the soul’, Schofield et al’s (2005) examination of caring behaviours in gerontological nurses and Ballie’s (2005) work on nurses in emergency departments. The inclusion of ‘manipulating the environment’ in Muetzel’s ‘model’ is particularly significant for the nurses in the Second World War as the necessity to create a secure and healing space – a home-from-home, so far from Britain, in an environment as hostile as the desert, was a crucial part of the nurses’ work. According to Hallett (2009) nurses in the First World War, saw their role as one of ‘containing trauma’ to allow healing to occur. In an era when medicine’s lexicon of treatments were neither extensive nor settled, ‘the measures that they [the nurses] implemented were... to support the entire system – physical, psychological and emotional – to care for the human being as a whole person’ (Hallett 2014, p. 98). Thus, even if their training had been largely procedural and governed by the medical profession, nurses were aware that they needed to consider the whole patient in order to support their healing.

It has been argued, that nursing is essentially a humanitarian service (Brooks 2012). It is a service, that combines both ‘caring femininity’ and work ‘as expert practitioners with substantive clinical and organisational skills’ (D’Antonio 2002, p. s7-8). However, by understanding nursing work in this way their engagement with the destructive nature of war appears paradoxical. Starns (2000) explores the incongruity of nurses, whose professional lives are devoted to healing the sick, but who readily gazed to the military as a source of professional kudos. Starns’ arguments are however part of a wider trope of the militarisation of civilian nursing, and need to be understood within that particular narrative. A number of women’s and nursing historians have pointed to a more wide ranging and complex set of

rationales for the participation of nurses in the machine of war. Watson (2002) and Dale (2014) locate the reasons for nurses' engagement in war as part of the desire for professional recognition. For Summers (2000) and Hallett (2009) this desire to be part of the war effort was located within the more traditional notions of the desire to care for the sick and needy. Dixon Vuic (2013, p. 27) suggests that historians of nursing and war move beyond the contradictory narratives of 'nursing as humanitarian and war as a military engagement' to an understanding of the power that nursing itself can hold. It is with these ideas in mind that the personal testimonies of the nurses in the desert are examined.

Data sources

This essay uses personal testimony to explore how nurses understood their work and experiences of the desert war. The main data source is an archive of correspondence, reports and recollections sent by military nurses on active service in the desert to the Matron-in-Chief of the QAs, Dame Katharine Jones. This material offers a portrayal of war work that is not present in private correspondence with families and friends. Although, like more personal letters it is embellished with many other details of their daily lives, because they were written nurse to nurse, they also contain details of professional practice and their attitudes to their presence in the desert. In addition to this official correspondence, a number of personal testimonies will be used, including, private diaries, memoirs and letters home, many of which were kindly donated by families and friends of the nurses.

The use of personal testimony has a number of practical and methodological issues that need addressing. Private correspondence is amongst the most revealing of documentary source material (Tosh 2002, p. 70), but according to Lewenson (2008, p. 34) letters and diaries 'lack critical analysis' and contain author bias. This bias may have been neutralised by the

ensorship, which meant that nurses' letters, as with the correspondence of all military personnel were monitored to ensure national safety. Toman (2007) argues that the 'military actively campaigned to prevent nurses, and indeed all troops, from speaking or writing about their experiences' (p.72). Thus when the nurses wanted to write interesting letters about their war work, but could not because of censorship, or perhaps because they did not wish for their families to fear for them, they embellished their letters with details that made the war sound like 'fun'. The third set of data used in this essay are unpublished memoirs. These are not as revealing as may be imagined, maybe because of the lack of desire to relive the working day, or because nursing work was self-evident to the nurses, they therefore contain only limited discussions of nursing work. The value of these personal testimonies lie, as with oral history, in their heralding of the voices of the ordinary person, which enables the reader to garner an understanding of those topics of investigation that have not been part of the traditional historical canon.

