Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.

Projet de la Grande Histoire
des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santéainsi que la fondation et l'exploitation des hôpitaux catholiques.

The History of Saint Joseph's Hospital School of Nursing 1931-1974

by
Jacquie Lapierre Dufresne

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THE HISTORY OF SAINT JOSEPH'S HOSPITAL SCHOOL OF NURSING 1931-1974

JACQUIE LAPIERRE DUFRESNE

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DEDICATAION

This thesis is dedicated to the memory of my husband, Raymond Gerard Dufresne, for his unquestioning support and encouragement to complete this journey.

ABSTRACT

This historical study explores the people, events, and issues that influenced the creation and evolution of a hospital-based nursing school throughout its organizational lifecycle. Founded in 1931, Saint Joseph's School of Nursing of North Bay, Ontario, managed to adapt itself to many changes in the profession and graduated a total of 784 nurses during its 43 year lifespan.

This study employed the "organizational lifecycle" theory as a framework within which to explore, guide, and unify the history of Saint Joseph's School of Nursing. This theory was beneficial for understanding how the school was able to adapt as it evolved from a traditional apprenticeship nursing system in the hospital setting to an independent nursing school in the community college system. Both primary and secondary sources of information were used to support this qualitative study. Available archival material was sought out, as well as information collected from semi-structured interviews with former directors and graduates of Saint Joseph's.

This journey into the past has provided a greater understanding of the events which led to the creation of Saint Joseph's School of Nursing and how it was able to adapt to changes throughout its life, as well as the factors that influenced its closing. Significantly, this study illuminates the role of the Sisters of Saint Joseph in the founding of the school, their continuing influence over its direction throughout its lifecycle, and their contribution to the education of nurses within a northern community. Finally, the study's findings indicate that the decline of the school was primarily due to changes in the external environment that brought about many reforms to nursing education: the changing role of how religion and spirituality shaped health care, a paradigm shift in nursing education from a private to public sphere of influence, and the professionalization of nursing.

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CHAPTER I

Introduction

Introduction to the Study

In the past fifty years, nursing education has become a firmly established faculty in post-secondary educational institutions. This differs greatly from the situation in the nineteenth century, when nurses were often apprenticed in the field using very informal, rudimentary, and *ad hoc* teaching techniques. It was only throughout the late nineteenth and early twentieth centuries that hospitals across Canada began to organize established schools of nursing with uniform pedagogical approaches. The nursing schools of this transition era were governed by the hospitals and provided three-year apprenticeship programs to successful students. During their training period, students acquired knowledge of nursing responsibilities through practical experience on the various wards of the hospital. Due to the needs of the time, this arrangement ensured that student nurses would be available to the hospital to provide nursing care to a growing population of patients.

This qualitative research study explores the development of just such a nursing program at the Saint Joseph's Hospital School of Nursing in North Bay, Ontario, from its founding in 1931 until its dismantling with the establishment of the community college nursing programs in 1973. Several local publications have documented information about this school of nursing as an adjunct to the history of Saint Joseph's Hospital as a health care organization. However, there has been little research aimed at exploring the influences of social evolution and scientific change on the development of nursing education in relation to this specific institution. As well, there have been no historical studies that have investigated the lifecycle of this health care organization. To fill this void, therefore, this research inquiry examines how particular people,

significant events, and societal issues influenced the evolution of a school of nursing in this northern community. As an educational institution, the school of nursing was in operation for a period of 43 years, and needs to be acknowledged for its successes, its ability to adapt to change, and its unique evolution as an educational organization.

The study of such a nursing program in northern Ontario also offered a practical reason to investigate the roots of Canadian nursing education in general. Historical investigations of this nature can provide evidence about how nursing came to be, its traditions and development over time, as a way of helping to understand and further develop its professional identity (Ashley 1978; Church 1987; Tosh 2002).

Purpose of the Study

This historical study was based on the assumption that the history of nursing should be considered essential in understanding contemporary nursing education and practice environment issues. It was also assumed that by exploring the history of this school of nursing, it would be possible to investigate and understand how social events and institutional issues contributed to the advancement of nursing education and nursing practice over the lifecycle of this organization and in general. The main purpose of this study, therefore, was to explore the evolution of this northern nursing school that was created within the hospital system during the early part of the 20th century. This would include examining both the structure of the school within the hospital system and the development of its curriculum.

Another purpose of this study was to apply the theory of organizational lifecycles in order to develop a greater understanding of the changes that occurred during each stage of the lifecycle. Research conducted by Quinn and Cameron (1983) provided information on how

organizations develop and progress through the various stages of development over their lifetime. Thus, lifecycle theory provided a framework for exploring the changes that the school experienced throughout the different stages of development, as well as the changes that led to the dismantling of the school in 1973. Furthermore, the application of lifecycle theory made it possible to explore, in a coherent manner, the multitude of issues and societal events that influenced the school of nursing during its 43 year history.

Finally the aim of the study was to specifically address the history of a nursing program that was established at Saint Joseph's School of Nursing. Local publications, such as *The first fifty years 1931-1981: Saint Joseph's General Hospital* by Patterson (1990) and *Eighty years of progress: North Bay Civic Hospital 1904-1984* by Shores (n. d.), had documented information about the school and its relationship to the hospital. However, there remains no record of previous research aimed at exploring the history of the school from an organizational perspective in its own right. There has been no unified documentation of how the school was able to adapt to changes in the education system as well as social influences during the various stages of its development.

In the present study, interviews were conducted with former directors and graduates of the school. This provided a unique opportunity to elicit information about their time at the nursing school that otherwise would not have been available to me. I was able to obtain information from individuals who had knowledge about a particular period of the school's development and about the many individuals who played prominent roles in the evolution of the school. Based on the information that was collected, to a large extent, it was possible to understand the effects of change and how it influenced the development of the school. In

describing the importance of this type of approach in oral historical research, Lummis (1988) writes that:

> History is a retrospective examination and cannot be undertaken at the time the events take place. The retrospective element in oral history is important because it asks questions of the past which reflect present interests and seeks evidence which was not produced at the time. (p. 27)

Research Questions

In order to examine the overall story of organizational lifecycle of the Saint Joseph's Hospital School of Nursing, therefore, this historical inquiry was guided by the following research questions:

1. How was the school created? Who played a significant role in its founding? What were their motivations?
2. How did Saint Joseph's School of Nursing evolve as an organization during its 43 year lifespan?
3. What salient events, social issues, and particular individuals influenced the organization during the various stages of the school's development? How was it able to adapt to internal and external environmental challenges from 1931 to 1974?
4. From the 1970s perspective, what specific forces brought about the school's transition from a religious-based organization to a secular one, as separate from the hospital setting?

Operational Definitions

The following operational definitions will be used throughout this study as a means of clarifying the terms for the reader:

Saint Joseph's Hospital: A health care institution within the city of North Bay, Ontario, Canada. This historical study is focused on the nursing education program that was part of this health care institution from 1931 to 1973.

Saint Joseph School of Nursing: A school of nursing in North Bay, Ontario, that was established as a hospital-based education program for the training of nurses at Saint Joseph's Hospital from 1931 to 1973. As at most Canadian nursing programs of this time period, students of this program learned while they worked in the hospital environment. It was only during the middle and latter part of the 20th century that hospital-based nursing education programs were transferred to institutions of higher learning, such as community colleges.

Apprenticeship-Training: An early model of instruction that was used to educate nurses in Canada throughout the 19th century and early part of the 20th century. Within the apprentice-training framework the student learned through actual work experiences in the hospital environment.

Student Nurse (SN): A female or male student who was enrolled in a hospital-based program leading to a Nursing Certificate and or a Nursing Diploma.

Graduate Nurse (GN): The title that was given to a nurse after completion of the apprenticeship nursing program in hospitals during the 19th and early part of the 20th century.

Registered Nurse (RN): A nurse who has graduated from a nursing program and passed specific professional licensure examinations. As a result of educational reforms the title of graduate nurse was eventually replaced by that of registered nurse.

Organization Lifecycle: The stages of development and change that organizations experience over their lifetime. The organizational life cycle focuses on evolutionary change during life cycle phases or stages (Cameron & Whetten, 1983, p. 269). Organizational Lifecycle stages include:

Creation Stage: A period during the life of the organization that includes several processes that result in institutionalization (Van de Ven, 1981).

Transformation Stage: A period during the life of the organization that includes times of growth, adjustment, and adaptation that organizations experience at various points throughout their lifecycle.

Decline Stage: A period during the life of an organization in which organizational activities have decreased (Sutton, 1987, p. 542).

Renewal Stage: A period during the life of an organization in which the organization responds to changes, reorganizes itself, and continues to exist in an alternate form (Kimberly and Miles, 1980).

Death Stage: The stage of the organization during which the progress of the organization has come to a close (Sutton, 1987).

Environment: The physical settings and circumstances in which members of the organization interact.

Internal Environment: Individuals, events, and issues that exist *within* the organization and influence its development during its lifecycle.

External Environment: Individuals, as well as political, social, and economic issues, that exist *outside* of the organization and influence its development over the years.

Adaptation: A process of modification that organizations experience in order to adjust to change and maintain equilibrium (Cameron, 1984, p. 123).

Bureaucratic Caring Theory: "...A dynamic structure of caring which was synthesized from a dialectic between the thesis of caring as humanistic, social, educational, ethical, and religious/spiritual (elements of humanism), and the antithesis of caring, as economic, political, legal, and technological (elements of bureaucracy)" (Ray, 2001, p. 423).

Organization of the Study

This study will investigate the lifecycle history of a nursing school in northern Ontario. Chapter one chapter provides an introduction to the study, a description of its purpose and statement of the problem, research questions, and relevant definitions. In chapter two I present background information that acknowledges the historical significance and the contributions of Florence Nightingale and the Sisters of Saint Joseph in the development of early nursing. In this chapter, I also present a review of the literature that will illustrate the relevant themes that have emerged from the literature. Chapter three presents the theoretical framework that guided this historical study, along with information regarding the methodology, limitations, and implications of the study. Chapter four considers some of the salient events and people that were responsible for the creation of the school and how they impacted the school over its lifetime. In this chapter I also explore some to the relevant events and issues that influenced the school during its early development stage. Chapters five through to seven continue to explore related events and issues that impacted on the schools development up until September 1973, at which time it was

transferred from the hospital setting to the general education system. This study explores some of the events and social changes that influenced the school during that time. This investigation considers the efforts and contributions of the Sisters of Saint Joseph to the education of nurses in northern Ontario. Finally, in chapter eight I present a discussion of the findings and the conclusion.

CHAPTER II

Historical Background to the Study and Literature Review

The historical background for this study will consider the contributions of several key individuals who influenced developments in early nursing. It will begin with Florence Nightingale, as she was influential in organizing and establishing the apprenticeship model for early nursing education. The role of the Sisters of Saint Joseph will also be considered in the development of Catholic hospitals and the creation of hospital nursing schools following the apprenticeship model for nursing education. The contribution of these individuals eventually resulted in the creation of Saint Joseph's School of Nursing in northern Ontario.

Historical Background: Florence Nightingale and Early Developments in Nursing

This study must begin with some discussion about Florence Nightingale, who is often referred to as the "Mother of Modern Nursing". Cooley (1982) confers on her the status "…as the woman who changed the image of nursing with the impact of the personal conversation and has been awarded the preeminence of being the originator of modern secular nursing" (p. 45). Similarly, Cook (as cited in Russell, 1951) noted that Florence Nightingale "…was the chief architect of an institution new in the history of the world: the nursing school" (p. 440). However, more importantly for this study, she was also instrumental in developing the groundwork for nursing education pedagogy and establishing formal education for nurses during the latter part of the 19th century in the western world (Dolan, Fitzpatrick & Herrmann, 1983). Florence Nightingale transformed nursing from a sacred vocation into a new social role for women: that of nurse (Hektor Dunphy, 2001, p. 32).

In 1850 Nightingale had the opportunity to observe nurses in action while visiting an order of Deaconesses in Kaiserwerth, Germany. After this visit she viewed nursing as her calling and returned to Kaiserwerth for an extended period of study. From her experience "...at Kaiserwerth she learned that good nursing cannot be learned from devotion alone" (Baly, 1973, p. 66). She continued to build on her nursing education in Paris with the Sisters of Mercy and at other hospitals throughout Europe. It was apparent that Nightingale had a clear vision of the kind of reforms that were needed in nursing and she felt compelled to pursue her vision. In *Notes On Nursing: What It Is, and What It Is Not* (1860/1949), Nightingale pointed out that nurses required appropriate training to function effectively as nurses.

In 1854 Florence Nightingale was called upon to provide care for the sick and injured during the Crimean War. She took up the challenge to prepare and train nurses to care for the injured under very difficult circumstances. News of her enormous contribution during the war effort quickly spread and after the war a Nightingale fund was established to help train nurses. Hence, the first nursing school sponsored by the fund opened in 1860 in Liverpool, England, and was appropriately named after its founder, Florence Nightingale.

Nightingale was well aware of the principles that were to guide the education of nurses. She envisioned "...a system that would synthesize the best of the moral purpose of the religious orders but would be non-sectarian, the educational background of the upper middle classes and the hardihood of the working-class women" (Baly, 1986, p.12). Thus the fundamental principles of the Nightingale training system for the education of nurses were based on a spiritual foundation, and were designed to ensure that nursing students would develop a strong moral character and respect for authority (Jamieson, Sewall & Suhrie, 1996; Jardine, 1989). These

educational standards provided the foundation for the apprenticeship model that remained in existence well into the 20th century.

In Canada, the first recognized Nightingale training school for nurses was founded by Dr. Theophilus Mack in 1874 at St. Catherine's, Ontario. To ensure the success of the program a number of nurses who were well versed in the Nightingale philosophy were enticed to Canada to oversee the implementation of the program (Rovers & Bajnok, 1988). This proved such a success that it provided a model of excellence for the training of future Canadian nurses. According to Mansell (2004), Nightingale's apprenticeship-training system was well established in Canada by 1910 and expansion of hospital training schools continued well into the 20th century.

Historical Background: The Sisters of Saint Joseph and Early Developments in Nursing

One of the most comprehensive histories of the Sisters of Saint Joseph, Sister Agnes's *The Congregation of the Sisters of Saint Joseph*, chronicles their journey from France to Canada. During the 17th century Bishop de Maupas founded the congregation of the Sisters of Saint Joseph at Le Puy, France, to meet the growing social needs of the community and surrounding area. At the time, it was common practice for Bishops to request the help of religious women in organizing education and health care in their district. Thus, in 1650, the Bishop founded the first congregation of the Sisters of Saint Joseph. The first congregation was made up of a small group of women who were devoted to educating the people as well as meeting their spiritual and physical needs. For example, they taught the women the art of lace-making in an effort to enable them to provide support for their families (Sister Mary Sheridan, personal communication, May 15, 2006). As the members of the community increased, small groups of sisters migrated to towns and cities throughout France to teach and help the poor. However their community work

ceased with the start of the French Revolution in 1789 that resulted in the suppression of the Catholic Church and it members (Sister Mary Sheridan, personal communication, May 15, 2006).

The Revolution led to civil disorder throughout France. Agnes (1951) noted that members of the religious community returned to their family homes during this period of unrest. The "reign of terror" resulted in the imprisonment and death of many in the religious communities throughout France (p. 26). After the Revolution the congregation formed two branches of the Sisters of Saint Joseph: one group remained in Le Puy, and the other migrated to Lyons, France, in 1808. Sister Mary Sheridan (personal communication, May 15, 2006) indicates that each branch of the congregation functioned independently from the Motherhouse.

In 1836 Bishop Risatu of St. Louis asked the religious order to assist in his diocese. That year they established convents in St. Louis and Carondelet (Agnes, 1951, pp. 44-45). As in France, members of the religious order assisted with the establishment of schools, hospitals, and orphanages in communities across America. For example, the sisters were instrumental in establishing a school for the deaf in Carondelet (Anges, 1951, p. 57). Eventually, the Sisters of Saint Joseph were asked by church officials to assist with the care of the sick. While some of the sisters were involved with nursing care, other members of the congregations became responsible for establishing and operating hospitals across America.

Fifteen years after settling in America the Sisters of Saint Joseph migrated to Canada. After traveling for a week from Philadelphia, the sisters arrived in Toronto on October 7, 1851 (Agnes, 1951, p. 81). Upon their arrival, the Bishop of Toronto asked if they could assist with the operation of an orphanage. In addition to operating the orphanage the sisters were involved in establishing a school system and providing shelter to the homeless.

In 1892, Medical Officer of Health Dr. Norman Allen proposed that the Sisters open a hospital in the city (p.169). That year St. Michael's Hospital was officially opened and a nursing school was established. This was to be the first of many hospitals that the Sisters of Saint Joseph would open in the city of Toronto. As well, the sisters were asked to open schools and hospitals in outlying areas over the years, and by the middle of the 20th century they had established a network of Catholic schools and hospitals across Canada (Agnes, 1951).

In 1890, church officials in Peterborough, Ontario requested that a congregation be founded in the area to assist with the educational and health services in their large diocese, which extended from Lake Ontario to Lake Superior. A small group of sisters traveled from the Motherhouse in Toronto to establish the Peterborough congregation of the Sisters of Saint Joseph. Once established in the Motherhouse in Peterborough, a number of sisters established schools in the area and eventually they were asked to oversee the operation of the hospital. The Sisters traveled from the Motherhouse in Peterborough the sisters traveled to communities throughout the diocese including the northern regions, to set up schools and care for the sick and homeless.

In 1936 the Peterborough diocese was restructured when the Bishop of Sault Ste. Marie requested that a new congregation of the Sisters of Saint Joseph be established in his area. Following the restructuring of the diocese 121 sisters decided to remain in the north with the new congregation (Sister Mary Sheridan, personal communication, May 15, 2006).

The work of the Sisters of Saint Joseph, including the efforts of many religious communities throughout the 19th and part of the 20th century, has greatly influenced the history of nursing as well as the development of the hospital system in Canada. The women of over 50 religious communities established and operated hospitals across Canada, and by the middle of

the 20th century Catholic religious orders continued to operate 34 percent of these institutions (Mansell & Dodd, 2005). Violette (2005) notes that "Behind the foundation of these establishments were conceptions of the human being, health, and illness based on Christian faith" (p. 57).

Literature Review

The substantial body of literature that exists in the area of nursing history provides a global perspective on how nursing evolved from a spiritual occupation to a secular profession over the course of the last two centuries. Historians have examined the influence of religion on the development of nursing from its early beginnings to the present. Some scholars have written about the contributions of notable leaders in the field of nursing. As well, scholars have examined the history of nursing from different perspectives, such as social, political, and gender (McPherson, 1996; Reverby, 1987; Toman, 2003). These various perspectives have tended to provide a broader view of nursing history and the changing role of nursing. As well, a significant amount of information in this field addresses broad issues and events that have influenced the history of nursing.

The literature review for this study has revealed that the concepts of religion and professionalism have emerged as two of the major themes in the history of nursing, especially in the way that they have influenced the development of nursing education and nursing practice over the 19th and 20th century. For instance, since its early roots, nursing has been greatly influenced by the religious and spiritual foundations of caring for individuals. Since the early developments of Christianity, spiritual leaders have encouraged individuals to participate in activities that would help alleviate human suffering around the world. Dolan, Fitzpatrick, and

Herrmann (1983) note that "Early nursing evolved as an *intuitive* response to the desire to keep people healthy as well as provide comfort, care and assurance to the sick" (p. 1). However, scientific discoveries and social changes throughout the 19th and 20th century have resulted in many changes in nursing education and nursing practice. Hence, nursing began to drift away from its religious foundations towards the principles of a secular profession. Moran (1989) refers to this transformation an "intellectual metamorphosis" in which the "sacred became the secular" (p. 93). Furthermore, she indicates that the religious foundations of nursing began to fade as nursing sought to meet the demands of scientific developments through activities that would ensure the establishment of its professional status. An array of scholars and historians have explored these themes of religion and professionalism from various viewpoints throughout the 19th and 20th centuries (Baly, 1986; Baumgart & Larson, 1988; Bullough & Bullogh 1978; Helmstadter, 2003; Fitzpatrick, 1983; Mansell, 2004; Mansell & Dodd, 2005; McPherson, 1996; Moran, 1989; Toman, 2003).

The concepts of religion and professionalism are relevant for this historical study, as they provide an understanding of the issues and events that have influenced nursing education as nursing evolved from a spiritual vocation to a secular profession. As a result, the research findings for this historical study are organized so as to describe several of the major concepts that have influenced the evolution of nursing from a variety of sources. Furthermore, the findings are presented against the historical background of nursing, as it supports the significance of religion and professionalism in the history of nursing.

The work of Dock and Stewart (1938) provides an account of the history of nursing throughout the ages. Relevant to this study, they explore the development of the profession by considering the various phases such as the art, the science, and the spirit of nursing. The authors

note that since the spirit of nursing is viewed as a heightened awareness of connectedness with the human spirit and the sanctity of human life; its integrity is dependent on maintaining a delicate balance. However, it is becoming increasingly difficult for nurses to maintain this balance in existing health care environments, as the prevailing health care climate is focused on delivering services that are financially viable. Thus, such a climate presents a number of challenges for nurses given that nursing is grounded in the philosophy of humanistic caring. The writings of Dock and Stewart (1938) have been helpful in understanding the impact of change and most importantly its consequences on the humanitarian efforts of nursing.

Similarly, historians such as Reverby (1987) have examined professional developments in nursing during the 19th and 20th century. In her work, *Ordered to Care: The Dilemma of American Nursing, 1857-1945*, she examines professionalism and the work of nursing through the lens of caring in a changing health care environment. She argues that nursing was developed in a traditional culture that viewed caring as the essence of nursing. She considers the conflict this has created for nurses in the current culture in hospitals, which is based on the economic profits of health care. Reverby claims that the conflict arose from several areas, including the traditional view of caring as female work, the quest for professional status, and broader cultural issues that exists in health care environments. Her work is helpful in understanding how the current economic climate in health care has created even greater concerns about the delivery of care in such environments.

Meanwhile in Canada, some historians have explored the efforts of nurse leaders in advancing the profession. Useful to this exploration, Mansell (2004) in *Forging The Future: A History of Nursing In Canada* provides a critical examination of the development of professional nursing in Canada during the latter part of the 19th and early 20th century. Mansell approaches the

topic by considering the achievements of various leaders over the decades that were instrumental in ensuring that professional development remained high on the agenda for developing nursing education in Canada. While she recognizes the gains that were achieved in this area, she realizes the changing face of nursing in light of complex work environments and fiscal realities that emerged during the latter part of the 20th century. Mansell further points out that following World War II there was public recognition for the work of nursing in caring for the sick and injured throughout the war years. This recognition actually advanced the professional cause of nursing during the post-war years. However, the conflicting views of nurse leaders and rank-and-file nurses resulted in two solitudes in nursing. For instance, in keeping with their goal of advancing the movement of professionalism, nurse leaders continued to pursue higher education for nurses. Meanwhile, rank-and-file nurses were intent on seeking solutions to work place issues, such as poor working conditions and low wages. Therefore, they supported the move towards collective bargaining and developed solidarity with unions. This development was the opposite of what the nurse leaders had planned in order to achieve professional status. "For the nursing leaders, to seek more money would have distracted from the idea of noble service, which was essential to their definition of themselves as professionals" (p. 158). Mansell's work has been most valuable at bringing issues associated with the advancement of nursing in perspective.

Another Canadian historian, Katheryn McPherson, has conducted much research in the area of women's work, and in particular nurses' work in Canadian hospitals. In her research *Nurses and Nursing in Early Twentieth-Century Halifax*, *Skilled Service and Women's Work: Canadian Nursing, 1920-1929* (1989), and more recently in *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (1996), she examines the changing nature and significance of nurses' work up to the emergence of the unionization within nursing. Her work

begins with the early part of the 19th century as she explores the increasingly complex work issues of five succeeding generations of nurses and how each generation developed strategies to establish improved working conditions and wages. Thus, while leaders remained committed to seeking professional advancements, nurses joined forces and became members of unions to address mounting workplace issues such as high workload and poor pay. McPherson's approach is comprehensive in that she examines the changing structure of nursing work in Canada's expanding health care industry.

Toman (2003) has also explored the professionalization of nursing in Canada in *"Trained Brains Are Better Than Trained Muscles": Scientific Management and Canadian Nurses, 1910-1939.* Dr. Toman's approach is broad in that she examines the rise of the scientific management movement in Canadian Hospitals at the beginning of the 20th century. This research builds on the findings of McPherson (1996), and Reverby (1987), surrounding nursing work and the philosophy of caring. She explores how Taylor's principles of work efficiency found their way into the hospitals and nursing schools across Canada. At the time, Canadian nurse leaders felt that Taylor's principles would be beneficial for nursing, in that they could help them achieve professional status. While the theory of scientific management was beneficial in standardizing various aspects of patient care and providing students with step-by-step directions for effective nursing care, Toman argues that it was difficult to adapt this approach to a profession founded on a caring philosophy. Thus, her findings along with the research of McPherson (1996), and Reverby (1987), point to the dilemma which continues to surface in regards to the principles of efficiency and the concept of caring in nursing. Toman (2003) has insisted that for nursing, "Their professional ideology valued experience over theory, judgement and decision-making over 'one best way' thinking and the patient's best interest over routinized care" (p. 104).

Along the road to professionalism, it was also important for nursing to build a sound scientific base. Moran (1989), in her research *From Vocation To Profession: The intellectual transformation of English-Canadian Nursing Education,* examined the evolution of nursing education during the latter part of the 19th century. This study represents a critical examination of 19th century events that transformed nursing from a religious vocation to a secular profession. Moran's findings indicate that nursing education began to change in light of medical advances and changing values of society. While nursing education continued to instill the art of nursing based on the values of caring, commitment, and compassion, it was increasingly informed by scientific knowledge. As Moran (1989) so aptly states: "Consequently, science replaced religion as the ideological regenerator of a health-conscious society and Nightingale's Laws of Health gradually gave way to more scientific theories of nursing practice" (p. 93). Thus, nurse educators began to reconsider the principles of nursing education in order to meet these needs. Moran's research findings support the premise that the activities of nurse leaders throughout the 19th and 20th century continued to direct the profession towards the achievement of professional status that ultimately resulted in a secular profession.

More recently, Kirkwood (1994) explored the efforts of one influential nurse leader and her crusade to advance nursing education during the early part of the 20th century. In her study, *Blending Vigorous Leadership and Womanly Virtues: Edith Kathleen Russell at the University of Toronto, 1920-52*, she explored the trailblazing efforts of one of Canada's leaders in nursing education. During the early part of the 20th century Kathleen Russell was admired for her leadership abilities. She was a visionary leader who possessed knowledge and a commitment to advance nursing. Because of these qualities she was responsible for establishing a nursing program at the University of Toronto. While she encountered many difficulties along the way,

she was convinced that the recognition of the profession would be dependent on a university education that was grounded in nursing science. Kirkwood's research argues that Russell's skillfulness and leadership qualities enabled her to negotiate effectively for the establishment of nursing education at the University of Toronto.

Throughout the 19th and early part of the 20th century, religion played a central role in health and caring for the sick. Hence, chapels were integral structures in Catholic hospitals throughout the United States and Canada during this period. Although there had been little research in this area, a recent study by Wall (2003) examines the role religion played in hospitals. In *Science and Ritual: The hospital as medical and sacred space, 1865-1920* she investigates how during the 19th century and part of the 20th century, Roman Catholic sisters were able to adjust to the advances in medicine and at the same time maintain the religious identity in their hospitals. She critically analyses the events which led to the settlement of the Sisters of Saint Joseph, the Sisters of the Holy Cross, and the Sisters of Charity of the Incarnate Word, in America during the 19th century (pp. 52-53). In Catholic hospitals, religion, and science were viewed as essential to the recovery of the individual. Thus, the emotional and spiritual needs were incorporated into nursing care. She noted that "Because sacraments were important, chapels were necessary for any Catholic institution that sheltered the sick and dying" (p. 58). Wall provides a critical analysis of how these religious women were able to skilfully maintain a religious presence in hospitals during times of tremendous change. Wall's research findings make a significant contribution to understanding the spiritual awareness that existed in Catholic hospitals when she suggests that "When patients entered Catholic hospitals and observed this seamless integration of technology and spirituality, they were subtly given assurance that they were not only in the care of skilled professionals but also in the hands of the divine" (p. 63).

However, findings indicate that by the middle of the 20th century the spiritual presence was fading in hospitals as a result of an evolving secular society.

To date, much of the research has focused on events and issues that contributed towards professional advancement, the influences of religion and spirituality on nursing education and practice. However, the contributions that members of the religious community have made to nursing education and practice remains obscure throughout most of the literature (Nelson, 2001; Paul, 1994). These nursing researchers have stressed that a concerted effort is required in order to acknowledge the international and national contributions of religious orders in the establishment and evolution of nursing.

