BC History of Nursing Society
NEWSLETTER
SPRING 2022
VOLUME 33
ISSUE 1

Nursing's Provincial Professional Association: How We Got from There to Here:

PART THREE AND FOUR OF A FOUR PART HISTORICAL REVIEW

By Dr. Sally Thorne

Part 3: From Coalition to NNPBC

From 2014 to 2018, the Coalition of BC Nursing Professionals continued to work through a myriad of complexities associated with assumed philosophical perspectives between the designations, legal and structural commitments associated with their individual association entities, and concerns related to the possibility of becoming a single and unified nursing professional association voice in Canada – something for which there was no model in other provinces and few models internationally. Each designation had its own fears and fantasies, and the Coalition representatives felt a powerful responsibility to both listen to their members and to help inform them about the evolving political and policy realities as well as the dangers associated with the status quo. Another extensive provincial consultation took place, conducted by the Coalition while being funded by the ARNBC, which of course was also busily engaged in many other strategic professional activities. And while it was difficult for many nurses to fully appreciate what the advantages and disadvantages might be of unification, the logic of strength in numbers during what had been undoubtedly complex times became the deciding factor. Among the public successes of the Coalition were hosting the first nursing/Ministry/peer forum on the opioid overdose crisis in 2016, which effectively demonstrated that an effective strategy on this issue required nursing leadership.

The priority issues of concern to ARNBC over this period were equally complex and pressing, drawing nurses around the province into an increasingly sophisticated professional policy advocacy in relation to such emerging issues as the B4Stage4 mental illness prevention strategy and the new legislation surrounding medical assistance in dying. It established an Indigenous Health and Nursing Policy Table, as well as a powerful student and new graduate program called ARNBC IGNITE.[1] It held policy forums and webinars, reaching out to as many nurses and policy makers as possible to rebuild nursing's capacity to both influence and shape provincial responses to the evolving complex concerns. Annually, it brought dozens of nurses to Victoria for a "Day at the Legislature" in which they had the opportunity to meet and engage with elected officials across all parties and in various portfolios. It fully engaged with Canadian Nurses Association activities, including bringing many highly successful resolutions to the national stage on such topics as equity, Indigenous health, and primary care.

In 2017, a Bill to amend the Health Professions Act and pave the way for the creation of a single nursing regulator for BC received Royal Assent. It was clear from this point forward that the fate of both the Coalition and ARNBC were intricately intertwined, and ARNBC began to work toward a legal framework for formal organizational transition. Working closely together, the two organizations orchestrated a complex set of transactions to develop a business case, a constitution, bylaws and governance structure for the new organization. It included a creative arrangement in which Councils whose members were elected from nurses of their own designation worked closely with and contributed

1 Under the leadership of Dawn Tisdale.

continued on page 4

also in this issue

PAGE 8

PAGE 14

PAGE 16

IN THIS ISSUE:

newsletter committee

Lynne Esson (chair), Beth Fitzpatrick, Ethel Warbinek, Sheila Zerr, Naomi Miller, Glennis Zilm, Lenore Radom. The BC History of Nursing Society Newsletter is published 3 times per year.

SUBMISSIONS ARE WELCOME.
Deadline for the summer Issue is May 15, 2022
Please send submissions to: esson1@shaw.ca

Archival Corner

BY NAN MARTIN, ARCHIVES CHAIR

Memories from our Archival Holdings

The International History of Nursing Conference, held June 12-15,1997 in Vancouver at St. Paul's Hospital just prior to the meeting of the International Council of Nurses 21st Quadrennial Congress, was co-sponsored by the Canadian Association for the History of Nursing and the B.C. History of Nursing Group. Both groups aim to discover, disseminate and preserve nursing history in Canada and British Columbia. This was the first such conference in British Columbia. The conference attracted 144 people from 18 countries.

The photo shown here features the planning committee: (L-R)

- **Gloria Stephens, Shirley Holzman, Nina Rumen, Jackie Ratzlaff, Norma Fieldhouse, Beverly Du Gas, Brenda Flynn, Ethel Warbinek, Sheila Zerr (Chair)**

PRESIDENT'S MESSAGE

KATHY MURPHY

Many are wondering where the year 2021 went as we continued to carry on our lives and other activities while following the restrictions imposed by the COVID pandemic. It has been a trying experience but it has provided time to reflect on the past and plan for an unknown future.

Last year, it was announced to the membership that the future of this society was being considered due to a reduction in members, people unable to take on leadership roles, and the declining finances. The Transitions Task Committee discussed the issues and proposed to the Board that a survey of the membership be carried out. The survey was sent to the 54 members and an additional 20 former members and 16 responses were received. A summary of the results was circulated and also considered by the Transitions Committee.

Two motions were proposed and approved at the February 8, 2022 meeting of the Society. They are:

1. That the BC History of Nursing Society be prepared to dissolve at the 2024 Annual General Meeting.
2. That the Transitions Task Committee prepare for the preservation of the virtual material at an appropriate site and work with the UBC School of Nursing regarding the placement of the artifacts and other items.

The Archives that were transferred to the UBC Library Rare Books and Special Collections are currently being processed by a graduate Library student with funding provided by the Splane Legacy. This is expected to be completed by May 2022.

All members are invited to attend the Annual General Meeting which will be held via Zoom on Tuesday, April 12, 2022 at 4:00 pm. Registration is required in order to receive the Zoom invitation. This can be done through the Contact function on the website.

The BCHNS website is revised regularly so it is worth checking it to keep track of our activities. Please click on www.bcnursinghistory.ca. Articles can also be viewed on Facebook and Twitter accounts.

Newsletters and regular meetings and programs will continue as the process of dissolution is carried out.

Kathy

EDITOR'S DESK

LYNNE ESSON

We are now going into year three of the Covid-19 Pandemic, much has changed in our day to day lives and I suspect we will not return to life as we once knew it; we are indeed forever changed. Just as there was some light on the horizon the world is now confronted with yet another challenge. The invasion of Ukraine a democratic and sovereign nation by Russia will test not only the strength of the Ukrainian people but of all of us. I fear we are at a defining moment in our history. Let us hope given the past few years that we have heard the warnings and can find our way to a more accepting and inclusive world order. As Sir Winston Churchill said "Those that fail to learn from history are doomed to repeat it:"

On a brighter note, today as I write this we are experiencing a beautiful warm and sunny day. The cherry blossoms are starting to bud, a sure sign that spring is around the corner. For British Columbia this has been a long and dark winter. My sense is that many of us are longing for those early days of spring (rebirth and anticipation for a warm and carefree summer) and yearning for an easing of Pandemic restrictions.

