

Review article

HISTORICAL DEVELOPMENT OF INTERNATIONAL COMMUNITY NURSING (1880–1980)

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Abstract

Background: Community and public nursing emerged at the intersection of medicine, social care, and state policies between 1880 and 1980. The development from philanthropic and volunteer initiatives to an institutionally anchored profession was not uniform and always reflected local social, political, and cultural conditions.

Objective: The review aimed to reconstruct the historical development of community nursing in an international context. Particular attention was paid to the factors that shaped the professional identity of nurses and their position between medical authority, government, and community needs.

Methods: This paper was conceived as a narrative review supplemented with elements of a scoping review. Literature was searched in the databases PubMed, Scopus, Web of Science, and EBSCOhost, as well as in Czech professional journals and publications. After selection based on relevance and completeness, nine studies were included in the synthesis.

Results: The analysis of research findings revealed the fundamental features of community nursing development, particularly the emphasis on prevention, close links with social care, and the gradual involvement of the state in service organisation.

Conclusion: The results document why some problems in home care recur and why it makes sense to return to historical experiences. Although the narrative approach and limited range of sources reduce the breadth of the analysis, they provide important insights into the historical development of community nursing.

Keywords: *Community nursing; Czechoslovakia; History of nursing; Narrative overview; Public health*

INTRODUCTION

The history of community and public nursing at the turn of the nineteenth and twentieth centuries (as well as in the following decades), cannot be understood solely as a professional story. It is also a testament to how societies have tried to cope with social inequalities, the availability of healthcare, and the changing role of the state in the field of public health. From initially voluntary and philanthropic efforts, institutions gradually emerged that were integrated into health systems, but not always in the same way. The course was always shaped by political conditions, cultural

environments, and local traditions, resulting in different models of community nursing that varied in nurses' degree of autonomy and their connection to the medical profession.

By the 1880s, it was clear that nurses' work went beyond simply assisting doctors. Florence Nightingale in England and Lillian Wald in the United States were demonstrating that nursing could transform public health, education, and the shape of social reform. Wald, at the Henry Street Settlement, emphasised the need for social justice in health care and initiated the "visiting nurse services", which later became the foundation of modern home care (Buhler-Wilkerson, 1985). World War I accel-

erated this development; nurses became an indispensable part of the health service and their work became firmly embedded in national public health policies.

After the wars, the question of whether the main space for nurses' activities should be the community, households, and clinics, or the structures of state-run healthcare, arose again. The development of Czechoslovakia shows this dynamic very clearly. During the First Republic (1918–1938), efforts were made to systematically educate and integrate health and social care, as evidenced by the activities of the Masaryk State School of Health and Social Care in Brno (Zaoralová, 2016). After 1948, however, the Soviet model prevailed, which limited professional autonomy and weakened the community component of nursing. This development contrasted sharply with the situation in Canada and the USA, where nurse-led clinics and public nursing programs based on independent decision-making by nurses developed in the 1960s and 1970s (McKay, 2009; Tobbell, 2025).

As Lynaugh (1996) reminds us, without knowledge of the past, it isn't easy to understand why nurses continue to balance subordination to doctors and the desire for their own decision-making space. In modern history, nursing has moved between the authority of medicine, state regulation, and the needs of the community. This triple bond has shaped its identity, brought conflicts, and opened up new possibilities. These echoes are clearly reflected in current debates about the form of home and community care.

MATERIALS AND METHODS

This article is conceived as a narrative overview, focusing on the historical development of community nursing in the Czech and international contexts. It aims to provide a comprehensive overview of the research to date, reconstruct key historical milestones, introduce the personalities and legislative measures that have shaped the form of community and home care, and assess the significance of these processes for current and future research.

This paper pursues three main goals: (1) to map the historical development of community and public nursing in different countries,

(2) to analyse the social, political, and cultural factors that conditioned this development, and (3) to compare international experiences with the development of Czechoslovakia and define the specific features of the domestic context. The formulated research questions correspond to this:

1. What form did community nursing take in individual countries between 1880 and 1980?
2. What social, political, and health factors fundamentally influenced its development?
3. In what ways did the Czechoslovak experience coincide with international trends, and in what ways did it differ?