The nurses' personal testimonies, do not identify therapeutic nursing specifically and there is no suggestion that the nurses articulated their work in these terms. However, all the testimonies variously identify key elements that nurses currently associate with therapeutic nursing. This paper will therefore explore the methods of care and comfort, including the use of innovative and improvised practices, the engagement in fundamental nursing skills, the use of self - often accepting that this meant using their gendered self, and the manipulation of the environment to create a home like space, to demonstrate how the nurses in the desert in the Second World War provided therapeutic care. Antonovsky (1993) argues that the capacity to make changes to the environment, to create coherence out of chaos, is part of the higher order abilities of human beings: the capacity to do so is that which can make health and survival possible. This essay will illustrate how the nurses created coherence and security within the

chaos of the desert war to support the healing, recovery or dignified death of the combatant patients.

DISCUSSION

Improvisation and innovation

The harsh conditions of the desert made nursing treatment therapies and therapeutic nursing a challenge (Sarnecky 1999, p. 215). Much of the writing by nurses in the desert describes the harshness of the climate and the alien nature of the location. E M Nutsey the Matron-in-Chief of the New Zealand Middle East Nursing Service informed her headquarters in September 1941 that she had sent four nurses home as they, 'required rest from this climate', a climate that incorporated the extremes of heat, storms, freezing temperatures and sand. One anonymous nursing sister (no date) wrote of the 'misfortune to spend October to April, the worst months from the point of view of desert weather, in this particular station [Geneifa, Egypt]. Sandstorms left a film of sand over everything, no matter how carefully they were guarded against. These sandstorms alternated with rainstorms' (p.1). Sister Travis (no date) complained of the 'difficulties' of the 'Sand. Impossible to keep out of the wards. In a few hours could so completely cover everything, sheets and blankets were indistinguishable on the beds'. Sister Allen (no date) commented upon, 'flies in their thousands – relentless sun – sand, sand, sand everywhere, in one's eyes, ears, nose and even in the food'. Sister Low (1942) described the changes in the weather from blinding heat to sand-storms and deluges of rain. The distance from Britain meant that it was not possible to replace items that were lost or damaged in storms. And yet, despite the difficulties that the weather and conditions of the desert wrought, the nurses' abilities to innovate and improvise meant that hospitals and their operating theatres were able to function effectively in treating the men and supporting their recovery to enable them to return to the front line.

Assistant Matron EN Hill (1943) recalled the busy winter since the fighting had started, during which so much of equipment was lost at sea or left in the boat, 'we had an anxious time to begin with wondering how we should function with incomplete tentage and no beds and numerous other deficiencies – however, it has come gradually and we have been able to cope with everything that has come our way' (p.24). The need for the nurses to constantly improvise is identified in many of the recollections and acknowledged as requiring 'much ingenuity' (Allen no date). Sister Allen (no date) went on to describe the 'million [sic] of empty petrol tins, scattered about the Desert served many purposes. Cut down they made washing bowls for patients, rubbish tins, and lamp shades. Filled with sand they made seats, raised stretchers off the ground'. The determination to create an environment in which the men felt comforted and cared for meant that the nurses improvised with the facilities they were given, even during 'rushes' caused by battles such as El Alamein and Tobruk. One nurse worried that with more patients arriving daily, 'we wondered if we might not have to nurse them in the open' (Anonymous (a) no date). A Territorial Army Nursing Service (TANS) Sister in Palestine recalled the convoys of, '200 or more arriving every day... the C.C.S. had eighty beds only, so that the less ill patients had to sleep on stretchers, which lined the corridors and filled every vacant corner' (Anonymous TANS no date). One nurse's description of the work of a CCS at El Alamein in Egypt, identified the important nursing care administered to the soldiers on arrival at the hospital and the aptitude of the nurses for tackling large numbers of ill and injured, whilst providing care and comfort:

She [the night sister] called me at 5 a.m. having coped alone for an hour or more, but as day broke, ambulances were coming down the road more rapidly and very soon afterwards all departments were hard at work. The patients' injuries were treated –

morphia given where necessary – they were fed, issues with cigarettes, washed as much as time and a very limited water supply allowed and given clean clothing where possible. The first patients were evacuated to Alex [Alexandria] that afternoon (Anonymous (a) no date).

