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Women as service providers in Portuguese hospitals in the Modern

Age

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Abstract

In this work we propose to analyse women's performance in Portuguese hospitals of the sixteenth to eighteenth centuries, highlighting their role as nurses, orderlies, cooks and washerwomen.

The analysis of women's hospital work will permit an understanding of the contractual obligations to which women were subject, the relationships they established with patients, with other employees, and with the governing body, their "qualification" for the position and the management of their demeanour. A charitable, competent and honest profile was required of women; qualities that could determine their inclusion or exclusion from the group of paid employees.

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1. Introduction

The study of women takes us into the domain of work and their performance as active members of the production and distribution system (Polónia, 1999). It is known that women have always worked, actively contributing to the family economy, yet having lower wages compared to men. They have also possessed lower professional qualifications, the reason that has put them in a position more subject to fluctuations in the labour market, making them more vulnerable to crises.

The knowledge we have today about women's work in the Modern Age stems from the investment made by

the recent historiography on gender studies and is quite distinct from what existed a few decades ago (Carbonell, 1997).

As studies of women widen, we realize that they have always performed a wide range of professions, working side by side with men, either in the fields or in trades or in the service sector. The diversity of women's work is attested to by the presence of women in different sectors of activity (Sá, 2004; Figueiredo, 2004; Carbonell, 2005) and throughout their lives (Boutouyrie, 2003). Therefore, it is not surprising that they have also been linked to the health sector. Hospitals have included women as providers of health care or other services, necessary for the operation of these institutions.

As they grew and became powerful managers of various assets, the *Misericórdias* (charitable hospitals) needed to hire more paid employees for the religious sectors for of health and administration. Our analysis is drawn from a lower status group amongst the paid employees: firstly, because they are women, during a period in which their role was unacknowledged and theoretically more directed to the domestic sector, and secondly, because they provided unskilled services.

The workgroup that we studied concerns only women workers in Portuguese hospitals in the Modern Age, although we must not lose sight that they interacted with other paid employees, in particular with the male orderlies and nurses who performed very similar tasks to female orderlies and nurses. These women also maintained close relationships with physicians, surgeons and bloodletters.

The study of nurses, orderlies, cooks and washerwomen in Portuguese hospitals of the Modern Age confronts us with the very distinct realities that prevailed in each institution. This work is intended only to contribute to a better understanding of the performance of women in hospitals, seeking to sketch out some broad strokes, although we are aware of the existing limitations and with which we were confronted.

If the group of top-level paid employees, such as doctors, surgeons and even bloodletters, are today better known, for having been recently transformed into an object of study, the same can not be said of nurses, orderlies, washerwomen, as well as, male and female cooks and servants. This latter group, despite playing a fundamental role in these institutions, remains almost entirely in the silence of history, waiting to be rescued and better understood.

2. Women's performance in Portuguese hospitals

Working in a hospital as an orderly, nurse, cook or washerwoman in the Modern Age almost always required that a contract be drawn up between the hiring institution and the paid employee and, in some of these institutions, a guarantor too. For various hospitals, mainly for large and medium sized ones, there is no doubt about the preparation of these written documents, but for the smaller ones the sources are not always clear as to their existence, leaving the researcher with several questions unanswered. These contracts, if they were made, were almost always for one year, i.e., the same duration as the governing body. So, one of the first undertakings of the new management was to renew their employees contracts.

In the work group we studied the turnover rate was very high, dismissals were registered for inadequacy in their duties, both in terms of carrying out tasks, and in terms of behaviour, but this was not true in the case of doctors, surgeons and bloodletters. If the shortage of these professionals, especially doctors and surgeons, can help explain this situation, the large supply of cooks, washerwomen, nurses and orderlies helps to explain the ease with which they were dispensed with and replaced by new workers.

The Portuguese hospitals in the Modern Age were almost overwhelmingly under the ownership of *Misericórdias* and therefore it was with these institutions that employees established working relationships. The *Misericórdias* were secular institutions, created at the dawn of the Modern Age (the *Misericórdia* of Lisbon was founded in 1498) by the Crown, which favoured them with many privileges and benefits. They operated with *numerus clausus*, with an equal number of noble brothers and officials, and they were very popular in the Modern Age. Among the many services they provided: they helped to heal the sick poor, either through internment in the hospitals they ran or at home. To those who could not or did not want to be hospitalized, the *Misericórdias* sent their doctors and/or surgeons to their homes, providing them with medicines, and also chickens or monetary help for treatment.

