‘All Our Women Are Florence Nightingales’: Gender, Authority, and Patriotism in the Work of Female Union Nurses

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The birth of modern American nursing, ironically enough, was conceived quite far from America itself; rather, it was the British nurse Florence Nightingale’s rise to fame during the Crimean War that encouraged people to find value in the art of nursing and non-surgical care. When the bloody Civil War broke out in America, it was Nightingale’s heroic footsteps that American women were determined to follow, to the point that scores of women showed up in Washington unannounced looking to volunteer as nurses in the overcrowded and understaffed Union hospitals. Many nurses felt called by a desire to help the war along as best a woman could do, which influenced their advocacy for patient-centered care despite issues that arose from their inexperience. However, weak administration often disabled nurses in their work, emboldening them to bypass hospital protocol as they fought to make a difference for their patients. As a result, male hospital directors sought to reestablish a patriarchal order in their hospitals, which influenced the postwar professionalization of nursing. Female Union nurses circumvented the gender-based authority system in hospitals by embracing a traditionally feminine role in order to fulfill their personal moral responsibility to their patients.

 The sheer number of enlisting nurses made organization crucial; thus, the Woman’s Central Association for Relief (WCAR) was formed, and took on the task of selection and training. Elizabeth Blackwell, America’s first female physician, was the founder of the WCAR; she quickly, and somewhat irritably, noted that much of the wild enthusiasm to volunteer was derived from Nightingale's *Notes on Nursing*, which excited many with its declaration that “Every woman is a nurse.”[[1]](#footnote-1) Blackwell’s annoyance with these women’s exuberance was an echo of the skepticism nurses faced due to their perceived naivete. Indeed, inexperience fostered some romantic patriotism among nurses; Louisa May Alcott, in her narrative account of her experiences, described a longing after just three days for more wounded, as “rheumatism wasn't heroic”, and “fever had lost its charms”; however, confronted with incoming ambulances, Alcott expressed “a most unpatriotic wish” to return home. Her longing for fulfillment and heroism suggests an idealistic perception of nursing in military hospitals. Yet, despite initial uncertainty, the sight of the suffering soldiers immediately strengthened Alcott’s resolve, and she set to work.[[2]](#footnote-2) In this way, the romantic desire to serve a purpose in the war was bolstered by nurses’ more sober sense of patriotic duty towards suffering soldiers.

 The desire to assist in the comfort of these soldiers incited women to make a difference by addressing the lack of non-surgical treatment for patients by taking on a matronly and typically feminine role in their duties. Civil War hospitals were often overcrowded and undersupplied; however, Alcott found a stronger need of the soldiers to be not medicine, but compassion; in her interactions with certain soldiers, she realized that she was their “poor substitute for mother, wife, or sister.”[[3]](#footnote-3) Alcott’s observation was indicative of a larger issue hanging over Union hospitals; soldiers fighting on the front line knew that the chances of their family receiving a body to bury or even certain news of their death was slim. Without a guarantee of closure for them or their families, injured soldiers suffered as much from homesickness and grief as they did from their wounds. Recognizing the importance of patient-centered care in order to address the emotional and psychological needs of the soldiers, nurses in Union hospitals began to take on a matronly persona, effectively providing comfort for soldiers facing hopeless situations alone. In this respect, embracing their role as a feminine figure in the hospital was a way for nurses to provide comfort and treat their patients in an emotional sense.

Accepting traditionally feminine values in their work not only made a difference in the morale of hospitals but also contributed to the humanization of medical care which was previously lacking. Often surgeons were simply more concerned with saving the most likely to survive with surgical care, neglecting other aspects of care that were deemed less necessary.[[4]](#footnote-4) However, for nurses who had taken up their stations for the purpose of doing good for their fellow countrymen, this became a central issue of their duties. Following her arrival to her station, nurse Cornelia Hancock immediately observed the desperate need for nourishment among the men and set out to work with a loaf of bread and jam, gratified to see the food consumed quickly and heartily by the soldiers.[[5]](#footnote-5) However, other nurses noted that despite not caring about diet themselves, surgeon’s admonished anyone for taking special care over the soldiers' diets. Jane Woolsey, pained to see her wards hungry, obtained treats from a general store herself, distributing them at her own discretion.[[6]](#footnote-6) This desire to bring individualized care and a maternal presence to hospital wards was in direct contrast with general military practice; therefore, in their attempts to be charitable, nurses found themselves rebelling against the inherent inhumanity of military procedure.[[7]](#footnote-7)