A major study conducted in the United States by Nelson (2001) argues that religious orders have received little recognition from contemporary researchers. In an attempt to rectify the omission of a significant part of the history of nursing she provides a critical analysis of the history of religious orders and the impact of their efforts in *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century*. Her work provides a critical analysis of the impact that religious communities had on nursing education and in the establishment of hospital networks. She skilfully compares the experiences of religious communities in Australia, Britain, and the United States during the 19th century. Nelson explores the pioneering efforts of religious orders during the 17th century, as they provided care to the ill, educated the poor, established hospitals, and organized nursing schools during a period of social turmoil. Her study is timely in that it focuses on the early efforts of religious women who began to organize nursing care. A major finding of her research is the link between a French religious order, the Daughters of Charity of Vincent de Paul (founded in 1633), who were devoted to caring for the sick, and the emergence of modern nursing. This groundbreaking investigation is particularly valuable in understanding

the achievements of religious orders and in particular their contribution to the history of nursing before Nightingale. While she acknowledges that Nightingale is regarded around the world as the founder of modern nursing, her work sheds new light on the earlier foundations of nursing. In particular, she argues that the roots of modern nursing can be traced to the efforts of powerful women in religious orders who established the groundwork for Nightingale's reform in nursing following the Crimean War. Nelson suggests that further research be conducted in this area if we are to understand the contributions these individuals have made to nursing history.

In the same light, Paul's (1994) research examines the efforts of Canadian religious orders in establishing early nursing practices. Her research considers the contribution that the Grey Nuns made to Canada's health care system by establishing hospitals and a foundation for nursing education. Paul's (1994) findings from *The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographical Issues* suggest that the Grey Nuns were involved in the early development of education and nursing in many communities throughout Canada. Like Nelson, Paul reinforces the need for further research in this area. "To neglect it would be to leave a significant void in Canadian History" (p. 214).

I hope that this present investigation will add to the existing work of discovering the roots of nursing education in Canada. In the following chapters I will examine the factors that influenced the evolution of a nursing school throughout its lifecycle. In particular, this study establishes the history that led to the development of a nursing school in North Bay, Ontario. It will focus on events and people who were instrumental in establishing Saint Joseph's School of Nursing as an educational organization. I will establish the religious history of the school and examine the role of the Sisters of Saint Joseph in the evolution of the school during its 43 year history. I will also examine the leadership of the school of nursing to understand how it was able

to adapt and evolve as an educational institution. Finally, I will explore the roots of its religious-based education and analyze the influences that led to a secular education culminating with the transfer of the school of nursing to the college education system in 1973.

CHAPTER III

Theoretical Framework, Methodology, Limitations, and Implications

This historical study explores the organizational lifecycle of Saint Joseph's School of Nursing as an educational institution from its founding in 1931 to when it was transferred from the hospital system to the general education system in 1974. This chapter will provide a description of the theoretical framework that guided this investigation. As well, it will describe the methodological approach that was considered for this study including the limitations and implications of this research investigation.

Theoretical Framework

Organizational lifecycle theories have frequently been used to analyze the different stages of development in various organizations in many areas including business and education. A great deal of scholarly work has focused on the historical developments of nursing and in particular historical accounts of various schools of nursing. Although some studies have considered the various stages of development that schools of nursing experienced over their lifetime, very few works have examined the lifecycle of such organizations considering the organizational lifecycle theory. One exception, however, is Lentz Porter's (2001) doctoral study *A Case Study of the Organizational Lifecycle of the Depauw University School of Nursing, 1954-1994*, which examines the history of a school of nursing from its development during the middle of the 20th century to when it closed in the 1990s. Using the organizational lifecycle theory in a case study approach she provides a critical examination of each stage of development of the nursing school over its 40 year history, including factors that resulted in its closing. Using this work as a model, I chose the organizational lifecycle theory as a framework within which to explore, guide, and

unify the history of Saint Joseph's School of Nursing over the 43 year evolution of this hospital-based nursing program.

The organizational lifecycle theory uses biological metaphors to study the creation and developments of organizations over their history. Kimberly (1981) suggests that these metaphors can be applied to the various phases of organizational development in an attempt to understand the cycles of change that organizations go through. He has indicated that organizations "...are created, grow, sometimes stagnate, sometimes revitalize, and sometimes pass from the scene" (p. 6).

Once organizations have been created they progress through a predictable series of stages throughout their lifetime (Quinn & Cameron, 1983). In particular, the authors identified and reviewed nine "organizational lifecycle" models, and found that they had similar characteristics and progressed through similar life stages from birth to maturity (p. 40). Thus, it has been widely accepted that the concept of lifecycle can be applied to organizations as well as living organisms. O'Rand and Krecker (1990) indicate that the concept of lifecycle was frequently used as a figure of speech. "More often the concept is applied metaphorically or heuristically to initiate analyses of development or maturational phenomena across social domains from individuals to organizations" (p. 242). For the present study, the lifecycle theory as it applies to organizations provided the framework within which to explore and analyze the history of Saint Joseph's Hospital School of Nursing. It also provided a structure for exploring the changes that occurred over the different periods of its development. By using the organizational lifecycle model, it was therefore possible to discover how the school of nursing was able to adapt to institutional and societal challenges over time.

The literature included a number of terms to describe the different developmental stages of organizations, such as "startup births," "adolescent growth," "maturity," and "decline or death". Van de Ven and Poole (1995) write that these various organizational theories and models have been considered "... to explain development in an organizational entity from its initiation to its termination" (p. 513). Several authors point out that the lifecycles of organizations do not necessarily unfold in a linear or predictable time line and internal/external changes may or may not affect the outcome (Dooley, 1977, p. 89). The literature suggests that the success of an organization is mainly dependent of its ability to manage change — be it planned or random.

While all stages of organizational development have importance, the creation phase is considered to be one of the most significant in the history of the organization, as "It is during this stage that an idea takes substance and begins to move toward realization" (Miles, 1981, p. 431). A number of factors during the creation stage (including the degree of involvement by the founding members) will greatly influence the direction and success of the organization over its lifetime (Van de Ven, 1981). Much work must be completed during the creation stage, including setting the guiding principles of the organization, and the development of institutional policies and procedures. Once the organization has determined and established the operational framework it is believed to have reached the latter part of the creation stage referred to as institutionalization (Kimberly, 1981, p. 31).

In studying the creation stage of organizations, Van de Ven (1981) has stressed the importance of focusing on development strategies to ensure the future success of the organization. His work has identified three approaches that provide an understanding of the processes that occur during the creation of an organization. He identified these approaches as the entrepreneurial approach, the ecological approach, and the behavourial approach. "The

entrepreneurial approach focuses on the characteristics of the individuals who are the founders and promoters of new organizations" (p. 85). He pointed out that these individuals have committed themselves to the establishment of organizations. In addition, they usually demonstrate the ability to take great risks, and are often described as agents of change with deep rooted commitment (p. 85). While the entrepreneurial approach focuses on the founding individuals, the ecological approach in organizational creation considers the relationship between the organization and the environment. Van de Ven (1981) indicated that this approach considers environmental factors that are favorable to the creation of new organizations such as the structural, political, and economic conditions (p. 86). Finally, the behavourial approach to the creation of the organization is considered as critical to its long-term survival. The emphasis of this approach is on the behaviour of all the individuals who are involved in the creation and planning during the creation stage: "The behavioural approach attempts to describe and explain the consequences of the series of events, strategic decisions, and human activities that occur when organizations are created" (p. 87).

The transformation stage of an organization is considered to be an ongoing process that ebbs and flows through cycles of change. The emphasis of this stage is on the organization's ability to adapt and move through the fluctuating cycles. While organizations can remain in the transformation stage for an extended period, Tichy (1981) has identified three ongoing cycles that all organizations experience as they adjust to varying degrees of change: the technical cycle, the political cycle, and the cultural cycle (p. 161). The technical cycle involves production problems and how organizations attempt to solve these issues. The political cycle is involved with decision and how best to allocate power for decision making processes. Finally, the cultural cycle is concerned with issues dealing with organizational values and how to address problems

associated with organizational value changes over its lifetime. "The management of change consists of predicting, channelling, guiding, and altering the three cycles. These adjustments which can be seen as forces that carry the organization through time are cyclical in nature" (Tichy, 1981, p. 172).

The literature on the transformation stage suggestes that any number of issues can be of concern during this period of organizational development. Findings indicate that if the founding organizational values and beliefs are not maintained during the different stages of the organization's evolution, "organizational drift" may result. Lodahl and Mitchell (1981) have defined organizational drift as "the gap between founders' ideals and intentions and the enacted organization" (p. 185). Therefore, it is important for all members of the organization to remain committed to the founding values and guiding philosophy over its lifetime, in order to avoid issues associated with organizational drift.

The literature on the lifecycles of organizations indicates that all organizations face the possibility of decline during their lifecycle. Whetten (1981) points out that decline in an organization can be a result of a number of factors within the organization, such as a decrease in the workforce population, profits, overall deterioration of the organization, as well as other factors (p. 346). His research findings indicate that organizational decline is influenced by a number of conditions including environmental forces, structural issues, as well as individual factors (p. 354). Also, his findings indicate that organizations can consider any number of ways to resolve issues and adjust to change during the stage of decline. While he acknowledges that further research in needed in this area, he considers a number of strategies that apply to the decline stage of organizations. First, it is important for managers of the organization to be alert for early signs of potential problems, and develop a plan to address concerns. Second, once the

organization acknowledges that changes are looming on the horizon, they need to seize the opportunity to remain in control of the changes. Finally, it is necessary that organizations prepare to manage the change in an effective manner (p. 351).

During the stage of organizational death the organization ceases to function and dissolves. The majority of the research has focused on the issues and problems that have led to the decline and death of organizations (Sutton, 1987; Whetten, 1981). Sutton (1987) has explored the process that occurs as declining organizations prepare for the dismantling of the organization. His major findings indicate that the dismantling of organizations tends to impact on people outside of the organization as well, and that individuals within the institution remain committed throughout this process (p. 565). Research conducted by Whetten (1981) also indicates that many organizations are revived. "The adaptive strategy for turning around an organization focuses on taking substantive action to reconcile inconsistencies and imbalances between organizational components and environmental conditions" (Whetten, 1981, p. 349).

Many of the organizational lifecycle models were consistent in identifying stages (Cameron & Whetten, 1983). They noted that all organizations were created, evolved, adapted, matured, and experienced phases of decline over their lifetimes. While there is agreement as to specific lifecycle stages, the evidence suggests that not all organizations experience death following periods of decline. Furthermore, Kimberly (1981) and Miles (1981) have indicated that organizations are continually changing over their lifetimes, depending on the stage of their development. It is suggested that some organizations will have the ability to reorganize and experience a rebirth. Tichy (1981) argues that the overall success of an organization is greatly affected by its ability to adapt to challenges from the internal as well as the external environment.

Methodology

In order to explore the creation and lifecycle of the Saint Joseph's School of Nursing, a historical research methodology was chosen as the most preferable means of answering the research questions. As Lee (1988) so aptly states: nurses "...need to know and understand accomplishments and trends of the past in order to gain perspective on present and future directions" (p. 5).

This method was useful for studying the educational institution over time. This methodology was used to gain an in-depth understanding of the changes that occurred throughout the different stages of the school's evolution. As well, oral interviews were conducted to obtain information from former directors and graduates who were part of the history of Saint Joseph's School of Nursing. The oral interview method "...permits the purposeful intervention of historians in collecting the data needed to illuminate particular areas about which too little information has survived from other sources" (Lummis , 1987, p. 17).

Sample - The eligible participants for this historical study included former directors and graduates of Saint Joseph's School of Nursing. The information they provided was valuable in understanding institutional events and social factors that helped shape nursing education and nursing practice in this organization. The participants for this study resided in North Bay, Sudbury, and surrounding area. The individuals who volunteered to participate in this historical study were recruited by contacting Saint Joseph's Motherhouse in North Bay, Ontario, and through networking within the local nursing community. Through their help, a list of potential participants was created. A letter of introduction (Appendix D) and a list of questions for former directors and graduates (Appendices A & B) were then prepared and forwarded to these potential research participants for their consideration and approval.

Ethical Considerations - This historical research study followed the guidelines as presented in the policy on research ethics (Appendix J). Participants in this study were required to sign a consent form (Appendix C). The consent form clearly indicated that the study had been reviewed and received ethics clearance from Nipissing University's Research Ethics Committee. In addition, the information on the consent form stated that this was a historical research study and that upon completion of the transcribed semi-structured interview the information would become part of the historical research study. By signing the consent form the participants indicated that they agreed to be identified by name in the interview transcript and that the information that was collected during the interview would be disclosed in the historical research study. The participants were informed that the information collected during the taped interviews was to be made available to the research supervisor, Dr. Kurt Clausen, for his review. Further, it stated that the information from the taped interviews would be transcribed verbatim. The tapes would then be secured in a locked cabinet belonging to the principal investigator, who would be held responsible for their security.

All research participants indicated verbally and by signing the consent form that they independently volunteered to participate in the study. Participants were informed by the primary investigator that they could withdraw at any time without consequences of any kind. Participants were also informed that they could choose to remove their data from the study and refuse to answer any questions. As this process was voluntary, compensation was not provided to the individuals who agreed to be part of the study. The primary researcher provided all the participants in the study with her name and telephone number. In addition, participants were informed that upon completion of the study the research findings could be located at the Nipissing University Library and Saint Joseph's Motherhouse. Also, the participants were

informed that a summary would be made available to them upon a written request. All participants in the study were informed that they would not benefit directly by participating in the research investigation. Finally, the participants were informed that the information they shared would help provide an understanding of the challenges and successes of an earlier period in the history of nursing.

The data collected for this historical research was not intended for any direct subsequent research studies. However, if these tapes were to be integrated into any new study in the future, the participants would be contacted for permission to use the information.

Data Collection Procedures - Information for this study was gathered from primary and secondary sources. Primary sources are ones that have been "...prepared by an individual who was a participant in or a direct witness to the event being described" (Fraenkel & Wallen, 2000, p. 576). Since oral interviews were conducted during this study, it was possible to collect information from individuals who were part of the history of the nursing school. As much of the archival material for the school of nursing is missing, the information collected for this historical inquiry was limited mainly to newspaper articles and some student yearbooks. The primary sources for this study included oral interviews and written material from the individuals who were directly involved with the school of nursing over the years. The secondary material for this historical study included material that was written by individuals who were not direct witnesses, such as newspaper articles, journal articles, and books on the history of nursing education and nursing practice in North America and beyond. Secondary sources also provided the background information for the early history of the organization where archival sources and interviews were not readily available.

The interviews with the former directors and graduates of the Saint Joseph's Hospital School of Nursing were conducted after the participants were informed about the purpose of the study. The primary investigator prepared a set of questions for former directors and a set of questions for graduates of the school of nursing (Appendices A & B). Each identified participant received a letter of information along with the list of proposed questions. The questions were forwarded to each participant prior to the scheduled interview. Also, the participants were provided with a stamped self-addressed envelope to facilitate their reply. Once the reply was received, the investigator contacted the individual by telephone to establish an appropriate time for the interview. The interview was conducted at the individual's residence, and prior to the interview the interviewee was required to sign two copies of a consent form. One copy remained with the interviewee and one copy was retained by the investigator. All interviews were tape-recorded, transcribed verbatim, catalogued, and secured in the locked cabinet. The research participants were made aware that the information collected during the interview would become part of the written history of Saint Joseph's Hospital School of Nursing, and provided with the name and telephone number of the principal investigator.

The questions for the interview were semi-structured so that the interviewee would be allowed the freedom to interject any anecdotal information. Historical research that involves oral interviews focuses on collecting information from individuals who experienced the past. As a result, it was possible to collect information about events, people, and processes that influenced the school throughout different periods of its history. Oral history is an ideal method for studying the past through lived experiences (Lummis, 1988, p. 17). The credibility of this qualitative analysis was enhanced by collecting information from various sources. For example, data collected from oral interviews, and primary and secondary sources were examined to determine

consistency as well as provide a means by which to corroborate literature findings. Further, the information collected during the oral interviews was open to scrutiny throughout the research study by the research supervisor.

Data Analysis Procedures - The information that was collected from primary and secondary sources was examined to determine the legitimacy of the material. Data analysis procedures for this historical inquiry followed the principles of internal criticism to determine the reliability of the information and external criticism to establish the authenticity of data (Fraenkel & Wallen, 2000). They stress that the investigator involved in historical research needs to consider two fundamental questions: the first being, "Is the material under consideration authentic?" and the second being, "Is the information in the document under consideration verifiable?"(p. 578). Throughout this historical investigation, the primary researcher assumed the role of detective as she searched for detailed information.

The first question refers to the process of external validity criticism, which focuses on establishing who the author is, when the material was written, and for what purpose (Fraenkel & Wallen, 2000, p. 578). In essence the investigator needs to determine the validity of the sources. Although there are many ways to enhance the validity of a study, the greatest importance is placed on using primary sources whenever possible (Christy, 1975). However, as historical research deals with the past, the investigator for this study intended to consider the use of primary sources as well as secondary sources when searching for evidence.

According to Fraenkel and Wallen (2000) the second question deals with the process of internal validity criticism, which examines the written material for accuracy as well as truthfulness. Thus, the process of internal criticism considers what the document has to say. Furthermore, the authors indicate that the investigator must first examine the written material

from a historical perspective in order to search for meaning in the information. Other questions that are relevant in the analysis of the data are: "Does the author have the qualifications to write about the information? Are the author's views biased? Does the information in the document make sense, and are there different interpretations of events?" (p. 579). Throughout the analysis of the data for this historical study the investigator attempted to use two primary sources whenever possible. Since records were incomplete or missing it was not always possible to consider two primary sources. Therefore, the primary investigator considered a combination of primary and secondary sources to enhance the reliability and validity of the study.

The data analysis procedure was designed to capture the experience of individuals who were part of the history of Saint Joseph's School of Nursing over the decades. The data collected was arranged in order for each of the decades. The information was reviewed several times in order to categorize and identify representative data groupings. The data was then analyzed for themes, which were organized into broad categories for discussion. Interpretation of the data was guided by the research questions, intentions of the study and discussed within the framework of organizational lifecycle stages.

Limitations

Several limitations exist and can impact the findings of this historical investigation. First, as the archival material from the school of nursing is limited in scope and records are incomplete (and in some instances missing), it was not possible to conduct a comprehensive investigation of the entire life history of Saint Joseph's School of Nursing as an organization. Another limitation of this study lies with the difficulty of accurate interpretation of the data through the eyes of a novice researcher. Yet another major limitation of the inquiry was the small number of

participants who were interviewed. The sample population for this historical study was limited to a small group of former directors and graduates of the hospital-based nursing program who volunteered to be participants. Thus, this sample is not representative of all the hospital-based nursing programs during that time period. Because of obvious limitations, the results of the study will apply only to the population at Saint Joseph's School of Nursing and cannot be generalized to other populations. Although a number of limitations have been acknowledged, the findings from this historical study will nevertheless be helpful in understanding how Saint Joseph's School of Nursing was created, evolved, and progressed through the different stages of development throughout its 43 year history. In addition, the findings of this historical study have provided a glimpse into the life and times of a school of nursing.

Implications

The results of this research can provide an understanding of the progress that was made in nursing education in one northern community. The findings of this study can shed light on how social, political, and economic forces influenced the development of nursing education over the decades. Furthermore, the findings from this study can provide valuable information for future planning in nursing education and nursing practice. The findings from this historical inquiry will have particular significance for former educators and graduates, who were part of the history of Saint Joseph's Hospital School of Nursing, individuals who have an interest in history and in particular the history of nursing. This research study has the potential to grow, in that future studies could be conducted to explore the history of similar nursing schools that existed in the area at that time. Similar studies could possibly explore the lifecycle of other nursing schools to determine if they experienced similar challenges throughout their stages of

organizational development. The findings from the history of Saint Joseph's School of Nursing can enrich our understanding of the vibrant history of nursing education in this northern community. As a final point, this study can provide insight into the evolution of nursing from a religious vocation to a secular profession throughout the 19th and 20th centuries.

CHAPTER IV

The Founding of Saint Joseph's School of Nursing: 1931-1939

National Nursing Scene

The decision to found a hospital and school of nursing in North Bay could not have come at a more tumultuous time in the 20th century. The social, political, and economic turmoil caused by the crash of the New York Stock Exchange in 1929 continued unabated throughout the 1930s (Kalisch & Kalisch, 2004). The economic upheaval that followed this crash caused immediate hardships for nursing, as well as for many other professions in all regions of Canada. A sharp rise in unemployment rates then persisted in chewing away at long-term hopes of future prosperity and security. It was a discouraging time for nurses, as fewer and fewer were able to find work. For those that were employed, it was a struggle for them to survive on drastically reduced salaries. Mansell (2004) concludes that "the predicament of the graduate nurses during the thirties appeared to be insurmountable" (p. 116).

The economic crisis increased in severity as the 1930s continued causing severe and sustained financial hardship for all ranks of nurses who sought employment. Graduate nurses who sought work in the hospital setting found the prospects grim across the nation. As in the 1920s, hospital positions of the 1930s were largely staffed by student nurses who were willing to give unlimited labour in return for their education. Because of their desperate financial situations many graduate nurses were now prepared to trade off their nursing services merely for free room and board from hospitals (Kalisch & Kalisch, 1978). Likewise, employment situations for private-duty nurses were bleak. Because of the economic hardship of the period, people could simply not afford to pay for health care anymore. On occasion, a private nurse would secure a special paid position at the local hospital. However, for those nurses who were fortunate enough

to secure this employment, the pay was low and the hours were long. According to McPherson (1996), "In addition to the lost wages that resulted from being unemployed, on average, more than three months of the year, private-duty nurses faced the additional burden of being underpaid, or unpaid, for their labour" (p. 136). In comparison, the role of the public health nurse expanded during the 1930s due to the increasing need for their services in the community. Mansell (2004) indicated that because of the expanding role of public health nurses, they were viewed as essential to the health of the community. In homes and schools they played an important role in health promotion and illness prevention through education and disease surveillance. The community education program required public health nurses to visit schools, conduct assessments, provide teaching against the spread of communicable disease, and conduct family visits and patient teaching, as well as assess the sanitation of public facilities. In isolated communities, the public health nurse was viewed as the primary care provider. "In the outpost, the public health nurse represented a hospital, a visiting nurse, and a public health nurse, all rolled into one practitioner" (Mansell, 2004, pp. 126-127).

Despite the personal and financial destitution brought on by the Great Depression of the 1930s, nurses joined forces and found innovative ways to support each other through the ongoing turmoil. Mansell (2003) has provided numerous examples of the ways in which Canadian nurses assisted each other across the country. For example, in order to keep nurses employed, a strategy to reduce the work day from 12 hours to eight hours was considered in several provinces. At the time there was growing resistance to the plan by both nurses and physicians who were opposed to the idea for various reasons. However, after much debate, the plan was finally adopted and it ultimately provided some financial relief for unemployed nurses. In Alberta, nurses supported each other by creating a Loan Fund that was available to all graduated nurses experiencing

serious financial difficulty. This team spirit approach saw the nurses through the difficult financial times of the 1930s. Likewise, McPherson (1996) indicated that private-nurses were able to survive the Depression by living with the families of their patients in the community.

Nurses in Quebec during the 1930s were provided with an unique employment opportunity. They were called upon by the government at this time to provide health services to residents living in small isolated communities scattered along the countryside. According to Rousseau and Daigle (2000) the provincial government devised a plan that would provide its poorest citizens with land. However, due to the economic realities of the 1930s, the government was not able to secure the services of physicians in the more isolated areas. After much discussion with various groups a solution was agreed upon that would have nurses provide health services to the outpost regions of Quebec. As a result, a temporary agreement ensured that outpost health services would be administered to the settlers by nurses. Although this was considered to be a temporary solution, the health services that were provided by nurses to people living in outpost communities proved to be indispensable, and the plan proved to be an overall success. As a consequence, nurses continued to provide these individuals with health services and remain as the primary health care providers for many isolated communities in various regions throughout the country today.

Nursing Education

During the first few decades of the 20th century there had been a great increase in the development of hospitals and hospital education programs for nurses throughout Canada. From almost none at the turn of the century, Ross-Kerr and Wood (2003) note that by 1930 the number of Canadian nursing schools had risen to roughly 330. However, the operation of nursing schools

in 1930 remained largely unchanged from the early 1900s, as there was virtually no provincial funding for these institutions. "Under the British North American Act, both health and education fell within provincial rather than national jurisdiction," (Richardson, 1996, p. 22). Because of the limited capability of the provincial health departments to finance health care expenditures, hospitals continued to operate independently. As a result, a non-governmental survival plan for the establishment of hospitals and training schools for nurses soon emerged. As with the American system, this plan resulted in a symbiotic relationship between the hospital administration and the emerging schools of nursing throughout the country. At the time, "Nursing education was called training: in reality it was work" (Reverby, 1987, p. 60). This relationship would ensure that hospitals would provide the setting for the education of nurses, and schools of nursing would recruit and train suitable candidates. As a result, the hospitals were staffed and, in turn, the students received an education. Richardson (1996) noted that "In exchange for work, student nurses received free on-the-job-training and the possibility of self-employment at the end of the training program. From the hospitals' perspective this was a fair exchange" (p. 22). Furthermore, having students work in the hospitals was considered a cost-saving measure for financially strapped institutions throughout the 19th century and part of the 20th century.

The emphasis of nursing education throughout the 1930s was on practical training delivered through an apprenticeship system. In this model student nurses would learn by practicing basic skills on hospital wards usually under the supervision of more senior students. "As a result, little attention was given to opportunities for instruction in the classroom or during clinical experience, and educational preparation was considered secondary to the needs of the hospital nursing service" (Ross-Kerr, 1991, p. 233). The learning environment for nurses was

the hospital, as this was thought to be the ideal place to learn the art of nursing practice. The training for nurses in many training schools across Canada as in other parts of the world followed the Nightingale model for nursing education, described in the previous chapter, which viewed nursing as a spiritual vocation grounded in the moral values of caring and compassion. These values were the guiding principles for the development of training schools for nursing education. The emphasis of training during this era, therefore, was on religion and discipline.

The criterion for admission into hospital training programs in Canada throughout the 1930s varied across the country. However, the economic devastation caused by the depression did influence admission into nursing schools. For example, the admission standards during the latter part of the 1930s were more rigorous due to high unemployment rates leading to an oversupply of graduate nurses (Birnbach and Lewenson, 1991). Generally, individuals who wished to become a nurse were required to complete an application for admission into the nursing school of their choice. At the time, students were required to disclose if they had any physical and mental limitations that might impact on their ability to perform nursing functions. As a rule, all applicants were to be single, at least 17 years of age, have a pleasing personality, and demonstrate a high moral character. If accepted, the students usually spent several months on probation. The probationary period would allow for an in-depth assessment of the student in terms of character and suitability for the nursing profession. Once accepted into nursing, students were expected to live in residence and conform to the rules and regulations of work and residence life. Having completed the probationary period the student continued with on-the-job training.

As these hospital training schools proliferated during the early part of the 20th century, nursing leadership began to show concern. One particular issue was the lack of educational

standards as well as the enforcement of such standards within the apprenticeship programs. The situation worsened throughout the 1930s as fewer schools could afford to pay qualified educators. As a result, few, if any, organized lectures were offered for students and most supervision was provided by senior nursing students. According to Richardson (1996) "Limited standards for hospital schools of nursing existed prior to the Second World War" (p. 21). Therefore, while it was evident that the hospital training system for nurses was becoming firmly established across the nation during the 1930s, there also existed a growing awareness among nurse leaders that reforms for nursing school standards should be implemented. Lyon (1931) pointed out that the prevailing method of educating nurses could not account for the growing advances of science. She advocated for nursing education that would be free from the hospital setting and would function independently within the community at large. Societal changes, rapid urbanization, as well as advances in medicine and nursing as a result of scientific and technological discoveries demanded it. However, as unavoidable as these reforms seemed to these leaders, the apprenticeship training model remained entrenched in most Canadian hospitals until well after World War II.

The Founding of Saint Joseph's General Hospital

In 1929, the Queen Victoria Memorial Hospital was the only health care facility in North Bay, Ontario, and it had a capacity of 40 beds. It had been established in 1904 under the auspices of Lady Aberdeen, wife of the Governor-General as part of her pioneering campaign to establish small hospitals throughout Canada. This effort to address the health concerns of people living in settlements throughout Western Canada had emerged from her appointment as president of the Canadian National Council of Women and her aid in the creation of the Victorian Order of

Nurses (VON) (Pringle, 1988, p. 123). As a result of her efforts, small "group homes" of women were established in various settlements, and trained in home nursing procedures. While their primary role was home care, nurses would sometimes be called upon in their home by patients seeking treatment. If the illness was severe enough, the patient would, at times, be required to remain at the VON facility. This happened frequently enough that these small homes were soon informally called "cottage hospitals." However, "As soon as these communities were able to assume control of the hospitals, they were turned over to them and VON returned to its visiting role" (Baumgart & Larson 1988, p. 124). Shores (n.d.) wrote that the nursing school that was created at the Queen Victoria Memorial Hospital in North Bay had graduated a total of 89 nurses by the time it closed in 1933 (p. 8).

