

Canadian Nurses Association

ONE HUNDRED YEARS
OF SERVICE



CANADIAN
NURSES
ASSOCIATION



1908-2008

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Michael Villeneuve, who was our scholar in residence at CNA, generated the background support documents.

CNA also wishes to give sincere thanks to the estate of the late Elvira Nordlund for the gift of their financial support. Ms. Nordlund worked as a nurse for more than 40 years and was awarded the Queen Elizabeth II Golden Jubilee Medal in recognition of outstanding services to her community and her country. From CNA and the nurses of Canada, we say a gracious thank you.

Front cover photo: Nurses gather at the CNATN convention in Toronto, 1918

On the afternoon of October 12, 1908, Mary Agnes Snively was talking with a colleague about the difficulty of the process of giving life to a new national organization. She encouraged her friend, saying, "Do not forget that we are making history." The organization we now know as the Canadian Nurses Association was born that day.

One hundred years later, CNA took the opportunity to talk with colleagues and nurses across the country on October 12, 2008, about the challenges we still face, and CNA's direction going forward. But rather than gathering face-to-face with a handful of colleagues, we connected electronically with thousands of nurses across the country on that historic day; it was our first national podcast. CNA was once again "making history."

And now we make history again. This book reflects the culmination of years of work that first started in 2004. We knew then that some kind of commemorative history of the association would be in order as it marked its 100th anniversary. But what form it would take was less clear back then. Our excitement about the project grew as our vision of the results sharpened over time.

In keeping with the changing times, we are thrilled to introduce you to the first phase of what we hope will become our "living," history collection. The **Canadian Nurses Association 1908-2008: One Hundred Years of Service** is a chronicle of the history and achievements of CNA since its inception in 1908. The main narrative is supported by an extensive collection of documents that record CNA's history and other major nursing, health and societal events taking place in the world around CNA. As time passes we will add to the collection and supplement the narrative with more photographs, vignettes, films and audio clips on the online version.

Patron

Her Majesty the Queen

Funding

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CONTENTS

| | |
|-----|--|
| iv | List of Appendixes |
| v | Notes from the Authors |
| 1 | CHAPTER 1 Introduction |
| 9 | CHAPTER 2 Building a National Nursing Organization: The Early Years |
| 21 | CHAPTER 3 Growing Pains and Progress 1911-1924 |
| 47 | CHAPTER 4 Supply and Demand 1925-1945 |
| 69 | CHAPTER 5 Strategies for Change 1946-1966 |
| 93 | CHAPTER 6 The Birth of Medicare and a New Era in Canadian Health Care 1967-1990 |
| 113 | CHAPTER 7 Crises and Visions 1990-2008 |
| 129 | CHAPTER 8 Conclusion: Looking Ahead |
| 135 | Appendixes |
| | Section I Operations, Outputs and Leadership |
| | Section II Honours and Awards |
| | Section III Meetings and Celebrations |
| | Section IV CNA Historical Milestones |

LIST OF APPENDIXES

I. OPERATIONS, OUTPUTS AND LEADERSHIP

- A. Canadian Nurses Association Board of Directors
- B. Canadian Nurses Association Branding and Armorial Bearings
- C. Canadian Nurses Association Executive and Staff
- D. Canadian Nurses Association Members Holding Leadership Roles in the International Council of Nurses
- E. Canadian Nurses Association Organizational Chart
- F. Canadian Nurses Association Vision, Mission and Goals
- G. Founding Members of the Canadian National Association of Trained Nurses, later the Canadian Nurses Association
- H. Major Canadian Nurses Association Paper and Digital Publications, 1998-2010
- I. Membership in the Canadian Nurses Association
- J. Presidents and Chief Executive Officers

II. HONOURS AND AWARDS

- K. Awards to Canadian Nursing Sisters, World War I
- L. Canadian Nurses Appointed (as Fellows) to the Canadian Academy of Health Sciences, 2004-2009
- M. Canadian Nurses Appointed to the Order of Canada, 1967-2009
- N. Canadian Nurses Association Awards Programs
- O. Canadian Nurses Association Memorial Book

III. MEETINGS AND CELEBRATIONS

- P. Canadian National Association of Trained Nurses/Canadian Nurses Association Convention Sites and Dates
- Q. CNA Patron, Honorary Patron and Centennial Leadership Cabinet
- R. Canadian Nursing-Themed Commemorative Postage Stamps
- S. National Nursing Week
- T. ICN Presidents and Meetings, and Recipients of Major ICN Awards

IV. CANADIAN NURSES ASSOCIATION HISTORICAL MILESTONES

NOTES FROM THE AUTHORS

SUPPORTING DOCUMENTS

Supporting documents for this record are appended in four sections. For purposes of flow, and ease of reading as a package on their own, these documents are organized alphabetically by category rather than in order of their reference in the text.

NOTES ON TERMINOLOGY

Unless otherwise indicated, the term nurse in this document refers to registered nurses (RNs).

Note that CNA's operational leaders through the years were variously titled *secretary*, *general secretary*, *executive secretary*, *executive director* and, most recently, *chief executive officer (CEO)*. For ease of reading they are all titled CEO in the main narrative of this document.

ACRONYMS AND ABBREVIATIONS

We have made a deliberate effort to limit the use of excessive acronyms and jargon in this record. However, in the interest of ease of reading, the following common acronyms are used through the narrative.

ROLE TITLES

| | |
|-----|-------------------------|
| CEO | Chief executive officer |
| RN | Registered nurse |

DISEASES

| | |
|------|-------------------------------------|
| AIDS | Acquired immune deficiency syndrome |
| SARS | Sudden acute respiratory syndrome |

ORGANIZATIONAL TITLES

| | |
|------|--|
| AIIQ | Association des infirmières and infirmiers de Québec, later OIIQ |
| CHA | Canadian Hospital Association, later Canadian Healthcare Association |
| CIDA | Canadian International Development Agency |
| CMA | Canadian Medical Association |
| CNA | Canadian Nurses Association |
| HEAL | Health Action Lobby |
| OIIQ | Ordre des infirmières and infirmiers de Québec, previously AIIQ |
| WHO | World Health Organization |

COMMON COUNTRY ABBREVIATIONS

| | |
|------|--------------------------|
| U.K. | United Kingdom |
| U.S. | United States of America |

CHAPTER 1

INTRODUCTION

*Were there none who were discontented with what they
have, the world would never reach anything better.*

Florence Nightingale



CNA centennial year branding: centennial medallion paired with stylized logo



Centennial launch with Prime Minister Stephen Harper in January 2008



Jane Ellis, Acting CEO, CNA, Her Excellency the Right Honourable Michaëlle Jean, Kaaren Neufled, President, CNA at Rideau Hall in November



General Rick Hillier at CNA convention in June 2008

In 2008, the Canadian Nurses Association (CNA) celebrated its 100th anniversary. Launched by Prime Minister Stephen Harper in January 2008, the year-long centennial celebration highlighted both the association’s rich history and its visions for the future of nursing in Canada. Over the course of the year, CNA produced a short video highlighting “100 Years in 100 Seconds,” honoured 100 living nurses considered outstanding in the profession (see Appendix N), oversaw release of a commemorative postage stamp (see Appendix R) and published a revised Code of Ethics. Contest-winning nurses from across Canada were hosted for lunch by Mrs. Harper at the prime minister’s residence in Ottawa in the spring, and CNA’s board of directors (see Appendix A), staff (see Appendices C and E) and invited guests were received by the governor general, Her Excellency the Right Honourable Michaëlle Jean, at Rideau Hall in November, where a new coat of arms was unveiled (see Appendix B). The governor general graciously served as honorary patron for the centennial year celebrations, supported by an honorary “leadership cabinet” of distinguished Canadians (see Appendix Q) who lent their ideas, social and business connections, and energy to ensure that CNA’s centennial year would be a great success.

“Be the Change, was chosen to reflect the courage and foresight of CNA’s founders and leaders across the century.”

In June 2008, speakers from the fields of politics, academics and music, including Canada’s top general, Rick Hillier, aboriginal leader Roberta Jamieson and country singer Paul Brandt, challenged and entertained registrants at the centennial meeting and convention in Ottawa. The centennial conference theme, “Be the Change,” was chosen to reflect the courage and foresight of CNA’s founders and leaders across the century. The 1000-plus attendees were also treated to a multimedia presentation that highlighted the organization’s historical milestones. At several points during the year, CNA presented the results of its visioning efforts that had been underway over the previous four years in imagining scenarios for new models of health-care delivery and the roles of nurses and their work within the health-care system.

Milestone anniversaries are a natural time to think back over the life of an organization and reflect on its contributions. So this is a fitting moment to contemplate the history through which CNA strove to establish a national role both valued by and valuable for the profession. CNA has had its share of dynamic leaders and influential members who have helped determine the course of the organization, but its evolution has been shaped as much by the historical variables of Canadian

politics, economics and culture as by the desires and directions of these individuals. Touchstones such as the two major world wars that bracketed the Great Depression, along with alternating periods of economic prosperity and instability throughout the long period after the Second World War, were important determinants of its agenda and the issues with which it had to deal. In the 21st century, events such as the terrorist attacks of September 11, 2001, impacted government priorities and distracted attention from the health-care system, forcing CNA to remain vigilant and nimble in responding to geopolitical realities in the world around it. Other social and cultural factors – advances in communication and travel, the impact of women’s movements, the rise of unions, the evolution of Medicare and other health insurance programs, and the growth in organizational professionalization – also played their parts in structuring the challenges that CNA has faced during its first century.



Mary Agnes Snively, the driving force behind the birth of CNA in 1908

CNA was only one of a number of national associations organizing during the early 20th century, in large part bringing nurses together to address similar problems of standardizing educational standards and defining professional roles and boundaries. Like CNA, many of these organizations also strove to develop international ties to further these aims. Mary Agnes Snively, the driving force behind the birth of CNA in 1908, was part of a well-

connected international network of elite women in the International Council of Nurses (ICN) who believed that the nature of nursing work transcended national boundaries and that sharing ideas and information at the international level would elevate the standards and status of the profession worldwide. She was thus well-positioned to guide the formation of a national association in Canada and to influence the beginnings of standardizing and regulating nursing across the country.²



Highlights of CNA milestones published in *Canadian Nurse*, June 2008



Student nurses

Since the implementation of formal nurse training, nurses have comprised the largest portion of the health-care workforce. As the national body for nursing, CNA thus has had the potential to represent the voice of tens of thousands of nurses. It faced (and faces), however, the same sorts of problems in reconciling its own goals with those of its membership as do other national organizations having a health-related focus. With the responsibility for health care falling largely to the provinces in Canada, CNA can only indirectly influence issues that come under provincial jurisdiction.³ Like many other national organizations working in the field, CNA also adopted a federated governance structure. Beginning in the 1930s, nurses could no longer become CNA members through their alumnae associations or other groups but only through their membership (compulsory for the most part) in their provincial associations. Federating simplified CNA's membership structure and helped to stabilize its financial planning, but the organization became even more dependent on the relatively autonomous provincial associations for both financial and institutional support. From time to time, relations with the provinces forced CNA to initiate changes to its structure and to redefine its roles and responsibilities with them. The 1985 disaffiliation of the *Ordre des infirmières et infirmiers du Québec*, the largest group of nurses within CNA at that time, was a serious blow to both the national organization's stability and its goal to represent Canadian nursing. The impact of that loss lingers into the present. The federated structure also has had a tendency to distance the association from rank-and-file nurses, many of whom became "involuntary" members in an organization that they perceived could have little direct impact on their working lives. The need to establish meaningful communications with its membership thus became a recurring theme at the CNA's biennial meetings (see Appendix P) throughout the century.

Over the years, the organization has attempted to capitalize on contemporary trends in health care to push the profession in new directions. Throughout most of its first century, CNA believed that educational reform was key to both righting many occupational ills and opening new professional horizons. As hospital treatment for illness became more attractive to middle- and upper-class patients, for example, early CNA leaders perceived that raising educational standards would help distance nursing from its domestic roots and construct a body of knowledge that would define the "trained" nurse. Many early executive members believed that upgrading educational standards, particularly by closing the myriad smaller nursing schools, would help control the rising numbers of graduate nurses flooding the market during the 1920s and through the Great Depression. However, despite the recommendations of the Weir Report – the comprehensive study on the state of the profession released in 1932 – little interest in changing nursing education was sustained before the Second World

War by either provincial nursing associations or governments. Student nurses provided cheap labour for hospitals already unable to make ends meet, and all hospital programs offered housing, food and a respectable education for daughters no longer immediately necessary to the family economy.⁴

As nursing unemployment gave way to nursing shortages in the period after the Second World War, the need to address educational reform in a definitive way became more urgent. Increasingly involved in the delivery of health care, governments slowly began to pay more attention to the need for nurses and supported different modes of nursing education that they hoped would provide the needed workforce. After CNA mounted a spirited defence against the threatened incursion of voluntary aid detachment workers into the ranks of registered nurses after the First World War, fears over shortages pressured the organization to support the education of trained nurses' assistants, the forerunners of today's practical nurses.

“Following a landmark decision taken by the CNA membership in 1982, the final push to make a university baccalaureate degree the basic level of nursing education for all nurses was underway.”

Despite some experiments with nursing education in several areas, serious efforts at reform of hospital nursing schools only finally began in the 1960s. Experiments in shortening the time required to complete nursing education took place in several provinces, and two-year programs based in community colleges under departments of education became common. Once efforts at reform began, the momentum escalated. Basic education at the university level had been available in Canada on a limited basis since 1919, but only a minority of nurses had chosen this route. During the early 1960s, the Royal Commission on Health Services (known more commonly as the Hall Commission after its chair, Emmett Hall) supported many of CNA's recommendations that students be

steered into new, two-year diploma schools to provide “technical” bedside nurses, while other, more academically inclined recruits would undertake university education to prepare for roles as teachers, supervisors and administrators. How this two-tier nursing education would work in practice was never fully clear, however, and following a landmark decision taken by the CNA membership in 1982, the final push to make a university baccalaureate degree the basic level of nursing education for all nurses was underway. The proliferation of educational programs for nurses particularly since the 1980s continues this process of exploiting change, since CNA envisions that many of these new pathways will produce a nursing workforce better able to function in health-system models that place greater emphasis on the delivery of primary health care services.

Prior to the Second World War, the association was focused primarily inward, concentrating on the struggle to define professional, regulatory and educational parameters for nursing in Canada. CNA relied on existing provincial nursing associations to push their governments, and nursing registration legislation was completed by 1922 for the nine provinces existing at that time. After the Second World War, the association slowly began to reorient its focus outward. Increasing government involvement in health care led to a strengthening demand among Canadians for hospital treatment and for graduate nurses to take care of them. The federal government had rebuffed CNA attempts to regulate military nursing during the First World War, but it now invited the association to take part in planning for postwar reconstruction. In Canada, CNA was prompted to establish closer ties with other national organizations, such as the Canadian Medical Association (CMA), the Canadian Hospital Council (now the Canadian Healthcare Association) and other allied health groups, in attempts to initiate new recruitment and retention strategies.



Alice Girard

Through the 1960s, international experience was intensified through executive director Helen Mussallem’s connections with the Canadian International Development Agency (CIDA) and the World Health Organization (WHO), all of which helped to raise the profile of CNA on the world stage. CNA has maintained a close relationship with ICN; it has hosted ICN’s quadrennial conference three times over the century (see Appendix T) and numerous CNA executive members have been elected to ICN’s board. Alice Girard, a former CNA president (1958-1960), became in 1965 the first, and to date only, Canadian to assume the presidency of the international organization (see note below). The seeds of international work that were sown during the 1960s flourished under subsequent CNA administrations, which have continued to seek and receive funding to carry out projects with international counterparts across five continents.

NB: Note that one Canadian-born nurse had served as president of ICN before Alice Girard, but she did so after emigrating to the U.S. Euphemia “Effie” Jane Taylor was born and raised in Hamilton, Ontario, and attended the Hamilton Collegiate Institute and Wesleyan Ladies College before going on to the Johns Hopkins school of nursing in 1904. She graduated in 1907 and rose through the ranks, eventually to serve as dean of the Yale University school of nursing from 1934 to 1944. She was president of the National League for Nursing Education (1932-1936) and was then elected president of ICN in 1937, a post she held for a decade until 1947. She is ICN’s longest serving president.



ICN Congress, 1969

As might be expected, increasing professionalization of CNA activities periodically prompted major changes at the national office, including its physical moves from Winnipeg to Montreal and finally to Ottawa in 1954. As the small staff at the office faced growing demands for their services, CNA began in the 1960s to hire outside consultants with the required expertise to conduct research and disseminate information to provincial nursing associations, nursing schools and governments. The library and archives established at CNA’s national office during the 1970s became a particular focus for those seeking to learn more about contemporary issues affecting the Canadian nursing workforce, until the association’s hopes became pinned on electronic methods of making material of this kind more accessible. Faced with opportunities to partner with a growing number of other health-related organizations, the national office continued into the twenty-first century to expand its efforts to support increasingly sophisticated and wide-ranging areas of research, program delivery and policy development.

“Expand its efforts to support increasingly sophisticated and wide-ranging areas of research, program delivery and policy development.”

Many of the causes to which CNA has contributed its support have escalated dramatically in scale over time, reflecting the organization’s ongoing interest in social determinants of health. Rising out of particular historical societal contexts, not all have been taken up easily or with unity; the organization struggled in the 1970s, for example, with reconciling nursing as a healing profession with women’s claims for control over their sexuality, particularly over the campaigns around abortion. But from the earliest discussions on universal health insurance in the late 1930s to the passage of the Canada Health Act in 1984, and at countless commissions and conferences in between and since then, CNA has demonstrated consistent political support for the philosophical

underpinnings of socialized medicine. Paying particular attention to the principle of accessibility, it has argued at every chance for the right of health professionals other than doctors to provide entry points for patients into the health-care system.

By the 1980s, working connections with large numbers of other national health and social welfare organizations grew to the point that CNA began to form strategic alliances and broad-based coalitions, such as the Health Action Lobby (HEAL), in efforts to present a united front over health-care issues of common concern. The health-care cutbacks of the 1990s that severely decreased the numbers of nurses in the workforce and worsened conditions in the workplace once again embroiled CNA in issues of supply and demand across the profession but also motivated the development of new directions in its thinking. Occupying much of CNA's time over the past two decades, the modern "crisis" in nursing has helped stimulate unprecedented levels of activity in research funding, pilot projects and policy development. The work has focused on addressing pressing, current issues as well as generating visions of enhanced roles for nurses and nursing within a new health-care model in the future where patients and health professionals share responsibility for the promotion and maintenance of health. As former CNA president Alice Baumgart observed, even if governments have not always responded as hoped "to some of the policy positions...it gave them a better window on how the insiders saw the world."⁵

And so the 100-year story of CNA is an understandably complex one – a story of struggle and celebration, of frustrating defeats set against important victories in the campaign to strengthen nursing and improve Canadian health care. It is a tale of courageous and visionary thinking that has served to develop the profession and improve access to high-quality nursing care for all Canadians by establishing standards for education and practice that underpin the profession and continue to influence nursing internationally. And it is a story of the constant tussle to find balance for the important national voice within a federated governance structure. All of these challenges surround the sometimes-conflicting demands of regulatory structures legislated to manage risk on the one hand, and the need for innovative, visionary thinking about broad health policy and advocacy issues on the other. There is no small challenge in any of it.

What follows is our view of the history of CNA since its founding in 1908. No single document could possibly describe every historical event in such a complex organization spread across tens of thousands of members, 13 jurisdictions and six time zones, over 100 years. So the book presents highlights of a rigorous historical analysis of key players and events during the establishment and evolution of the organization, accompanied by a rich record of historical milestones and appendices that add context to the history of CNA, Canadian nursing and the broader health-care system.



Alice Baumgart

“The work has focused on addressing pressing, current issues as well as generating visions of enhanced roles for nurses and nursing.”

NOTES AND REFERENCES

- 1 For two examples, see Peter Twohig, *Labour in the Laboratory: Medical Laboratory Workers in the Maritimes, 1900-1950* (Montreal and Kingston: McGill-Queen's University Press, 2005); R. D. Gidney and W.P.J. Millar, *Professional Gentleman: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994).
- 2 Barbara Brush, ed. *Nurses of All Nations: The History of the International Council of Nurses, 1899 – 1999* (Philadelphia: Lippincott, 1999)
- 3 The Canadian Red Cross Society was one such organization that was forced to develop provincial Divisions following the First World War in order to participate in or initiate public health projects. See Glassford, "Marching as to War," Jayne Elliott, "Keep the Flag Flying: Medical Outpost in Northern Ontario, 1922-1984," PhD Thesis, Queen's University, 2004.
- 4 Charles Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987); Kathryn McPherson, *Bedside Matters: The Transformation in Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 1996); Christina Bates, Dianne Dodd, and Nicole Rousseau, eds. *Nursing on All Frontiers: Four Centuries of Canadian Nursing* (Ottawa: University of Ottawa Press and the Canadian Museum of Civilization, 2005)
- 5 Interview with Alice Baumgart, CNA president 1990-92, conducted by Jayne Elliott, 15 August 2008.

CHAPTER 2

BUILDING A NATIONAL NURSING ORGANIZATION: THE EARLY YEARS

Do not forget that we are making history.

Mary Agnes Snively



Autographed photograph of Mary Agnes Snively, 1908



Florence Nightingale

Formal nursing in Canada has its roots in both French and English systems of patient care and nurse training. Concerned equally for the health of the soul and the body, religious nursing orders spread throughout Quebec and across Canada from the early 1600s until the late 1900s (see milestones chart), caring for people in their homes and establishing networks of hospitals.¹ Among others, the Grey Nuns, the Sisters of Providence and the Religious Hospitallers of St. Joseph continued the well-developed apprenticeship system derived from training methods that had been brought from France and elsewhere in Europe. In English Protestant Canada, modern nursing began with the spread of the “Nightingale” system of nursing training in the early 1870s. While some historians have pointed out that much in Florence Nightingale’s “system” was never applied directly to other hospital programs, and while they have debated the influence of her graduates from the St. Thomas nursing school in London, there is no doubt that she has remained a pivotal figure (perhaps the most pivotal figure) in the history of North American nursing.²

Prior to the introduction of nurse training schools, nursing care in hospitals was carried out by a variety of skilled and unskilled workers. Municipal officials had established many Canadian hospitals during major epidemics in the first half of the 19th century to house the victims of such infectious diseases as cholera and typhus fever, and wealthier citizens continued to view these institutions as little more than refuges for the poor and immigrant classes. Care in these institutions was carried out by informally trained men and women who often had more in common with their patients than they did with administrators and physicians. These early nurses have been enduringly portrayed as ill-trained, slovenly and often intoxicated, although evidence exists that many of them were indeed highly skilled and respected.³

“Modern nursing began with the spread of the ‘Nightingale’ system of nursing training in the early 1870s.”

The gradual acceptance of the germ theory of disease, the discovery of the causes of disease (if not their cures) and improvements in surgical and anesthetic techniques all had a major impact on the development of hospitals and on the quality of care provided in them. In the late 19th century, hospitals continued to look after indigent patients, but they increasingly focused on serving members of the middle and upper classes of society, who were attracted to modern scientific treatment and could afford to pay for their hospital care. In order to continue attracting this group, hospital administrators and physicians relied on both the latest developments in medical technology and trained nurses, both of which, they began to understand, helped to improve

medical outcomes. New sources of hospital revenue from paying patients provided better treatment for all patients, but growing demands for differentiated services increased financial pressure on hospital administrators.⁴ Realizing the economic benefits of staffing their institutions with student nurses, administrators opened training schools in hospitals across the country.

Inspired by Nightingale's efforts, Dr. Theophilus Mack is credited with founding the first Canadian nursing school in 1874 at the General and Marine Hospital in St. Catharines, Ontario. Believing that using trained lay nurses was "the best way to overcome the prejudice of many sick people against going into a public hospital," he recruited from England two nurses and two probationers who were educated by Nightingale herself and who were surprised to discover that a nurses' residence, separate from the hospital, was ready for them.⁵ The Toronto General Hospital opened its school in 1881, the Kingston General in 1886, and after at least two false starts, the Montreal General in 1889. Winnipeg General Hospital's training school became the "mother house of the Canadian West" after its opening in 1887, and after the turn of the century, even the smallest hospitals were establishing nursing schools that were either lay run or operated by religious sisterhoods.⁶

"Believing that using trained lay nurses was 'the best way to overcome the prejudice of many sick people against going into a public hospital.'"

"Student nurses and hospitals bartered with each other; students received a useful and respectable education in return for their labour, along with room and board for the length of the training period."

All hospital training schools relied on the labour of their students and considered the relatively inexpensive nursing services they provided to be equal in importance to their education. As historian Charles Rosenberg has pointed out, student nurses and hospitals bartered with each other; students received a useful and respectable education in return for their labour, along with room and board for the length of the training period.⁷ Educational and practice experiences varied for pupil nurses, however, often depending on the size and financial stability of their medical institutions and on the level of interest taken in them by physicians and nursing teachers. Since small hospital schools with limited resources offered less than optimal clinical exposure, not all schools were considered equal. Many nursing leaders were becoming increasingly dissatisfied with the quality and scope of nursing education

and the graduates that it produced. They emphasized the need for educational reform and began a century-long struggle to extricate the training of nurses from hospitals' overriding needs for service. Reforming nursing education would also address, many believed, the ongoing struggles for registration, licensing and credentialing that were meant to protect both the public and the developing profession.

MARY AGNES SNIVELY:

"CANADA'S FLORENCE NIGHTINGALE" OR "THE MOTHER OF NURSING IN CANADA"

At the beginning of the 20th century, several key individuals emerged out of the growing desire to regulate the profession through standardizing and upgrading nursing education. Found mainly within the cadre of superintendents of large urban hospitals, these women were already connected to a strong international network of like-minded individuals devoted to the "agenda of professional uplift," primarily through ICN. Ethel (Gordon Manson) Bedford Fenwick, founder of the British Nurses' Association, had spearheaded the formation of the ICN in 1899. The council had its roots in women's 19th-century missionary and political suffrage work that characterized first-wave feminism and through which many strong and independent women had honed leadership and organizational skills. Improved transportation and communication links at the beginning of the 20th century contributed to the flow of ideas and people across international borders. Some member countries had already begun organizing to address the role of higher educational standards for trained nurses, which they anticipated would eventually strengthen claims for professional status through state registration. Fenwick thus "saw the virtues of international



Mary Agnes Snively, 1924

“Snively ‘was always readily recognized as one born to command’ and a woman who ‘had an indomitable will.’”

combination largely in terms of strengthening the reformers’ positions within their respective nations...[and that] appealing to the spirit of national rivalry. . .would enhance the whole of the nursing profession.”⁸

Among this group of early nursing leaders, Canadian Mary Agnes Snively (1847-1933) stands out for her impact on nursing professionalization and organization. As the author of one of her obituaries stressed, Snively “was always readily recognized as one born to command” and a woman who “had an indomitable will.”⁹ While it was thought that she had “mellowed in later life,” Snively’s strong and independent character and perseverance were clearly evident in her early years. Family lore had it that she had been wilful from an early age; at the age of three, she had disobeyed her nurse by sneaking into her sick mother’s room when she had been given strict orders that her mother was not to be disturbed.¹⁰

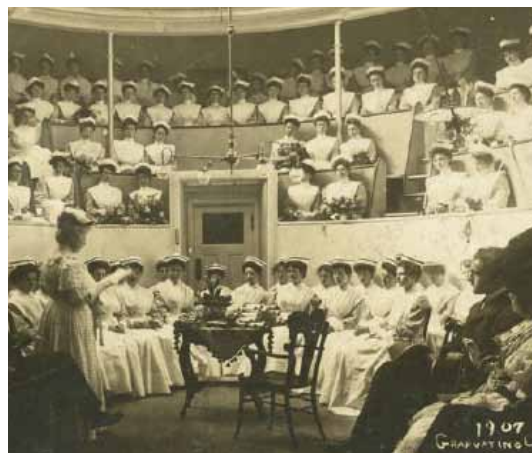
Snively was born in St. Catharines, Ontario, on November 12, 1847, the third of four girls. Her father, of Swiss background, was born in Niagara Falls, Ontario, whereas her mother had emigrated from Ireland with her parents to Lewiston, New York, in 1823. In her younger years, Snively was particularly close to her maternal grandmother, whose husband had been killed shortly after they had arrived in Lewiston with 11 children following a three-month ocean voyage. This experience had left her grandmother with “a marked personality... characterized by her courage and a strong sense of personal religion.”¹¹ Young Mary Agnes emulated her, imbibing characteristics that would help her in leading Canada’s nurses through the first decades of the 20th century.

Snively’s leadership skills first emerged during her years as a teacher, a position that she assumed shortly after graduating from high school. As a school inspector later noted, she was “one of the most efficient teachers on the staff.”¹² Gradually, however, Snively evinced a growing interest in nursing, sparked through her friendship with Louise Darche and Isabel Adams Hampton (later Hampton Robb), two teacher colleagues who had decided to go to nursing school in New York City. Darche eventually opted for a teaching position in Minneapolis, but feeling that Snively had “cultivated the mental and nervous long enough,” Darche offered her place at New York’s Bellevue Hospital Training School for Nurses. Since Snively’s mother initially resisted this new direction and “would not give consent to anything so radical,” Darche and Snively persuaded Hampton to take the vacant Bellevue place instead. Once Hampton began her training, however, she helped Snively overcome her mother’s resistance.¹³ In October 1882, at almost 35 years of age, Snively left her home for New York City and the start of a fruitful career in nursing.

ISABEL ADAMS HAMPTON ROBB (1859-1910)

After growing up as a tradesman’s daughter in Welland, Ontario, Hampton Robb ended her paid nursing career as the first superintendent of nurses and principal of the training school at Johns Hopkins Hospital

in Baltimore, Maryland. At Johns Hopkins, she had enjoyed a supportive environment that had enabled her to structure a new program of education and practice to prepare her students for professional life. Although she resigned her position on her marriage to physician Hunter Robb in 1894, she remained an active force in American nursing, becoming in 1896 the first president of the Nurses' Associated Alumnae of the United States and Canada (later the American Nurses Association). She served as president of the National League for Nurses and organized the first courses for graduate nurses at Teachers College at Columbia University, which educated nursing leaders from both the U.S. and Canada for years to come.¹⁴ Hampton Robb was killed in a streetcar accident in Cleveland in 1910. She was inducted posthumously as a charter member into the American Nurses Association Hall of Fame in 1976.



Mary Agnes Snively, standing left of centre, with 1907 graduating class, Toronto General Hospital

Established in May 1873, New York's Bellevue Training School for Nurses was the pioneer nursing school in North America built on the Nightingale model, and it operated until 1969. The Mills Training School for Men at Bellevue opened later, in 1888, closed in 1910 and then reopened in 1920. Bellevue was founded by a small and determined group of women interested in demonstrating the improvement possible in nursing the sick if educated women could be enticed into formal training. Despite opposition from the Commission of Charities, which ran the city's hospitals, one of the house surgeons had also championed the idea of a nursing school and had traveled to England to study the Nightingale methods first hand. Six students enrolled during Bellevue's first year. Adopting the view that the primary purpose of nursing was to assist physicians, the medical staff, superintendent and head nurses provided practical instruction at the bedside. Maintaining control of the school, the women-led Training School Committee worked to improve both educational standards and the hospital facilities, and the school's reputation grew rapidly. By 1879, 63 students had enrolled and many more applicants were turned away. Increasing numbers of requests poured in from all over the country for Bellevue graduates, who, it was hoped, could be recruited to start other training schools.¹⁵

Snively spent two years at the Bellevue school starting in 1882, and immediately after graduation she accepted an offer for the position of lady superintendent at the Toronto General Hospital (TGH). She began her new duties on December 1, 1884, and quickly began transforming both the nursing service and student training. Since 1881, two previous superintendents had met with minimal success in establishing a training school for nurses at the hospital. Overcoming major practical and political challenges, Snively was the first to succeed.

During the 1880s and 1890s, Snively embodied the new professional approach to nursing and nurse training that was behind the "demands" for "purity of motive, good character, Christian conduct and a plain

"She had enjoyed a supportive environment that had enabled her to structure a new program of education and practice to prepare her students for professional life."



Mary Agnes Snively, Superintendent, with nurses at the Toronto General Hospital, late 1890s

“A journal would be the best way to reach the greatest number of graduates and help them ‘get in touch with the work done by our own nurses in so many parts of the world.’”

English education” that Mack had made of the first class to enroll in St. Catharines.¹⁶ She focused on organizing what would become Canada’s leading nursing school at TGH, but she was also working hard to establish links with other nursing schools and nursing leaders spread across Canada. In 1894, she became the first chair of the TGH nurses’ alumnae association, and the success of this organization prompted the creation of similar associations in nurse training schools elsewhere. Drawing on the links she had made with colleagues in New York, Snively also became involved with the 1896 affiliation of various American nursing alumnae associations, which later became the American Nurses Association.

Snively was among the international nursing group Fenwick had invited to meet at the 1893 Chicago World’s Fair. In preparing for that meeting, Fenwick had visited the United States and later claimed that “the seed of the International Nursing movement [had been] sown,” after she had spent time with Hampton, now superintendent of nurses at Johns Hopkins hospital in Baltimore, and her assistant superintendent, Lavinia Dock.¹⁷

The first meeting of ICN took place in 1899, and Snively served as its first treasurer until 1904. She went on then to serve four years as vice-president of the organization, setting a very early precedent for the service of CNA members to ICN (see Appendix D). However, Canada did not have an official seat at ICN. Although Snively was active in the Society of Superintendents of Training Schools of the United States and Canada that had been established in 1897, Canada did not yet have its own national nursing association, a prerequisite for joining the international body. Snively is cited as having said that Canada’s representation in ICN at that point was individual, not national.¹⁸ Seeing to it that Canadian nurses would be full members of ICN would be Snively’s primary goal during most of the first decade of the 20th century.

THE CANADIAN NURSE JOURNAL: MAKING NATIONAL CONNECTIONS

Critical to the foundation of a national nursing association is establishing a national nursing publication. Although Snively played a more direct role in creating local and provincial organizations to support a national association than she did in the establishment of the Canadian Nurse Journal, she “was exceedingly sympathetic towards the project, and helped...in many ways.”¹⁹ Ethel Bedford Fenwick had established the British Journal of Nursing in 1893, and the American Journal of Nursing was first published in 1900. However, the periodicals for nursing school alumnae in England (the Queen’s Jubilee Nurses) and at Johns Hopkins in Baltimore served as the primary models for the Canadian journal.

The Canadian Nurse’s first mandate was to connect the alumnae of Canadian nursing schools. On the journal’s 25th anniversary, a TGH graduate recalled that she had earlier wanted “a publication in the nursing world that would be of use and value to me when I would be

away from the centre of nursing... [and] it seemed a pity that Canada could not have a journal of its own."²⁰ Indeed, the head of the TGH alumnae association believed in 1904 that a journal would be the best way to reach the greatest number of graduates and help them "get in touch with the work done by our own nurses in so many parts of the world." For the nurses who had moved away from Toronto, many of whom were apparently "lonely and hungry for news of their Alma Mater and sister graduates, it would mean more than we can imagine."²¹ Responding to a request for a national nurses' magazine from the newly established Association of Graduate Nurses of Calgary – "the Great Canadian West" – that the Toronto Medical Society had forwarded to the TGH alumnae, president Lennox outlined her desire to launch an "Alumnae Journal." She was confident in the success of such a project and in its value for "the promotion of unity and good feeling among the Alumnae and the advancement of the interests of the profession of nursing." Recognizing that there would be "a few of our nurses who would not support the scheme," and understanding the considerable "labor and anxiety" that would be involved in preparing and publishing a regular journal, she asked, "Why should we shirk responsibility? Other Alumnae Associations succeed in managing Alumnae Journals, Registries, Clubs and various other business enterprises. This is the oldest and largest Alumnae in Canada. Is it not time we would undertake something really serious?"²²



Autographed photograph of Dr. Helen MacMurchy, inaugural editor (1905-1911), *The Canadian Nurse*

The publication committee approached Dr. Helen MacMurchy, a Toronto physician, to be its first editor. Dr. MacMurchy had already formulated plans for setting up a small sheet or two," and had "called a special meeting of those interested in a Nurses' Journal, at her house." She declined to be editor at first, promising to help in every other way possible, but eventually accepted when it appeared that the "project of publishing a magazine must be indefinitely postponed."²³ Although she stressed that she could only hold the post for one year, she remained as editor for the journal's first six years.

A change of name to *The Canadian Nurse* in early 1905 indicated that the goal was to publish a national nurses' magazine, rather than simply an alumnae journal. While the TGH alumnae association placed its pin on the cover and managed the journal, it invited other Canadian nursing school alumnae organizations to participate. With \$190 in advertisements promised (and hopes of selling \$300 to cover all expenses), it appointed a publishing committee of no less than five members, agreed to a quarterly publishing schedule and set the price at 15 cents per copy or 50 cents a year. Incorporation was suggested for the journal, but deferred.²⁴ In addition to members of the TGH alumnae, collaborators from small towns in Ontario, Winnipeg, Victoria and several U.S. cities helped put the first issue of the journal together.

The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. I.

TORONTO, MARCH, 1905.

No. 1

THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

When we remember that the graduates of the Toronto General Hospital Training School for Nurses now number over four hundred, it seems difficult to realize that less than a quarter of a century has elapsed since any organized system of training existed in connection with the largest hospital in Canada.

The nurses employed in this institution were women of the type found in hospitals on both sides of the Atlantic prior to the establishment of nursing schools.

Educational qualifications not being considered essential in those who looked after the sick, most of the nurses were illiterate, and if tradition is to be relied upon, intemperate as well, to say nothing of the impression that prevailed amongst these strong-minded women as a class, that to be a good nurse always implied that one must be a strict disciplinarian. As a remuneration for her services, each nurse received nine dollars per month, together with her board, lodging and a daily allowance of beer.

They occupied bed-rooms opening into the wards of which they had charge, and each nurse carried her knife, fork and spoon in her pocket. Later, when the allowance of beer was cancelled, and tea substituted as a beverage, they were given an additional dollar monthly, as a compensation for the loss of the beer.

But salutary changes had been introduced into Bellevue Hospital, New York, eight years previously, and also into the Massachusetts General, Boston, and had been attended with such marked improvements in hospital nursing that the authorities finally decided to organize a school for nurses in connection with the General Hospital, Toronto.

It will readily be understood that much tact and consideration was required in dealing with those who had heretofore considered that nursing was their own especial province, and would doubtless be disposed to regard any radical change in this department with disfavor.

The major contributions that Snively and Hampton made to the first few issues underscored the bold goals that Lennox had outlined when the journal was first imagined. The founders hoped that it might “aid in uniting and uplifting the profession and in keeping alive that *esprit de corps* and desire to grow better and wiser in work and life which should always remain to us a daily ideal.” But they also envisioned an even more ambitious purpose when they stressed that “for the protection of the public and for the improvement of the profession, *The Canadian Nurse* will advocate legislation to enable properly qualified nurses to be registered by law.”²⁵

By the end of the first year of publication, the journal boasted that it had collected 1,300 subscribers and had become the official publication of at least eight different nurses associations from central Canada, the United States and the United Kingdom. The journal was “well established” and debt free, with \$50 to its credit at the end of 1905, while the editor and business manager were each able to be “paid a modest sum for the time and work so generously given.” In keeping the journal solvent during the early years, MacMurchy later recalled that “our simple financial policy was to divide our money into four parts and to issue a quarterly magazine costing not more than this sum.”²⁶

Less than a year later, however, the journal faced several major crises. MacMurchy was persuaded to stay on as editor but the committee was unable to find a long-term business manager. Subscribers and advertisers increasingly demanded a monthly journal, but since “the committee were all very busy women, constantly engaged in private nursing, with one or two in hospital positions...[they] were consequently unable to give the time necessary to carry on a monthly magazine.” Subscriptions had fallen to 800 by this point but at least 1,000 were necessary to make a monthly publication possible. As a 1906 editorial stressed, there was a “need to spread the word” about *The Canadian Nurse*.²⁷

Nonetheless, by January 1907, the journal had become a monthly publication under a new organizational structure. “Even the ‘hard times’ did not swamp our little new ship,” proclaimed one writer in 1909.²⁸ Under the new structure, an editorial board representing a broad spectrum of nurses across the country and in the United States replaced the publication committee. By the end of 1908, the business and financial management of the journal was separated from the responsibilities of the editorial board, a change made possible owing to “advantageous arrangements” negotiated with James Acton, the head of the Toronto-based Acton Publishing Company, which published the journal.

Bella Crosby, president of the editorial board, contended in 1908 that the journal had “one great need which can be met by the nurses.” Its prosperity depended on more subscriptions and “if every nurse will make

First page of the inaugural issue of *The Canadian Nurse*

“For the protection of the public and for the improvement of the profession, The Canadian Nurse will advocate legislation to enable properly qualified nurses to be registered by law.”

this a personal matter and secure us one new subscriber, the problem will be solved.”²⁹ Despite such efforts, the persistently low subscriber base would remain a significant challenge for most of the next decade.