Although the study is a narrative review, elements of the scoping review methodology and the PRISMA-ScR checklist recommendations (Page et al., 2021) were used to enhance the clarity and transparency of the process. This approach was chosen to make the entire search process more transparent and to document the method of finding and selecting literature more effectively.

The search was conducted in four international databases (EBSCOhost, PubMed, Scopus, Web of Science) and was supplemented by targeted searches in Czech professional journals and publications. The inclusion of Czech studies made it possible to supplement the context of national development, which is not sufficiently represented in international databases. Combinations of key terms connected by Boolean operators were used: (“community health nursing” OR “community nursing” OR “public health nursing” OR “district nursing” OR “wijkverpleging”) AND (“historical” OR “historiography” OR “historical review”). Studies published in English and Czech were included in the search, given the availability of resources in international databases, allowing for the capture of both global trends and the specific context of domestic development. The time frame of the review (1880–1980) was determined based on the time range of the included studies.

Studies that met the following criteria were included in the review: (1) focus on community or public nursing, (2) historical perspective, (3) publication in a peer-reviewed journal or other relevant professional source with complete bibliographic data. Papers that

were (1) unrelated to the topic, (2) purely clinical, or (3) lacking methodological and citation support were excluded.

The selection process was conducted in two steps: first, a preliminary selection was made based on the title and abstract, followed by a detailed assessment of the full text. Out

of a total of 577 identified records, 28 eligible texts were selected for assessment. After methodological and qualitative evaluation, nine studies were finally included in the review. The entire procedure is illustrated in the PRISMA flowchart (Diagram 1).