D'Antonio (2010) argues it is upon these 'most dramatic moments' in which nurses demonstrate the 'cool, detached, competence and disciplined clinical performances', that nurses make their 'knowledge claims' (p.44). In the desert hospitals the nurses' work clearly involved many of these 'dramatic moments', but even when they did, it was often engagement in fundamental nursing care that made the difference to their patients, not highly technological intensive treatments. Furthermore, although much of wartime nursing may involve crisis work; even under such conditions the fundamental nursing tasks, of feeding and elimination and hygiene and sleep care needed to occur.

Fundamental nursing skills

'Meanwhile, the Matron, divisional Sisters and I were giving the men tea and cigarettes. Often we picked out men who seemed especially sick or in great pain, and these we got through to the wards straight away' (Gillespie no date, p.2). Whilst Sister Gillespie acknowledges the role of the nurses as part of the triage process, she is also aware of the vital importance of the fundamental aspects of nursing care, most particularly, nutrition and comfort and pain control. The ability to care for pain could be particularly difficult as fighting men were often stoic. In such instances it was the nurses' skills that enabled her to assess such needs: 'The [German] General himself was in great pain, but he lay without making a sound. The Sister who sat beside him did not make the mistake of appearing to notice this. She knew better than to offer sympathy or ask irritating questions' (Kyle no date).

Instead, the sister allowed the discussion to take a more general course as she provided the necessary pain relief. According to her testimony, the general asked her why she did not leave the dangerous place in which she found herself. He said, 'for me it does not matter. I am a soldier and accustomed to being under fire... But why do you stay? The sister gave the general his morphine and then placed the syringe down and replied, 'Because I am a soldier too. And have received no orders to go' (Kyle no date).

Several testimonies state that General Montgomery, who led the successful battles against Field Marshall Erwin Rommel's Afrika Corps, was accepting of female nurses in forward areas. Sisters Allen and McBryde (1985) maintained that not only did he have his plans for the fighting men, but, 'for sick and wounded to be cared for just behind the line, so for the first time in history Army sisters were allowed to go deep into the Desert following close behind the advancing 8th Army' (Allen no date). In spite of anxieties related to the location of women in such dangerous places, the skills of the trained nurses to assess and manage complex patient needs and their calming presence, meant the Army replaced the male orderlies who had historically nursed troops in forward areas with female trained nurses. The personal correspondence of one unusually candid nurse highlights the significance of this decision by Montgomery and other senior military figures for both the nurses and their combatant patients. In October 1941, Sister Morgan, wrote to her mother from Egypt:

By night they came on convoys broken and maimed and what could we do but give them everything we had in the way of nursing skill and bodily comforts, and by day they came in walking (like the Welchmen from Benghazi), often maimed in mind, but only exhausted in body, and now what comforts had we for these? What wise council, what heroic words would sooth a haunted mind? (Morgan 1941).

Other recollections point quite specifically to nurse – patient relationships that are supportive, healing and that considered the whole patient as person. Sister F E Brown (1944) recalled one particularly nervous patient, ‘I got very attached to him, & even when we were hectic, I never left him during his bad spells, he depended on me absolutely... then the very night when he was due to go off next morning, he woke at midnight – called me, & just died in three minutes’. Sister Pat Moody (1943) stated that, ‘one feels that one is really doing something for the poor devils. I don’t think they would be nearly so comfortable if we weren’t here, which is some consolation’ (p.1). In these multiple recollections, nurses’ words suggest an appreciation of the importance of fundamental nursing skills to their combatant patients and a comprehension of it being their very presence that could make the difference.

The nurses’ use of self

In a letter to the Commanding Officer of the General Hospital of the Middle East Force, Lieutenant-Colonel G W Hunt (1943) wrote of the work of the nursing sisters, ‘we in England recognise the value of the unselfish work you are doing, and the debt we owe you not only for [their] bodily care but also for the peace of mind and complete confidence which you have inspired in the minds of the relatives’. The value placed on the nurses’ presence is also demonstrated in the testimonies of the troops themselves, as this letter from David Emery (1945) testified: ‘An injured man is often a very weak creature. He feels very alone and quite sorry for himself... You folks, however, with your scolding, fun, and honest interest, give the patient the feeling somebody cares about him, is expecting him to get well’. The importance of the use of humour has been explored as part of the therapeutic use of the nurse’s self and there is some evidence that it enhances health and well-being (Greenberg 2003). Contemporary research maintains that humour is used by both the nurse to support the