In her book *The First Fifty Years 1931-1981*, Thelma Patterson (1990) noted that towards the latter part of the 1920s, the Catholic community in North Bay requested permission to build a new local hospital to meet the growing demands for health care. At the time, the Queen Victoria Memorial was showing signs of age and having difficulty meeting the health needs of the community. Furthermore, in making the request, Church officials were considering the prospects of establishing a second hospital to meet the health needs of a growing *Catholic* community. As North Bay was part of the Diocese of Sault Ste. Marie under the directorship of Bishop Scollard, he planned to have a new hospital built that would encompass the existing cottage hospital, and whose operation would be overseen by the Catholic community. To this end, Bishop Scollard arranged a meeting with provincial officials in 1928 to discuss his intentions and possibly to secure capital funds in the form of provincial grants for the facility. While there are no specific details in regards to the plan that was proposed by the Bishop, it was noted that his suggestion for the construction of a joint hospital had been refused by the board members of the Queen

Victoria Memorial Hospital (p. 2). Unthwarted, the Bishop continued his pressure to establish a new facility, and with the aid of mounting public demands to improve health care services in the area, he received authorization in 1929 from the Minister of Health to build a new Catholic hospital. Wasting no time, the soil was turned on July 6, 1930, in preparation for the construction of a new building on land that the Bishop himself had donated for this purpose (Patterson, 1990).

In spite of the harsh economic realities of the 1930s, support from the citizens of North Bay and outlying municipalities was overwhelmingly positive in regards to the construction of a new hospital. The communities joined forces and set up fund-raising activities for the new hospital, including an advisory board to oversee the overall planning of the new facility. The founding members of this board included Senator Gordon, Mr. John Blanchette, Mr. J. E. Cholette, Mr. W. M. Flannery, and Mr. W. E. Lee (Patterson, 1990). Financial support for the construction of the new hospital for this northern city continued throughout the year in preparation for the official opening in 1931.

Having received permission to establish a new hospital, the Bishop then contacted the Superior General of the Sisters of Saint Joseph at the Motherhouse in Peterborough, and asked the sisters to oversee the operation of the hospital as soon as it was built (Patterson, 1990, p. 2). The Sisters of Saint Joseph have a long history in the north and in particular North Bay, Ontario. The members of the religious order arrived in North Bay in 1906 to assist with the establishment of the Catholic education system and community services. Their first home in the city, was a small convent on First Avenue. Then in 1939 they moved into a new Motherhouse on Lake Nipissing. The history of the Sisters of Saint Joseph is unique, in that the first sisters to arrive were from the Sisters of Saint Joseph of Peterborough congregation. As previously mentioned,

when the Peterborough congregation separated in 1936, they became part of the new northern congregation, the Sisters of Saint Joseph of Sault Ste. Marie. Therefore, the Sisters who were currently in North Bay had arrived from Peterborough in 1906 to assist with the establishment of the education system, as well as with other community services. The Bishop was aware of the tremendous experience and success the Sisters had in operating hospitals. Once they had agreed to operate the facility, members of the congregation from various cities and the Motherhouse in Peterborough traveled to North Bay to organize the operation of the hospital. Patterson (1990) listed the personnel when the hospital first opened in 1931.

> The Superintendent of Nurses was Sister Felicitas; Sister Veronica was Night Supervisor; Sister Irma had charge of X-Ray and maternity; Sister Anysia the operating room; Sister Maris Stella the Medical Floor; Sister Thomasina the office; and Sister St. Lawrence the dietary. Other sisters were Sister Eugene and Sister St. Raymond. (p. 3)

Finally, in October, 1931 the new facility officially opened as Saint Joseph's General Hospital with many dignitaries present for the grand opening, including the Bishop and the Sisters of Saint Joseph. Representatives of the provincial government and city officials joined the many citizens of North Bay and surrounding municipalities to celebrate the occasion. In his opening remarks, Bishop Scollard expressed his gratitude to everyone for their contribution towards the completion of this great project for the city of North Bay. He reminded everyone that Saint Joseph's General Hospital was a public institution built on the principle of providing the citizens of North Bay and surrounding communities with comprehensive health care, the ultimate goal being the improvement of the physical health and spiritual needs of the individual (Patterson, 1990, p. 3).

When it opened to the public the hospital had a total of 60 beds. As with other hospitals at the time, Saint Joseph General Hospital received minimal funding from the provincial government. Patterson (1990) indicated that the hospital received "60 cents per patient per day" (p. 3). During the early part of the 20th century hospitals were primarily viewed as charitable institutions, and very few people considered going to the hospital for care (Crichton, Hsu, & Tsang, 1990). Thus, there was virtually no funding for paid staff. As a result, Saint Joseph General Hospital was solely staffed by the Sisters and student nurses. In addition, it relied on volunteer work and donations from the community. The total cost of building the facility was noted as $350,000, $9,000 (less then 3%) of which came directly from donations from various sources in the community. Since there was little government funding for health care in the 1930s, the Sisters of Saint Joseph became keenly aware of their financial commitment with the opening of the hospital —— especially as the effects of the Depression began to take hold as the decade progressed.

Gunning (1997) refers to the 1930s as lean years due to increasingly high levels of unemployment, and North Bay was no exception to this national problem. With the closure of local businesses and subsequent lay-offs, prospects in this small town were particularly grim due to its size and relatively isolated location. The author indicates that early into the new decade an attempt was made to alleviate some of the widespread poverty in the region through work relief plans (p. 122). Inevitably, however, many individuals began migrating to areas south on the rail cars, with the hopes of securing local work in Barrie, Toronto, or continuing their journey to points beyond.

The economic difficulties of the 1930s created many hardships for the new hospital, as well. As was traditionally the case, patients were required to pay for the services they received.

Crichton, Hsu, and Tsang (1990) indicated that "In the nineteenth and early twentieth centuries, Canadians were expected to pay doctors, hospitals, pharmacists and most other service providers out of their own pockets when they received the treatment or service" (p. 27). Like most Canadian hospitals during the early part of the 1930s, the number of paying patients at Saint Joseph's dropped off drastically as their finances drained away. As a rule, therefore, individuals who could afford to pay for their health services hired private nurses in their homes, and those who did not have the financial means would be attended to by their families. Individuals who did seek the services of hospitals were usually penniless and unable to pay for the health care they received. Patterson (1990) wrote that while many of the rooms in the hospital were vacant, the wards were filled with impoverished patients. It was noted that while there existed a fee of $3.75 per day to be paid by the patients during their stay in hospital, few patients, if any, were able to pay these fees. Since the survival of the hospital as an institution was dependent on these funds, the Sisters of Saint Joseph frequently met with the Minister of Health in an attempt to recover the funds from the city of North Bay. Shortly afterwards the city paid the Sisters the "considerable backlog of $1,500" (Patterson, 1990, p. 4). Even with this windfall, Patterson (1990) recalled that during these early years both nurses and physicians were committed to working long hours and very few took vacations in order to help the hospital survive (p. 5).

Although the opening of the hospital had provided the citizens of the town with a great sense of optimism, it quickly became clear that the Sisters were dealing with a skeptical paying public who felt that the hospital was not as reputable and safe as private home care for their money. Since the survival of the institution was dependent on paying customers, the sisters devised a number of strategies in the hope of luring paying customers to the hospital. For example, they purchased fine china dinnerware to meet the expectations of more affluent clients

in the community. To prove to the populace that they were indeed a respectable and busy institution, they would also leave lights on at night in the rooms that were in full view of the public (Patterson, 1990). Not long after the hospital was founded the Sisters of Saint Joseph established a school of nursing at the hospital. Thus, students provided the hospital with nursing care services and the hospital covered the cost of their education (a ubiquitous cost-saving measure in financially-strapped hospitals across the country).

The Creation of Saint Joseph's School of Nursing

Having accepted Bishop Scollard's invitation to operate the hospital, the sisters created Saint Joseph's School of Nursing in 1931 based on this common practice of "student apprenticeship" as both a practical training and financial balm: Students would be used to staff the hospitals of this period, and the school would be operated by the hospital management. The first program had a combination of new and more experienced students. While nine of the probationary students were admitted into the program from the North Bay area, the four students with experience were transferred from an existing nursing school. The Sisters in North Bay contacted members of their community in Peterborough for assistance in meeting their need for advance standing students. As a result, four intermediate nursing students were transferred to North Bay from the hospital nursing school in Peterborough (Patterson, 1990). Because these students had previous knowledge and experience they would be able to supervise the incoming probationary students during their first year, as well as take on more responsibility on the hospital units. As previously noted, senior nurses were often responsible for the supervision of the new students (Mansell, 2004). The students who transferred into the program graduated in 1933 and the first group of North Bay students graduated in 1934.

Bureaucracy - The administration of the school of nursing throughout the 1930s was similar to other nursing schools during the early part of the 20th century, in that they were governed by the hospital (Mansell, 2004; Reverby, 1987). As a result, the administrative structures of the school of nursing were integrated into the administrative system of the hospital. Additionally, the new school also followed the framework of existing Sisters of Saint Joseph nursing schools: Religious foundation and values guided its daily operations. The directorship of the hospital was placed in the experienced hands of Mother Saint Philip, who was transferred to North Bay from the Motherhouse in Peterborough, Ontario. As the director of the hospital, she was also responsible for the overall operations of the school of nursing. She ensured that operating practices of the school would be in accordance with the principles of the Church, and follow the spiritual and moral values of the Nightingale model for nursing education. When the school opened in 1931, Sister Felicitas was appointed director of the school, as well as, of patient care. With administrative duties in the hospital as well as the school, she single-handedly operated the school of nursing throughout the 1930s. Through her many positions she was responsible for all aspects of student learning and evaluation, organization of patient care, and also filled the role of house mother. Since she was also the house mother, Sister Felicitas lived in the hospital residence with the students. In addition she was involved in fund-raising activities for the hospital (Patterson, 1990).

Curriculum and Pedagogy - The kind of education received by this first group of students would, by today's standards, be viewed as apprenticeship training. When the school first opened in 1931, on–the-job training was considered to be the primary method of learning. The

apprenticeship system in the early schools of nursing can be viewed as a way of acquiring skills that facilitated learning not by intellectual activity but through a repetitive process that fostered the acquisition of various skills that were necessary to perform safe patient care. This was viewed as basic vocational training. Normally, as in other schools of nursing at the time, there was an emphasis on religion, as well as conformity to established standards of behaviour. In this era, students developed an understanding of the work of nursing mostly from practice situations on the hospital units. Nursing education was considered an extension of nursing work, "...in that early training schools did not differentiate between the goals of providing nursing service to the hospital and that of developing a good educational system in school" (Richardson, 1996, p. 20). As so aptly described by Ross-Kerr and Wood (2003), "It was an apprenticeship system that lacked the master craftsman" (p. 332).

In 1931, student learning was centered on clinical practice with very little theoretical knowledge. The supervisor would assign each student to a particular area of the hospital where she would practice nursing skills, such as bathing, feeding, and dressing changes. In addition, she was assigned to various housekeeping duties on the unit and throughout the hospital. Teaching was usually carried out by the supervisor. However, in her absence, senior nursing students would be required to demonstrate bathing skills and various dressing procedures. Although, the majority of teaching focused on the acquisition of practical skills, the students did receive theoretical instruction as well. During the early years Sister Felicitas would provide classroom instruction to the students, when time permitted. The physicians also played a major role in nursing education at Saint Joseph's Hospital. At times they would organize evening classes for the students where they would instruct on various aspects of caring for surgical and medical patients. During the early years the lectures were sporadic in nature, as a result of hospital duties

and patient needs. However, towards the latter part of the decade, Sister Felicitas made changes to the curriculum that reflected a growing emphasis on the development of scientific knowledge. Thus, changes in the school of nursing curriculum tended to reflect the general trends that were occurring in nursing education at the national level with the development of curriculum standards. The nursing program at Saint Joseph's School of Nursing was beginning to show signs of progress in terms of formal lectures and early attempts at exploring the science as well as the art of nursing practice. With these new demands, the school of nursing continued to move forward with educational reforms.

A Day in the Life of a Student - The daily routine of students at Saint Joseph's School of Nursing throughout the 1930s was probably much like that of students in other hospital nursing programs. For example, daily dress followed the regulations of the school. The students were easily distinguished in their blue long-sleeved uniforms. In addition, a plain white cap became part of the student's daily dress following a six month probationary period, and a black band was affixed to the cap of senior students (Patterson, 1990).

Patterson (1990) recalled that the days started early, as the students were required to tidy their rooms and participate in daily prayer before arriving on the hospital unit. She mentioned that "Discipline was a mark of the times and the student nurse, in her starched bib and apron, netted hair, face devoid of makeup, quickly stood up for each passing Sister or Doctor" (p. 6). And, while on duty in the hospital, the student's behaviour was under constant scrutiny and subject to discipline for minor infractions.

Whether the student was identified as a probationer or senior, the usual tour of duty for a student nurse was 12 hours. The day shift started at seven in the morning and students remained

on the hospital wards until seven in the evening, and the night shift lasted from seven in the evening until seven the next morning. Patterson (1990) indicated that students usually cared for 12 patients for six and one-half days per week (p. 6).

Students had rigorous work schedules. They were usually assigned a specific number of patients. Due to the shortage of trained graduate nurses, the more senior students on the units were often responsible for providing guidance and supervision for the probationary students. As the student demonstrated proficiency with personal care activities and basic skills, her new assignment would generally be an increase in her workload. Personal care might include a bath with hair care, and possibly giving a back rub with alcohol, along with a change of linen. It was the responsibility of the student to ensure that meals were adequately prepared for her assigned patients. In addition to preparing and delivering meals to patients, it was the student's responsibility to ensure that patients received additional nourishments as ordered. While on unit the student was usually involved in some form of physical work.

While on duty, the students were responsible for providing for all aspects of basic patient care. For example, students who were assigned to the day shift generally assisted patients with bathing and grooming activities. As a general rule, all personal care was carried out prior to the morning meal. As well, morning care included tidying the patient's room. During mealtimes students would assist the patient with feeding, and after meals they would help out with other duties on the unit and throughout the hospital. As they were the only staff in the hospital, they were required to clean the cooking area following meals.

When Saint Joseph's School of Nursing first opened, the students' sleeping quarters were located within the facility on the fifth floor of the hospital. The rooms assigned for classrooms, leisure activities, and mealtimes were located on the second floor (Patterson, 1990, p.5). The

fifth floor of the hospital was home for the nursing students until 1938 when the sisters had the opportunity to restore a local school house and turn it into a residence for the growing number of nursing students. For the students, these accommodations were to be their home away from home throughout their training. The stringent rules that regulated student behaviour on the hospital units followed the students in their resident lives. Students were to be in bed with lights out by 10 p.m. Rooms were to be kept neat at all times, and they were inspected on a regular basis. Likewise students were assigned duties to ensure that the residence was kept tidy at all times. Throughout their training, students were encouraged to join committees and volunteer for various fund-raising activities. According to Patterson (1990), "Each spring student nurses, in their blue uniforms and orange-lined caps, were seen "tagging" downtown. Instead of tags, they pinned two paper violets on the donors" (p. 5). As a rule, students were granted permission to have the occasional late evening or a night away from residence. However, it was necessary for the students to request this privilege. Students were required to follow the rules of residence, and infractions could result in suspensions from training, or the loss of privileges. Although the rules associated with life in residence were considered to be strict, they were usually obeyed without question.

Winds of Change

Although the lean years of the 1930s created both personal and professional hardships in nursing, they were also responsible for creating a wave of activities that paved the way for fundamental reforms in nursing education and nursing practice. Due to the nature of this report it is not possible to consider all the changes that have influenced both the national and local

nursing scene. However, the intent will be to consider some of the relevant changes and achievements that influenced nursing during the 1930s; on nursing practice in general; and on the advancement of nursing education at Saint Joseph's School of Nursing in particular.

As nursing evolved during the late 19th and early 20th centuries, numerous studies were conducted in the United States that evaluated the schooling of nurses in general, exploring the necessity of developing nursing standards and reforms in nursing education. One study in particular, the Goldmark Report (also known as the Rockefeller Study) was recognized as crucial to the evolution of nursing education. Fitzpatrick (1983) remarked that it was "...generally considered by authorities to be the initial major landmark study of American nursing and nursing education, this report was a result of a three-year investigation begun immediately following World War I" (p. 216).

The inquiry, named after its principal investigator, Josephine Goldmark, was headed by Dr. C.E.A. Winslow, an educator of public health at Yale University. Dr. Winslow released the final report in 1923. While the study provided a detailed investigation of the nursing profession in general, it focused primarily on several key areas of "the proper training of public health nurses." The committee members considered how programs were financed, the kind of formal instruction provided to nursing students, the environment in which learning occurred, the process of licensing graduates of nursing including the credentials of nursing educators. The report put forth a number of significant recommendations that were needed for the advancement of nursing education and nursing practice (Roberts, 1954, p.178), in particular:

> "That ... the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational

> facilities are on the whole, in a majority of schools, inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education ... (Conclusion 5)
>
> That the development and strengthening of university schools of nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education. (Conclusion 8)
>
> That the development of nursing service adequate for the care of the sick and for the conduct of the modem public health campaign demands as an absolute prerequisite the securing of funds for the endowment of nursing education of all types; and that it is of primary importance, in this connection, to provide reasonably generous endowment for university schools of nursing." (Conclusion 10)

These recommendations provided the initial stimulus for reform in nursing education that would eventually move the apprenticeship model of nursing education away from the hospital setting towards institutions of higher learning (Fitzpatrick, 1983). As the study findings were not widely published the public remained largely unaware of the results for some time. Thus, major reforms in nursing education were slow to evolve in the United States (Dolan et al., 1983; Fitzpatrick, 1983). However, the recommendations provided rapid movements in several key areas that set the foundation for future reforms in nursing education. The recommendations led to the establishment of collegiate schools of nursing and the assurance of a commitment to develop education in the area of public health. In addition, the Rockefeller Foundation increased their financial support for nursing education, which led to the establishment of university education at Yale and Vanderbilt Universities, as well as at the University of Toronto in Canada (Dolan et al., 1983, p. 298).

As in the United States, there were mounting concerns throughout Canada surrounding the formal education of nurses and their practice environments. Thus, a number of studies were conducted to consider ways of advancing the cause of nursing and improving standards for nursing education. In 1927, leaders within the nursing profession collaborated with several

interested groups in what was to become a landmark study for the evolution of nursing in Canada. After considerable debate the Canadian Nurses Association, the Canadian Medical Association, and provincial hospital associations across the country joined forces to explore the major issues within nursing. A committee, consisting of both health professionals and lay individuals, was struck to study the issues. The consenting view of the committee was that the investigation of such issues should be conducted by a neutral party.

The committee agreed to send an invitation to Dr. George M. Weir, an educator at the University of British Columbia, to conduct a comprehensive study of nursing education in Canada. Accepting the challenge, Dr. Weir collected volumes of information from the general public, nurse educators, nursing students, and doctors in both small and large cities throughout Canada. This three-year investigation was supported the Canadian Nurses Association (CNA) and the Canadian Medical Association (CMA). Known as the *Survey of Nursing Education in Canada* (Weir), the report was published in 1932. Mansell (2004) noted that the focus of the investigation was:

> To assist the nursing profession by crystallizing its problems and by defining and elevating its status
>
> To render more effective assistance to the medical profession in its great service to suffering humanity
>
> Primarily to promote the interests and well-being of the patient and of the public (p. 75)

The findings of the Weir Report were similar to those of the earlier Goldmark report of 1923. While it praised the past achievements of nursing schools in Canada, it was made clear that future education for nurses should become "an integral part of the general education system and be funded by government, that schools of nursing be independent of hospitals, and that minimum entrance requirement be senior matriculation" (Sherwood & Henderson, 1990, p. 10).

Dr. Weir received unanimous acclaim for the thoroughness of his effort and his recommendations have greatly influenced the evolution of nursing education in Canada throughout the 20th century.

In an effort to elicit widespread support from the nursing profession, *The Canadian Nurse Journal* made available to its members across the county excerpts of the central recommendations of the report. It was acknowledged that for the report's recommendations to be implemented, it would be crucial that they receive broad acceptance (Mansell, 2004). Gunn (1932), who was the Superintendent of Nurses at the Toronto General Hospital from 1917-1920, wrote that she approved of and supported the recommendations identified in the report which was to establish an independent formal education system for nurses, and furthermore, that nursing schools in Canada should consider higher entrance standards for their programs.

Likewise, Sister Ignatius (1932) wrote that greater importance should be placed on increasing the standards for entrance into nursing schools. She placed a high importance on the minimum requirements of a high school education, ability to think critically, and the capacity to express genuine compassion (p. 537). The Weir Report provided just such a forum for an open discussion needed by the nursing community on their own education. This, in turn, resulted in the creation of a much-needed climate in Canadian nursing to move forward with fundamental reforms in nursing education and nursing practice.

The findings and recommendations from the Weir report provided the impetus for educational reform in Canada. Shortly thereafter, national members of the Canadian Nurses Association organized to consider curriculum reform. In 1932 the Canadian Nurses Association noted the following:

> In 1929 a survey of nursing education in Canada was undertaken and the resulting Report was published in 1932. It revealed many defects in administrative and

> teaching policies in schools of nursing throughout the country. Recommendations contained in the report indicated the need for some immediate adjustments and improvement in nursing education in Canada. As a result of this survey and its recommendations, a National Curriculum Committee was organized in 1932 by the Canadian Nurses Association. (p. 6)

After several years of dedicated work, the Canadian Nurses Association committee completed the project and produced *A Proposed Curriculum for Schools of Nursing in Canada* (1936). This volume was intended to be used as a working curriculum guide for faculty in nursing schools throughout the country. The report provided detailed guidelines as to the preparation of nurses for the hospital and community environment. It clearly indicated the appropriate methods of evaluation, specific information pertaining to curriculum content, the organization of institutional records, as well as basic administrative requirements for the schools of nursing. The report stressed the importance of ensuring that students met the standards for admission into the program. Considerable attention was given to the academic qualifications and roles of nursing school teachers. It was stressed that qualified instructors were considered to be one of the most important elements of the nursing programs. Thus, an adequately prepared nursing faculty would be the key to success in the hospital schools.

In planning this curriculum the committee members ensured that the courses were designed to include aspects of the science of nursing, as well as the art of nursing practice. Further, members of the curriculum committee were keenly aware that this project was but the beginning of a long journey towards the advancement of nursing education in the hospital nursing schools of the country. However, it is interesting to note that although the curriculum guide had been developed in the hopes of accomplishing success in the education of Canadian nurses, it was not considered to be compulsory in all nursing schools. As a consequence, its

impact on nursing education during the latter part of the 1930s was deemed to be limited (Richardson, 1996, p. 23).

The results of the Weir report and the development of curriculum standards for the schools of nursing helped guide the transformations taking hold within nursing schools. With the advancement of the profession and improvement in the education of nurses, nursing leaders continued to build on the momentum to further develop nursing as a profession. This was accomplished by building on the certification and registration processes for nurses. Because of the progress in science and technology there was a growing need to establish and maintain a system to oversee the standards for safe nursing care. "The period during which this occurred was also characterized by a concerted drive by nursing leaders to secure legislation for registration of nurses to ensure that the educated would be differentiated from the uneducated for the protection of the public" (Ross-Kerr & Wood, 2003, p. 417). It was noted that the passage of legislation varied in each region of the country; however, this process would eventually ensure that nurses who met established standards would be qualified to practice in the hospital as well as in the community setting.

Summary

Throughout the 1930s the nursing profession faced many challenges, both in nursing education and nursing practice. At the beginning of the decade a nursing student learned the art of nursing by practicing tasks and procedures over extremely long hours of physical labour. However, by the end of the decade several events had transformed nursing — at least at the theoretical level. As well, throughout the 1930s graduate nurses experienced extremely difficult times as a result of personal and financial losses due to the lingering and widespread effects of

the depression. In spite of this, they demonstrated determination, strength and the ability to adapt to difficult circumstances.

The findings and recommendations of several landmark investigations during the 1930s resulted in notable improvements in the learning and practice environments for nurses. These changes influenced nursing at both the national and local level. Consequently, nursing students who entered Saint Joseph's School of Nursing towards the latter part of the 1930s were exposed to a curriculum that focused on the science as well as the art of nursing practice. Nursing students had to meet higher performance standards to achieve success and to meet the rigorous qualifications for provincial registration when training was finished. There was gradual progress towards the development of a theoretical base for nursing education to enhance student learning in clinical practice areas. Mansell (2004) indicates that over this decade the nursing profession had demonstrated much progress in their evolution as a profession (p. 134). By the end of the decade the students at Saint Joseph's School of Nursing, as well as nursing students across the nation, were exposed to an increasing amount of classroom instruction as part of their learning experience.

CHAPTER V

The Growth of Saint Joseph's School of Nursing: 1940-1949

National Nursing Scene

While the effects of the economic depression had caused an oversupply of nurses, world events during the latter part of the decade resulted in a major shortage of nurses throughout the 1940s and future decades. By the latter part of the 1930s the prospect of war was mounting with increasing unrest in Europe. On September 3, 1939, Canada received the news that World War II had been declared in Europe. Gunning (1997) noted that within a week government officials declared that Canada would be committed to the war effort (p. 295).

World War II created a huge demand for the services of health care personnel, resulting in the recruitment of large numbers of nurses, as well as physicians, from 1939 to 1945. Because of this recruitment effort, hospitals across the nation experienced a mass exodus of nurses to help overseas. It was estimated that in Canada approximately 4,000 graduate nurses were recruited for the war effort (Richardson, 1996, p. 23). As a consequence, hospitals had difficulty meeting the health demands of a growing population. Given the fact that the war had provided women with employment opportunities in a number of other occupations, nurse leaders as well hospital administrators realized the difficulties of operating a hospital with limited nursing service. In addition, the war effort caused further strain on the availability of skilled people throughout the country. This impacted on all major industries and women were called upon to fill the void left by the young men drawn to fight in the war abroad. Because a growing number of women had been recruited to fill positions within the general work force, there were fewer individuals applying for entry into schools of nursing. As a consequence the crisis situation in health care institutions intensified. In an attempt to deal with the shortage of nurses, many hospitals sought

the assistance of nurses who had left the profession to raise their families. Requesting the services of married nurses to provide nursing care was quite uncommon in the 1930s, as married nurses were generally not part of the hospital work force. However, the demands of war made it necessary for these nurses to return to the work force. Mansell (2004) indicated that "General duty nurses, both married and retired, were invited to return to active service" (p. 50). Nurses from all regions of Canada quickly joined forces to assist community hospitals in meeting the needs of the patients throughout the war years.

As nurses returned to work in the hospitals at the beginning of the 1940s they realized that there had been few, if any, improvements made in the working conditions for hospital nurses since their departure from the work force. Because of limited financial resources hospitals were not in the position to hire graduate nurses, and instead continued to rely on student nurses to staff hospitals. Under these conditions, the few graduate nurses who were employed by the hospitals continued to toil for long hours with increasing workloads, for low wages. In addition the hospitals had few supplies, as goods were redirected to assist in the war effort.

As the conflict continued into the mid-1940s, the shortage of nurses became more severe. Leaders in nursing felt that a national effort was needed to address this ongoing crisis. Eventually they communicated their concerns about the problems in nursing practice and nursing education to federal officials. Following their discussions, a plan was devised to address specific nursing issues such as the work force shortage. The federal authorities cooperated with nurse leaders to ensure that the nursing profession received financial assistance to address immediate issues such as the increasing demand for qualified nurses throughout the country. Financial assistance from the federal authorities was issued in the form of government grants, which extended well into the 1940s. Richardson (1996) notes that "As part of a program to alleviate the severe wartime

shortage of graduate and student nurses, the federal government provided funds for nursing education that were administered through Canadian Nurses Association" (p. 24). The financial support was intended to assist with the recruitment of students into nursing schools, and to help alleviate the shortage of available health care practitioners. The shortage of nursing services continued long after World War II had ended. Further, it was noted that while the financial assistance provided short-term relief throughout the 1940s, it did little to improve the overall working environment for graduate nurses.

Massive recruitment campaigns for nurses in Canada during the early part of the forties were viewed as positive for the advancement of the profession, in that the general public developed a greater awareness about nursing (Mansell, 2004). Another positive development for the profession during that time was the creation of a registration process for all graduate nurses in Canada. In 1942, a country-wide effort led by the Canadian Nurses Association was responsible for the development of a national program to ensure that all graduates from schools of nursing participated in the registration procedure (Mansell, 2004, p. 153). Furthermore, the registration program received federal approval and established a permanent national nursing presence.

As World War II came to a close in 1945, nurses were applauded both abroad and at home for their tremendous contributions throughout the war. Following the war, the role of qualified nurses in Canadian society was recognized as being vital to the general health and well-being of all its citizens. "The immediate post-war period presented nursing with an opportunity to enjoy the achievement of professional status" (Mansell, 2004, p. 169).