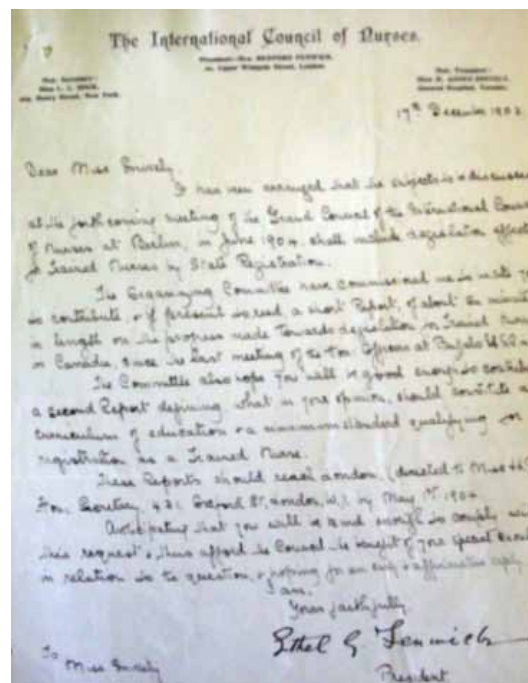
FORGING A NATIONAL NURSING ALLIANCE: THE BIRTH OF THE CANADIAN NURSES ASSOCIATION

The formation of the ICN in 1899 was an essential catalyst to organizing Canadian nurses, since Canada could not join until its nurses could be represented by their own national organization. American nurses had joined in 1904 after establishing the American Federation of Nurses, which was composed of representatives of The American Society of Superintendents of Training Schools for Nurses (now split from their Canadian counterparts) and The Associated Alumnae of the United States, under a united executive.³⁰ Aware of the organizational efforts going on south of the border, Snively set her sights on setting up a Canadian nursing association.

She initially focused on organizing superintendents of nursing schools. In the spring of 1907, Snively was named the first president of the Canadian Society of Superintendents of Training Schools for Nurses (CSSTN), formed following a gathering of training school superintendents held at the Hospital for Sick Children Nurses’ Residence.³¹ The new group held its first formal meeting in Montreal in September 1907 and thus became “the first national nurses’ organization in Canada, with charter members from almost every province.”³² The constitution laid out the organization’s primary objective: “to consider all questions relating to nursing education; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote by meetings, papers, discussions, cordial and professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession.”³³

As significant as this organization was, it was not long before Snively’s attention shifted to establishing a national nursing association with a much broader mandate. Since she had served as treasurer and vice-president of ICN, she had maintained close ties with Ethel Bedford Fenwick. A letter from Fenwick accelerated her efforts. “When,” she asked, “are you going to have a National Council of Nurses of Canada?... Come into affiliation with the International, next year, 1909, when we hope to have a splendid meeting.” Denmark, Holland and Finland had recently applied for affiliation, she pointed out, but “our Colonies and Dominions are behind in women’s organizations – they are too parochial. The world is a very wee place, and too many narrow circles attempt to ignore that fact.”³⁴

Fenwick suggested that the initial step to organizing a national nursing organization was to set up a provisional committee. Snively wasted little time, inviting graduate nurses’ associations from across Canada to send



Letter from Ethel Bedford Fenwick to Mary Agnes Snively, asking Snively to present two reports at the ICN conference in Berlin, June 1904. LAC, MG28, I248, Vol. 97, File, Significant Signatures

“Even the ‘hard times’ did not swamp our little new ship.”

one or more delegates to the October 1908 CSSTN meeting at the Lady Stanley Institute in Ottawa, where she let it be known that further steps would be taken toward forming a national nurses' association.³⁵ Participants at the meeting (see Appendix G) adopted a constitution for the new Canadian Association of Trained Nurses (CNATN) to "promote mutual understanding and unity between Associations of Trained Nurses in the Dominion of Canada...to acquire knowledge of nursing conditions in every country...to encourage a spirit of sympathy with nurses of other nations...and to promote the usefulness and honor of the nursing profession."

The first executive of the association was elected for a five-year term. Snively served as the first of the 45 presidents in CNA's first 100 years (see Appendix J). Flora Madeline Shaw, a nursing instructor at the Montreal General Hospital and later the first director of McGill University's school of nursing, was appointed as secretary-treasurer. A total of 19 nurses' associations became charter members, including the CSSTN, the two provincial graduate nursing associations that then existed (Ontario and Manitoba), local nurses' associations in Montreal, Hamilton, Ottawa, Vancouver, Calgary and Edmonton, and hospital nursing alumnae associations from Toronto (TGH, Hospital for Sick Children, St. Michael's, Western, Riverdale), Kingston, St. Catharines, Montreal and Collingwood.³⁶

The editors of *The Canadian Nurse* were particularly proud of the CNATN, noting that "nothing since *The Canadian Nurse* made her first little bow has given the Editorial Board more sincere pleasure than the formation of the National Association. We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from members of the International Association."³⁷

On July 24, 1909, Snively led the Canadian delegation to the next ICN congress in London, England, where the members received a warm welcome and were formally accepted into the ICN along with national nurses' associations from Denmark, Finland and the Netherlands. In presenting her "meager report of the status of nursing in Canada" to the delegates, Snively noted that she represented 70 nursing schools stretching from the Atlantic to the Pacific, which ranged in size from 10 to 100 nursing students each. Conceding that Canadian "nurse training schools are few compared with those of more populated countries," she nevertheless insisted that they were "being conducted on modern lines." Moreover, Canada had introduced school nursing, district nurses were becoming increasingly indispensable, and "social relief and tuberculosis work are actively carried on." Canada had its own nursing journal, and now "there is a progressive Canadian Nurses' Association." The three attempts to secure registration of trained nurses had been unsuccessful, but Snively concluded that she was not discouraged and "[hoped] that the not too far distant future may bring this much desired good."³⁸

"We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from members of the International Association."

On the morning of July 24, 1909, the 400 conference delegates traveled from London to Windsor to observe the late Queen Victoria's birthday. In a move that thrilled Snively and the rest of the Canadian delegation, the King allowed only the Canadian nurses into the mausoleum at Frogmore and gave Snively the honour of placing a wreath on the late Queen's tomb.³⁹

A few months after arriving home from the conference, Snively marked her 25th anniversary as nursing superintendent at TGH by announcing her retirement. She was now 63 years of age and had accomplished most, if not all, the goals she had set for herself. She retired from TGH but remained president of the CNATN until 1912. Sniveley's retirement signified an important transition period for the CNATN, prompting other nurses to assume leadership roles as the association prepared for its first national conference in Niagara Falls in May 1911.

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CHAPTER 3

GROWING PAINS AND PROGRESS 1911-1924

*Great spirits have always encountered violent
opposition from mediocre minds.*

Albert Einstein



Florence Nightingale



Mary Agnes Snively

“A new generation of nursing leaders was faced with ensuring that the energetic process of nurse organization and professionalization in Canada, initiated largely by Snively, would continue.”

The first triennial meeting of the Canadian National Association of Trained Nurses (CNATN) convened on May 22, 1911, in Niagara Falls, Ontario. Amidst the excitement and optimism, President Mary Agnes Snively sadly reported on the passing of two significant figures in Canadian and international nursing.¹ Foremost amongst this group was Florence Nightingale, who died on August 13, 1910. While she was surely deserving of the extensive tributes given by nurses assembled at the Niagara Falls meeting and around the world, her death at almost age 90 was not unexpected. However, the sudden and premature death in April of 1910 of Snively’s good friend, Isabel Hampton Robb, who had been crushed between two Cleveland street cars, was undoubtedly more personal to Snively and to other nursing leaders of her generation in Canada, the United States and Britain.²

Hampton Robb’s death was symbolic of the sudden and unexpected events that were to challenge the young CNATN during its early years, which included the First World War and the global influenza pandemic that immediately followed. The deaths of Hampton Robb and Nightingale, along with Snively’s pending retirement, also heralded an important transition in the leadership of professional nursing in Canada. Just as the CNATN was being established, a new generation of nursing leaders was faced with ensuring that the energetic process of nurse organization and professionalization in Canada, initiated largely by Snively, would continue.

In her opening address in Niagara Falls, Snively reminded delegates that their first national convention was being held on “historic ground” not far from Lundy’s Lane, the scene of a key battle of the War of 1812 – the final resting of place of “our heroic ancestors” and “the brave and devoted soldiers of our sister nation.” She paid tribute to those “who died at the post of duty one hundred years ago” to stress to her audience that as nurses, “the same qualities are requisite for success, viz. self-sacrifice or self-forgetfulness, loyalty in duty and heroism, as those which characterized the brave soldiers.” Snively further pointed out that although Canadian nurses were “many years behind the mother country in all matters pertaining to social services, and still further behind our American sisters in State recognition and registration,” they were nevertheless “awakening to a realization of those privileges and obligations in the matter of organization, registration and affiliation.”³ The fact that CNATN represented a small population of nurses spread across a very large country would nonetheless create a unique set of organizational challenges for the young association within a relatively young and expanding nation.

ORGANIZATIONAL CHALLENGES: REPRESENTATION

A distinctively Canadian challenge faced by CNATN during its early years was maintaining a national focus and a regional balance in the leadership and representation of nurses. It especially wanted to avoid the perception of being a monopoly of Ontario-based nurses. By the first meeting in 1911, a total of 21 nursing societies had become affiliated as members, of which 15 were based in Ontario or Quebec. Most were local hospital alumnae associations.⁴ The small number of attendees at the first CNATN meeting made little comment about uneven national representation, notably the lack of representation from the Maritimes or Saskatchewan. Despite a “Herculean effort” to achieve representation at the second meeting, however, which was held in Toronto on April 4, 1912, this matter received considerable discussion.⁵

Members recognized that the CNATN needed to grow across the country, particularly emphasizing the importance of incorporating the progressive ideas from the western provinces. They pointed to the “wonderful example” of how the American Nurses Association had built up a structure, “root and branch,” as a standard for CNATN to follow, although they were also happy to be organizing while “[they] were not too unwieldy,” and not building up “piecemeal as was the case south of the border.” The dominance of Ontario was still, however, “a point with regard to which [they felt] a little tender,” and they wanted to avoid holding all meetings in that province if conferences were to be held annually.⁶ The third CNATN meeting was held in Berlin, Ontario (later Kitchener), in 1913, but thereafter meetings were held in diverse parts of the country: Halifax in 1914, Winnipeg in 1916 (there was no meeting in 1915), Montreal in 1917, Toronto in 1918, Vancouver in 1919, Fort William (later Thunder Bay) in 1920, Quebec City in 1921 and Edmonton in 1922. After the 1924 meeting in Hamilton, conferences were held biannually.

AMALGAMATION

With regular meetings of CNATN now part of the conference schedule in addition to those of the superintendents’ association, provincial associations and local alumnae groups, nurses faced a growing challenge to maintain memberships and attend meetings across the country. Repeated many times throughout the ensuing century, an important question raised during the 1912 CNATN meeting in Toronto was thus, do we have too many societies? Amalgamation made sense to some. A reduction in the number of meetings enabled more nurses, especially those with low salaries and limited resources, to attend the larger national meetings. In contrast to the American national nursing organization, which did not have to draw workers and officers from the same small pool of people each year, “the only commonsense thing to do in Canada [was to] amalgamate.” Other members, however, expressed concern that their young association would be “swallowed up” by the somewhat older national superintendents’ society. After an



Nurses gather at the CNATN convention in Toronto, 1918

“Repeated many times throughout the ensuing century, an important question raised during the 1912 CNATN meeting in Toronto was thus, do we have too many societies?”

“interesting” discussion, a CNATN committee was struck to meet with the superintendents’ society to discuss “the wisdom of merging the two societies.”⁷

The question of amalgamation remained unresolved through most of the next decade. An editorial in *The Canadian Nurse* supported CNATN serving as the only national nurses’ organization in Canada. “Two national organizations would seem unnecessary, especially when one – The National Association – includes all graduate nurses irrespective of their field of work. Then, too, a division of forces always spells weakness. One large, strong national organization is desirable, indeed is necessary for the proper, dignified development of the profession in Canada.” As it had been in the original establishment of CNATN, “no small part of the responsibility of the National Association is the establishment of the ‘Spirit of Internationalism’ in its members if they are to take their fair share in the great work that falls to the International Association.”⁸

The amalgamation issue was also the subject of considerable debate within the superintendents’ society. Jean I. Gunn, who had replaced Snively as nursing superintendent at the Toronto General Hospital in 1913, played a key role in drafting the report recommending amalgamation with CNATN. She encountered strong resistance, however, from the nursing superintendents who feared for their identity within the larger association, likening “the merger of the smaller organization of superintendents with the larger body of trained nurses to the mother giving way to the daughter.”⁹ The members accepted little in the report except that the annual meeting of both national groups should be held at the same time and place. Despite the superintendents’ almost complete rejection of her report, Gunn presented the original document to CNATN, with suggested amendments attached as resolutions, an “astute move” that would ensure “that the life of her report was by no means over.”¹⁰

Gunn kept the issue alive by serving on the superintendent society’s council as one of its six members in 1916-17, which also included Helen Randal (president) and Mabel Hersey (treasurer), both of whom would also serve on the executive board of CNATN when Gunn became president in 1917. Although the two national nursing associations continued to maintain separate identities, the small membership of each ensured that the leaders were actively involved in both. The superintendents’ society changed its name in 1917 to the Canadian Association of Nursing Education (CANE), and following the distractions of the First World War, the two national nursing organizations eventually merged in 1924. CANE integrated into the new merged organization as its section on nursing education.

JEAN GUNN (1882-1941)

Born in Belleville, Ontario, Barbara Isobella (Jennie) Gunn at first became a schoolteacher in deference to her father, who did not want her to enter nursing. Eventually graduating in 1905 from Presbyterian Hospital in New York, she worked in the United States before returning to Canada in 1913 to take up the job of superintendent of nurses and director of the school of nursing at the Toronto General Hospital. In 1914 she became secretary of CNATN, and together with Adelaide Plumtre of the Canadian Red Cross Society, she organized the making of hundreds of thousands of dressings from sphagnum moss until the end of the First World War. As president of CNATN from 1917 to 1920, she helped to set up a national emergency nursing service in conjunction with the Red Cross. After her presidency, she guided the construction of the Nurses' War Memorial for CNA, which still stands in the Hall of Honour on Parliament Hill, and was a member of the nursing committee that partnered with the Canadian Medical Association to shepherd the 1932 landmark *Survey of Nursing Education in Canada*. Gunn's leadership skills and boundless energy ensured her a warm welcome by many other nursing organizations from the Toronto General Alumnae Association to the International Council of Nurses, where she served as first vice-president from 1937 to 1941. Throughout her career, her efforts to separate nursing education from nursing service and to make available educational opportunities at the university level helped to improve the image of nursing. Gunn died in 1941 from skin cancer probably caused by the radiation used to treat an earlier skin condition.

Natalie Riegler, Jean I. Gunn: Nursing Leader (Toronto: Fitzhenry and Whiteside, 1997)



Jean Gunn, CNA president 1917-1920

BUILDING A NATIONAL ORGANIZATION: CNATN AND THE CANADIAN NURSE JOURNAL

According to Minnie E. Christie, the secretary-treasurer of *The Canadian Nurse*, at six years of age the journal was still an "infant magazine" that in its short life had "done a healthful amount of kicking and shouting, to the nurses of Canada, for food. But it has often been left hungry – and as a result it's a bit anaemic and undersized and worried-like!" Christie outlined the precarious position of the journal in 1911 – with only 1200 to 1300 paid subscribers, it often had print runs of up to 1600 copies. Although the extras were distributed as "sample copies" in hopes of being "rewarded," she knew of only one new subscriber who had been secured through this strategy in the previous year. Noting that "there are at least sixteen hundred nurses in Canada who do not subscribe," she lamented that in Toronto, the "home of the infant," there were only 180 subscribers out of a total of 500 nurses in the city.¹¹ Expenses outstripped income.

"But it has often been left hungry – and as a result it's a bit anaemic and undersized and worried-like!"

Christie suggested nurses give subscriptions as Christmas presents to “ex-nurses and interested outsiders” that they might know, and “tell large-minded wealthy friends” about the journal, as well as “large-minded friends who are not wealthy.” Nonetheless, the journal was suffering from two interrelated problems. The first was that the dominance of Toronto-area news items meant that the journal lacked a truly national scope. This failure was “not the Editor’s fault,” since she often begged in vain for news from other sections of the country.¹² Rather, the problem reflected the central challenge the journal faced during those early days: the apparent apathy of Canadian nurses toward the journal itself, and more broadly, to their nursing

“Nevertheless, generating interest in professional issues among graduate nurses was an ongoing challenge.”

school alumnae associations. A 1912 article focused on “the apathy of the average nurse towards her profession,” particularly private duty nurses, nine out of 10 of whom, when asked if they attended their alumnae meetings, “tell you with a laugh and great gusto, ‘No, they never go,’ and ‘they really don’t care about it,’ and appear to ‘glory in their shame.’” They would ask “what good it did anyway.” Most nurses feel “too tired” and “they don’t care about it,” preferring to seek “some amusement and so they leave their profession until the last.” The author, an active worker for an alumnae association, suggested that part of the “fatigue of private nursing is lack of congenial companionship,” which participating in alumnae associations with other nurses should alleviate.¹³ Nevertheless, generating interest in professional issues among graduate nurses was an ongoing challenge, although it was suggested at the 1913 CNATN annual meeting that offering a “cup of tea” might “entice private nurses to attend alumnae meetings.”¹⁴

Apathy among nurses made it difficult to attract nationally representative content and a larger number of subscribers, the editor realized, but it also limited the ability of its editorial board to achieve the goal of nurses having full ownership of the journal. The publisher, who held control of printing and business management, kept 80 per cent of the profits, leaving only a little to defray editorial expenses. After the editorial committee was incorporated in January 1911 (thanks to the \$63 sponsorship from “that truly great friend of nurses,” John Ross Robertson), *The Canadian Nurse* fund was established to buy out the publisher. As of June 1911 the fund had accumulated only \$17, although “the one thousand dollars we aim to reach will be a nucleus to settle the publisher’s price when that time comes.” However, few were satisfied with the journal during the early 1910s, including its editor, and “a great many nurses [were] ashamed of it.”¹⁵

The poor status of the journal continued to generate considerable discussion at subsequent CNATN annual meetings. It was clear by 1913 that some “vision” was needed; as President Mary MacKenzie noted, “When *The Canadian Nurse* is the recognized organ of the Canadian National, it will be backed by the National, both sympathetically and financially.”¹⁶ However, the convenor of the publications committee could do little more in her 1913 report than to highlight the biggest challenge of both the journal and the national association. “Owing to the sparse population and the scattered and remote districts in the Dominion, our nurses are peculiarly isolated as compared with that of other countries. This fact has been a deterrent in many matters of reform and progress.”¹⁷

The suggestion that CNATN bring *The Canadian Nurse* under its direct control was brought forward at the 1914 meeting in Halifax. It was suggested initially that the 29 affiliated societies float stock at \$100 each to make the purchase and that individual nurses could also take out stock. Nothing could be decided, however, as a committee had to be appointed to meet with each affiliated society to “get their pledge.”¹⁸

By the time the next meeting was held in Winnipeg in mid-June 1916, the floating stock idea had given way to the more direct proposal that CNATN buy the journal outright for \$2,000. The motion was eventually “carried with enthusiasm,” with the unanimous support of the Toronto General Hospital Alumnae Association, the largest nurses’ alumnae group, whose members felt “ashamed of [themselves] that [they had] allowed the matter to go on as it [had].”¹⁹ CNATN paid the \$2,000 price in instalments over the next four years.

The first issue of *The Canadian Nurse* under CNATN ownership appeared in September 1916 during “a very strenuous year” for the National Association and for its new editor, Helen Randal.

HELEN RANDAL (1872-XXXX)

Randal left a position as superintendent of nurses at Vancouver General Hospital to assume responsibility for *The Canadian Nurse* as its editor and business manager. Born in 1872 in Compton, Quebec, she decided to pursue nursing in 1903 following an early career as a teacher. She trained at the Royal Victoria Hospital in Montreal, and after graduation she nursed for several years in Quebec before moving to the United States. From 1905 to 1911 she served as nursing superintendent in hospitals in Rutland, Vermont, and then in San Francisco, before moving to Vancouver. In 1912, Randal was instrumental in organizing the Graduate Nurses Association of British Columbia, and in 1916 she was appointed president of the Canadian Hospital Superintendents Society.²⁰



Helen Randal, the first director of the RNABC 1918

A colourful and strongly opinionated woman, Randal did not mince words in her report to the 1917 meeting in Montreal. As she “very plainly” reported in considerable detail, “even if they are not the pleasantest things in the world to hear,” the purchase of *The Canadian Nurse* [had] proved more complicated than expected.²¹ On taking it over, she found that “indeed we were to make bricks without straw.”

No stationary of any kind; very little information as to advertisers, and none of any value as to the expiration of their contracts, and none of the names of subscribers who had not paid up or who were receiving free copies; no means of looking up subscribers’ names except by going through the entire box of cards, where the names were only files as to their post office address; no books showing when advertisers had paid; advertisers rates sent, proving to be much less when bills were sent to them than appeared on the list, and worse than anything else, no plan made to pay us, or rather repay us, for the advertising matter in the September issue paid to the Commercial Press by those advertisers paying every quarter, or for the four months’ advertising we had to give to those who had paid the previous owners in January 1916, for a year in advance, to say nothing of the subscriptions for various lengths of time ranging from one to eleven months.²²

Randal was left essentially on her own to reorganize and get a new issue ready for publication. She had minimal equipment to work with out of her home office – no filing cases and only an old borrowed typewriter. She was initially given no salary but was soon paid the “handsome sum of \$15 per month” until the end of 1916. Prior to the Montreal meeting, she was given both retroactive pay and an increase for the following year. As CNATN admitted, however, “we know that is not a fair salary, but we did not want to handicap ourselves with a bill we could not meet.”²³ The organization also covered the outstanding costs related to printing the September 1916 issue.

“If you do not trust your editor sufficiently to allow her to carry out the policy which she as a member of the Executive should have, you better change your editor.”

The journal was financially solvent by the Montreal conference, but meeting ongoing costs and being able to provide Randal with “a living salary” and sufficient secretarial support became matters of considerable discussion. One suggestion was to raise the annual subscription rate from \$1 to \$2 and to charge 25 cents per year to members of each affiliated society to support a \$1,200 annual salary for Randal. Another was to ask affiliated societies for donations, which would be paid back to the societies once the journal was profitable. While there was considerable frustration expressed with nurses who were unwilling or unable to pay a higher subscription rate (after all, it was “only a question of giving up two or three movies in a year to pay your \$2”), President Gunn believed more blame should be placed on the leadership of the affiliated societies who had failed to communicate the importance of the journal to their members. In the end, Snively thought that “the body of nurses in Canada had not yet learned the joy of giving altogether.”²⁴

The financial problems of publishing *The Canadian Nurse* may have stabilized during 1918-19, but at the 1919 annual meeting, editor Randal faced what she deemed as a challenge to her role. On the table was a resolution from the CNATN executive to establish a new editorial board for the journal; despite being responsible for the journal and its direction, the executive felt that they had “no way of knowing what was to be published in it until [they] had received the Magazine.” As Randal perceived it, this “bolt from the blue” threatened to curtail her responsibilities and to “remove the editor...altogether” except for “editing the news items and advertisements.” She went on to charge that “if you do not trust your editor sufficiently to allow her to carry out the policy which she as a member of the Executive should have, you better change your editor.” A compromise was eventually reached when the membership accepted Randal’s suggestion that she “could take up any points” necessary with CNATN’s board of directors.²⁵

Randal was happier with the arrangement through which she shared office space with the British Columbia Nurses’ Association, rather than having to work out of her overcrowded home. Nonetheless, she felt keenly the “terrible amount of apathy among the nurses in connection with the magazine,” complaining that she got “very little help from the nurses” in obtaining news and comments on such important issues as the eight-hour day, among other “problems of the day.”²⁶ Subscriptions slowly rose after the First World War, albeit not as high as Randal felt was appropriate given the numbers of nurses in Canada. At CNATN’s 1924 annual meeting in Hamilton, Randal announced her retirement as journal editor after plans were finalized to consolidate the offices of *The Canadian Nurse* in Winnipeg “for reasons of economy,” under the newly renamed “Canadian Nurses’ Association.”²⁷

INCORPORATING THE RANK AND FILE

Finding ways to effectively involve the rank-and-file nurses in professional nursing issues was one of the greatest challenges for the leadership of CNATN. Most graduate nurses in Canada during the early decades of the 20th century worked in private duty, although some were moving into the new field of public health nursing, especially after the First World War. These nurses often worked long hours on their own with minimal professional contact with other nurses. How to deal with the apparent apathy of these nurses toward their profession and its professional interests animated much discussion throughout the early years.



“How to deal with the apparent apathy of these nurses toward their profession and its professional interests animated much discussion throughout the early years.”

Organizing private duty nurses was a major focus at the 1913 CNATN meeting because, as the largest group of nurses who were so closely in touch with the public, “the private is what the whole profession is judged by.”²⁸ Graduate nurses were isolated and unorganized, and turnover was high. Most worked independently as private duty nurses, with the bulk of their energy going into economic survival. Although nursing was becoming one of the few respectable occupations opened to young women, many nurses married soon after graduation and quickly retired from active professional life. As “she stands alone” without protection, the benefits of organization, particularly in terms of securing and improving its monetary advantages, needed to be brought to their attention. Indeed, it was noted at the 1913 conference that 50 per cent of private nurses “knew very little of what was going on outside their own cases.” The nurses themselves were blamed for not availing themselves of information about nursing organizations and current professional issues published in *The Canadian Nurse*, in other publications and in libraries. Nursing school superintendents were also held responsible for not educating nursing students enough during their training about the importance of involvement with alumnae, provincial and national nursing organizations, although this elicited some defensive posturing.²⁹ Some members suggested that promises of cups of tea and picnics helped to entice both students and graduates to meetings.³⁰

The CNATN executive realized that the limited involvement of private duty nurses, particularly within the association, effectively reduced their representation and influence at the national level. Debates around the issues of amalgamation and affiliation provided opportunities to formalize a place for them within the CNATN structure. The onset of the First World War, however, undercut a number of initiatives that had begun a year earlier. At the 1914 meeting, a special affiliation committee had recommended “uniting all nursing societies in Canada under one general head,” preserving their individuality at the same time as not “losing sight of the interests of the whole.”³¹ Because private duty nursing was the “section we are looking to in the future,” President Gunn suggested appointing two private duty nurses to the eight-member committee trying to sort out the vexing questions of affiliation and amalgamation of the different nursing groups within the organization.³²

“uniting all nursing societies in Canada under one general head, preserving their individuality at the same time as not ‘losing sight of the interests of the whole.’”



During the war years, however, the main focus of organizational reform within CNATN shifted from private duty to public health nurses. Nursing leaders were caught up in the burgeoning interest in public health that many other health-related organizations eagerly took up as a panacea to the wartime destruction.³³ A committee suggested at the 1916 CNATN convention in Winnipeg that there should be a subsection dedicated to public health nurses, but two years later, the issue remained unresolved. Public health nurses clearly had different interests than those in private duty, nurse education or hospital administration, but that did not mean that they were “united.”³⁴

CNATN itself assumed a more prominent role during the early post-war years as its leadership offered to work with the federal government to draft a national policy for public health work. As Gunn highlighted in her presidential address to the 1919 annual conference in Vancouver, nurses were noticing in their own communities “the great interest taken by the public in public health work,” which she felt was “one of the direct and good results of the war.” A central focus of the newly energized public health nursing work was the health of children, part of a “great health movement” built on school hygiene that was “sweeping over this continent,” and which depended on public health nurses to promote it. The recent influenza crisis and rising concerns about returning soldiers spreading venereal disease among the general population had brought “a great many converts to public health among many who were indifferent before.”³⁵ Pressure from various groups – the Canadian Medical Association; several women’s associations, including the National Council of Women; labour organizations; and public health officials – helped encourage the federal government to create a national health department in 1919.³⁶ Public health nurses became increasingly essential components of new local, provincial and national public health strategies.³⁷ Amidst all this new activity, a public health nurses section within CNATN was finally formally established at the 1919 meeting.

“Public health nurses became increasingly essential components of new local, provincial and national public health strategies.”

The process of organizing private duty nurses into their own section, however, was considerably slower, particularly since their duties were “continuous” and their work had a much lower profile than that of public health nurses at this time.³⁸ The 1920 convention brought renewed attention to private duty nurses, although Ethel Johns, in a letter to *The Canadian Nurse*, described them as an “inarticulate” group except when it concerned “a question of raising fees or reducing hours.” She noted the recent sharp decline in the interest of new graduates in private duty nursing and accused them of being unable to develop a leadership strategy to enable them to face squarely the “growing

discontent” emerging in Canada and the United States “with respect to nurses in general and private nurses in particular.”³⁹ Johns’ strongly worded article prompted a controversy within the journal that spilled over into the next conference in Quebec City.⁴⁰ While this controversy was unfortunate and embarrassing to some, reviving memories of how at previous conferences private duty nurses felt that they were “the butt of the meetings,” it did help focus attention on the unique challenges of these nurses and finally galvanized the organization of their own section in CNATN.⁴¹



CNATN Meeting Halifax, 1920

The former superintendents’ society, which had been renamed the Canadian Association of Nursing Education (CANE), formed a new section on nursing education at the 1924 meeting in Hamilton. More importantly, CNATN became the Canadian Nurses’ Association, capping two years of significant evolution that had seen the growth of the organization to almost 11,000 members, the establishment of the first national office in Winnipeg in February 1923, the appointment of a paid executive secretary and the transfer of *The Canadian Nurse* from Vancouver. Those attending the meeting charged Snively to prepare the first history of the association.⁴²

RELATIONS WITH OTHERS

One of the primary reasons behind the foundation of CNATN in 1908 was to provide for Canadian nursing representation in the International Council of Nurses (ICN). The efforts required to build CNATN into a national organization and attend to nursing issues in Canada probably contributed to a lessened interest in ICN, at least as reflected in CNATN conference reports and the pages of *The Canadian Nurse*. The expense involved in travelling to ICN meetings, most of which were held in Europe, made it difficult for CNATN representatives to participate. Despite the strong personal and professional relationships Snively had developed with ICN members, her declining role within the CNATN leadership after 1911, plus the onset of the First World War, probably contributed to this apparent decrease in interest. Frustration with ICN also surfaced among the CNATN leadership. As noted during the 1914 convention, Canada had been “blissfully left out” of all published reports recently issued by ICN in preparation for the 1915 ICN meeting in San Francisco.⁴³

Closer to home, CNATN developed an ambivalent relationship with the National Council of Women (NCW), an organization with which it could have been closely allied. CNATN and NCW had similar roots; NCW had developed out of the International Council of Women, which had been established in 1888. Canadian women attending the international women’s congress at the Chicago World’s Fair took the initiative to form their own council.⁴⁴ The NCW, formally established on October 27, 1893, concerned itself with broadly improving the status of women through political and social reform and better education. Although these issues undoubtedly engaged some nurses individually, the CNATN membership as a whole at first remained wary of this “non-professional” women’s



Lady Aberdeen, founder of the Victorian Order of Nurses

“Pressure from many sides, including professional nurse associations, which were struggling to separate nursing from domestic work, eventually persuaded Aberdeen to include only fully trained nurses in her proposed jubilee project, the Victorian Order of Nurses (VON), which she inaugurated in 1897.”

organization. It showed little enthusiasm when the question of affiliation with the NCW came up at the 1913 annual meeting, and it insisted on waiting to see if the NCW would accept a Standing Committee on Nursing, rather than subsume nursing within a more general committee on women in the professions. The NCW veto of the higher profile proposal reinforced CNATN’s hesitation about a closer relationship, and CNATN wondered “how helpful they can be to us as a profession, and how helpful we shall be permitted to be to them.”⁴⁵ Member Bella Crosby’s belief that the NCW continued to “ignore the position of the trained nurse” suggested that unease still lingered with NCW president Lady Ishbel Aberdeen’s earlier support of a proposal to provide the services of “untrained” women to pioneer women in outlying districts. As historian Beverly Boutilier pointed out, NCW women acknowledged the professionally trained nurse but many also believed nursing was a “natural feminine calling,” a normal womanly duty of those who perceived themselves as society’s moral guardians. Pressure from many sides, including professional nurse associations, which were struggling to separate nursing from domestic work, eventually persuaded Aberdeen to include only fully trained nurses in her proposed jubilee project, the Victorian Order of Nurses (VON), which she inaugurated in 1897.⁴⁶

Nonetheless, CNATN accepted the offer to write a column on nursing in each issue of the NCW’s magazine, *The Women’s Century*, even though the nurses did not think they had “done our duty very well by our own magazine and we might not do very well by another one.” As they concluded, to refuse the offer would open the door to others without the proper qualifications who might influence how nursing was perceived across the country. “That is why I feel that nurses, for their self preservation,” Mary Ard McKenzie stated, “must go into that public life whether they like it or not.”⁴⁷ Not much came of the nursing page, however; the first person assigned to contribute to it left to join the war effort before sending in anything, and subsequent Canadian Nurse editors Ethel Johns and Helen Randal, while supportive, found themselves with little time.⁴⁸ By 1917, the importance of reaching a wider audience had become clearer, especially on the unsettled issues of registration in some provinces, and CNATN looked more favourably on closer relations with the NCW. As Gunn noted, nurses might not believe in publicity but since registration meant “absolutely nothing to the majority of the people... until we educate them we will never get registration.” She believed that “we would get much more in the way of publicity from *The Women’s Century* than *The Women’s Century* would get from us.”⁴⁹

A more serious problem for CNATN was the struggle to be taken seriously by the federal government. During the First World War, the membership was frustrated in its attempts to influence which trained nurses were sent to the front. Prior to the 1916 annual meeting, provincial nursing associations had readily submitted lists of nurses for

enrolment. Although they had checked the nurses' credentials and had chosen them with "scrupulous care," Ottawa had entirely ignored their efforts. Calling it a "national disgrace" that untrained and unsuitable nurses were going over to look after "our brothers and husbands and fathers," the CNATN executive was "at wits' end" with the government. A motion was sent expressing disapproval of the government's action, with the hope "that our power will be increased as the ballot is extended throughout the Dominion."⁵⁰

The problems had still not been solved two years later. As Gunn outlined in her presidential address to the 1918 meeting, "every day brings new responsibility to the nurses." The grim news from the front meant that "every day we realize a little more closely just what the war means to us, especially when we read about our Canadian hospital in France being bombed." Knowing that the 2,000 Canadian nurses serving in the war effort were "very much in the public eye," and being tested as a profession in how they "meet the national need," CNATN complained bitterly that a great many unqualified nurses were still going overseas. Even if properly trained, many did not have "the personality which is required to do good work among the soldiers overseas," and were thus not "our representative nurses in any sense of the word." The executive wanted only to enrol nurses under the same plan as the American Red Cross, which was not directly appointing nurses but finding out "what sort of women they were...if the nursing bodies would vote for them... and then [submitting] their names to the Government, who would do the appointing."⁵¹ So far, all efforts to gain government acceptance of this plan had failed.

Even more difficult to swallow was the distinct possibility that CNATN and the nurses it represented were going to be shut out of the military hospitals in Canada. Margaret Stanley, superintendent of nurses at London's Victoria General Hospital, reported later at the 1918 meeting that CNATN's recent plan to provide nurses for these hospitals had been all but ignored by the Department of Militia and Defence in favour of the proposal submitted by the St. John's Ambulance Brigade (SJAB) a year earlier. Much to CNATN's chagrin, the SJAB's proposal, which was apparently on its way to the Privy Council when the nursing committee finally met with the director-general of medical services, was to use Voluntary Aid Detachment workers to fill all posts in these hospitals, including those in nursing. Most Canadian Voluntary Aid Detachments had spent their wartime service in military convalescent hospitals on the home front and now the Department of Militia and Defence was beginning to work with the SJAB to create certification courses that would allow expansion of their responsibilities with returned soldiers.⁵² CNATN, admitting that it was interested only in the nursing positions, had anticipated using senior nursing students as a way to decrease expenses and to fill these posts quickly.



"Calling it a 'national disgrace' that untrained and unsuitable nurses were going over to look after 'our brothers and husbands and fathers'"

“The military authorities throughout Canada...feel that there is an unlimited supply of nurses in Canada and [that they] can take them without creating a serious shortage.”

Feeling thwarted at this turn of events, CNATN turned toward considering its role with the civilian population. It was becoming increasingly concerned about the impact of the constant need for military nurses on the present and future supply of graduate nurses. The growing need for nurses overseas and the patriotic fervour with which they signed up appeared to be rapidly depleting the ranks of nurses at home. As Gunn pointed out at the 1918 CNATN conference, “the military authorities throughout Canada...feel that there is an unlimited supply of nurses in Canada and [that they] can take them without creating a serious shortage.”⁵³ Not only were military authorities paying little heed to the calibre of nurses chosen, legislators were also not giving any attention to the needs of the population left behind. In her view, it was time to develop

a strategy to increase enrolment in nursing schools so that the populations served by the invalid soldiers’ commission, the VON, the public health nurses and the sanatoria, among others, would not suffer either during or after the war.⁵⁴

The SJAB proposal again proved to be a red flag in this discussion. CNATN felt that the use of Voluntary Aid Detachments in nursing work represented a threat to standards of professional nurse training, and its members believed that it also attracted young women who might otherwise have chosen to enter nursing schools. Although CNATN did not want to “go on record” as disapproving of Voluntary Aid Detachment work in general, “by closing the door to the V.A.D. to voluntary work in a nursing capacity, these young women would come into our nursing schools and...increase the number of graduate nurses.”⁵⁵ The nursing committee strongly disagreed with General Fotheringham and Dr. Copp at the defence department, who had argued that that “the type of girl who took up V.A.D. work was so well off financially that she did not have to consider the salary attached...and that these young women were of such high social order...that they would not enter our training schools for training.”⁵⁶ In the end, the members agreed to send a resolution to the Privy Council “or some such august association” making it clear that CNATN was prepared to supply student nurses to the military hospitals as well as to increase the output of graduate nurses by 50 per cent to meet the “civil” needs in rural and remote districts.⁵⁷

“CNATN was prepared to supply student nurses to the military hospitals as well as to increase the output of graduate nurses by 50 per cent to meet the ‘civil’ needs in rural and remote districts.”

The Halifax explosion of 1917 (the largest explosion in history to that date) and the global influenza pandemic* that followed closely on the heels of the First World War and claimed the lives of so many young people only further highlighted the contribution of the Voluntary Aid Detachments. Historian Linda Quiney’s research demonstrated that many of these women distinguished themselves during these two emergencies, sometimes risking their own lives in the process.⁵⁸ At least some nurses felt that CNATN had not been prepared for the epidemic, placing the blame on CNATN’s members for failing to organize nurses who could have been dispatched quickly.⁵⁹

However, CNATN president Gunn was beginning to think along these lines, stating in her presidential address to the 1919 CNATN convention that since “the whole attention has been turned to the nursing conditions of our country and the public begins to realize we need a great many reform[s],” the time was ripe to undertake a “national effort to bring the nursing personnel of our country into some sort of organization that can meet just such an emergency as the recent epidemic.”⁶⁰ She had already approached the Canadian Red Cross Society, and negotiations were underway to set up a national emergency nursing service. Considerable discussion of the Canadian Red Cross Society’s emergency nursing service plan took place at the 1919 CNATN convention, particularly concerning whether or not CNATN would approve of the “trained attendant” and

*Thought by some to be a ferociously virulent subtype of H1N1 flu virus, the “Spanish flu” spread globally during 1918 and 1919. The disease hit particularly hard among healthy young adults. By the time the worst of the pandemic had passed in mid-1920, some 500 million people had been infected (a third of the world’s population at the time) and as many as 50-100 million had died.

the volunteer as members of emergency nursing services.⁶¹ As members became bogged down in details over licensing and registration, Gunn grumbled that they were being “too provincial in outlook,” when there was a need for a “broader national view.”⁶² The matter appeared to be settled when CNATN agreed that the Canadian Red Cross Society should take the lead in recruiting nurses for emergency work. To protect the supply of public health nurses, however, it insisted that they should not be included in the enrolment since they were needed where they worked.⁶³

REGISTRATION AND EDUCATION

Just who could claim to be a nurse was a central concern for CNATN from its beginnings. No province had yet enacted legislation that legally defined who could use the title of *nurse*, nor was all nurse education considered sufficiently rigorous and standardized. Many women had carried out health-care tasks voluntarily in their families and in their communities as part of expected female activities, but others, through necessity or interest, parlayed their aptitude and expertise for such work into paid employment. Often gaining a good reputation among community women and local physicians alike, these women performed a wide variety of tasks that encompassed both caregiving and domestic duties. They not only nursed the sick, they also delivered babies, cared for families and homes in the postpartum period, and looked after children. Even after the advent of formal training schools for nurses, so-called untrained women continued to find paid employment in the marketplace. As Canadian nurse-historian Judith Young has pointed out, the transition to trained “professional” nurse was “less than seamless and the two groups co-existed well past the turn of the [last] century.”⁶⁴

Believing that the public could not easily discriminate between trained graduates and the “charlatans,” nurse leaders perceived these women as unwelcome competitors for their students and a threat to good nursing care. To members of CNATN, “partially trained” women were equally problematic. As we have seen, for example, not only were they frustrated that the federal government appeared to have chosen Voluntary Aid Detachments over senior nurse pupils for work in military hospitals, they also feared that Voluntary Aid Detachments, who had picked up their nursing skills through experience and not through any extended formal training, would enter the general workforce as graduate nurses. Indeed, they had some evidence that this was already happening. Miss Gibson, in charge of keeping a register of trained attendants, reported to the 1918 meeting that she knew of “a good many of these semi-trained women passing themselves off as graduate nurses” on other registries. She wished the government would intervene to prevent anyone but graduate nurses from conducting a registry for the care of the sick.⁶⁵

“Many women had carried out health-care tasks voluntarily in their families and in their communities as part of expected female activities, but others, through necessity or interest, parlayed their aptitude and expertise for such work into paid employment.”