attainment of therapeutic goals and by patients to cope with their illnesses, especially through the use of laughter (Greenberg 2003, p. 27). The nurses in the desert were aware of the value of fun and laughter and supported their soldier patients amusing themselves (Skimming 1948, p. 26). Roberta Love Tayloe (1988), an American nurse with the 9th Evacuation Hospital (field hospital) described her tent of 'lively officers' who decided to write a film, 'I was delighted with the movie project. It kept them amused. The story went, 'this beautiful nurse was kidnapped by a German. He just grabbed her up screaming, tucked her under his arm and sped away in his tank' (p.46). Sister Betty Parkin's (1990) memoirs recall her 'ballet' performance in a hospital in Egypt on Boxing Day 1940, an event which she clearly believed was excellent respite for the patients:

'The sisters will dance for us'... in response to this announcement, shouts and whistles broke out... Regardless that the opening bars of 'The Skaters' Waltz' has yet to be played, the first of my *corps de ballet* bounded onto the stage – the rest followed, their steps badly mixed as they tried to pick up the music... The audience roared with laughter... Next morning one of the wards presented me with a silver paper crown and wand (p.92).

One of the perhaps more difficult themes in the data for readers in the twenty-first century is the acknowledgement by the nurses in the desert, but also in other war zones of the Second World War, of their value as women. There have been a number of criticisms of the literature that focuses on the femininity of nurses; criticisms that suggest such a focus detract from their clinical expertise (Kozak 1977, Reilly 1997, Summerfield 1998 & Noakes 2006). These criticisms may be important in order to re-evaluate the crucial work undertaken by the

women of the Second World War, but ignore the value that the nurses themselves placed on their gender, in order to promote the healing and well-being of the troops.

Gendered use of self

Sister Catherine Butland (no date) recalled the surprise of the soldiers when meeting nursing sisters so far forward and maintained it was with a sense of pride and she and her colleagues happily removed their scarves so ‘the men would believe we really were women’(p.74). It seems for the nurses during the Second World War, especially in the extreme environment of the desert, being women and therefore active reminders of home and the reasons that the men were fighting, was a significant aspect to managing the well-being of the men with whom they worked. As Dixon Vuic (2013) argues, ‘gender thus functioned as a form of power for women who relied on feminine ideals to justify their place as wartime nurses’ (p.23). As part of these feminine ideals, the nurses understood their worth as providers of therapeutic nursing care and treatments (Toman 2007 & Hallett 2009), but that an important aspect of the therapy was their gender. The nurses were also aware that the therapeutic nature of their presence in the desert moved beyond the walls of the hospital wards. Sister Allen (no date) described how, ‘When the men first encounter the sisters in the Desert it was amusing to see their goggle eyed, open mouthed expressions, which suddenly changed into a broad grin and then – A loud cheer’. One anonymous nursing sister described the troops making a ‘great fuss of us and whenever we wished to travel, we had only to walk along the road and the first Military vehicle that came along would be sure to offer a lift’ (Anonymous (b) no date, p.3). An Acting Matron sailing with HMS Somersetshire wrote to Dame Katharine Jones recalling her visit to the base hospital at Tobruk ‘he [the soldier] then stepped back and saluted, saying, ‘Pardon me, but I thought I must had had one over the eight last night; I haven’t seen a woman for over ten months’..... Several lorries, armoured cars, etc., were slowed down in

order that the occupants could satisfy themselves that we were really women' (Acting Matron QAIMNS 1944, p.109). Sister Vera Jones (2005) recalled the, 'great stir when we all arrived [in Palestine] from England, or 'Blighty' as the boys call it' (p.24).

Sandelowski (2000) argues that into the twentieth century, the 'body of the nurse was still the most important tool in her growing armamentarium' (p.45), thus her very physical being was a central aspect to her nursing work. In his memoir, *My Moving Tent: Diary of a Desert Rat*, A. A. Nicol (1994) described the nursing sisters moving 'quietly between beds where lay the helpless wounded'. He continued by stating that, 'it was particularly soothing to see their dim figures moving about in the shadows while the building shook and shuddered to the fall of bombs and the rage of guns outside' (p.169). Thus the nurses' quiet and gentle presence calms the men who are too ill to fight and therefore cannot protect themselves and are far from home.