Despite their shared obligations towards their patients, the conflict between nurses and surgeons was a recurring one. The poor state of military hospitals combined with an eagerness to raise the status of their hospital made surgeons all the more irritable and defensive at the arrival of nurses who lacked formal training or military discipline.[[8]](#footnote-8) Although many nurses proved their usefulness to doctors over the course of the war, the intrusion of a female presence in a male-run system was more often viewed as a threat. It was expected for nurses to be obedient and unquestioning towards surgeons’ medical decisions, and overtly judging the actions of surgeons was avoided out of fear of dismissal.[[9]](#footnote-9) This ill-treatment was not isolated to specific surgeons or nurses but was a widely expressed sentiment among numerous hospitals. Responsible for overseeing nurses’ training, the WCAR recognized the systematic jealousy and disrespect nurses were facing, expressing their regret that female nurses’ help was resisted by all but the grateful soldiers they aided.[[10]](#footnote-10) Yet, the sympathy they expressed only highlights the WCAR’s inability to address the treatment of nurses. Instead, female nurses would have to intentionally adjust the way they carried out their roles and responsibilities based on the expectations enforced by doctors.

 With surgeons refusing to work with female nurses because of patriarchal standards, the effect on nurses was to adhere to cultural norms more strongly in some ways. Nurses often had to conform to the expectation of performing traditionally domestic duties because of men’s stance against their jobs; this parallel in responsibility allowed women to work alongside their male colleagues without provoking radical opposition towards their presence in a traditionally male space.[[11]](#footnote-11) Considering the practice of nursing as an extension of women’s traditional responsibilities allowed for surgeons to retain a sort of patriarchal hierarchy even as a woman’s employment as a hospital nurse broke these standards. Surgeons were even seen to be more accepting towards nurses that embraced this domesticized role more zealously; letters sent to Dorothea Dix from surgeons often contained gratitude and pride towards nurses who were particularly dutiful in their cleanliness and attentiveness in surgeons’ wards.[[12]](#footnote-12) In praising nurses who conformed to expected gender standards, surgeons subsequently encouraged female nurses to take on typically feminine duties in order for a cooperative relationship to be achieved.

 While cooperation was achieved between many nurses and surgeons for the sake of the hospital and their patients, opposition to women gaining any authority in the medical field influenced a system of patriarchal hierarchy, reinforced by surgeons during the war. The first women doctors in America, Elizabeth and Emily Blackwell, exemplified the entrance of women into this male-dominated space with the opening of their clinic in New York. Despite their help at the beginning of the Civil War with the WCAR and other support efforts, the Blackwell sisters’ clinic was intentionally left off the list of hospitals allowed to train nurses.[[13]](#footnote-13) Most surgeons simply preferred to bear the burden of understaffed hospitals rather than accept female nurses being led and trained by other women. Maintenance of the social hierarchy was deemed even more important when surgeons’ authority was threatened. Georgeanna Woolsey noted in her nursing experience that because the government had decided to employ female nurses, leaving army surgeons without a say in the matter, they resolved too often to make nurses’ lives as difficult as possible, in the hopes they would leave.[[14]](#footnote-14) Instead, nurses persisted in any way they could, knowing that surgeons’ authority in the hospital itself made deference necessary for cooperation and success in their work.