In this edition of the newsletter, you will find the second half of the article by Dr. Sally Thorne "How we got from there to here" a reflection on the evolution of our professional association. You will also find a timely Q and A by Nora Whyte with Dr. Angela Wignall titled a Conversation about Chief Nursing Officers in Canada: Past Experience and a Future View. This is an important reflection on the need for nursing to have a leadership role in health policy formulation at the national level.

I invite you to catch up on all the latest news and take a look at the BCHNS Website. As our President has indicated all our meetings this year and into the near future will be held virtually, so we welcome you to join us. See our Website for details.

As always, we encourage you to submit your news items, stories, and historical photographs for inclusion in future newsletters. I want to thank all the members of the BCHNS for their ongoing submissions; their support makes the job of the newsletter editor an easy task. I trust you will enjoy this edition.
Stay Safe!

Lynne

strategic guidance to an appointed Board of Directors, which also included representatives of indigenous nursing, students, health authority chief nursing officers, NECBC, and a public representative.[2] As of August 8th, 2018, ARNBC entered into a formal service agreement with the newly formed Nurses and Nurse Practitioners of BC (NNPBC) to transfer all of its strategic activities and the majority of its resources. That same day, the inaugural meeting of the first NNPBC Board was held.[3] On August 28th, as part of the transfer process, the majority of the ARNBC Board officially resigned their positions as the full Board transitioned into becoming the RN Council of the NNPBC,[4] and on September 11, 2018, NNPBC was officially launched.[5]

As with the ARNBC, the logistics of transitioning BNCPA and LPNABC membership into NNPBC and launching the new Councils for all four designations was a legally complex process, with some pieces not being finalized until well into the following year. And as ARNBC's jurisdictional representation in CNA transitioned to NNPBC, what was happening in British Columbia with respect to reconfiguration of the nursing professional association voice was very much on the minds of nurses nationally, for whom BC served as both inspiration and impetus for change. Although CNA had always been an organization of RNs, and later including NPs, on June 18, 2018, in a landmark decision, voting delegates to the CNA AGM resoundingly decided to open the gates of membership to psychiatric and practical nurses as well.[6] At that meeting, it also held a ceremony to congratulate BC nurses for being the first to formally transition to a united professional association. In November, 2018, it officially welcomed NNPBC as its jurisdictional member.[7] And the following year, at its 2019 AGM, NNPBC Board Chair Jacqollyne Keath, who was on that board by virtue of her RPN Council membership, was elected as BC's jurisdictional representative to the CNA Board – the first CNA Board member representing one of the new nursing designations.

Part 4: From CNA Jurisdictional Representative to a New National Collaboration

Meanwhile, the thorny issue of universal membership in the professional association (long a contentious issue for the Union) had become an unviable situation with the CRNBC. Over many months, NNPBC leaders met with CRNBC Board and executive, partners from the Canadian Registered Nurse's Protective Society and the Ministry Nursing Policy Secretariat to try to find an opportunity or loophole that might allow that to continue. However, when the BC College of Nursing Professionals launched in September of 2018, they found the changing regulatory climate (not just provincially but nationally and internationally) such that they could no longer justify mandatory membership. For a period of time, CRNBC allowed for creative transitional options such as mandatory fee transfer with optional membership, but over time had to give notice that a fully voluntary membership approach was needed. The NNPBC Board and Executive[8] worked furiously with CNA and other partners, presenting many options and ideas from all parties, to identify creative options and find a viable mechanism to keep the organization alive. For many years, CNA had a jurisdictional membership policy that required a specific fee ($63.50) for each nurse member in order to retain provincial jurisdictional status. Looking at every financial model possible in the voluntary context, NNPBC had to eventually take the painful decision to temporarily withdraw from CNA so that it could rebuild itself in this new fiscal reality and find a new way to collaborate nationally. This was a devastatingly difficult decision for all involved. At the time it felt like a betrayal to the nursing professional association ideals all members held dear. And yet, having exhausted every possible configuration to retain a provincial nursing association on a voluntary basis (given the extraordinarily high regulatory fees and union dues BC nurses pay – not to mention the continuing work by the BCNU to discourage its members from belonging[9]) the likelihood of retaining an organization of sufficient size and capacity to do meaningful work was slim if the annual CNA fee was a precondition. Thus, on Oct 26, 2020, after close and transparent collaboration between NNPBC and CNA over an extended period to exhaust all possible alternatives, NNPBC regretfully had to inform CNA that it would no longer include the CNA fee as part of its membership package.[10] And as it worked to rebuild its own membership model, the Board and Councils concurrently launched an aggressive campaign to encourage BC nurses to continue their relationship with CNA through individual membership.

2 https://www.nnpbc.com/about-us/nnpbc-governance-structure/

3 Tania Dick and Sally Thorne, who had been President and President-Elect of ARNBC, were the inaugural NNPBC Board members representing the RN Council.

4 Five of the ARNBC Board members quietly retained their positions on a "Caretaker Board," as ARNBC could not officially dissolve until such time as all of the BCNU lawsuits had been resolved. By November 2020, that era had concluded and a final Extraordinary General Meeting was held to complete the dissolution. These final Board Members were Lori Campbell, Sherri Kensall, Marcia Carr, and Damen DeLeenheer.,.

5 https://www.nnpbc.com/pdfs/media/press-releases/PR-2018-Association-Amalgamation.pdf

6 https://cna-aiic.ca/en/news-room/news-releases/2018/cna-members-vote-in-favour-of-representing-all-nurses

7 https://www.nnpbc.com/pdfs/media/press-releases/PR-CNA-names-NNPBC-new-Jurisdictional-Rep-for-BC.pdf

8 By September 2019 Michael Sandler had joined as Executive Director, bravely stepping into the role when this sustainability challenge was patently evident, and the future of the organization was quite uncertain. https://www.nnpbc.com/pdfs/media/news/2019/NR-2019-09-NNPBC-Welcomes-new-ED.pdf

9 https://www.bcnu.org/news-and-events/news/2019/arnbc-members-encouraged

10 https://www.cna-aiic.ca/en/membership/british-columbia

Naturally, NNPBC's decision sent shockwaves through the Canadian nursing system. However, it was clearly recognized that the same tough decision BC had faced would soon have to be confronted in several other provinces, and indeed that has been the case as several more provinces with historic universal membership models had been cast in a similar circumstance. Thus, preemptively, CNA launched an extensive campaign to consult across the provinces with respect to what they wanted and needed from their national professional association and what governance structure might best allow it to accomplish its goals.[11]