In the years following World War II, there were many changes that impacted nurses' roles in health care institutions. For example, the provision of a national health insurance plan

was intended to gradually improve financial resources to health care institutions. As a consequence, hospitals slowly began to experience greater financial stability.

The implementation of a nation-wide insurance plan, towards the latter part of the decade, made it possible for Canadian citizens to receive health services within community hospitals, instead of in their homes. As a result, the delivery of health care services began to migrate from the community setting to the hospital environment. This shift from the home to the hospital, along with developing technologies, would greatly affect the delivery of health care services both in hospitals and the community at large. As a consequence, the demand for nursing services continued to grow following the war. These changes, along with advances in science and the movement of physicians to more complex care, led to expanded roles for nurses. Nurses were now required to take on many of the responsibilities that before the war had been carried out by physicians. Some of the newly delegated responsibilities included, for example, measuring blood pressure, administering medications, and providing services to patients requiring more acute care. Furthermore, nurses witnessed major transformations in their work environments with the expansion of older facilities and the construction of larger health care facilities to meet the growing demands for health care services across the nation. Mansell (2004) concludes that, following the war, the role of the nurse had been transformed and major reforms had occurred to the physical environments where nurses were employed. However, with all these changes, very little progress had been made in the actual working conditions for nurses throughout the 1940s.

During the latter part of the 1940s nurses in workplaces across the country began to consolidate their efforts in the hopes of building better work environments and negotiating for improved wages and financial stability (Jensen, 1988; Mansell, 2004; Richardson, 2005).

Although Canadian nurses were slow to form unions, the movement began during the latter part of the war years and materialized in 1944. It was during this period that the Canadian Nurses Association provided public support for collective bargaining for nurses (Jensen, 1988, p. 463). As a result, nurses throughout the country began to join provincial union associations. However, the full impact of unions in Canada for nursing, as well as other professions, was not fully realized until the 1960s (Richardson, 2005, p. 217).

Nursing Education

The climate of the war years, as well as local problems, created many problems for the delivery of nursing services in Canada during this period. Increased responsibilities associated with the changing role of the nurse throughout the war years, for example, it was essential that Canadian nurses be well-trained in order to meet the growing demands of the work force. Since many nurses and doctors had enlisted to assist with the war effort during the latter part of the 1930s, fewer and fewer qualified nurse educators and doctors were available to deliver lectures to nursing students at the turn of the decade. As a result, the apprenticeship model with a focus on the service needs of the hospital continued to dominate the curriculum in nursing schools throughout the country.

Even though the federal authorities had provided funding in the form of grants to support nursing education throughout the 1940s, hospitals remained the learning environment for nursing students, and they continued to manage the education of nursing. Richardson (1996) noted that "Although these funds eased some immediate problems, they did not lead to any significant change in the system of education, which remained predominantly hospital-controlled on-the-job

training" (p. 24). Mansell (2004) suggested that educational reforms were also hindered by the escalating demand for nurses on a daily basis (p. 155).

Throughout the 1940s there were few and sporadic changes made to the actual physical environments where nursing education occurred. However, there were signs that educational reforms were taking hold at the national level. Furthermore, financial support from the government, as well as private foundations, assisted with the advancement of the profession at various levels of nursing education in general. Kathleen Russell, director of nursing at the University of Toronto at the time, for example, was persistent in her efforts to establish independent nursing education at the university level. In 1942 her dream was realized, when the University of Toronto and the Rockefeller Foundation provided financing for the establishment of a nursing degree program (Mansell, 2004).

In 1948, funding was made available for a project to consider independent schools for diploma level nursing. The school was created from the efforts of the Canadian Nurses Association and the Canadian Red Cross, who sponsored the establishment of a nursing program at the Metropolitan General Hospital in Windsor, Ontario. This program was unique in that it was not under the control of the hospital and it prepared students for practice within a two year period. Although it proved to be quite successful, it was not able to secure long-term financial support. Even with its unstable base, Rovers and Bajnok (1988) have indicated that this "independent school" project may well have paved the way for reforms that eventually removed nursing schools from the hospital setting in the following decades (p. 325).

Throughout the 1940s nurse leaders remained united in their efforts to move forward with curriculum changes that would lead to standardization in hospital-operated nursing schools. One way to ensure that nurses would be adequately prepared to meet the growing needs of a post-war

society was to develop basic national standards for professional practice. This would mean that a greater emphasis needed to be placed on the science of nursing, which involved the knowing and understanding aspects of practice, as well as the art of applying nursing practice. By the latter part of the decade changes were being made to nursing programs, as schools began to adopt the curriculum that was put forth by the Canadian Nurses Association in 1936. However, due to the economic depression during the 1930s, improvements in national curriculum standards were slowed. It was only towards the latter part of the 1940s that Canadian nurses finally established their presence as a professional organization at the national level. Also, in this decade, national registration for all graduates nurses had begun to develop. Finally, as so aptly stated by Mansell (2004) "The value society ultimately placed on nursing services supported and ensured success for their professional recognition" (p. 188).

Saint Joseph's General Hospital

The financial circumstances at Saint Joseph's General Hospital during the early part of the 1940s were similar to those of the 1930s. Like most health care institutions at the time, there were very few financial resources available for health care delivery services. However, with community support the Sisters of Saint Joseph were able to meet the growing demands placed upon the hospital during these difficult times. Sister S.A. Spooner noted that the financial situation of the hospital did not really begin to improve until the latter part of the decade (personal communication, October 18, 2004). This was a direct result of federal government intervention towards the latter part of the decade: "The ravages of the Great Depression of the 1930s accelerated the search for more universal methods of health care financing" (Baumgart, 1988, p. 24). Furthermore, Sister Spooner noted that in 1948 Canadian hospitals received

assistance from the federal government through the National Health Grant Program. While the financial burden of hospitals remained high, the grants provided much needed assistance for operating expenses. Consequently, the Sisters of Saint Joseph were able to forge ahead with the reorganization of various hospital departments in order to enhance patient services. In addition, the Sisters continued to oversee the administration of the school of nursing.

As in the previous decade, few nurses were employed as paid staff; the delivery of patient care throughout the hospital remained the responsibility of the student nurses. Nursing care throughout the early part of the 1940s was greatly affected by the shortage of qualified individuals. As well, there was a constant shortage of supplies throughout the hospital. In addition to a shortage of skilled nurses there were fewer individuals applying to enter nursing. As a consequence, working conditions for nurses continued to deteriorate. Furthermore, the crisis extended into the hospital units, as limited space led to overcrowding. In an attempt to extend services, beds were often set up along the unit corridors. The health care needs of a growing population along with the effects of epidemics and the war had exhausted the physical as well as the human resources at the hospital. "An outbreak of influenza at the army barracks taxed the hospital facilities at that time. Cots set-up in the classrooms provided the only accommodation" (Patterson, 1990, p. 6). Relief from overcrowding was not realized until the latter part of the decade, when federal approval was received for hospital expansion.

In an attempt to lessen the impact of the nursing shortage during the war years, Saint Joseph's General Hospital introduced the services of the nursing assistants in patient care areas. Patterson (1990) noted that the Department of Health in Ontario was in charge of developing the educational standards, as well as organizing all aspects of training, for the practical nursing assistants. These assistants were trained to provide specific nursing skills, and their primary role

on the hospital units at the time was to provide assistance to nurses. The majority of their duties involved assisting with the personal care needs of the patients, as well as other activities such as bed making and keeping the patient areas organized. However, as the delivery of health care became more and more complex, the responsibilities of the nursing assistants within the hospital setting continued to grow (Kalisch & Kalisch, 1978). It is widely documented that the introduction of nursing assistants in hospitals across the nation was viewed as vital in the safety and well-being of the patients in a time of crisis.

During the early part of the 1940s, nursing staff at Saint Joseph's General Hospital were introduced to an innovative form of nursing care referred to as "functional nursing." Toman (2003) notes that functional nursing (previously known as efficiency nursing) was based on the principles of scientific management that evolved during the first few decades of the 20th century. The underlying philosophy of the scientific management movement involved applying specific principles that were designed to foster the establishment of efficiency in the work environment. Some hospitals in Canada continue to support the philosophy of Frederick Taylor's management theory (Smith, 1988, p. 196). Like other hospitals at the time, Saint Joseph's adopted various forms of functional nursing practices since it was considered to be advantageous in the delivery of patient care in a time of severe nursing shortages. Toman (2003) noted that "Efficiency nursing facilitated care given by a student population with diverse levels of nursing experience. It provided one way to deal with increased technology and to learn skills through repetition, as procedures became familiar and standardized" (p. 94). In addition to providing nursing students with universal guidelines for performing skills and providing basic patient care, functional nursing practices were probably quite beneficial to the many nursing assistants who had received

varying levels of instruction introduced into the hospital system during a time of crisis throughout the 1940s.

Having survived the challenges of the 1930s and the demands of war in the 1940s, the hospital was now firmly established in the community, and the financial outlook of the hospital seemed to be much brighter. This was due in part to the development of national medical insurance plans. Patterson (1990) noted that "By this time a large percentage of the population had prepaid medical insurance" (p. 7). The local hospital was now the preferred place to receive health care, and this only increased the demand for health care services, leading to a chronic shortage of beds.

As the financial outlook of the hospital stabilized and growth continued, the Sisters of Saint Joseph were admired by the citizens of the city for their management ability that sustained a sense of optimism throughout the hospital during the 1930s. As a result of their guidance and good judgment over the previous decade, the hospital was now able to enter a new period of development. The Sisters continued to direct their energies to the thorough re-organization of a number of departments within the hospital and to the development of nursing practice. To ensure progress in these areas the Sisters attracted highly qualified individuals within their ranks to work at the hospital. In 1941, the management team of the hospital was enhanced by the arrival of Sister Margaret Egan and Sister Kathleen Egan from the Toronto congregation. They were highly qualified and had extensive experience in the area of health care, in particular with nursing education at Saint Michael's Hospital, which was the first hospital the Sisters established in Canada. The two Sisters were instrumental in developing a successful plan to modernize departments within the hospital and advance the cause of nursing. For example, Sister Kathleen organized the central supply department and modernized the process of preparing wound care

supplies, while Sister Margaret focused on nursing education and the development of professional standards (Patterson, 1990).

In 1948 the hospital was experiencing difficulty as it attempted to manage the health needs of a growing patient population under increasingly crowded conditions. It was decided that changes were necessary if the hospital was to continue meeting the health needs of the community, and the decision was made to move forward with a hospital expansion. In addition, renovations were made to modernize various sections of the original hospital. When the facility re-opened its doors with the expansion of 1948, the capacity had increased by 60 beds from the time the hospital was founded in 1931. Although many areas of the hospital were renovated and modernized over the decade, the chapel maintained its central focus as the spirit of the institution (Patterson, 1990).

Following the war years, therefore, the hospital came into its own as a respected, modern health care facility, capable of delivering effective health care to a growing community. In the fall of 1946, the nursing department reduced the hours of work for nurses. The 12 hour shift was replaced with the eight hour workday. While a reduction in the nurses' working hours was a new policy at Saint Joseph's General Hospital, it had been implemented in other areas of the country during the Great Depression as a worthwhile solution to address the growing number of unemployed nurses (Mansell, 2004). Patterson (1990) noted that there was much debate over the reduction in working hours for nurses. For example, physicians voiced concern that the addition of another nurse in a 24 hour period could upset the patient. Some nurses voiced concern about the loss of income as a result of shorter working day (p. 119). On the positive side of this controversial debate, Mansell (2004), noted that in London, Ontario, nurses received support for a shorter work day from the patients, physicians, and hospital administration. They agreed that

while it would create more work for nurses, it would also increase nursing services to the public (Mansell, 2004, p. 118). Finally, the debate ended and the eight-hour shift gradually replaced the 12-hour work day for nurses.

Hospital expansion and reorganization continued throughout the 1940s in many areas of the hospital such as the operating room, the obstetrical unit, the medical and surgical units, and maintenance department. The hospital added an X ray department and established a library with an impressive collection of journals and books. In addition to renovations and expansions, more staff were hired by the hospital to fill various positions in new departments.

The view that the hospital was a charitable organization still prevailed throughout the early years of the 1940s. The majority of the beds were filled with indigent patients (Patterson, 1990). Common ailments at the time included pneumonia, tuberculosis, and fractures. Patterson mentions that "the delivery of patient care was very different back then, as the medical care was mostly dependent on bed rest for all patients." Although the patients were encouraged to remain in bed, they were required to participate in exercises to prevent problems associated with immobility. Other nursing activities around patient care included foot soaks and back care. Patterson (1990) recalled that in addition to providing patient care, nurses were responsible for ensuring that the nursing units remained clean and organized. This included dust mopping the floors daily, as the cleaning department was only responsible for scrubbing the floors (T. Patterson, personal communication, October 7, 2004).

Saint Joseph's School of Nursing

Bureaucracy - The Sisters of Saint Joseph were aware that a balanced education was essential if nursing students were to be adequately prepared for the challenges of professional practice in a

rapidly changing health care system. They believed in creating an environment that would enable students to develop theory in addition to practical nursing skills. Their intention was to develop more formal methods of teaching such as organized lectures in a classroom setting that would enhance clinical practice. Thus their long term objective was focused on the development of a well rounded learning experience. In addition, the Sisters decided to move forward with curriculum changes to integrate the practical and theoretical components of learning (personal communication, Sister Marie McGirr & Sister Sheila Anne Spooner, 2004). Over the decade they sought opportunities to enhance the learning experiences of students.

In light of the difficulties encountered throughout the 1930s, few changes had been made in the school of nursing during that period. In 1940, Sister Felicitas continued to oversee the operation of the school, patient services, and nurses' residence with little assistance. However, during this period there was considerable progress made in the development of organizational guidelines for the nursing school. For example, Sister Kathleen Egan and Sister Margaret were able to focus on the development of operational procedures and professional standards for the school.

A number of administrative changes during the decade resulted in the appointment of a new director, and teachers were offered employment in the school of nursing. In 1946 Sister Camillus was appointed the new director of nursing, and Thelma Patterson joined the faculty of the school of nursing (Patterson, 1990). Although the school was small in comparison to some in the major cities in Ontario, every effort was made to select qualified teachers in order to meet the requirements for national standards in nursing schools. As the organization of the school began to expand and move forward, the Sisters of Saint Joseph sought opportunities to advance their

own knowledge of nursing education, practice, and health care administration, in order to maintain the standards of the school for quality education.

Throughout the 1940s, the school continued to expand its structural appearance as well. While the clinical component of the school had received much attention over the past decade, the 1940s saw an increasing emphasis on the provision of adequate classroom space for scheduled lectures. Sister Camillus was instrumental in setting policy guidelines to ensure a greater balance between the practical and theoretical components of the program. In addition to developing policies, standards, and expanding physical structures of the school, a library was established for the school of nursing in 1948. The administration of the school sought the expert advice of Elizabeth Mitchell, a qualified librarian from the North Bay Normal School to assist with this project. When the nursing library opened it had an impressive array of journals and texts (Patterson, 1990). The library contained a wealth of information for use in direct nursing practice, as well as for research (Sister M. McGirr, personal communication, November 3, 2004). As the 1940s drew to a close, there had been notable progress in the development of the school and in formalizing its operational structures. The changes over the decade ensured that the school was meeting the expectations of national standards in hospital nursing schools.

Curriculum and Pedagogy - As economic and social conditions improved throughout the 1940s, changes were made to the nursing program. Fairly early in the decade a concerted effort was made to expand the teaching methods by moving towards a more formalized approach to teaching, such as the establishment of regular lectures in a classroom setting. By the end of the decade students were spending an increasing amount of time in the classroom setting. Because of these improvements there was less reliance on senior nursing students to supervise and teach

students in the clinical area. However, physicians continued to play a major role in nursing education, by organizing lectures for students. As well, qualified teachers focused on expanding the nursing curriculum to promote the integration of theory and practice.

Since the school was located in a small community hospital, it was not possible for nursing students to acquire all the experience that had been established by the Canadian Nurses Association proposed curriculum guidelines in 1936. However, the director of the school was able to establish affiliations with various hospitals, to ensure that students would be able to develop basic competency in caring for patients across the lifespan with a variety of illnesses. For example, towards the latter part of the decade the school had established guidelines to ensure that "...each nurse spent 2 months at the Tuberculosis Sanatorium in Weston and 3 at the old Children's Memorial Hospital on the "mountain" in Montreal" (Patterson, 1990, p. 6).

There were 12 students enrolled in Saint Joseph's School of Nursing in 1940, and their program consisted of organized lectures as well as a practical component. The majority of the teaching was conducted on the hospital wards and focused on the development of practical skills. Organized lectures were planned around the hospital routine when there was free time. By 1941, these were largely conducted by the new director of nursing and the first full-time teacher. The physicians would also organize the occasional lecture for students. By the latter part of the decade there were two teachers in the school of nursing, including the director. Although the development of practical knowledge was stressed, there was an increasing emphasis on the development of theoretical knowledge. Thus scheduled lectures in the classroom were common practice in the school by the end of the decade.

Students who entered Saint Joseph's School of Nursing in 1948 pursued a three-year course of study. The curriculum consisted of a combination of practical learning on the hospital

units and theory courses in the classroom setting. By this period there was a greater emphasis on the development of a scientific basis for nursing practice. The practical component was designed so that each student would be able to provide care to individuals from the young to the aged in a variety of settings. Classes were scheduled on a daily basis, with some of the classes taking place in the evening. Informal and formal examinations were conducted in each year on the practical and theoretical components of the program. The following were required courses for all probationary and first year students at Saint Joseph School of Nursing in 1948:

> Probationary Period Theory Classes: Anatomy and Physiology; Bacteriology; Chemistry; Eyes, Ear, Nose and Throat; History of Nursing and Ethics; Hospital Housekeeping; Materia Medica; Emergency Nursing; Health.
>
> Practical Experience: Surgical, male and female; Medicine, male and female.
>
> First Year Theory Classes: Bacteriology; Charting; Communicable Diseases; Dietetics; History of Nursing and Ethics; Materia Medica; Nursing Principles and Methods; General Surgery; Psychology.
>
> Practical Experience: Surgical, male and female; Eyes, Ear, Nose and Throat; Medicine, male and female; Obstetrics; Operating Room. (Carfagnini, 1948)

In 1948, when Sister Sheila replaced Sister Camillus as director of the school of nursing, she began making fundamental changes to the curriculum. As the new leader she provided strong support for moving toward a block system of teaching nursing students. Within this routine, students would receive a full six weeks of formal classroom instruction in addition to practical experience on various units throughout the hospital. It was noted that this approach caused considerable debate in the hospital at the time, as it would mean that students would not be available to provide patient care. However, Sister Sheila did not waver from her decision to institute the block system of teaching, as she felt that this would be an opportunity to move forward with improvements in the education of nursing students (Patterson, 1990). With the debate settled, nursing at Saint Joseph's School of Nursing was definitely launched on a new

course and the students benefited immensely from this different approach to learning. Other positive outcomes resulted from the institution of the block system of teaching in the school of nursing. For instance, a growing number of nurses who had left the workforce to attend to their families were able to return to their practice environments for a period of six weeks every year. During this period they were able to familiarize themselves with the changes that had occurred in the delivery of nursing care during their absence. As well, they were able to reunite with former classmates. Further, the introduction of the block system provided a more structured environment for learning, resulting in advances in the development of the science of nursing education and nursing practice. During the latter part of the 1940s the school of nursing curriculum was restructured to meet the evolving national standards including the recommendations of Weir's Report for nursing education.

A Day in the Life of a Student - A nursing student's daily routine was not that much different at the beginning of the 1940s than it was during the previous decade. Students were assigned to various hospital wards for 12 hour shifts. As students were considered to be the primary caregivers, they were required to provide patient care on a regular basis throughout the day and night. As it had in the 1930s, religion continued to play a central role in the education of nurses throughout the 1940s. Consequently, it was customary for nursing students to begin and end their days with prayer and quiet reflection. Likewise, discipline was maintained on the hospital units as well as in the nursing residence. Students were well informed on the acceptable rules of behavior and of the consequences of failing to follow the regulations of the school of nursing. Life in residence was governed by the same rules that guided student behavior in the hospital. Students were to be obedient and demonstrate respect for individuals in positions of authority.

Life in residence was highly structured and students were expected to participate in various housekeeping tasks, as assigned by the house mother.

Thelma Patterson talked about her varied experiences over the years at the hospital. She recalled her experiences as a student in 1940 and as a teacher in the school of nursing later in 1946. In addition, she spent a number of years in the positions of associate director of nursing services and education director. She spoke fondly of her years at Saint Joseph's, first as a student in the school and for many years afterwards as a devoted staff member of the hospital and the school of nursing. She mentioned that during the early part of the 1940s, the school of nursing was very fortunate to have had two qualified Sisters as teachers in the school of nursing. She indicated that when she first entered the nursing program, it was an apprenticeship form of learning. By 1941 there had been a number of positive changes to their education and to the school of nursing in general. The students received formal lectures from their teachers and the physicians. Also, it was noted that students were required to spend three months in a structured classroom setting. However, with the advent of war along with an outbreak of influenza, this space was usually used to nurse the soldiers. She recalled that lectures would usually be cancelled if the hospital was busy, so that the students would be able to assist with patient care. However, as the hospital environment settled, the students had the opportunity to return to their lectures and pick up where they had left off (T. Patterson, personal communication, October 7, 2004).

As a nursing student during the 1940s, Thelma Patterson was not required to pay for her nursing training. In return for the education, students were assigned for extended periods to various units throughout the hospital. She recalled that in many instances one supervisor would be responsible for all the students throughout the hospital. However, the junior nurses were

usually assigned to a unit with a senior student who provided guidance and supervised their work. She recalled that in those days students were dependent on each other and they quickly learned to manage their responsibilities. She indicated that her practical experience had been most beneficial in preparing her for professional practice.

According to Patterson (2004), life in residence was lots of fun. Once settled, the residence quickly became home to these students. Like at home, students were expected to adhere to the rules and regulations. Because of the nature of resident life, students supported each other over the years, and formed lasting relationships. In spite of the demands of nursing education, and expectations this student looked back fondly on her experiences.

Shirley Carfagnini (personal communication, September 29, 2004) was another student who entered Saint Joseph's School of Nursing in the fall of 1948. She recalled that all 14 students in her class were single and either Roman Catholic or Protestant. Discipline and obedience dominated life in nursing school as well as residence. She stated "That if you did anything you knew that you would be out of the door in no short order and that everything was by the rules." If students damaged equipment such as medicine glasses or syringes the cost of one dollar for each item would be deducted from the stipend the students received. Also, students were required to make up time lost due to illness prior to graduation.

Carfagnini (personal communication, September 29, 2004) recalled that students had much responsibility placed on them during their training. Because of the extent of the practical experience, students would usually demonstrate a high level of confidence when performing nursing activities surrounding patient care. For instance, it was common for students on the day shift to be assigned eight patients, and those on the night duty to provide patient care to the entire nursing unit. While the hospital had very few supervisors at the time, support was always

available if a situation should arise. Also, Carfagnini noted that providing nursing care during the 1940s was not as specialized and technical as it is now. She mentioned that nurses usually administered antibiotic medications daily by intramuscular injections; however, procedures such as starting intravenous therapy were the responsibility of physicians.

During the 1940s accommodations were provided along with meals at the hospital for the duration of the student's education. Carfagnini recalled that she thoroughly enjoyed life in residence. The students provided support for each other and developed lasting friendships (personal communication, September 29, 2004). As students at the school at different times during the 1940s, Thelma Patterson and Shirley Carfagnini echoed similar sentiments while extolling the rigors of student life but still finding time to have a good laugh. They continue to demonstrate warm feelings while reminiscing about the "good days" and the experiences they shared, as well as the camaraderie they developed as nursing students.

Winds of Change

On a national level there were notable changes to the profession of nursing throughout the 1940s. As the war years ended Canada entered an era where socialized medicine was seen as a national priority. This placed increasing demands for professional nursing services across the country. Throughout the 1940s nursing continued to move forward with the development of unions, educational aims and established professional status within Canadian society. By the middle of the decade hospital nurses throughout the country had taken up membership in nurses' unions. The unionization movement within the nursing profession was firmly established by the middle of the 1940s and an effort was made to improve the working conditions for nurses. Also, it was during this decade that a registration process was established, following a survey by the

Canadian Nurses Association, which required all graduate nurses to be registered for practice in Canada. This process received full support from government authorities (Mansell, 2004).

In an effort to continue with the progress in nursing developments and in their quest for professional growth, nurse leaders were encouraged to move forward with improvements to nursing education. One way this could be achieved was to establish nursing schools independent from the hospital setting (Bixler and Bixler, 1946). Likewise, Jenkins (1946) supported the view that changes were necessary to develop an independent educational system for training nurses. At about the same time there was a growing need for nursing to establish sound professional standards. As the decade came to a close, some progress had been noted as nursing continued to build on scientific knowledge to enhance the art of nursing practice. During the 1940s advances were made in both diploma and university level education. In 1942, the school of nursing at the University of Toronto was the first in Canada to offer advanced nursing education through a degree program that considered the science, as well as the art, of nursing (MacKinnon, 2005, p. R6). In addition, as previously noted, an independent nursing school was created as a pilot project in Ontario. Furthermore, a standard curriculum that was developed in 1936 was now beginning to take hold in nursing schools.

Although independent nursing schools did not become a reality during the 1940s, there were notable changes to the education of nurses within the schools of nursing in the hospital environment. For example, nursing education began to move away from a total apprenticeship model on the hospital units to a more formalized one with lecturers in a classroom setting. Literature findings indicate that both hospital administrators and physicians did not totally support this progressive approach for the education for nurses. Even though there was limited support, nurse educators continued to work on the development of formal education for nurses

(Mansell, 2004). Mansell writes that "The continued presence of traditional religious notions suggests that in spite of the advances made toward professionalism, the Nightingale mythology continued to haunt nursing in Canada" (p. 162). She acknowledges that although nursing was highly valued in Canadian society at the time, it continued to be viewed by many as a vocation rather than as an autonomous profession. While nursing made many advances towards the development of professional status during the 1940s, these developments were part of a larger movement that was evolving in nursing. Mansell (2004) suggests that "Taken together, these developments illustrate a continuation of the shift of nursing from a religious vocation to that of a secular profession" (p. 163).

Summary

This decade was viewed as significant for the development of nursing as a profession at the national level. As the decade came to a close nursing had acquired professional status. In addition, nursing services were viewed as essential for the health and well-being of all Canadian citizens. Further, the role of the nurse continued to expand following the war, as a result of advances in medicine and technology. However, in light of all the advances that occurred over the decade there were few changes noted in the overall conditions of the nurses' working environment. The physical workloads increased along with a greater demand for nurses in virtually all regions of the country.

Locally, Saint Joseph's School of Nursing had established itself as a modern nursing school. Since the educators were forward thinking and valued the role of professional nurses in the health and well-being of all citizens, they took advantage of opportunities as they arose throughout the 1940s to advance the cause of nursing. Thus, the Sisters of Saint Joseph made

fundamental changes in the school of nursing as it progressed from an apprenticeship model of education to a more formal system of educating nurses. This resulted in many new developments in both the structure of classes and teaching methods. As the 1940s drew to a close the school of nursing had developed a curriculum that started to build on the "scientific" knowledge of nursing.

CHAPTER VI

Saint Joseph's School of Nursing Post-War Years: 1950-1965

National Nursing Scene

In order to understand the forces that influenced the national nursing scene throughout the 1950s and 1960s, it is necessary to first consider the efforts of the federal government in the development of the health care system at the time. Throughout the post-war period the federal government developed a number of health insurance schemes to assist provinces in meeting the health care needs of the people. Thus, there were many gains made in nursing as a result of the improved financial situations of hospitals over this period (Baumgart, 1988). The period from 1950 to 1965 was one of enormous growth for hospitals, as well as for the organization and development of health care services in Canada (Baumgart, 1988; Mansell, 2004; McPherson, 1996). Throughout the post-war era Canada's population flourished as a result of the baby boom and the influx of immigrants. In addition, numerous advancements were taking place in medicine and technology. Consequently, the national health care system and the delivery of health care services were in a constant state of change.

Prior to World War II, funding for hospitals and the delivery of health care services was considered to be the responsibility of hospital boards. These boards were made up of a variety of members such as individuals from hospital management teams, physicians, and members of the community. Crichton, Hsu, and Tsang (1990) indicate that citizens were expected to assist with the costs of running hospitals and "Patients who could do so were expected to pay, while the municipalities funded services for the indigent" (p. 185). However, due to an increasing demand for health care services after World War II, community hospital boards sought the assistance of the federal government in order to meet the needs of the community. Thus, "With the

introduction of hospital insurance schemes, more money was put into the system, but hospitals had to learn how to function as businesses" (Crichton, Hsu, & Tsang 1990, p. 185). Furthermore, they indicated that the accountability associated with federal government financing for hospitals would eventually erode the level of independence they experienced under the management of hospital boards (p. 185). In 1948, the federal government provided support to financially strapped hospitals in the form of cost-sharing grants (Baumgart, 1988). As a result, hospitals were now able to expand existing services, and the provinces were able to plan for the development of new facilities. Over the next few decades a number of acts were established to support hospital expenditures.