Manipulating the environment: Creating home

The great distance between the desert war zone and Britain, created an environment in which everyone desired home and those aspects of life that reminded them of home. Buhler-Wilkerson (2001) argued in respect to the return to home care in the latter years of the twentieth century that, 'The hope was that hospitalized patients could go home sooner, recovery would be hastened' (p.187). Given the distance from home of the desert, the rapid return to the safety of Britain or to an even greater extent, the United States or Canada, was impossible. The female nurses in the desert war zone needed to create a home-like atmosphere to support healing, health and well-being. There are a number of meanings placed on the nature of home. Most notably for the troops in the desert, the idea of home was understood as a place of sanctity, where they could experience 'a sense of belonging a feeling

of relaxation and comfort' (Sixsmith 1986, p.294). Furthermore, the understanding of home 'includes connotations of warmth, safety, emotional dependency' (Benjamin 1995, p.294). Given the salience of the home as a place of safety and control, it was not surprising that the idea of home took on such significance to soldiers so far from home, or the belief by the nurses of the importance of making the hospital seem as if it were a home.

The personal testimonies of the nurses clearly illustrate that they not only accepted their position as providers of homely comfort, but were proud of that work. They did not consider it as a denigration of their place as professional women to act as reminders of the haven of home. Skimming (1948) recalled one sister in charge of the officers' ward, 'they had their own complete little house to live in...She used to treat them as her family (p.29). Sister Mary Bond (1994) recalled:

I became more and more used to working in the desert environment, although I missed many home comforts and I tried to make my patients feel as much at home as possible. One way I aimed to do this was to make their meals as enjoyable as I could... The Australians and New Zealanders used to get parcels of food from home which they shared with other patients – these parcels came to be causes of celebration (p.30).

Sister Elsie Driver (1944) recalled her desert hospital that was a 'Psychiatric Neurological unit'. Although only half of her nursing colleagues had been trained in mental nursing, their medical officer colleagues were a great help, 'and taught us fully the meaning of "Not only with thy hands but also thy mind"'. Such advice enabled the nurses to engage with their patients' psychological need to be reminded of home in order to feel sense of hope. To this

end nurses and their patients created gardens as occupational therapy, ‘competition was great between each ward, and one can well imagine what this meant, when all around stretched miles of desert’ (Driver 1944). The creation of gardens in the hospitals is a common theme in the narratives of creating home-like environment. A TANS Sister (1944) described the, ‘growing of trees and making of gardens around the wards and messes’ (p.118). Sister Dorothy Bartlett (1961) described a matron who had soil shipped in so that she could create a garden.

Conclusions and implications for nursing

Virginia Henderson (1978) argued, ‘if there is a universal concept of nursing it embodies the characteristic of a service that is intimate, constant and comforting’ (p.24). For the nurses in the desert war, the space they inhabited was so alien, that it is the enduring nature of the public understanding of the nurse that enabled them to function and the men to heal – the belief in their constant presence. The relevance for current nursing practice lies in an appreciation of the needs of nurses and their patients in global disaster and epidemics. By focusing this essay on the therapeutic value of nursing in the hostile environment of the desert in the Second World War, I have argued that where nurses are given authority to innovate, improvise and take risks, their therapeutic engagement with patients, supports healing, or a dignified death, even in the most difficult of situations.

Through the nurses’ personal testimonies, this essay explores the manner in which the nurses in the deserts of the Middle East and North Africa in the Second World War provided care and comfort to their combatant patients using aspects of their nursing skills that are now associated with notions of therapeutic nursing. These deserts are amongst the most hostile, inhabited spaces on the planet. Nevertheless, this article illustrates that female nurses were

able to act therapeutically to support healing and well-being of combatants, even in a location where survival is difficult. The nurses did this through improvising to create a healing space, despite the harsh conditions, p by the use of therapeutic nursing skills sometimes linked to humour in order to provide ‘support, hope, comfort...and an increased ability to cope’ (Easter 2000, p.366).

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