The issue of midwives persisted as a chronic problem for CNATN. Increasing immigration and settlement in outlying districts, especially on the prairies, had left young families vulnerable throughout the first two decades of the 20th century. Suffering from the lack of medical and nursing services, especially for childbirth, rising numbers of pioneer women began to petition voluntary agencies and governments for help.⁶⁶ Some CNATN members, however, condemned the presence of midwives, even in rural areas where there were no physicians, believing that they were a “menace” to the health of women. Although the Medical Act supposedly prevented midwives from practising, the burden of proof was on the doctors, and the “midwives always arrange it so they cannot be found out,” CNATN members asserted.⁶⁷ President Mary Mackenzie did not mince words. “Some time, when the war is over, and you need to be fed with horrors, go out and talk with people who have seen midwives at work and you will get all you desire. No, may the day be very, very far distant when our fair land will decide she needs midwives!”⁶⁸

But CNATN faced a dilemma. Except in some limited circumstances, nurses could not legally deliver children in Canada and had no opportunity to take extra training beyond the basic maternity skills they learned in their hospital schools.⁶⁹ As

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Mary Ardcrone MacKenzie

Gunn also pointed out, few Canadian nurses appeared willing to work in rural and remote areas and thus midwives fulfilled a need for isolated women.⁷⁰ Nonetheless, she and her executive could do little more than recommend that provincial nurses' associations state their willingness to supply trained nurses when government funding and hospitals were ready.⁷¹ After the war, the federal government continued to be under pressure to supply nurses to the frontier, but CNATN, wary of taking jobs away from Canadian nurses, voted against soliciting English cottage nurses (who had one year of general nurse training plus midwifery). They did, however, approve of the “fully trained” nurses from the British Overseas Nursing Association, as long as they came individually, in response to known vacancies, and were willing to take any extra training necessary for work in outlying areas.⁷²

In response to the problems of untrained and partially trained “nurses,” many of the discussions at the early CNATN meetings focused on the need for standardization in credentialing and in education as parts of a professionalization process. The leadership understood that obtaining legal sanction for the future title of registered nurse was one of the essential components of a stable professional nursing identity. CNATN members were inspired by progress reported in several American states and in a number of other countries, such as South Africa and New Zealand, and registration of Canadian nurses was one of the first issues that *The Canadian Nurse* championed when it began publication in 1905. It was also a “burning issue” in the United Kingdom and Ireland at that time, and it seemed “high time nurses in Canada began to seriously consider this most important subject.”⁷³ The subsequent struggle to enact registration legislation was not completed for the nine provinces in existence at the time until almost two decades later.

CNATN argued that registration would help shield the public from unscrupulous practitioners by allowing a nurse who had graduated from an approved training school and who had passed a standardized examination to claim the title of registered nurse. Registration, it was hoped, would protect their livelihood by separating them from the great numbers of untrained women flooding the market and allowing them to command a higher fee for their services. A nurse residing in western Canada wrote in 1905 that “as we are such a young country, we get an influx of the discarded probationers, ward maids, etc., from the large eastern and U.S. hospitals, calling themselves ‘trained,’ wearing uniforms etc., having, it is true, a smattering of knowledge...who demand and get the prices of the regularly trained nurse. [Unless] their diplomas are positively demanded (having many excuses for not showing them) they are accepted by the public as bona-fide nurses.”⁷⁴ The slow process toward registration continued to frustrate its promoters. Another writer complained to *The Canadian Nurse* in 1909 that the nursing profession “has no legal recognition in Canada.... The public is protected against anyone who may fraudulently use the name of doctor, but a woman

of no training, of no skill, of no knowledge, of little or no character, may call herself a professional nurse.⁷⁵ In 1914, CNATN president MacKenzie reiterated that “it is a rather humiliating fact when we realize that we have no legal standing as have other professions.” Indeed, “the time is passed for us to be classed legally with hairdressers, dancing masters, and waiters.”⁷⁶

The first serious attempt at securing nurse registration took place in Ontario late in 1905, instigated by the Graduate Nurses’ Association of Ontario (later the Registered Nurses’ Association of Ontario).⁷⁷ The Graduate Nurses’ Association of Ontario withdrew the proposed bill the next year, however, when revisions before third reading put control of nursing affairs in the hands of a 15-member council that consisted of eight male physicians and hospital directors and only seven nurses. As long as the training school was in a hospital approved by the council, nurses could also be registered without examination – a serious lowering of standards in the Graduate Nurses’ Association of Ontario’s estimation.⁷⁸ Another attempt was made in 1912, but again, a clause inserted before third reading stipulated that graduate nurses from approved training schools had only to place their names on a register held by the provincial secretary to be “registered.” No nurses had been consulted in the drafting of this clause and it left nursing leaders in the province confused about its implications.⁷⁹ Acceptable registration legislation was not enacted in the province until 1922.

The history of Ontario’s attempts at registration highlights the gender and class issues that CNA and all of the provincial nursing associations faced in attempting to introduced desired professional standards. As historian Kathryn McPherson has suggested, nurses “confronted male medical and political elites who believed that their patients and constituents would be better served by an unregulated nursing marketplace.”⁸⁰ Some physicians feared that the fuss over legislation put nurses in even greater danger of losing the womanly feelings of “sympathy” and “heart” so necessary, they believed, to proper nursing service. Laws around registration also hinted at some form of trade unionism, eliciting claims of selfishness against nurses who would want to “exclude all untrained women from practising.”⁸¹ Early legislation, however, protected only the name of “registered” nurse; provincial associations could not prevent those it considered informally trained from practising and could only hope that the public would recognize – and be willing to pay for – the difference.

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Although questions of reciprocity across Canada arose early on, members were advised that provincial legislation should be obtained first, and that bills to Parliament should be kept simple because “you know politicians are just a little different than we are as nurses.”⁸² Nevertheless, a dominion registration committee was formed in 1911 to help prepare a “model” bill for provinces to use in their struggle to obtain legislation, even though the great distances separating the committee members and lack of time prevented the committee from producing much.⁸³

Nova Scotia was the first to breach the impasse in 1910 when the government finally granted an Act of Incorporation to the Graduate Nurses’ Association of Nova Scotia, the scope of which was “broad enough to make provision for the admission of every trained nurse in the Province, on proof of ‘necessary education, professional qualification and of moral character.’”⁸⁴ British Columbia and Manitoba had also made significant progress by 1911, with Manitoba claiming the distinction of being the first province to secure a registration bill in 1913. By then, Nova Scotia, Alberta and British Columbia were also well into the process, the latter two provinces establishing provincial nursing associations as the essential first step. Alberta passed its legislation in 1919. The development of a provincial nurses’

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hospital organization and increasing the quality of service to patients.”⁸⁸ They had become the established standard, although “eight-week schools” continued “popping up all around.” At the 1912 annual meeting in Toronto, CNATN member Miss Brent pointed to one advertisement that asked, “Why spend three years in a hospital when you can be taught nursing in eight weeks?” She hoped that the planned resolution to send a letter to the president of the Toronto Academy of Medicine condemning these schools “might do some good,” as it was “not fair either to the public or to these young women because they are not getting what they should get.”⁸⁹

From the early years, university education for nurses was part of the ongoing discussions. Heated debates sometimes erupted over the merits of situating nurse training entirely within hospital schools or arranging for specialization at the end of their training in a university setting. In his welcoming address to the nurses at the 1912 meeting, Dr. C.K. Clarke had spoken “optimistically of the time being near when the nursing profession would be more closely allied to the University, as a higher standard established with a University examination.”⁹⁰ Vocal members split into two camps. In 1913, Miss Stanley was shocked when President Mackenzie openly stated that hospital schools were simply nurses’ “workshops,” albeit victims of circumstance in lacking money. Hospital schools were not perfect, Stanley agreed, but they gave a practical education appropriate for nursing; perhaps their administrators were “too extravagant” and should practise more “economy.” “That is a terrible thing to send out to the public from a national meeting!” retorted Mackenzie.⁹¹

Further debate took place a year later when a special committee investigating nurse training delivered its report. It recognized that many nurse educators were dissatisfied with training as it stood now, but it found this unrest “hopeful.” According to the committee, the current system did not “develop character as well as it should,”⁹² nor did it “fit the women for the practice of their profession.”⁹³ The numbers of “desirable” women entering nursing schools were falling off, owing mainly to the arduous training schedule that cut them off from all forms of culture. The solution, the report suggested, was to attach nurse training to the provincial education systems.

Few members agreed with all of these findings. Randal conceded that there was room for improvement, but she took “great exception to the statement that we are not developing character.” Miss Madden hated to feel that her “life’s work goes for nothing” after working with young women during the three years of their course. Some questioned whether the years of training “fitted [nurses] outside for anything but obeying the Doctor’s orders,” suggesting that nurses needed to know more about community resources and the workings of city governments. Many believed, however, that the curriculum was already

association was in its early stages in Quebec, led by the Montreal-based Canadian Nurses’ Association. Nurses in New Brunswick and Prince Edward Island lagged behind in organizing for registration.⁸⁵ It has sometimes been claimed that the extension of the federal franchise to women after the First World War, partly in recognition of their wartime contributions, helped the remaining provinces, including Ontario, to obtain nursing registration legislation by 1922.⁸⁶

While the CNATN leadership agreed about the need for registration, it debated the type and scope of nursing education. Not all agreed with president McKenzie, who wrote in 1914 that registration was “merely a bolstering up of a system which is radically wrong, and no satisfactory plan can be evolved until the training of nurses is put on a sound educative basis.”⁸⁷ Training schools for nurses in Canada had emerged during the late 19th century “as a means of improving

hospital organization and increasing the quality of service to patients.”⁸⁸ They had become the established standard, although “eight-week schools” continued “popping up all around.” At the 1912 annual meeting in Toronto, CNATN member Miss Brent pointed to one advertisement that asked, “Why spend three years in a hospital when you can be taught nursing in eight weeks?” She hoped that the planned resolution to send a letter to the president of the Toronto Academy of Medicine condemning these schools “might do some good,” as it was “not fair either to the public or to these young women because they are not getting what they should get.”⁸⁹

“Optimistically of the time being near when the nursing profession would be more closely allied to the University, as a higher standard established with a University examination.”

too crowded, and that nurses learned “discipline” from time devoted entirely to hospital work. “No army will be worth anything who [sic] simply drill a month every year. The betterment is made by the continual drilling,” Madden declared.⁹⁴

Members also objected to the contention that the long hours denied pupil nurses access to culture. Several firmly believed that students from farming communities or isolated outposts actually gained from their exposure to broader horizons. And since students were “always able to go to a dance,” Randal did not think that “we are killing them” with overwork. Increasing occupational opportunities for women seemed to be more the culprit in falling enrolment than was the type of education that nursing offered.⁹⁵ Although this focus on basic nursing education faded momentarily as wartime conditions increasingly concerned CNATN, the discussion heralded the emphasis that the organization would continue to place on the role of educational reform in solving what it perceived to be the problems of the profession. No other issue, it seemed, had the same potential to improve the status of the profession and its practitioners.

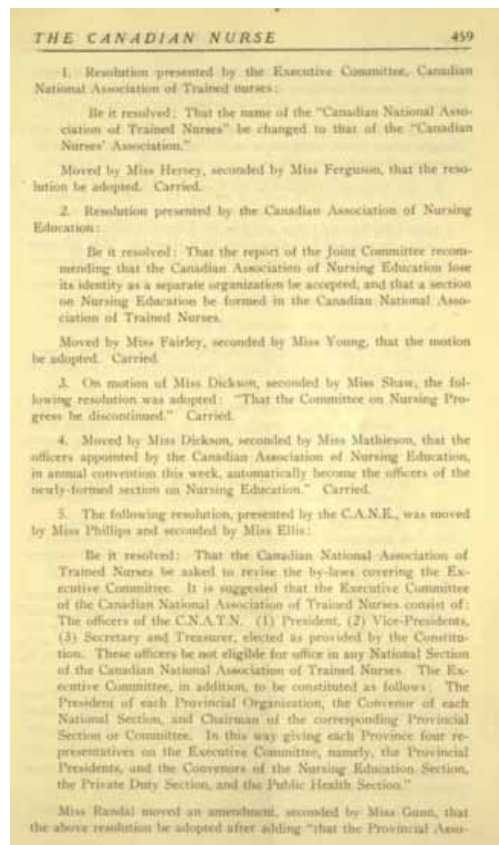
POSTWAR SETTLING

In the early 1920s, the establishment of a national office in Winnipeg and the adoption of the “Canadian Nurses Association” as the official name in 1924 marked an organizational consolidation. In this postwar period of reflection, the CNATN leadership celebrated the national association’s growth since 1908 and the progress of nursing in general, and, most importantly, it recognized the sacrifices nurses had made during the war.

In Quebec City in 1921, on the occasion of the 10th CNATN convention, Mary Agnes Snively “gave a most interesting report on the history of the organization of the CNATN.” Current president Edith Dickson highlighted Snively’s compilation, stating it would “tell us all about our birthday, something about our baby days, and something about our ancestry.” She was “of the opinion that our founder will feel that her very precocious infant has grown to be rather a dull and lazy child; that this may not be found to be so at the period of adolescence, we must arouse ourselves to greater endeavour.”⁹⁶ Dickson then accepted Snively’s resignation from the position of archivist and named her honorary president of the association.

As did many other organizations in the postwar period, CNATN became caught up in the creation of memory through public memorials to the experiences and sacrifices of war.⁹⁷ The pressure was on, given the deaths of Canadian nurses in the line of war duty, including 14 in the particularly brutal sinking of the Canadian hospital ship *Llandovery Castle* (see Appendix O). The many awards for honourable service that already had been presented to Canada’s nursing sisters, even by

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Minutes of CNA meeting, Tuesday afternoon, June 24, 1924, Hamilton, Ontario: “Be it resolved that the name of the Canadian National Association of Trained Nurses be changed to the Canadian Nurses’ Association.” Moved by Miss Hersey. Seconded by Miss Ferguson. Carried.

“She was ‘of the opinion that our founder will feel that her very precocious infant has grown to be rather a dull and lazy child; that this may not be found to be so at the period of adolescence, we must arouse ourselves to greater endeavour.’”



Nursing Sisters' Memorial located in the Hall of Honour in the centre block on Parliament Hill.

other nations (see Appendix K), brought further pressure for CNATN to make some statement about their service. The organization was further goaded into action by the initiative of private individuals in Ottawa who were planning a monument to Edith Cavell, the British nurse who was executed as a spy in 1915 for helping hundreds of Allied soldiers escape from German-occupied Belgium. “As a secondary thought,” the war committee reported, CNATN was asked for its support and was told that the names of other (presumably fallen) Canadian nurses would be engraved on the side. Although members reluctantly agreed “to take no steps in changing the plans of the Cavell memorial,” they began to think about developing a “more suitable memorial to our own nurses.”⁹⁸ By 1921, little had been settled and confusion reigned over which nurses to memorialize, what form the memorial should take, how much money would be needed and from whom the money should be raised. Much to some members’ embarrassment, Matron-in-Chief Margaret Macdonald had not even been formally consulted. When eventually asked, Macdonald admitted that she had “had very definite ideas as to the form this memorial might take,” but she declined to speak her mind and later refused to act as convenor for the project.⁹⁹ By the end of the meeting, however, a memorial committee had been established with Jean Gunn at its head.¹⁰⁰

Over the next several years, the content, site, funding and form of the memorial took shape. Plans were complicated by the desire of the federal government for the memorial to be “of an historical nature, commemorating the deeds of the pioneer nurses as well as those of the army sisters who sacrificed their lives in the Great War.”¹⁰¹ Prime Minister Mackenzie King weighed in, suggesting that the memorial highlight “the introduction of the nursing sister to the present day, typifying their [sic] sacrifice and devotion to duty during the war; the coming over the ocean of the sisters from the Old World to help the New World; [and] the going of our nurses of today from this great young country to the assistance of old, war-torn Europe.”¹⁰² Federal government authorities initially denied permission for the memorial to be situated inside or near the Parliament Buildings, but they eventually granted space in the Hall of Honour.¹⁰³ The final cost for the memorial amounted to \$35,000, and the monument was carved out of Italian white Carrara marble on the basis of the winning design of Montreal-based sculptor G.W. Hill.¹⁰⁴

The official unveiling of the monument on August 24, 1926, was the highlight of the newly named Canadian Nurses’ Association (CNA) convention in Ottawa, and its completion marked the end of the first major chapter in the organization’s growth and development. The structure of the association had barely solidified before the war was upon it, and the CNA leadership had not been entirely satisfied with how the first real attempt to speak on behalf of Canadian nurses had

been received. Although CNA was justly proud of the nurses who had served the military so well, it had been virtually ignored by the federal government over the issue of nursing mobilization both at home and abroad. If, in the end, the memorial “claimed for trained nurses a distinctive relationship to healing and a special place in the masculine historical narrative of colonization and nation-building,” it may well have provided a satisfying sense of legitimacy that had earlier eluded the organization.¹⁰⁵ With a name that now more closely reflected its vision for a national nursing body, a permanent office in the centre of the country and a paid executive secretary, the new CNA turned toward the future.

“The memorial ‘claimed for trained nurses a distinctive relationship to healing and a special place in the masculine historical narrative of colonization and nation-building,’ it may well have provided a satisfying sense of legitimacy that had earlier eluded the organization.”



Nursing sisters attend unveiling of the nurses memorial in Ottawa, 24 August, 1926

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69. After 1919, nurses in Alberta were allowed to practice midwifery only in remote areas without physicians. See Sharon Richardson, "Political Women, Professional Nurses, and the Creation of Alberta's District Nursing Service, 1919-1925," *Nursing History Review* 6 (1998): 25-50. Outpost nurses all across Canada delivered babies, but most had had little or no extra training and learned by doing and hoping for the best. See, for example, Dianne Dodd, Jayne Elliott, and Nicole Rousseau, "Outpost Nursing in Canada," in *On All Frontiers: Four Centuries of Canadian Nursing*, ed. Christina Bates et al (Ottawa: University of Ottawa and Canadian Museum of Civilization, 2005): 139-152.
70. LAC, MG 28, I248, Vol. 1, File AMM A1/4, Fifth Annual of the CNATN, Winnipeg, 15 June 1916, 12-16.
71. LAC, MG 28, I 248, Vol. 1, File AMM A1/5, Proceedings of the Sixth Annual Convention of the CNATN, 14-15 June 1917, 22-42.
72. LAC, MG28, I248, Vol. 1, File AMM A1/7 (i), Report of the CNATN Annual Meeting, Vancouver, 2 July 1919, 142-44.
73. Charlotte Eastwood, "The Meaning and Benefits of State Registration," *The Canadian Nurse* 1 (March 1905): 14-16.
74. "Contributor's Club," *The Canadian Nurse* 1 (June 1905): 45.
75. "Registration," *The Canadian Nurse* 5 (April 1909): 204.
76. Mary Ard MacKenzie, "Law Relating to the Nurse," *The Canadian Nurse* 10 (October 1914): 626-27.
77. Editorial, "Registration Number," *The Canadian Nurse* 1 (December 1905): 34.
78. Report of Annual Meeting, Ontario Graduate Nurses Association, 17 April 17 1906, *The Canadian Nurse* 2 (June 1906): 27-39.
79. Mackenzie, "Report of the Dominion Registration Committee," *The Canadian Nurse* 8 (October 1912): 551-52.
80. McPherson, *Beside Matters*, 68.
81. McPherson, *Beside Matters*, 69.
82. LAC, MG28, I248, Vol. 1, File AMM A1/2, Proceedings of the Third Meeting of the CNATN, 20-21 May 1913, 52.
83. Mary Ard. Mackenzie, "Report of the Dominion Registration Committee," *The Canadian Nurse* 8 (October 1912): 550-52.
84. "Registration for Nurses," *The Canadian Nurse* 7 (April 1911): 155-62.
85. Mackenzie, "Report of the Dominion Registration Committee," *The Canadian Nurse* (September 1913): 592-94.
86. Dorothy G. Riddell, "Nursing and the Law: The History of Legislation in Ontario," in *Nursing Education in a Changing Society*, ed. Mary Quayle Innes (Toronto: University of Toronto Press, 1970), 24.
87. Riddell, quoting McKenzie in "Nursing and the Law," 20.
88. Lynn Kirkwood, "Enough by Not Too Much: Nursing Education in English Language Canada (1874-2000) in *On All Frontiers: Four Centuries of Canadian Nursing*, ed. C. Bates, D. Dodd, N. Rousseau (Ottawa: University of Ottawa Press, 2005): 183.
89. LAC, MG 28, I248, Vol. 1, File AMM A1/1, Second Annual Meeting of the CNATN, 4 April 1912, 6.
90. "Report on the Second Canadian National Association of Trained Nurses Meeting," *The Canadian Nurse* 8 (July 1912): 364.
91. LAC, MG28, I248, Vol. 1, File AMM A1/2, Proceedings of the Third Meeting of the CNATN, 20-21 May 1913, 54-58.
92. The trope of "character" embraced ideas of gender, class, ethnicity, religion and culture that, in the right combination, produced the ideal nurse. In order to differentiate nurses from others caring for the sick and from other working women, "character" was grounded in the "image of feminine respectability that rested on the deportment and etiquette of white bourgeois femininity." McPherson, "The Nightingale Influence and the Rise of the Modern Hospital," in *On All Frontiers*, 83.
93. LAC, MG28, I248, Vol. 1, File AMM A1/3, Proceedings of the Canadian National Association of Trained Nurses Annual Meeting, Halifax, 10 July 1914, 13-15.
94. *Ibid*, 15, 17-18.
95. *Ibid*, 19-21.
96. "Report of the CNATN Convention," Quebec City, June 1921, *The Canadian Nurse* 17 (July 1921): 419.
97. For example, see Paul Fussell, *The Great War and Modern Memory* (New York: Oxford University Press, 2000); Jonathan Vance, *Death So Noble: Memory, Meaning, and the First World War* (Vancouver: UBC Press, 1997).
98. LAC, MG28, I248, Vol. 1, File AMM A1/7 (i), Report of the CNATN, 2-5 July 1919, 172-176.

99. Macdonald admitted that Jean Gunn had earlier asked her informally to be on the committee, but she had heard nothing further. Susan Mann, Macdonald's biographer, suggested that the two women had perhaps "rubbed each other the wrong way" and that the early part of that meeting seemed to be devoted to "much soothing of Macdonald's ruffled feathers." See Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montreal and Kingston: McGill-Queen's University Press, 2005), 178.
100. LAC, MG28, I248, Vol. 1, File AMM A1/9 (ii), Proceedings of the Tenth Annual Convention of the CNATN, Quebec City, 4 June 1921, 1-4, 9-12.
101. "Proceedings of the Eleventh Convention of the Canadian National Association of Trained Nurses," Edmonton, *The Canadian Nurse* 18 (August 1922): 458-60.
102. Jean I. Gunn, "Report of Memorial Committee," *The Canadian Nurse* 18 (August 1922): 481-92.
103. Jean I. Gunn, "Report of the National Memorial Committee," *The Canadian Nurse* 20 (August 1924): 524-26.
104. "Report of the Unveiling Ceremony of the Memorial to the Canadian Nursing Sisters," *The Canadian Nurse* 22 (October 1926): 536-41. See also Natalie Riegler, *Jean I. Gunn: Nursing Leader* (Toronto: Fitzhenry and Whiteside and Associated Medical Services, 1997), 146-158.
105. Kathryn McPherson, "Carving Out a Past: The Canadian Nurses' Association War Memorial," *Histoire Sociale/Social History* 29 (November 1996): 428.

CHAPTER 4

SUPPLY AND DEMAND

1925-1945

*The dogmas of the quiet past are inadequate to the stormy present.
The occasion is piled high with difficulty, and we must rise – with
the occasion. As our case is new, so we must think anew, and act
anew. We must disenthral ourselves...*

Abraham Lincoln

“How best to educate nurses, and the rapid changes in demand for their labour, became two increasingly significant and interrelated issues that would define the agenda of the Canadian Nurses Association and Canadian nursing for much of the next two decades.”

The vexatious question of how best to educate nurses, and the rapid changes in demand for their labour, became two increasingly significant and interrelated issues that would define the agenda of the Canadian Nurses Association and Canadian nursing for much of the next two decades. A significant factor in both issues was a growing reliance on hospital services, which had fuelled the expansion in size and number of hospitals in cities and towns across the country.¹ Since the beginning of the 20th century, safer hospital environments, advances in medical technology and a strengthening belief in scientific medicine had begun to reassure middle-class patients that they received better medical care in hospitals than in their homes. Not only did they believe that they were better off in institutions when they were ill, they were also willing and able to pay for their treatment. Hospital administrators, struggling to provide the different levels of care demanded by a paying clientele, depended on fees from this class of patient to make up the shortfall in government funding for indigent patients who were unable to pay for their care.²

The number of hospital training schools also grew to meet these demands, expanding from 70 in 1909 to 200 by the year 1920.³ Most of the graduates, however, did not find work in hospitals, because hospital administrators relied on less expensive student labour to provide nursing services. As historian Kathryn McPherson discovered, the occupational distribution of nurses remained much the same in the interwar period as it had in the preceding two decades. Approximately 45 to 75 per cent of graduates continued to seek employment in private duty, either in people’s homes or as “specials” in hospitals, hired by patients or families to provide individualized care.⁴ The fact that the number of graduates was growing, however, coupled with a worsening economy that left many households unable to afford private nursing care, put these nurses into straightened economic circumstances. The Great Depression only exacerbated problems of unemployment. Rising concern about the oversupply of graduate nurses on the market and the quality of the education that they had received prompted CNA and the Canadian Medical Association (CMA) to commission a comprehensive survey of the state of Canadian nursing. Published in 1932, the *Survey of Nursing Education in Canada*, known as the Weir report after its author, was in fact a detailed appraisal of the social, economic and educational conditions associated with all forms of nursing practice.

“Hospital employment opened up for graduate nurses, and by the middle of the war, even married nurses were pressured to re-enter the workforce.”

Before the report’s recommendations could be fully digested, the Second World War was underway, and nurses eagerly signed up for military duty. Suddenly, the worry about the oversupply of nurses turned into dire predictions of nursing shortages as hospital use in Canada surged dramatically with the end of the Depression. Hospital employment opened up for graduate nurses, and by the middle of the war, even married nurses were pressured to re-enter the workforce. In the face of expanding occupational opportunities for women in general, efforts to relieve the shortage focused on promotion and recruitment to increase enrolment in nursing schools. For CNA, these events helped shape a new relationship with the federal government and the popular media. Throughout this period, CNA exhibited a stronger tendency to examine the state of nursing in Canada, which was stimulated by and reflected in *The Canadian Nurse*, especially following the 1933 appointment of Ethel Johns as the first permanent editor devoted exclusively to the journal.

1925-1930

Celebrating the official unveiling of the Nurses’ Memorial in the Parliament Buildings, which took place with great ceremony at the end of the meeting, had been the highlight of CNA’s 1926 biennial conference. President Jean Browne announced that, to her at least, it had become apparent “that the Canadian Nurses Association has achieved a more nearly national outlook than most others...[which she believed] to be largely due to the inherent solidarity of the nursing profession.” The “coherence” of the association had been “put to the test” during the “national enterprise” of funding and creating the memorial, but in her opinion, CNA members had finally started to think of themselves as “Canadian” nurses, not nurses from Eastern or Western Canada, or from this or that province, or from some

particular training school.”⁵ Perhaps, then, the decision at this meeting to withdraw CNA affiliation from other “non-professional” national organizations should be interpreted in light of Browne’s comments. The decision to sever ties with such associations as the National Council of Women (NCW), the Social Service Council of Canada and the Canadian Council on Child Welfare may have symbolized more the desire to solidify this perception of a growing professional nursing identity rather than a simple turning of the organization inward.⁶

JEAN E. BROWNE THOMSON (1883-1973)

The first president of the Saskatchewan Registered Nurses’ Association, Jean E. Browne Thomson was also instrumental in the drafting of the bill leading to the Registered Nurses Act of Saskatchewan. She was the first Saskatchewan representative to the Canadian Nurses Association and served as president from 1922 to 1926.

Born in Parkhill, Ontario, Thomson studied at the Toronto General Hospital, later taking graduate courses at King’s College for Women at the University of London in England.

A pioneer of public health nursing in Saskatchewan, Thomson became the province’s first school nurse in 1911. Later, she was the first director of school hygiene for the provincial department of education.

During the First World War, Thomson served as a volunteer with the Saskatchewan Junior Red Cross advisory committee. She was appointed national director of the Canadian Junior Red Cross Society in 1922. Thomson was awarded the Florence Nightingale medal by the International Red Cross in 1939.

Now that the war was over, CNA was pleased to renew and re-energize contact with the International Council of Nurses (ICN). President Browne travelled to the ICN meeting in Finland in 1925, and four years later, CNA hosted the 1929 quadrennial meeting in Montreal – a role from which China, the original host, had been forced to withdraw owing to political instabilities there.⁷ Acting president Mabel F. Gray had been left to handle the arrangements for this conference after the sudden death of Flora Madeline Shaw in England, exactly a year after she had taken over as president after the 1926 meeting.

Before her death, Shaw had overseen the move of the national office into larger but less expensive quarters in Winnipeg.⁸ In 1930, CNA adopted an official crest that would be engraved on the Nursing Memorial in Ottawa and grace the cover of *The Canadian Nurse* (see Appendix B). At this point, the association also reorganized to eliminate dual memberships. The move to allow nurses to hold membership only through their provincial nursing associations, and not through the smaller organizations that had previously also been affiliated with CNA, strengthened the federated system of governance but raised concerns about the possible financial impact of this decision.⁹

“CNA members had finally started to think of themselves as ‘Canadian’ nurses, not nurses from Eastern or Western Canada, or from this or that province, or from some particular training school.”



Jean Scantlion Wilson

“By 1930, the CNA membership had voted to secure a full-time editor who could devote all of her attention to the struggling journal.”

Browne was also satisfied to report in 1926 that *The Canadian Nurse* had “a fairly decent bank balance to pass on to the new executive committee.” Indeed, she had been impressed by the “enormous amount of work” that had been handled in running the national office and in producing the journal. This effort she attributed to Jean Wilson, who was both CNA’s executive secretary and the editor and business manager of the journal.¹⁰

JEAN SCANTLION WILSON (XXXX-1959)

Not only was Jean Wilson the first full-time executive secretary of the Canadian Nurses Association, but she served the association for a longer period than any other officer in its history – 20 years. For half that period, she was also the editor of *The Canadian Nurse*.

A graduate of the school of nursing of Lady Stanley Institute in Ottawa, Jean Wilson’s first position was at Jubilee Hospital in Vernon, British Columbia. Later, she became superintendent of nurses at the General Hospital in Moose Jaw, Saskatchewan. She became Saskatchewan’s first secretary-treasurer and registrar after the passing of the Registered Nurses’ Act.

Ms. Wilson became full-time executive secretary of the Canadian National Association of Trained Nurses in 1923, the same year that the association’s name was changed to the Canadian Nurses Association. In the 20 years that followed, Ms. Wilson played an integral role in the growth and nurturing of the association.

The financial situation of *The Canadian Nurse* appeared to have stabilized for the moment, as Wilson reported an increase of 71 per cent in circulation, which she felt demonstrated increased efforts among provincial nursing associations to boost the number of subscribers.¹¹ Saskatchewan seemed to have had the most success, boosting its subscriber base to 55 per cent of CNA members in that province. Two years later, however, the deficit had risen above comfort level, and by 1930, the CNA membership had voted to secure a full-time editor who could devote all of her attention to the struggling journal.¹²

ETHEL JOHNS (1879-1968)

Ethel Johns was born in England in 1879, receiving her early education in North Wales before moving to Canada with her parents and two brothers to the Wabigoon Indian Reserve in northwestern Ontario near Dryden, where her father was a teacher. After her father died she helped her mother with teaching. Johns met Cora Hind, a pioneer western Canadian journalist and women’s rights activist, who visited the reserve and helped facilitate Johns’ admission into the Winnipeg General Hospital Training School for Nurses in 1899. After graduating, Johns practised as a private duty nurse in Winnipeg and then in various hospitals in Prince Albert, St. Paul, Winnipeg and Fort William before moving to New York City to attend Teachers College, Columbia University, in 1914. In 1915 she returned to Canada to serve as superintendent of the Children’s Hospital of Winnipeg and then as director of nursing service and education at Vancouver General Hospital and coordinator

of the newly established five-year degree program in nursing at the University of British Columbia. In 1925, Johns was invited by the Rockefeller Foundation to join its European field staff as an advisor in a program to develop schools of nursing, particularly for young women interested in public health. Before leaving for Europe, she conducted a special project for the foundation to survey nursing education among Negro women in the U.S. In 1929, Johns served for three years as director of studies for the Committee on Nursing Organization of the New York Hospital – Cornell Medical College Association Project and then as a nurse associate to the Committee on the Grading of Nursing Schools before her appointment as editor of *The Canadian Nurse*.¹³

The issue of nursing unemployment, especially within the ranks of the private duty nurses who comprised the largest branch of the occupation, began to demand more attention during this period.¹⁴ As *The Canadian Nurse* reported in 1925, “unemployment among qualified nurses has been so acute as to arrest the attention not only of the Registrars of the various Nurses’ Registries but of the Superintendents of Training Schools as well.”¹⁵ Organizing private duty nurses to address these issues as a group was difficult. Many valued the autonomy, variety and responsibility of their work in patients’ homes or at the hospital bedsides of private patients, but the work also could be both socially and physically isolating. Boundaries between professional duties and domestic labour in the home sometimes blurred, and hours of work were often dictated by the needs (and whims) of patients and their families.¹⁶ CNA leaders were not above criticizing these nurses – they noted, for example, that all private duty nurses elected to the executive in 1924 had “each felt compelled to resign” by 1925.¹⁷ Stung by the censure, some rank-and-file nurses began to fight back. “We are accused of not developing leaders,” one admitted, but the private duty nurse has “so little time to call her own,” and then “we are called non-progressive, wanting in public spirit.”¹⁸ Nonetheless, by 1930, Ethel Johns admitted that she was especially impressed with the participation and spirit of the private duty nurses, who more than any others recently “had had to bear the brunt both of criticism and of economic stress.”¹⁹

CNA discussed several options for addressing this concern. It closely examined the idea of group nursing, whereby nurses shared the care for a group of private patients in hospital, to determine if it was a workable scheme for patients who needed less costly nursing service and would enable more nurses to find some work. Understanding the importance of maintaining an appropriate public image for nurses, CNA formed a committee to address, among other things, the professional discipline of private duty nurses.²⁰ It was said to be difficult to point freshly graduated nurses away from private duty and into the field of public health, “where enough qualified nurses could not be found,” because nursing schools did not expose their students to much public health training and were not making them aware of “the innumerable opportunities of service” available after graduation.²¹ Even if students did find out about graduate nursing programs, which had been established in several universities since the early 1920s, financial, academic and practical difficulties prevented many from attending.

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“The Manitoba Association of Registered Nurses voted that a sum of \$2,000 ‘be set aside for use in aiding nurses who should be engaged to give nursing care to critically ill patients who otherwise would not have that care.’”

The Canadian Nurse began to include examples of provincial or local efforts to help nurses find work. In Quebec, for example, hospitals were “endeavouring to take care of their own” by limiting the enrolment of student nurses and employing their own graduates, sometimes on an hourly basis or at night. Funding for this project was donated by regular graduate staff, who contributed one day per month of their salaries over six months. Some local nursing registries also conducted loan funds and made every effort “to provide an even distribution of calls so that all those registered for duty may share equal opportunities.”²² The Manitoba Association of Registered Nurses voted that a sum of \$2,000 “be set aside for use in aiding nurses who should be engaged to give nursing care to critically ill patients who otherwise would not have that care.”²³ In Alberta, at least one hospital provided “one week’s holiday without pay, but with meals provided, to its general duty graduates,” while another institution aided its senior students who had not yet graduated by permitting them “to stay on at the hospital [with] a small salary and if possible a ‘special’ case.”²⁴

For CNA, however, the problem of nursing unemployment was related more to the basic education of nurses than it was to working conditions in the field. Hospitals churned out a large supply of graduates, and it was clear to some members that “under present conditions,” Canada could not “absorb the product of her Training Schools of Nurses.”²⁵ The image of large numbers of nurses flooding the market only gave fresh impetus to the more lengthy discussions at CNA meetings and in the organization’s journal on how best to provide adequate nursing education.

These deliberations took place within the larger context of a growing number of studies and surveys that began to address standards in nursing education. Jean Gunn and others wondered if hospital-based nurse training schools could still provide an adequate nursing education in light of the rapid changes in scientific medicine and the accelerating growth of hospitals in Canada.²⁶ Citing the increasing costs of a nursing education, others asked why it “[stood] alone as the one type of ‘essential’ education receiving no public aid.”²⁷ Studies taking place in other countries also began to cause comment. The Rockefeller-funded *Report on Nursing and Nursing Education in the United States* (commonly known as the Goldmark report) was one of the first examinations of nursing education to be undertaken between the early 1920s and early 1930s. It raised the alarm over the lowered standards that a growing number of American hospital schools were accepting in order to keep up with the increasing demand for student nurses as hospital labour.²⁸ A survey undertaken by the ICN secretary “informed on the general progress of Nursing Education in all countries which are associated with the Council” and highlighted the wide variation that existed among member countries.²⁹ Returning in 1930 after five years at the Paris office of the Rockefeller Foundation, Johns described the “questioning spirit... abroad... to know what nursing is and where it is going.”³⁰ Government officials in Hungary, Romania, and Italy were also asking questions about nursing and efforts were being made to answer them.

Significant studies were also underway in related fields. In Canada, Dr. Harvey Agnew of the CMA’s department of health service undertook a survey of hospitals, and in a September 1929 presentation in Manitoba, he contended that “the most striking observation is the tremendous increase in hospitalization in every province.” Since the end of the First World War, “a hospital building campaign [is] now in progress which has never been equaled in the past and still practically every community reports ‘hospital accommodation far from adequate.’” He reported that more than 74,000 beds were spread over 886 hospitals, of which 500 were public general hospitals and the rest were “sanatoria or isolation, mental, war, veterans, private or other hospitals.” Agnew believed that this increase reflected public confidence in hospitals: no longer did people “expect to find over every hospital portal, written with skeleton fingers, that Dantean inscription, ‘Abandon all hope, all ye who enter here.’”³¹

With all of this background activity, it is thus not surprising that CNA decided that nursing should be studied in Canada. The official 1932 release of the landmark Weir report was the culmination of almost six years of intense work. This study had first been prompted by the CMA in 1926, when physician A.T. Bazin suggested appointing a special committee to study the curricula of training schools for nurses in Canadian hospitals.³² Although Brazin had apparently intended to confer with other groups, “much misinterpretation and misunderstanding arose and there were storms of protest. . .in presuming to deal with this matter without consultation with other bodies concerned.”³³ CNA became formally involved in 1927 with the establishment of a study committee composed of three members each from the CMA and CNA. A seventh person to represent the provincial hospital associations was never named to the committee. Jean Gunn, superintendent of nurses at Toronto General, Jean Browne of the Canadian Junior Red Cross Society and Kathleen Russell, director of the University of Toronto school of nursing, represented CNA. Insisting that CNA would share equally in the study’s cost, they set about to define the scope and nature of the study.³⁴

The nurses attributed the launch of this joint CNA–CMA study to discontent within and about nursing and welcomed the opportunity to gather information on many different aspects of this discontent. They were aware of difficult relationships between the medical profession and nurses. Some physicians had publicly censured public health nurses in particular regarding their specialized education and focus of work, which some perceived infringed on medical knowledge and the physicians’ own practices. Gunn turned the argument around, however, asserting that physicians had consistently expected more from nurses and thus educational standards had to keep up.³⁵ “We may as well face the fact that there are rumours that all is not well with us,” Browne confessed, but she highlighted “the cost of receiving proper nursing” as one of the key problems. The “unthinking patient and physician are very apt to blame the high cost of nursing on the nurses themselves, but. . .it is a general economic problem which should be the responsibility of the whole community and not of nurses alone.”³⁶

By this time, CNA had taken on greater financial responsibility for the project, pledging \$12,000, of which half came from surplus funds from the 1929 Montreal meeting of ICN.³⁷ In November 1929, the study gained further stature with the official appointment as chair of the committee of Dr. George Weir, a professor at the University of British Columbia (and later provincial minister of education) who had established his reputation with a survey of education in British Columbia.³⁸ Weir received his appointment in the days immediately following the stock market crash that sparked the Great Depression, and while it was unfortunate that more nurses would endure hardship as the study proceeded, its results would assume heightened importance when they were finally released in 1932.