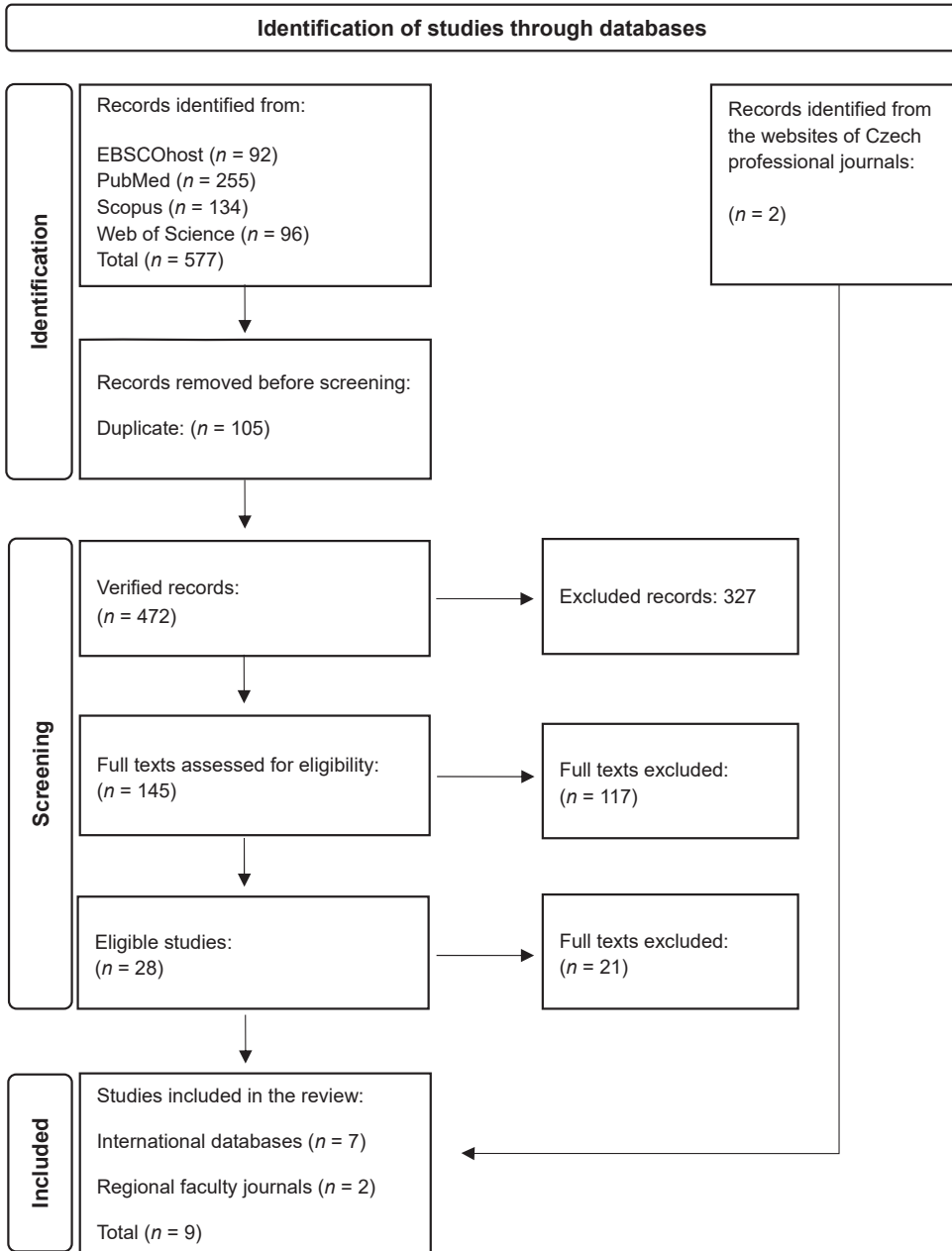


Diagram 1 – PRISMA flowchart

RESULTS

A total of 577 studies were identified based on the systematic search. After removing duplicates and unavailable texts, 28 studies were assessed in detail. Nine of those ultimately met the specified criteria. Seven studies were identified from international databases (PubMed, EBSCO, Scopus, Web of Science), and two studies were identified in regional faculty journals. The selected studies were included in the final analysis. The entire selection procedure is illustrated in the PRISMA flowchart

(Diagram 1), and the basic characteristics of the included studies are summarised in Table 1.

For narrative analysis, the results were organised into five thematic stages that reflect key trends and historical contexts in the development of community and public nursing between 1880 and 1980. This approach enables us to capture not only the chronological sequence but also the broader social, political, and cultural contexts that shaped nursing practice in individual countries, as evident from the analysis.

Table 1 – Stages of development of community nursing (1880–1980)

Period	Characteristics	Study authors	Benefits and findings
1880–1910 The origins of public and community nursing	Care linked to philanthropy, district nursing in England; emphasis on prevention according to Nightingale; dependence on volunteerism.	Fox (1994); Monteiro (1985)	“District nursing” as a basic model; prevention and hygiene as principles; limited professionalisation.
1910–1930 Institutionalisation and the first professional forms	Transition from charity to profession; role of Lillian Wald and Henry Street Settlement; development in Canada – infection prevention.	Fee and Bu (2010); McKay (2009)	Nurses as organizers of community life and reforms; recognition by the state; strengthening the profession in prevention.
1918–1938 Between the wars – strengthening the role of the state	In Czechoslovakia, the integration of nursing into modern healthcare; coordination with doctors and hygiene; similar processes abroad.	Hellerová et al. (2023)	Systemic integration of public nursing; emphasis on cooperation with state institutions.
1930–1950 Crisis and the reshaping of the role of nurses	Impacts of the economic crisis and war; in the USA, the expansion of services to the chronically ill; in Czechoslovakia, the integration of health and social care.	Buhler-Wilkerson (1985); Zaoralová (2016)	Changing role of nurses – disputes about therapeutic and preventive functions; integration of social component of care.
1950–1980 Professionalisation and expansion	The profession is strengthened; the “coming of age” of public nursing; the influence on the decline in infant mortality; the development of home care in Czechoslovakia.	Roberts and Heinrich (1985); Thomson and Keeling (2012); Hellerová et al. (2023)	Discipline in its own right; empirical evidence of benefit; institutionalisation.

Table 1 summarises the results of the review according to five historical stages of community nursing development from 1880 to 1980. For each stage, key features of development, authors who addressed the issue, and specifics of the social context are presented. The review enables a quick comparison of international trends with domestic experience, revealing a gradual shift from philanthropic activities to the professionalisation and institutionalisation of the profession.

The development of community and public nursing between 1880 and 1980 can be divided into several stages, which were interconnected but had distinct courses in different countries. The examined studies show that in the early period (roughly between 1880 and 1910), nursing was closely tied to philanthropic initiatives and the first attempts to integrate nurses directly into the care of low-income families in their homes. In England, this model developed mainly through “district nurs-

ing”, the functioning of which is described by Fox (1994). Care was dependent on local charitable associations, which ensured its availability, but at the same time slowed down the process of professionalisation and maintained a link to volunteerism. Monteiro (1985) evaluates the early initiatives similarly, returning to the ideas of Florence Nightingale and her emphasis on prevention as a fundamental principle of nursing.

