

A short history of nursing

By Anne McDonagh

Canadians should be proud of the legacy bequeathed to them by the nursing profession, which has been in the vanguard of innovation in healthcare from the very beginning of our history.

In a society very much dominated by men in a way women of today can hardly imagine, nursing leaders over the last few hundred years have managed to create a highly ethical and capable profession with exacting standards and a reputation in the broader society that must be the envy of other professions.

It hasn't been easy. Nurses have always had to struggle for respect, decent working conditions and decent pay and are still struggling today. At the same time, they have behaved heroically in times of war and epidemics.

The early history of nursing, in England and North America, is really a history of courageous women who ignored their society's expectations of marriage and child rearing and instead led brave and unconventional lives in order to bring a higher standard of health care to their contemporaries. Included in that record was caring for soldiers in times of war from the Riel Rebellion to the Korean War. In fact, the profession gained every time there was a war probably because the public, especially the soldiers, were grateful to nurses for the care they had received on the battlefield and repaid them by allowing them to advance the cause of nursing.

Florence Nightingale, the founder of modern nursing, is a case in point. She gained fame and then influence through nursing soldiers during the Crimean War (1854-1856). Her sanitary improvements brought the death toll among the wounded down from 40% to 2%. Because of her fame, she was able to found a nursing school, the Nightingale Training School, in England, which became the universal model for nursing schools.

Canadian nurses trace their origins back to Jeanne Mance who by herself came from France to the French colony of Montreal in the 1600's. She founded the Hotel Dieu hospital, still one of Montreal's

great hospitals and the tradition of Roman Catholic nurses, who were usually nuns began, although Jeanne Mance herself was a layperson.

At the same time, there was a different but parallel secular tradition that developed slowly but eventually became the more dominant one. Until the latter part of the nineteenth century in English Canada, relatives of the sick did informal, untrained nursing under the instruction of doctors.

That situation began to change in 1874. In that year, in St. Catherines, the Mack School of Nursing was founded, the first Canadian nursing school to follow the Florence Nightingale system of nursing and just fourteen years after Florence Nightingale founded her school. In 1889, the Toronto General Hospital opened its own school of nursing again modeled on Nightingale's principles. Since then, of course, many nursing schools have opened. Today they exist in most universities and many colleges. Since 1874, many nursing leaders have built upon this foundation.

One pioneer was Elizabeth Breeze who graduated from Toronto's Hospital for Sick Children. In 1910, she moved to Vancouver, where she became that city's first school nurse. Later she was the first director of Public Health Nursing for the city. Just before her death in 1938, she published a text for high school students, *Health Essentials for Canadian schools*, which was used for twenty years.

Another leader was Bertha Harmer, graduate of the Toronto General Hospital, School of Nursing (1913). She was an academic who taught in schools of nursing in the United States and Canada including Vassar, Yale and McGill. Her most important contribution was a book, *The Textbook of the Principles and Practices of Nursing*, published in 1923, which was described at the time as "the best textbook ever written on nursing" and was used for many years even after her death in 1934.

In 1913, Jean Gunn became the Superintendent of Nurses at the Toronto General Hospital. For over twenty-five years, she nurtured and gained respect for the nursing profession despite the reactionary attitudes of hospital trustees, doctors and politicians whom she had to work around.

Nursing archives are filled with tales of women like these, who had inspiring ideas about the role of nurses in health care and lived according to their beliefs. There were, of course, dozens of nurses who have never been written about. But we know that they contributed their expertise and compassion to rural and northern communities braving extreme weather conditions and primitive living situations. They also went to war to look after our wounded soldiers and gained enormous respect and gratitude from the military for their contribution.

Gaining respect for the nursing profession and ensuring good working conditions and adequate pay have been a constant struggle for nurses. To take a recent example, the “large” pay equity raises of the nineties do not really reflect the value of the work nurses do. The evaluators for pay equity for nurses used a pastry chef as the male job of comparable value, and on that basis nurses were awarded pay raises—to the level of a pastry chef! To equate the responsibility for the life or death of patients with the responsibility of baking a pie is surely an insult to nurses! The fact that nursing has been, and still is, largely a female profession, is likely the reason for such unfair treatment. As we know, women in female dominated professions earn much less than other professions, which are male dominated or a mix of male and female.

However, this treatment has history on its side. In the early days of professional nursing, that is, the end of the nineteenth and the beginning of the twentieth century, often only lip service was paid to the Nightingale Training School principles. According to historian Natalie Riegler, hospitals have always used nurses for their own benefit. At this time, many hospitals started their own training schools so that they would have free labour.

Working conditions for nurses in the late nineteenth century are described here in an excerpt from a book published at that time:

The universal custom is to have only two "shifts" in the twenty-four hours, so that each nurse is on duty for about twelve hours at a time. As a matter of fact, the nurse rarely goes off duty the moment she is relieved, as she has to make up her report and hand over her instructions for the care of the patients to her successor, so that it not uncommonly happens that her twelve hours are extended to thirteen.

The twelve hours' system, as need hardly be said, is a cruel strain on the strength and nerve of a woman. One nurse who was interviewed on the subject said: "In my opinion the chief evil of the present system of nursing is the long hours the nurses are compelled to be on their feet, and there will be no remedy for that until the day is divided into three parts of eight hours with three relays of nurses. The night nurses are especially hard worked, for they are on duty twelve hours, and in the medical wards often have not the chance of sitting down even for half an hour; then after a hard night they have beds to make, washing of patients, dusting, and breakfast to prepare and to give to each patient." Another says "Fourteen hours of work, which not only includes hard manual, but also responsible and anxious work, is, I consider, too much for any woman. I have now worked in a hospital for over a year, and my experience is that the whole cry of nurses off duty is, 'Oh! I am so tired!' Should this be? Should a nurse off duty feel so worn out as she does? I quite think that the eight hours' system should be introduced in hospitals. Why should not some little bit of the charity which is so freely given to the patients be extended to the nurses?"

Despite the fact that nurses have always provided most of the care in hospitals, it was well into the twentieth century before they demanded more respect and better working conditions.

Some statistics from Manitoba: In 1948, nurses worked an average of 48 hours a week while industrial workers worked only 40 hours a week. In three Manitoba hospitals, the average workweek ranged between 66 and 90 hours.

A general duty nurse earned between \$90 and \$140 a month; the average salary for Canadian women in that year was \$125 per month. The industrial worker earned an average salary of \$176 per month.

It wasn't until nurses worked together in a union that they were able to lobby successfully for better working conditions and pay that was commensurate with their skills, training and responsibilities. That movement took place at different times in different provinces and, in the process, strikes were threatened and some came to pass.

In Ontario, because of wage increases in the early nineties, largely due to pay equity legislation, nurses earn a living wage—the same as pastry chefs. However, many do not have full time jobs; as a

result, they often work in two part time jobs in two hospitals in order to make a full time salary. Many have gone to the United States to find better working conditions. At the time of writing this article, this is the stage nurses are at in their marvelous and colourful history. With new regimes in both Ontario and Ottawa, we hope that nurses will at last achieve decent working conditions as well as adequate compensation.

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