The report of Weir’s *Survey of Nursing Education in Canada* was officially released on February 12, 1932. Contrary to the seemingly narrow focus implied in its title, the report provided a wide-ranging overview and analysis of the social, economic and educational aspects of Canadian nursing. Weir had investigated the demographics, educational preparation, working conditions and job satisfaction



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“The problem of state medicine, in some form, must eventually be faced by the statesmen and citizens of Canada.”

of nurses employed in institutional, public health and private duty nursing. Although he found that nurses in all sectors were vulnerable in an increasingly depressed economic market, the lives of private duty nurses were the most precarious. Unable to find enough work and to be properly paid for the work that they did find, they were positioned well below the standard of living and faced a bleak old age. Hospital and public health nurses were not without their own share of problems, but most practitioners in those sectors expressed satisfaction with their work. Only about half of the private duty nurses surveyed, however, were happy with this branch of nursing, and many nurses intended to seek work elsewhere.³⁹

Demonstrating the precarious economic status of nurses helped Weir refute the opinion of “unthinking people” who blamed nursing for the high cost of health care. Arguing that his many meetings with nurses, doctors and members of the laity demonstrated increasing dissatisfaction with the status quo, he contended that “the problem of state medicine, in some form, must eventually be faced by the statesmen and citizens of Canada.” In thinking about socializing health services, he pointed out that the “survey was pleased to associate itself with the school of moderate thought,” halfway between those who supported a strident form of communism or else professed a “pseudo-professional individualism.”⁴⁰ Weir was confident that a system, still based on a patient’s ability to pay, could be put in place to “supply [health] services to the average patient at less cost than at present and in more abundant measure.”⁴¹ Jean Browne was impressed enough with this recommendation alone that she believed nursing in Canada should be brought “summarily to attention, and, may I say, to salute!”⁴²

Nonetheless, it was Weir’s recommendations for educational reform that CNA stressed to its membership through *The Canadian Nurse*. Browne approved his belief that “training schools for nurses should no longer be left to the haphazard methods of individual hospitals, but should be subsidized, controlled and supervised by the Government in the same way as normal schools are. An approved training school should be defined by law, and hospitals, otherwise qualified, should not be legally authorized to establish training schools unless on the explicit written statement of the Provincial Board of Control.” Weir had compared the poor state of professional nursing education, particularly the wide variation in quality observed among both small and large hospitals, with the state of education in other professions and had noted that such variation in curriculum content between the poorest and the best training schools “would never be tolerated in high schools or normal schools.” As well, he noted, “R.N. Examinations are, on the average, a sieve with wide meshes.”⁴³

“Weir had compared the poor state of professional nursing education, with the state of education in other professions and had noted that such variation in curriculum content between the poorest and the best training schools ‘would never be tolerated in high schools or normal schools.’”

Weir’s report was received with great enthusiasm by Canadian nurses. About 1,400 copies sold in the month after its publication, indicating, according to one journal editorial, a willingness to accept the report’s findings and recommendations even if “in spots it cuts deep.”⁴⁴ Discussions related to the survey dominated CNA’s 1932 convention in Saint John, New Brunswick. Despite the enthusiasm, some members were disappointed that CNA could formulate only general policies rather than adopt definite actions to direct the provincial associations.⁴⁵ However, the resolutions passed identified three areas of the report that the membership considered key: the approval of training schools, the analysis of the cost of nursing education, and the distribution of nursing services.⁴⁶ CNA was pleased that members of the press, who had been “admitted without restriction” to the general session, were sympathetic to the findings in the report.⁴⁷ The *Toronto Star*, for example, reported that “the greatest injustice under which your profession has had to labor is the exploitation of student nurses under the guise of educational training.”⁴⁸

With the Weir report now published and well discussed, CNA turned its attention to following the report’s influence within the provincial nursing associations and their respective provincial governments. By May of 1933, Saskatchewan could report that all graduate nurses employed on a hospital staff would soon need to be registered with the province. Nurse training schools could only be established

where there were at least four registered medical practitioners resident within two miles of hospitals that had at least 70 adult beds, 45 in-patients each day and three graduate nurses employed on staff. New nursing students were required to have at least grade 11 or equivalent education. This “remarkable advance” would not be the first time that the “indomitable pioneers of the West [broke] new and fertile ground,” opined one writer.⁴⁹ The Joint Committee in New Brunswick seemed “to be off to a good start,” requiring all students to be at least 19 years of age and to undergo a yearly physical examination. To help ease the nursing unemployment crisis, some schools also limited the numbers of new student nurses admitted, and hospitals hired some graduate nurses on a part-time or shared basis during the worst years of the Depression, paying attention to Weir’s findings that this approach was less expensive than relying on student nurses to provide the bulk of hospital nursing services.⁵⁰

Heralding “a new era in nursing education in Canada,” Edith Kathleen Russell pioneered the establishment of an independent school of nursing at the University of Toronto in September 1933.⁵¹ Although graduates received a diploma rather than a degree until 1942, the faculty for the first time had full control over both the education and nursing practice portions of the program.⁵² *The Canadian Nurse* concluded optimistically that “signs are not lacking that, before long, other Provinces will be in a position to report definite progress in the uphill climb towards higher and more uniform educational standards. The ferment of the *Survey* is working.”⁵³ Nonetheless, progress was uneven; standards remained low and were often not applied consistently. Nurse education historian Lynn Kirkwood sees the Depression years as a lost opportunity for change, claiming that the apprenticeship system had become completely entrenched and administrators preferred a disciplined student workforce to a workforce of graduates, who as a less controlled body might undermine their authority.⁵⁴

“Signs are not lacking that, before long, other Provinces will be in a position to report definite progress in the uphill climb towards higher and more uniform educational standards. The ferment of the Survey is working.”

EDITH KATHLEEN RUSSELL (C. 1900-1964)

Kathleen Russell was a dedicated and innovative educator whose public health nursing program became a model across Canada.

Miss Russell received her bachelor of arts from King’s College, then, in 1918, graduated from Toronto General Hospital. In 1920 she became director of the Department of Public Health Nursing at the University of Toronto and developed a model four-year program. Under her leadership the Department of Public Health Nursing became the School of Nursing in 1933.

Miss Russell was the first to advocate a survey of nursing education in Canada, and she served on the Canadian Medical Association and Canadian Nurses Association’s joint survey committee.

She was awarded a doctor of civil law, honoris causa, from King’s College in 1939, received the Mary Agnes Snively Memorial Medal from the Canadian Nurses Association in 1945, and was made an honorary life member of the Registered Nurses Association of Ontario in 1959.



“Nurses in the various branches of the profession, including those in private duty, were coming together and tackling certain difficult issues ‘more courageously and frankly’ than before.”

The Weir report continued to provide a reference point for the next few years. In 1934, after reiterating the familiar list of solutions that Weir had outlined regarding licensing nurses, reorganizing registries, curtailing nursing school enrolments, shortening hours of duty and supporting health insurance schemes for nurses, Gunn suggested “that *experiments be undertaken in different localities* which may help solve some of the economic problems of nurses and meet the unfilled nursing needs of the community.”⁵⁵ One proposal discussed maintaining a central registry that would enrol both graduate and practical nurses in each province. Holding out financial support as a “carrot,” CNA also agreed to match the money from each provincial association (up to \$500 per year for two years) that placed groups of nurses on a monthly salary.⁵⁶ Suggestions such as these were probably behind the remarks of *The Canadian Nurse* editor Ethel Johns, who, despite recognizing the “crushing burden of the depression,” felt that “the year had marked our coming of age as a national association.” She credited her optimism to the fact that nurses in the various branches of the profession, including those in private duty, were coming together and tackling certain difficult issues “more courageously and frankly” than before. No longer, she believed, were nurses so afraid of “goblins and ghosties and things which go ‘bump’ in the night” – no longer did “socialized medicine” conjure up “horrid visions of Stalin in command on Parliament Hill,” but it now seemed as “compatible with our Canadian system of government” and as innocuous as “the regular changing of the guard at Buckingham Palace.”⁵⁷

Weir himself addressed the meeting in 1936. Two years later, President Ruby Simpson, who stressed that Weir’s report remained “the chart and compass” for the reshaping of the Canadian nursing profession, was pleased to highlight the progress that had been made. The private duty section had continued to keep issues of central registries, health insurance and pensions on the agenda. The curriculum committee had worked particularly hard throughout this period, advocating for upgrading methods and standards of teaching and qualification in nursing schools. Under the direction of Marion Lindeburgh and after “four years of serious thought, meticulous care and arduous labour,” the committee had introduced a proposal for an entirely new curriculum in 1936.⁵⁸ In 1938, the committee reported on the somewhat patchy acceptance of the eight-hour day in hospitals. After a decade of work, the joint committee of CNA and the CMA on nursing education was finally dissolved, and the CMA donated the remaining funds in the account to CNA.

Although the Depression was still on the minds of members, CNA celebrated the 25th anniversary of the organization in Toronto. The death of Mary Agnes Snively in September 1933, just six weeks before her 86th birthday, had saddened the executive, who had anticipated that she would be able to attend.⁵⁹ Among the many published messages of tribute was a letter from Helen MacMurchy, the first editor of *The Canadian Nurse*, who insisted that we “shall not look upon her like again.”⁶⁰

At the meeting itself, Snively's image figured prominently in the Silver Jubilee pageant that dramatically traced the "epic" history of nursing in Canada. Professionally produced, the lavish extravaganza consisted of 22 interwoven scenes that highlighted key episodes in the history of Canadian nursing. It was hailed as "a masterpiece in composition and presentation," and indeed, a French nun exclaimed that for her, it had been "a spiritual experience, full of beauty, truth and reverence," with the portrayal of Snively so beautifully enacted "that the large audience burst into a transport of applause."⁶¹

As a fitting memorial to the founder of CNA on this special occasion, the organization established the Mary Agnes Snively Memorial Medal, to be awarded to three outstanding nurses at each biennial conference. The first medals were presented in 1936 to Edith MacPherson Dickson, Jean Gunn and Mabel Hersey,⁶² and in 1938 the recipients were Jean Browne, Jean Scantlion Wilson and Elizabeth Smellie.⁶³ This initiative represented the start of CNA's program of awards to honour individuals and employers (see Appendix N), which has grown considerably over the decades since the first Snively medals were presented in 1936.

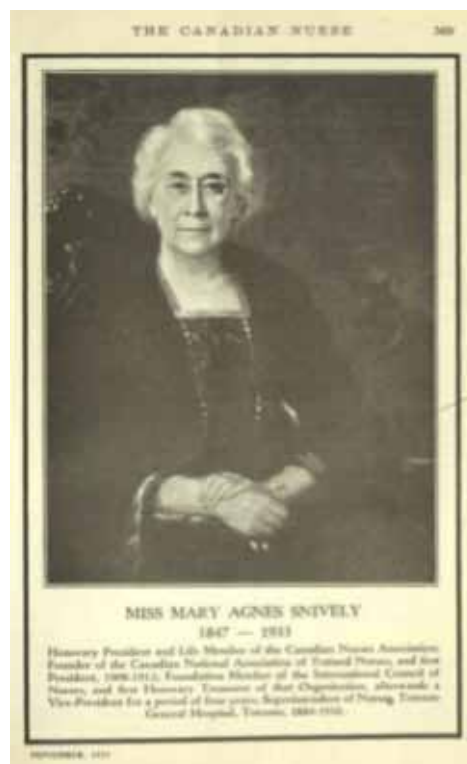
CNA AWARDS PROGRAM

CNA maintains a system of internal awards (see Appendix N) to honour individual nurses for their outstanding contributions to nursing, and this program was expanded during the tenth decade. Canada's highest nursing honour, the Jeanne Mance Award, is presented at the biennial convention to a nurse who has offered distinguished service to the profession and the country. Because there are so many deserving nurses, a new Award of Merit was established in the centennial year to acknowledge distinguished service in the categories of nursing education, leadership, policy, research and practice – and these too will be presented at each biennial convention.

To launch the centennial year, the prime minister and his minister of health joined CNA's board of directors at the Toronto Hospital for Sick Children where the prime minister presented an award for service to one nurse from each Canadian province and territory as well as to the chief nursing officer at the hospital. Earlier, a group of contest-winning nurses from across Canada had enjoyed lunch at the prime minister's residence, hosted by his wife, Lauren Harper. Later in 2008, special centennial medals were presented in a ceremony in Ottawa to 100 Canadian nurses nominated by their peers and organizations across the country. These awards were presented in the centennial year only.

Along with individual awards, CNA's certification program presents awards for innovation and support of the certification program to employers across the country. The organization also partners with the CMA to present awards to members of the media and their employers for outstanding coverage of health issues in various media formats (see Appendix N).

National Nursing Week. The ICN first designated May 12, Florence Nightingale's birthday, as International Nurses Day in 1971. In 1985, CNA members passed a



Notice of death of Mary Agnes Snively published in *The Canadian Nurse*, November 1933



resolution to begin negotiations with the federal government to explore having the week including May 12 proclaimed as National Nurses Week annually. Soon after, the minister of health proclaimed the second week of May as National Nurses Week; in 1993, the name was changed to National Nursing Week to emphasize the profession's accomplishments as a discipline. The celebration draws attention to nurses, increasing the awareness of the public, policy-makers and governments of the many contributions of nursing to the well-being of Canadians. It is also an opportunity to educate Canadians about health issues, by providing information they need to make decisions about their health, and to promote the role of the nurse. Themes for the celebrations in 1987-2010 are listed in Appendix S.

The CNA Memorial Book. Nurses who have died may be nominated by their peers for inclusion in CNA's *Memorial Book* (see Appendix O) if they have offered outstanding service in their areas of work. The names of all CNA presidents and chief executive officers (CEOs) (see Appendix J) are automatically included in the book. New names in the book are announced during the annual meeting at each biennial convention.

External nursing awards. Beyond CNA, other organizations of course acknowledge Canadian nurses with a variety of awards. At the national level, for example, the Canadian Academy of Health Sciences began a program in 2004 to acknowledge distinguished careers in research, and since then, 22 nurses have been appointed as fellows of the academy (see Appendix L). Canada's highest civilian honour, the Order of Canada, acknowledges a "lifetime of outstanding achievement, dedication to the community and service to the nation." Sixty nurses have been appointed to the Order of Canada since it was established in 1967, including seven of CNA's former presidents, two former CEOs and 11 Jeanne Mance Award winners (see Appendix M).

Globally, nursing's highest honour is ICN's Christiane Reiman prize, its namesake being the organization's energetic first CEO. ICN also expanded its awards program during this decade, to acknowledge distinguished service in the areas of health and human rights, and international achievement (see Appendix T). Margaret Hilson of Canada was presented with the inaugural International Achievement Award at ICN's centennial meeting in London in 1999. Nominated by CNA, Stephen Lewis was presented with the Health and Human Rights Award in 2005 at the quadrennial congress in Taiwan.

By the time Ethel Johns had taken over as editor of *The Canadian Nurse* in 1933, CNA headquarters had moved from Winnipeg to Montreal. Considerable hope and expectation accompanied the appointment of the organization's first full-time editor. Her predecessor, Jean Wilson, who had served as part-time editor for eight years but was remaining in the position of CNA executive secretary, contended that this new move should "mark a turning point" for the journal. She regretted that she had not been able to raise the number of subscribers significantly, even though she believed that each member "should be able to afford a *bit less than four cents a week* towards an annual subscription!"⁶⁴ Influenced by her international travels and familiarity with other nursing journals, particularly the *American Journal of Nursing* and the *Public Health Nurse*, Jones brought a strengthened analytical, literary and professional perspective to the journal. She also strove to make the content more sophisticated (she dropped marriage and obituary notices, as well as poetry submissions, for example) and told her readers that she wanted to include occasional articles from the significant population of French-Canadian nurses.⁶⁵ Jean Browne asserted that under Johns, "*The Canadian Nurse* will fulfill its most important function if it educates its readers to think for themselves, to bring an analytical mind to their problems, to be guided by reason rather than emotion, and to be ready to make changes when a changing social order demands them."⁶⁶

“The Canadian Nurse will fulfill its most important function if it educates its readers to think for themselves, to bring an analytical mind to their problems, to be guided by reason rather than emotion, and to be ready to make changes when a changing social order demands them.”

At the end of her first year, Johns was pleased with her efforts, and not unlike previous editors, she was optimistic that "nurses are coming to believe in the *Journal* and to regard it as a possible asset rather than as a hopeless liability."⁶⁷ Nonetheless, four years later she was finding it challenging to persuade especially younger nurses to "take off the wrapper" and actually read anything in the journal beyond the

light-hearted “Off Duty” page at the end of each issue.⁶⁸ When *The Canadian Nurse* published its 35th volume at the beginning of 1939, Johns reported that the journal finally had its own office. As editor, she now had “A Room of One’s Own,” rather than having to share office space with CNA secretary Jean Wilson. Johns, who felt that *The Canadian Nurse* had “leaned heavily upon the pioneers,” believed by then that it was time the younger nurses took hold.⁶⁹

One of the more contentious issues that arose during the latter half of the 1930s was the idea of reciprocal provincial nursing registration in Canada. Discussions that took place at the next two biennial meetings highlighted the jurisdictional issues that crosscut attempts to organize nursing nationally and that placed limits on CNA influence. A committee that had formed in 1934 studied the possibility of forming a dominion council or college under the auspices of CNA, which would enable nurses from approved schools with a standardized curriculum to obtain reciprocity in other provinces by paying to sit a set of national examinations. The proposal met with determined resistance from most of the provincial associations and other groups at the next two meetings. Whether this new entity should be called a council or college was the least of the issues at stake. Confusion reigned over issues of control. Although the CNA committee insisted that registration through the council would be voluntary, many provincial associations seemed to think it would be compulsory. The religious sisterhoods, which controlled 35 per cent of training schools across the country, wanted representation on any council formed. The French members from Quebec objected to another examination and suggested any national council should license the Quebec examinations. Some provinces warned that any national body inspecting nursing schools would run afoul of provincial control of education. British Columbia asserted that it was not politically expedient to tamper with provincial legislation on nursing; it had done so and had been forced to accept unanticipated and unwanted changes. Other provincial associations worried that their own precarious financial existence would be jeopardized if nurses chose to take the national examinations and register only with the council.⁷⁰ In the end these competing forces won out, and the motion to establish any national body to oversee nursing registration was defeated.

The federal government, however, was beginning to pay closer attention to CNA. At a meeting scheduled in Ottawa between federal and provincial health ministers in April 1935, a small CNA delegation met with the the acting prime minister, Sir George Perley, and the minister of health, Donald Sutherland, to present its *Outline on Health Insurance and Nursing Services*. Marking one of the first times that CNA’s opinion was sought by the federal government, the delegation was then invited to attend a conference (as observers) where a decision was made “to appoint a Royal Commission to investigate the whole field of Canada’s health service with a view to acquiring data on state medicine and health insurance.”⁷¹ Three years later CNA presented its brief on health insurance from the standpoint of nursing service before the Royal Commission on Dominion-Provincial Relations, where it received a “careful and courteous hearing.”⁷² The CNA submission emphasized the need for a full national survey of all health services, and in recognition of the important role it believed that nurses played in the preventive aspects of health, the organization called for nurses’

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inclusion in the development, administration and regulation of any new health insurance plan.⁷³ By the time of the 1938 meeting in Halifax, however, little progress on health insurance had been made at the provincial level.⁷⁴ The belief that compulsory insurance was a “foreign” idea, improving economies in at least some provinces, the lack of a firm consensus from the medical profession, and an increasingly shaky international political situation undercut any enthusiasm for a generalized health insurance plan that had been developing.⁷⁵

The mood among Canadian nurses, along with everyone else in the country, was one of anxiety and suspense as another war appeared inevitable. Although the expected declaration of war did not come in September, CNA raised concerns that the national plan to enrol nurses for emergency service was not yet sufficiently organized and prepared for nurses to answer “A Call” when it did come. Although the preparation of a list of nurses who were willing to volunteer their services in the event of domestic disasters or international conflicts had been a joint initiative of CNA and the Canadian Red Cross Society since 1927, the numbers of nurses had never met expectations. Practising nurses had never been clear whether they could be posted without their consent or whether they would be paid for their work. By 1938, enrolment was less than two-thirds the levels considered essential, although it was hoped that “if the necessity arose the nurses of the Dominion would rally.”⁷⁶ Increasingly strident calls to nurses, especially to recent graduates, appeared frequently in *The Canadian Nurse* through the months leading up to the declaration of war in September 1939.⁷⁷

1939-1945

One of the first actions of CNA after the start of the war was to join the Canadian Red Cross Society War Council. First Vice-President Elizabeth Smellie represented CNA at the first meeting, held in Toronto on October 23, 1939. Jean Gunn also attended as a member of the Central Council of the Canadian Red Cross Society, along with representatives of approximately 20 other national agencies. CNA’s representatives “made it clear that members of the nursing profession in Canada are ready and willing to render any national service which may be required of them.”⁷⁸ Grace M. Fairley, CNA’s president, made a similar pledge directly to Prime Minister Mackenzie King.⁷⁹ CNA appeared confident in making such promises, but it perceived that securing a sufficient, stable and well-qualified supply of

nurses, particularly for the home front, would be the central challenge through the entire course of the war and beyond. As one article in *The Canadian Nurse* warned, “there are so many other channels open to the would-be nurse which sound more exciting and appear on the surface to make her more immediately useful to the nation’s sick and wounded whom she wishes to serve.”⁸⁰

Because of the war, some CNA leaders questioned whether the 1940 biennial convention should be held at all. As delegates arrived in Calgary in late June, the prevailing mood was grim, but they saw their meeting as “an opportunity of taking counsel together before the full force of the storm is upon us.”⁸¹ They welcomed the news that the total membership of CNA had reached 16,758, almost doubling in the 10 years since it had become a federation of provincial nursing associations.⁸² In addition, for the first time in eight years, *The Canadian Nurse* was “out of the red” and had “a steadily increasing bank balance,” although the editor was still concerned that only about 20 per cent of the membership subscribed to the journal.⁸³ To support these developments, members voted for an expansion of the

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national office.⁸⁴ The former section on nursing education was renamed the “Hospital and School of Nursing Section,” and signifying the changing location for graduate nursing work, the private duty section became the “General Nursing Section.”⁸⁵ For the war effort, members pledged three surgical units to the government, consisting of operating table, instruments and mobile sterilizer worth a total of \$4,500, and agreed to invest all CNA’s surplus funds in war bonds.⁸⁶

The shortage of nurses, which would soon engage CNA on several different levels, was not much in evidence at this meeting. In urging CNA to institute a national nursing placement service, the Registered Nurses Association of Ontario suggested that “the need [for it] at present was more urgent from the applicant’s standpoint than the employer’s.”⁸⁷ The eight-hour-day committee had been formed because of concern that the long working hours that students endured were interfering with the implementation of CNA’s proposed new curriculum. Attention to working conditions for graduate nurses appeared to be an afterthought, and the committee’s findings revealed a substantial ambivalence among teachers, superintendents and even nurses themselves about a shortened work day. A lack of accommodation for the increased numbers of nurses that would be required, a decrease in nursing salaries, and fears that nurses would not use their increased leisure time in productive and appropriate activities were all raised as potential problems.⁸⁸

CNA was taking note of the increasing pressure of wartime needs for nursing services, but it was determined to resist the impulse to lower entrance requirement standards. While it acknowledged that improvements in nursing education had been implemented since the Weir report, fundamental challenges still had to be overcome. Schools in hospitals too small to provide sufficient clinical experience continued to exist. Some still did not have full-time or even qualified instructors.⁸⁹ Agnes McLeod, who had surveyed the credentials of nurses employed to teach students, argued that “no other school system would tolerate such a state of affairs. The sooner schools of nursing are linked up with other professional schools under recognized educational authority the better it will be for nursing.”⁹⁰ The provincial ministries of education, however, gave little indication that they were prepared to assume responsibility for nursing education, and as the war continued, the immediate need to stabilize nursing services in Canadian hospitals effectively limited further attention to the larger and long-standing structural problems of nursing education.

After several years of trying to limit the numbers of new students, in early 1940 CNA launched a pamphlet carefully designed “for the guidance of high school graduates who wish to enter the nursing field.”⁹¹ It also undertook a “careful survey” of promising junior nurses already engaged in hospitals or private duty and encouraged them to seek out postgraduate experience or study to help alleviate the nursing shortages, particularly in supervisory roles, that were expected to be created by the enrolment of nurses in military nursing service.⁹²

Broader strategies in recruitment developed out of the “excellent effect on public opinion” that CNA’s “prompt and willing cooperation” with the federal government and other groups involved in the war effort had generated. Suddenly, nurses were being invited to consult with various organizations and their opinions were being treated “with respect.” The public was “coming to see that we are not trying to be ‘half-baked doctors’ but only to become thoroughly competent nurses, fit to serve our country in peace and in war.” As Johns suggested, “If only we have the wit to seize it, here is our opportunity to enlist public sympathy and support for nursing and nursing education.”⁹³



“The public was ‘coming to see that we are not trying to be ‘half-baked doctors’ but only to become thoroughly competent nurses, fit to serve our country in peace and in war.’”



In 1941, CNA met for the first time with the Canadian Hospital Council, where representatives discussed delegating medical responsibilities (taking blood pressures, giving subcutaneous and intramuscular injections, removing sutures, etc.) to graduate nurses in hospitals without a sufficient number of medical interns.⁹⁴ As the war situation worsened, it also took part in an “historic” meeting at McGill University – the first national meeting of university departments of nursing from across Canada. Several key recommendations emerged to address the increasingly acute nursing shortage: allow student nurses to live at home at least during the preliminary term; institute a central preliminary school on an experimental basis; recall married and retired nurses to active service and arrange a method to bridge the gap of knowledge for nurses who had been away from service for some time; and provide better professional status for general duty nurses as members of hospital nursing staffs, along with higher remuneration.”⁹⁵

Funding an ambitious recruitment campaign required the support of the federal government, a direction that CNA felt needed justification. “Dignified publicity” would be necessary to obtain public money, but, as Johns pointed out, “it will not be easy to reconcile this new conviction with our deep-rooted and instinctive desire to shield our patients and ourselves from the sort of publicity which involves personal and vulgar display. Nevertheless, until the people of this country know why we must and should have money, they are not going to give it to us...and an intelligent attitude to the press” was needed.”⁹⁶ A direct approach to the federal government in November 1941 resulted in a grant of \$115,000, thanks in particular to the efforts of Senator Carine Wilson, who had a great interest in and understanding of nursing and “its relation to the present national situation.”⁹⁷ CNA allocated this money, and the grants that followed in each of the remaining years of the war, to a variety of provincial projects designed to encourage and support the recruitment of additional nurses.

This funding also supported the salary of the new position of emergency nursing advisor, filled by Kathleen Ellis through June 1943, and a francophone associate, Mlle. Giroux, later followed by Juliette Trudel.⁹⁸ Ellis’s primary mandate was to oversee an increasingly comprehensive publicity campaign to lure young women away from the serious competition of other professions and occupations that offered easier training, shorter work hours and higher pay. In her first report in the fall of 1942, she detailed a wide range of publicity initiatives undertaken or planned that included radio spots and newsreels distributed across the country. Whether or not it can be fully attributed to CNA’s aggressive publicity campaign, a significant increase in the enrolment of student nurses occurred in many areas, and large numbers of married and otherwise inactive nurses returned to work during the last years of the war.⁹⁹ Since 1939, enrolment in postgraduate nursing courses funded through the federal grants had also risen 39 per cent by 1943-44.

Nevertheless, many hospitals and some public health organizations were complaining of a nursing shortage. Some operated with very greatly reduced staffs while others had closed their doors completely owing to lack of personnel.¹⁰⁰ CNA thus continued to work on many levels to boost the nursing supply and to improve the distribution and affordability of nursing services. The executive was invited to submit a brief on nursing services to a renewed federal government initiative on comprehensive health insurance, but the proposed bill was deferred, largely because of political complications between the federal and provincial governments. It also began working closely with the National Selective Service to develop a means of “exercising some type of directive control whereby nursing services throughout Canada could be best utilized toward a total war effort.” Along with other professional groups, CNA was asked to undertake a quick study of nursing resources and needs.¹⁰¹ Published in June 1943 under the auspices of the Canadian Medical Procurement and Assignment Board, the survey revealed that the number of nurses working in private duty had been cut in half (from 60 per cent to 30 per cent), and half of all employed nurses were now working in hospitals or schools of nursing. The rest were distributed in public health and industrial nursing. Approximately 16,000 nurses were unemployed but available. “On the whole,” Ellis believed, “the vast majority of nurses remain loyal to the profession and to the demands that are being made upon it in the present crisis.”¹⁰²

The ongoing nursing shortage again left CNA wondering about the wisdom of holding the annual meeting in 1944. Four years earlier, concerns over the war itself had prompted questions about the conference, but now the more pragmatic issues of wartime restrictions took precedence. A small registration and poor weather, however, did not preclude a productive meeting in Winnipeg. Delegates looked to the past to celebrate the retirements of Jean Wilson, who had served as executive secretary for 20 years since the establishment of the national office, and Ethel Johns, editor of *The Canadian Nurse* since 1933. This meeting was also the last time the Mary Agnes Snively medal was awarded; Marion Lindeburgh, Helen Randal and Ruby Simpson were honoured. Subsequent meetings would recognize Snively through a memorial lecture. New initiatives saw CNA rescinding its former policy of non-affiliation with other national organizations, re-affirming its stand against racial discrimination of students entering schools of nursing,¹⁰³ pledging support for a national campaign against venereal diseases and resolving to curb the tendency of uniforms being worn “altogether too promiscuously outside hospital bounds” because “for hygienic reasons this is not thought to be in the best interests of the patients.”¹⁰⁴

At the same time, CNA began to shift its focus toward postwar planning and reconstruction. The Committee on Postwar Planning that had been formed in November 1943 was mandated to oversee the rehabilitation and demobilization of nurses overseas and to assist the provincial associations to meet the growing demands in all fields of nursing after the war. Because Canadian nurses were being called to join the United Nations Relief and Rehabilitation Administration, CNA also helped facilitate the recommendation of nurses for services in foreign countries.¹⁰⁵



Kathleen Ellis

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“Publicity and recruitment programs had to be shelved at a time when CNA and provincial nursing associations believed that more and better prepared nurses were needed to meet the rising public demand for nursing services.”

The Depression and the Second World War had given rise to shifting patterns of supply and demand for nurses in Canada. In the postwar period, the spectre of oversupply that had so dominated the decade before the war did not lurk in the background for long. Some had predicted that the 4000 military nurses returning to Canada after their demobilization would flood the market, but many left nursing for marriage and motherhood, and those who remained for the most part shied away from the regimented confines of hospital nursing.¹⁰⁶ As the war ended, however, CNA recognized that converting to peacetime would necessitate many changes to its programs, especially in the light of the government’s “regrettable” decision to curtail the wartime nursing grants it had so enjoyed.¹⁰⁷ Publicity and recruitment programs had to be shelved at a time when CNA and provincial nursing associations believed that more and better prepared nurses were needed to meet the rising public demand for nursing services. Finding ways to meet these expectations and to enhance nurses’ professional standing would increasingly dominate the agenda of CNA into the postwar era. CNA’s focus on education, which had apparently been eclipsed by concerns with wartime nursing shortages, would return in greater force.

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CHAPTER 5

STRATEGIES FOR CHANGE

1946-1966

Perhaps we have never found the right road. Is it possible that we have been floundering around in the underbrush, speculating as to where the path is, instead of climbing a tree to see the whole landscape?

Helen K. Mussallem

“These state-sponsored programs strengthened the idea that access to health care was a basic right of Canadian citizens.”

Access to health care in Canada and the demand for nursing services underwent radical changes in the two decades following the Second World War. In 1948, the federal government instituted a national health grants program, which it created from the remnants of a health insurance package introduced at the doomed 1945 Dominion-Provincial Conference on Reconstruction.¹ This plan offered money for health surveys, public health research and infectious disease control, but its most important element in the eyes of teams waiting to begin building was that it provided grants for hospital construction when the provinces delivered matching funding.² Hospital construction and renovation then proceeded at a rapid pace. Two years later the Department of National Health and Welfare reported that money had been approved for almost 20,000 additional hospital beds nationally. The introduction

of the Hospital Insurance and Diagnostic Services Act in 1957 to cover the costs of in-patient treatment in acute care hospitals put even more pressure on hospital use and nursing services. A decade later, the 1964 Royal Commission on Health Services decided in favour of comprehensive and universal health coverage for all Canadians, allowing unrestricted access to physician services following the passage of the Medical Care Act.³

These state-sponsored programs strengthened the idea that access to health care was a basic right of Canadian citizens. As the new programs for health-care infrastructure and health insurance took hold, high-level planners identified what was believed to be an enormous deficit in the country’s capacity to cope with the anticipated influx of patients into hospitals.⁴ To meet the rising demand for care in hospitals, sites that the public increasingly viewed as centres of the new scientific medicine, the ongoing “crisis” of the shortage of nurses had to be solved. A lack of nursing services threatened to limit access not only to modern medical care but also, by extension, to the benefits of a prosperous modern life.

The Canadian Nurses Association, which had struggled to manage nursing shortages during the war, soon realized that the return of military nurses had done little to ease the shortfall, and during the next two decades, it faced a growing number of complex issues associated with the provision of nursing services. As historians Joan Lynaugh and Barbara Brush pointed out for similar problems in American nursing, no one consensus could be reached about the causes of the nursing shortage, despite various studies and investigations. Hospital administrators, physicians and nursing leaders alike were treading new waters as graduate nursing staff began to lessen hospitals’ reliance on student labour. “Hospital staffs made up of fully trained nurses were still in their infancy. . . no one knew with any precision how day-to-day nursing care for hospital patients should be changed. . . . Many hospital administrators lacked experience of staffing wards with paid caregivers; they had never had to confront the reality of efficient use of nurses since the ‘schools’ always provided the labor force.”⁵

Various groups thus held differing perspectives regarding the underlying causes of and solutions to the nursing shortage. Once again, CNA believed that problems with nursing education were at the root of difficulties in recruiting and retaining adequate numbers of nurses. Hospital nursing schools that during the interwar years had been blamed for the oversupply of nurses were now deemed unable to graduate enough nurses to meet the accelerating demand. Once again, educational reform and experimentation were seen as solutions, because different types of education, especially those that were divorced from the traditional idea of hospital service, would help to entice fresh recruits at a time when a growing number of employment opportunities attracted young women away from the profession.

“Hospital staffs made up of fully trained nurses were still in their infancy...no one knew with any precision how day-to-day nursing care for hospital patients should be changed.”

As the demands for an expanding range of nursing services and new medical technologies stretched the nursing workforce, hospitals introduced new classes of auxiliary workers. Initially uneasy about these subsidiary workers who had been hired to relieve registered nurses of basic patient care and non-nursing duties, CNA gradually accepted their presence and began to frame the boundaries of their practice as the provincial associations worked to bring the training and licensing of the auxiliary workers under their control. As early as 1940, the severe shortage of nurses that had arisen during the war had prompted CNA to recommend that provinces develop courses for nursing assistants – and CNA in fact produced the first curriculum for such programs. Rank-and-file nurses, however, soon found

themselves responsible for their supervision, and the introduction of different levels of workers complicated the structure of nursing work – both at the time and into the future – by dividing patient care itself more firmly between bedside care and administration.⁶

Nurses responded to these workplace stresses in two main ways as many began to feel that they could exert some measure of control over their professional life. High staffing turnover rates continued to plague hospitals and other places of work throughout this period as nurses moved around in attempts to better their working conditions. They also began to demonstrate a stronger interest in collective bargaining. Recognizing that stabilizing the nursing workforce in part depended on improving workplace conditions and employee-employer relations, CNA sharpened its focus on the social and economic welfare of nurses, all the while insisting that provincial nursing associations, rather than trade unions, were the proper bodies through which to address these concerns.

During these two decades, CNA was also forced to re-evaluate its relations with others. As a federated organization involved in health care, it understood that it had little direct influence at the provincial level. Recognizing the need to remain relevant to its constituent parts, like other federated associations, it took stock of itself at mid-century to re-examine its roles, relationships and responsibilities with regard to the provincial nursing associations and the dramatic evolution in health care with which they were all trying to cope. Influenced by the intellectual climate of the times, which placed increasing faith in the role of the “expert,” CNA became more adept at accessing government departments and their officials. Historian Doug Owram suggested that as government bureaucracies expanded after the war, “lobby groups, labour unions, provincial governments and others would, within a generation of the Second World War, be able to bring views of social reform and planning to bear that used the same technocratic language and commanded the same prestige of expertise” found in government departments.⁷ Determined to keep nursing at the table, CNA began to adopt more widely – and indeed to itself create – some of the social science research that underpinned the growing assumption that the state should play greater roles in social and economic planning in Canada.

EARLY POSTWAR YEARS

At the beginning of 1946, CNA president Fanny Munroe succinctly captured the uneasy mood of the Canadian nursing profession. “With V-E day and V-J day passed and the high hopes we then had fading rapidly in the face of the gloomy pictures so constantly presented by press and radio, dare we wish ourselves a Happy New Year! And having wished it, how do we make it come true?” Munroe was happy to welcome back the many Canadian nurses who had served overseas, was proud of those who remained there to assist the United Nations Relief and Rehabilitation Administration and was well satisfied with the work of those who had maintained nursing services at home. “But times do shift and what has served in the war years is no longer adequate.” Acute nursing shortages were in evidence in England and the United States, and in Canada “the situation remains serious.”⁸



“As the demands for an expanding range of nursing services and new medical technologies stretched the nursing workforce, hospitals introduced new classes of auxiliary workers.”



“Modern nurse – refined and spiritually minded, liberally educated [and] scientifically trained’ – could not be prepared in schools that remained ‘largely untouched by modern educational enlightenment.’”

Embedded in Munroe’s words were her worries about the introduction of auxiliary workers or nurses’ aides; she feared that if not enough nurses could be found, the practical nurse “through attempting to meet a public need will usurp the work which the professional nurse claims as her right.”⁹ During the war, CNA had been pushed to study the need for some kind of auxiliary worker. At a joint meeting in 1942 that included CNA, the Canadian Red Cross Society, the St. John Ambulance Association and the Canadian Hospital Council, the CNA executive agreed to a short course of training for “voluntary nursing aides.”¹⁰ By 1946, however, courses for training “subsidiary nurses” – many of whom were ex-servicewomen – had been set up in vocational institutes across nearly the entire country, and in many provinces, all practical nurses, whether newly trained or already experienced in the field, were required to be licensed.¹¹ As Nettie Douglas Fidler reported from her positions as convenor of the CNA subcommittee on these workers and president of the Registered Nurses Association of Ontario, “a definite pattern for the training of the nursing assistant is beginning to take shape.” Aware of the anxiety expressed over these workers, she insisted that their roles were always to “assist the professional nurse” and the workers were to always be “under supervision.”¹²

One of the key questions that captured the attention of CNA for much of the next two decades – and arguably throughout the rest of the century – was what constituted satisfactory education of the nurse.¹³ One author emphasized that the “modern nurse – refined and spiritually minded, liberally educated [and] scientifically trained” – could not be prepared in schools that remained “largely untouched by modern educational enlightenment.”¹⁴ Although a comprehensive publicity campaign during the war years had been aimed primarily at recruiting student nurses, some members were now stressing the need for a renewed and broader initiative aimed at educating the public about these kinds of problems. As one wrote, “For too long we have wrung our hands in the comparative privacy of our own organization.” Educating those outside the profession about the limitations of nursing schools and the need to bring them under the provincial education system where they would operate independently of hospital service, would, it was thought, help to convince the public to insist on changes.¹⁵ Evelyn Mallory, president of the Registered Nurses Association of British Columbia, asked, “Are we going to continue to compromise, to muddle along with nursing education and nursing service hopelessly confused, not only in the minds of the public, but in the minds of nurses as well, as has been the case for years?” Or were nurses “at long last going to do some really constructive planning in relation to the preparation of professional nurses, frankly recognizing that we must have more nurses and better nurses if the needs of the community are to be met?”¹⁶

For its first postwar biennial conference, CNA elected to meet in Toronto. The members celebrated the completion of the history of nursing that they had earlier commissioned J. Murray Gibbon to write in collaboration with nurse Mary Mathewson, although publishing problems would prevent its actual printing until the following year.¹⁷ Following a number of proposals

and discussions over the previous decade, CNA members finally voted for incorporation.¹⁸ Wartime committees, such as the postwar planning committee assisting the demobilization and placement of nursing sisters, had begun to wind down. So too did the liaison committee with procurement and service, when its members became discouraged about its apparent ineffectiveness in solving the nursing shortage in hospitals. Working on these committees had placed CNA in a closer relationship with government agencies than it had enjoyed in the First World War, although it was still unable to secure a long-coveted seat on the Dominion Council of Health. No individual sections of health personnel were to be represented on the council, the minister of national health and welfare informed CNA.¹⁹

“‘Why,’ she wondered, did civic authorities ‘financing both a hospital and a public health nursing service from public funds...allow such an unbalance of hours to continue?’”