The federal government, in return for support to the provinces for hospital services throughout the 1950s, began requesting a greater level of accountability for the financing of such expenditures. For example, unlike the 1948 act, the 1957 Hospital Insurance and Diagnostic Act included funding criteria for the provincial cost-sharing hospitals insurance plans. According to Crichton, Hsu, and Tsang (1990) the hospital plan had to:

- Be universally available to provincial residents
- Be potable
- Assure adequate hospital standards
- Assure that adequate records and accounts were kept; and
- Ensure public administration (p. 32)

Throughout the 1950s and early part of the 1960s the majority of patients were covered for hospital services and procedures under a variety of private health insurance plans. However, as the 1960s progressed there were increasing demands from members of the public to provide greater health care coverage. Baumgart (1988) indicated that such support came from the

growing middle class in Canadian society. By the mid-sixties the federal government was considering implementing a Canada-wide medical insurance coverage for health care services. A commission was established to conduct a comprehensive study on health care services and needs. After considering the "... recommendations of a Royal Commission on Health Services, in 1964, and after much federal-provincial negotiation, the Medical Care Act, 1966 was passed" (Crichton, Hsu, & Tsang, 1990, p. 33). Furthermore, the authors indicated that the cost-sharing plan that was devised by the federal government required all provinces to abide to the fundamental principles of comprehensiveness, universality, portability, and public administration. And, by 1968 the universal insurance medial plan had been implemented by the federal government (p. 33).

The national nursing scene during this period was greatly influenced by the demand for health care services, as well as federal government initiatives that supported health care reforms throughout Canada. For instance, federal support to the provinces resulted in the creation of a network of hospitals across Canada, creating the expansion of patient care services in the hospital as well as the community setting. As well, for nursing, the post-war era was viewed as a period of "... resolution and progress, in which the problems of institutional reliance on student labour, the uncertainty of private–duty work, and lack of professional recognition were solved" (McPherson, 1996, p. 205). Thus, the services of registered nurses throughout this period were considered to be indispensable and necessary in maintaining a progressive health care system throughout Canada (Mansell, 2004). As the health facilities sought the services of registered nurses for the delivery of health care, there was a shift in the workplace environment for nurses. Prior to the war the majority of nurses were employed in private duty nursing in the community. However, due to a rapid increase in the development of the health care industry, the hospital

became the dominant workplace for nurses. The demand for nursing services during this period was beneficial for achieving professional status recognition. Furthermore, it was beneficial for nursing education. As registered nurses migrated to the hospital environment to meet the need for health services, it was not longer necessary to rely on the services of nursing students (McPherson, 1996).

Meanwhile, rapid advances in medicine and technology had intensified the need for specialty nursing services in the hospital setting. This led to the creation of highly specialized areas of nursing practice that required one nurse for each patient in the unit, thereby increasing the hospitals' demand for nurses. Areas of "specialization embodies a sense of precision in thinking and acting" (Calkin, 1988, p. 279). Thus nursing practice in areas such as cardiac care units, intensive care units, and transplant units, requires practitioners to develop a specialized knowledge base in addition to highly specialized nursing skills. As a result, the development of specialized nursing knowledge base was also beneficial in the advancement for professional status recognition during the post-war period.

At the provincial level, legislation resulted in improvements to the registration process for nursing. In 1963 changes in provincial legislation led to the creation of the College of Nurses of Ontario. As the governing body, they were authorized to oversee the registration process, as well as develop practice standards for the province of Ontario. Policies were developed and enforced province-wide to ensure that graduating nurses met the criteria for registration. The outcome of this achievement was greater autonomy for the nursing profession at a provincial level. However, it was not possible for nursing officials to develop guidelines to make certain that minimum educational standards were maintained in hospitals nursing schools across the province.

By the mid-sixties the hospital was the center for health care delivery, and nurses played a key role in the delivery of professional health care services. In addition, nursing roles continued to evolve in scope and complexity. Thus, the demand for nursing services continued to be a concern. However, in spite of the professional advances during the post-war period, little had change in the traditional view of the nurse. Baumgart and Larsen (1988) note that while expectations associated with nursing responsibilities continued to expanded over the decades, the traditional role of the nurse had remained a constant in an otherwise changing profession.

Nursing Education

In 1932 one of the major recommendations of the Weir Report had been to transfer nursing education from hospital training schools to independent educational institutions in the community. However, by 1950 little had changed in this regard, as nursing education remained entrenched in hospital nursing schools. Consequently, student learning in the majority of nursing schools continued to focus on the development of practical nursing skills while attempting to develop a theoretical knowledge base for patient care.

While the setting for nursing education remained unchanged, there were significant changes in nursing school programs towards the latter part of the 1950s. Baumgart and Larsen (1988) note that efforts to improve hospital nursing schools included the "...development of educational standards, publication of curriculum guidelines and instructional materials, and conduct of a pilot project for the evaluation of schools of nursing in Canada in order to assess their readiness for accreditation" (p. 316). Furthermore, they note that the financial resources to implement these changes materialized as a result of increasing federal government support for the development of health care and post-secondary education. Thus, the establishment of

educational standards along with curriculum guidelines may have contributed to the closure of some nursing schools by the latter part of the 1950s. Kirkwood (2005) notes that nursing schools had decreased from 218 in 1936 to 171 in 1959 (p. 189).

Although nursing education remained in the hospital setting throughout the 1960s, there were additional improvements made to hospital nursing school programs as a result of increasing financial support from the federal government to secure medical insurance plans for provincial hospitals. As the financial security of hospitals continued to improve, nurse leaders were able to move forward with plans to reform nursing education. As a result, nursing schools began to increase the number of qualified teachers in their programs and moved forward with curriculum reforms. Consequently, there was less reliance on physicians to deliver lectures to nursing students. During this period nursing theories and nursing concepts began to replace the existing medical framework for nursing education (Baumgart & Larsen, 1988, p. 317). In addition, the curriculum throughout the 1960s continued to expand in order to meet the needs of a changing patient population and society in general. There was also a greater emphasis on student participation during lectures. During the mid-1960s educational reforms included a more informal approach to lectures and teachers were encouraged to consider teaching methods that would create a positive learning environment. Thus, lectures became more informal and students were encouraged to participate in open discussions. Prior to this period, lectures were predominately formal in nature, in that students were seldom encouraged to question traditional knowledge. As well, curriculum reforms began to consider the merits of course objectives as well as the introduction of objective methods of evaluating theoretical and practical knowledge.

Throughout the 1960s the clinical component of nursing school education experienced reforms as well. During this period curriculum developments demonstrated a greater integration

of theoretical knowledge in the clinical to enhance clinical practice situations. Thus, "In the clinical component of nursing education, the prevailing preoccupation with teaching procedures was gradually replaced by a concept of nursing practice as a patient-centered and theory-based activity" (Baumgart & Larsen, 1988, p. 318). As a result, nursing schools recruited an increasing number of qualified teachers who would accompany students during clinical practice experiences. Towards the mid-1960s there was less reliance on senior nursing students to supervise in the clinical area. The 1960s curriculum reforms resulted in a more balanced approach between theoretical and practical learning experiences for students.

Educational reforms continued to elevate educational standards in nursing schools throughout this period. In addition, a number of investigations were conducted to determine the feasibility of independent nursing schools as well as the merits of the traditional apprenticeship nursing program in a changing society. The findings of these studies continued to build on the advice that had been presented in the Weir Report of the 1930s. Since this report was considered by many to be a landmark report in the advancement of education for nurses, it continued to encourage nurse leaders throughout the 1950s and 1960s to move forward with reforms to the existing model for nursing education. While many of these reports resulted in improvements, the pace of progress was protracted as a result of social reforms and a chronic shortage of nurses throughout this period.

Saint Joseph's General Hospital

The assistance of financial support from federal government initiatives throughout the 1950s and 1960s resulted in many changes to the overall operation of Saint Joseph's General Hospital. Consequently, the hospital entered a new era of growth and expansion of health care

services. The management team in 1950 included Mr. A. T. Smith as chairman of the board, along with Sister Camillus as administrator and Sister Michaela and the superintendent of nurses at the hospital. Under their guidance many hospital departments were expanded and new ones were created as a result of hospital growth. By the mid-1950s the organizational structures, including administrative policies, for all hospital departments were fairly well established and the facility was evolving into a modern heath facility capable of providing general health care services to the community and surrounding area.

Hospital expansion during the early part of the 1950s had resulted in the establishment of a radiology department and pathology department. At about the same time, a number of new physicians joined the medical team to assist with the management of various departments. Because of the many expansions and the reorganization of patient care units, nurse supervisor positions were created to oversee the management of patient care areas throughout the hospital (Patterson, 1990). Thus, the expansion of patient care resulted in the creation of numerous nursing positions during this period. By 1954, the hospital had undergone another expansion with the addition of another 60 hospital beds. That year the hospital treated approximately 4926 patients. Another expansion in 1957 resulted in the establishment of a hospital pharmacy along with several new patient care units. While there were many positive outcomes of hospital expansions, it became obvious by the latter part of the decade that the hospital was experiencing difficulty in its endeavor to deliver expanded health services. Another concern was a severe shortage of qualified nursing staff. Like other hospitals across Canada during this period, Saint Joseph's General Hospital was expanding at such a rapid pace that it was having difficulty keeping up with nursing demands. In an effort to address the nursing shortage hospital administrators collaborated with nurse educators to increase the enrollment in the school of

nursing. In addition to the nursing shortage, there was a demand for medical specialists to organize the newly established pediatric and obstetrics departments.

In light of medical advancements and expansions throughout the 1950s and 1960s, the chapel continued to occupy a central position in the hospital community. Catholic traditions were maintained during this period and "Religious observances were an important focus of faith with daily mass at 6:30 and Holy Communion at 7:00 am" (Patterson, 1990, p. 9). The priest would visit patients on a daily basis for prayers at the bedside, and offer Holy Communion to those who were not able to attend regular church services. In addition to the chapel, the Catholic presence could be found throughout the hospital, with holy pictures placed in hallways and central locations. In addition, the Catholic bulletin, prayer books, crucifixes, and holy pictures were placed in patient rooms and common areas. In addition to attending regular religious services, patients and staff would often go to the chapel to pray and reflect in its peaceful surroundings.

By the latter part of the decade pre-paid hospital medical insurance was available to all patients at Saint Joseph's General Hospital. The hospital insurance plan was made possible through the federal Hospital Insurance and Diagnostic Act of 1957. However, since universal health care was not achieved until the latter part of the 1960s, hospital insurance continued to operate under a combination of private and public insurance schemes. Another significant development for the hospital in 1959 was the establishment of the Ontario Hospital Commission, as it greatly influenced its administrative practices (Patterson, 1990). The Ontario Hospital Association Commission played a major role in the province at that time in the administration of the provincial health insurance plan. By the latter part of the 1950s it was becoming increasingly clear to provincial officials that the federal government had intentions to increase accountability for hospital and health care services funding. At the time, the federal authorities developed

criteria for their share of health care funding and established accountability agreements with the provincial jurisdictions. Such agreements would ensure that funding was applied to intended targets in health care. During this period the provincial government was reorganized and now had greater power in monitoring hospital spending practices (Crichton, Hsu, & Tsang, 1990). Eventually these developments would lead to less and less autonomy for local hospital boards, in the governing of their hospitals. Therefore, Saint Joseph's General Hospital, like other hospitals at the time was required to establish departments to ensure close monitoring of the spending practices. At the time it was common practice for hospitals to "...appoint good bookkeepers as their administrators" (Crichton, Hsu, & Tsang, 1990, p. 187). Over time, these developments placed an increasing strain on the autonomy, finances, workload, and staffing resources at Saint Joseph's General Hospital (Patterson, 1990)

The hospital continued to experience growth throughout the 1960s. The scope of health care services expanded into more specialty areas with the establishment of an intensive care unit at the hospital. These developments continued to add to the nursing shortage during the 1960s. However, such achievements would mean that the hospital would now be able to meet the complex care needs of acutely ill patients. However, in order to meet the demands of critical care, practice nurses at the hospital participated in professional development to enhance their theoretical knowledge base as well as develop advance nursing skills. At the same time, the hospital was in a constant state of reorganization as a result of construction and expansion of programs. Hence, the responsibilities associated with patient care became more and more complex. Accordingly, advanced educational preparation was viewed as a necessity for both physicians and nurses.

During the early part of the 1960s Sister Barbara McKinnon was appointed the new director of nursing at the hospital. During her tenure as director of nursing she supervised a study that proved to be quite positive for the advancement of nursing practice at the hospital. Patterson (1990) referred to the project as a "time and activity" study, which was designed to measure the extent of time that nurses were involved in direct patient care on a daily basis. The study resulted in sweeping changes in the duties associated with nursing roles. For the first time in the history of nursing services at the hospital many of the activities that nurses performed, such as clerical and patient transfer between departments, were now considered to be non-nursing duties. Thus, these non-nursing activities were reassigned to new categories of hospital personnel, such as ward clerks and porters (p. 12).

The restructuring of nursing services during the early 1960s resulted in major improvements to staffing patterns throughout the hospital. Up until that time, the services of private nurses had been highly utilized by the hospital. For example, during times of need the hospital would recruit private nurses to provide nursing care to the acutely ill patients; as well, private nurses were requested for private care by patients or their family members. However during the 1960s a number of physicians supported a plan that recommended that nursing care within the hospital be performed by staff nurses who were familiar with the unique health care needs of the patients (Patterson, 1990). The approval of this plan resulted in a decreased demand for private nurses at the hospital, and eventually this employment practice came to an end. The ability of the hospital to expand nursing services came about as a result of the establishment of national health services towards the latter part of the 1960s. This development provided a more stable climate for hospitals (Baumgart, 1988).

Although staffing patterns improved during the latter part of the 1950s and early 1960s there were unresolved issues between the nursing department and the school of nursing during these times. These will be discussed in the following section on education, and this section will consider the concerns of the hospital nursing department. Sister McGirr indicated that during this period a certain amount of tension existed between the nursing service department and the school of nursing in regards to utilizing nursing students as hospital staff. The issue was complex in that the hospital nursing department and the school of nursing were operated by the hospital and both were responsible for patient care. Therefore, it was common practice in the 1950s and 1960s to have nursing students fill the role of staff nurse on virtually all hospital units on a daily basis. The tension increased when nurse educators voiced their concerns over this practice. Although it had been an acceptable policy for years, nurse educators were now beginning to question the value of this practice for the nursing students. Furthermore, they felt it interfered with the students and that the practice was not educationally sound. Sister McGirr recalled that, after much debate, both parties agreed that the practice of having students assume the role of staff nurse would be revised. Increasing federal government funding throughout the 1960s helped to resolve the issue as the hospital was able to replace the student nurses with registered nurses (personal communication, November 3, 2004).

By 1965, with the assistance of the staff, the hospital had instituted hospital-wide policies. Also, hospital expansions had created many positions throughout the hospital. Consequently, the increase in human resources resulted in the creation of a personnel department to oversee the organization of hospital staff as well as the development of personnel policies (Patterson, 1990). At the same time, nurse leaders were encouraged to pursue opportunities to

enhance their management skills. This was viewed as a positive step towards the advancement of nursing practice and nursing education at the hospital.

Saint Joseph's School of Nursing

Bureaucracy - As a result of the improved financial picture of the hospital throughout the 1950s and 1960s, the school of nursing was able to implement changes that made it possible to recruit more teachers and make improvements to the curriculum. The organizational structure of the school was clearly defined by the 1950s, in that it remained under the management of the hospital director, who also appointed the director and teachers for the school. The administrative decisions were usually made in collaboration with Sister Camillus who was the hospital director during the early 1950s. Also, in 1950 Sister Michaela was appointed to the position of superintendent of nurses. However, while previous directors had single-handedly managed all areas of operation, she was assisted by a growing number of nursing school faculty throughout the 1950s. In 1950, Marjorie Shannon and Eleanor McKenney joined the nursing school staff and towards the latter part of the decade Thelma Bush and Barbara Ralston accepted teaching positions in the school of nursing (Patterson, 1990). Throughout the 1950s and 1960s the school continued to develop policies that would ensure that the school continued to meet national standards for nursing education.

By 1950, the school had established its governing structure and major administrative policies. While some policies were revised to ensure they were in agreement with national standards for nursing schools, very little had changed in regards to student admission criteria. Students were required to have a high school diploma, provide several character references, and

provide proof of excellent health. At the time, students were not required to pay for tuition, accommodations, or meals. However, their education did not cover the costs of books.

A major organizational change in the school of nursing during the latter part of the 1950s involved a process that would eventually result in the separation of the school of nursing from the hospital nursing department. For the members of Saint Joseph's School of Nursing this was viewed as a crowning achievement during this decade. Towards the latter part of the 1950s, teachers at Saint Joseph's School of Nursing, much like their colleagues across the country, were voicing concerns about some of the educational policies employed by the school. In particular, they argued against the practice of having students provide services to the hospital in return for their education. As educators continued to discuss the merits of a sound education, they realized that the practice of having students fill nursing roles in the hospital was interfering with the principles of a sound nursing education. Sister McGee noted that the objective of the educators at the local school at the time was to eliminate the practice of utilizing students to provide nursing services for the hospital. By the end of the decade the school had made significant gains in this area, and this resulted in greater autonomy in developing curriculum guidelines. However, Sister McGee also indicated that since nursing was a hands-on profession it was very difficult to totally remove students from this kind of experience (personal communication, November 3, 2004). Therefore, students continued to provide a service to the hospital well into the 1960s. The pressure for this separation became stronger at this time due to the Royal Commission on Health Services' recommendation that nursing education should be separated from hospital nursing services (Patterson, 1990, p. 15).

In 1960, Sister Barbara MacKinnon was appointed director of the school of nursing. She had graduated from the school in 1950 and recalled that during her training the hospital was

mostly staffed by student nurses. At the time, lectures were less formal and under the direction of the physicians. However, when she returned to the school in the position of director she found that improvements had occurred in formal lectures as well as clinical experiences. The clinical experience had been restructured so that students had the opportunity to spend extended periods of time in all of the areas in the hospital. This would enable the students to develop greater expertise in many specialty areas. During her directorship she concentrated on expanding the curriculum and in formalizing the delivery of lectures in the school of nursing (Sister MacKinnon, personal communication, November 3, 2004).

Another administrative change in 1962 resulted in the appointment of Sister Marie McGirr as the director of the Saint Joseph's School of Nursing. She recalled that towards the latter part of the 1950s the school of nursing had been invited to participate in a nation-wide study by Dr. Mussalem to investigate the state of nursing education in Canada (discussed in more detail below in the "Winds of Change" section). Following the study, the school of nursing received a positive report, and for a small school it was highly rated in terms of the quality of education and learning resources such as nursing journals that were available to the students. Sister McGirr mentions that, following the report, guidelines were established to ensure that the curriculum was reviewed on a regular basis to determine how best to improve nursing lectures. Another area that received much attention at the time was the school's admission policy. After a thorough review, a new policy was put in place for prospective students. The guidelines required students interested in entering the school of nursing to be assessed by a psychologist. It was felt that such an assessment would provide valuable information as to the individual's personality traits and qualities, as well as her ability to contribute to the nursing profession. Sister McGirr

indicated that this policy remained in place when the school of nursing was transferred to the community college system during the 1970s (personal communication, November 3, 2004).

Throughout the 1950s and 1960s, the focus of the school of nursing revolved around establishing policies that would remove nursing students from the role of staff nurse during their course of study. As well, the school established curriculum guidelines that supported the integration of theoretical knowledge and practical knowledge. Because of their efforts, the school was able to achieve greater control over decisions pertaining to nursing education.

Curriculum and Pedagogy – As nursing superintendent, Sister Michaela ensured that Christian values continued to enhance nursing education. Furthermore, in keeping with the philosophy of the school, she sought to develop the theoretical component of the program to ensure students acquired a scientific base for nursing as well as practical nursing knowledge. Thus, for most of the 1950s the block system of delivering curriculum remained in place. This model of education included formal lectures on a variety of nursing subjects. Students attended class on a regular basis throughout the week. The lecture style format meant that the teacher delivered the content for each subject and students were required to make notes on the material. Over the course of their classroom instruction, students were evaluated by means of multiple-choice tests. However, towards the end of the decade the lectures were becoming less formal in nature with a greater emphasis on cooperative learning methods in the classroom. With this approach students were encouraged to actively participate in classroom discussions surrounding patient care issues.

By the 1960s several more teachers had joined the nursing faculty. Because of this development there was less reliance on the physicians to deliver lectures to the students. These teachers took responsibility for conducting classroom teaching, and they also accompanied their

students to the clinical areas during their practical learning experiences. This resulted in a greater control on the part of the teacher in shaping the learning experience and in integrating theory into the practical experience. Also, with this development, the practice of having senior student nurses supervising in the clinical setting faded away.

The following were required courses for nursing students at Saint Joseph's School of Nursing in 1962:

- ***First Year Theory Classes***: Health and Social Needs; Community Health; Nursing Arts and Charting; Communicable Disease, Medical and Surgical Nursing; Diet Therapy; First Aid and Civil Defence; Obstetrics; Anatomy and Physiology; Chemistry; Microbiology; Social Sciences; Psychiatry; Pediatrics; and Religion.

- ***First Year Clinical Practice***: Emergency; Nursing Arts and Charting; Pharmacology, General Medicine; Surgical Nursing; Gynecology; Urology and Neurology; Pediatrics; and Obstetrics.

(Linda (Lyttle) O'Neill, personal communication, September 28, 2004)

By the end of the 1960s the curriculum was broadening in scope and the students' learning experiences were more balanced in terms of theory and practice. As well, different teaching methods had resulted in more open communication between students and teachers. Students were supervised in the setting by teachers from the school of nursing. Experimentation with various curriculum models throughout the 1960s led to a combination of core subjects and clinical practice applications. By this time the hospital had expanded and grown in a number of specialty areas. As a result, the practice of transferring students to other hospitals for clinical experiences began to fade away. Student learning throughout the 1960s focused more on the development of critical thinking and the synthesis of knowledge, as opposed to the acquisition of information, which had been the focus in previous decades.

A Day in the Life of a Student – Although nursing students continued to focus on the development of practical nursing skills throughout the 1950s and 1960s, greater emphasis was placed on the development of a theoretical knowledge base for nursing practice. As a result, students attended nursing classes throughout the week. As well, students participated in clinical placements throughout the year for extended periods of time. The clinical component was also more organized, in that the teacher accompanied the students during their clinical experience and was involved in the selection of clinical assignments.

As a nursing student at the beginning of the 1950s, Sister Barbara McKinnon recalled that there were very few graduate nurses in the hospital at the time; therefore, students were expected to provide patient care throughout the hospital. She was appreciative of the nursing education she received at Saint Joseph's School of Nursing and felt the teachers were well qualified. She attributes this, in great part, to the amount of practical experience that her education provided. She felt that the school offered the kind of learning environment that fostered professional independence and the greatest respect for the patient. "Caring," she stated, "was at the core of all nursing activities." She mentioned that there was a spirit of devotion and commitment among her classmates. She acknowledged that while the rules and regulations were quite strict at the time, students were well informed as to the consequences of not abiding by the rules. She recalled one occasion when a classmate lost the privilege of wearing her nursing cap because she was found in the kitchen eating crackers. Another student who broke curfew rules was required to remove the band from her coveted nursing cap. In addition to the strict rules governing curfew, students were still required to reimburse the school if they happened to damage or break equipment such as thermometers and glass syringes. In spite of the rigid rules that were still being enforced in the early 1950s, she spoke fondly of her time at the school and

the lasting relationships she formed during those years. She continues to renew these friendships at regular school reunions (personal communication, November 3, 2004).

Sister Marie McGirr from the class of 1957 noted that there were 20 nursing students in her class. She recalled that, shortly before she entered Saint Joseph's School of Nursing, changes had occurred in the nursing program in regards to clinical practice experiences. As a result, students in her class experienced a reduction in the number of clinical hours from 12 to eight hours, six days a week. She remembered that while local physicians delivered the majority of theory classes, an increasing number of nurse educators were being appointed to teaching positions in the school of nursing. She mentioned that expectations were high in the school of nursing and that students were required to abide by the rules. However, she indicated that the expectations at Saint Joseph's School of Nursing were similar to other nursing schools at the time. Like Barbara McKinnon, she was also very appreciative of the practical experience she received throughout her training and thought the teachers were excellent at the time. During her training she resided with the Sisters, and spoke fondly of the good times she had as a student (personal communication, November 3, 2004).

June (Davidson) Brayshaw graduated from the school of nursing in 1959. She mentioned that her program of study lasted three years. Some of the courses at the time included anatomy, physiology, nutrition, and health. In addition to the new $75 tuition fee, the students were required to purchase the required texts and appropriate nursing attire for clinical practice. She mentioned that she lived in residence during her training. After her six month probationary period, she went to different units throughout the hospital to develop practical skills. She felt this provided her with valuable experiences with real life situations. She mentioned that nursing teachers went to the nursing units with the students during their practical learning experiences. It

was also customary for nurse managers to be involved in the evaluation of the student's clinical performance. She felt that she had received a superior education at Saint Joseph's School of Nursing. The practical experience gained through the apprenticeship education model prepared her well for her role as a nurse. While technical advances influenced various aspects of clinical practice, the patient remained the focus of nursing care. And, students at the time were expected to demonstrate commitment to their area of study. She acknowledged that the long-established values of the school of nursing provided students with guidelines for behavior in all aspects of professional practice, as well as in their personal lives. While reflecting on life in residence, she described it as living in a large family, and all students were assigned a "big sister" who would watch out for them. Students would often spend hours in the evening socializing in the common room and singing around the old grand piano. While in residence, students were encouraged to volunteer on committees and participate in various social activities. She recalled that employment opportunities were plentiful the year she graduated. Nurses were being encouraged to join the armed forces, and the local air force base invited her graduating class to spend the day at the Trenton air force base in Ontario. Around the time she graduated, air travel was also expanding and there was a growing need for nurses in the airline industry, thus providing another avenue for employment (June (Davidson) Brayshaw, personal communication, October 1, 2004).

Linda (Lyttle) O'Neill, from the graduating class of 1965, was appreciative of the practical education she received as a nursing student. She mentioned that while students were required to demonstrate increasing levels of independence in the clinical setting, they were also accepted as valuable members of the health care team throughout the hospital. She remembered that the first critical care unit in the hospital was established during her time as a nursing student, and that a physician had taught her the fundamentals of operating and maintaining the

ventilators. She recalled how nervous she was as a student in charge of the emergency department on nights. Although the rules and regulations of the nursing school were rigid she had fond memories from her student days. She referred to residence life as being special and the feeling of being part of a family (Linda (Lyttle) O'Neill, personal communication, September 28, 2004).

Winds of Change

Throughout the latter part of the 1950s and 1960s, the majority of nursing schools across Canada were in a period of transition as a result of social changes and medical advances. Signs were everywhere that improvements and modifications were being made to nursing programs. For example, all nursing schools focused on unifying the curriculum, with an eye to developing a theoretical knowledge base for nursing. In contrast, the practices of having students provide nursing service to the hospital was discouraged during the latter part of the 1950s (even though the practice continued until the mid-1960s). As well, nursing schools were adopting new teaching methods that were considered to be more supportive of a cooperative learning environment. While basic patient care remained the core of nursing programs, the scope of knowledge broadened out to include the intellectual needs as well as the basic physiological needs of patients. By the 1960s educational reforms were gaining momentum and nurse educators across Canada joined forces to ensure success in the reorganization of nursing schools from coast to coast. Rovers and Bajnok (1988) point out that "Curricula in schools were revised to reflect the increasing scientific foundation of nursing practice and to eliminate the apprenticeship orientations of previous decades" (p. 326).

To a large extent, the impetus for fundamental reforms in nursing schools across Canada resulted from the findings of a major study that was conducted during the latter part of the 1950s, under the directorship of a Canadian nurse, Helen Mussallem. This study was acknowledged by many in the field as having revolutionized nursing in this country following the war. Sibbald (2005) affirms that Dr. Mussallem should be recognized as a leader in Canadian nursing, and that her efforts throughout the 20th century should be seen as instrumental in the transformation of nursing education in Canada (p. 52). Likewise, Mattson (2003) recognizes that Mussallem is valued around the world for her efforts in reforming nursing education. In Canada, she is highly regarded for her role in reshaping nursing education in this country.