As Tim Guest, CNA President, explained,[12] ***"For 113 years, CNA has gone by a jurisdictional membership model, meaning all jurisdictional members automatically became members of CNA. However, changes in nursing regulations and other decisions on membership structures across the country have resulted in Ontario, Quebec, Nova Scotia, Prince Edward Island and British Columbia leaving CNA, and Alberta and Saskatchewan have announced they will be leaving in the coming years. In addition to these changes, in 2018 CNA's members made the historic move to vote overwhelming in favour of opening CNA membership to include all categories of regulated nursing. As a result, the CNA's Board's Governance and Leadership Committee has undertaken major work to examine new membership models and governance structures that would make CNA a more inclusive body. This work included holding a series of engagement consultation sessions across Canada to hear from current and future members on how to best address their needs. To incorporate the feedback we received from our members, we are proposing changes to the current CNA bylaws. These proposed changes will help CNA to become a more relevant, effective, and unifying organization that will take nurses and nursing in Canada forward." Thus, at its AGM of 2021, the new governance model, based on individual membership (one member one vote), building policy and professional guidance through skills-based networks, and forging new collaborative partnerships with the provincial associations was passed. And while these changes mark a new era for professional nursing policy in Canada, Tim is optimistic. "CNA has been providing nursing leadership for over 110 years. Together, we can help CNA transform into a stronger and more unified organization that will carry us through the next 100 years of nursing leadership."***

Thus, in this new professional association configuration no one could have anticipated when all of this began, we continue to have much room for optimism. NNPBC continues to grow its programs and services based on engagement and collaboration with members. Through it, BC nurses have made inroads not only with the new Nursing Policy Secretariat with whom it consults regularly but also with the Ministries of Health, and Mental Health and Addictions, for whom it was a key player in the expansion of prescribing to RNs and RPNs for alternatives to street drugs. It has consulted on police reform and mental health, educational pathways and on primary care centres. Among the many issues on which it continues to have a vibrant and effective collaboration with CNA are the advocacy around the need for a federal Chief Nursing Officer to bring the kind of strategic capacity federally that we have been able to realize in the government provincially. It also remains closely connected with its association partners across Canada, advising and sharing resources as each reconfiguration occurs, all working in the same direction to share information, collaborate on shared issues and ensure that the nursing voice remains at the heart of policy and advocacy. While this new reality will certainly evolve over time, all parties share optimism that we truly are stronger together and, while we work in different jurisdictions, the most powerful policy impact occurs when we are able to work towards common aims around embedding nursing at the policy level. Our survival in these extraordinarily challenging times is a testament to the commitment and spirit of the many nurses and partners who have played a part in this collective adventure.

SALLY THORNE

11 https://static1.squarespace.com/static/5b040dcdcc8fed6691b16e17/t/6081cd5d2e050a2015352f8e/1619119456946/CNA+Goverance+and+Bylaws+Changes+Presentation+April2021+%281%29.pdf

12 https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/2021-bylaws_information-package-and-background_e.pdf?la=en&hash=787BB328968A86F332B218E7B8C2025F4440B7A1

BOOK REVIEW

BY IRENE GOLDSTONE

Dianne Graves, *In the Company of sisters: Canada's women in the war zone, 1914-1919***. Montreal, Robin Brass Studios, 2021, 363 pages, ISBN 978-1-896941-76-9**

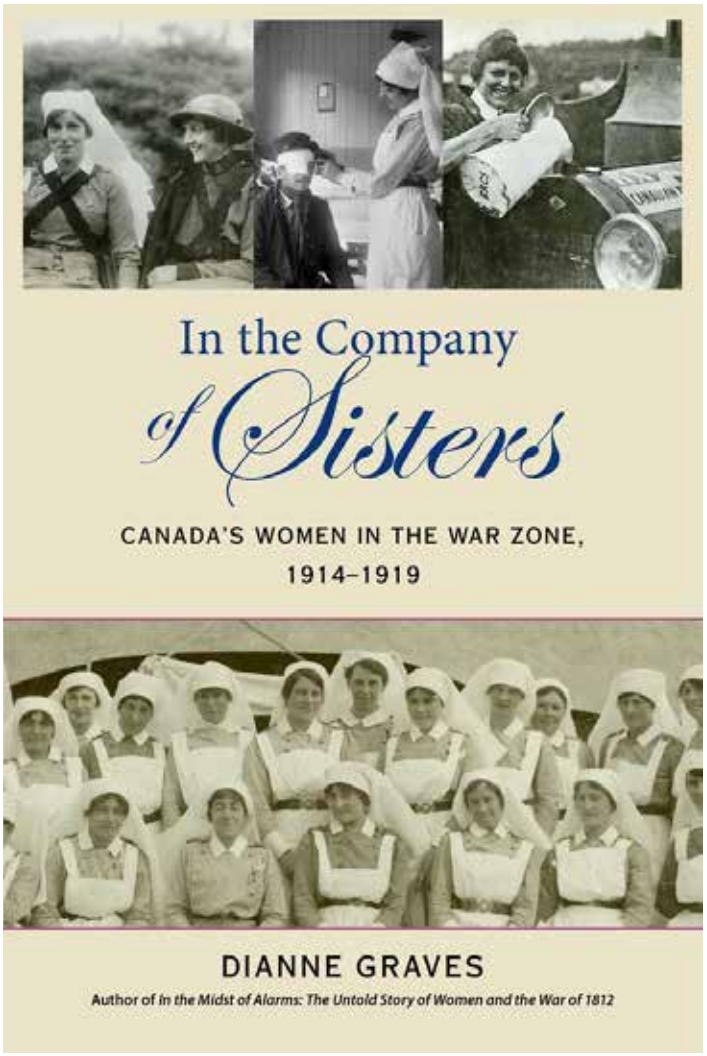
Long before Omicron, a lightning trip on Air Canada for a happy family event afforded me the leisure to consume Dianne s Graves latest book (2021), In the Company of sisters: Canada's women in the war zone, 1914-1919.

The early chapters focus on the experience of Canada's nursing sisters with the Canadian Army Military Corps, the Canadian and British Red Cross, the Queen Alexandra's Imperial Military Nursing Service and the women of the Voluntary Aid Detachment (VAD). Individual chapters describe their experience on the Western front and in England (1914-1915 and 1916-1919), in the Eastern Mediterranean, Greece, the Balkans and Middle East, Russia and on hospital ships. Dianne provides a sensitive description of the torpedoing of the Llandovery Castle (June 1918) and a brief biographical note and photograph of six of the fourteen nurses who drowned and an In Memoriam note on each nurse. Their schools of nursing are not identified.