At the meeting, president Fanny Munroe laid out some of the “facts” she felt were contributing to the unrest confronting Canadian nursing: “insufficient graduates to meet public needs of any kind,” growing pressure for the establishment of pensions for nurses that allowed for transfer of place of employment, increasing numbers of nurses not pursuing bedside nursing, and many general staff and private duty nurses taking the summer off. The latter problem, she noted, “is a new attitude and not an admirable one in view of the existing shortage.” At the same time, she noted that the long working hours in hospitals, when compared to the shorter hours and free weekends enjoyed by public health nurses, were particularly troubling. “Why,” she wondered, did civic authorities “financing both a hospital and a public health nursing service from public funds...allow such an unbalance of hours to continue?”²⁰

For some, at least, collective bargaining appeared to be a way to partially deal with these contentious working conditions. Collective bargaining carried with it, however, the taint of trade unionism and the threat of strikes, and there was some tension with the discourse of nursing as a profession and all that this term implied. As one physician put it, proper hospital operations required “*not collective bargaining*, but TEAM WORK!”²¹ During the war, the federal government had rejected CNA’s claim that nurses, as “professionals,” should be exempt from its initiative encouraging the unionization of workers as a way to stabilize the workforce. The nursing committee responsible reported that nursing practice acts would have to be passed before nursing could legally be defined as a profession in most provinces.²² Despite CNA’s earlier approval of the principle of collective bargaining, the organization still believed that negotiations on personnel practices should be kept within the provincial associations; it feared any affiliation with trade unions and wanted to go on record at the meeting in 1946 as being “opposed to any nurse going on strike at any time for any cause.”²³

THE SHORTAGE OF NURSES

Nursing shortages appeared to be a particularly stubborn problem during the late 1940s and the early 1950s and concerned more than just nurses. As one physician put it, “What we must realize is that we have with us now a situation which, if not solved, will become a MAJOR NATIONAL CALAMITY.”²⁴ To CNA president Rae Chittick, it seemed that no headway had been made in decreasing the deficits in numbers of both hospital and public health nurses over the past two years, despite the fact that schools were now graduating the largest classes in their history. A CNA study released in 1947 placed a conservative estimate of the total shortage at about 8700 nurses

“A CNA study released in 1947 placed a conservative estimate of the total shortage at about 8700 nurses and climbing.”

and climbing. Noting that hospital schools were still not filled to capacity, the organization also lamented the “wastage” of students that still occurred, mainly because of overwork, although it was possible that many student nurses did not have “the right mental attitude toward nursing responsibilities” and were unable to “adjust to the self-discipline essential in this profession.”²⁵ Chittick stressed that nurses already in the system were also tired – tired of devoting too much of their time to routine and non-nursing tasks. No longer fearing the impact of auxiliary workers, she acknowledged that the schools established to train nursing aides were turning out a “credible product,” but warned that an “almost staggering number” of specialized personnel were still necessary for nurses to regain the “joys of fine workmanship that comes [sic] with the art of nursing.”²⁶



The struggle to provide the nursing services to meet the public's rising expectations for health care was causing much apprehension among nurses and hospital administrators.²⁷ A new federal grants program announced in 1948 by Paul Martin Sr., minister of national health and welfare, fuelled these fears. Marking the first major involvement of the government in health care, this extensive program emerged out of aborted efforts during the war to introduce a national system of public health insurance, and it provided shared federal-provincial grants for public health research and development, hospital construction and health surveys.

However, much to the dismay of the CNA leadership, no specific grants were targeted at nursing; CNA was particularly concerned about the lack of investment to help address the shortage of nurses. "While stirred and gratified by the prospect of the implementing of this magnificent program," CNA wrote in a brief to Martin, we are "deeply concerned as to the part which nurses will be expected to play in its development." The association offered several suggestions, including the establishment "without delay" of a division of nursing within the Department of National Health and Welfare and the appointment of a federal director of nursing.²⁸

CNA also called for the immediate initiation of a comprehensive national survey of nursing. A new joint committee, which had been formed at the end of the war and was composed of representatives from CNA, the CMA and the Canadian Hospital Council and officials from the departments of national health and welfare and veterans affairs, had already approached the Dominion Council of Health with a proposal to conduct a survey on the nursing situation in Canada. The Dominion Council of Health had not been interested, and without the full support of the federal and provincial governments, the committee members realized that "it would be impossible to implement some of the most vital recommendations...anticipated."²⁹ Part of the Dominion Council of Health's hesitation to proceed with such a survey was probably due to the fact that information was already available on a national scale from extensive nursing studies undertaken in Great Britain and the United States.³⁰ Of particular interest was the British government's *Report of the Working Party on the Recruitment and Training of Nurses* released late in 1947.³¹ Despite the failure of the larger Canadian study to get off the ground, however, CNA conducted a number of smaller and more focused questionnaires to better understand the status of nursing personnel in Canada, and some of these were well received by government departments.³²

According to Chittick, public relations campaigns and improvements in nursing education were the twin pillars necessary to effect any change in nursing shortages. In 1946, CNA had been caught by surprise when the government ended the federal grants CNA had received during wartime. Despite rising membership—from 21,431 members in 1943 to 23,685 at the end of 1945—the national office faced growing financial constraints that resulted in a reduction in its secretarial and clerical staff and the elimination of its national publicity and recruitment program. Gertrude Hall, the new general secretary who had

replaced Kathleen Ellis in 1944 (Ellis agreed to serve for one year, after which time she returned to her post as director of the University of Saskatchewan's degree nursing program and secretary-treasurer, registrar and advisor to schools of nursing at the Saskatchewan Registered Nurses Association.), noted that it was "regrettable" that CNA would have "to curtail its present program at a time when trends and developments in the expanding fields of nursing are demanding more nursing service and better prepared nurses to meet community needs."³³

GERTRUDE HALL (XXXX – 1960)

Gertrude Hall's nursing career contributed to the advancement of nursing education in Manitoba and across Canada.

As a young public health nurse in Manitoba, Miss Hall was in charge of health services in Portage la Prairie and taught health education in the Winnipeg Normal School. From 1931 to 1935, she worked as supervisor in Manitoba's department of health, where she organized various health services, surveyed nursing homes and developed a nursing manual.

Before Miss Hall's appointment as general secretary to the Canadian Nurses Association in 1944, she served for four years as executive secretary and school of nursing adviser for the Manitoba Association of Registered Nurses.

Her appointment as director of nursing at the Calgary General Hospital in 1952 gave her the opportunity to put her ideas about nursing education into action.

The almost complete absence of a public relations effort within CNA at this time, which was in stark contrast with the comprehensive publicity campaign undertaken during the war, became increasingly problematic. Negative press about the shortage of nurses amid the demands of nurses for better working conditions needed to be counteracted with "stories about the fine jobs nurses are doing, often at great personal sacrifice."³⁴ Nursing leaders charged rank-and-files nurses themselves with this task, but first, they had to get the facts straight. According to one *Canadian Nurse* editorial, a key element of any publicity campaign was that the message needed to "place the emphasis where it rightly belongs." More nurses than ever before were available, but it was the "demand for nursing service which has leapt to unprecedented heights." The success of this strategy depended upon nurses overcoming the evidence "that either she does not know what is going on...or that she chooses to ignore her responsibilities." Before they could educate others, nurses needed to be educated not only about the positive aspects of nursing but also about just how to properly inform the public.³⁵ Perhaps, one nurse suggested, it was time for CNA to start thinking in terms of political leadership [and to] prepare one of our members possessing special qualifications for such a post, even though "we may be shocked at the idea."³⁶

One bright spot during this period was a new experimental school for nursing education. Supported in 1946 by the Canadian Red Cross Society, which provided funding at \$40,000 a year for four years, CNA developed a model "demonstration



Gertrude Hall

"It was time for CNA to start thinking in terms of political leadership [and to] prepare one of our members possessing special qualifications for such a post, even though 'we may be shocked at the idea.'"

school." The immediate objective of this project was to establish a school that was financially and educationally independent of a hospital. If students did not have to provide nursing service, CNA hypothesized that they could be educated in two years rather than the three years then in practice.³⁷ The association believed that projects like this would help alleviate the nursing shortage by producing graduates more quickly. But they were also seen as the "cure" for the "fishy eye by which young women choosing a career view the nursing profession" – why should they spend three years of hard work for the same pay as a job that took only one year's training?³⁸ Leading the difficult search to find a hospital willing to rely primarily on graduate staff, as well as a province willing to credential graduates of a two-year program, was Nettie Douglas Fidler, at that time associate professor of nursing education at the University of Toronto and eventual director of the school. She finally settled on the 125-bed Metropolitan Hospital in Windsor, which had never had a nursing school, and the first class of 13 students entered in January 1948.³⁹

NETTIE DOUGLAS FIDLER (1894-1973)

Nettie Douglas Fidler was born in Montreal in 1894. She graduated from the Toronto General Hospital in Toronto in 1919.

During her career, she was director of nursing at the Toronto Psychiatric Hospital and the Whitby Psychiatric Hospital as well as a faculty member at the school of nursing in Toronto.

In 1939, she received a travelling scholarship from the Rockefeller Foundation and spent four months in England and Europe. From 1945 to 1949, Ms. Fidler was the president of the Registered Nurses Association of Ontario. Following this, she became director of the Demonstration School in Windsor and then director of the school of nursing at the University of Toronto.

She was appointed to the Dominion Council of Health in 1952 and received honorary life membership of the Canadian Nurses Association in 1962.

The experiment lasted only four years, with the last class graduating in the spring of 1953. From the standpoint of preparing fully qualified nurses in a shorter period of time, it had been a success. The external committee evaluating the program declared it "inescapable" that students could be "trained as least as satisfactorily in two years as in three, and under better conditions."⁴⁰ The students all had done well on their registration examinations, they had remained healthy and the majority carried on in the profession even though many had married. Some local physicians and community members, however, had apparently not supported the school, and not even nurses (and not just those in Windsor) were entirely convinced of the soundness of this new plan. The school had also not kept clear of all financial entanglements with the hospital, and in the final analysis, the director recommended that because the hospital board continually "confused thinking about training and service," a completely central school with no financial commitment to any of the hospitals with which it affiliated for nursing practice would have been a better model.⁴¹

"CNA was in danger of becoming 'only a clearing-house for the passing of ideas from one province to another [with] no definite goals, no clear-cut objectives, [and] no common philosophy.'"

REINVENTING CNA

The national office continued to struggle during the 1948-50 biennium. CNA realized that it still fell far short of being able to fund the much-needed projects of evaluating nursing education and instituting better public relations. Rising rents, an "embarrassing" inability to double its fees to the International Council of Nurses (ICN) as other national associations had already managed to do, and insufficient funds to expand its program of activities or to produce any new publications continued to plague the organization. The frustration that grew with these financial challenges was compounded by the long-standing difficulties it had with establishing and staffing an effective public relations committee to do more than simply react to the persistent criticism and misunderstanding of what nurses did.⁴² Helen McArthur, convener of the committee on public relations, pointed out that the committee was unable to develop "a satisfactory program without sufficient staff to do the detail work... [since] it takes time and skill to prepare articles, scripts, and press releases."

“CNA’s two main responsibilities as formulating national policies for nursing in Canada and acting as a central depot of information for nurses, associations and organizations both inside and outside the country.”

University in 1950 and was recruited from England following a fellowship at the London School of Economics and Oxford University.⁴⁶ The completion of the structure study by the 1952 meeting in Quebec City was “gratifying” for a conference that otherwise appeared somewhat dismal. Members learned that their numbers had dropped, although doubling the fees for the provincial associations had softened the financial impact of the decline.⁴⁷ General secretary Gertrude Hall was the only professional member at the understaffed national office, and she resigned a few months later after eight years in office. The public relations committee was still reporting limited progress because of a lack of funds, and efforts “to develop other national channels of publicity by the use of the radio and by films [had] not been successful.”⁴⁸ Jewett’s presentation on her report, however, “evoked surprisingly little discussion,” and in the end, the membership voted only to circulate the report over the next biennium period to help “every nurse... familiarize herself with the changes suggested and help form opinions in regard to them.”⁴⁹

Although reports over the next few months in *The Canadian Nurse* suggested that members were baffled about the proposals in the study,⁵⁰ the executive decided that there was “no better way to familiarize oneself with present legislation than to have to come to some agreement about possible changes.”⁵¹ The study proposed to reorganize the structure, functions and operations of the various groups and committees making up the association. Recognizing that only the provinces had legislative power in nursing affairs, it also defined CNA’s two main responsibilities as formulating national policies for nursing in Canada and acting as a central depot of information for nurses, associations and organizations both inside and outside the country.⁵² It proposed that the number of national committees be reduced and that the remaining committees deal with the general fields of nursing service, nursing education and employment relations. It also recommended that both the numbers of staff and their function at the national office be enlarged.⁵³ One of the key changes the study suggested was to give individuals the freedom to vote at the annual general meeting as they saw fit rather than to merely represent opinions formed before each conference.⁵⁴ This democratic goal depended upon well-informed individuals who were comfortable exercising their voice, but history suggested that both CNA and the journal had met over the years with a great deal of apathy in the membership concerning the larger interests of the profession. Given that problems with communication and public relations had been one of the main factors sparking the study, it was ironic that the successful implementation of its recommendations depended upon effective interactions between CNA and the broader population of Canadian nurses. Nonetheless, by the 1954 meeting in Banff, the proposals were eventually easily adopted. Through the tortuous process of conducting the study, Jewett noted in the final report, “We learned anew how poorly nurses interpret themselves, their professional activities, and their aspirations for nursing in Canada... It was very apparent that greater efforts should be made to make every nurse ‘nursing conscious.’”⁵⁵

Eventually the committee decided that a solution to their problems was “outside its terms of reference.” The members recommended that a structure study of CNA be undertaken to provide “a clearer indication of the needs and resources of CNA for the development of a sound public relations program in the future.”⁴³ Endorsed by all of the provincial associations at the 1950 conference in Vancouver, the study was expected to go further and re-examine the purposes of a national professional organization, the interrelationships between the national and provincial associations and CNA’s relations with other organizations working in the field of health and welfare.⁴⁴ As retiring president Chittick had written, CNA was in danger of becoming “only a clearing-house for the passing of ideas from one province to another [with] no definite goals, no clear-cut objectives, [and] no common philosophy.”⁴⁵

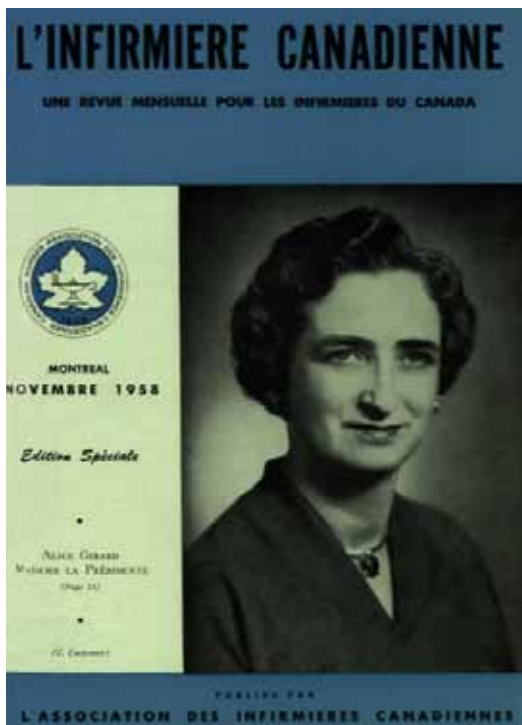
The launch of this study sparked a period of internal reflection and critical analysis within the organization. The committee responsible for the study chose Pauline Jewett as project director. Jewett, a non-nurse, had obtained a doctorate from Harvard

“We learned anew how poorly nurses interpret themselves, their professional activities, and their aspirations for nursing in Canada... It was very apparent that greater efforts should be made to make every nurse ‘nursing conscious.’”



MOVING FORWARD

As the structure study had recommended, CNA relocated to Ottawa at the end of 1954 after 22 years in Montreal, although *The Canadian Nurse* remained behind until a decade later. With increasing federal government involvement in health care, the move to Ottawa would undoubtedly better position the organization to draw attention to the role it believed nursing could play in any restructuring of the health service system. CNA had already obtained permission to submit a report to the federal committee studying the potential institution of universal hospital insurance. As head of the CNA committee working on this issue and later president of the association, Helen McArthur not unexpectedly recommended that federal grants continue to be available to help with the recruitment of nurses, new experiments in nursing education and improvement of existing facilities. But she also agreed with a brief from the Canadian Hospital Association, which warned of the economic consequences of ignoring alternative and less expensive forms of care.⁵⁶ McArthur focused her attention on the extension of health services outside hospitals, advocating for better home and community care and “the better integration of preventive and treatment services among all agencies providing health and welfare services.”⁵⁷ Her message foreshadowed CNA’s focus on primary health care, which would underpin the organization’s philosophy in the decades to come. Recognizing another opportunity, CNA made use of facilities at the University of Ottawa to host the first Canadian Conference on Nursing. The guest list of “interested persons” at the 1957 conference included federal and provincial ministers, deputy ministers of health and other government officials, key members of allied professions, hospitals, health associations, education and national women’s groups, and the public. Provincial nursing associations were also asked to send in their opinions.⁵⁸ CNA impressed an international nursing association with its ability to gain the attention of high-placed officials,⁵⁹ but in reality it had to regret the actual sparse participation of government and business administrators. Nonetheless, it felt that the true value of the conference lay in improved interprofessional communication⁶⁰ and it may well have helped Alice Girard, the immediate past-president of CNA and dean of the University of Montreal nursing school, to be named the only nurse member of the Royal Commission on Health Services in June 1961.⁶¹



Special edition of *The Canadian Nurse* (November 1958) published during CNA’s 50th anniversary year, in honour of Alice Girard, the organization’s first franco-Canadian president

ALICE GIRARD (1907-1999)

One of Canada’s historic nurse leaders, Alice Girard was born in Waterbury, Connecticut, to Canadian parents, the youngest of 11 children. Speaking English at school and French in the home, she was at ease speaking both of Canada’s official languages. The family returned to Canada in 1918 following her father’s retirement. Girard would go on to be granted a diploma in public health from the University of Toronto (1939), a BN from the University of Washington (1942) and an MA (education) from Columbia University (1944). Among myriad honours and awards, she held honorary doctorates from the universities of Toronto (1969) and Montreal (1975), was invested as an Officer of the Order of Canada (1968) and Order of Quebec (1994) and was a Commander of the Order of Saint John (1977) and Dame Commander of the Order of Saint Lazarus (1980). In an illustrious career of leadership in nursing

she would ultimately become the first dean of the University of Montreal's new faculty of nursing and the first female dean at that institution. She served on the Royal Commission on Health Services, was the first franco-Canadian president of CNA (1958-1960) and is, to date, the only Canadian to have served as president of ICN (1965-1969).

A renewed sense of needing to move forward on the long-standing challenges of improving nursing education emerged in the early 1950s after the lengthy and inward-looking discussions on the Jewett structure study. Experiments to safely reduce the time required to produce graduates continued to attract attention in the United States and Canada as well as internationally. The Lord report on Windsor's Metropolitan Demonstration School had circulated widely, including to Denmark,⁶³ and a 24-month curriculum experiment at Toronto Western Hospital had been discussed at a special World Health Organization (WHO) conference on nursing education.⁶⁴ CNA was interested in several American programs. Teachers College at Columbia University in New York City had started a national research initiative in January 1952 to "assist colleges to establish programs for teaching how to be a registered nurse in two years, instead of the usual three." Aiming to align nursing education with other semi-professional occupations, it planned to research patterns for developing programs in junior colleges.⁶⁵ In Shreveport, Louisiana, six hospitals and a state college collaborated to offer nursing students a number of programs of varying lengths to obtain a nursing diploma or degree.⁶⁶

As CNA had long advocated, securing funding, as well as political will, from either private or government sources was critical to producing any real change in nursing education. Early in 1953, a centralized lecture program in Saskatchewan had signalled the start of a series of pioneering innovations funded by the provincial government.⁶⁷ Driven by an alarming decline in the numbers of teaching and supervisory personnel in schools of nursing and a rapid turnover in existing staff, especially in smaller hospitals, the University of Saskatchewan had begun a novel program for nursing students enrolled in eight hospital schools that provided four months of instruction in the basic sciences at either its Saskatoon or Regina campus. The twin key objectives of the project were "the desire to have *nursing education* recognized as belonging within the realm of *education* [and] to have public recognition of the need for subsidization of nursing."⁶⁸ Originally supported by the Saskatchewan Registered Nurses' Association, and then the W.K. Kellogg Foundation, the provincial government provided some funding in the second and third years of the program. The board, made up of members of the College of Physicians and Surgeons, the Saskatchewan Hospital Association, the Catholic Hospital Conference, the Saskatchewan Registered Nurses' Association, the participating hospitals and the university, felt that the wide representation from the Saskatchewan departments of health and education "should assist considerably in the development and use of modern educational methods and facilities in nursing."⁶⁹

The CNA believed that an essential step in the process to improve the education of nurses was the ability to evaluate its own programs of education through a comprehensive accreditation initiative. Earlier efforts to undertake this kind of



"A renewed sense of needing to move forward on the long-standing challenges of improving nursing education emerged in the early 1950s."



program had been limited by the lack of a well-developed plan and funding. The issue of accreditation at the 1956 annual meeting in Winnipeg, however, was received “with great interest and appreciation,” and CNA decided to undertake a “pilot study” of a certain number of schools of nursing to develop a proper method of evaluation before launching into a full process of accreditation of all schools in the country.⁷⁰

To develop procedures and criteria, CNA planned to consult the model for nursing school evaluation that the American National League for Nursing had developed over the last 20 years.⁷¹ The release of a study of nursing education in New Brunswick also provided background material on the “inadequacies” of nurse preparation.⁷² Kathleen Russell, former director of the school of nursing at the University of Toronto and that report’s author, had long been a strong critic of the traditional hospital-based system of nursing education. She lamented that nursing had never had the same kind of champion for education that medicine had found in Abraham Flexner with the release of his landmark report back in 1910.⁷³ The critical tone of Russell’s report, the likely implementation of a system of public hospital insurance, as well as an accumulation of professional frustrations over the lack of progress in nursing education fuelled growing interest in a pilot study during 1957 and 1958. Individuals, provincial nursing associations and other groups pledged financial support, in addition to the Rockefeller Foundation and the Canadian Association for Adult Education.⁷⁴ CNA also donated proceeds from the sale of its 50th-anniversary sterling silver coffee spoons, bearing the new crest, to the fund.⁷⁵ The pilot project was officially launched in April 1957 with the announcement of the appointment of Helen Mussallem as its director.



Helen Mussallem

HELEN KATHLEEN MUSSALLEM (1914-2012)

Born and raised in Prince Rupert, British Columbia, Mussallem graduated from the Vancouver General Hospital school of nursing, and after studies in administration at the University of Washington, she returned to Vancouver General as an operating room supervisor. During the Second World War she served overseas as a nursing sister for four years then went back to Vancouver General for another decade, during which time she obtained a bachelor of nursing degree from McGill University and a master’s degree from Teachers College in New York City.⁷⁶ She would go on to earn her doctoral degree and be conferred with a further 7 honorary doctoral degrees, the Order of Canada and myriad other honours. During a stellar international career she would become one of the most compelling and influential figures in Canada’s nursing history, and she is still Canada’s most decorated nurse.

Mussallem had been happy in Vancouver, where she had become the associate director of the school of nursing at Vancouver General Hospital and was involved with the Registered Nurses Association of British Columbia.⁷⁷ She had initially been reluctant to agree to CNA president Trenna Hunter’s request in 1957 that she direct the pilot study on Canadian nursing schools. She finally accepted the position, deciding that “if they don’t like me, I’ll go back to Vancouver.”⁷⁸

After spending three months in New York City working with the National League for Nursing “to participate in all aspects of the accreditation program,”⁷⁹ Mussallem began visiting the 25 Canadian schools that had been selected to participate in the study. Her work evaluating French-language schools of nursing was facilitated by the appointment of Sister Denise Lefebvre as senior bilingual evaluator.⁸⁰ The project had entered its final phase in the summer of 1959 when she began to write her report on the basis of her findings from the 25 participating schools and the 1,759 interviews she had conducted during almost 60,000 miles of travels across the country.⁸¹ In an early evaluation, she noted that “the responses were not most encouraging,” and the schools, while cooperative, were not demonstrating the level of commitment to change that she had hoped for.⁸²

Presentations of her final report, however, were well received. The CNA executive gave her an overwhelming ovation at the conclusion of its board meeting early in 1960, something that had never happened before; the board “rarely clapped or hardly cracked a smile, no matter what the issue,” Mussallem noted later.⁸³ The report of the 1960 annual meeting stated that when Mussallem finished reading her report in full, “with one accord the audience rose to its feet for a standing ovation that expressed warm appreciation of the exceptional personal qualities of the director, who has won friends for the Project and herself wherever she went, and acknowledged the intensive and concentrated effort that was necessary to complete the Project within the allotted time.”⁸⁴

CNA had hoped that its national voluntary program to put a “seal of approval” on schools that met designated criteria would help “improve nursing services by improving the preparation of nurses for those services.”⁸⁵ But as Mussallem’s report dramatically pointed out, this project was a “rude awakening.” A full 84 per cent, or 21 out of the 25 schools, failed to meet the standards. For example, while she recognized that “formal preparation in a university [was] not a guarantee of competency in teaching, over 30 per cent of full-time instructors “had no preparation for teaching,” and a further 44 per cent had only a one-year certificate. Schools failed to evaluate their curricula properly, formal learning and clinical experience bore little relation to each other, and students were still responsible for much of the hospital service without adequate supervision.⁸⁶

Mussallem was more direct in her condemnation later: “I realized that the students were not students, they were indentured labour.”⁸⁷ In her opinion, not much had changed since the release of the Weir report 30 years earlier. She recommended that before any accreditation program could be implemented, a complete re-examination of the whole field of nursing education should be conducted. Questioning whether or not improving existing programs would only be “palliative,” she challenged CNA to think broadly about the entire health needs of the country and how nurses and nursing education could best meet these needs.⁸⁸ As she wondered why the road to change had been so difficult, she suggested that perhaps “we have never found the right road. Is it possible that we have been floundering around in the underbrush, speculating as to

“Mussallem’s report dramatically pointed out, this project was a ‘rude awakening.’ A full 84 per cent, or 21 out of the 25 schools, failed to meet the standards.”

“She challenged CNA to think broadly about the entire health needs of the country and how nurses and nursing education could best meet these needs.”

where the path is, instead of climbing a tree to see the whole landscape?”⁸⁹ Although Mussallem was undertaking her doctorate, the CNA executive appointed her director of special studies in January 1961 to oversee three separate projects based directly on these recommendations. Continuing her own work on evaluating nursing education, Mussallem hired F. Lillian Campion to investigate the quality of nursing service and Glenna Rowsell to examine the school improvement program.⁹⁰

Between 1960 and 1961, Prime Minister John Diefenbaker announced and instituted the Royal Commission on Health Services, which was to investigate the feasibility of a plan for national health insurance under the guidance of Chief Justice Emmett M. Hall. CNA’s 1962 submission to the commission again emphasized placing the responsibility for nursing education “under educational authorities.”⁹¹ When it was decided that

Mussallem’s research would become one of the 28 special studies being produced by a variety of health agencies, groups and individuals for the commission, CNA searched for a “competent researcher” to both conduct its own study and prepare a similar report for the Hall commission. It appointed Kasper D. Naegele, associate professor of anthropology and sociology at the University of British Columbia. Although his ill health required Mussallem to take over the commission’s study from the summer of 1962 to May 1963, Naegele was able to present a preliminary report to the CNA meeting in St. John’s in 1964.⁹² There he admonished that “no more studies of nursing education should be done,” for it was “time now for nurses to make some decisions and take some risks through experimentation.... Nursing must be master in its own house.”⁹³ In his opinion, enough research had been undertaken to prove that bedside nurses could be trained more quickly if schools had charge of their education. He had difficulty understanding why the “old pattern” continued to persist but suggested that the blame lay with unacknowledged conflict among members of the profession that had led to a sustained lack of interest in change. Although he proposed that nursing curricula should be reorganized into semesters and that nursing students should pay tuition and have the freedom of choice about where to live, he stopped short of recommending that nursing education be placed under the control of provincial departments of education, as “these departments do not have the perspective compatible with professional education.”⁹⁴

Also addressing this meeting was Justice Hall; Mussallem felt this had been a real “coup” because he could easily have attended the concurrent CMA meeting instead.⁹⁵ Hall’s recommendations echoed those of others who saw the need to change the apprenticeship type of nurse training, but he defined two types of nurses. Graduates of university schools of nursing would be prepared for teaching, supervision and administration. Believing that three years’ training was “unnecessarily long” and “obviously oriented to some purpose other than education,” he recommended that regular bedside nurses be educated in a new type of two-year diploma program. Hospital schools, with their budgets strictly separated from nursing service functions, were for him still the optimal places for educating nurses, although he advocated experimenting with post-secondary facilities. Even if some conference delegates were concerned about the two-year diploma course, they agreed in general with these recommendations.⁹⁶ Mussallem disagreed entirely, however, with both Naegele and Hall and their hesitation to place nursing education fully into the educational system. In her opinion, this perspective was “unacceptable...and did not address the root of the problem.”⁹⁷

“It was ‘time now for nurses to make some decisions and take some risks through experimentation.... Nursing must be master in its own house.’”

CHANGING OF THE GUARD

MYRTLE PEARL “PENNY” STIVER 1908-1987

Pearl Stiver was born in Grey County, Ontario. Thinking of nursing as a career only after art school proved too expensive, she graduated from Toronto Western Hospital in 1932. After working in private duty, she enrolled in 1940 in a public health nursing course at the University of Toronto. She later worked first with the Victorian Order of Nurses (VON) then for several years in the department of health at the city of Toronto, primarily in the division for venereal disease control as a nurse epidemiologist. She later became a regional supervisor and consultant in venereal disease nursing with the Department of Health for Ontario. In 1949, she graduated with a bachelor of science degree from Columbia University and became director of public health nursing for the city of Ottawa. Her appointment as executive director of CNA in 1952, a position she held for 11 years, was accompanied by accolades: she was considered “thoughtful, capable, cooperative, energetic [and] with a real flair for organization and administration.” Soon after her arrival at CNA, she attended the coronation of Queen Elizabeth II. After retiring in 1963, she moved to Baysville, and with Christine Livingston, former national director of the VON, she opened The Croft, a handcraft store featuring Canadian artists.

Source: LAC, MG28, I248, Bibliography Files

In the midst of her research on nursing education for both the royal commission and CNA, Mussallem was asked to take on the job of executive director of CNA when former general-secretary Pearl Stiver indicated her desire to retire after the 1962 biennial conference. Over the previous decade, Stiver had presided over CNA's 50th anniversary celebrations, which had been opened by Prime Minister Diefenbaker and featured the release of a simplified crest design as the organization's new logo (see Appendix B), a film to help interpret the work of nurses, and a special postage stamp – the first ever in Canada having a health theme.⁹⁸

Members had been treated as well to a commercially produced historical pageant, *Cavalcade in White*.⁹⁹ The 50th anniversary year was also the year that CNA decided to adopt the ICN code of ethics.¹⁰⁰ Stimulated by the example of the provincial associations, who were beginning to settle in their own offices, the anniversary meeting also prompted CNA to commission its own headquarters.¹⁰¹ A committee was formed early in 1959; while waiting for the committee to complete its work, Stiver shepherded CNA into offices in a new building in Ottawa that was owned by the Royal College of Physicians and Surgeons of Canada on the banks of the Rideau Canal.¹⁰²

As CNA entered its anniversary year, *The Canadian Nurse* was beginning to play an increasingly important role in helping overcome CNA's long-standing communications challenges. The journal had endured continued financial instability in the early 1940s, but by 1950 it had begun to enjoy a healthier financial outlook when members of the New Brunswick Registered Nurses Association



Special issue of *The Canadian Nurse* marking CNA's 50th anniversary (cover photo: CNA president, Tenna Hunter)



CNA was responsible for securing the first Canadian postage stamp with a health theme, in celebration of its 50th anniversary.

“The Canadian Nurse was beginning to play an increasingly important role in helping overcome CNA’s long-standing communications challenges.”

voted to include a subscription to the journal in their annual membership fees. The nurses of Prince Edward Island followed suit shortly thereafter. Spearheaded by Editor Margaret Kerr, this slow but steady campaign to build a stronger and more stable circulation and advertising base for the journal bore fruit in each of the other provinces over the next decade.¹⁰³

MARGARET KERR (1900-1976)

During the 21 years Margaret Kerr served as editor of *Canadian Nurse*, the journal grew in size, circulation and influence. Believing that all registered nurses in Canada should receive the journal,

Kerr was the driving force behind linking subscriptions and registration fees. Born in Amherst, Ontario, Kerr graduated with a bachelor of applied science in nursing in 1926 from the University of British Columbia (UBC). She spent two years at Columbia University on a Rockefeller Foundation Scholarship, graduating in 1929 with a master of arts.

She joined the UBC nursing faculty and taught public health nursing until 1944, when she became editor of *Canadian Nurse*. She served as president of the Registered Nurses Association of British Columbia from 1943 to 1944. Her strong editorial abilities and business acumen made Kerr a popular consultant and speaker. Throughout her career, Kerr was noted for her outspoken articles, humility and sense of humour.

The journal’s growth in circulation of over 300 per cent since 1950 was seen as an indication “that Canadian nurses feel a wholesome need to be in touch with one another.”¹⁰⁴ An unexpected finding from a readership survey was the usefulness of the section on employment opportunities, which had grown from two pages in 1944 to an average of 18 in 1958 and was read by 85.2 per cent of the nurses questioned.¹⁰⁵ Building on support for a French-language journal, *L’Infirmière canadienne* began to be published separately in June 1959.¹⁰⁶

Stiver applauded the successful completion of Mussallem’s Pilot Project on the Evaluation of Schools of Nursing, which had “begun on faith... and carried through to successful completion by monies provided solely by nurses.”¹⁰⁷ Over the past 10 years, she noted, CNA members had presented seven briefs to government agencies, and they had high hopes that the naming of CNA’s past president, Alice Girard, as nurse representative to the Royal Commission on Health Services would help the commission to interpret the implications of changing health-care policies for both nurses and others outside the profession. She also felt that the membership could look back with satisfaction on the growing importance of roles taken by some of its members in international nursing affairs, primarily through ICN.

Stiver was also proud of the establishment of the Canadian Nurses Foundation. Questions of funding and developing nursing research had been key issues discussed at the 1958 meeting. Finding new sources of funding to support expanded research efforts was important, but the “spontaneous



L’Infirmière canadienne began to be published separately in June 1959

burst of applause” that greeted Florence Emory’s proposal to establish a post-baccalaureate degree in at least one Canadian university emphasized that properly prepared nurses were necessary to conduct the research in the first place.”¹⁰⁸ With financial support from the W.K. Kellogg Foundation, the University of Western Ontario launched the nation’s first two-year master’s degree program in nursing in 1960, a move that McGill University followed in 1961.¹⁰⁹ Progress by CNA on the issue of nursing research funding did not take place until the establishment of the Canadian Nurses Foundation in November 1962, which, with a \$150,000 grant from the W.K. Kellogg Foundation augmented by funds raised through the Canadian Nurses Foundation itself, supported projects over the next six years.¹¹⁰

When Mussallem was asked to succeed Stiver in 1963, she had agreed only to become *acting* executive director, and when she found a local Vancouver paper announcing her promotion to executive director, she initially cried “Foul!” She was told later that since CNA was in negotiations to purchase land for new headquarters, the lawyers involved advised that the organization should have a full-fledged director. The following year, Mussallem became the first Canadian nurse to earn a doctorate in nursing when she finished her PhD at Teachers College, Columbia University – studies that had been started at the same time as she had been involved with finishing her research on nursing education for the royal commission. When she published her doctoral thesis in 1964 on the development of nursing education in general educational systems, it received considerable professional and popular attention.¹¹¹ Rapidly changing social and cultural trends, particularly the women’s movement, undoubtedly contributed to the interest and the analysis it generated outside the profession. As one *Globe and Mail* editorial (reprinted in *The Canadian Nurse*) noted, “the hospital system of training nurses is closely akin to the army system of training soldiers... that deprives her of some of her civil rights – she must submit to curfews, to a considerable control of her leisure time, even to dictates about her personal grooming... and not even be able to insist on the most basic of rights – the right to be treated as a reasonable, responsible adult in a free society.” With nursing education under an educational authority, nurses would become “partners in the medical team instead of its disciplined flunkies.”¹¹² Although not all nurses wholeheartedly supported this position,¹¹³ responses to an opinion piece in *The Canadian Nurse* clearly indicated that the trend to move nursing education out from under hospital control was becoming more acceptable. In responding to the argument of the general superintendent of the Toronto Western Hospital, who advocated that hospitals should retain their schools of nursing, one writer assumed that the article had been published to “demonstrate that antediluvian notions still exist, rather than to present a valid viewpoint. Mr. Wallace’s total lack of understanding of the realities of nursing today staggers me,” she continued, “[and] it would be impossible to refute his arguments without tripling the length of the original article.”¹¹⁴



Pearl Stiver (left), executive director, with future executive director Helen K. Mussallem

“The hospital system of training nurses is closely akin to the army system of training soldiers... that deprives her of some of her civil rights – she must submit to curfews, to a considerable control of her leisure time, even to dictates about her personal grooming... and not even be able to insist on the most basic of rights – the right to be treated as a reasonable, responsible adult in a free society.”

-Globe and Mail



CNA's 1966 biennial conference in Montreal

“I was able to mould it the way I wanted it, to make it more exciting.”

“That ‘the nursing needs of Canada are not being met and that the present dilemma in nursing could have been averted had the recommendations in studies over the past 30 years been implemented.’”

By the time of CNA's 1966 biennial conference in Montreal, change and action were the dominant themes. As Mussallem assumed the position of executive director, she began to put her own stamp on what she called a bit of an “old maid's organization.”¹¹⁵ “I shouldn't ever confess [this],” she admitted, “but I was able to mould it the way I wanted it, to make it more exciting.”¹¹⁶ Embarking on whirlwind tours of meetings and travel, she raised the profile of CNA on the international stage, attending the ICN board of directors' meeting in Lausanne in 1964, chairing the WHO's first scientific group on research in nursing, and consulting on nursing and nursing education in Lebanon and the Caribbean.¹¹⁷ Former CNA president Alice Girard, who was by then the first Canadian president of the ICN, probably provided the impetus for CNA's plan to hold the 14th ICN conference in Montreal in June 1969.

At home, Mussallem finished the report on nursing education for the Royal Commission on Health Services following the untimely death of Naegele early in 1965. In it she recommended “a complete revision of Canada's nursing education system and the initiation of crash programs to qualify nurses for university and hospital teaching.” Based on a national survey of nursing educational programs in 170 hospital schools, 16 universities and 79 approved nursing assistant programs, the 150-page document pulled few punches. Mussallem contended that “the nursing needs of Canada are not being met and that the present dilemma in nursing could have been averted had the recommendations in studies over the past 30 years been implemented.”¹¹⁸

Signs began to appear, however, that the abundant studies and recommendations for change in nursing education were finally being heeded. A central schools' initiative in Saskatchewan led to “a complete change in the pattern of nursing education” in the province, with the provincial government transferring responsibility for nursing education from the health department to the department of education.¹¹⁹ Ryerson Polytechnical Institute launched the first Canadian diploma course in nursing to be offered in a multi-course educational institution at the post-secondary level in the fall of 1965. This new program was considered to be “a direct outgrowth of the briefs that were presented to the Royal Commission on Health Services in 1962 by the provincial nursing associations.”¹²⁰ The three major reports that stemmed from Mussallem's original study – evaluating nursing education in Canada, the school programs and the quality of nursing service – were also completed in 1966 and became key components of CNA's Blueprint for Action for the next biennium.¹²¹

The national office was also undergoing a number of structural changes as it prepared for the official opening of CNA House and Canada's upcoming centennial celebrations. Relying increasingly on professionals rather than volunteers, the office staff expanded and added outside consultants to help with a growing compilation of studies and statistics. It also established a national nursing reference library.¹²² During Kerr's final biennium (1964-66)

as editor of *The Canadian Nurse*, total circulation (both French and English) approached 80,000, and its growth to 88,000 over the next two years gave it “the distinction of having the third largest circulation of any nursing publication in the world.”¹²³ The journal used its diamond jubilee celebrations in 1965 to move to a larger format and construct a new look. Preparing as well to move into the new national headquarters in Ottawa, the journal board disbanded in favour of consolidating the journal’s administration under the CNA executive.¹²⁴

The two postwar decades had seen a gradual maturing in CNA as it developed new strategies to claim a space for nursing alongside other groups involved in directing the rapidly changing health-care system. The association was demonstrating a new sense of confidence. Driven by persistent postwar shortages of nurses in the face of rapidly rising demand for their services, CNA had been forced to take an increasingly proactive approach in both external and internal public relations as well as in its relationships with government and health-care partners. Although it had uneven results, CNA had built on the relationships that it had developed during the war with both government and other national associations through committee work, commissioned research and public presentations. It was proud of the fact that it was being “invited to sit on major national planning councils with an equal voice to that of senior government and health personnel.”¹²⁵ At the end of this period, the steps that CNA had finally taken toward educational reform and its attempts to position the profession within the broad expansion of the Canadian health-care system lent legitimacy to its efforts to speak for Canadian nurses.



Construction of CNA House

“Growth to 88,000 over the next two years gave it ‘the distinction of having the third largest circulation of any nursing publication in the world.’”