In 1957 Dr. Mussallem became involved in one of the most comprehensive Canadian studies since the Weir Report of the 1930s on the education of Canadian nurses. After a study had been conducted in the United States by the National League for Nursing (1948), she was recruited by the Canadian Nurses Association to conduct a similar survey of Canadian nursing schools. Mattson (2003) wrote that the focus of this detailed study was to visit nursing schools in all regions of Canada in order to consider the schools' suitability for the process of national certification. This study included a total of 25 large and small nursing schools from the provinces and territories. An extended amount of time was spent preparing the details of the investigation. In order to conduct a systematic review of the schools she spent a week at each facility collecting vast amounts of information on every institution "...philosophies and objectives, organization, financial picture, student services, curriculum, library, and physical facilities..." (Mattson, 2003, p. 3). After the completion of the national survey, a number of recommendations were published in a report that addressed the advancement of nursing education in Canada. Rovers and Bajnok (1988) note that "Although many serious weaknesses were noted across schools, Mussallem

concluded that the majority of the educational problems were caused by continuing control over schools by institutions whose primary aim was nursing service" (p. 325). This conclusion was not dissimilar from Weir's from over 25 years before.

Even though the report findings received little support from the leadership of community hospitals, it eventually paved the way for another significant study by the Royal Commission on Health Services (also referred to as the Hall Commission) requested by the federal government in 1960. When its results were released in 1964, it won great acclaim country-wide as the most comprehensive study on health care that was ever undertaken in Canada (Baumgart, 1988). A recommendation that followed from the study suggested that Canada should establish universal medical insurance. In 1968 this was realized with the implementation of the Medical Care Bill (Baumgart, 1988, p.27). The implementation of universal health care insurance was a shared venture between the federal government and provincial jurisdictions. Meanwhile, Richardson (1996) indicates that the findings from the Royal Commission on Health Services resulted in greater control of the evaluation process and standardization of programs in hospital nursing schools (p. 27). "Hospitals, too, came increasingly under the scrutiny and control of provincial ministries of health, allowing the formulation of public policy affecting hospital nursing training programs" (p. 27). As a result of the recommendations from the Royal Commission study, therefore, nursing education was eventually established in independent educational institutions throughout Canada. Rovers and Bajnok (1988) note that:

> The Royal Commission Report (Government of Canada, 1964) reflected the work of Weir (1932) and Mussallem (1960) and ushered in a new era for nursing education. Recommendations submitted to, and arising from the Commission prompted expansion of nursing education in universities, movement away from the non-integrated nursing degree programs, and transfer of diploma schools from hospitals to post-secondary education settings. (p. 325)

Summary

With the influx of immigrants during the post-war period, the population of Canada was rapidly expanding. In response to the growing social needs, the federal government negotiated with the provinces and established a plan to provide financial assistance for the construction of hospitals and health care services. In 1948, the federal government made funds available to the provinces through the National Health Grant Program. Throughout this period the provinces continued to receive federal support for health care costs, and in 1968 the federal government established a national health care insurance plan. While the financial support was beneficial in expanding and improving Canada's health care system, it also caused a severe shortage of doctors and nurses.

As I have mentioned earlier, while the expansion of the health care system created a huge demand for nursing services, the profession also benefited in that considerable improvements were made to nursing education and practice areas during this period. The 1950s and 1960s were important years for nursing, as it achieved professional recognition and established national standards. As well, a number of national surveys resulted in improvements being made to hospital nursing schools across the country. Furthermore, several experimental projects were established to explore the possibility of independent nursing schools. While the results of the projects were positive, nursing education remained in hospital nursing schools. However the results from these projects set the foundation for future development in the establishment of independent nursing schools.

CHAPTER VII

Preparing for Transition: 1966-1974

National Nursing Scene

Throughout the late 1960s and early 1970s the demand for nursing services in health care institutions across Canada greatly increased. This was due to a number of reasons: Hospitals had expanded their size and scope during the previous decade; medical advances had drawn more people to seek treatment outside of the home; and hospital insurance plans had been created during the 1950s, leading to greater financial stability for hospitals. Since the hospitals had been able to achieve greater financial stability by this time, therefore, they were now in the position of being able to replace the student workforce with hospital nursing staff. Also, due to the increasing complexity of health care, "Student nurses were neither skilled enough nor plentiful enough to meet these new institutional and therapeutic demands" (McPherson, 2005, p. 85). Thus, nursing opportunities continued to soar throughout this period, as Canadian hospitals competed for their services.

In an effort to meet the escalating demands for these services, hospitals continued to recruit married nurses back into the workforce. At the same time, attempts were made to increase the nursing workforce with individuals who had different levels of nursing knowledge and expertise. For example, hospitals increased the number of practical nurses and nurses' aides on staff in order to meet hospital demands for health care personnel. Thus, the different categories of nursing personnel resulted in changes to the staffing population of health care institutions across Canada. According to Mansell (2004) hospital expansions throughout this period resulted in the "introduction of individuals to the profession who came from a variety of backgrounds" (p. 182). Furthermore, it was during this period that male nurses entered the nursing profession. "A

small number of male nurses were integrated into a profession that for nearly a century had been designated 'women's work'" (McPherson, 2005, p. 85).

Although major advances had been achieved in Canadian nursing by the latter part of the 1960s and early 1970s, professionalism continued to receive much attention, as nurse leaders pursued activities that would ensure greater professional recognition for nurses. They continued to focus on advancing nursing by moving forward with plans to develop nursing education at the university level. Mansell and Dodd (2005) agree that professional status for nursing was viewed as "a gateway to professional autonomy" (p. 199). However, the unending pursuit for professional status during this period continued to divide the nursing profession as it had for the past several decades. Therefore, while leaders in the field of nursing have concurred that the period following World War II was prosperous for nurses, they also acknowledged that by the 1970s there were growing signs of turmoil in workplace environments (Jensen, 1988; Mansell, 2004; Richardson, 2005). An increasing number of nurses were unhappy with current conditions in Canadian hospitals. While changes had occurred in the staffing patterns of these institutions, nurses continued to practice in environments where help was chronically short. Furthermore, along with expanded roles, nurses were involved in many housekeeping and non-nursing tasks. Thus, by the latter part of the 1960s, nurses realized that professional progress had not resulted in professional autonomy in the workplace. Richardson (2005) has indicted that "Unfortunately, Canadian hospitals failed to adapt their employment policies and practices to meet the needs of the increasing number of registered nurses they hired as general duty nurses" (p. 214). As well, by the latter part of the 1960s, there had been little progress over the decades in the financial recognition of professional nurses in the hospital throughout Canada.

Throughout the early 1970s nursing morale was low, as little had changed in the workplace in terms of improved working conditions and better wages. Mansell (2004) indicates that division, discontent, and frustrations were predominant themes in the nursing workplace of the 1970s (p. 192). She offers insight into the reasons for these recurring workplace issues. She indicates that over the decades the division between rank-and-file nurses and nurse leaders increased, as the latter continued to focus on the development of professional status recognition through higher levels of nursing education. As a result, by the latter part of the 1940s nurses across Canada were seeking to improve their workplace environments and salaries by joining unions. And, as Richardson (2005) points out, by the beginning of the 1970s the majority of nurses in Canada were members of local collective bargaining groups. Their concern was to meet the workplace needs of nurses and they communicated these needs to hospital officials and negotiated on behalf of nurses to improve their workplace environments. This was a difficult period for Canadian nursing as the turmoil was nationwide and it persisted throughout the seventies and into the next decade. This period of unrest in hospital workplaces eventually resulted in strike action. Richardson (2005) has noted that "Between 1966 and 1982, there were 32 strikes by nurses in Canada" (p. 220).

Nursing Education

Developments in nursing education during the latter part of the 1960s and early 1970s can be seen as a direct result of federal government interventions for post-secondary education in all regions of the country. During the post-war era the provinces requested assistance from the federal government to improve their educational system. Realizing the huge need for post-secondary education, federal authorities negotiated with the provinces and established policies

that would help finance these initiatives. This plan was similar to the schemes that had been developed to assist the provinces in backing the construction of hospitals and the delivery of health care. These plans "...offered cost-shared financing to the provinces to expand universities and establish community colleges in order to develop degree and diploma courses similar to those in the United States" (Crichton, Hsu, & Tsang, 1990, p. 56). Post-war investments in post-secondary education through federal initiatives also resulted in improvements to nursing education. Baumgart and Larsen (1988) indicate that "...the 1960s and 1970s saw basic, graduate, and continuing education for registered nurses expand in scope, size and resources" (p. 317). Hence, towards the latter part of the 1960s, hospitals were able to establish education departments that focused on the development of continuing education courses for rank-and-file nurses, as well as nurse managers. Financial resources were also made available to nursing schools across Canada to improve their programs. Chater (as cited in Baumgart & Larsen, 1988) indicted that:

> An important part of this process was the implementation of new curriculum models, which used nursing theories and nursing concepts rather than medical models. In the clinical component of nursing education, the prevailing preoccupation with teaching procedures was gradually replaced by a concept of nursing practice as a patient-centered and theory-based activity. (p. 318)

By the latter part of the 1960s a number of nursing schools had made significant changes in their programs. As a result, many schools had established a nursing internship program, also referred to as the two-plus-one program. "Almost every province adopted some form of this system" (Kirkwood, 2005, p. 189). In the two-plus-one program, nursing students received two years of theory and one year of clinical practice. During the third year, students were mentored by hospital staff. However, this experimental scheme received limited funding and was discontinued after a few years. Kirkwood (2005) feels that the programs were decreased to two

years as a result of the increasing nursing shortage. Furthermore, she suggests that by agreeing to reduce the program, nurse educators may have missed the opportunity to achieve professional status recognition at a time when other professions, such as teaching, were moving towards university-based education (p. 190).

As mentioned earlier, the issue of advancing nursing education at the university level in Canada was first addressed by the Weir Report in 1932, and since then numerous studies continued to build on the recommendations of that report. It was reconsidered during the latter part of the 1950s in a study of nursing schools across Canada by Dr. Mussallem, and again in 1964 by the Royal Commission on Health Services. The goal of establishing independent institutions for nursing education, however, was only realized in the middle of the seventies. Baumgart and Larsen (1988) acknowledged that while changes were made over the decades to hospital nursing programs:

> The most significant structural changes occurred in relation to preparation of registered nurses for entry to practice. Although the diploma and degree routes to obtaining initial qualifications were retained, the long-sought-after transfer of responsibility for diploma programs from hospitals to educational institutions moved ahead rapidly. (p. 318)

By the mid-seventies nursing schools had been transferred from the hospital setting into the general education system in most regions of the country. For instance, in Ontario the decision to transfer nursing programs resulted in the rapid development of nursing programs in community colleges. In 1967 Ontario moved forward in establishing the community Colleges of Applied Arts and Technology (Ross-Kerr, 2005). Rovers and Bajnok (1988) note that "The change in jurisdiction for diploma nursing education was initiated with the 'Ryerson Project' which, in 1964, opened the first diploma nursing education at a post-secondary institution in Canada" (p. 325). However, it is interesting to note that the pace of educational reform varied

from province to province. In the province of Ontario, hospital nursing programs were preparing to transfer to the mainstream educational system as early as 1973. While some were slower to change, a number of other provinces followed suit: "By 1975, hospital training schools had been phased out completely in Saskatchewan, Ontario, and Quebec, and independent schools had been established in New Brunswick, which had no community colleges" (Richardson, 1996, p. 27). Finally, access to mainstream education for nurses in Canada made it possible for nursing to achieve its educational pursuit.

Saint Joseph's General Hospital

In 1967 Sister St. Martin became the new executive director of Saint Joseph's General Hospital. During her tenure, major changes occurred in the funding practices associated with patient care as a result of the establishment of a national health insurance plan. By 1968, federal authorities had ratified legislation that led to universal health care coverage for Canadians. Because of the comprehensive nature of the universal health insurance plan, the provinces would now receive funding for all health care services that were delivered by hospitals. Thus, the universal health insurance scheme resulted in greater financial stability for hospitals across the country towards the latter part of the 1960s.

In an effort to deal with chronic overcrowding issues throughout the 1960s the hospital decided to acquire property that was situated nearby for expansion projects. One of the buildings on the newly acquired property was renovated to meet the increasing enrollment to the nursing school program. By 1969, hospital space was allocated for the establishment of an intensive care unit. During that same period, the hospital personnel department was restructured and departmental policies were revised and expanded to meet the needs of the facility. At the same

time, the management of the department was reorganized and Thelma Patterson was reassigned from her position of Associate Director of Nursing Services to that of Director of Education for the hospital (Patterson, 1990). The benefits of establishing a hospital education department were greatly appreciated by all staff. However, the services of such a department were especially beneficial to the nurses and staff of critical service areas, including the newly created intensive care unit. Staff for this new unit traveled to larger hospitals in Toronto to learn about critical care technology and nursing care of the critically ill patient. In addition to staff education developments, hospital staffing patterns were beginning to change by the end of this decade and during the early part of the 1970s. Because of the increasing number of nursing staff at the hospital, it was possible to coordinate the nursing service needs of the hospital and devise a master schedule for nursing services. As well, during this period nursing services were scheduled using a combination of eight and 12-hour shifts.

By the early part of the 1970s many new programs had been created at the hospital. Since there was a growing emphasis on patient-centered care, a number of new programs were designed to meet the needs of the patient while in hospital and for ongoing care following discharge. For example, programs were designed to meet the needs of people living with diabetes and chronic cardiac and pulmonary conditions. At about the same time, the Sisters of Saint Joseph were interested in developing services that would help meet the emotional and spiritual needs of critically ill patients and their families. During the early 1970s, there was little to no funding for the establishment of programs that would focus on the special needs of this patient population. Therefore, the sisters decided to finance the establishment of a pastoral care department at the hospital. As well, the hospital developed a volunteer program, which encouraged members of the community to become involved in various hospital activities such as

reading to patients. Other programs were being developed to meet greater social demands, such as the alcohol treatment program that was designed to meet the needs of the patient as well as the emotional needs of family members (Patterson, 1990).

The 1950s, 1960s, and early 1970s had resulted in massive expansion projects as well as the construction of new wings at the hospital to meet the health care needs of a growing population. However, as a result of dramatic changes associated with health care funding as well as the delivery of health care services during this period, a number of changes were instituted at the provincial level which eventually affected the overall governance of the hospitals, especially during the early years of the 1970s. Because of these developments, there was a dramatic increase in the degree of accountability that was placed on hospitals for the financial support they received from the federal governments for hospital insurance programs (Crichton, Hsu, & Tsang, 1990). And, over the decades the measure of accountability for hospitals continued to increase. As a result, Saint Joseph's General Hospital was required to develop increasingly complex accounting practices to maintain meticulous recording of financial costs in all departments (Patterson, 1990). As previously mentioned, some time towards the latter part of the 1950s, the Ontario Hospital Services Commission was established under a joint provincial and federal partnership for the administering of health insurance plans. By the 1970s the cost of running hospitals and the delivery of health care services led to funding challenges for the entire health care system in Canada. Many factors are believed to be associated with the ever rising cost of health care over this period, including medical and technological developments, increase in the cost of medical equipment, as well as the increasing cost of professional health services over the decades. Because of the financial challenges associated with national health insurance it

was necessary for Saint Joseph's General Hospital to consider strategies to ensure the financial stability of the hospital during the 1970s.

Prior to the 1970s, the two general hospitals in the city, the North Bay Civic Hospital and Saint Joseph's General Hospital had maintained financial independence. However, the fiscal challenges associated with the increasing cost of health services during the 1970s, and the changing government policies in regards to hospital funding, required the local hospitals to consider joint responsibility for a number of services. Thus, in order to avoid greater financial challenges, the management teams from both hospitals worked together to develop a major operational plan for each facility. In considering this association between the two health facilities it was important to note the emotional connections and unique public and religious services that were offered to the community by each hospital. According to Patterson (1990) the plan to move forward with the reorganization of services at both facilities began to take place during the early 1970s. The restructuring plan for the two hospitals was designed in such a way as to meet the needs of all citizens while eliminating the potential for duplicating services. For example, the reorganization of health services would designate the North Bay Civic Hospital as the primary center for surgical and emergency services, while Saint Joseph's Hospital was to oversee health care services relating to pediatrics and obstetrical care. In addition to the assigning of primary services to each of the hospitals, a number of hospital departments including laundry and laboratory services were amalgamated for cost-saving measures.

The planning committee for this venture was made up of individuals from both hospitals. All concerned worked cooperatively toward the amalgamation of hospital services, since they understood the overall benefits for the community. Consequently, massive savings from such a venture would enable each institution to improve and expand the health programs being offered

at each facility. Although this merger resulted in benefits for each of the hospitals, findings indicate that there were also many challenges to address and overcome as a result of joining together two very distinct hospitals, each with their own values, beliefs, and organizational cultures. However, the hospital community and the general public soon realized the positive outcomes of such a venture. As the citizens of the city and surroundings were made aware of the financial challenges associated with the delivery of health services at the time, they unanimously supported the amalgamation of health services in the city. Patterson (1990) indicates that the efforts to join forces in cost saving measures were considered to be an innovative plan for the financial management of local health services by the two hospitals. While the decision to amalgamate the hospitals in the city was accepted by the majority of citizens, a number of individuals came forth to voice their concerns about the amalgamation of a public and a Catholic hospital and how it could affect some of the services offered to women in the area. One issue of major concern was the transfer of obstetrical services including sterilization procedures to a Roman Catholic hospital. Although there was considerable opposition to the decision surrounding obstetrical care services, the issue faded in the months following the transfer as people realized the financial gains of reducing the duplication of services as well as the expansion of others programs (Patterson, 1990).

Saint Joseph's School of Nursing

Bureaucracy - A number of administrative changes were made in the school of nursing from 1964 to 1968. Over the course of four years several individuals had been appointed as director of the nursing school. Then again in 1968, Sister Sheila Anne Spooner was transferred from her present position as assistant director to that of the new director, a position that she held until the

mid-1970s. Not long after her appointment, she recalled that the College of Nurses of Ontario had expressed some concern that she was the fourth individual to be appointed to this position in as many years. However, she alleviated their fears when she informed the College that she intended to remain the director for some time in the future (Sister Spooner, personal communication, October 28, 2004).

Policy considerations towards the latter part of the 1960s resulted in changes to the admission criteria for students. During the mid-1960s, the school offered a three-year nursing program that consisted of a combination of theory courses and practical experience. While the courses remained consistent with the previous years, there had been fundamental changes made to the admission policy of the school. By this time mature and married students were being admitted into the program, and the school had admitted its first male student. Because of these changes, there were discussions as to the living arrangements in the residence. At the time, the school authorities decided to accommodate the students in a rented apartment building that was situated not far from the hospital. As a result, students were no longer required to live in hospital residences. Sister Sheila Anne Spooner noted that by the latter part of the 1960s the school "...was admitting men and married women to the program so it did not make sense to have them all living in residence with curfews, etc" (personal communication, October 28, 2004).

During the latter part of the 1960s and early 1970s the hospital still maintained responsibility for the overall management of the school of nursing. As a result, the school continued to benefit from the financial support the hospital received from federal authorities. Thus, improvements to the school of nursing during this time were attributed to the improved financial situation of the hospital. For instance, the school had improved the physical structure of the school by adding classrooms for lectures; as well, improvements had been made to the

students' living quarters. The hospital was able to acquire additional land and converted one of the buildings on the property to student accommodations. Also, towards the latter part of the 1950s and throughout the 1960s new teachers joined the nursing school faculty, and improvements were made to the curriculum. However, by the latter part of the 1960s and early 1970s changes were made to the overall monitoring of nursing school standards by provincial authorities as a result of increasing financial support from the federal government. Furthermore, as previously mentioned, findings from the 1964 Royal Commission of Health Services gave the provincial authorities greater control over the monitoring of standards in hospital nursing schools. Prior to this period, provincial nursing associations had the greatest control over setting standards for nursing schools, as well as monitoring their progress (Richardson, 1966). With the increasing cost associated with overall management of the hospital and the nursing school, the function of the hospital in managing the nursing school changed radically during the early 1970s.

Curriculum and Pedagogy - Although nursing students at Saint Joseph's School of Nursing continued to provide service to the hospital during the early part of the 1960s, by mid-decade this practice was changed as a result of curriculum reforms. During this period, the nursing program was restructured to ensure that students would continue to develop a broad theoretical base for nursing practice. Accordingly, there was a greater emphasis on formal lectures and classroom discussions. Because of these reforms the structured clinical learning experiences gradually replaced the practice of having students provide the majority of patient care. As well, during this period students were taught by nursing teachers and the practice of having physicians deliver the lecture content had faded during recent years. Clinical placements were now becoming more

integrated with nursing theory, and the evaluation of student performance was based on clinical objectives that were developed to objectively measure student performance in the clinical setting.

In line with the majority of hospital nursing schools in Canada at the time, Saint Joseph's School of Nursing instituted the two-plus-one internship nursing program in 1966. At the school, this program consisted of 24 months of theory and 12 months of internship with a registered nurse. According to Sister Spooner, the former program had very closely resembled the traditional apprenticeship model of nursing education with a set of core-courses that were delivered through mostly formal classroom instruction. In addition, "Students provided the greatest proportion of patient care and worked shifts and week-ends in the same manner as paid staff" (Sister Spooner, personal communication, October 28, 2004). A major difference with this curriculum model was that students no longer provided a nursing service to the hospital. Sister Spooner indicated that during the first two years students were treated as students from Monday to Friday, and during the third year students were assigned to work alongside a registered nurse in the hospital setting. She recalled that "...in many ways they were staff members and did receive a small salary of about $400.00 per month" (Sister Spooner, personal communication, October 28, 2004). Furthermore, having students in the classroom throughout the week made it possible to include more discussions about the evolving nursing activities associated with patient care.

In order to prepare for the internship program, teachers from the school and representative from area hospitals formed a committee to plan and develop the internship year. One issue that was discussed by the members of the committee was whether the internship year would be designed as a year of practical service in the hospital or one that would focus on the educational needs of the student (Patterson, 1990). Sister Spooner felt that the internship

program had merits since it had been designed to consider the needs of the learner as opposed to those of the hospital service. During its first year of operation at Saint Joseph's School of Nursing, the internship program had a total of 42 students. By 1968, 52 students were admitted into the nursing program and the first students from the two-plus-one program were ready to begin their internship at one of the three local hospitals (Patterson, 1990). However, the two-plus-one nursing program was phased out by the early 1970s. Sister Spooner indicated that in 1970 the Ministry of Health announced that the internship year was no longer a requirement and that 1971 would have two graduating classes—one from the two-plus-one program and one as a two year program. She was surprised at the announcement; however, by the early 1970s there was an acute shortage of registered nurses and provincial authorities decided to decrease the period of study from three years to two years. Because of these developments during the early 1970s the director of the School of Nursing along with the teachers devoted much of their time to curriculum revisions to meet the demands of the provincial authorities (Sister Spooner, personal communication, October 28, 2004).

A Day in the Life of a Student - By the latter part of the 1960s and early 1970s much had changed in the life of a nursing student at Saint Joseph's School of Nursing. As a result of changes to admission policies during the 1960s, the student population included mature, married, and male students. Because of these earlier changes, students resided in their place of choice, and while some decided to share accommodations, others attended classes throughout the day and returned to their families at night. Accordingly, the mores associated with residence life, such as morning and evening prayer, quietly faded away. The camaraderie and support systems that had been an

integral part of student life in residence during previous decades were considered to be "a thing of the past" for students during this period (Patterson, 1990).

Patricia (Edmunds) McCarthy entered Saint Joseph's School of Nursing in 1972 and graduated in 1974. Although she was single at the time, she remembered that there were several students in her class who were married with children. Since it was no longer mandatory for students to live in residence, she decided to live at home during her course of study. There were approximately 40 or so students in her class. She mentioned that all her classes were taught by teachers from the nursing school. Throughout her two years she attended lectures and participated in clinical experiences on various nursing units in local hospitals. She could not remember the exact amount of her tuition; however, she remembered having to purchase books and the necessary clothes and supplies for her clinical experience.

As a student at Saint Joseph's School of Nursing in the 1970s, she appreciated all the practical experience she was able to acquire during her course of study and how it helped her develop confidence with various nursing skills. Because of her varied experiences as a student she felt she was well prepared for her new role as a registered nurse. She recalled that as a new graduate she was appreciative of the guidance and support she received from the nurse leader on the unit. She mentioned that, when she graduated in 1974, there were plenty of nursing positions for new graduates, and that many of her classmates had received offers for nursing positions during the consolidation experiences in the clinical area (Patricia (Edmunds) McCarthy, personal communication, October 7, 2004).

The Nursing Program Dilemma

In order to understand the predicament at Saint Joseph's School of Nursing during the early part of the 1970s, it is important to acquire some information about decisions that were made by provincial authorities, which greatly impacted nursing education in Ontario. However, these decisions eventually influenced Saint Joseph's School of Nursing as well as the future role of the members of the Sisters of Saint Joseph in nursing education. During the early part of the 1970s, officials at the Ministry of Health released information that would greatly influence the future direction of the school of nursing. In their announcement, they indicated that within a short period nursing education would be transferred from the hospital and into post-secondary educational system.

In Ontario prior to the 1970s, there had been ongoing discussions about the increasing shortage of nurses and how to best deal with the unending problem. Sister Spooner recalled that in Ontario during 1964 and 1965, there was a growing demand to develop a plan that would see a greater number of nurses graduating from nursing programs throughout the province. Thus, the provincial government called for the amalgamation of nursing schools throughout the province. She indicated that a benefit of such a move would be an increase in the number of facilities that would be available to accept students for clinical placements. Consequently, the larger regional schools would now be in a position to increase student enrollment. Because of this development a number of small nursing schools would be closed throughout the province. However, "Here in North Bay, there was no one close enough for amalgamation so the school changed its structure a bit and became Saint Joseph's School of Nursing with a management committee of lay people overseeing the school" (Sister Sheila Ann Spooner, personal communication, October 28, 2004).

During the 1960s, the province requested assistance from federal authorities to assist with the increasing demands for post-secondary education. As a result, throughout the 1960s and early 1970s increasing federal support was forwarded to Ontario, as well as to the other provinces, for the construction of education facilities throughout the 1960s and early 1970s. However, the provinces were also made aware that there were funding limits for capital projects. As Sister Spooner points out, several local educational facilities that had been in existence for many years were in desperate need of structural repairs. Because of the funding limits for new construction projects, she acknowledged that it would not be possible for the Ministries of Health and Education to cover the cost of four new educational facilities in North Bay. However, she felt that limited funding opportunities had resulted in the development of a unique relationship among the four existing post-secondary education facilities in the city. At the time, Saint Joseph's School of Nursing, North Bay Teachers' College, Cambrian College (which became Canadore College), and the Nipissing University College of Laurentian University were housed in separate facilities in the city of North Bay. By 1968, Sister Spooner and directors of the remaining three educational institutions had devised a plan for the future development of a new post-secondary education in the community. She indicates that the plan was unique to the province and possibly the first in the country to propose housing for four separate schools under one roof. The provincial authorities gave approval for the city to build the College Education Center on land within the city, and construction began in 1970.

In September 1971 the faculty and operating staff of Nipissing University College, Cambrian College, North Bay Teachers' College, and Saint Joseph's School of Nursing were relocated to the new College Education Center. Although the four institutions were now housed under one roof each school had been provided with ample classroom space for its unique

programs. All four schools soon realized the cost saving benefits of consolidating services such as the library, sports department, cafeteria, and general operations for the facility. As well, the shared services were strategically placed in the center of the building and two of the schools were placed on the north side, and the remaining schools were situated on the south side.

By 1973, Saint Joseph's School of Nursing had been part of the College Education Center for several years, and Sister Spooner remained the director of the school of nursing. However, news from the provincial authorities early in the year resulted in fundamental changes to nursing education and eventually the overall management of the nursing school. By this time, federal and provincial authorities were financing a large portion of the cost of education in the province. As such, they had acquired greater control over the governance of educational institutions and developed policies that greatly influenced educational practices. Hence, in January 1973, the Ministry of health announced that all nursing programs in the province were legislated to transfer to the community college system within nine months. Upon hearing the intentions of the government, Sister Spooner recalls that authorities for the Catholic Schools of Nursing had contacted the provincial officials with a plan to maintain Catholic nursing schools within Ontario. She states that "...the government of the day wouldn't hear of it, and so we had to transfer with everybody else." After hearing their decision, she accepted the responsibility of guiding the nursing school through the process of transfer. She realized that, in her position as director, she would be able to play a crucial role in the advancement of nursing education. She was well known and respected in the community and the people acknowledged that she would be able to implement the successful transfer of Saint Joseph's School of Nursing into the general education system. Patterson (1990) indicates that Sister Spooner was able to grasp the wheel of progress and "make it happen" (p. 50). After receiving directives from the Ministry of Health on

how to proceed with the transfer, she realized the monumental task that lay ahead in preparing for the transfer in such a short period. However, she met with the teachers of the school of nursing and they worked diligently in preparing the new curriculum according to the Ministry of Health guidelines, while ensuring that the educational standards of the College of Nurses of Ontario would be maintained.