 Besides the views surgeons held towards them, nurses had to contend too with the inefficiency of hospital protocol and administration. Female nurses were far from the only people working in hospitals without the same experience and rank as surgeons; many inexperienced men at this time were also securing jobs as assistant or contract surgeons due to expanded wartime needs. However, the professional capacity of their roles, as opposed to the voluntary nature of the nursing position, allowed them to institutionalize their authority and position above nurses.[[15]](#footnote-15) Because women had never been officially employed in military hospitals before, there was no precedence or protocol for hiring, paying, or managing these nurses, their training, and their duties. Nurses’ position as volunteers, which had enabled women without formal education the opportunity to work, also limited them by diminishing their status in hospitals. This was not the intention of the WCAR, whose initial expectations were for female nurses to become heads of their wards, but this idea was impeded by a lack of deference to nurses’ authority from other hospital workers.[[16]](#footnote-16)

Only one other figure had direct legal authority over managing nurses: Dorothea Dix, reformer of care for the mentally ill, appointed Superintendent of Female Nurses in 1861, becoming the first female to hold such a high government position.[[17]](#footnote-17) However, Dix’s elevated status only aggravated doctors and made cooperation difficult. Surgeons would often refuse to allow female nurses into their hospitals because it would mean submitting to Dix’s authority; moreover, many hospitals stood in defiance of a woman taking such authority by outright ignoring her orders.[[18]](#footnote-18) One newly minted nurse, Jane Swisshelm, quickly found this out in her determination to find a proper bed for the injured husband of one woman, Mrs. Thayer. When the surgeon in charge did not resolve the issue, Swisshelm turned hopefully to Dix’s authority. Dix stopped by the fort and ordered the surgeon to take care of getting a proper bed, naming Swisshelm as the one who had brought this to her attention. In turn, the surgeon punished Swisshelm for her indiscretion by not allowing Mrs. Thayer to visit; and her husband, a victim to this mishandling, died with neither his wife by his bedside nor a bed to sit beside.[[19]](#footnote-19) After experiences like these, most nurses avoided appealing to Dix’s authority, seeking instead to act under their own discretion, lest they too become a casualty of hospital authority issues.

To compound the difficulties nurses faced, factors such as supply distribution and impractical treatment regulations led to inefficiencies in patient care and suffering for soldiers. Army Regulation often left certain needs unfulfilled in hospitals, and, reluctant to promote weaknesses, the government was often unclear and contradictory about the need for private donation.[[20]](#footnote-20) Instead, supply donations were directed to Dix’s address before being sent to hospitals; however, the added time of having to ship things to Dix before distribution combined with her ineptitude towards handling donations made it rigorous for nurses to obtain anything from her.[[21]](#footnote-21) As a result, they simply bypassed this process. Discovering a mounting case of hospital gangrene, nurse Jane Swisshelm sought out the head surgeon to acquire lemons to combat it; however, he told her that the government had supplied them with too few, and they were requesting some from far away in Boston. Shocked, Swisshelm took to the New York Tribune to urgently request lemons from the public. Almost immediately, lemons began piling up at Swisshelm’s address, satisfying her that “if there was any more hospital gangrene that season [she] neither saw nor heard of it”.[[22]](#footnote-22)

Facing nurses who operated outside of her authority, surgeons who directly challenged it, and issues with her uncooperative management style, Dix’s control over nurses in military hospitals began to wane. By 1863, Dix’s legal power was heavily diminished through the War Department’s order #351; the order gave medical directors—who were entirely male—the power to effectively approve or dismiss any nurse, and it put surgeons in charge of requesting nurses at their own discretion.[[23]](#footnote-23) The legal power that surgeons had over nurses heavily influenced how they performed their duties, as they sought to continually fight for humanized patient care within the limits of their authority and resources. However, their lack of professional authority in a system that prioritized the medical authority of surgeons left nurses in conflict with hospital protocol; furthermore, the absence of respect as peers and equals from surgeons caused nurses to have to confine their actions to the limits set by surgeons themselves.[[24]](#footnote-24) The impact that nurses had on their patients by instilling culturally feminine values in patient-care, attending diligently to all their needs, and creating a sense of camaraderie and friendship is undeniable. Yet, in order to pursue their moral duty to serve their patients, nurses had to accept traditional domestic expectations in their work. In doing so, female Union nurses shaped the modern sense of nursing, forcing the medical world to accept the necessary skills that women brought forward, even as surgeons sought to maintain their male-run hospital order.