-The Canadian Nurse

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CHAPTER 6

THE BIRTH OF MEDICARE AND A NEW ERA IN CANADIAN HEALTH CARE 1967-1990

Courage, my friends; 'tis not too late to build a better world.

Tommy Douglas

“The association began to advocate for an emphasis on the broad principles of primary health care rather than on acute care services, and it promoted the role that nurses could play in preventing disease and promoting health.”

The passage of the *Medical Care Act* in 1968 plugged the final gap in acute care health-care coverage, for now almost all Canadian citizens were protected for the costs of both physician and hospital treatment. Almost as soon as the ink on the agreement dried, however, spiraling health-care costs compelled the federal government to begin restructuring funding formulas and capping the amount of money it transferred to the provinces. Provincial health departments were in turn forced to bear any increase in health-care costs, and as hospital administrators were pressured to trim their own budgets, nursing services came under increased scrutiny.

As many analysts have pointed out, hospital insurance and medicare entrenched a health-care system that focused on medical acute care services and supported “public” financing of costs with “private” delivery of these services.”¹ Attempts to find alternative ways to organize health care, to control costs and to provide for non-physician groups to expand their scopes of practice were to date quite limited. At least one author, however, regarded the nursing profession as an exception, asserting that from the 1960s onward, CNA made “organizational change an important part of its policy agenda, and...has played an active role in broader coalitions.”² Drawing on executive director Helen Mussallem’s *Putting Health into Health Care*, CNA’s brief to the Hall commission in the mid-1960s, the association began to advocate for an emphasis on the broad principles of primary health care rather than on acute care services, and it promoted the role that nurses could play in preventing disease and promoting health. Broadening an ethic of care to encompass the population at large, CNA also took an increasingly active interest in issues highlighting social determinants of health and illness. Often assuming a leadership role, it joined with other national health and social welfare organizations in lobbying for the development of “healthy” policies and regulations that it believed necessary to protect and enhance the health of all Canadians at all levels. All the while, CNA continued to insist to various government commissions and policy conferences that nurses could provide an alternate entry into the health-care system that would be less expensive than that provided by physicians but equally satisfying, and it was delighted with its hard-won success in having the wording of the 1984 *Canada Health Act* amended to open the door for other health-care professionals.

In the meantime, grassroots nurses faced deteriorating working conditions as hospitals and other health-care units struggled to control their budgets. Efficiency studies conceived on factory floors, for example, were carried out in health-care settings usually in vain attempts to maintain tighter control over the workplace. The dissatisfaction of many nurses was manifested through high turnover rates, which continued to plague medical institutions through the early 1970s. When the Saskatchewan courts struck down in 1973 the right of provincial nursing associations to engage in collective bargaining on behalf of their members, nurses joined newly formed nurses unions and some expressed their discontent through labour disruptions and strikes.

Increased labour activity and campaigns to secure better working conditions emerged alongside and out of the strong forces for social change sweeping through the 1960s and 1970s. These currents forced nurses to confront new ideas about gender and workplace relations, sexuality, feminine respectability and the influence they might have on their own occupational identity. Historian Kathryn McPherson pointed out that nursing has had an ambivalent relationship with feminism and the women's movement. Nurses and their work were largely ignored by early feminists, who concentrated instead on helping women to break into male-dominated occupations or on re-establishing the importance to the economy of women's productive and reproductive labour in the home. Feminists inside nursing faced censure from those nurses with more traditional occupational values of personal service, who reacted negatively to some of the stronger aspects of feminist activism, seeing it as strident, self-serving and non-professional.³ As one insider commented, nurses "[depended] on the maternal stance for their self-respect and self-image. . . [and] it is not surprising that nurses are not noticeably active in the feminist movement. Most nurses are ill-suited to the debate and demands of a push for women's rights, and ill-equipped to organize on behalf of women's interests."⁴ Many, including some within CNA, struggled to reconcile new concepts with preconceived and older notions of professionalism and care.

By 1967, Helen Mussallem was settling into her position as Executive Director of CNA. She presided over the official opening of CNA House in Ottawa in the midst of Canada's centennial celebrations; the opening marked a major milestone in the history of the association and the end of 10 years of work to accomplish this goal. The association had finally settled on a parcel of land on Lewis Street that fronted on the Driveway, part of which had been formerly occupied by the Capital Storage Building. The new building was shaped to fit the irregular lot, and the unique "lantern" structure on top, which admitted daylight into the space below, was said to be taken "by the Owners as an expression of their professional symbol."⁵ CNA had initially invited Madame Pauline Vanier to the official opening ceremony in March 1967, but the ceremony was cancelled when Governor General Georges Vanier died a short time before the date.⁶ Surrounded by an honour guard of uniformed student nurses, his successor, Roland Michener, opened the new CNA headquarters the following September. This celebration was also attended by representatives from the provincial nursing associations, the city and the federal Department of Health and Welfare.⁷ Other completed CNA centennial projects included the establishment of a national nursing resources library and archives for the new headquarters (a resource that Mussallem wished had been available to her earlier),⁸ the presentation of a nursing workstation with the latest in monitoring equipment at Canada's 1967 centennial celebration, Expo 67 in Montreal, and the production of the film *Vigil*, first shown to members at the biennial meeting in 1968.

"These currents forced nurses to confront new ideas about gender and workplace relations, sexuality, feminine respectability and the influence they might have on their own occupational identity."



CNA House, 50 Driveway, Ottawa ON



Roland Michener, opened the new CNA headquarters



Quadrennial Congress of the ICN for Montreal in 1969.



ICN Congress 1969 GG Roland Michener. and Sister Mary Felicitas



Alice Girard, former CNA president (1958-1960) and then ICN president (1965-1969), is invested as an Officer of the Order of Canada by Governor General Roland Mitchener, November 12, 1968

The expertise Mussallem gained in studying the education of nurses in Canada was in great demand, and she was invited to 38 countries over the course of her 17-year career with CNA to assist them with development of their own nursing programs. Although most of her travel was conducted under the auspices of the World Health Organization (WHO), it nevertheless helped to raise CNA's international profile. During the summers of 1964 and 1965, for example, Mussallem directed a project under WHO to evaluate schools of nursing in 13 Caribbean countries that were former British territories, later known as the Commonwealth Caribbean.⁹ In 1967, she served as WHO senior consultant in the first travelling seminar on nursing in the Soviet Union.¹⁰ A decade later she was still travelling; in 1977, she was the only nurse out of 150 governmental delegations to the World Health Assembly meeting, where her concern over the lack of recognition nurses received for their role in primary health care led to a resolution accepted by the assembly.¹¹

The election of Canadian Alice Girard to the presidency of the International Council of Nurses (ICN) in 1965 probably aided CNA to secure the 14th Quadrennial Congress of the ICN for Montreal in 1969. CNA's successful bid, "by a wide margin," was undoubtedly also due in part to Mussallem's international connections, even though she later confessed that she had secretly hoped Mexico would win.¹² Organized by lieutenant-colonel Harriet (Hallie) Sloan, a former military nursing sister whom Mussallem had recruited in 1968, the Montreal ICN congress proved to be the largest in ICN's history to that point. Wondering in a recent interview how she had managed to attend to all the details, Sloan related that the conference had been a "fantastic experience." Over 10,000 nurses filled the newly opened Place Bonaventure. Accompanied by student nurses, members from 71 countries with their flags filed into the conference hall for the opening ceremonies, where distinguished guests, including the Governor General, sat upon a revolving platform.¹³ Mussallem had received a grant to bring principal nursing officers from 40 Commonwealth countries to the Montreal congress, and during the meeting, she facilitated the birth of the Commonwealth Nursing Association and the Regional Nursing Body of the Caribbean Commonwealth.¹⁴ The conference included entertaining concerts and a huge ecumenical church service, and it was deemed a successful event.¹⁵

NURSING CONSULTANTS AT CNA

By 1967, the "long-mooted question of whether the entire system of nursing education should be integrated into the general education system [was] no longer pertinent," according to Mussallem. The key point was "when and how this will be done," and as she enumerated, "the answers are coming in fast, province by province."¹⁶ Although CNA had hoped that at least 25 per cent of the active nurse population would eventually graduate from university schools of nursing, only 5 per cent, or about 6,000 of Canada's 120,000 registered nurses, had done so by 1967.¹⁷ Community college

programs, however, were generating more demand. As one Ontario-based consultant pointed out, the community colleges were “attracting a large number of young men and women each year,” and “if colleges are where young people are going, this is where young people interested in nursing will want to go.” The mainstreaming of nursing education, she concluded, was really “a change from the eccentric to the normal.”¹⁸

Despite clear agreement among nurses and provincial governments that nursing education should be moved out from under hospital control, the Canadian Hospital Association (CHA) charged that such a move threatened the quantity and quality of nursing and “the hospital care of the sick.” It proposed that new nursing education programs should be developed only on an experimental basis and that they not be adopted until they had “demonstrated their ability to provide a continuing and adequate supply of skilled nursing personnel.” The final nail in the coffin of hospital-based nursing education, however, was likely hammered in when the Department of National Revenue ruled that third-year students were apprentices rather than students and were eligible to participate in the Canada Pension Plan. The CHA and several of the provincial hospital associations threw up “their collective hands in horror,” but, *The Canadian Nurse* gloated, the Department of National Revenue had “merely called a spade a spade.”¹⁹

“If colleges are where young people are going, this is where young people interested in nursing will want to go.”

To facilitate communication and heighten awareness of new developments in nursing education, nursing research and labour relations, CNA began to bring on staff holding advanced degrees and demonstrated expertise in these areas.²⁰ These staff were mandated to work with the three standing CNA committees to provide consultative resources to their counterparts in provincial nursing associations. When Margaret Steed (Henderson) finished her master’s degree in education at Teachers College in Columbia University in 1964, CNA president Helen Carpenter recruited her to be the “nursing secretary responsible for the nursing...education

programs of the association.” Steed recalled she was first admonished that staff were expected to keep quiet and to attend meetings at the national office only as observers. However, “that changed over the years as [the committees] could see that they had staff with different qualifications...and we really had background information that none of them had.”²¹ Steed guided and advised the provincial associations as schools of nursing began to move out of hospitals and into the educational system, relating that “they had no literature at CNA about what a diploma program was or a degree program, and what the difference was – and believe it or not, what constituted a school of nursing.”²² Before she left CNA in 1969, Steed also began work on developing a Canadian examination testing service. The National League for Nursing had given notice that it would no longer offer examinations outside the U.S., and since all provincial nursing associations in Canada, except Ontario, New Brunswick and French-speaking nurses in Quebec, relied on the league’s examinations, a new source had to be found. CNA’s board of directors asked the Registered Nurses’ Association of Ontario to supply testing services for the other provinces in the short term, but motivated by the opportunity to establish uniform registration requirements across the country, it proceeded to create its own national testing service in 1970.²³

Shirley Good, who undertook her doctorate at Columbia, joined CNA in 1967 as the consultant in higher education. She visited universities, troubleshooting in the undergraduate programs and investigating early developments in graduate education. Since “only a handful of people [had] their doctorate at the time and research was a scary item,” she also conducted workshops on how to do nursing research and develop advanced forms of curriculum design.²⁴

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Funding nursing research was also proving difficult, and as Mussallem noted later, her relationship with the Canadian Nurses Foundation, the only granting agency dedicated to providing funds for graduate nursing education and research, “varied between hope and despair.”²⁵ When the initial Kellogg Foundation grant ended, the Canadian Nurses Foundation struggled for donations that did not appear to be forthcoming even from nurses themselves.²⁶ Through 1973, CNA provided the Canadian Nurses Foundation with some funding, hoping that its support might encourage contributions from others, but not until the mid-1970s was the foundation able to establish a firmer financial base with permanently endowed trust funds.²⁷

Given that a “desperate need for nursing research in Canada” remained, CNA looked to other sources for funding. Hoping to secure support from the Canadian government for research in nursing, Good submitted a funding request to the Science Secretariat of the Privy Council early in 1968 to help identify projects and suggest faculties and individuals able to carry them out. The American government had funded more than 100 projects in nursing research since 1963, but Canada’s government had supported only one.²⁸ Nothing came of this effort, and Good approached the Commission on the Relations between Universities and Governments seeking at least \$1 million per year of federal funding to support the preparation of nurses at both the baccalaureate and graduate levels. She was not very optimistic; despite briefs and personal deputations, the federal government seemed to be “bordering on antipathy” regarding nursing education.²⁹

Interest in nursing research steadily rose, however, through the decade. CNA’s special committee on nursing research began to develop ethical research standards, and Dorothy J. Kergin, director of the school of nursing at McMaster University, was appointed in 1971 to the

“Not all nurses were sold on the idea of nurses as researchers, with some believing that they should instead remain as caregivers at the bedside of patients.”

Medical Research Council, the federal agency responsible for supporting research in the the health sciences in Canadian universities.³⁰ Nonetheless, not all nurses were sold on the idea of nurses as researchers, with some believing that they should instead remain as caregivers at the bedside of patients.³¹

Integral to the development of nursing research was the need for well-qualified researchers with graduate-level education. A 1977 survey revealed that only a fraction of nurses had a doctorate and Canadian nurses still had to go outside the country to pursue doctoral studies.³² Committed to establishing doctoral programs, CNA under Shirley Stinson submitted a million-dollar proposal to the Kellogg Foundation to improve the basis of nursing education; part of the plan included “starter grants” for a doctoral nursing program in a Canadian university.³³ Although

the foundation ultimately decided against supporting Operation Bootstrap, Stinson believed nonetheless that “the proposal provided an impetus [in Canada] for research initiatives at the national and provincial levels.”³⁴

In 1967 a “storm of protest” erupted over the remarks of physician C.J. Varvis to the Alberta Association of Registered Nurses. Asserting that nurses were “handmaidens” to doctors, he insisted that while all members of the health professions must work together for the good of patient, only the physician was qualified to head up the team at the bedside. Strong reaction to his words ensued, and CNA was pleased to report that even the Canadian Medical Association (CMA) appeared to distance itself from his widely publicized words.³⁵ Continuing to defend his position in letters to *The Canadian Nurse* and the *Canadian Medical Association Journal*, Varvis added that nurses were “incapable of choosing [a role on the medical team] with confidence” and they criticized any attempts to point this out. Besides, in his view, they had already altered their function – no longer were they chiefly involved in assisting physicians, they cared for the sick “through assistance to the hospital administration.” Their jobs had evolved into a “liaison role between lay hospital administration and medical management of illness.”³⁶

The entire episode hinted at the ongoing significance of gender in structuring troubled relations between physicians and nurses, but it also demonstrated the growing determination of nurses to demand a respected role on the health-care team. But as Kathryn McPherson has pointed out, most nurses did indeed work for a third-party employer by then, and “just as the content and allocation of nursing work seemed

to be cementing nurses' status as professionals, competing forces appeared to be moving nurses closer to the experiences of other wage-earners.³⁷ Nurses' discontent with their working conditions was growing as hospitals increasingly attempted to impose industrial methods of rationalization and efficiency in their efforts to cut costs. And, according to McPherson, "a particular combination of unionization, feminism, and professional development" was fuelling more concerted action in dealing with workplace issues by the late 1960s.³⁸ Another result, therefore, of this rising political awareness among nurses was the apparent comfort more felt in "participating openly in negotiations to improve their social and economic welfare. Where a decade ago the negotiation of salary was believed to be incompatible with professionalism, it has now become one of the Association's major programs," Mussallem stated.³⁹

Glenna Rowsell, whom Mussallem had recruited in 1964 to head up the school improvement study, became a third consultant in the national CNA office, hired to help provincial associations and other members to set up local collective bargaining units. Following the 1973 landmark decision in Saskatchewan, which forbade the Saskatchewan Registered Nurses' Association from being certified as the official bargaining organization for nurses because it included nurse managers, new unions began to be formed in the provinces.⁴⁰ In 1977, Rowsell became head of the Labour Relations Service at CNA to conduct research and provide information and assistance to members.⁴¹

SOCIAL ACTION

In 1967, Mussallem reported to her executive committee that "one has only to read the records of CNA meetings 10 or even 5 years ago to become aware of the forces now working deliberately towards 'social justice for all.' Nursing, perhaps as never before, and perhaps more than any other health profession, has been caught up in this social movement. It is not easy, but it is not dull."⁴² Much of CNA's interest continued to be directed toward nursing education and service, but during the late 1960s and 1970s, the organization had begun to respond more systematically to issues outside its immediate focus on the profession. The special rights nurses claimed to advocate for their patients' welfare extended to include advocacy for the wider community.

Broad-based social changes, arising out of the struggle for civil rights and second-wave feminism, helped inspire the CNA membership to reflect on the potential impact of a united nursing voice in shaping public health policies. Younger members, many of whom had been educated in multidisciplinary post-secondary colleges and universities – institutions that had become the focus of much social and political activity and often radical drive for change – appeared hungry for change. At the 35th biennial convention, held in Fredericton in 1970, they demanded involvement in the development of policies and positions that they wanted the national association to take on – issues affecting health and

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Delegates "packed business sessions

“CNA reiterated its claim that it was ‘concerned not only with the standards of nursing care but with improving the quality of life for all Canadians.’”

the practice of nursing. With an “unparalleled vitality,” delegates “packed business sessions,” proposing a series of resolutions pressing CNA to focus its attention on broader social concerns about population control and pollution of the environment, and the dynamic role such a large national health association of 82,000 members could play to effect positive change.⁴³ In urging support for the International Year of the Child toward the end of the decade, CNA reiterated its claim that it was “concerned not only with the standards of nursing care but with improving the quality of life for all Canadians.”⁴⁴

Nurses and nursing were also caught up in the profound social changes in this period relating to fertility, contraception, sexuality and the desire of women to have control over their own bodies. Nonetheless, the pace and direction of change highlighted some ambivalence within both CNA and the ranks of grassroots nurses. Announcing that there was “no place for the state in the bedrooms of the nation,” then justice minister Pierre Elliott Trudeau introduced a federal omnibus bill in December 1967 that proposed decriminalizing homosexuality, lifting all restrictions on contraception and allowing therapeutic abortions with limitations. The political debate sparked by the bill would continue well beyond its passing in May 1969. Although it was still illegal to advertise contraception, *The Canadian Nurse* produced a historical and general overview of contraceptive practices in the interests of providing information for nurses, which included a detailed and illustrated discussion of contraceptive and family planning options that focused on “the pill.” A frank article about homosexuality among women also appeared.⁴⁵ Responses to both varied widely, and not all members agreed that this kind of information was appropriate. At least one reader protested that she was “not interested in knowing any more, “nor do I feel that I can help any supposed victims of this vice by reading about it.”⁴⁶

Behind the publication of the articles on contraception was a growing interest in the “laws involving social problems that nurses cannot ignore” – the 30,000 illegal abortions that had reportedly been performed in Canada.⁴⁷ The new *Criminal Code* had partially legalized abortion, but a hospital committee of three doctors determined the eligibility of a woman for the procedure. In June 1970 the Canadian Psychiatric Association, followed by the CMA, took the position that abortion should be “strictly a medical procedure to be decided by the woman and her husband, if she has one, along with the physician.”⁴⁸ Verna M. Huffman (later Huffman Splane), principal nursing officer for the Department of National Health and Welfare, called on CNA

“A phone survey across the country discovered that all interviewed nurses agreed that abortion should be removed from the Criminal Code.”

as a predominately female association to make public its stand on the issue of abortion at the 1970 biennial meeting in Fredericton. A resolution urging the federal government to remove abortion from the *Criminal Code* had to be referred to the incoming board of directors for further study after a question was raised about the legal implications of the resolution.⁴⁹ Over the following four months, the CNA national office was “beseiged by telephone calls from the news media asking the national voice of nursing to identify its stand on abortion reform,” but, *The Canadian Nurse* editor Virginia Lindabury wrote, “CNA staff cringe when these calls come in, as they can say only that CNA has taken *no* stand on the issue.”⁵⁰ She herself advocated the legalization of abortion, prompting a heated debate in the journal.⁵¹ On one hand, one respondent warned that if CNA pushed for legalizing abortion, she would “dissociate myself from it, and urge my fellow nurses to do the same. I will not practice and teach the value of life, and at the same time ignore it.”⁵² On the other, a phone survey across the country discovered that all interviewed nurses agreed that abortion should be removed from the *Criminal Code*.⁵³

VERNA MARIE HUFFMAN SPLANE

Verna Huffman Splane was a pioneer in advancing Canadian nursing and health care abroad. Her contributions to the development of health care in Third World countries on behalf of WHO ensured that nurses today have more input into government policy in many parts of the world. During her career, Splane built upon a platform of public health nursing expertise to become Canada's first principal nursing officer, the highest office held by any nurse in the country (1968-1972). She also served as a vice-president of ICN for two terms from 1973 to 1981. With her husband, Richard B. Splane, she led a seminal, 53-country study of the roles of government chief nursing officers. Splane's contributions to the nursing profession have been recognized with the Award of Merit of the Registered Nurses Association of British Columbia (1987), the Order of Canada (1996), Queen Elizabeth II Silver and Gold Jubilee medals (1977 and 2002), the Jeanne Mance Award (1982), the Canadian Red Cross Distinguished Service Award (1975), the Lillian Carter Center for International Nursing Award, shared with her husband (2001), the Emily Gleason Sargent Award and multiple honorary doctoral degrees.

“Debate over abortion within CNA and among nurses in the pages of *The Canadian Nurse* persisted throughout the 1970s, intensifying with the news of changes in abortion laws elsewhere.”

At the time of a special debate in the House of Commons on the abortion issue in October 1970, the CNA board equivocated by stating its “belief that every Canadian woman who has decided to secure an abortion has the opportunity of availing herself of the best health care possible.” The board would not take a firm stand on the question of legalizing abortion until it received confirmation from the provincial associations, and hesitancy among several of them effectively scuttled CNA's attempt to produce a unified national nursing viewpoint on the issue.⁵⁴ The CNA board of directors unanimously decided to rescind all recorded statements that the board had previously made.⁵⁵ Debate over abortion within CNA and among nurses in the pages of *The Canadian Nurse* persisted throughout

the 1970s, intensifying with the news of changes in abortion laws elsewhere.⁵⁶ In 1976, CNA endorsed a “Brief on Rape,” which supported the stand that rape was a form of assault.⁵⁷

The desire to participate at the national level in issues of health highlighted the need for increasing flexibility at the CNA office, in part because it was being “bombarded” with ever more “novel first-time problems.”⁵⁸ In a move described as one of “the most important decisions it has ever made,” it abolished the three standing committees at the 1972 meeting and elected four members at large to represent the fields of nursing practice, administration, education, and social and economic welfare. Ad hoc committees would be formed consisting of experts in the field.⁵⁹ More than just general social ferment, however, was behind this streamlining of the national office. Conflict with the Quebec nurses' association had begun at the 1966 biennial meeting, ostensibly over CNA's need to raise membership rates. Fuelling the complaints of the Association des infirmières and infirmiers de Québec (AIQ), later the Ordre des infirmières and infirmiers de Québec (OIIQ), about the provincial association's inability to absorb the fee hike was unhappiness with the lack of services provided in French by the national office. Even the move to a separate French-language journal was criticized because most of the articles in French were translations of English papers.⁶⁰ Protracted and acrimonious discussions over the budget led for calls to appoint a committee to reassess once more the roles and responsibilities of the national and provincial associations.⁶¹ Reporting in 1970, this committee reiterated that CNA itself should speak for nurses at the national and international levels and that the provinces should focus on the educational and economic needs of its members. Both sides, however, were encouraged to improve communication with each other.⁶²

The national office faced a worsening financial situation through much of the 1970s. Although the circulation of *The Canadian Nurse* began to rival that of professional nursing journals in larger countries and the journal ranked among the “prestige group” of nursing journals recognized by the *International Nursing*

“CNA itself should speak for nurses at the national and international levels and that the provinces should focus on the educational and economic needs of its members.”

“Nurses were not ‘extra hands for the physicians’ but even now, as front-line workers, they were providing ‘primary contact and [acting as] coordinators of health care.’”

limit CNA's ability to respond to the rapid changes in health services.⁶⁶ One issue that demanded quick action was the federal government's surprise proposal to upgrade the skills of federally employed nurses in the north and designate them as “doctor-assistants.” Fearing that this innovation might be the “backdoor to [creating] a new medical category” of worker, CNA mobilized quickly to argue that nurses could take on expanded roles under the name of their own profession. As Mussallem contended, health-care resources would be used more effectively if nurses, who treated the whole patient, developed roles that were complementary to those of physicians. Nurses were not “extra hands for the physicians” but even now, as front-line workers, they were providing “primary contact and [acting as] coordinators of health care.”⁶⁷ Along with other health-related organizations, CMA supported CNA's position and by 1973, a joint CNA-CMA committee had been established to study the expanded role of the nurse.⁶⁸

Throughout her tenure as executive director, Mussallem argued that if CNA was to strengthen its status as a national organization, “we had to seize every opportunity to participate” in federal government committees and commissions. Even though she admitted that not all of her suggestions were received with enthusiasm in the CNA office, briefs presented to commissions on the status of women, bilingualism and biculturalism, aging and labour relations and to the Centennial Council reflected a growing confidence on the part of the association that the voice of nursing should be heard at the national level.⁶⁹

CNA's most important presentation, however, came at the end of the decade when it submitted its brief, *Putting Health Back into Health Care*, to Chief Justice Emmett Hall's 1979 review of the country's publicly funded health insurance programs. The brief argued for the introduction of new entry points into the health-care system through which the public could access qualified personnel who were not necessarily physicians.⁷⁰ Hall devoted a full chapter of his report to CNA's recommendations, stressing that he was “in general agreement with the nurses' proposals” and recommending that they be accorded “close study by all governments.”⁷¹ Glennis Zilm, a former *Canadian Nurse* assistant editor who had been hired to help, had advised CNA that the submission needed to catch the attention of politicians, “who were sometimes more difficult [to reach] than the general public.”⁷² Believing that this brief was “not deadly dull” as she felt some earlier submissions had been, Zilm remembered that Hall “was so impressed by this report, because it spoke with a broader voice about the need for looking at health care not from the point of view of those who were making money out of the system but [rather from the perspective of] what needed to be done in the system.”⁷³

“Putting Health Back into Health Care argued for the introduction of new entry points into the health-care system through which the public could access qualified personnel who were not necessarily physicians.”

THE 1980S AND POLITICAL ACTIVISM

Mussallem had been the brief's principal author, but Ginette Lemire Rodger, who became executive director following Mussallem's retirement in 1981, would quickly become its champion. As Lemire Rodger recently recalled, *Putting Health Back into Health Care* served as “the foundation of everything that has happened since” within CNA,⁷⁴ and its principles guided the organization's campaign to shape health policy for years afterward.

Index in 1972, it struggled with the ever-rising costs of paper and postage.⁶³ M. Anne Hanna, a professional journalist who had earlier joined CNA's information services staff, replaced Virginia Lindsbury as editor in 1975.⁶⁴ Although Hanna updated the journal “to match the mood of the seventies” and total circulation approached 130,000, continuing cost increases led her to reduce the number of issues to 11 per year by 1978.⁶⁵

Mussallem feared that the financial restraints, coupled with the increased workload for staff after the standing committees had been abolished, would

GINETTE LEMIRE RODGER

Born in a small town in northern Quebec, Ginette Lemire Rodger maintained that she chose to enter nursing because she considered it to be a practical and useful vocation. Anxious to learn English, she decided to enroll in the diploma program at the University of Ottawa, where she quickly became “hooked” by what she perceived to be the rich possibilities of nursing and the unique opportunities it offered to care for the whole human being. Driven by a strong conviction that nurses were not being utilized to their full potential, she undertook a baccalaureate degree in 1964 and graduated with a master’s degree in nursing administration from the University of Montreal in 1971. By 1974 she had worked her way upward at the Notre-Dame Hospital in Montreal to become director of nursing. Active on various provincial nursing committees, she also represented nursing administration on the CNA board of directors from 1978 to 1980.⁷⁵ She would go on to serve as CEO (1981-1989) and later president (2000-2002) of CNA, and she was Canada’s candidate for the ICN presidency in 2005. She is an officer of the Order of Canada and holds seven honorary doctoral degrees.

Willing to act as a “benchmark” candidate to help the CNA board determine what qualities it should seek in a new executive director after Mussallem’s retirement, Rodger at first only reluctantly acquiesced to the board’s formal request that she take on the position herself and only agreed to a second term on the stipulation that her departure at the end be written right into the contract. “I thought it was very important for an association to have a change of leadership periodically” because it was not the best thing for an organization for its leaders to become too comfortable in their positions, she stated.⁷⁶ Lemire Rodger credited both a “proactive, innovative staff” and “a very daring board” in moving forward a national agenda for CNA through the 1980s. Over her tenure as executive director, the national office reorganized to develop a three-pronged strategic plan that included guiding the evolution of the profession, contributing to the formation of health policy in Canada and increasing the visibility of nursing at the national and international levels.

Aspects of clinical nursing practice as well as nursing education, research and management were placed under the umbrella of professional development. Highlights of Lemire Rodger’s tenure included the final approval of a new Canadian Code of Ethics in 1985, which replaced an earlier, controversial version that had directed nurses not to withdraw their services under any circumstances. In response to the demand for recognition of expertise in certain specialty areas of clinical nursing, and to move the development of this expertise away from physician-controlled apprenticeships,⁷⁷ CNA began to work toward creating formal programs for specialty certification. In the mid-1980s, it worked in tandem with the Ontario Occupational Health Nurses Association to develop a program and testing, and occupational health nurses became the first group to receive specialty certification. After the board approved the CNA certification



Ginette Lemire Rodger

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“Credited the CNA board for its persistence in seeing through the long and difficult process of negotiating the Canadian Nurses Protective Society into existence, which by 1986 made available malpractice insurance for nurses.”

program in 1987, the Canadian Association of Neuroscience Nurses was the first group to undertake the certification process entirely within CNA.⁷⁸ Rodger also credited the CNA board for its persistence in seeing through the long and difficult process of negotiating the Canadian Nurses Protective Society into existence, which by 1986 made available malpractice insurance for nurses.⁷⁹ That organization's original leader, nurse-lawyer Pat McLean, would remain with the society as CEO through the rest of CNA's first century, retiring in 2010.

A particular challenge of the 1980s was the adoption of the baccalaureate degree in nursing as the minimum standard of entry to practice by the year 2000. University programs had grown slowly over the 1970s, and only 10 per cent of the nursing workforce held a baccalaureate degree or higher by 1981.

In 1976, the Alberta Association of Registered Nurses had supported a task-force decision that recommended university education for all nurses, and other provinces mobilized enough support to pass a similar resolution at the biennial meeting in 1982.⁸⁰ Arguments in favour of universal university education ranged widely. Most centred on the understanding that nursing knowledge had increased in breadth and complexity to such an extent that nurses could not be expected to learn it all. Only a university education could provide the kinds of conceptual skills and strategies for ongoing learning that nurses needed to integrate new knowledge safely and intelligently into their professional practice. Indeed, Lemire Rodger asserted that the support of nursing educators in the diploma programs, who publicly recognized the limitations of nursing education at the time, provided one of the most powerful arguments for working to make the baccalaureate degree the minimum standard of entry to practice. Along with others, however, she also contended that nurses would not be on equal footing with other health professionals, all of whom now were required to have a university education, until nurses adopted the same standard.⁸¹

Nonetheless, nurses across the country were anxious. Diploma nurses comprised 90 per cent of the nursing workforce and thus, by necessity, were among those who voted for the measure – a move that Lemire Rodger called “a hugely courageous decision on the part of the profession” because diploma nurses knew they would be affected by this decision. Although a “grandparent” clause protected diploma nurses already in practice, and only new students at the target date of 2000 would be required to take the baccalaureate degree, current practitioners faced real threats to their eligibility for promotion and wage increases.⁸² Although CNA was careful to make no distinction between diploma nurses and baccalaureate graduates in terms of who made “better” nurses, some detractors lamented the apparent lack of preparedness for practice demonstrated by university graduates and structured the issue as a disconnect between elite and rank-and-file nurses.⁸³ Professional loneliness may have no longer been acceptable to the CNA leadership, but some nurses believed that this issue had inserted “a wedge of bitterness and resentment within the profession” that would be difficult to overcome.⁸⁴

Winning the resolution on entry to practice was only the first step. CNA realized that more information would be needed, not only to help alleviate anxiety and potential division within the profession but also to persuade governments and other organizations with a stake in health-care funding to accept the proposal. Diplomatic measures and hard work behind the scenes were especially necessary to convince the federal government and the CHA to support the stand or at least take no position. CNA hired a coordinator to manage the flow of information, reemphasized its Operation Visibility initiative of 1981-82 and made good use of *The Canadian Nurse* to help publicize the campaign.⁸⁵

Further motivating the development of a more proactive public relations program during the early 1980s was the desire to protect the professional image of nursing, which CNA believed was necessary to combat the persistent “handmaiden to doctors” stereotype and the increasing portrayal of nurses as sex objects in popular culture.⁸⁶ CNA had some success in its interactions with companies airing advertising that it considered offensive; both Seagrams and the Philips Electronics Company altered or withdrew their advertisements, for example, but Calvin Klein and Maidenform only discontinued theirs at the end of the ads' scheduled runs.⁸⁷ The association's public

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protests against part of a new government-sponsored campaign to attract tourists to Canada, which depicted “dancers dressed as nurses performing in a sexually provocative manner,” also resulted in the minister responsible for tourism withdrawing the offensive segment just before its release.⁸⁸ Supporting these efforts, CNA removed any concept of a dependent role for nurses from its standards for practice guidelines by 1988.

During this decade, CNA became more heavily involved in efforts to shape public opinion and policies around issues of health promotion by addressing an increasingly broad range of social and political issues. It supported the boycott of Nestlé products because of the company’s marketing of infant formula to young families, especially in the developing world. It urged governments of ICN members, including Canada, to adopt the WHO code on breast milk substitutes⁸⁹ and took stands against stockpiling nuclear weapons and testing the U.S. cruise missile in Canada. It also advocated against obscenity and pornography on television and pressed the Canadian Radio and Television Commission to restrict the prime-time transmission of rock music videos because of their “violent and pornographic nature.”⁹⁰ Toward the end of the decade, CNA developed a position paper on acquired immune deficiency syndrome (AIDS) and joined with the Canadian Public Health Association to present regional seminars on this new and baffling disease.⁹¹

CNA AND THE CANADA HEALTH ACT

One of the highest profile attempts to mould public policy on health-related issues occurred with CNA’s involvement in the new *Canada Health Act* legislation. Canadians had confirmed their approval in general of medicare during Justice Hall’s 1979 review of the national health-care system. Concern continued to rise, however, over perceived threats to the five basic principles of universality, accessibility, portability, comprehensiveness and public administration. Changes in federal funding of medicare, which the government had instituted in the late 1970s to rein in spiralling health-care costs, led physicians and some provincial governments to claim that medicare was underfinanced and overused, assertions that only grew louder during the economic downturn of the early 1980s. User fees for hospital services and extra-billing by physicians increased. Drawing support from Hall’s conclusions that extra-billing should be banned, and failing to reach agreement with the provinces, the federal government began to develop legislation to ensure that the basic principles of the system were maintained.⁹² CNA’s submission to Liberal federal health minister Monique Bégin was built on its document to the earlier Hall Commission, *Putting Health Back into Health Care*. In it, the association again highlighted its belief that insured health-care services should be extended to include more than just acute care, that nursing services should be covered and serve as an entry point to the health-care system and that all extra premiums such as extra-billing and user fees should be banned.⁹³

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Despite the strong conviction behind this statement, CNA had real concerns that nurses would be ignored without an unprecedented lobbying effort. As Lemire Rodger recalled, at the start “we had a group of professionals with no experience in lobbying – no infrastructure for political influencing – that was taking on the...government.” She assembled a task force of politically knowledgeable experts, many from outside nursing, to help. Their lobbying intensified after the initial version of the *Canada Health Act*, which was tabled in mid-December 1983, failed to incorporate CNA’s recommendations on expanding the health-care system and insuring nursing services.⁹⁴ Lemire Rodger pressed Bégin for support, and Bégin, who was sympathetic to CNA’s position but hampered politically, finally agreed to help only if CNA kept the issue in the media for two weeks and secured the approval of every provincial minister of health. Lemire Rodger and her team met these conditions, even persuading Quebec’s Pierre Marc Johnson not to say anything against the amendment so they could state that “no ministers were opposed.”⁹⁵ Despite also winning support from the opposition parties, they nonetheless faced obstruction from Liberal members of Parliament. At one meeting, negotiations with Bégin’s deputy minister over the wording of the amendment went nowhere until Lemire Rodger and her team prepared to physically leave the committee room. On the morning of the day the bill was to be reintroduced in the House of Commons, not until she threatened to speak to the media waiting outside the door were points of procedure finally settled.⁹⁶

The *Canada Health Act* passed unanimously in the House and obtained royal assent on April 17, 1984. Although CNA and its member associations did not get all that they wanted, victory was sweet, because CNA could boast that it was the only group to obtain an amendment to the act. Lemire Rodger and all those who had worked for changes were unable to convince parliamentarians to extend coverage to services outside hospitals and other medical institutions, but they did manage to have the description of potential providers of insured services broadened to include health-care practitioners and not just physicians.⁹⁷ As Lemire Rodger contended, CNA believed that the *Canada Health Act* “should be built on the nature of the services, not where [they are] provided and by whom.”⁹⁸ The importance of the CNA role, President Helen Glass later stressed, “was to protect the constitutionality of the act while at the same time [opening] the door to insured nursing services,” paving the way for the eventual development of the role of nurse practitioners in venues such as outpatient and nursing clinics.⁹⁹

CNA's actions throughout this period, however, resulted in strained relations with CMA. When CMA approved the principle of extra-billing at its 1980 conference soon after the release of Hall's review of health services, CNA upheld the government's position against it.¹⁰⁰ When the medical association invited CNA to participate in a task force to study CMA-perceived problems with the health-care system, CNA, along with CHA and other health-related organizations, declined to participate.¹⁰¹ According to Lemire Rodger, CMA was “upset” that nurses received more air time than expected during the lead up to the passage of the *Canada Health Act*.¹⁰² Tensions continued between the two bodies even after the act was passed, when CNA found itself having to “interpret our positions on entry to practice, primary health care and the role of nurses as the point of entry in the health-care system to give the medical profession a better understanding of what we mean [when] we use these terms.”¹⁰³ It also condemned CMA's call for physicians outside of Ontario to refuse to honour Ontario's health insurance cards, believing that patients were being used as pawns between the medical profession and the Ontario government.¹⁰⁴ Nonetheless, these stances were politically expedient; as Lemire Rodger admitted, the organizations still got along at the executive level and their collaborative work continued on health and clinical issues.

QUEBEC DISAFFILIATION

Less successful were the efforts of Lemire Rodger and CNA to prevent the disaffiliation of the Quebec nurses association, which ultimately took place in 1985. The OIIQ's long-simmering dissatisfaction, which had begun back in the 1960s, came to a head at the 1981 OIIQ annual meeting when its directors introduced a motion to disaffiliate. Forming the largest association within CNA at 37 per cent of the membership, OIIQ claimed continued unhappiness with the fee structure as well as the lack of services in French, a point that Lemire Rodger conceded was likely correct at that time. The CNA membership expressed “deep regret” over this action and charged the CNA executive to find solutions and “constructive alternatives to this intention.”¹⁰⁵ Both OIIQ and CNA travelled throughout the Quebec districts to present their respective arguments, and at Quebec's annual meeting six months later, the Quebec members defeated the motion.