While aspects of this story are familiar to those of us who have read the work of Susan Mann, Cynthia Toman, Sarah Glassford, and Linda Quiney, Dianne Graves brings back to light the contributions of the 30,000 Canadian women who traveled to England, France or Belgium, often following their officer husbands or sons. They travelled on their own dime or received assistance from the Canadian Patriotic Fund. All were determined to "do their bit" for the war effort. I say brings back to light because these stories were known to Canadians immediately after the First World War, but over time have lost visibility.

Unknown to me was the role two Canadian physicians played in treating the Serbian civilian population and the military retreating from the invading Austro-Hungarian troops in the midst of a typhus epidemic. Dr. Irma Le-Vasseur (Quebec) and Dr. Catherine Travis (New Brunswick) had received their medical training in the United States and served with the American Red Cross or with Scottish Women's Hospitals. Both went on to distinguished careers; Irma Le-Vasseur established paediatric hospitals in Quebec and Catherine Travis worked as an Anglican medical missionary in China.

"Doing their bit" involved getting things done in a male dominated world that offered only resistance until "the men" realized the essential contribution that women could make. As Dianne points out it took resolve, dedication and determination. Women from wealthy and politically powerful families used their advantages to good effect ultimately leading to greater equality for women.



Dianne explores the contributions of philanthropists, politically powerful women and officer's wives. One example is Lady Grace Julia Drummond (think Drummond Street, in downtown Montreal) who was considered "Mother" to Canadian Forces because of her work to make the lives of Canadian troops more comfortable. Collaborating with the International Red Cross, she created an information bureau to trace troops missing in action, maintained files on Canadian prisoners of war and maintained contact with families in Canada. Her office also arranged visitors to convalescing soldiers. By 1915 she had established the Maple Leaf Club in London as affordable accommodation for Canadian troops on leave who otherwise might remain covered in mud and sleeping rough on the Embankment. As twice widowed with financial means, who lost her only surviving son at the Second Battle of

Ypres (April 1915) and extended family in the sinking of the Lusitania (May 1915, she poured her grief and energy into her work.

Lena Ashwell, talented actress and theatre impresario, was one of the first to suggest that artists could boost the morale of the troops. She launched Women's Theatre Camps Entertainments for troops stationed in Britain. But it took the persuasive power of Princess Helena Victoria (great granddaughter of Queen Victoria) to convince Lord Kitchener, British Secretary of State for War, to allow entertainment for the troops on the Western Front, Malta, Italy and Egypt. Music and theatre proved a happy distraction from boredom during convalescence in hospital, quiet periods at the front or during periods of leave. Collaborating with the WMCA helped overcome resistance based on what we would now consider extreme prudishness on the part of the (male) military elite.

Subsequent chapters introduce us to peace activist Julia Grace Wales who worked with International Congress of Women to promote a peaceful resolution to the war. Journalists Beatrice Nasymth, Mary MacLeod Moore and Elizabeth Montizambert reported to Canadian readers from England and the Western Front. With the Armistice signed the Amputation Club of British Columbia invited Mary Riter Hamilton, a widow with limited means but a well-established artist, to capture the devastation on the Western Front prior to reconstruction. From the spring of 1919 to 1921 she worked in appalling conditions, compromising her physical and mental health. She sent her canvases back to Vancouver and Victoria and returned to Vancouver in 1926. She donated the bulk of her work to Library and Archives Canada. This chapter is well illustrated with black and white reproductions of her work. Two recent biographies and CBC Ideas (Remembrance Day 2021) may help return Mary Riter Hamilton to rightful presence in our collective memories and even to the National Gallery, Ottawa.

The women of British Columbia are visible – Isabel Bell-Irving, a VAD in London; Laura Holland, a graduate of the Montreal General Hospital (1913) and later a leader in child welfare in BC; journalist Beatrice Naysmith who wrote for the Province; and Julia Henshaw, "wife of a well connected investment broker" who travelled to France in 1915 to complete a tour of inspection and distribute gifts to the troops. Julia then went on a lecture tour in Canada raising funds for comforts for the troops. She returned in 1918 and joined the French Red Cross as director of an ambulance unit. She received a number of medals including the Croix de Guerre. In the West End of Vancouver, Henshaw Lane celebrates her wartime contribution as well as her work as a writer and botanist.

One of the many strengths of In the company of sisters is the Epilogue that comments on the lives of the women post war. She does not, however, note that both Irma Le-Vasseur and Mary Riter Hamilton were hospitalized in mental institutions and died in poverty. The price of dedicated service was high.

Meticulously researched from public archives and privately held documents, well illustrated and beautifully written, this narrative integrates the words of the participants giving a richness to our sense of the catastrophic losses incurred in a war to end all wars. In the company of sisters is a compelling narrative that is a must read for aficionados of nursing history and of women's contribution to Canadian history.

Dianne Graves died in 2021.
Many thanks to Glennis Zilm for comments on an early draft!

1. Mann, Susan. (2005) Margaret Macdonald: Imperial daughter. Montreal & Kingston: McGill-Queen's University Press.
2. Toman, Cynthia. (2016). Sister soldiers of the Great War: The nurses of the Canadian Medical Corps. Vancouver: UBC Press.
3. Glassford, Sarah. (2017). Mobilizing Mercy: A History of the Canadian Red Cross, Montreal & Kingston: McGill-Queen's University Press.
4. Quiney, Linda J. (2017). This small army of women: Canadian volunteer nurses and the First World War. Vancouver: UBC Press.
5. https://www.cbc.ca/radio/ideas/mary-riter-hamilton-canada-s-1st-female-battlefield-artist-helped-the-country-grieve-mass-loss-1.6244001 ; Young, Kathryn A. and McKinnon Sarah M. (2017). No man's land: The life and art of Mary Riter Hamilton. Winnipeg: University of Manitoba Press; Gammel, Irene. (2020). I can only paint: The story of battlefield artist Mary Riter Hamilton. McGill-Queen's University Press.

IRENE GOLDSTONE

Nurses Pay it Forward

BY BETH FITZPATRICK

The pay it forward movement is not a new concept and happens when someone does something for you, instead of paying that person directly, you pass it on to another person instead. Two nurses who were lifelong friends are paying it forward by leaving a $100,000 legacy to both the College of New Caledonia (CNC) and Langara to help the next generation of nurses. This endowment bursary will initially provide four $1000 awards each year to help average students receive financial support as they pursue their nursing education. It has been named the Three Sister's Endowment Bursary.