In these institutions, the position of washerwoman was always occupied by a woman, but the kitchen could be run

by a man, and could, for example, be occupied by an orderly², depending on the best solutions found at each moment by each institution (Abreu, 1999). The other two positions, i.e. orderlies and nurses, were also occupied by men, since women were destined to work with women, and men with men. Although not always the case, orderlies and nurses were often married to each other. In a report made in 1740 to the San Marcos hospital in Braga, the nurse argued that nurses should be husband and wife. According to him, by "having twice seen in this hospital male nurses involved with female nurses, it now seems (...) that it would be more decent if they were married, not only for the tranquillity and honesty of this house, but also for the good of its service because if one of them is sick, the other would take on all their duties, which would never occur if they were single"³.

Employment contracts established with the employer determined the obligations to which the paid employees were subject and the remuneration that was due to them, and detailed the amounts in cash and kind, or just in cash. In addition to the contract, the employees were also subject to the rules established by the Board⁴, which regularly evaluated and issued a report on their performance and stipulated rules to be followed. The way each hospital dealt with their employees was different, and some of them were known to require annual contracts, while others did not.

The renewal of employment contracts served to guarantee the institution the right to dismiss employees, enabling thereby, a greater control over them. The parties involved knew this limitation and it was advisable for employees to fulfil contractual clauses, through diligence at work, but also obedience and, in the case of women, moral rectitude. Their performance should contribute to the proper functioning of the institution and, simultaneously, to its image in local terms.

The Misericórdias of the Modern Period relied on the voluntary work of the board members (mesários) who had this obligation and a corps of employees for the sectors of administration, religion and health. According to Mary Lindemann, in hospitals during this period there was a "miscellany of actors", in which health professionals, workers, patients and administrators were included (Lindemann, 2002).

The selection of employees involved certain criteria, whether they were men or women. In the study group these were never explicit, although it was implied by the qualities that were attributed to women. Good manners, hard work, the care and affection with which they should treat the patients, cleanliness, physical capacity and a modest, humble life, were favoured. This last criterion explained why, in several hospitals, widows were admitted for some of these tasks, namely to take the place of a nurse or orderly, carried in a resident-staff system, and requiring direct contact with patients. It was hoped that the experience of life, as well as maturity and age would contribute to greater decency, serving as an example to other employees, adopting practices from a respectable and respected life indoors, and in the surrounding community. Having an honourable manner was to enjoy a good reputation, be modest and be respected in society (Peristiany, 1988).

After the Council of Trent, society sought to control all Catholics, but especially women, forcing a strict code of moral conduct on them (Palomo, 2006).

Loyalty, honesty, decency and modesty were required from everyone, but particularly from women, from whom exemplary behaviour was expected. Responsible for supervising and managing the hospital's assets every day, the women and the men who worked there in a residential regime, needed to be serious and remain vigilant that their goods were not stolen, either by other employees or even by people from outside the institution.

A lack of decorum, or a life-style less appropriate to the hospital context, were very sensitive issues that often resulted in expulsion. Because, with the exception of the washerwoman, everyone else were forced to live behind its doors, the social life of many of these women, when unmarried, was largely spent with either patients or, especially, with the other employees. The daily conviviality, sharing rooms and the same problems and staying 24 hours a day in the hospital contributed to the strengthening of relationships, and in some cases, the overstepping of moral barriers. When female behaviour was considered unseemly, the matter was quickly brought to the board to take action and restore order, so as not to make it become public, especially outside the hospital.

Situations considered unseemly existed in many hospitals. Doors left open, women who flirted with men, men and

² As happened in the Ponte da Barca hospital where the orderly also cooked. This was a very small institution, corroborating the accumulation of functions. Read Pereira, Maria das Dores Sousa (2008). *Entre pobres e ricos: a Misericórdia de Ponte da Barca 1630-1800* (pp. 300-301). Braga: Santa Casa da Misericórdia de Ponte da Barca.

³ Braga District Archive (hereinafter ADB), Fundo da Misericórdia, *Livro das devaças 1714-1800*, no. 707, p. 59.

⁴ Administrative body of the Misericórdias, composed of 13 members.

boys who entered the hospital without authorization and women who went out without consent, contributed to less than proper environments, and were made possible by permissiveness that existed in a place where their daily life should be marked by restraint (Freitas, 1998).