In September 1973, nursing students in the province of Ontario entered the general educational system. Thus, in North Bay, Ontario, Nursing education entered a new era. On September 1, 1973, Saint Joseph's School of nursing was officially transferred into the general educational system at Canadore College. Following this transfer the school of nursing was to adopt the new name of Canadore College School of Nursing. Sister Spooner acknowledges that the transfer of the school of nursing was a harmonious process. The transfer of the school had been made possible by the cooperative effort of teachers from Saint Joseph's School of Nursing and Canadore College to ensure a smooth transition period (Sister Spooner, personal communication, October 28, 2004). Likewise, Patterson (1990) acknowledges that because educators in both schools had worked cooperatively over the years it helped to smooth the progress of the transfer of Saint Joseph's School of Nursing to Canadore College. It appears from the documentation that the staff from Saint Joseph's School of Nursing were transferred into the new program in the College Center. Patterson (1990) notes that the director and the faculty from the school of nursing followed their students into the integrated program. Furthermore, she indicates that the reason the hospital staff had so readily accepted the transfer was because the staff from the nursing school had been accepted as faculty in the new program (p. 51). In its first year as a nursing school, the Canadore College nursing program admitted a total of 44 students into the program. It is important to note that the students who entered the two-year nursing

program at Canadore College in 1972 also became part of the final graduating class from Saint Joseph's School of Nursing in 1974. Steinburgh (1973) wrote in his farewell address in the local newspaper that "The name of the institution will go, but the work and aims of the institution will continue." There were many provincial dignitaries present for the transferring ceremonies of Saint Joseph's School of Nursing into the Canadore College Education Center in the fall of 1973. "With this transfer, the major philosophical underpinnings of nursing education – service to the hospital and lifelong friendships and support of residence living – came to an end" (Kirkwood, 2005, p. 190).

Sister Sheila Anne Spooner advocated for changes in nursing schools and she supported the developments that resulted in the transfer of hospital nursing schools into the general education system. In September 1973 Sister Sheila Anne Spooner accompanied Saint Joseph's School of Nursing, as chair of the integrated nursing program. However, she felt that something was lost with the transfer of a religious nursing school to the general educational system. She indicated that the heart and soul of the program had been modified with the transfer of the school away from its religious foundation and into the general education system. In particular, she talked about the spiritual guidance that had been present in the nursing schools program prior to the transition that occurred in the 1970s. Since the nursing school had been created in 1931, it had been managed by the Sisters of Saint Joseph and founded on religious principles and Roman Catholic values. The religious foundation upon which the nursing school had been created provided a moral compass for guiding the development of the nursing school curriculum. These same principles had guided the development of school curriculum as well as the personal and professional conduct of each student who entered Saint Joseph's Nursing School during its 43 year history as an educational institution. However, following the transfer, the culture of the

institution was far removed from the culture that had existed in Saint Joseph's School of Nursing. Because of this, she felt that the religious culture of the school of nursing began to fade away (Sister Spooner, personal communication, October 28, 2004). Thus, with the transfer to the College Education Center, nursing education became secular in nature and, as such, was guided by a different philosophical base. And, as Moran (1989) indicates, "Because current nursing philosophy is essentially secular in nature, it differs dramatically in tone and substance from its religious predecessor" (p. 94).

Another loss with the transfer of the nursing school was the character of life in residence. Sister Spooner mentions that the transfer of the nursing program to the College Education Center had impacted on the daily life of the students. For example, prior to transferring nursing education to the general college system in the 1970s, all students were required to live in residence. She felt that life in residence had enriched the lives of students by providing them with a tremendous source of support during their course of study. Likewise, graduates of Saint Joseph School of Nursing recalled the support they provided for each other during their time in residence. They spoke fondly of their time in residence, as they recalled a place that reminded them of home and the feeling of belonging to a large family. During their studies they had met many new friends and developed lasting relationships. These relationships and the sense of team spirit that followed them throughout their time at the school have followed them throughout their nursing careers.

By 1975, Sister Spooner felt that it would be beneficial to organize the various programs into specific schools at the Canadore Education Center, for example, placing all the health programs under one school. She indicates that her colleagues were in support of her plan, and encouraged her to present this information to Murray Hewgill who was the president at the time.

She mentions that she was surprised at the events that followed. She recalls that she was the only chairperson who had to apply for her position, as the four males had been appointed to their positions. She applied, and was unsuccessful, and the position was awarded to an individual who was married to one of the local physicians. She indicates that it was possibly all for the best, as it provided her with the opportunity to return to her studies. By that time, she felt that she had completed her mission of transferring nursing education into the general education system. She then focused her attention on graduate studies at the University of Alberta in the Master of Health Services Administration Program. She points out that she had been pleased to be able to oversee the transition of the program and influence the curriculum so that it was consistent with the prevailing standards in nursing education. As well, she had attempted over the years to encourage the students to become independent thinkers and to focus on developing the skills that would enable them to be effective problem solvers in a rapidly changing health care environment. Further, she felt that in order for nurses to be effective in professional practice they would have to be caring, concerned, and committed to the well-being of their patients. In her words "Nursing is an art and a science but it has to be motivated by the love of neighbor to be effective" (Sister Spooner, personal communication, October 24, 2004). Finally, while the physical structure of Saint Joseph's Nursing School had disappeared with the transfer, its soul and spirit still lived on in the nursing care that was provided by its graduates throughout the country and beyond.

Final graduation ceremonies for nurses from Saint Joseph's School of Nursing took place on Friday, July 26, 1974, at the Pro-Cathedral of the Assumption in North Bay, Ontario. Members of the community gathered with the families and friends of the nursing students to participate in this historical event. Local and provincial dignitaries were on hand to celebrate the

occasion and to pay tribute to Saint Joseph's School of Nursing, a community landmark for the past 43 years. A local reporter covered the event, and a section of the daily paper was devoted to the graduation ceremonies. This section included remarks from individuals who had attended the ceremonies along with photos of the graduates. As well, there were a number of photos depicting the physical appearance of the school through its various stages of renovations. There were a total of 65 graduates from the final class of nursing students at Saint Joseph's School of Nursing. This was thought to be the largest graduating class in the history of the school. Patterson (1990) notes that, in total, approximately 784 nurses graduated from this community landmark from 1931 to 1974. She recalls that that number of graduates from the school of nursing during the last decade equaled the total number of graduates of the first 30 years of the school (Patterson, p. 51).

Summary

By the beginning of the 1970s, it was apparent at the national level that nursing education in Canada was on the threshold of change. Across the country, administrators and teachers in nursing schools were actively involved in the many changes that were occurring in the classroom, as well as in the clinical settings. However, they remained guarded in their optimism for fundamental changes in nursing education. With a renewed hope for the future of nursing education, they eagerly anticipated the transition of nursing school programs out of the hospital system and into the general education system.

At the local level, the news that the school of nursing was about to transfer from the hospital setting to the Canadore Education Center brought mixed emotions. The school of nursing was viewed by many in the community as the heart of Saint Joseph's Hospital. As the news of the transfer eventually became a reality, citizens of the community gradually realized the

benefits of having the school of nursing transfer to the Canadore Education Center. However, some members of the community were still saddened to hear the news from the Ministry of Health that Saint Joseph's School of Nursing would be transferred from the hospital system to the general education system in the community college. Thus, nursing education at Saint Joseph's General Hospital came to an end in September 1973.

As I have mentioned previously, the elements of change for nursing education in Canada existed long before the 1970s. The foundation for future reforms in nursing education had been solidified in 1932 with the recommendations of the Weir Report. Over the decades, the findings from other landmark studies were consistent in that they pointed towards an independent system of education for nurses. More recent studies, such as the Mussallem survey of nursing schools that was conducted during the latter part of the 1950s, along with the findings from The Royal Commission on Health Services during the 1960s, eventually led the way for the closure of hospital nursing programs across the country during the 1970s. On the whole, the crowning achievement in Canadian nursing in the 1970s was that of transferring nursing education from the community hospitals into the general education system. However, this was not achieved without the fundamental loss of other images that had typified the role of "the nurse" for the previous 100 years.

CHAPTER VIII

Discussion and Conclusion

Discussion

Although many themes have surfaced in the data, the intent of the following discussion is to focus on the more dominant ones under several broad categories. In addition, developments associated with national nursing practice and education will be considered since they influenced the progress of Saint Joseph's School of Nursing over its lifetime. The organizational lifecycle model provided the framework for the presentation of the following broad themes: the changing role of religion and spirituality within health care, the shift in nursing education from the private to the public sphere of influence, the professionalization of nursing, shifting philosophical ideals and the secularization of nursing. As well, the history of Saint Joseph's School of Nursing will be discussed under the organizational lifecycle stages of creation, transformation, decline, in regards to the closing of the school in 1974.

The creation stage of an organization is usually structured into three distinct approaches. By considering the entrepreneurial, ecological, and behavioral approaches it is possible to develop a greater understanding of how the organization evolved during the early stage (Van de Ven, 1981, p. 85). It is apparent that the entrepreneurial, ecological, and behavioral approaches were present during the creation stage of Saint Joseph's School of Nursing.

From an ecological perspective, there was an interesting combination of social, political, and economic factors during the 1930s that brought citizens and members of the religious community together to establish a nursing school in the local hospital. A number of things were happening at the local level that created a favorable environment for the establishment of this new hospital. For instance, the existing public hospital was aging and struggling to meet the

growing demands for health care services. The local Bishop was interested in building a new hospital in partnership with the existing hospital. Although the information is inconclusive, it appears that board members at the existing hospital had voiced opposition in collaborating with the Church in a joint hospital venture for the city (Patterson, 1990). As well, new people were migrating to the area in search of employment. Thus, the membership of the Catholic congregation was steadily increasing. During the 1930s, the Roman Catholic Church played a key role in helping to organize communities, including the establishment and management of community health services and education services. Although it was not possible to build a new hospital through a joint venture with the existing hospital, Bishop Scollard continued to seek assistance from provincial authorities to build a new Catholic hospital. Finally, in 1931, a Catholic hospital was established to meet the health needs of the city and surrounding area. During the 1930s it was uncommon for the federal government to provide financial support for hospital expenditures. Consequently, the establishment and management of these facilities were under the control of local hospital boards (Crichton, Hsu, & Tsang, 1990). As Catholic and public hospitals were independently operated, it was common practice for these facilities to establish schools of nursing. As previously noted, nursing students provided the majority of the nursing services in return for their education. For the financially strapped hospitals of this era, the establishment of nursing schools was considered to be a cost-saving measure for these facilities (Crichton, Hsu, & Tsang (1990).

The entrepreneurship approach was evident in the roles of various members of the religious community, who joined forces to establish the hospital, and to consequently create the school of nursing. In 1928 the actions of the Catholic Church official in the city, Bishop Scollard resulted in the establishment of a new hospital. Once the hospital was completed, he contacted

the Sisters of Saint Joseph and requested their assistance with the operation of the hospital, since they had extensive experience in this area. The first superintendent of the hospital was the Reverend Mother St. Philip, and Sister Felicitas was the first superintendent of nursing when the nursing school opened in 1931. The religious organizations who founded the hospital and created Saint Joseph's School of Nursing, had a lasting effect on the school as they continued to provide organizational support and spiritual guidance throughout the creation, transition, decline, and closing stages of the school.

The behavioral approach at this time was evident in the work that was accomplished by the members of the religious community. The Bishop and the Sisters of Saint Joseph joined forces to establish a hospital that was founded on Roman Catholic values. Their mutually supporting efforts provided guidance during the creation stage of the nursing school, and continued to influence the school throughout its lifetime. Because of the mutually dependent relationship between the nursing school and the hospital there was a collective approach in the management of the school. However, increasing financial support for the operation of hospitals from the federal government throughout the 1940s, 1950s, and 1960s resulted in reforms to hospital governance throughout the transition stage. While the founding directors of the organization changed over the years, members of the religious community maintained the school until it was transferred to the community college system. Thus, the purpose of the school did not change and traditional religious ideals continued to influence nursing education. The findings of this study agree with the results of organizational lifecycle investigations, which support the existence of an interdependent relationship between the entrepreneurial, ecological, and behavioral approaches in the creation stage of the organization.

Throughout the transformation stage (1935–1970) rapid change and adaptation were constant factors in Saint Joseph's School of Nursing. While it was difficult to determine the exact point when the school progressed from the creation stage to the transformation stage, records have shown that the school was firmly established by 1935. Although it is possible for organizations to remain in the transformation stage for decades, Miles (1981) and Kimberly (1981) indicated that in order for organizations to be successful over the course of the transformation stage they need to continually adjust and transform. This appears to have been the case in the school of nursing, as it was continuously adapting to changes in the internal as well as the external environment.

During the transformation stage, organizations are characterized by technical, political, and cultural cycles that impact on how they will adapt to changes over time (Tichy, 1981). These cycles were present throughout the history of the school, and as the technical difficulties were greatly influenced by external forces the organization remained in a state of flux. To begin, rapid advances in medicine and technology required a greater reliance on scientific knowledge which resulted in "…the modernization of infrastructure, the purchase of increasing costly equipment, and the rise in the number of caregivers" (Violette, 2005, p. 66). Since the school was operated by the hospital it was also influenced by these forces, as there were very few teachers in the school of nursing to deal with the increasing demands of health care services. However, by the early 1950s the establishment of federal support for hospital insurance schemes had greatly improved the financial outlook of the hospital. Accordingly, benefits were realized in the school of nursing.

The transformations of hospitals during the post-war period eventually produced a number of improvements to nursing school programs. As previously noted, the need to reform

nursing education continued to receive much attention at the national level, as many leaders felt that advancements in nursing education were the gateway to professional recognition for nurses (Mansell, 2004). From 1935 to 1970, ongoing changes were made to the nursing program at the school in order to maintain national standards. Gradually, the traditional apprenticeship model of education was replaced by one that emphasized the development of a scientific knowledge base for nursing practice. Thus, by the mid-1960s, students at Saint Joseph's School of Nursing were attending scheduled classes on a daily basis. In addition to theory, students were assigned to various units in the hospital for practical experience, under the supervision of a clinical teacher. Consequently, the traditional practice of students providing nursing services to the hospital was discontinued.

While Saint Joseph's School of Nursing was able to make tremendous gains in the development of nursing education throughout this period, it was becoming clear that evolving national standards were influencing the pace of reforms at the school. As a result, it was necessary for the school to revise the curriculum to ensure a greater emphasis on development of a scientific knowledge base as opposed to the art of nursing practice. "Consequently, religious idealism ceased to be as a central theme within nursing education although it did continue to inform the fundamentals of nursing practice" (Moran, 1989, p. 65). By the time the school of nursing was transferred into the general education system nursing education had become secular in nature.

Organizational drift was absent from the school of nursing throughout its lifecycle, because the members of the religious community possessed both the technical and the institutional skills to ensure the commitment of generations (Lodahl & Mitchell, 1981, p. 184). Thus, they were able to influence the overall direction of the school. Furthermore, the unifying

force of the founding members, the members of the school of nursing, and the hospital staff made it possible for them to remain flexible in addressing the needs of the organization as well as those of the students.

By the 1970s, the changes that had taken place in the school of nursing were numerous: the persistent focus on the advancement of nursing education had resulted in unending reforms to nursing education; the expansion of the physical structures of the school as well as staff recruitment to meet the needs of an increasing enrollment of students; policy revisions in regards school procedures including admission criteria; as well as gaining greater independence from the hospital in developing the theoretical and practical components of the program. Although these were considered to be positive developments within the school, a number of factors were present during the early 1970s that contributed to the overall decline of the school at this time. Thus, the decline stage for Saint Joseph's School of Nursing resulted from a number of factors that were operating in the external environment that greatly influenced the internal environment of the school.

During the early 1970s, members of the religious community, as founders of the organization, remained committed to the overall goals and purpose of the nursing school. However, societal elements that contributed to educational reforms and consequently the decline of the nursing school had existed in the external environment for a number of decades. For instance, during the 19th century society began to show signs of de-spiritualization as a result of many factors including scientific advances, and by the beginning of the 20th de-spiritualization had firmly established itself in the western world. Because of a growing materialistic and intellectual orientation, science replaced religion in society. Moran (1989) indicated that this shift greatly influenced the traditional view of medicine and health care practices, and for that

reason the religious basis for understanding medicine and health gave way to the establishment of scientific medicine. The scientific movement eventually resulted in the institutionalization of health care, and as a result transformed nursing education and practice. According to Moran (1989):

> Nursing education shared in these changes as nurses sought professional credibility through advanced education. As a result of these changes the religious idealism which once dominated the vocation of nursing receded although its moral imperative lived on to become the ethical underpinnings of the nursing profession. (p. 40)

Prior to the establishment of scientific medicine the focus of nursing education had been the art of nursing practice, which was based on a philosophy that was grounded in Christian values. Thus, nursing education including nursing care "...was based on a conception of illness and medicine in which God, more than anyone else, dictated the process of healing" (Violette, 2005, p. 60). However, rapid advances of health care throughout the 20th century created a shift in the general focus of nursing education from religious to secular. By the 1970s, societal changes were beginning to influence the direction of nursing education at Saint Joseph's School of Nursing.

Another major influence on the decline of the nursing school during this time was the increasing federal support for the development of the health care system as well as the educational system throughout Canada. With the reorganization of the Canadian health care system following World War II, the federal government enacted laws that resulted in the establishment of health-care insurance plans in all provincial jurisdictions (Crichton, Hsu, & Tsang, 1990). This resulted in increasing federal support for the establishment of hospitals, including the cost of delivering health care services across the nation. Thus, as the financial picture improved for hospitals, nursing schools were able to make improvements to nursing

education. Also, during this period, financial support was established for the development of post-secondary education, in particular community college and university education.

At the local level, directors from three educational institutions joined forces with the director of Saint Joseph's School of Nursing to establish a new post-secondary education facility that would bring the four schools together in one facility. At the time, educational leaders felt this would be a cost-saving venture as the school would be able to share the cost of central services such as the library and cafeteria. The provincial government approved the capital funding for this facility and construction began on a new Education Center within city limits. In 1971 the Sisters of Saint Joseph followed the school of nursing to its new location, and they continued to oversee the general operation of the school of nursing. However, Sister Spooner mentions that something had changed in the nature of nursing education following the relocation of the school of nursing from the hospital environment to the Education Center. She notes that that, prior to the relocation, religion had greatly influenced the overall operation of the nursing school and consequently guided nursing education; however, following the transfer the religious influence began to fade as nursing education became secular in nature.

The process of closing Saint Joseph's School of Nursing started in January 1973, when the provincial government announced that all hospital nursing schools in Ontario would be transferred into the college educational system by September of that same year. Shortly afterwards, the Sisters of Saint Joseph met with provincial authorities to discuss a plan that would maintain the operation of Catholic nursing schools. However, their plan was not accepted by the provincial authorities. While the information surrounding the decision to close the school was inconclusive, it was apparent that social changes had resulted in the trend of moving nursing education into the general education system. Thus, in September 1973, nursing education was

officially transferred from the hospital system of education into the general college education system.

The closing of Saint Joseph's School of Nursing was associated with a number of factors, including the influences of the external environment. Miles (1980) points out that there are several dimensions to organizational failure, including the technical, political, and cultural grounds (p. 440). The technical failure was greatly influenced by increasing government control over the management of the health care and post-secondary education. During the early 1970s the increasing costs of health care resulted in changes to the conditions for federal support (Crichton, Hsu, & Tsang, 1990). Thus, because the nursing school was dependent on financial support from the hospital for its general operations, it eventually created concerns for the operation of the nursing school. At the same time, there was increasing provincial influence in the development of post-secondary education for nurses that would necessitate the transfer of Saint Joseph's School of Nursing out of the hospital system. While there was strong support from the founding religious community for the school, the decreasing support from provincial authorities for the continuation of nursing education in the hospital environment resulted in political failure for the school. Finally, the cultural failure resulted from the changing social values associated with the benefits of a secular education in independent educational institutions, as well as the ever-changing needs of contemporary nursing practice. Furthermore, the transfer of the school from the hospital system resulted in the fading away of the religious spirit that had sustained the school since its inception in 1931. Consequently, following the removal of the spirit, the body of Saint Joseph's School of Nursing slowly began to disintegrate, since it could not be maintained in an increasingly secular environment.

Conclusion

In this historical study the organizational lifecycle theory created an understanding of mutually dependent association of the entrepreneurial, ecological, and behavioral approaches during the creation stage of the school of nursing. The organizational lifecycle model provided the framework for understanding the people and events that helped shaped the school over its lifetime, as well as the relationship that existed between the hospital and the school of nursing. It also provided a greater understanding of the internal and external forces that influenced the creation and the evolution of the school throughout its 43 years. Furthermore, it provided great insight into the influences that resulted in the closing of the institution in the early 1970s. The ability of the school to adapt and transform over time is consistent with the organizational lifecycle change processes during the transformation stage. Although there was strong support for Saint Joseph's School of Nursing as an organization throughout the stages of its lifecycle, it was affected by numerous structural, political, and economic forces that resulted in its closing. Finally, although the school ceased to exist as a physical structure and an educational institution, its spirit continued to live on through its graduates, as attested to through various interviews.

Recommendations for Future Research

This historical study has the capacity to grow. The results may provide the impetus for continuing work to explore the evolution of other nursing schools that existed in northern Ontario around the same period. Application of the organizational lifecycle theory to future studies could determine if these nursing schools evolved through similar lifecycle stages. Furthermore, exploration in this area could provide information about the types of challenges faced by other nursing schools and how they adapted to change over their lifetime. As a final

point, similar studies could provide knowledge about the social, political, and economic forces that influenced other nursing schools over their history.

Personal Note

This journey has allowed me to discover the history of Saint Joseph's School of Nursing. By interviewing former directors and graduates of the nursing school I was able to explore the past and develop an awareness of the social forces that influenced nursing education over the lifetime of the school. As well, it was possible to develop an understanding of the people, events, issues, and challenges that influenced the organization over its lifecycle. I was able to discover a little about the creation and development of a particular nursing school that evolved from the traditional apprenticeship model and developed into a highly regarded nursing school and community landmark. In essence, this study was an exploration into the development of modern nursing in North Bay, Ontario.

Finally, in light of the recent reforms in nursing education, this research study is timely and significant to the history of nursing. Ongoing reforms towards the latter part of the 20th century have resulted in the transfer of nursing education from community colleges into universities across Canada. By returning to the past I was better able to understand how nursing education gradually evolved from the hospital apprenticeship model to independent nursing schools in post-secondary institutions in the community setting. Although the recommendations that emerged from the Weir Report in the 1930s were not realized for several decades, their influences have been strong and they continue to grow even now.

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APPENDICES

APPENDIX A

Interview Questions for Former Directors

Appendix A

The History of Saint Joseph's Hospital School of Nursing

Interview questions for former directors of
Saint Joseph's Hospital School of Nursing

1. At what point did you become involved with Saint Joseph's Hospital School of Nursing? Can you provide information about your role with the hospital nursing program?

2. How was the program of study structured during your tenure at the school of nursing?

3. During your term as Director, were you involved with substantive changes to the curriculum, student enrollment process and provincial legislation practices? Please explain?

3.Can you recall any local, national or international events that influenced the development of nursing education and nursing practice at Saint Joseph's Hospital School of Nursing? (i.e. the Depression, World War II, National Medicare) Please explain.

4. Would you like to share any comments or anecdotes that you feel would add to the history of of the school?

5. Is there any information you wish to share with nurse educators as they prepare nurses for practice in the 21st century?

Name______________________________

Position___________________________

Period of Tenure____________________

APPENDIX B

Interview Questions for Former Graduates

Appendix B

The History of Saint Joseph's Hospital School of Nursing

Interview questions for former graduates of
Saint Joseph's Hospital School of Nursing

1. Do you recall the criteria for admission into the nursing program?

2. What was the cost of your education?

3. How was the nursing program structured?
   (length of the program, courses and areas of study, evaluation procedures?

4. What was the daily routine for a nursing student during your study period?

5. What was life like at the nursing residence?

6. Can you recall any events that influenced the school of nursing during your course of study?

7. How many students graduated in your class and what employment opportunities were available to you?

8. How would you describe your nursing education and do you feel that the program prepared you for professional practice?

9. Would you like to share any comments or anecdotes that you feel would add to the history of the school?

Name______________________________

Year of graduation____________________

APPENDIX C

Consent to Serve as a Participant in Research

Appendix C

CONSENT FORM

The History of Saint Joseph's Hospital School of Nursing 1931-1974

You are asked to participate in a research study conducted by Jacquie LaPierre Dufresne, a graduate student at Nipissing University, under the direction of her supervisor, Dr. Kurt Clausen of the Faculty of Education. The results of the research will contribute to a Master of Education Research Paper.

If you have any questions or concerns about the research, please feel free to contact Dr. Kurt Clausen, Chair of Graduate Studies, *Faculty Supervisor, Nipissing University, phone number: (705) 474-3461, ext. 4359 and e-mail: kurtc@nipissingu.ca.*

PURPOSE OF THE STUDY
This research study will explore the development of Saint Joseph's Hospital School of Nursing from its historical roots in 1931 through to the establishment of the community college nursing program in 1974. This study will seek to understand how important institutional events and social factors influenced the evolution of nursing education and nursing practice at a community hospital nursing program.

PROCEDURES
If you volunteer to participate in this study, we would ask you to do the following things:

As a former director or graduate from Saint Joseph's Hospital School of Nursing, you will be asked to participate in a one-hour semi-structured interview. The investigator will prepare a set of interview questions for former directors and a set of interview questions for former graduates of Saint Joseph's Hospital School of Nursing. The interview questions will be used to gain insight and understanding about the institutional events and social factors that influenced the evolution of nursing education and nursing practice at the school of nursing. The memories and insight you provide will be valuable in understanding the history of nursing education and nursing practice at Saint Joseph's School of Nursing. All interviews will be tape-recorded, transcribed verbatim, catalogued, and secured in locked cabinet. The principle investigator will be responsible for the security of all interview information. If the information will be used in any futures, the participants will be contacted for their permission.

Prior to the interview you will receive an information letter explaining the research project along with a list of the interview questions. Once you have agreed to participate, the research investigator will contact you by telephone to schedule an appropriate time for the interview. The interview will be conducted at your residence, and just prior to the interview you will be required to sign this informed consent. You will be made aware that the information collected during the interview will become part of the written history of Saint Joseph's Hospital School of Nursing. You will be provided with the name and phone number of the research investigator. You will also be informed that access to the research study findings will be available upon completion through the Nipissing University Library and at the Sisters of Saint Joseph's Motherhouse in North Bay, Ontario. Upon request you will be provided with a summary of the study.

POTENTIAL RISKS AND DISCOMFORTS
You may freely choose to participate or not participate in this study. Given these circumstances, there are no foreseeable risks involved for any of the participants.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY
As a research participant you will not benefit directly from participating in this research investigation. However, the memories and insight you provide will be valuable in understanding the evolution of Saint Joseph's School of Nursing. Further, the information you share will provide a greater understanding of the challenges and successes of an earlier period of nursing education and nursing practices.

The findings from this research will help build on the knowledge of nursing history. This inquiry will add to local history and enhance community pride. The findings from this historical study will provide a greater understanding on the origin and evolution of Saint Joseph's School of Nursing.

PAYMENT FOR PARTICIPATION

The information for this study will be provided on a voluntary basis; hence, the participants will not receive any payment for their participation.

CONFIDENTIALITY

Upon completion of the taped semi-structured interview, the information will become part of the historical research study. The information from the taped interview will be transcribed verbatim and secured in a locked cabinet for a period of five years. The information from the taped interviews will be made available to the research supervisor Dr. Kurt Clausen, for his review. The researcher will be responsible for securing the locked cabinet.

Your signature on the consent form will indicate that you agree to be identified by name in the interview transcript and that the information will be disclosed in the historical research study.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data from the study. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. This study has been reviewed and received ethics clearance through Nipissing University's Research Ethics Committee. If you have questions regarding your rights as a research subject, contact: Dr. Kurt Clausen, Research Supervisor, Nipissing Universtiy, at (705) 474-3461, Ext. 4359. You may also contact the Research Ethics Co-ordinator, Nipissing University, North Bay, ON P1B 8L7 (Telephone: 705-474-3461, # 4558)

RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

I understand the information provided for the study "The History of Saint Joseph's School of Nursing, 1932-1974" as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_______________________________ **Date** _______________________

Signature of Participant

SIGNATURE OF INVESTIGATOR

In my judgement, the subject is voluntarily and knowingly giving informed consent to participate in this research study.

_______________________________ **Date** _______________________

Signature of Investigator

APPENDIX D

Letter of Introduction

APPENDIX E

Sketch: North Bay General Hospital-1931

APPENDIX E

Sketch of North Bay General Hospital-1931 by Artist: Tammy McCallum (Patterson, 1990)

APPENDIX F

Philosophy: Saint Joseph's General Hospital

APPENDIX F

Philosophy: Saint Joseph's General Hospital

ST. JOSEPH'S GENERAL HOSPITAL

St. Joseph's General Hospital in North Bay was founded in 1931, and is owned by the Sisters of St. Joseph of Sault Ste. Marie. This health care ministry is permeated by a Judeo-Christian Philosophy, based on the belief that man is a unique composite of body and spirit, created by God to know, love, and serve Him and his fellow man.