Who were the three sisters and what is their story? Edith Margaret Patterson graduated in 1915 from the Training School for Nurses at the Winnipeg General Hospital. Edith and her husband Alexander Beck operated a rooming house for Canadian soldiers who had served and returned from World War 1.

Their daughter, Elizabeth Mary Beck (Becky) followed in her mother's footsteps graduating from the Vancouver General Hospital School of Nursing in 1943. For many years she worked as a charge nurse at VGH. In the late 1950's she met a fresh-faced farm girl from the rural community of Londonderry Station, Nova Scotia. Elizabeth Anne Smith (Betty) was her name. She graduated in 1954 from the Victoria General Hospital School of Nursing in Halifax, joined the Victorian Order of Nurses in 1955 and worked briefly in Calgary Alberta prior to coming to Vancouver.
What more do we know about Becky? According to a family friend she was "a smart, serious lady with an extensive collection of books and a vast knowledge on many topics." And Betty? In her graduation yearbook she was described as "full of fun, a great sport and usually found in the middle of any mischief with her old straw hat."

The older more mature Becky respected Betty for living up to the reputation that Nova Scotia nurses had made for themselves for "being good, hard-working and dependable" and took the curious, free-spirited Betty under her wing, looking after her in the big city. They were like sisters, lived on the same street and shared many similar interests such as travelling, tending to their gardens, caring for animals, and giving to charities. Both also worked for the Victorian Order of Nurses (VON).

Becky and Betty never married nor had any children, but they did have very caring neighbors: Terry and Roger Dunkley (a father and son), considered the two women to be "their favorite aunties." Terry Dunkley was their number one advocate ensuring that they were always treated fairly and with respect. The two women talked with him about their desire to continue to serve the world meaningfully even if they could no longer be present within it and he made suggestions about what they might do.

The years went by. Becky and Betty both retired, were able to age with dignity and eventually pass away in their own homes. Becky passed in 2018 at the age of ninety-seven and left her home and entire fortune to her friend Betty who did not forget the conversation with their dear friend and neighbor. Betty died in January of 2021 and her estate saw that $100,000 went to both the College of New Caledonia for the north and Langara for the south of British Columbia to help students pursuing a nursing career. Thus, the Three Sister's Endowment Bursary recognizes herself, her friend Becky and Becky's mother Edith.

Yes, when you become a nurse you join a life-long sisterhood. This endowment is the legacy of three caring and dedicated nurses who truly exemplify Paying it Forward.

ACKNOWLEDGEMENTS

I would like to give special thanks to Ann-Marie Metten, a neighbor and friend of Becky and Betty who alerted Dr. Geertje Boschma at the UBC School of Nursing about the legacy of two remarkable Victorian Order of Nurses who lived on her street. I would especially like to recognize the invaluable assistance of Roger and Terry Dunkley who shared their personal recollections, memories and stories of Becky and Betty. Finally thank you to Hanna Petersen (Prince George Citizen) and Brendan Pawliw (My Prince George Now) for their September 2021 newspaper reports announcing the Three Sister's Endowment bursary at the College of New Caledonia.

A PAGE of HISTORY
JEAN MACDONALD

Jean MacDonald was born in Vancouver and grew up during the depression years in Chilliwack, BC., where she attended school. As a nine-year-old child Jean was hospitalized with bilateral mastoiditis. It was during this hospital stay that Jean, impressed by the work of the nurses, decided to pursue a career in nursing. Jean trained at St. Paul's hospital in Vancouver graduating in 1949. With more nurses than nursing positions available, Jean returned to Chilliwack where she did some private nursing while she applied to the airlines, and also to the six months, Operating Room Nursing Post Graduate program at Vancouver General hospital (VGH). Fortunately for the nursing profession, Jean's acceptance to the post graduate program arrived first.

Following Graduation from the OR program, Jean worked for three years in the OR at VGH before heading to Ontario where she worked at both Kingston General and Ottawa Civic Hospitals. Jean returned to Vancouver in the mid nineteen fifties, and was a full-time mother until being widowed in 1962. After completing a refresher course, Jean resumed work in the OR at VGH, where she remained for the next 20years. During these years, Jean worked primarily in the Urology specialty before becoming OR Supervisor responsible for all human resource matters. It was in this role that Jean successfully advocated for the hiring of technicians to function in the scrub role. As an early member of BC Operating Room Nurses Group, Jean volunteered for conference planning, organizing both the Entertainment and Exhibitors committees. Jean continues to meet regularly for lunch with retired BCORNG members and remains the fashionista of the group. Jean recognises that a nursing career allowed her to support herself and her daughter, and continues to offer nurses the opportunity to work anywhere in the world.

- Photo Credit: Maggie Vanoeveren

A Conversation about Chief Nursing Officers in Canada: Past Experience and a Future View

BY NORA WHYTE WITH ANGELA WIGNALL

In a recent issue of the Canadian Journal of Nursing Leadership, Angela Wignall wrote a fascinating commentary on the importance of reinstating a Chief Nursing Officer (CNO) at the federal level (Wignall, 2021).

She drew upon the history of the position globally and in Canada and offered her perspective on the contributions that a CNO can make. Her commentary looks to the future in identifying ways to achieve and sustain nursing leadership in health policy formulation at the national level. She has joined others in calling for the CNO position to be re-established (CFNU & CNA, 2020; CNA, 2022; Grypma, 2019). Canadian nurses were pleased to learn in February that Health Canada will reinstate the position and has announced a search for a new CNO (NNPBC, 2022).After reading Angela's excellent article, Nora Whyte thought that members of the BC History of Nursing Society would be interested in the themes discussed in the commentary. Nora asked Angela a series of questions and we are pleased to share her thoughtful responses here.

1. What sparked your interest in the Chief Nursing Officer role?

I came to nursing in midlife as a second career. My first degree is in Theatre and I had a decade long career in arts and cultural policy. I was drawn to theatre because I love storytelling and I have always been interested in humanity and our transformative moments. My drift into policy happened organically, as I became interested in the institutions, policies, and structures that shape whose story gets told, how, and why. During this same time, I became a doula and volunteered with childbearing women in Vancouver. My passion for working with families began to take centre stage and I chose to return to school to pursue a Masters degree in policy and practice, still working within the policy domain and turned my focus to research on health, specifically perinatal mental health policy frameworks. I recognized quickly that while I am an ardent scholar, I also need to be with the people I'm writing about. I chose to enrol in nursing school in the middle of my Masters degree, completing both concurrently. My poor children had to sit through two graduation ceremonies for my BSN and MA in one day at the end of that educational journey! The opportunity to become a nurse while simultaneously doing graduate work in policy analysis and development was life changing. I knew coming out of that experience that my journey in nursing would likely look quite different.