Although secular confraternities, the Misericórdias maintained a strong connection to the Church and retained their good practices. They got rid of practices considered immoral on the outside or harmful to their image and immediately rectified them with the expulsion of those identified (Jardim, 1997).

The knowledge of the candidates would be a key element for their recruitment. Normally, those accepted were women who lived near the hospital complex, were known by members of its governing bodies and had capabilities for the position.

The choice of employees was not always free of complicity and favours. It is easy to understand in certain instances the mechanisms used to employ certain people over others. The family's contacts and ability to influence the governing body of the hospital were important factors to get a position (Hufton, 1994).

The functions that were assigned, in particular with respect to orderlies, nurses and even cooks, were related to the size of the hospital. The reality is very complex and does not always allow a clear course of action to be described. We are aware of this limitation and call the reader's attention to this reality. The larger the hospital was, the greater the need for more employees and also the greater the differentiation of functions (Braga, 2001). In smaller hospitals, the smaller number of employees led to the accumulation of tasks by the same person (Pérez, 2010). Many of these institutions did not exceed a very small number of beds. Moreover, the distribution of tasks is also associated with the actual operation of the institution and not the skills that each employee should possess, so that consequently, a great variety of situations are found.

The female nurse was in charge of the cleanliness and tidiness of the female patients. It was their duty to accompany the doctors, surgeons and bloodletters in visiting the sick, giving them information about the health status of each one and sleep in the wards in order to watch over the patients during the night. It was also the female nurse's duty to assist with the patients' meals and take care of their bodily hygiene. She was in charge of administering drugs to them and calling the bloodletter when necessary. The female nurse dealt directly with the patients in her ward and established contact with the other health professionals.

The female orderly had to carry out some tasks with the male orderly, particularly with regard to the locking of the doors of the hospital. This was common in small hospitals where there was no doorman. In the larger hospitals this did not happen, because there is an employee with this function. They also had to assist the male orderly in cleaning the common areas, such as: yards, balconies and other facilities in the hospital complex, as well as collecting wood, and keeping it in good condition for burning.

This employee had to take care of patients in the female ward, serving them meals and taking care of their clothes. If any patient passed away she was required remove the body from the infirmary, and take it to a place where the body was shrouded and prepared⁵.

Normally, it was up to the female orderlies to look after the property of wards, not just the clothes, but also the mattresses and beds. It was also their responsibility to make the beds of patients, according to the schedule established in each institution, and always keep them clean and tidy, and to behave with great charity. In some hospitals this last task was assigned to the maids, as was the emptying the chamber pots.

Despite tasks being their responsibility, they would often excuse themselves from performing certain duties, passing them on to the maids, as was the case with cleaning common areas and the preparation of corpses. However, this did not actually happen in all hospitals. In some the task of shrouding the corpses was given to the female nurses⁶.

When patient volume increased, hospitals hired more employees to assist the nurses and orderlies with their work in the wards, and called them attendants, women to work in the female wards and men in the male wards. However, the

⁵ In some hospitals she also performed enemas to patients, but larger hospitals there were women in charge of this service, called "cristaleiras".

⁶ In the Santa Casa de Guimarães Hospital, the nurse also served meals to patients and performed cleaning duties. It should be added that the hospital was also staffed with orderlies. Consult Costa, Américo Fernando da Silva (1999). *A Santa Casa da Misericórdia de Guimarães (caridade e assistência no meio vimaranense dos séculos XVII e XVIII)* (pp. 207-209). Guimarães: Santa Casa da Misericórdia de Guimarães.

attendants fulfilled many functions, assisting in various support services for patients and for the functioning of the hospital. Preparing meals in hospitals was not always assigned to a woman. This task was also performed by a man in some cases, though more commonly it was the responsibility of a female member of staff.

The cook was required to be clean, honest and physically capable for the service they were assigned. Moreover, in times of financial difficulty, they were required to be parsimonious in their spending. Although many Portuguese hospitals in the Modern Age made use of the grain they received from rent and lease fees to make bread, and also had chicken coops and even herds of sheep⁷, feeding the sick was one of their major expenses. It was therefore necessary to control these costs, requesting the cook to make better use of supplies and to spend less.

The performance of the cook was usually evaluated by patients, but also by the other employees. Not infrequently, patients complained of the meals served to them, expressing disapproval when justified.