The first motion to disaffiliate had occurred just two weeks after the re-election of the Parti Québécois in Quebec, and the timing of this notice, along with the persistent disagreements that the OIIQ leadership had with CNA, are undoubtedly linked to the wider political context.¹⁰⁶ The separatists were in power, and the response of CNA members from the rest of Canada to the disaffiliation crisis echoed the reactions to the threat of Quebec separation nationally: some voiced strong fears about the potential financial impact that the loss of Quebec would have on CNA, others lamented the loss of a truly national voice for nursing, while still others likened Quebec's attempt to withdraw to the loss of a family member.¹⁰⁷

The reprieve of 1981 was short-lived. When the OIIQ executive introduced another disaffiliation motion at its annual meeting in November 1984, it was finally passed, much to the dismay of Lemire Rodger and the rest of CNA's executives, who argued that they had only heard about the disaffiliation vote a week before the meeting and had had little time to prepare a response.¹⁰⁸ For her part, OIIQ president Jeannine Pelland Baudry spoke of her frustration with past attempts to “sensitize” the CNA board of directors to the concerns of OIIQ, lamenting “representations [that had] always fallen on deaf ears.” Contending that Quebec nurses were forced to become members of the national organization by virtue of their provincial registration, she objected most of all to what she perceived as CNA interference in the legal responsibilities and professional mandate of OIIQ.¹⁰⁹ Although some hoped that the CNA leadership could somehow convince OIIQ to change its mind over the following year – the waiting period required before actual disaffiliation could take place – a sense of inevitability

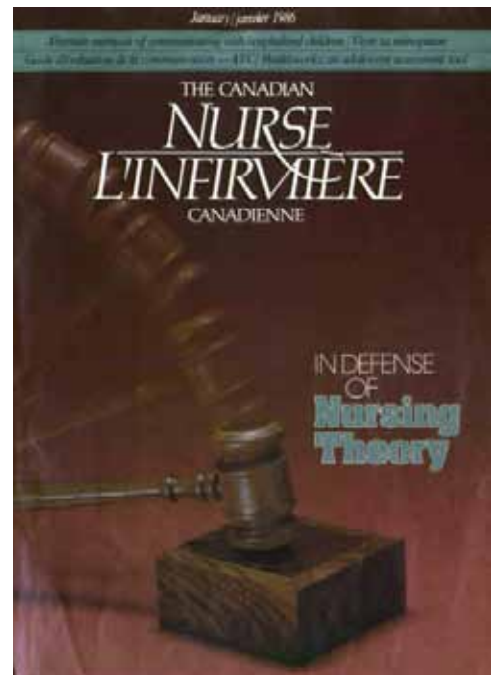
prevailed. To Lemire Rodger, this vote was “totally a political and philosophical decision,”¹¹⁰ and one with which not all Quebec nurses agreed. A year later, CNA officials attended the Quebec nurses’ annual meeting and reported that “in general, [they] welcomed the CNA presence...and many nurses expressed their dissatisfaction about disaffiliation.”¹¹¹

In preparing for official disaffiliation to take effect in November 1985, CNA struggled with the numerical and financial implications of losing 50,000 members.¹¹² It had already faced significant budget deficits through the early 1980s that had been exacerbated by the recession the rest of the country experienced. The Ontario Nurses’ Association, which in 1975 had become the independent bargaining organization of the Registered Nurses’ Association of Ontario, had brought an important new source of revenue to CNA in 1983 with its group membership of 30,000, but five years later it was preparing to leave.¹¹³ The disaffiliation crisis set in motion another “intense examination of CNA structure, fees and mandate,” but the most immediate challenge was dealing with the expected 30 per cent budget shortfall over the next two years. Wanting to rely less on membership fees, CNA considered entering the publishing business and marketing its consulting and testing services to nursing specialty groups.¹¹⁴ As of the January 1986 issue, *The Canadian Nurse* and *L’infirmière canadienne* were merged into a single publication that divided content into two-thirds English and one-third French.¹¹⁵ The journal had not been making money before the merger, but it was hoped that reduced costs and increased advertising revenues would result in it more than paying for itself. Although some members felt that the journal now more closely reflected Canadian nursing, others were concerned about the inclusion of articles that they could not read and complained about the sharply reduced number of pages per issue. As editor Judith Banning admitted, “[I] would be less than honest if I tried to tell you that all of our readers are pleased.”¹¹⁶

FUNDING NURSING RESEARCH

During the second half of the 1980s, the interrelated challenges of funding nursing research and instituting doctoral programs became a major priority. As Lemire Rodger recalled, nursing faculty at McGill University and the University of Alberta had developed doctoral programs, but the widespread belief that nursing did not have the knowledge base to deserve the PhD prevented them from being funded.¹¹⁷ CNA, the Canadian Association of University Schools of Nursing and the Canadian Nurses Foundation had been working more closely together since the beginning of the decade to find sources of funding for nursing research. The Canadian Association of University Schools of Nursing had helped push the Medical Research Council to form a committee to consider ways and means of promoting nursing research.¹¹⁸ Believing that the Medical Research Council had the requisite money for infrastructure that was needed to begin doctoral programs, Health and Welfare Minister Jake Epp appointed Lemire

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The Canadian Nurse / L'infirmière canadienne, January 1986



Ginette Lemire Rodger, 1989

Rodger to the council in 1986 with a mandate “to advance nursing research and the funding of nursing research within the Medical Research Council.”¹¹⁹ Fighting against strong gender, age, occupational and academic prejudices in the council – no women had a seat on the council when she arrived and “I was not a scholar at the time, and I was a nurse, so it was really bad” – she was determined to find a way to move the Medical Research Council, the only Canadian health sciences research granting council, beyond funding only research by bench scientists and physicians. CNA asked its university colleagues to lobby individual Medical Research Council members while Lemire Rodger searched for a way to gain some notice on the council itself. She eventually found her solution when she introduced a motion against smoking at council meetings, knowing that the council members would look foolish if they denied her request in the face of the proven health risks of smoking. Using the success of this motion as a way to begin influencing the council, Lemire Rodger’s patience and persistence paid off when financial support for nursing research and nursing research infrastructure was eventually secured. Not until 1991, however, was the first fully funded PhD program in nursing opened at the University of Alberta, after political action from Alberta nurses and the key support of Shirley Stinson, a former CNA president and a professor of nursing there. Lemire Rodger became its first graduate.¹²⁰ McGill, which had already graduated some students from a special PhD program, began to develop a joint program with the Université de Montréal established with funding from the Quebec government.¹²¹

Lemire Rodger remained as executive director until the end of 1988. During her last biennium, she led the association through a “staggering agenda,” supporting primary health care, bringing heightened attention to clinical issues such as AIDS and organ transplantation, and focusing on issues of nursing administration, research and the certification of nursing specialities. Funds were also dedicated to the establishment of a CNA Media Award to be given at each biennial convention.¹²² Lemire Rodger’s decision to leave coincided with the completion of an expansion of CNA House, a project that had had to be delayed during the financial crisis that followed Quebec’s disaffiliation. In recognition of her contributions, the new CNA House extension was named the Ginette Rodger Wing.¹²³

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CHAPTER 7

CRISES AND VISIONS

1990-2008

We did not come here to fear the future; we came here to shape it.

Barack H. Obama



“The association continued to issue dire predictions of shortages on the basis of the twin factors of an aging nursing workforce preparing to retire en masse and an aging population whose demands for care.”

“Tighter budgets are not a reason for inaction, just another symptom of a country that is in need of smarter health care.”

Hospital bed closures and other health-system cutbacks that occurred during the late 1980s and into the 1990s led to growing fears for the sustainability of the Canadian health-care system as it stood. Many nursing jobs had been eliminated, causing Judith Oulton, CNA’s new Executive Director, to observe that “nursing [went] from a shortage to a surplus almost overnight.”¹ Not surprisingly, however, concerns about the ability to recruit new nurses to the profession grew almost immediately, and the aging of the nursing workforce, coupled with the fact that many nurses were migrating to the U.S. in search of employment opportunities, began to fuel fears that not enough nurses would be available in the years ahead.

Arguing that it had predicted these shortages for years, CNA waited impatiently for promised government action. Much of its energy was spent on developing strategic alliances to keep the human resources issue on the political health-care agenda. As Alice Baumgart, a former CNA President, noted, this issue defined a more political role for the organization, forcing CNA to find “a platform for nursing issues to be presented, even if not listened to.”² The association continued to issue dire predictions of shortages on the basis of the twin factors of an aging nursing workforce preparing to retire en masse and an aging population whose demands for care could not possibly be met by a profession unable to recruit enough new members or retain enough existing members.

The structuring of nursing as being in “crisis” over the previous two decades helped to initiate increased political action and to stimulate outreach by CNA to government and other health-related agencies. It also undoubtedly helped leverage at least some of the multi-million dollar funding that CNA has received, particularly into the first decade of the twenty-first century, for research, policy development and new projects such as the Canadian Nurse Practitioner Initiative, which alone received almost \$9 million. Over the course of this period, the many efforts CNA has undertaken have transformed it into a storehouse of valuable information and statistics on nursing and health care in Canada.

“Tighter budgets are not a reason for inaction,” CNA President Alice Baumgart had suggested at the 1991 annual meeting, but rather “just another symptom of a country that is in need of smarter health care.”³ As CNA entered the 1990s, it became more involved in research, activities and policy development associated with broader concepts of health promotion and illness prevention, reflecting its increasing commitment to the idea of primary health care. Grounded in the concepts of universal and equitable access to health services, primary health care encompassed broad principles of “accessibility, public participation, health promotion and illness prevention, appropriate technology, and intersectoral and interdisciplinary collaboration”⁴ – many of the same principles behind the *Canada Health Act* that CNA had supported so strongly. CNA sensed that this focus provided new opportunities to increase its influence at the policy level. “Never before have health-care leaders and policymakers been more receptive

to the proposition that nurses are key participants in the health-care reform movement....The time is ripe for nursing to advance a primary health care agenda," mused one *Canadian Nurse* editorial.⁵ Although CNA persisted in its efforts to develop strategies meant to address retention and recruitment issues and enhance workplace environments within the existing health-care system, as the decade progressed the organization also began to envision what nursing could look like in a refashioned model of health-care delivery. Its vision for the future of nursing included seeing nurses as independent professionals who would provide primary, holistic health-care services for Canadians and their communities.

NURSING AND THE ECONOMY: THE 1990s

Ginette Lemire Rodger's successor, Judith Oulton, arrived at CNA House in 1989 after leaving the position of Director of Strategic Planning in the New Brunswick Department of Health and Community Services. Previously she had served as President of the Nurses Association of New Brunswick and as a member of the CNA board of directors. Although the opportunity to succeed Lemire Rodger "emerged rather unexpectedly," Oulton was keen to take on the job and it was believed that she had a style well suited to CNA's efforts to build effective partnerships with other nursing and health-oriented groups to help shape health policy during the 1990s.⁶

JUDITH A. OULTON

As CEO of ICN, Judith Oulton provided leadership and strategic direction to the federation, and led the development of many key initiatives that have served to strengthen the nursing profession and the health-care system globally. She also spearheaded the creation of the World Health Professions Alliance – an alliance of the nursing, physician, dentistry and pharmacy professions that represents 23 million health-care professionals worldwide. Prior to joining ICN, Judith spent seven years as the Executive Director of CNA. Her areas of expertise include human resources, strategic planning and futures.

Judith holds a bachelor of nursing and a master of education from the University of New Brunswick, and has received two honorary doctorates of science, from Moncton University and McMaster University.

At this time, CNA faced surging discontent among nurses. Fuelled by a worsening economic recession, "large, bitter and occasionally illegal strikes" broke out across British Columbia and Quebec in the summer of 1989. The discontent reached a climax when Manitoba's nurses went on strike for 32 days in January 1991 – the longest nursing walkout to date and the largest walkout of any labour group since the 1919 Winnipeg General Strike.⁷ As CNA president Judith Ritchie stressed, the key issue was no longer "what do nurses want," but rather "how nurses' demands are to be met." Admitting that restructuring nurses' salaries would be expensive, she declared, "So be it! Society has been getting a bargain for more than 100 years."⁸

"Never before have health care leaders and policymakers been more receptive to the proposition that nurses are key participants in the health-care reform movement.... The time is ripe for nursing to advance a primary health care agenda."



Judith A. Oulton



The Health Action Lobby

“Do committed nurses strike? The people to suffer most in a strike are the very ones we care about – our patients. The question we face is whether we can be committed health-care professionals and dedicated union members at the same time.”

By this time, independent nursing unions had formed in all provinces except Quebec and Prince Edward Island, and six of these had banded together to form the National Federation of Nurses Unions in 1981, renamed the Canadian Federation of Nurses Unions in 1999. Over the last three decades, nurses had taken part in 32 strikes, some of them illegal walkouts that drew significant financial penalties for their unions.⁹ Nonetheless, the act of striking troubled nurses, and they were still grappling with what it meant to their professional identity. As one nurse queried, “Do committed nurses strike? The people to suffer most in a strike are the very ones we care about – our patients. The question we face is whether we can be committed health-care professionals and dedicated union members at the same time.”¹⁰

The unrest reflected a growing impatience among Canadian nurses for change and an increasing comfort in using the right to strike as a bargaining tool. Salaries remained the chief focus of discontent. However, as the recession generated deeper cuts to health care and unemployment among nurses grew to a degree not experienced in Canada since before the Second World War, workplace quality issues and fears about patient safety became important negotiation concerns.¹¹ Feminist issues of pay equity and the valuing of women’s work also began to be factored into nursing analyses of discontent. Nurses began to re-evaluate the meaning of caring in their work and insisted that “interaction with patients was an important part of nursing care and of the healing process.”¹² As Monique Bégin told her audience at one CNA convention, the nursing profession well reflected the “general underrating” of women in society. Political power was the path to greater recognition, and the time had come to use feminist theory to help nurses play a wider role in the changing health-care system.¹³

To strengthen its political lobbying efforts, CNA began to form partnerships and strategic alliances with other groups. The Health Action Lobby (HEAL) was formed in March of 1991, initially in response to a potential, significant withdrawal of health funding by the Progressive Conservative government. Comprised of seven national organizations and 20 affiliate health and consumer groups, and with CNA’s executive director as co-chair, HEAL focused on preserving the principles of medicare and keeping health issues at the forefront of political discussions nationally. The alliance hit its stride during the October 1993 federal election, forcing politicians to express their views on health care. After the election, the challenge for CNA and its HEAL partners was to ensure that the new Liberal majority government and the provincial governments maintained health as a priority as they struggled to reduce their budget deficits.

HEAL’s lobbying efforts intensified through 1995 and into 1996 over the federal government’s proposed Canada Social Transfer, a new block grant system that lumped social payments together and left the provinces to decide how they should be divided. The federal government intended that the transfer payments would eventually fall to zero. Arguing that the federal government’s withdrawal

of these payments would leave it without any means of enforcing national standards in the *Canada Health Act*,¹⁴ CNA with HEAL successfully pressed Finance Minister Paul Martin, Jr., to institute a funding floor of \$250 per person over the ensuing five years.¹⁵ CNA was quick to express how pleased it was with the March 1996 budget and its \$11 billion cash floor for health funding transfers. As CNA President Eleanor Ross told *Canadian Nurse* readers, “Our efforts have paid off.” She also welcomed the fact that the budget included the creation of the Canadian Health Services Research Fund, worth \$65 million over five years, and she promised to lobby for funding for nursing research in areas that promoted alternative delivery mechanisms like primary and community health care.¹⁶

In the midst of the intense lobbying leading up to the 1996 federal budget, Oulton accepted an offer to join the International Council of Nurses (ICN) office in Geneva as its new CEO, presiding over the 1997 ICN congress that CNA had earlier offered to host in Vancouver.¹⁷ Over her tenure at CNA, Oulton had shepherded the organization through several turbulent years, and, as former CNA President Alice Baumgart recalled, under Oulton’s leadership, interaction with government officials had become much more regular.¹⁸ She had also witnessed the initiation of four doctoral and three master’s programs, had seen midwifery finally acknowledged as a separate discipline and had seen nurses recognized as case managers and consultants. Several nurses now held key government and policy-making positions where they had the potential to make the voice of nursing heard.¹⁹

It was also in 1996 that CNA’s board of directors announced new directions for its testing division. The division was established as a separate business, called Assessment Strategies Inc. at the time, to allow the new corporation to better serve existing clients and build a future client base. By late in the CNA’s 10th decade, the organization was re-branded as Canada’s Testing Company, by then developing and maintaining more than 150 national and provincial tests.

Mary Ellen Jeans assumed the duties of CEO in February 1996, just in time to take part in the intense and ultimately successful lobbying effort to protect federal health transfer funding.

During Jeans’ tenure, CNA hosted the 21st ICN congress in Vancouver in 1997²⁰ and continued its international programs in Africa and the Caribbean. Many countries, Jeans recalled, looked to Canadian nursing leadership on a variety of issues but particularly for help in strengthening nursing and midwifery in areas hard hit by poverty and AIDS. Closer to home, the June 1997 federal election call mobilized CNA to more fully engage nurses in the political process.²¹ Former Executive Director Ginette Lemire Rodger, who ran, albeit unsuccessfully, as the Liberal candidate in an Alberta riding, believed that nurses were well suited for politics because they “are close to the people and know how complex systems work.”²² Health-care issues received less attention during the election campaign

“CNA with HEAL successfully pressed Finance Minister Paul Martin, Jr., to institute a funding floor of \$250 per person over the ensuing five years.”

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“A tension existed at CNA between the desire to focus on advocacy on such issues as broad conceptions of nursing roles and major educational reforms and the need to address the association’s responsibilities for regulation of the profession.”



Mary Ellen Jeans

than Jeans had hoped, although a promise to raise the cash floor for health transfers and the election of more government members with backgrounds in health hinted that the Liberals were considering spending more on health care.²³ As Executive Director and as co-chair of HEAL, Jeans continued to meet frequently with government officials to enforce their commitment to the publicly funded health-care system. She recalled that “we seemed to be well accepted [because] when we asked for meetings we were generally accommodated fairly easily.”²⁴ Collegial relations with other national organizations with which CNA worked, such as the Canadian Medical Association (CMA) and the Canadian Hospital Association (whose president, Sharon Sholzberg-Gray, was the other HEAL co-chair), also helped to give a common focus to issues of mutual concern.

MARY ELLEN JEANS

A native of Guelph, Ontario, Mary Ellen Jeans received her nursing diploma from the Hamilton Civic Hospital and earned her bachelor’s and master’s degrees in nursing from McGill University in the 1970s. She eventually obtained a PhD in psychology from the same university, with a particular research interest in pain and pain management. Her teaching in the school of nursing at McGill eventually led to her being appointed director of the school, and because nursing was part of the medical department she also insisted on becoming an associate dean in the Faculty of Medicine. During her tenure, she was instrumental in establishing the PhD program in nursing at McGill, only the second funded doctoral program in the country in the early 1990s. Jeans came to CNA via an executive exchange position at Health Canada, where she was the director-general of the National Health Research and Development Program. Her interest in CNA had begun during her early student days at McGill when she had volunteered at the 1969 ICN meeting held in Montreal. She had been assigned to be a runner for Helen Mussallem and Hallie Sloan, and the enjoyable experience of “a bit of an inside look at the life of the professional association” had stayed with her.²⁵ By the mid-1990s, she realized that her experience at Health Canada regarding government policy development would be useful to CNA as it worked to obtain federal support for the role of nursing in health care, and she happily accepted the executive position.²⁶

Realizing that not all Canadian nurses were represented “at the CNA table,” the association sponsored national nursing fora to bring together different groups of nurses, including the nursing unions. The goals of these conferences were to work toward resolving some common concerns and to strengthen the voice of nursing on policy and political issues. Jeans was disappointed that these conferences were not continued after she left CNA because, she believed, the organization could have become that “umbrella association that supports diverse views, diverse approaches to a variety of issues, but that would provide that solidarity of voice at the end of the day and would benefit, quite frankly, from that diversity.”²⁷

Within CNA itself, Jeans oversaw a major internal restructuring to streamline operations and services within a vision, not entirely realized at this time, of “teams of equals working toward a common goal.”²⁸ She argued that a tension

existed at CNA between the desire to focus on advocacy on such issues as broad conceptions of nursing roles and major educational reforms and the need to address the association's responsibilities for regulation of the profession, which constantly threatened to overwhelm any other issues put before the board. Jeans envisioned CNA evolving into "an association of associations, with, for example, a strong regulatory section, a section on advocacy, a section on publications, [and one on] policy development."

As the country began to recover from the recession and as health-care funding stabilized, the employment situation for nurses showed signs of improvement. However, Sharon Nield, author of a 1997 CNA survey on nursing employment, warned that "the first indications of a future shortage of registered nurses are appearing." Employers in several provinces had difficulty recruiting registered nurses (RNs) with specialty experience, particularly in the critical care areas, and some were "trying to entice Canadian RNs working in the U.S. back to Canada." It was important, Nield stressed, "to publicize the possible shortage now because the perception that there are no jobs hangs around longer than the reality and then you have a crisis."²⁹

Following Nield's report, which was based largely on anecdotal evidence, CNA commissioned a more rigorous study of the supply of nurses in Canada. Appearing in November 1997, Eva Ryten's *The Statistical Picture of the Past, Present and Future of Registered Nurses in Canada* concluded that Canada would be short 113,000 RNs by the year 2011 unless quick action was taken by nursing, government bureaucrats and educators. The worsening shortage was rooted in "increased demands from an aging population, an aging nursing workforce, and declining nursing school enrolment."³⁰ Although the results of this study garnered much media attention, Jeans recalled that it took a year of hard lobbying before the government began to admit the validity of the report's statistics. It eventually launched the *Nursing Strategy for Canada*, and CNA became part of a major statistics-gathering partnership with the Canadian Institute for Health Information.³¹

In June 1998, current and former health ministers Allan Rock and Monique Bégin, respectively, shared the stage at CNA's 90th anniversary conference in Ottawa. Rock promised that it was now time for Canada "to show it cares for nurses," because nurses had disproportionately borne the burden of the health-system cutbacks during the 1990s. Bégin asked nurses to "think big and say it loud," stressing that Canadian nurses did not realize the "enormous political power" they held and that "CNA must increase its lobby and its advocacy."³² Encouraged by Rock's and Bégin's comments, CNA took the health minister and the federal government to task in early 1999 and launched its Quiet Crisis campaign, which called for a reinvestment into quality health care. In the next budget, CNA secured funding of \$25 million over 10 years for a new national Nursing Research Fund, part of which supported research in health services human resources. The Canadian Nurses Foundation obtained \$5 million of this funding to support



Sharon Nield, author of a 1997 CNA survey on nursing employment

"To publicize the possible shortage now because the perception that there are no jobs hangs around longer than the reality and then you have a crisis."

clinical research, which it managed to leverage significantly through partnerships. As importantly, however, Finance Minister Paul Martin gave credit to the CNA lobby and encouraged it “to enhance the leadership role that nurses deserve to play in the health-care system.” Jeans was confident there was “little doubt to how politically sophisticated nurses have become” because the federal departments of health and finance were “reportedly overwhelmed with the amount of correspondence received on the Quiet Crisis.” The success of the campaign, she asserted at the time, “shows how successful we can be when we work together....The Quiet Crisis is no longer silent!”³³ Federal support for nursing was further strengthened in 1999 with the appointment of Judith Shamian as the first Executive Director of a new Office of Nursing Policy at Health Canada, a modernized and more powerful successor to the position of Principal Nursing Officer that had been eliminated earlier in the decade.³⁴

One of the specific goals of the Quiet Crisis initiative was the creation of an electronic nursing knowledge network.³⁵ This idea generated excitement within CNA, but, undoubtedly caught up in the potential of being “able to access electronically, information about nursing, research, health care, nursing associations, history, education and so on...at the right time, in the right order, in the right place, and at the right cost,” Jeans admitted later that the technology at that point had not quite caught up to the vision.³⁶ The development of the network, however, raised deep concerns among many nurses about the impact of this new focus on CNA’s extensive book and periodical collection, inter-library loan and reference services and nursing archives collection, which were concentrated in the Helen K. Mussallem Library at CNA House.³⁷ Jeans defended her eventual decision to disburse the collection, arguing that the protection of the collection at CNA House could not be ensured and that its digitization would make it more available to researchers across the country. The tripartite agreement that CNA signed with the Canadian Museum of Civilization, the Canadian War Museum and Library and Archives Canada was the first of its kind for the organizations involved, and it resulted in a highly successful exhibition at the Museum of Civilization on the history of Canadian nursing five years later.



Lucille M. Auffrey

DEALING WITH THE PRESENT AND VISIONING THE FUTURE

In March 2001, Lucille Auffrey succeeded Jeans as CEO. Stabilizing the nursing workforce in Canada was her primary mandate – a daunting task given the circumstances of employment and working conditions that had not changed much over the past decade. Nonetheless, during her tenure, the number of activities in which CNA became involved and the scope of the research funding and support it received dramatically outstripped those of any other decade.³⁸

LUCILLE M. AUFFREY

With a bachelor of science degree in nursing from the University of New Brunswick and a master of science degree in nursing and health studies from the University of Edinburgh in Scotland, Auffrey had an extensive record of public service administration in her home province of New Brunswick. She had previously served as executive director of the Nurses Association of New Brunswick and had been a long-time advisor to the CNA board of directors.

Early in her tenure, Auffrey and the board began to implement organizational changes that moved CNA toward the vision Jeans had articulated for the association. To carry out the board's goals and directives, policy operations were reorganized into the four pillars of public policy, nursing policy, regulatory policy, and international policy and development. New administrative positions were created; a senior nurse consultant (later changed to scholar-in-residence) was appointed in 2004, and Jane Ellis was hired in 2005 as CNA's first Associate CEO and Chief Operating Officer.³⁹

Auffrey's arrival at CNA had coincided with the announcement of the new Royal Commission on the Future of Health Care in Canada to be overseen by former Saskatchewan Premier Roy Romanow. Ginette Lemire Rodger, who had returned to CNA as president in 2000, was "cautiously optimistic," hoping that it would build on the solutions and strategies identified in previous commissions and that there was enough political will to move on its recommendations.⁴⁰ In the brief CNA submitted to the commission in October 2001, the association continued to stress the importance of respecting the conditions of the *Canada Health Act* and argued once again for the effectiveness of nursing as an access point into the health-care system.⁴¹

Canadian nurses in the front lines, however, were struggling. CNA estimated that the cutbacks of the 1990s had resulted in a huge loss of nursing graduates,⁴² and as the new century began, both new graduates and older nurses still found it difficult to find full-time employment.⁴³ The "casualization" of the workforce increased the burden of care on the remaining full-time staff and led to growing job dissatisfaction and a sense that "nursing was a profession without opportunity."⁴⁴ Any mood of optimism among Canadian nurses had soured; the Ryten report was apparently not the catalyst for improvements in employment opportunities or working conditions that they had hoped it would be. Nurses in many provinces participated in a series of rotating job actions, strikes and illegal walkouts, echoing events at the start of the previous decade.⁴⁵ Media coverage of these problems was also blamed for helping to discourage new recruits; only half the number of graduates needed chose to pursue nursing as a career.⁴⁶

Despite the hopes raised by the Romanow commission and other studies underway assessing the state of health-care resources, preoccupation with other matters after the terrorist events of September 11, 2001, probably contributed to the frustration felt by CNA a year later over government inaction. As *Canadian Nurse* Editor Judith Haines asked, "What will it take to move ministers of health to action on Canada's nursing crisis?" She pointed to the 51 recommendations of the Canadian Nursing Advisory Committee in its report and suggested that "it would be hard to find a more convincing argument and framework for action. And yet, the outcome of the minister's meeting was *no* action."⁴⁷ Rob Calnan, elected as the first male CNA President at the June 2002 biennial conference in Toronto, spearheaded a new political lobbying effort. The Nurses in Action campaign was intended to communicate key messages to federal decision-makers on the importance of primary care for a "vibrant" nursing workforce" and a quality health-care system."⁴⁸ The launch of this campaign coincided with the release in late fall 2002 of both the report of the Senate Standing Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby, and the Romanow commission's *Building on Values: The Future of Health Care in Canada*. The Romanow report did not address nursing directly, but to CNA's satisfaction it suggested many of the primary health-care initiatives for which the association had long advocated. The Kirby report recommended increasing investments in nursing education and expanding the scope of nursing practice but had nothing to say on the immediate challenges of keeping nurses on the job or improving their work environments.⁴⁹

Momentum for health-care reform appeared to accelerate in the wake of these reports, with increased federal funding and federal/provincial/territorial agreements for health renewal in both 2003 and 2004. At the 2004 meeting of the prime minister and the provincial/territorial premiers, CNA was proud of its hard work to keep the need for health human resources planning on the table, because it had heard that the issue was "not going to get a lot of 'air time.'" Feeling that CNA had made a difference to the outcome of the proposed, new 10-year health deal, which included addressing the gaps in human resources, the members who attended were gratified to "hear every premier and the prime minister acknowledge the dedication of nurses and the pivotal role we play in the health system." Auffrey nonetheless signalled the limits of CNA's influence when she warned that provincial and territorial nursing associations needed to remain active participants in order for effective change to take place.⁵⁰

CNA President Deborah Tamlyn agreed with the findings of the first report of the new Health Council of Canada, created as a result of the 2003 and 2004 health accords, which targeted the shortage of health-care professionals in general as an urgent priority. As she reminded *Canadian Nurse* readers, “one in three nurses is eligible to retire in the next five years,” and without immediate recruitment and retention strategies, the health system would fall into a “further state of crisis.”⁵¹ Echoing her warnings were reports of fresh rounds of cutbacks in full-time nursing positions and predictions of a return to the conditions of the mid-1990s, when it was estimated that 40 per cent of nursing graduates had left the country to find work in the United States.⁵² At the same time, some 40 per cent of the seats in Canadian schools of nursing had been eliminated. The stage was clearly set, then, for the tumultuous nursing labour market dynamics still playing out as CNA’s first century came to a close.

In June 2005, CNA released the results of the first study that had pulled together governments, unions and employers to investigate the state of the entire nursing workforce, which included licenced practical nurses, registered nurses and registered psychiatric nurses as the three regulated nursing groups in Canada. Reiterating that many nurses were nearing retirement age, the study also demonstrated other factors in play. The lack of commitment to nursing resources had resulted in decaying working conditions for practitioners and less than optimal outcomes for many patients. Just as worrying, in the face of tremendous and lucrative career competition, there were few obvious incentives to attract young people to the profession.⁵³ Once again, CNA was disappointed that little action had been taken and joined with CMA, HEAL and other major stakeholders in the health field to “keep the first ministers’ feet to the fire” regarding their promises.⁵⁴ Nonetheless, the worrisome trends continued. In 2007, CNA President Marlene Smadu reported that for the fifth year in a row, only half of RNs had full-time employment, and the numbers of community-based nurses in home care and rehabilitation services was also decreasing.⁵⁵ A national study investigating the relationship between work and nurses’ health had found that nurses “had the highest rate of absenteeism due to illness and injury in the entire Canadian workforce.”⁵⁶ In addition, while the number of nursing graduates was slowly increasing by 2006, CNA estimated that the gap at that time between demand and supply in the health system consisted of some 4,000 nurses.⁵⁷

ADDRESSING THE PROBLEMS

As Deborah Tamlyn had warned early in 2006, CNA would have to “respond as if we were in sailboats” and sensitively adjust to the prevailing winds of change blowing through the health-care system.⁵⁸ Increasing use of technology in health care, changing demographic patterns and threats of pandemic disease, especially after the devastating outbreak of sudden acute respiratory disease (SARS) in 2003 to which nurses had succumbed along with their patients, all served to reinforce CNA’s desire to position the profession as a leader in health-care reform. Despite its impatience with government inaction, CNA nevertheless attracted significant financial support for many of its activities, often the result of developing strategic alliances – what Tamlyn called “shared leadership” – not only with government and other national associations but also with other major groups within the nursing profession itself. At the same time, the board also attempted to rededicate CNA to nurses at the grassroots level – “to be more relevant to the working nurse at the point of care” – and to work toward enhancing educational and professional opportunities for them.⁵⁹

CNA believed that the Canadian Nurses Portal, or NurseONE.ca (and its French version INF-Fusion.ca), launched at the 2006 biennial conference, was one way to accomplish the goal of addressing the needs of practitioners in the front lines. Building on the dream of former Executive Director Mary Ellen Jeans and backed by more than \$8 million in funding from the federal ministry of health, the association envisioned the portal as an easily accessible information point encompassing all facets of practice, self-assessment and career management.

As CNA neared the end of its first century, many of the programs of work falling under CNA’s four policy pillars expanded dramatically in scope and reach. Within the Regulatory Policy Division, for example, the CNA Certification Program was strengthened and expanded to include 17 specialties by 2008,⁶⁰ nearly doubling the number of certified nurses between 2000 and 2010. New examinations were developed for nurse practitioners, the *Code of Ethics for Registered Nurses* was revised, the Canadian Registered Nurse Examination was revamped and updated and the number of first-time writers increased from 4,700 to more than 9,000. While these outcomes brought new revenue, they also exerted tremendous pressures on the team producing the work.

In another part of CNA House, what had been a “bureau” with a couple of staff in 2000 became CNA’s vibrant division of International Policy and Development by 2008, helping to strengthen nursing and health systems with partners across four continents with multi-million dollar funding. The division celebrated 30 years of international policy and development work in 2006 and saw the Governor General calling on CNA to have its leaders accompany her on state visits abroad; this represented a new kind of political relationship and access for CNA.

In the Nursing Policy Division, the team led CNA’s work on nursing practice, quality professional practice environments and the development of practice frameworks for RNs and advanced practice nurses that were in demand across the country. It built the base of nursing informatics for CNA and developed the national E-Nursing Strategy, a highly popular product in the ensuing years. Responsible for communicating and working with CNA’s associate and affiliate groups, the division also saw the number of those groups increase from 25 to 43 in just eight years (see Appendix I).

Apart from its intense government relations work behind the scenes, the Public Policy Division took the lead on a number of high-profile national initiatives in the areas of primary health care, health human resources, the mobility of nurses and leadership and a major project to strengthen Canada’s health human resources that included a highly popular “futures” project.

Every decade is a busy one, but by any measure, the 10th decade was the busiest of CNA’s history. Membership increased from 113,000 to nearly 140,000 (see Appendix I). Confidence in the organization was reflected in external funding that increased 10-fold between 2000 and 2005 alone and added up to more than \$30 million between 2000 and 2009. The pace of work by 2006 was frenetic, with CNA’s staff in demand collectively to lead or join scores of national committees, task forces and reviews – and to make hundreds of appearances before tens of thousands of nurses on stages nationally and globally. To manage the growing demands, CNA increased its number of staff by some 50 per cent during the decade; by the end of the decade it employed 21 nurses whereas it had had seven nurses on staff in the year 2000. The volume of work perhaps culminated most visibly in the tremendous outpouring of products and events during the centennial year. Some sense of the pace of work in the 10th decade can be captured by considering the nearly 500 products and publications released by CNA between 1999 and 2009 (see Appendix H).

First Ministers’ meetings through the beginning years of the new century had led to calls for health renewal and both federal and provincial/territorial governments now began to fund projects dedicated to the integration of health services promoted in the primary health care model of care. Through its strong support of the *Canada Health Act*, its insistence that health professionals other than physicians could also be access points into the health-care system, and its interests in health promotion issues in the past, CNA had long advocated for the basic principles of primary health care, having introduced a five-year plan for implementing primary health care as early as 1989.⁶¹ It now seized the opportunity to gain a more prominent role and to position the association and Canadian nurses as leaders in health reform.

Through the \$800 million Primary Health Care Transition Fund, established by the federal government in 2000, CNA was awarded close to \$9 million for the Canadian Nurse Practitioner Initiative and to develop a national standardized examination for nurse practitioners working with families.⁶² CNA contributed a tremendous effort to providing background support for the fund and getting it established and operationalized; much of that work was invisible to the public. But it rendered all the work stronger. CNA sat on five large and busy national steering committees for Primary Health Care Transition Fund projects, and CNA’s role was acknowledged by partners and system leaders as being instrumental in the success of the projects and the fund at large. For the nurse practitioner initiative, CNA was one of the only organizations to be allocated singular, as opposed to multi-group, funding. Completed in 2006, CNA’s work in this area moved the organization and Canada out in front of other countries. The work is still changing the shape of Canadian health care and helping to build the dream of primary health care services for all Canadians. This project placed a significant strain on the entire organization, as staff across all divisions were involved in the project for more than two years. As a result of CNA’s tremendous leadership efforts, between 2004 and 2008 alone the number of nurse practitioners licensed across Canada increased from 800 to more than 1,600.



Canada Post stamp released June 17, 2008, to honour CNA's 100th anniversary

Another effort was directed toward better integration of internationally educated nurses,⁶³ although CNA (along with nursing associations in most other developed countries) had to confront and deal with ethical concerns about “poaching” qualified health-care workers from developing nations. While it is recognized that qualified workers should have the right to choose immigration and that wages earned abroad are crucial to the survival of families back home, future needs demand sustainable forces of health-care workers in all countries.⁶⁴

To that end, partnering with government and other health research groups, CNA also undertook a number of studies focusing on issues affecting the recruitment and retention of nurses in Canada, such as the qualities of safe and productive working environments and the relationships of nursing care to patient outcomes. As the pressure to reduce wait times for health services became the focus of intense political interest, CNA seized the opportunity and appropriated this same language to voice its concerns over the continuing reluctance of politicians to clearly invest in nursing. Governments’ failure to create more full-time employment for nurses, to improve stressful work environments and to allow nurses to realize their full potential, CNA insisted, was contributing to the ongoing difficulties faced by many Canadians in accessing health services in a timely fashion.⁶⁵



All of CNA's living CEOs gather at the conclusion of the centennial convention, Ottawa, June 2008. From left, Lucille M. Auffrey (2001-2009), Judith Oulton (1989-1995), Helen K. Mussallem (1963-1981), Mary Ellen Jeans (1995-2001) and Ginette Lemire Rodger (1981-1989).

Among Lucille Auffrey's most visible public duties during her last year as CEO was her role in presiding over CNA's centennial celebrations throughout 2008. A series of events planned over the year included recognizing nurses considered outstanding in the profession (see Appendix N), unveiling a centennial logo and CNA's first coat of arms (see Appendix B) and releasing a revised *Code of Ethics for Registered Nurses*.

Canada Post recognized CNA's centennial anniversary with the release of a commemorative stamp (see Appendix R) on the opening evening of the centennial convention, June 16, 2008. A multimedia DVD presentation on the history of the association and presentations by distinguished speakers from the fields of politics, academics and entertainment highlighted the June gala, which was attended by over 1000 people.



CNA Board of Directors, June 2008

President Marlene Smadu's release of the *Vision for Change* at a press conference in January 2008 had kicked off the year. Interwoven throughout CNA's attempts to address the more immediate issues of nursing recruitment and retention over the past few years had been a concentrated interest in considering what a new model of health care would look like and the role that nursing might play in it. With Ryten's predictions of acute nursing shortages reconfirmed in 2002 and again in 2008, CNA realized that Canada was unlikely to make up the deficit of nurses with the health-care model as it stood. *Vision for Change* had evolved out of a Futures project that had been developed from 2004 to 2006.⁶⁶ As its co-author Michael Villeneuve had asked then, “How can we re-engineer care delivery to provide safe, appropriate and timely care given the actual resources?”⁶⁷

With Health Canada funding (\$750,000) and extensive consultation, and basing its work on historical and present trends, CNA had undertaken a series of projects all designed to strengthen Canada's health human resources. However, it was the flagship project, *Toward 2020: Visions for Nursing*, that captured the imagination of nurses and the attention of governments across the country. The project used trends analysis to imagine scenarios for health-care services in the future. Inspired by the model of primary health care, the document not surprisingly forecast a greatly enhanced role for the nursing profession. The authors envisioned that nurses, functioning within collaborative teams with other health professionals, would provide health services to clients who shared responsibility and accountability for their own health.⁶⁸ Acquiring various levels of specialization and academic recognition, RNs would become managers, coordinators and teachers in communities where they would work with individuals and families to become "resources for everyday living" – aiding in disease prevention and the promotion of health. As the population became healthier, fewer nurses would be needed in acute care areas, but in those settings too they would provide expertise and leadership alongside both regulated and unregulated health personnel. The ability of the profession to play such a central role would depend to a large extent both on the development of increasingly sophisticated health-care technologies and on the willingness of nurses to use the full range of these services.⁶⁹

The optimism generated by the 2008 centennial celebrations was tempered by the fact that many of the problems linked to the cost-cutting of the 1990s had not been resolved. The hopes raised by the Romanow report for national strategies on health care, including nursing resources, have largely been disappointed. Unprecedented levels of funding for research and policy development have not, according to the association, alleviated the ongoing struggle to recruit and retain an adequate and satisfied nursing workforce, and CNA continues to warn of a looming nursing crisis.⁷⁰ The impact of CNA's new vision for the future of health care in Canada has yet to be determined, and as CNA enters its second century, it will have to reconcile its Futures work with the present needs and interests of its membership.

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CHAPTER 8

CONCLUSION: LOOKING AHEAD

Create your future from your future, not your past.

Werner Erhard

Just as CNA celebrated its 100th anniversary by releasing its *Preferred Future* document on new directions for nursing in Canada, nursing leaders who gathered for the founding meeting in 1908 had had their own sights set firmly on building nursing's future. Only by creating a national nursing association could Canada join the fledgling International Council of Nurses and take its place on the world stage of nursing.

The breadth and depth of CNA's evolution over the course of its first century implies that its efforts to represent the voice of nurses in Canada have become increasingly varied and complex. The small band of elite nurses who arrived for that first meeting in 1908 believed in the capacity of a national forum to break down barriers and develop common goals through which to shape nursing into a skilled and respectable profession. The constitution that they adopted committed the young organization to cooperate with other Canadian nursing associations, to learn about nursing in other countries and in general "to promote the usefulness and honor of the nursing profession." Working voluntarily and primarily out of their homes for the first two decades, they nevertheless managed to set down patterns within the association that have lasted into the present.

Over the years, CNA has been engaged in advocating for policies to improve the education and workplace conditions of nurses and the regulation of nursing practice both at home and abroad, even though its ability to push for change has been complicated by political boundaries that leave responsibility for health-care delivery largely to the provinces. Within its own organization, CNA has had to compete with the interests of various nursing associations mandated to manage these issues at the provincial level, and it is thus not surprising that CNA's interests have often reflected the overriding concerns of many members around its boardroom table.

For almost 100 years, however, CNA held onto the conviction held by many former leaders that educational reform had the power to enhance both professional status and practice. It took almost half a century of discussion and study before reform initiatives, aided by changing political and economic conditions, finally began to take root. In the end, the association expanded on those early dreams of university education for nurses with the move to the baccalaureate degree as the basic level of education for all nurses.