After 1910, a gradual shift from charity to professional care began to manifest itself. A significant example was the work of the Henry Street Settlement led by Lillian Wald, which introduced a new model of the nurse’s role. As Fee and Bu (2010) demonstrate, here the nurse was not only a caregiver but also an organiser of community life and an agent of social reform. Similar tendencies also appeared in Canada, where, according to McKay (2009), public health nurses contributed to the prevention of infectious diseases and gradually gained respect as part of the emerging national health system.

The analysis of the texts also shows that between the two world wars, the role of the state in organising healthcare was strengthened. This was particularly evident in the Czechoslovak environment. As Hellerová et al. (2023) state, the First Republic incorporated public nursing into the modern health system, drawing inspiration from foreign models. The emphasis was on cooperation with doctors and health stations. Similar processes took place outside Europe.

The economic crisis of the 1930s and World War II significantly altered the nature of community nursing. In the USA, according to Buhler-Wilkerson (1985), nurses were expected to extend their services to the chronically ill, sparking debates about whether their primary domain should be prevention or treatment. In the Czechoslovak environment, as Zaoralová (2016) emphasises, the connection of the health and social components of care began to be promoted more, which corresponded to the concept of state social policy at the time.

The period after 1950 brought about the consolidation of the profession and its deeper integration into public health structures. Roberts and Heinrich (1985) refer to this stage as the “coming of age” of public nursing, i.e., the period when the profession established itself as an independent discipline with a clearly

defined position. Empirical studies also show concrete benefits. Thompson and Keeling (2012) demonstrated that nursing interventions had a direct impact on reducing infant mortality in the British environment. No works describing this period in Czechoslovakia in detail were identified within the included studies.

DISCUSSION

This discussion interprets key findings from the nine studies included in the narrative review and places them in the broader context of the scholarly literature. For deeper comparison and explanation of development trends, relevant works that were not part of the primary selection but contribute to a comprehensive understanding of the issue are also included.

The development of community and public nursing from 1880 to 1980 reveals the progression from voluntary and philanthropic beginnings to the gradual institutionalisation and professionalisation of the field. This process had its own pace and distinct dynamics in individual countries. Still, common elements emerged, especially the emphasis on prevention, a close connection to the social sphere, and increasing state involvement. The development of this field can be traced from early charitable initiatives and the activities of the personalities who laid its foundations, through the interwar period characterised by increasing state responsibility, to the post-war changes. Research findings confirmed that the aforementioned changes divided international and Czechoslovak development into different trajectories.

The first decades (1880–1910) were dominated by charitable and voluntary work, often inspired by prominent figures. Monteiro (1985) notes that Florence Nightingale emphasised the essence of the nurse’s work as not only treatment, but also prevention, i.e., hygiene education and home visiting. In the USA, Lillian Wald, through the Henry Street Settlement, promoted the principle that nurses should also act as teachers and social reformers. As Fee and Bu (2010) state, this was the first systematic attempt to connect nursing with a broader vision of social justice. Buhler-Wilkerson (1993) notes that Wald viewed

nurses primarily as agents of social change, whose mission was to actively influence the living conditions of impoverished communities. Both approaches, Nightingale's emphasis on hygiene and prevention and Wald's social reform concept, thus became the fundamental inspiration for the further development of community care.

The interwar period brought a fundamental shift towards the institutionalisation and integration of nursing into state policies. In Canada, nurses became a crucial element of maternal and infant care, functioning as an intermediary between families and the state (McKay, 2009). At the same time, a network of specialised schools and institutions was established in the Czechoslovak environment to systematically prepare health and social workers (Zaoralová, 2016). Hellerová et al. (2023) demonstrate that nurses significantly participated in preventive care for families, and the effort to connect the health and social components of care gradually strengthened. The Masaryk State School of Health and Social Care, supported by the Rockefeller Foundation, also played a significant role in promoting the Anglo-Saxon model of education in the Czechoslovak environment (Zaoralová and Zaoral, 2018). This development was in line with international trends, with, for example, state-supported courses for nurses being organised in Brazil (da Silva Abrão and Puntel de Almeida, 2007).