From the group studied the washerwomen were the women who retained the most freedom in their lives and had less direct contact with hospital life and the hospital supervisors. As they only went to the institutions to fetch dirty clothes and deliver them washed, the contact was not continuous, nor did they work in a residential regime, as the others did. Despite working for the hospital they did not work in the hospital, and were consequently, less exposed to the intrigues generated within the institution. The social life of the washerwomen extended to other places, which also contributed to less adversarial relationships behind the hospital doors. The number of these employees varied with the volume of inpatients and consequently with the size of the institution. In smaller hospitals, the washerwomen were also responsible for washing the religious vestments, which did not occur in the larger ones. These workers were not exclusively employed by the hospitals, but usually washed laundry for private houses, thus contributing, through various wage packets to their family income.

The demands included by the hospitals in their hiring were associated with cleanliness and their physical capacity for the work. The manual washing of clothes required physical effort that only robust women could provide. Always in large quantities, dirty and not always in good condition, the bed linen: sheets, pillowcases, blankets, towels were treated in a barrel with ash to subsequently be whitened and cleaned (Vigarello, 1988). The washerwomen were asked to return clothing clean and in good condition, which did not always happen. These items were subject to frequent washing and continuous wear, a factor that led the Board to order the reuse of the items, to make new ones from the old and to reuse the cloth in a sensible manner.

As the eighteenth century progressed and concerns about hygiene increased, hospital beds began to be changed more frequently and the sheets washed more often. Hygiene was included in the treatment programme that patients underwent, and remained a growing concern throughout the seventeenth centuries⁸.

Because they worked in a sector of high responsibility, as was the case with bed sheets, which were subject to wear and were expensive, the washerwomen were expected to be conscientious women who could be trusted with part of the institution's property, even if only for a few days.

The washerwoman also had to deliver clothing in good condition, taking care that it would last, but also that it was delivered on time, since it might be needed but not be available. The complaints, mainly from orderlies and nurses, about the washerwomen's delay in delivering the bedding, were related to the fact that hospitals didn't have a enough bed clothes to allow several changes of sheets without needing those that had been sent to wash. Precisely the opposite was noted. The stock of existing bedding did not allowed multiple changings, keeping hospitals dependent on the diligence of the washerwoman and, often, the weather.

The paid employees in this study did not have any professional training. They were hired for their good manners, for their physical ability to perform the job and even for their ability to influence decisions. They belonged to disadvantaged social groups and were often had family links to the trade⁹. The skills to perform duties were acquired

⁷ The Vila Viçosa hospital in the eighteenth century had a herd, and was authorized to have up to 200 sheep. Consult Araújo, Maria Marta Lobo de (2000). *Dar aos pobres e emprestar a Deus: as Misericórdias de Vila Viçosa e de Ponte de Lima* (séculos XVI-XVIII) (p. 217). Barcelos: Santa Casa de Misericórdia de Vila Viçosa; Santa Casa de Ponte de Lima.

⁸ This concern was evident in hospitals, but also, for example, in prisons. Read Vigarello, Georges (1999). *Histoire des pratiques de santé. Le sain net le malsain depuis le Moyen Âge* (pp. 178-179). Paris: Éditions du Seuil.

⁹ On the social status and lack of competence of nurses, consult Lopes, Maria Antónia (2010). *Protecção Social em Portugal na Idade Moderna* (p. 69). Coimbra: Imprensa da Universitária.

from day-to-day experience.

3. Conclusion

Employed in various trades, women of the Modern Age also worked in the hospital, where they performed various roles. Although we do not know the hiring process for all hospitals, we know that in many of them, the relationship with the employer was established by a written contract, which was renewed annually upon the new Board's taking of office. Knowledge and physical ability were important criteria, however, moral uprightness, charity, obedience and fidelity should be instrumental in the relationship these women had with patients, with the other employees of the hospital and with the brothers and sisters in the supervisory bodies.

Required to work and live on the premises, orderlies and nurses fulfilled functions that forced them into direct contact with patients, which was not the case with the cooks and washerwomen. These latter positions enjoyed greater freedom when compared with the others and, perhaps because of this situation, they rarely became the target of intrigues and conflicts, as happened with the others.

Although they provided auxiliary functions in the treatment of patients, nurses and orderlies did not have any professional training. It was experience that shaped their ability to fulfil their tasks, occupying however, an important place in daily hospital life. However, being women they remained under the watchful scrutiny of members of the administration, scrutinizing their performance with patients, but also their moral behaviour.

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