I observed quite early on that nurse leaders in CNO positions were at a significant disadvantage in policy and governance contexts. This manifests in many ways, from shying away from politics to not understanding the policy making process or public administration to simply being unsupported in translating the skills of clinical leadership into skillful policy leadership. I observed that nurses in these roles experienced significant distress as well when their voices, knowledge, and presence were undercut or diminished as a result of this disadvantage. Indeed, it was heartbreaking to witness the loneliness and despair experienced by those occupying these longed-for positions of authority. It became evident that while achieving a seat at the policy table is a necessary goal for nursing, it cannot be the only goal. As nurses we must begin attending to what happens after we get that seat.

The practice of leading as a nurse in policy contexts requires skills that nurse leaders did not appear to be acquiring from nursing education and other forms of nursing leadership practice. My PhD research and my ICN Global Nursing Leadership Institute (GNLI) national project emerged from these experiences and observations. I am currently exploring through my research the practice supports, education, and skills required for nurses to not only occupy a seat at the policy table but to meaningfully lead there, not merely on issues related to nurses but as fulsome health policy leaders.

2. In your commentary you trace the history of the role globally and in Canada and note that Verna Huffman Splane was the first principal nursing officer at the federal level, followed by others including Josephine Flaherty and Judith Shamian. Why do you think that the CNO position was not sustained?

I was fortunate to complete ICN's Global Nursing Leadership Institute (GNLI) policy training programme in 2020/21, which includes a national project. In my national GNLI project, I spent time engaging with nurse leaders from across the country who have occupied policy leadership roles or who have studied health policy from a nursing foundation. Many themes emerged from these exploratory conversations, including two that are particularly relevant to the federal CNO question: nursing as a profession has not yet been successful in demonstrating our value to others at the policy table and nurses are hesitant to engage with politics. These themes are consistent with much of the research literature on nurses' work in public policy.

It is important to recognize that nurses serving in government positions such as state level CNOs are public servants. The public service is guided by knowledge that many nurses do not have training in such as public administration, policy science, etc. CNOs in government contexts walk an extremely challenging line as non-partisan public servants directly interfacing with publicly elected politicians. While many may seek these kinds of positions as activists hoping to advance nursing's perspective on health and wellness, nurses serving as CNOs in government cannot simply be activists for nursing or nurses. The role requires an outward orientation, serving the health and wellness of citizens and meeting the needs of politically driven actors, all within a non-partisan public service context. This is a domain of immense complexity to which nurse leaders must bring nursing knowledge meaningfully and in ways that collaborators in these policy environments can not only understand but value as integral to their shared policy goals. In thinking about the work of a state level CNO in this way, it is clear that it is no small feat to successfully establish and maintain such a role.

It is also important to note that the position that is now posted with the Government of Canada's Department of Health should be viewed in the context and needs of our current era and will be carried out accordingly. While nursing leaders like Splane, Flaherty, and Shamian fulfilled the purpose of the role in an exemplary way in the past, we need to recognize that there have been many challenges with the role in Canada and globally. I have observed and read about the consistent underestimation of the value of nurses in government and the placement of nurse leaders in hierarchal locations where they cannot truly impact health policy. That is, where they are located limits their scope of influence because others see them primarily as workforce leaders whose job is implementation, not policy formulation. These are important roles; however, they are markedly different from a CNO, whose role is to improve the health and wellness of Canadians through the use of nursing knowledge, skill, and experience in health and social policy. The emergence of a reimagined CNO role for Canada is different and worth celebrating.

3. In your article, you make a good case for reinstating the CNO position at the national level - what would you hope to see as key aspects of the role?

I believe it is important to be both simultaneously ambitious and realistic about what a federal or state level CNO can and will achieve initially. For example, as noted in the recruitment posting, this position will serve 3 days per week. It is important, then, to think about what the goals of this position are from a government perspective and what can be advanced within the context of those expectations.

From my perspective, there are several key aspects of the role.

First, the federal CNO must build relationships internally as a nurse, overtly and proudly bringing their nursing self forward in these contexts. I have had nurse leaders tell me that they are afraid to identify themselves as nurses at tables where they may be the only one, as they have experienced being minimized and dismissed as a result of disclosing their nursing selves. The CNO will not have that luxury and will therefore need to thoughtfully build relationships within the public service where their nursing knowledge, practice, and skills are on the table, every time.

Second, the federal CNO will be immediately thrown in to national and international conversations where Canada has been absent for some time. Canada's CNO will need to quickly mobilize a solid team around them so that they can confidently advance Canada's position and contribution in these forums. It is not a small feat to move from a local or regional scale to a national and international scale. This move must be seamless, well informed, and in line with the values that both Canadians and nurses expect from those representing them.

Third, it is important for the federal CNO to begin mobilizing their colleagues and partners in the provinces and territories into policy focused dialogue. There is inconsistent positioning and representation across Canada for nurses leading in provincial and territorial contexts without a unifying direction. However, within the interlocking legislative and regulatory frameworks for nursing and health care, provincial and territorial nurse leaders are those functionally implementing health care for Canadians. A federal CNO cannot do their job without understanding what is happening across the country in that implementation. Establishing coordination and collaborative tables across the country will enable the federal CNO to not only do their job but it will begin to establish the kind of critical infrastructure for policy nursing practice that is sorely lacking in Canada.

Fourth, the federal CNO will need to establish partnerships and collaborations with a wide range of health care actors, not merely nurses. While CNOs serve to a certain extent as figureheads, representing nurses and acting as a focus point for nursing leadership, the federal CNO will need to understand and form meaningful relationships with a wide range of actors including care provider leaders and organizations, health agencies, non profit organizations, industry, enterprise, and citizen groups. In this way, nursing knowledge can help the federal CNO connect with the many divergent and intersecting policy actors who impact health and social policy.

Finally, the federal CNO will need to attend to the collective healing work of post-pandemic recovery. There is no corner of the country that is untouched by the COVID-19 experience. Nurses understand and are trained in the value of walking alongside those who are suffering and being present for healing in a collaborative, therapeutic relationship. The federal CNO has an opportunity to facilitate and support post-pandemic healing and recovery from a nursing perspective, which is uniquely different but complementary to economic, governance, and business perspectives. Nursing practices for supporting healing and recovery are well suited for the collective trauma our society and the world is contending with, and Canada's CNO can show the country what it means to have a nurse with us in our healing.

4. Looking to the future, what are your ideas for supporting a new generation of nurses to influence health policy in Canada?