However, following the Second World War, a significant shift took place. Roberts and Heinrich (1985) state that the decline of infectious diseases and the increase of chronic diseases also changed the content of nurses' work. They increasingly became pioneers of long-term and geriatric care. Fox (1994) notes that, following the establishment of the National Health Service in England and Wales, the work of community nurses became irreplaceable, yet remained financially and symbolically undervalued. In the 1960s and 1970s, nurse-led clinics emerged, disrupting the traditional hierarchy and opening the way to greater autonomy for nurses (Tobbell, 2025).

Studies in the Anglo-Saxon environment (e.g., Roberts and Heinrich, 1985; Tobbell, 2025) indicate an increasing trend towards professional autonomy, but Czechoslovak development followed a different path. Until

1938, the role of nurses was growing, but after 1948, their independence was significantly limited due to the integration of nursing into the centralised state system (Kafková, 1992). In Czechoslovak conditions, home care continued to develop during this period within state-organised structures and through the Czechoslovak Red Cross. The implemented model emphasised social assistance and the role of volunteers within state-managed care (Hachmeister, 2022). This approach differed from the development in Western countries. Unlike in the Anglo-Saxon environment, models that would provide nurses with greater professional autonomy did not prevail in this context. Egrý et al. (2013) demonstrate that the professional status of nurses was influenced by gender and power relations, which often relegated them to the role of subordinates. However, in the global comparison, the emphasis on prevention, maternal and infant care, and the development of visiting services repeatedly appeared. Differences between countries resulted mainly from political and institutional arrangements.

In comparison with international trends, several parallels can be observed, particularly the emphasis on prevention, maternal and infant care, and the development of visiting services. However, the differences were based on the political and institutional framework. In the USA and Great Britain, autonomy was growing and new forms of practice were emerging, but in Czechoslovakia, the activities of nurses were bound by ideology and the separation of health and social components. This deficit is also reflected in the development of community nursing today (Home care concept, 2020). Bártlová (2009) noted that Czech home care is still seeking ways to more effectively integrate the health and social dimensions, while also acknowledging the work of nurses, who have long faced a shortage of personnel and financial resources.

From a long-term perspective, three key determinants can be distinguished that shaped the development of community nursing. The first is the social situation, industrialisation, urbanisation, and later the ageing of the population – which significantly influenced the demand for nursing services (Bártlová, 2009; Thompson and Keeling, 2012). The second group is represented by political factors, in particular the form and degree of

centralisation of state health systems (McKay, 2009). The third determining factor that fundamentally transformed the work of nurses is the health context itself, consisting of the epidemiological transition from infectious to chronic diseases (Roberts and Heinrich, 1985). Rafferty (1998) emphasises that historical knowledge about nursing cannot be understood as neutral, but always reflects cultural and political contexts, and these must also be taken into account when interpreting the development of Czechoslovakia.

The development of Czechoslovakia shared many features in common with international trends, but the post-war period was distinguished by significant centralisation and an ideological framework. International comparisons also show that the dilemmas raised by Nightingale and Wald, i.e., whether the nurse should primarily be an extension of the doctor's role or an independent actor of social change, remain alive in today's discussions about the form of home and community care. At the same time, these historical tensions continue to resonate in contemporary practice.

Limitations

The study is a narrative review, and a specific selectivity in the sources cannot be excluded. The text does not replace a systematic evaluation of the quality of published studies. The scope of available Czech literature may also have affected the completeness of the assessment. Czech sources were searched in accordance with the methodology, but a sufficient number of studies were missing for specific historical periods, limiting the depth and detail of the analysis. Despite these limitations, the review contains the main trends in

the development of community nursing in an international context. The limited number of historical studies also emphasises the need to continue historical research.

CONCLUSION

The historical development of community and public nursing between 1880 and 1980 reveals that the transition from charitable and voluntary activities to an institutionalised profession was not linear, but instead took different forms in individual countries. Nevertheless, certain features repeatedly appeared; particularly the emphasis on prevention, the close connection with social care, and the gradual strengthening of the state role. The Czechoslovak context broadly shared these tendencies, but the post-war period made it distinct, as centralisation and ideological control limited the autonomy of nurses and reinforced the division between health and social components. Traces of this development are still recognisable today. It turns out that the problems related to the autonomy and social status of nurses are not a closed chapter; they continue as part of today's debates about the form of community and home care.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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