Just as the nurses of the Civil War were inspired to start their journey by the work of Florence Nightingale, America itself took a cue from Nightingale by opening the first school dedicated to the training of nurses at Bellevue Hospital in New York, in 1873.[[25]](#footnote-25) After the Bellevue Hospital school, the Boston Training School admitted its first four students in November of that same year.[[26]](#footnote-26) Progress and opportunity was abound for women in the postwar era; not only did women have the chance to become nurses professionally, there was also a growing social acceptance of women becoming doctors.[[27]](#footnote-27) Furthermore, many nurses published their accounts in hospitals or on the battlefield, gaining them nationwide reputations as heroes; and yet, formal pension for female nurses wasn’t provided until 1892, with the Army Nurses Pension Act. Even then, proof of employment, which was difficult for many nurses to obtain, had to be submitted to qualify for pension.[[28]](#footnote-28) In this respect, though nurses were acknowledged collectively for their heroism in a time of need, they were rarely recognized in their own time as accomplished, pioneering individuals in nursing. Even modern history tends to simplify the narrative by interpreting the work of female nurses as part of the collective way women stepped up during the war. However, what makes Civil War nurses worth remembering in their own right is the hospital system they had to contend with to carry out their work; they had to both conform and rebel, obey and oppose, and work within a system that worked against them.

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1. Nimura, *The Doctors*, 227. [↑](#footnote-ref-1)
2. Alcott, *Hospital Sketches*,34. [↑](#footnote-ref-2)
3. Alcott, *Hospital Sketches*, 58. [↑](#footnote-ref-3)
4. Adrienne, *Healing a Divided*, 143. [↑](#footnote-ref-4)
5. Hancock, *Letters of a Civil*, 6-7. [↑](#footnote-ref-5)
6. Woolsey, *Hospital Days*, 155-156. [↑](#footnote-ref-6)
7. Schultz, “The Inhospitable Hospital,” 389. [↑](#footnote-ref-7)
8. Schultz, “The Inhospitable Hospital,” 373. [↑](#footnote-ref-8)
9. Schultz, “The Inhospitable Hospital,” 377. [↑](#footnote-ref-9)
10. Woman's Central Association of Relief, "Report concerning,” 26. [↑](#footnote-ref-10)
11. Vance, "'They Set Themselves," 55. [↑](#footnote-ref-11)
12. Schultz, “The Inhospitable Hospital,” 381. [↑](#footnote-ref-12)
13. Nimura, *The Doctors*, 229. [↑](#footnote-ref-13)
14. Culpepper and Adams, "Nursing in the Civil," 982. [↑](#footnote-ref-14)
15. Schultz, “The Inhospitable Hospital,” 373. [↑](#footnote-ref-15)
16. Woman's Central Association of Relief, "Report concerning,” 26. [↑](#footnote-ref-16)
17. Vance, "'They Set Themselves," 7. [↑](#footnote-ref-17)
18. Galik, "Dorothea Dix," 35. [↑](#footnote-ref-18)
19. Swisshelm, *Half a Century*, 241. [↑](#footnote-ref-19)
20. Woman's Central Association of Relief, "Report concerning,” 28. [↑](#footnote-ref-20)
21. Vance, "'They Set Themselves," 39-40. [↑](#footnote-ref-21)
22. Swisshelm, *Half a Century*, 252-253. [↑](#footnote-ref-22)
23. Woolsey, *Hospital Days*, 43. [↑](#footnote-ref-23)
24. Schultz, “The Inhospitable Hospital,” 388. [↑](#footnote-ref-24)
25. Adrienne, *Healing a Divided*, 256. [↑](#footnote-ref-25)
26. Larkin, Fisher, and White, "Post-Civil War Modernity," 1. [↑](#footnote-ref-26)
27. Adrienne, *Healing a Divided*, 254. [↑](#footnote-ref-27)
28. Vance, "'They Set Themselves," 72. [↑](#footnote-ref-28)