There really is only one place to start and that is growing our belief that policy work is nursing work. This sounds simple but there are many pockets of our country and the world where this is contested. Just as we have grown our disciplinary knowledge base to encompass research, education, administration, and patient care, so too must we be willing to build in to who we are as nurses a belief that we can be effective, competent policy leaders. This starts with those of us with a passion for policy stepping forward into visibility, in public and out loud. And policy doesn't have to mean big P policy or only those working in government contexts. Policy is everywhere and shapes what we do, how we care, what we believe in, every part of our practice as nurses. The clinical nurse educator drafting up a new best practice guideline for her team is doing policy work. The CEO leading a health authority and setting strategic direction for care is doing policy work. The nurse in community identifying that his practice knowledge differs from the practice directive he's received is doing policy work. At its core, policy is an expression of how we would like the world to be. We are all part of that and there is policy work for nurses in every setting.

We can also look to our professional associations for investment in policy dialogues, training, and mentorship. I've been overjoyed to see the Canadian Nurses Association launch communities of practice for Canadian nurses. This includes a Policy community of practice, where nurses can virtually gather, share challenges and successes, and learn from one another. Future areas I'd love to see developed include accessible policy learning opportunities for nurses across the country, a professional development program for nurses interested in pursuing policy nursing practice, and the development of career pathways including mentorship programs for emerging policy nurses.

I also look to a future where there is integration of policy and political skills and competencies in nursing curriculums. There will always be the argument that nursing curriculums are already bursting at the seams with everything new nurses are expected to know. We cannot be dissuaded by this argument. We can plant seeds in undergraduate education, offer specialized courses in graduate programs, and foster opportunities for practice experiences in policy nursing work. These are things we must do if we want to respond to the call for nurses in policy work nationally and around the world. And this cannot only be limited to Registered Nurses. Every nursing designation and the curriculums we design to grow every kind of nurse must include access to policy theory, policy science, political competency, and leadership.

Finally, Canadian nurses can acknowledge our global privilege by giving back to the global nursing community through research and scholarship. When I connect with nurses across the Pan American Health Organization region and beyond, I am reminded that Canadian nurses have fought for and won significant victories in our path to self regulation, autonomous practice, and roles in leadership. What we believe nursing to be is different from what nursing is elsewhere. We have the privilege of education and opportunity that allows us to study, write, speak, and share about politics, policy, and change. We must use this privilege for good and always remember that we serve not only Canadians but the global health of all.

References

- Canadian Federation of Nurses Unions & Canadian Nurses Association. (2020). News Release – November 9, 2020: CFNU & CNA call on the federal government to reinstate the position of federal chief nursing officer. https://www.cna-aiic.ca/en/blogs/cn-content/2020/11/09/cfnu-cna-call-on-the-federal-government-to-reinsta
- Canadian Nurses Association. (2022). News Release – February 1, 2022: CNA applauds federal government for reinstating chief nursing officer for Canada. https://www.cna-aiic.ca/en/blogs/cn-content/2022/02/01/cna-applauds-federal-government-for-reinstating-ch
- Grypma, S. (2019). Why Canada Needs a Chief Nursing Officer – Now [Blog post]. Nurses and Nurse Practitioners of BC. https://www.nnpbc.com/why-canada-needs-a-chief-nursing-officer-now/
- Nurses and Nurse Practitioners of BC. (2022). Chief Nursing Officer for Canada. 2022-Federal-CNO-Position.pdf (nnpbc.com)
- Wignall, A. (2021). Commentary – Dear Federal Chief Nursing Officer: Why Canada Needs You. Canadian Journal of Nursing Leadership 34(4): 124–32. doi:10.12927/cjnl.2021.26680.021

- Angela Wignall, RN, BSN, BA, MA, is an Alumni Scholar, Global Nursing Leadership Institute, International Council of Nurses and a PhD Student, University of Victoria School of Nursing. Effective March 2022, she is Director, Professional Practice & Health Policy Implementation, Nurses and Nurse Practitioners of BC. Angela lives on the unceded homelands of the Lekwungen speaking peoples, where she raises her sons with her husband, David, who is also a nurse. Correspondence with Angela can be directed to awignall@nnpbc.com.

COSTUME *circa* 1840s

Canada's First Nations Lay Nurse personified by Amelia Douglas.

Early fur traders and pioneer settlers in Canada depended heavily on the skills and knowledge of aboriginal healers and their knowledge of herbs and medicines. Amelia Douglas, who represents these healers, was born in 1812 in northern Manitoba. Her mother was a Swampy Cree healer, who Amelia learned a great deal from.

At age 16, she married fur trader James Douglas and later accompanied her husband to Fort Victoria where the Hudson Bay Company established a post in 1843. Her midwifery skills aided the colonists in the Victoria area with high praise. In 1858, when the new colony of British Columbia was established, James Douglas was appointed governor. The new Lady Douglas contributed in many quiet ways to support health care. This costume is typical of every-day dress worn by "Women of Influence" in Victoria from the 1850s to about the 1890s. (No hoops or crinolines, which were for fancy dress up.)

COSTUME *circa* 1640s

Jeanne Mance – Canada's "First Lay Nurse"

Jeanne Mance, born 1606, was founder of the first European-type hospital in Canada, and co-founder of the city of Montreal. The daughter of well-to-do French parents, she had been educated at a convent where the nuns were, typically, the keepers of knowledge about health care. She received further instruction in nursing care while assisting the Sisters of Charity in 1638 during a severe epidemic.

She arrived in Montreal on May 17, 1642, where she set up a tiny hospital inside the fort to attend to the wounded and sick. By 1644 a larger hospital had been established. Jeanne Mance administered the growing Hotel Dieu operations until her death in 1673.

This costume is typical of Jeanne Mance's time for day wear, but we have very little information about what she wore in her hospital or the care she gave personally.

BOOK REVIEW

BY LINDA QUINEY

ALWAYS PACK A CANDLE: A NURSE IN THE CARIBOO-CHILCOTIN By Marion McKinnon Crook

Marion McKinnon Crook s Always Pack a Candle is an enlightening memoir of public health nursing in the Cariboo-Chilcotin region of British Columbia in the early 1960s.

Crook's experience as a neophyte public health nurse armed with good intentions and very little practical experience is an engaging read. Presented in a popular style that renders it accessible to a wide audience, the memoir outlines the many challenges of this rugged territory nearly sixty years ago. The description of Crook's encounters with fully loaded logging trucks, navigating snow covered and icy winding roads, is daunting to anyone unused to BC's interior. The clanging of the massive baby-scale, rattling on the back seat of Crook's government issue Chevy, can almost be heard.