Our Philosophy

1) We believe that health care is a vital mission of the Catholic Church and of Christianity, because it is concerned with man in the process of redemption.

2) We believe that through this ministry, Christ continues to exercise his priestly and healing powers.

3) We endeavour, as Sisters, Directors, and Staff of this Hospital, to bring the Father's healing love through the action of the Holy Spirit to each other and to the people we serve.

4) We believe that all creation should be held in reverence and that human life in all its aspects is essentially and absolutely sacred.

5) We believe that Life is the dynamic state of being, and man's life is unique, in that each individual is endowed with an immortal spirit and the capacity for free thought, and man has a responsibility to God, his Creator, Redeemer, and Sanctifier, to his fellow man, and to himself.

6) We believe that suffering is an integral part of the human condition, and that suffering has redemptive quality when accepted in union with Christ's suffering; however, following Christ's own example of compassion, we strive to alleviate suffering where possible, or to support the sufferer when this is all we can do.

7) We accept death as a crucial moment in man's existence because, through death, man returns to his Maker. We endeavour to assist the dying to accomplish this passage in dignity and peace.

8) We believe that death is not the end for man in God's plan of redemption. This belief directs our endeavours to support the family and friends of the deceased, at this time of separation.

Purpose

Since our philosophy embraces the social dimension, our purpose, as a Catholic Health Care Institution as stated in our By-Laws, is as follows:

1) To serve in cooperation with other health agencies the people of the Community in which we are situated;

2) To give care and treatment to the sick and injured during the acute, chronic and rehabilitative phases of illness;

3) To maintain and help improve the quality of life and community health by education, early diagnosis, and treatment;

4) To promote research in health and related areas in meeting the health needs of the people we serve; and

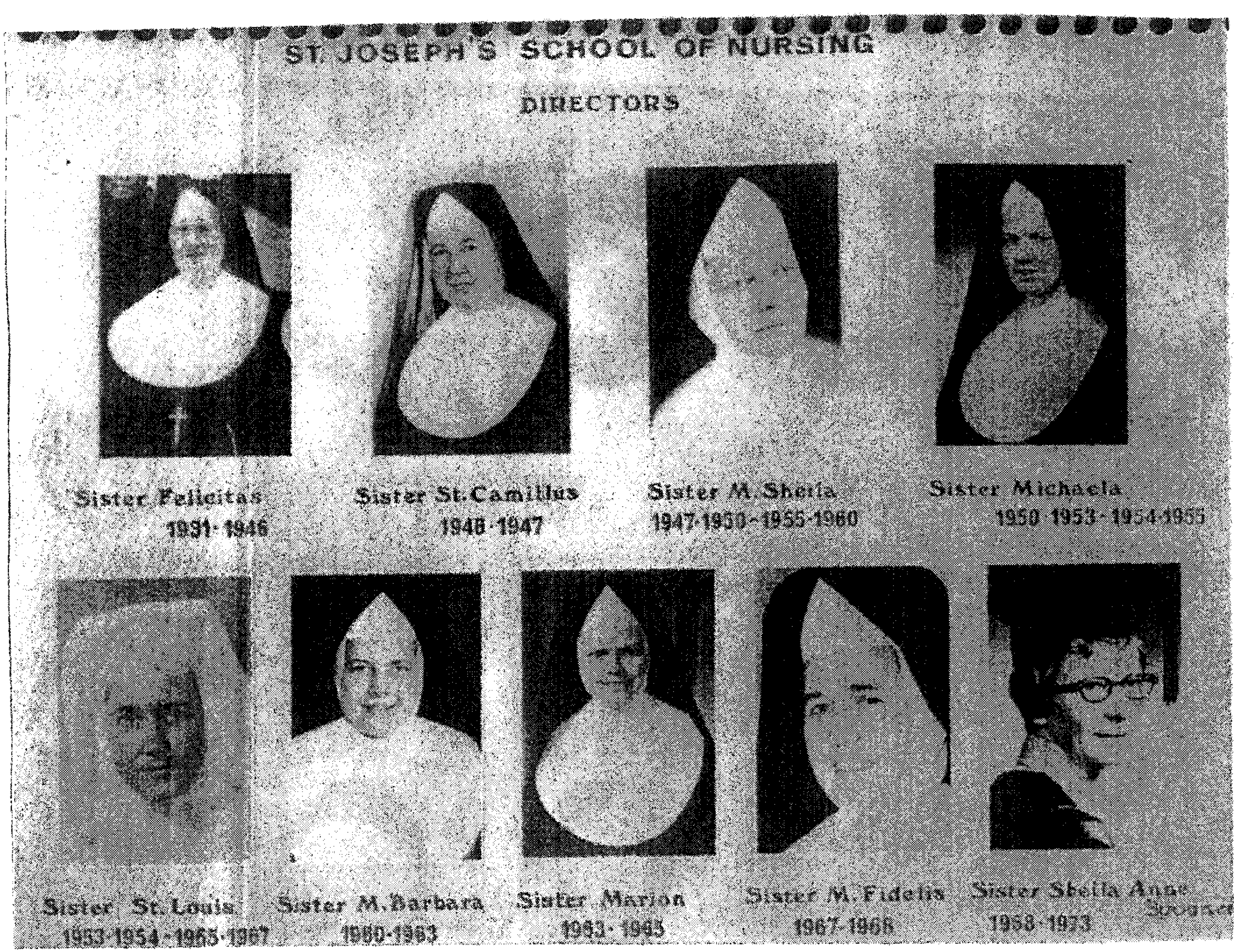
5) To provide an atmosphere of acceptance by stimulating each person in the belief in his own and others' value as a person, and of each one's ability to contribute to the health care ministry, based on this philosophy and these objectives.

APPENDIX G

Directors: Saint Joseph's School of Nursing

APPENDIX G

Directors: Saint Joseph's School of Nursing



APPENDIX H

Poem: The 1965 Graduating Class

APPENDIX H

Poem: The 1965 Graduating Class

Assured your chosen field is one worthwhile
Accept those new Diplomas with a smile;
Reaching the goal for which you all have striven
Use well the soothing touch to nurses given;
Comfort the helpless, bring relief to pain,
Such ministration never is in vain
And there will always be, within each heart,
The joy of knowing you have done your part.

There will be days when Fortune's smile is sweet
And other days more difficult to meet:
If, now and then, your cross seems hard to bear,
Breathe deep, look up, and say a little prayer;
Repeat the well known motto once again-
"They serve God best who serve their fellow men."
To God and your profession ever true,
St. Joseph's School should long be proud of you.

May God, His finest gifts-upon you shower,
Such is our prayer in this - Your Shining Hour.

Beatrice McMillan Cochran

Written for Graduating Class of 1965
St Joseph's School of Nursing, North Bay, Ontario
Shared with classmates at our 40th Reunion, May 2005

Linda Lyttle O'Neill

APPENDIX I

Notes: Sister Sheila Anne Spooner

APPENDIX I

Notes: Sister Sheila Anne Spooner

SHEILA ANNE SPOONER, csj
Director, September 1968 - August 1973

My Involvement

I entered the Sisters of St. Joseph of Sault St. Marie on October 15, 1964. I had graduated from nursing in 1959 and had obtained my BscN from the University of Western Ontario in 1961. I then worked for three years in management positions in both nursing education and services prior to coming to North Bay.

Within a week of my entrance, I found myself employed as a clinical teacher on a surgical unit at St. Joseph's Hospital and a few months later as a clinical teacher on pediatrics. I then spent the term from June 1965 to August 1966 at the Motherhouse on my canonical year - a year of study of religious life and prayer.

I returned to the staff of St. Joseph's Hospital School of Nursing in September 1966 and taught anatomy and physiology as well as doing some clinical teaching. This was the year when the program changed from 36 months to 24 months plus one year of internship. The former program resembled an apprenticeship with limited instruction in certain areas such as anatomy and physiology, pharmacology, and nutrition as well as medical, surgical, obstetrical, pediatric, and psychiatric nursing. Students provided the greatest portion of patient care and worked shifts and weekends in the same manner as paid staff. The 2+1 program as it was known at the time, saw a change in that the first two years, students were treated as students Monday to Friday. The curriculum included classroom and clinical studies. 1966 was also the year in which students began to obtain clinical practice at the North Bay Civic Hospital. The third year was an internship during which the interns were matched with a preceptor and worked under the guidance of a registered nurse – in many ways they were staff members and did receive a small salary of about $300.00 per month, if my memory serves me.

In 1967-1968, I was appointed assistant director of nursing education and focussed on curriculum development. We had not had very much time to put the 2+1 program together and it needed refinement. During this period I also did some classroom and clinical teaching.

It should be noted that over these four years – 1964 - 1968, the school had had three directors and in September 1968 I was appointed to the position. The College of Nurses – it was responsible for setting standards, etc. – was not happy with this constant change in leadership but I assured them that I was not going to be leaving soon.

In 1970, the Ministry of Health announced that the internship year was no longer a requirement and that 1971 would have two graduating classes – one from the 2+1

program and one as a two year program. Then in January 1973, it was announced that all nursing programs in the province would transfer to the Community Colleges in September 1973. The students still studied 11 months each year so they were not truly students yet because they did not follow the academic year but they were in an academic setting.

Some History

In 1964 - 1965, there was a push on in Ontario to increase the number of graduates. This lead to a movement to regionalize schools of nursing with one benefit being additional institutions for clinical practice including hospitals not used before, homes for the aged, nursing homes and the community. As a result, some schools closed while others opened. For example, Marymount School of Nursing in Sudbury which was operated by our Congregation and St. Elizabeth's operated by the Sisters of Charity of Ottawa came together to form the Sudbury Regional School of Nursing. Interesting that two Catholic schools amalgamated. In Timmins, St. Mary's Hospital School of Nursing gave birth to the Porcupine Regional School of Nursing by entering into an agreement with the hospital in Kirkland Lake, which did not have a school, to provide clinical experience. There had not been a nursing program in Kirkland Lake prior to this. In Toronto, the downtown schools – I think there were five — were absorbed by George Brown College and others by colleges serving their cachement area. Here in North Bay, there was no one close enough for amalgamation so the school changed its structure a bit and became St. Joseph's School of Nursing with a Management Committee of lay people overseeing the school. Prior to this, the school was represented on St. Joseph's Hospital Board by a couple of well chosen laymen.

By 1968, it became obvious to the leaders of the four post-secondary institutions in North Bay, i.e., Cambrian College which became Canadore College, Nipissing University College of Laurentian University, North Bay Teachers' College and ourselves, that we all needed new facilities. Although there was government money available for new buildings, the principals knew that we would never get enough from the Ministries of Health and Education to build four new buildings. This realization lead to the development and construction of the College Education Centre, unique in Ontario and possibly all of Canada. The four institutions moved in September 1971 with Nipissing and Teachers' College on the south side and Canadore and St. Joseph's on the north with shared facilities – library, gym, cafeteria, etc. – in the middle. Thus, by September 1973 when the schools were absorbed by the Colleges, St. Joseph's was able to make the transition very easily because we had spent two years together at the new campus. The teachers from both institutions knew each other's names and in some

cases, Canadore teachers taught our students. I am sure that the transition was not as amicable in many other cities where there may have been five schools being forced into one college.

Of course, all of these changes – traditional three year, 2+1 and two year – meant that we spent a lot of time developing curriculum and meeting the standards of the College of Nurses. I must say that through all of this, our graduating students did well in their registration exams and there were very few graduates who had to re-write an exam. The exams were developed by the College and later a separate entity took on this aspect and became an independent testing service for the province.

On a more practical note, one of the attributes of a pre-1970's nursing program was that the students lived in residence. This feature meant that they could support one another in different ways. Our classrooms were located in the old Manor Hotel building on Algonquin with another three story residence across the laneway which was the residence. By 1968, the buildings were in sorry shape and almost beyond repair. It was decided to rent an apartment building on Clarence Street and the students shared apartments for about two years. By this time, we were also admitting men and married women to the program so it did not make sense to have them all living in residence with curfews, etc. After all, they were adults and needed to be treated as such. By the time we moved to the Education Centre, all nursing students were living in accommodations of their choice. The residence and school buildings were demolished by the spring of 1972 to become parking lots.

Anecdotes

St. Joseph's School of Nursing was probably the only school in the world that had a built in ghost walk for Hallowe'en! The basement was unfinished and some rooms had sand floors. The students would have a Hallowe'en party and part of it was to walk through the maze feeling eyeballs (peeled grapes), hearing ghostly sounds and anything else the organizers could think of to scare their classmates. I can assure you that a great time was had by all.

Then, there was the class that refused to attend graduation if it was held in the Pro-Cathedral. I said, "That's fine. It saves me the trouble of organizing a graduation ceremony and saves you money because you don't need to buy roses and a new uniform." They soon changed their minds and after the event a few of them came to me and said, "That was the most beautiful setting for graduation. Much better than the Capitol Theatre."

The students knew that if I said "No" to a request, it was "No". If I said "Yes" I would make sure that the request was granted and if I said "Maybe" there was chance

the request would be granted and a chance that it would not. My philosophy was that they would understand where I stood on things and that I would listen to them. Recently, I attended a reunion. Some of the graduates reminded me of this philosophy and how much they appreciated it even though they may not have agreed with the decision at the time.

Information to Share

The nursing program at Canadore is now a three academic year with the possibility of taking course through Nipissing and graduating with a Bachelor's degree in four years. The three year program is being phased out. This is something I have supported for 40 years. Students should be students not workers when they are enrolled in a program leading to a professional designation such as "Registered Nurse". In addition I believe that the Baccalaureate is the point of entry to practice for nurses – especially today when we are faced with so many different treatment modalities and prevention programs. Most of all, and this is something I tried to instil in our students, the graduate of any nursing program must be able to think clearly and problem solve. At the same time, I would hope that nurse educators are preparing nurses who are caring, concerned and committed to the well being of their clients/patients. Nursing is an art and a science but it has to be motivated by love of neighbour to be effective. It is not just another job! In today's environment of cut backs and fewer resources, this philosophy is more difficult to carry out. But, I firmly believe that it can be done!

Post Script

I did transfer to Canadore College in September 1973 as chair of the nursing program. In the spring of 1975, I encouraged the four other chairs (all men) that we should reorganize our responsibilities so that one chair would have business programs, another hospitality, another aviation, another health and the fifth something else. There was enough for the five of us. Well, President Murray Hewgill agreed but for some reason, I was the only one who had to apply for the position of Chair of Heath Sciences and for whatever reason I was not successful. However, it was probably the best thing that ever happened to me. I was then able to apply to the Master's in Heath Services Administration program at the University of Alberta. I was successful in gaining admission to this limited enrolment program and began studies in September 1975. I graduated in 1977 and the two years were exciting for me as I learned that I really was quite bright. For instance, I had to take a course in statistics that used matrix algebra – something I had never heard of before. I passed the course! I was also a graduate student assistant to Dr. Shirley Stinson, a former President of the Canadian Nurses

Association and the force behind the doctoral nursing program at U of A for both years even though she had told me in 1975 that it would only be a one year appointment. Mind you the work was easy – I spent time in the library looking up articles, etc. on various topics of interest to Dr. Stinson.

APPENDIX J

Ethics Review

Appendix J

NIPISSING UNIVERSITY
APPLICATION TO INVOLVE HUMAN SUBJECTS IN RESEARCH
Student Researchers

Please complete, print and submit four (4) copies of the Form to the Ethics Co-ordinator, Office of Research Services, Room H327

TITLE OF RESEARCH PROJECT:
THE HISTORY OF SAINT JOSEPH'S HOSPITAL SCHOOL OF NURSING 1931-1974

Date:	Application Status: New _X_ Addendum ___ Renewal ___ REC #
May 1, 2004	

	NAME	DEPT & ADDRESS	PHONE/ EXT	E - MAIL
Primary Student Investigator[1]	Jacquie LaPierre Dufresne	Nipissing University North Bay, Ontario	(705) 474-7020	lapduf@sympatico.ca
Co-investigator(s)				
Faculty Supervisor(s)	Dr. Kurt Clausen	Faculty of Education Nipissing University	474-3461 ext. 4359	kurtc@nipissingu.ca

INVESTIGATORS FROM OTHER INSTITUTIONS: Investigators from another institution who are a part of this research team, irrespective of their role, must seek clarification from their institutional Research Ethics Board/Committee as to the requirement for review and approval of this project. Is review and approval required (please check)? YES_____ NO_____. If yes, please submit record of Ethics approval when obtained. If no, please provide written explanation for why it is not required.

Student Investigator Assurance

I certify that the information provided in this application is complete and correct.

I understand that as Student Investigator, I have responsibility for the conduct of the study, the ethics performance of the project and the protection of the rights and welfare of human participants.

I agree to comply with the Tri-Council Policy Statement and all Nipissing University policies and procedures, governing the protection of human subjects in research.

Signature of Primary Student Investigator ____

Signature(s) of Co-Investigator(s) (if applicable)____

Date: ____________________

Faculty Supervisor Assurance

NAME OF STUDENT:
Jacquie LaPierre Dufresne

TITLE OF RESEARCH PROJECT:
The History of Saint Joseph's Hospital School of Nursing 1931-1974

I certify that the information provided in this application is complete and correct.

I understand that as principal Faculty Investigator, I have ultimate responsibility for the conduct of the study, the ethics performance of the project and the protection of the rights and welfare of human participants.

I agree to comply with the Tri-Council Policy Statement and all Nipissing University policies and procedures, governing the protection of human subjects in research, including, but not limited to, the following:

- **performing the project by qualified and appropriately trained personnel in accordance with REC protocol,**
- **implementing no changes to the REC approved protocol or consent form/statement without notification to the REC of the proposed changes and their subsequent approval of the REC**
- **promptly reporting significant adverse effects to the REC within five (5) working days of occurrence and**
- **submitting, at minimum, a progress report annually or in accordance with the terms of certification.**

Signature of Faculty Supervisor______________________________

Date: ______________

1. **Level of Project**

- [ ] Faculty Research
- [ ] Undergraduate
- [x] Masters
- [ ] Ph.D.
- [ ] Post Doctoral
- [ ] Administration
- [ ] Other (specify) ____________________

2. **Funding Status**

Is this project currently funded? [ ] Yes [x] No

If NO, is funding to be sought? [ ] Yes [X] No

Period of funding: FROM: (m) ____ (d) ___ (y) ___ TO: (m)___ (d) ___ (y) ___

3. **Details of Funding (Funded or Applied for)**

Agency

- [ ] NSERC
- [ ] SSHRC
- [ ] Other (specify) ____

Has this application been submitted to another institutional Research Ethics Board/Committee? [ ] Yes [X] No

If yes, provide the name of the board, date and decision. Attach a copy of the approval.

B. SUMMARY OF PROPOSED RESEARCH

1. **Describe the purpose and background rationale for the proposed project, as well as the hypothesis(es) / research questions to be examined.**

This research study will explore the development of Saint Joseph's Hospital School of Nursing from its historical roots in 1931 through to the establishment of the community college nursing program in 1974. This study will seek to understand how important institutional events and social factors influenced the development of nursing education and nursing practice in a northern community. In its forty-three year history the school of nursing experienced many challenges in response to scientific and social changes. A number of publications have documented information about the school of nursing as part of the history of Saint Joseph's Hospital as a health care institution. However, there has been little research aimed at exploring the influence of social factors and scientific change on the evolution of nursing education and nursing practice at the school of nursing. Today the majority of nursing education begins in the university environment; however, at the beginning of the 20th century nursing education had its origins in the hospital setting.

History provides an explanation of past events. The investigation and discovery of an earlier period is considered essential in understanding the present. Since nursing education and nursing practice have roots in the past, historical research provides an understanding of the progress of nursing from an apprentice vocation to a science-based profession. The process of historical inquiry can provide insight into the challenges of an earlier period. Furthermore, historical inquiry can provide a greater understanding of the origins of the nursing profession and a lens through which to view the present and prepare for the future.

This historical inquiry is guided by the following questions:

1. **How was the school created, and who played a significant role in its founding? What were their motivations?**
2. **How did Saint Joseph's School of Nursing evolve as an organization during its forty-three years?**
3. **What events, social issues and individuals influenced the organization during the various stages of the school's development? How was it able to adapt to internal and external environmental challenges from 1931 to 1974?**
4. **In the 1970, what forces brought about the school's transition from a religious-based organization to a secular one, separate from the hospital setting?**

2. Methodology/Procedures

	YES	NO
Do any of the procedures involve invasion of the body (e.g. touching, contact, attachment to instruments, withdrawal of specimens)?	____	X
Does the study involve the administration of prescribed or proscribed drugs?	____	X

Describe, sequentially and in detail, all procedures in which the research subjects will be involved (e.g. paper and pencil tasks, interviews, surveys, questionnaires, physical assessments, physiological tests, doses and methods of administration of drugs, time requirements, etc). Attach a copy of any questionnaires or test instruments.

As a former director and graduate form Saint Joseph's Hospital School of Nursing, the participant will be asked to participate in a one-hour semi-structured interview. The investigator will prepare a set of interview questions for former directors (Appendix A) and a set of interview questions for former graduates (Appendix B) of the school of nursing. The interview questions will be used to gain insight and understanding about the institutional events and social factors that influenced the evolution of nursing education and nursing practice at the school of nursing. The memories and insight provided by the participants will be valuable in understanding the history of nursing education and nursing practice at Saint Joseph's School of Nursing. All interviews will be tape-recorded, transcribed verbatim, catalogued, and secured in a locked cabinet for a period of five years. At the end of five years the tapes will be erased and the interview information will be destroyed. The principle investigator will be responsible for the security of all interview information and tapes during the five year period.

Prior to the interview each participant will receive a letter of introduction (Appendix D) explaining the research project along with a list of the interview questions Appendix A & B). The researcher investigator will contact each participant by telephone to schedule an appropriate time for the interview. The interview will be conducted at the residence of each participant after an informed consent (Appendix C) has been signed. The researcher will provide each participant with a copy of the signed consent.

3. Cite your experience with this kind of research.

The research investigator has had no experience with conducting a historical research study.

4. **Subjects Involved in the Study**

Describe in detail the sample to be recruited including the number of subjects, gender, age range, any special characteristic and institutional affiliation or where located.

The eligible participants for this historical study will be voluntary key participants who witnessed events at the school of nursing as former directors and former graduates. The voluntary participants will be individuals who reside in North Bay, Sudbury, and surrounding area. The memories and insight provided by these key informants will be valuable in understanding institutional events and social factors that helped shaped nursing education and nursing practice at the school of nursing. A letter of introduction (Appendix D) and list of interview questions (Appendix A & B) will be forwarded to each participant. The sample for the study will include the individuals (former directors and former graduates of Saint Joseph's Hospital School of Nursing) who agree to participate in the study and sign a consent form.

5. **Recruitment Process**

Describe how and from what sources the subjects will be recruited. Indicate where the study will take place. Describe any possible relationship between investigator(s) and subjects(s) (e.g. instructor - student; manager - employee). Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

The voluntary key participants for this study will be recruited by contacting Saint Joseph's Motherhouse in North Bay, Ontario and through networking within the local nursing community. After contacting Saint Joseph's Motherhouse and community networking, a list of potential research participants will be identified. A letter of introduction (Appendix D) and a list of questions (Appendices A & B) will be forwarded to potential research participants for their consideration and approval. Once the participants have agreed to be part of the historical research study, the investigator will contact each participant and establish a suitable date for the interview which will take place at their residence. Just prior to the interview, the interviewee will sign two copies of a consent form (Appendix C), one for the researcher and one to keep.

6. **Compensation of Subjects**

		YES	NO
Will subjects receive compensation for participation?		___	X
	Financial	___	___
	In-Kind	___	___

Other (Specify) ______________________________

If yes, please provide details. If subjects (s) choose to withdraw, how will you deal with compensation?

All research participants will voluntarily choose to participate in the study. Participants will be informed by the investigator that they may withdraw at any time without consequences of any kind. Participants may choose to remove their data form the study and refuse to answer any questions. As this process is voluntary, compensation will not be provided to the research participants.

7. Feedback to Subjects

Whenever possible, upon completion of the study, subjects should be informed of the results. Describe below the arrangements for provision of this feedback.

The researcher will provide all study participants with her name and telephone number. Participants will be informed that upon completion of the study the research findings will be available at the Nipissing University Library and Saint Joseph's Motherhouse. Also, upon request the participants will be provided with a summary of the study.

C. POTENTIAL BENEFITS FROM THE STUDY

Discuss any potential direct benefits to subjects from their involvement in the project. Comment on the (potential) benefits to (the scientific community)/society that would justify involvement of subjects in this study.

Research participants will not benefit directly from participating in this research investigation. However, the memories and insight provided by the participants will be valuable in understanding the evolution of Saint Joseph's Hospital School of Nursing. Further, the information shared by the research participants will provide a greater understanding of the challenges and successes of an earlier period of nursing education and nursing practice.

The findings from this research will help build on the knowledge of nursing history. This inquiry will add to local history and enhance community pride. Further, the findings from this historical study will provide a greater understanding of the origin and evolution of Saint Joseph's Hospital School of Nursing.

D. POTENTIAL RISKS OF THE STUDY	YES	NO
a) Do you deceive them in any way?	____	X
b) Are there any physical risks /harm?	____	X
c) Are there any psychological risks/ harm? (Might a subject feel demeaned, embarrassed, worried or upset?)	____	X
d) Are there any social risks/harm? (Possible loss of status, privacy, and/or reputation?)	____	X

1. Describe the known and anticipated risks of the proposed research, specifying the particular risk(s)/harm associated with each procedure or task. Consider, physical, psychological, emotional and social risks/ harm.

The research participants may freely choose to participate in this study. Given these circumstances, there are no foreseeable risks involved for any of the voluntary participants. The participants who agree to be a part of this historical research study will retain the option to withdraw from the study at any time during the study.

2. Describe how the potential risks to the subjects will be minimized.

As there is no foreseeable risks, no minimization will be required.

E. INFORMATION AND CONSENT PROCESS

1. **Attach a copy of <u>Consent Form</u> which includes the points outlined in the Nipissing University Research Ethics policy. If written consent will not/cannot be obtained or is considered inadvisable, justify this and outline the process to be used to otherwise fully inform participants.**

Refer to appendix C for a copy of the Consent Form which will be provided to each participant prior to the interview.

2. **Are subjects competent to consent?**

	YES	NO
	X	

If not, describe the process to be used to obtain permission of parent or guardian. Attach a copy of an information-permission letter to be used.

3. **Withdrawal from Study**	**YES**	**NO**
Are subjects to be informed of their right to withdraw from the project at any time?	X	

If yes, explain how. If no, provide a rationale why this is not advisable.

The Consent Form (Appendix C) will explain the voluntary participant's right to withdraw from the research study at any time without penalty. The Consent Form will indicate the study has been reviewed and received ethics clearance through Nipissing University's Research Ethics Committee. If the participants have any questions regarding their right as a research subject, they can contact: Dr. Kurt Clausen, Research Supervisor, Nipissing University, as (705) 474-3461, ext. 4359

F. CONFIDENTIALITY	**YES**	**NO**
Will the data be treated as confidential?		x

1. **If yes, describe the procedures to be used to ensure anonymity of subjects and confidentiality of data both during the conduct of the research and in the release of its findings. Explain how written records, video/audio tapes and questionnaires will be secured, and provide details of their final disposal.**
2. **If no, provide a rationale why this is not necessary or advisable.**

Participants in this study will be required to sign a consent form (Appendix C). The information provided in the consent form will indicate that this is a historical research study and that upon completion of the taped semi-structured interview, the information will become part of the historical research study. By signing the consent form the participants will have indicated that they agree to be identified by name in the interview transcript and that the information will be disclosed in the historical research study. The participants will be informed that the information from the taped interviews will be made available to the research supervisor Dr. Kurt Clausen, for his review. The information from the taped interviews will be transcribed verbatim and the tapes will be secured in a locked cabinet belonging to the principal investigator. The researcher will agree to be responsible for securing the locked cabinet.

G. DECEPTION

	YES	NO
Will deception be used in this study?	___	X

If yes, please describe and justify the need for deception. Explain the debriefing procedures to be used, and attach a copy of the written debriefing.

H. NUREC REVIEW OF ONGOING RESEARCH (Annual Report)

For multi-year research projects, please provide dates for submission of annual report.

I. SUBSEQUENT USE OF DATA

Will the data obtained from the subjects of this research project be used in subsequent research studies? Explain what you believe to be its future use(s).

The data collected for this historical research is not intended for any direct subsequent research studies. However, the tapes from the interviews and the transcribed information will remain secured in a locked cabinet in the possession of the principal investigator. If these tapes would be integrated into any new study in the future, the participants will be contacted for permission to use the information.