More compelling are Crook's interactions with her clients, both within the community of Williams Lake where the clinic was based, and out in the rural and remote reaches of the region that she was assigned to cover. Crook demonstrates clearly the inequalities of the health and social service systems in respect of the Indigenous and White client-base, observations made all the more relevant in the era of Reconciliation. The situation of women in this landscape, often coping with isolation, large families, many pregnancies, and a masculine aversion to birth control methods at a time when the pill was only newly introduced, is equally powerful. The close juxtaposition of life and death in this demanding environment is clearly delineated.

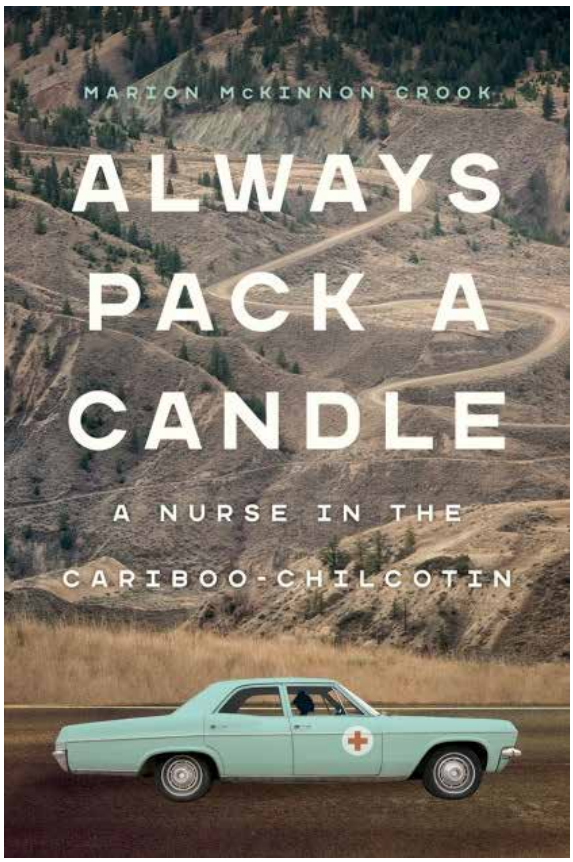
The book draws the reader into Crook's world of TB testing, immunization in the early days of the Polio vaccine, well-baby clinics, and the constancy of venereal disease, easily treated but demanding contact tracing that could severely affect a domestic situation. It was not all hard work. There was a budding relationship with a local rancher, and the off-duty fun of stampedes, community gatherings, and even the difficulties of dressing for a dance in a sub-zero climate where party shoes and silky dresses are confronted by the realities of the environment. Nursing in the Cariboo was hard work. Few nurses remained more than a year; but it could also be immensely satisfying if the nurse was able to embrace the conditions and the community.

Crook understandably alters names and specific details for privacy. At the same time, she also fictionalizes the memoir to some extent, having taken "two friends and made them into one" and "invented a couple of characters"– a conflation of fact and fiction that is confusing at times (1). There is also an uncomfortable undertone of superiority in the presentation of Crook's nursing colleague, Sophie, a hospital trained RN who lacked Crook's own university qualifications.

Notwithstanding, Crook offers a strong introduction to public health nursing in British Columbia in the mid-twentieth century. She draws from personal experience to present an approachable entry into a minimally explored sphere of nursing history that also speaks to the awakening social discourse of the current age.

ORIGINAL REVIEW APPEARS AT: https://bcstudies.com/book_film_review/always-pack-a-candle-a-nurse-in-the-cariboo-chilcotin/

READ ANOTHER REVIEW AT: https://vancouversun.com/entertainment/books/book-review-a-b-c-interior-nurses-year-of-living-dangerously



A PAGE of HISTORY

HONORING GLENNIS ZILM

Born in Saskatchewan, Glennis grew up in New Westminster, BC, and graduated from Vancouver General Hospital in 1957 and from UBC Nursing in 1958, a member of the infamous and close-knit BSN class that contributed more than its fair share of national leaders in nursing practice, education, and research during the latter half of the 20th century. She received a Bachelor of Journalism from Carleton University in 1969 and a Master of Arts in Communications from Simon Fraser University in 1981.

Glennis' diverse working life has included nursing at Maple Ridge Hospital; public health nursing in New South Wales, Australia; and instructing at the Royal Columbian Hospital, new Westminster. She was an Assistant Editor of The Canadian Nurse from 1963 to 1969, and an editor/reporter for The Canadian Press from 1969-1972. She says that she found the most interesting aspects of her career the combination of nursing and journalism. She is the author of more than 250 articles and stories that have appeared in national and international newsletters, news papers, magazines, and professional peer-reviewed nursing journals, including some that have been translated in to French, Japanese, and Hebrew.

Since 1973, she has been a freelance writer, editor, and writing consultant, working mainly with individuals and organizations in health care areas. A special area of interest is history of nursing and health care. Her long lists of publications and other professional credentials, including editing eight volumes of proceedings published by various health care associations or universities. She is co-author, with Ethel Warbinek, of Legacy: The History of Nursing Education at the University of British Columbia 1919-1994. As a writing consultant she has been a resource person for many workshops and a guest speaker at public lectures and meetings across Canada. Later in her career, Glennis presented numerous classes and public speeches on the history of nursing, usually attired in a historical nursing costume.

In 1998, she wrote a text on writing skills for student nurses: The SMART Way: An introduction to writing for nurses (Toronto: Saunders). With a new co-author, she expanded and updated a fourth edition, The SMART Way: Introduction to Writing for Health Professionals; this was released by Elsevier Canada in Spring 2019. Glennis has been granted numerous awards including an Honourary Doctor of Letters from Kwantlen Polytechnic University in 2006 and the John B. Neilson Spaulding Award in 2004 for long-standing contributions to history of health care in Canada. She has received several UBC Awards, including the Nursing Division Award of Distinction 2000, the UBC Blythe Eagles Volunteer Leadership Award in 2010, the Applied Science Dean`s Medal in 2016, and the Alumni Builder Award in 2021. She is a founding and Honourary Life Member of the BC History of Nursing Society.

Thank you to all our donors

Thank you so much for your generousity & support of the society, we sincerely appreciate your kindness & respect for the work of the society in preserving Nursing History & making it available to all.

- Cathy Ebbehoj
- Lisa Smith
- Wendy Trigg

PUBLISHED THREE TIMES A YEAR
BC History of Nursing Society

PO BOX 72082, RPO SASAMAT, VANCOUVER
BRITISH COLUMBIA V6R 4P2

Special thanks to all who contributed to this issue of the BCHNS newsletter