CNA support for educational streaming since the mid-20th century has nonetheless led to a proliferation of categories of nurses with different types of education. Introduced to support, develop and acknowledge registered nurses (RNs) with specialized knowledge and experience, CNA's Certification Program now offers 19 different specialty examinations. Nurse practitioners and clinical nurse specialists make up new categories of advanced practice nurses. Master's and doctoral programs are growing across the country, some of which are splitting into academic and practice programs. Large numbers of provincial variations continue to exist in terms of legislation, regulation, programs and categories of and for nurses: separate colleges for registered psychiatric nurses are still maintained by the four western provinces, for example. Licensed (or registered) practical nurse programs, which after the Second World War quickly became subject to regulatory oversight by provincial nursing associations, have now extended their educational requirements and scopes of practice so greatly that the distinctions between those graduates and RNs are often blurred. Added to the mix is the category of unregulated workers, which has only widened the variety of health-care workers delivering what are generally lumped into the category of nursing services. CNA today may question the wisdom of the organization years ago in its approach to the introduction of different levels of nurses, but it also points out that, in the absence of purposeful health human resources planning on a national scale, public confusion concerning the roles and responsibilities of these various health-care workers, and tensions regarding their distribution in the workplace, will continue to exist.

Not only the public is confused. Governments and even nurses themselves sometimes also get lost in the plethora of organizations purporting to "speak for nursing" or parts of it. If we as nurses are honest with ourselves, we must admit that nurses have contributed to, and then been caught in, the problem of increasing specialization and subspecialization and the precedent that seems to say every group needs an organization (or association) to legitimize itself. As a result, the number of voices that claim to speak for nurses and nursing is staggering. CNA alone has 11 provincial and territorial jurisdictional members and 40 associate and affiliate group members representing tens of thousands of nurses. When one considers the other national and provincial/territorial associations across the domains of nursing, the nurses unions, and the other regulated categories of nurses that have some of the same national and provincial/territorial structures,

the number of nursing organizations across the country quickly reaches well over 100. In some regards, when governments want to delay (or avoid) engagement on an issue, nurses have made it easy for them to say that they do not know who speaks for nursing. At other times governments genuinely do not know who speaks for the profession in any one content area. We have in some ways inadvertently operationalized the idea of “divide and conquer” to our own disadvantage.

Support for the rank-and-file nurses has always been on the CNA agenda, but repeated calls at many of the biennial conventions to improve communication with these nurses – and with the provincial nursing associations themselves – suggest that such efforts have not always been successful. Although nurses form the largest part of the health-care system, their differing educational backgrounds and the widely disparate places in which they practise make difficult the formation of a unified workforce that could confront political decision-making affecting professional practice.¹ However, CNA’s hopes for increasing nurses’ involvement in political action – “nursing is a political act,” CNA President Rob Calnan stated in 2003 – have sometimes been frustrated as grassroots nurses themselves have indicated a lack of interest in these issues.² It is uncertain whether or not alternative communication strategies, including use of electronic technologies like the NurseONE portal, will increase the engagement of these nurses with the interests of their national professional association.

Historical reflection suggests that the strength of CNA has rested in its attempts to imagine alternate visions for Canadian nursing that have had the potential to reshape the professional practice landscape. The association has constructed much of this broad thinking on an agenda for social justice that reflected its early interest in the contribution of social and environmental factors to the meaning of health. From its tentative articulation in the interwar period to its enshrinement in the 1984 *Canada Health Act* and beyond, CNA has consistently advocated for the promise of equitable access to health and medical care for all citizens, contributing significantly to what is still considered to be one of the pillars of Canadian identity. Arguing that nursing, by its nature, encompasses a holistic perspective on health care, CNA also embraced the principles of primary health care in the 1980s that emphasized the promotion of health and the prevention of illness over (but not excluding) expensive medical technologies. Its recently released vision for the future of nursing challenges us to re-imagine the health-care model and the potential role that nurses, as coordinators and managers of health services, could play within it.

These kinds of ideas, however, are not without their detractors. Critics point to the balance of issues associated with leadership and direction with which CNA must contend, and they get at the heart of its purpose as a professional nursing organization. Some nurse educators have asserted that a “focus of practice . . . on the promotion and maintenance of health, not illness care,” is key to enhancing the image of nursing and hence recruitment into the profession.³ Others caution that this kind of emphasis may harm efforts to find and retain nurses. Pointing out that the professional codes of many nursing organizations, including CNA, now barely mention disease and patients, author Tom Keighley has provocatively suggested that an emphasis on what he has deemed “health work with informed consumers and rational choice makers” threatens to ignore the main focus of the vast majority of nurses – the provision of care to those who are sick or injured. Nursing organizations like CNA truly believe involvement in disease prevention will better serve patients, he has argued, but they are also convinced that it will also provide a higher status for the profession.⁴ On the basis of nursing’s traditional ideals of ethical and altruistic devotion to patients, the public considers nurses to be the most trusted of professionals. But Sioban Nelson and Suzanne Gordon have argued that nurses have been less successful in educating others about the scientific knowledge that undergirds the “caring” that has so defined their work. Ignoring caring for the ill in favour of an often rhetorical focus on health advocacy, they continued, fails to convince hospital administrations that much nursing work cannot be done by lesser skilled workers and also risks giving potential recruits a distorted view of what it is that most nurses do.⁵

WHAT NEXT?

In 1997, Welsh songstress Dame Shirley Bassey famously sang the words “It’s all just a little bit of history repeating...” This look back at 100 years of CNA history has shed light on some intriguing patterns in the kinds of issues confronting the organization over the decades. These issues include the perennial topic of supply and demand, usually expressed with the word *shortages*, but perhaps better discussed in terms of the word *mismatch*. That problem sits alongside recurring calls for (a) more and better nursing leadership; (b) diversity across the profession; (c) reform of nursing curriculum and education delivery models; (d) comprehensive funding of nursing science; and (e) improvements in compensation and in the quality of the environments where nurses and other providers practise.

Nurse leaders over the decades also have talked repeatedly about the need to maximize scope of practice. Some have even suggested that if RNs were simply employed and deployed to carry out their full scope of practice as it exists in legislation now, with no changes in scope, a great amount of the ongoing pressures on access to quality health care would be immediately relieved. Yet employers, even facing tremendous pressures on resources and access to care, generally seem content to have nurses “quietly” care for the sick and have given little indication of having an appetite for radical transformation of the ways they employ nurses to practise across the continuum of health-care settings.

The degree to which gender comes into play as a power dynamic in all this has yet to be determined. The place of women in the world of work certainly has changed, but old views of the value of women and their work are hard for many to shake. Medicine has transformed its gender mix purposefully for a generation; nursing has made no such effort. Whether, and to what extent, a more representative gender mix in nursing would alter the way the profession is perceived and valued remains to be seen. Despite progress, the male physician/CEO versus female nurse power dynamic remains very much alive across the health system. For example, the work of organizations like CNA for more than 50 years has given rise to the most highly educated generation of nurses in history. What is much less clear is how, or even if, that education has changed the way nurses are expected (or allowed) to behave and practise with patients. Getting right to the heart of the problem, Kathleen MacMillan (Dean of the School of Health Sciences at Humber College in Toronto) has argued that what we really have created is a group of 21st century tech-savvy professionals, educated with 20th century curriculum and teaching models, employed to work in largely 19th century models of practice. No wonder so many of them are so dissatisfied with the career choice that initially so excited them. We have dramatically scaled up the academic entry to practice for nurses over a century, but the system has yet to choose to use that education in the way it hires nurses to practise.

Calls in CNA’s 2020 paper and more recent documents for a revolutionary overhaul of the way nurses are educated and practise were hardly new. The organization had been rattling cages since its inception – often provoking angry reactions from other nursing organizations and governments. But just as CNA moved into a new century, those calls were echoed in a 2009 Carnegie Foundation paper recommending even more radical transformation than that advocated by CNA in the education of nurses and the ways they subsequently will practise.⁶ So, as was the case 100 years ago, the start of a CNA century finds the organization in the sometimes awkward position of sticking its neck out to be the rallying point for reform in nursing education. And just as it led the (successful) charge for funding for nursing research in earlier decades, CNA found itself again toward the end of the first decade of the new millenium largely holding the ball as the bucket of funding in the 1999 national Nursing Research Fund ran out in 2009. As they have in the past, CNA and the Canadian Nurses Foundation stepped up and set resources aside to lead development of the Advancing Health through Nursing Science proposal on behalf of their partners in the Consortium for Nursing Research and Innovation (including the Academy of Canadian Executive Nurses, the Canadian Association for Nursing Research and the Canadian Association of Schools of Nursing). Many of CNA’s partners have limited fiscal and human resources capacity; when this issue is considered in light of the earlier discussion of the proliferation of nursing organizations, it leads to Mary Ellen Jeans’ suggestion that CNA imagine itself as an association of associations that could bring strength and capacity through synergy and by eliminating the many redundancies among organizations.

It is inevitable that any historical investigation covering such a long period of time will leave many stones unturned, and this examination of CNA is no exception. In many ways, this book is only a beginning – a basic gathering together of large strands of thoughts and activities that helps to lay the groundwork for future researchers, who, it is hoped, will be tempted to travel along pathways we did not follow here. CNA's focus on international work in developing countries deserves much more scrutiny, perhaps most fruitfully from within the growing body of literature on colonialism and imperialism, to ascertain the changes over time in attitudes, values and rationales that have underpinned its ventures there. Closer attention could be paid to the development and playing out of relationships between the national body and its member jurisdictions, particularly those of Quebec, Ontario and British Columbia in light of recent events, as well as other nursing-related organizations such as the Canadian Federation of Nurses Unions and the Canadian Association for Schools of Nursing. As well, more consideration could be given to ascertaining the role that provincial jurisdiction over health care plays on the effectiveness of CNA as the national professional nursing organization – a challenge faced by any national Canadian organization having a health-related focus.

Few of the nurses at that historic first meeting of CNA likely foresaw the vast scope of its activities today. The contribution that CNA has made to the development of nursing in Canada deserves recognition and celebration. As it has matured over the years, the association has continued to leverage opportunities to promote the profession, enhance its status and protect the public, retaining aims similar to, though much broader than, those that were laid down 100 years ago. It has transformed its mission (see Appendix F), goals and operations to become a powerful advocate for the Canadian health-care system and for the quality nursing services that Canadians have come to expect.

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- 6 Patricia Benner, Molly Sutphen, Victoria Leonard, Lisa Day, Lee S. *Educating Nurses: A Call for Radical Transformation* Shulman (The Carnegie Foundation, 2009).
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APPENDIXES

I. Operations, Outputs and Leadership

- A. Canadian Nurses Association Board of Directors
- B. Canadian Nurses Association Branding and Armorial Bearings
- C. Canadian Nurses Association Executive and Staff
- D. Canadian Nurses Association Members Holding Leadership Roles in the International Council of Nurses
- E. Canadian Nurses Association Organizational Chart
- F. Canadian Nurses Association Vision, Mission and Goals
- G. Founding Members of the Canadian National Association of Trained Nurses, later the Canadian Nurses Association
- H. Major Canadian Nurses Association Paper and Digital Publications, 1998-2010
- I. Membership in the Canadian Nurses Association
- J. Presidents and Chief Executive Officers

II. Honours and Awards

- K. Awards to Canadian Nursing Sisters, World War I
- L. Canadian Nurses Appointed (as Fellows) to the Canadian Academy of Health Sciences, 2004-2009
- M. Canadian Nurses Appointed to the Order of Canada, 1967-2009
- N. Canadian Nurses Association Awards Programs
- O. Canadian Nurses Association Memorial Book

III. Meetings and Celebrations

- P. Canadian National Association of Trained Nurses/Canadian Nurses Association Convention Sites and Dates
- Q. CNA Patron, Honorary Patron and Centennial Leadership Cabinet
- R. Canadian Nursing-Themed Commemorative Postage Stamps
- S. National Nursing Week
- T. ICN Presidents and Meetings, and Recipients of Major ICN Awards

IV. Canadian Nurses Association Historical Milestones

SECTION I

Operations, Outputs and Leadership









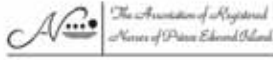




APPENDIX A

CANADIAN NURSES ASSOCIATION BOARD OF DIRECTORS OF DIRECTORS

October 2008

Kaaren Neufeld, President (2008-2010)

Judith Shamian, President-elect (2010-2012)

| Jurisdiction/Member with logo | Board representative | Advisor to jurisdictional member |
|---|--|--|
| Alberta College and Association of Registered Nurses of Alberta  | Margaret Hadley President | Mary-Anne Robinson Executive director |
| British Columbia College of Registered Nurses of British Columbia  | Val Cartmel President-elect | Laurel Brunke Registrar/CEO |
| Manitoba College of Registered Nurses of Manitoba  | Sheila Dresen President | Sue Neilson Registrar/CEO |
| New Brunswick Nurses Association of New Brunswick  | Monique Cormier Daigle President | Roxanne Tarjan Executive director |
| Newfoundland and Labrador Association of Registered Nurses of Newfoundland and Labrador  | Jim Feltham President | Margaret (Pegi) Earle Executive director |
| Northwest Territories and Nunavut Registered Nurses Association of Northwest Territories and Nunavut  | Kristy Russell President | Steven Leck Executive Director/Registrar |
| Nova Scotia College of Registered Nurses of Nova Scotia  | Mary Ellen Gurnham President | Linda Hamilton Executive director |
| Ontario Registered Nurses' Association of Ontario  | Wendy Fucile President | Doris Grinspun Executive director |
| Prince Edward Island Association of Registered Nurses of Prince Edward Island  | Mary Hughes President | Becky Gosbee Executive Director/Registrar |
| Saskatchewan Saskatchewan Registered Nurses' Association  | Colleen Toye President | Donna Brunskill Executive director |
| Yukon Yukon Registered Nurses Association  | Paula Bilton President | Patricia McGarr Executive director |
| Associate Member Representatives | Sandra Easson-Bruno Barbara Shellian | |
| Public Representatives | Bernie Blais Hubert Gautier | |
| Canadian Nursing Students' Association  | Sarah Painter President (ex officio, non-voting) | |
| Canadian Nurses Association  | Lucille Auffrey CEO (ex officio, non-voting) | |

APPENDIX B

CANADIAN NURSES ASSOCIATION BRANDING AND ARMORIAL BEARINGS

Logos and branding

CNA created its first “crest” in 1931. This crest prominently incorporated the rod of Asclepius, an ancient symbol associated with medicine and healing.



For its 50th anniversary, CNA created a logo that reflected its national heritage and commitment to the advancement of nursing. The maple leaf represented CNA's Canadian roots, while the iconic lamp was incorporated as a symbol of nursing pioneer Florence Nightingale. The lamp, which Nightingale used on her hospital rounds during the Crimean War, is a symbol of modern, professional nursing.



CNA's logo was updated in 1983 and 1994. The 1983 version modernized the 1958 logo while retaining the iconic lamp and maple leaf images.



The 1994 version introduced stylized drawings of the lamp and flames, with the two parallel flames representing CNA's commitment to bilingualism.



CNA developed a special medallion in three versions, which were used in presentations and on the letterhead designed especially for use during the centennial year. The medallion was designed in English, French and bilingual versions.



The bilingual version of the centennial medallion was paired with a stylized version of the bilingual organizational logo throughout 2008. The contest-winning centennial slogan, “my voice, my CNA” can be seen featured in the centennial medallions.



In 2009, as CNA entered its second century, it updated its logo. The spherical image added energy, movement, strength and visually represented the breadth of CNA's work.



Armorial bearings

On November 6, 2008, Governor General Michaëlle Jean officially unveiled CNA's new armorial bearings at a special event at Rideau Hall. President Kaaren Neufeld, CNA staff and representatives from the Canadian Heraldic Authority were in attendance for the presentation.

In her speech, Jean said, "Heraldry is rooted in a very basic human need: the need to say who we are, where we come from, and where we are going. The need to assert and express what makes us unique.... [L]et us hope that with each use, your new armorial bearings will grow ever more evocative, ensuring that they take their rightful place among the important symbols of nursing in Canada."

The armorial bearings consist of a coat of arms, a badge and a flag. Associate CEO and COO, Jane Ellis, described the symbolism of each element that makes up the bearings.

The coat of arms and flag

Arms: Above a lamp, the most widely recognized symbol of nursing since Florence Nightingale's service in the Crimea, three triangles symbolize the founding communities of First Nations/Inuit, francophones and anglophones. Gold represents the generosity and long duration of the profession; red represents fortitude, strength, magnanimity and life.

Crest: The lion emphasizes CNA's role as a defender of the profession and of the principles of the Canada Health Act. The scroll represents the act itself and, more broadly, the association's advocacy role.

Motto: The Latin motto "Scientia, Sapientia, Humanitas" ("Knowledge, wisdom, humanity") reflects the enduring values and virtues of CNA and its members.

Supports: The white harts, whose grace and swiftness exemplify the nurse's work, are also a pun, alluding to the emblematic white heart of the International Council of Nurses. Positioned on either side of the shield, the harts reflect the support of nurses for CNA. Their black antlers are a reference to the bands on nurses' caps. The diamonds on their collars symbolize the five domains of nursing, while the wavy band suggests the sashes worn by First Nations people. The medallion, new to Canadian heraldry, refers to incorporated bodies whose Patron is Her Majesty The Queen. The compartment of maple leaves — one for each province and territory — symbolizes the communities served by nurses across Canada and represents new life, new beginnings and new knowledge for patients and nurses.



The badge

The badge uses the national colours of red and white. The three flames indicate the tripartite character of nursing: the union of mind (knowledge), heart (compassion and caring) and hands (physical skill in work and touch).

The coat of arms sculpture

The coat of arms sculpture hangs on the wall of CNA House as a reminder to the Board of Directors, staff members and guests of the nation's recognition of the outstanding contributions of nurses throughout Canada's history. It symbolizes Canada's support for nurses from coast to coast, in clinical, educational, administrative, research and policy roles. It also symbolizes the nation's faith that the nurses of tomorrow will continue to exemplify excellence in health care, help in shaping the evolution of our health system and improve health outcomes around the globe.



APPENDIX C

CANADIAN NURSES ASSOCIATION EXECUTIVE AND STAFF

November 2008

Lucille M. Auffrey

Chief Executive Officer

Jane Ellis

Associate Chief Executive Officer and Chief Operating Officer

Directors

Lisa Brazeau
Corporate
Communications

**Brenda
Beauchamp**
Finance &
Administration

Bruce Field
Information
Technology Services

June Webber
International Policy
& Development

Nora Hammell
Nursing
Policy

Lisa Little
Public
Policy

Jean Barry
Regulatory
Policy

Staff

Lisa Ashley
Anna Baker
Lesley Barry
Diane Bettencourt
Russell Black
Viviane Boulerice
Nicole Brunet
Suzanne Burns
Vicki Campbell
Elizabeth Carlson
Sue Cavanaugh
Claudine J. Côté
Sharon Côté
Elizabeth Crawley
Salma Debs-Ivall
Debbie Dee
Eugene Duclos
Della Faulkner
Nancy Field
Jason Frank
Norma Freeman
Nahanni Frey
Alain Galarneau

Nadia Hamel
Nancy Hebert
Mary Anne Jackson
Micheline Jaworski
Anthony Kavanagh
Nathalie Lalonde
Sylvie Lalonde Seip
Christine Landry
Blair LeBlanc
Colleen MacDonald
Janet Mann
Victor Mattesz
Margot McNamee
Elizabeth Morin
Andrea Nault
Jacinthe Neron
Karin Noel
Melanie Ouimet
Margarita Pardo
Leslie Patry
Louise Paynter
Nicole Proulx
Christine Rieck Buckley

Debbie Ross
Deloris Russell
Jeffrey Ryan
Tanya Salewski
Joan Salton
Meredith Savka
Ghada Sharafuddin
Peter J. Smith
Laurie Sourani
Claudine Stepien
Robert W. Stock
Domenic Tucci
Sandra Udle
Lucie Vachon
Joy Varona
Sonya Verbecke
Michael Villeneuve
Marida Waters
Adam White
Linda Woo
Joanna Zito

APPENDIX D

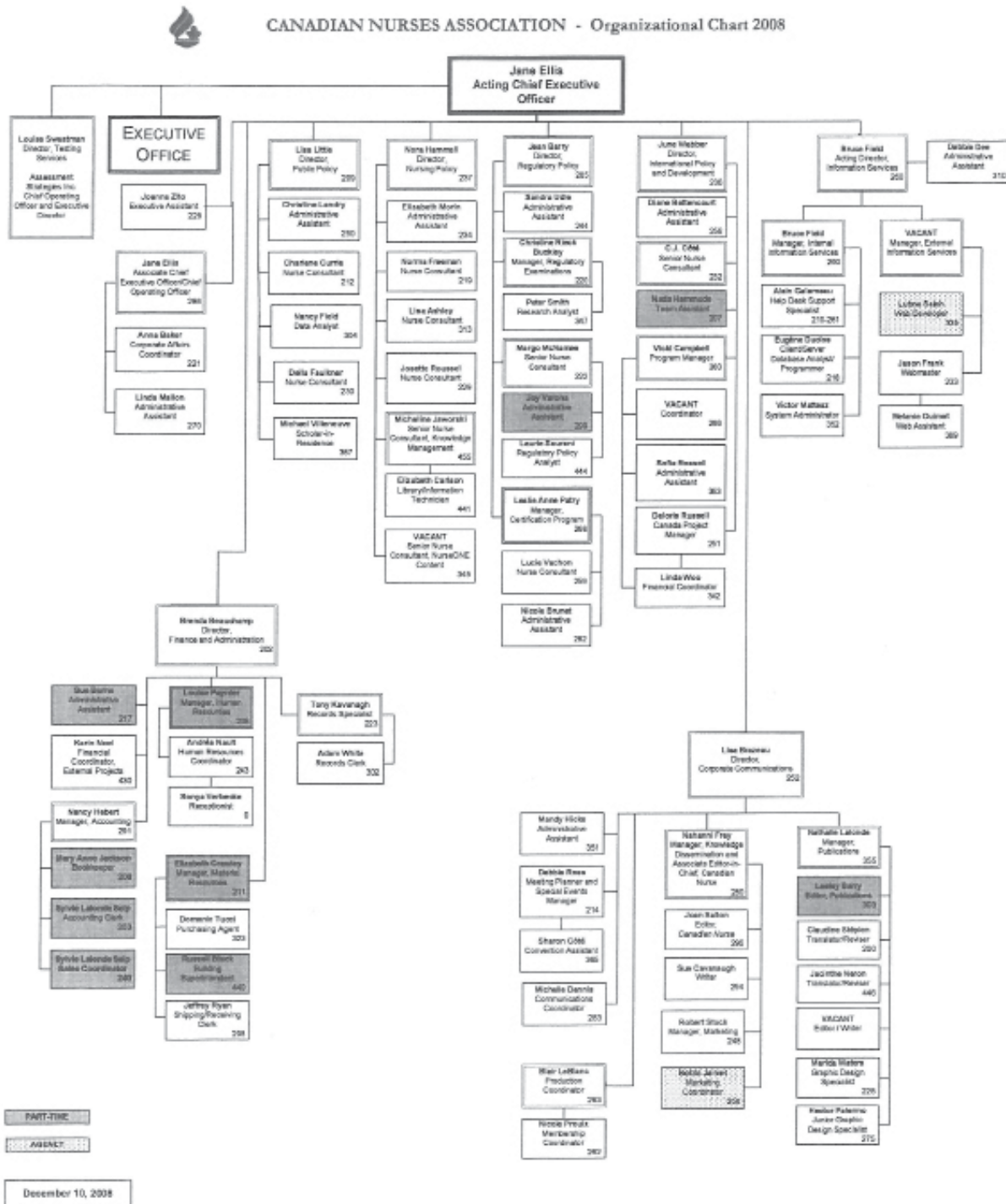
CANADIAN NURSES ASSOCIATION MEMBERS HOLDING LEADERSHIP ROLES IN THE INTERNATIONAL COUNCIL OF NURSES

Listed here in chronological order

| | | |
|---|---|--|
| Mary Agnes Snively Founding treasurer, 1899-1904 Vice president, 1904-1908 | Alice M. Girard Chair, nursing service committee, 1961-1965 President, 1965-1969 2nd vice president, 1969-1973 | Helen K. Mussallem Member of board of directors, 1981-1985 |
| Jean Isabel Gunn 2nd vice president, 1924-1933 1st vice president, 1937-1941 Chair, committee on constitution and bylaws, 1938-1941 | E.A. Electa MacLennan Member, board of directors, 1962-1969 | Helen Hill Evans Member, board of directors, 1989-1993 |
| Florence H.M. Emory Chair, membership committee, 1933-1953 | Lyle Creelman Chair, membership committee, 1969-xxxx | Helen Preston Glass 1st vice president, 1985-1989 |
| Edna Moore Chair, public health nursing committee, 1939-xxxx | Laura W. Barr Member, professional services committee, 1969-xxxx | Alice Baumgart Member, board of directors, 1993-1997 |
| Grace Mitchell Fairley 3rd vice president, 1941-1953 | Nicole Du Mouchel Member, board of directors, 1973-1977 | Judith Oulton Chief executive officer, 1996-2008 |
| Lillian E. Pettigrew Chair, committee on constitution and bylaws, 1961-xxxx | Verna Marie Huffman Splane 3rd vice president, 1973-1977 2nd vice president, 1977-1981 | Eleanor Ross Member, board of directors, 1997-2001 1st vice president, 2001-2005 |
| | | Marlene Smadu 3rd vice president, 2009-2013 |

APPENDIX E

CANADIAN NURSES ASSOCIATION ORGANIZATIONAL CHART



APPENDIX F

CNA'S OBJECTS, VISION, MISSION AND GOALS

November 2008

Vision

Registered nurses: leaders and partners working to advance health for all.

Mission

CNA is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system.

Goals

In pursuit of its vision and mission, CNA has established the following goals:

- CNA advances the discipline of nursing in the interest of the public.
- CNA advocates public policy that incorporates the principles of primary health care (access, interdisciplinary practice, patient and community involvement, health promotion including determinants of health and appropriate technology/roles/models) and respects the principles, conditions and spirit of the *Canada Health Act*.
- CNA advances the regulation of registered nurses in the interest of the public.
- CNA works in collaboration with nurses, other health-care providers, health system stakeholders and the public to achieve and sustain quality practice environments and positive client outcomes.
- CNA advances health policy and development, in Canada and abroad, to support global health and equity.
- CNA promotes awareness of the nursing profession so that the roles and expertise of registered nurses are understood, respected and optimized within the health system.

The Canadian Nurses Association is a federation of 11 provincial and territorial nursing associations and colleges representing more than 133,700 registered nurses and nurse practitioners.

APPENDIX G

FOUNDING MEMBERS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, LATER THE CANADIAN NURSES ASSOCIATION

Representatives of the following 13 groups were in attendance at the organizational meeting at which the Canadian National Association of Trained Nurses (later CNA) was founded. The meeting took place during the afternoon of Thursday, October 8, 1908.

The Canadian Society of Superintendents of Training Schools for Nurses
The Ontario Graduate Nurses' Association
Canadian Nurses' Association, Montreal QC
The Edmonton Graduate Nurses' Association
The Ottawa Graduate Nurses' Association
The Vancouver Graduate Nurses' Association
The Alumnae Association of the Montreal General Hospital
The Alumnae Association of the Toronto General Hospital
The Alumnae Association of the Hospital for Sick Children, Toronto ON
The Alumnae Association of the General Hospital, Galt ON
The Alumnae Association of the General and Marine Hospital, St. Catharines ON
The Alumnae Association of the Western Hospital, Toronto ON
The Calgary Graduate Nurses' Association

Not present, but signaling their support, were:

Provincial Nurses' Association, Manitoba
The Riverdale Hospital Alumnae Association, Toronto ON
The Alumnae Association of St. Michael's Hospital, Toronto ON
The Kingston General Hospital Alumnae Association, Kingston ON

By November, one month later, the following groups also were listed as being members of CNATN:

The Hamilton Graduate Nurses' Association
General and Marine Hospital Alumnae Association, Collingwood ON

At the first meeting of CNATN in 1911, 28 organizations were affiliated with the national organization.

APPENDIX H

MAJOR CANADIAN NURSES ASSOCIATION PAPER AND DIGITAL PUBLICATIONS 1998-2010

Annual Reports

- Annual Report 2000
- Annual Report 2001
- Annual Report 2002
- Annual Report 2003
- Annual Report 2004
- Annual Report 2005
- Annual Report 2006
- Annual Report 2007
- Annual Report 2008
- Consolidated Financial Statements 2005
- Operational Report of the Chief Executive Officer - June 2004 to June 2006
- Operational Report of the Chief Executive Officer - June 2009
- Operational Report of the Executive Director, 2004

Brochures

- Better Health Care, Better Patient Outcomes: An E-Nursing Strategy, 2006
- Canada-South Africa Nurses HIV/AIDS Initiative Brochure, 2005
- NEVER, ever, EVER let anyone tell you it'll be easy...JUST worth it., 2003
- To Advance The Quality Of Nursing In The Interest Of The Public, 2002

Canadian Nurse Practitioner Initiative

- Minister Bennett Joins Nurse Practitioners in Supporting Children to "Be Healthy", 2005
- CNPE - Exam Development Participation Form, 2008
- Development of Human Resource Projection models for Primary Health Care Nurse Practitioners in Canada, 2004
- Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care, 2004
- Implementation and Evaluation Toolkit for Nurse Practitioners in Canada, 2007
- The Regulation and Supply of Nurse Practitioners in Canada, 2005
- The Regulation and Supply of Nurse Practitioners in Canada: Technical Appendix, 2005

Certification Brochures

- Canadian Nurses Association - 2010 Certification, 2009
- Nephrology Nursing Certification Exam Prep Guide, 2005

Certification Bulletins

- April 2006 - Certification Bulletin - No. 3, 2006
- April 2008 - Certification Bulletin - No. 5, 2008
- April 2009 - Certification Bulletin - No. 7, 2009
- Certification News - Fall 1996, 1996

- Certification News - Fall 2001, 2001
- Certification News - Spring 1998, 1998
- Certification News - Winter 2001, 2001
- June 2007 - Certification Bulletin - No. 4, 2007
- May 2004 - Certification Bulletin - Keeping you updated, 2004
- May 2005 - Certification Bulletin - No. 2, 2005
- October 2008 - Certification Bulletin - No. 6, 2008
- October 2009 - Certification Bulletin - No. 8, 2009

Certification Guides

- CNA Certification Program, Generic Prep Guide, 2005, 2006, 2007
- Cardiovascular Nursing Certification Exam Prep Guide, 2nd edition, revised 2009; 2nd edition, revised 2008; 2nd edition, 2006; 1st edition, 2000
- Community Health Nursing Certification Exam Prep Guide, 1st edition, revised 2009; 1st edition, revised 2008; 1st edition, 2006
- Critical Care (Adult) Nursing Certification Exam Prep Guide, 2nd edition, revised 2008; 2nd edition, 2005; 1st edition, 2000
- Critical Care Pediatrics Nursing Certification Exam Prep Guide, 1st Edition Revised, 2007; 1st Edition, 2002
- Emergency Nursing Certification Exam Prep Guide, 2nd edition, revised 2009 2nd edition, revised 2008; 2nd edition, revised 2006; 1st edition, revised 2000
- Enterostomal Therapy Nursing Certification Exam Prep Guide, 1st edition, 2008
- Gastroenterology Nursing Certification Exam Prep Guide, 2nd Edition, 2009; Revised 1st Edition, 2007; 1st Edition, 2003
- Gerontological Nursing Certification Exam Prep Guide, 2nd edition, revised 2008; 2nd edition, revised 2007; 2nd edition, 2004; 1st edition, 2000
- Hospice Palliative Care Nursing Certification Exam Prep Guide, 2nd Edition, 2009; 1st Edition Revised, 2007; 1st Edition, 2003
- Medical Surgical Nursing Certification Exam Prep Guide, 1st Edition, 2009
- Nephrology Nursing Certification Exam Prep Guide, 3rd edition, 2008; 2nd edition, revised 2007; 2nd edition, 2002; 1st edition, 1999
- Neurology Nursing Certification Exam Prep Guide, 3rd edition, 2009; 2nd edition, revised 2008; 2nd edition, 2007; 1st edition, 2003
- Occupational Health Nursing Certification Exam Prep Guide, 2nd edition, revised 2009; 2nd edition, revised 2008; 2nd edition, 2006; 1st edition, 2000
- Oncology Nursing Certification Exam Prep Guide, 3rd edition revised, 2009; 3rd edition, revised 2008; 3rd edition, 2007; 2nd edition, 2001; 1st edition, 2000
- Orthopaedic Nursing Certification Exam Prep Guide, 1st edition, revised 2009; 1st edition, revised 2008; 1st edition, 2005
- Perinatal Nursing Certification Exam Prep Guide, 2nd edition, revised 2008; 2nd edition, 2005; 1st edition, 2000

- Perioperative Nursing Certification Exam Prep Guide, 2nd edition, revised 2009; 2nd edition, revised 2008
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- Psychiatric/Mental Health Nursing Certification Exam Prep Guide, 2nd edition, revised 2008; 2nd edition, 2005; 1st edition, 2000
- Rehabilitation Nursing Certification Exam Prep Guide, 296-3, 1st edition revised, 2009; 1st edition, 2005

Certification Study Groups

- Build on What You Know: A Study Group Manual for Nurses Preparing for CNA Certification Exams, 2005
- Building on What You Know - *Canadian Nurse*, vol., 102, no 2, 2006

CNA Backgrounder

- Canada's Registered Nurses: Trends and Realities, 2007
- Children's Health and Nursing, 2006
- Chronic Disease and Nursing, 2006
- Healthy Communities and Nursing, 2006
- Mental Health and Nursing, 2006
- Primary Health Care, 2006
- Social Determinants of Health and Nursing, 2006
- The Built Environment, Injury Prevention and Nursing, 2006
- The Ecosystem, the Natural Environment, and Health and Nursing, 2006

CNA's Centennial

- CNA@100, 2007
- Speaking Notes for Marlene Smadu - Launch of the CNA Centennial Year with Prime Minister Harper, 2008

CNPE Bulletins

- CNPE Bulletin 1, 2005
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- CNPE Bulletin 3, 2009

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- Branham Initiates Survey on Hospital Information Technology Investments, 2005
- CFPC-CNA Vision Statement on Inter-Professional Care, 2007
- Order of Merit Awards, 2009
- Succession Planning For Nursing Leadership, 2009

CRNE

- CRNE - Exam Development Participation Form, 2008
- Terms Of Reference For Item Writing For The Canadian Registered Nurse Examination, 2008

CRNE Bulletins

- CRNE Bulletin Number 1 - Overview of Upcoming Changes to the CRNE - December, 2003

- CRNE Bulletin Number 2 - Implications of Changes for 2004-2005 Writers - January, 2004
- CRNE Bulletin Number 3 - CNA LeaRN CRNE Readiness Test (revised July 2005) - March, 2004
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- CRNE Bulletin Number 5 - CRNE Standard Setting and Scoring (revised June 2007) - October, 2004
- CRNE Bulletin Number 6 - Obtaining Your Results - June, 2005
- CRNE Bulletin Number 7 - A new Milestone for Nursing in Canada - October, 2005
- CRNE Bulletin Number 8 - Developing the Canadian Registered Nurse Examination - April, 2006
- CRNE Bulletin Number 9 - Statistics on CRNE Writers - November, 2006
- CRNE Bulletin Number 10 - Statistics on CRNE Writers for Calendar Year 2006 - September 2007, 2007
- CRNE Bulletin Number 11 - Statistics on CRNE Writers for Calendar Year 2007, 2008
- CRNE Bulletin Number 12 - Statistics on CRNE Writers for Calendar Year 2008, 2009
- CRNE Bulletin Number 13 - The new CRNE June 2010 - May 2015, 2009

Discussion Papers

- A National Framework for Continuing Competence Programs for Registered Nurses, 2000
- A National Framework for the Development of Standards for the Practice of Nursing: A Discussion Paper for Canadian Registered Nurses, 1998
- Building the Future: Discussion Paper - British Columbia, 2005
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- Building the Future: Discussion Paper - New Brunswick, 2005
- Building the Future: Discussion Paper - Newfoundland and Labrador, 2006
- Building the Future: Discussion Paper - Northwest Territories, 2005
- Building the Future: Discussion Paper - Nova Scotia, 2005
- Building the Future: Discussion Paper - Ontario, 2006
- Building the Future: Discussion Paper - Prince Edward Island, 2006
- Building the Future: Discussion Paper - Yukon, 2005
- Canadian Cancer Society Calls for Implementation of Canadian Strategy for Cancer Control, 2006
- Collecting Data to Reflect Nursing Impact, 2000
- Exploring New Roles For Advanced Nursing Practice, 2005
- Leading in a Time of Change, 1993
- Nurses and Patient Safety, 2004
- Nurses Speak Up For Health, 2005
- Social Justice: a means to an end, an end in itself, 2006
- The Taming of the Queue: Toward a Cure for Health Care Wait Times, 2004
- The Unique Contribution of The Registered Nurse, 2002
- The Values of Nurses in the Community, 2003

- Toward a Pan-Canadian Planning Framework for Health Human Resources, 2005
- Unregulated Health Workers: A Canadian and Global Perspective, 2008
- Valuing Health-Care Team Members: Working with Unregulated Health Workers, 2008

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- Code of Ethics for Registered Nurses, 2002, 2008
- Everyday Ethics: Putting the Code into Practice, 2004

Ethics in Practice

- Ethics in Practice: Advance Directives: The Nurse's Role, 1998
- Ethics in Practice: Ethical Distress in Health Care Environments, 2003
- Ethics in Practice: Ethical Issues Related to Appropriate Staff Mixes, 1998
- Ethics in Practice: Futility Presents Many Challenges For Nurses, 2001
- Ethics in Practice: Nurses' Ethical Considerations In A Pandemic Or Other Emergency, 2008
- Ethics in Practice: Public Health Nursing Practice and Ethical Challenges, 2006
- Ethics in Practice: Privacy and Health Information, 2003
- Ethics in Practice: Social Justice in Practice, 2009
- Ethics in Practice: The Ethical Dilemma of Whistleblowing, 1999
- Ethics in Practice: Working With Limited Resources: Nurses' Moral Constraints, 2000

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- 2008 Election Campaign - Party Platforms, 2008
- Campaign 2008 - CNA's Three Issues for the Next Election, 2008
- CNA has prepared the following analysis of the platforms of the five major federal political parties., 2005
- Green Party of Canada Election Platform, 2006
- Liberal Party of Canada Health Platform, 2006
- New Democratic Party Health Platform, 2006
- The Conservative Party of Canada Health Platform, 2006
- When, Where and How to Engage Politicians, 2008

Guides

- A Guide to Preceptorship and Mentoring, 2004
- Advanced Nursing Practice: A National Framework, 2008
- Epidemiology of Hepatitis C in Canada, 2002
- Hepatitis C: a Nursing Guide, 2002
- Hepatitis C: Caring for Clients Workshop, 2002
- Making Decisions About CPR, 2005
- Meeting the health care needs of Canadians, 2005
- Nursing Leadership : Unleashing the Power, 2001
- Principles for the Privacy Protection of Personal Health Information in Canada, 2000
- The Mount Sinai Experience, 2003

History

- Milestones: the first 100 years of the Canadian Nurses Association, 2008. DVD 30 minutes
- Strengthening the Voice - the Ninth Decade of the Canadian Nurses Association, 2000
- The Tenth Decade of the Canadian Nurses Association 2000-2009: Into a New Century, 2010

NurseONE

- Message from the Minister of Health, 2006
- What is NurseONE?, 2006, 2007

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- Complementary Therapies - Finding the right balance, 1999
- Cultural Diversity - Changes and Challenges, 2000
- Demystifying the Electronic Health Record, 2002
- Direct Access to Nursing Services - About Choice and Access, 1998
- Improving practice environments: Keeping up the momentum, 2007
- International Classification for Nursing Practice, 2003
- Making Best Practice Guidelines a Reality, 2004
- Measuring Nurses' Workload, 2003
- Nurses and Immunization - What You Need to Know!, 2001
- Nursing and Genetics: Are You Ready?, 2005
- Nursing is a Political Act - The Bigger Picture, 2000
- Nursing Leadership in a Changing World, 2005
- Nursing Staff Mix: A Key Link to Patient Safety, 2005
- Nursing with Communities - Making the Transition, 1998
- On Your Own - The Nurse Entrepreneur, 1996
- Out in Front - Advanced Nursing Practice, 1997
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- Telehealth: Great potential or risky terrain?, 2000
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- Highlights of 2003 Nursing Statistics, 2004
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- Registered Nurses 2003 Statistical Highlights, 2004
- RN Workforce Profiles By Area of Responsibility Year 2004, 2006
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- An Open Letter from Lucille Auffrey, Chief Executive Officer, 2007
- CNA calls on Prime Minister Harper to articulate Canada's support for the establishment of a women's agency at the United Nations (UN), 2007
- CNA Response to the Virgin Mobile Campaign, 2005
- CNA urges Premiers to Preserve Medicare, 2005
- Exercise Your Voice - Your Right, Your Responsibility, 2007
- Framework for a Canadian Pharmaceutical Strategy, 2006
- Health Care in Canada: Time to Reboot, 2009
- Honourable Gordon Campbell, Provincial and Territorial Premiers and Federal, Provincial and Territorial Ministers of Health, 2002
- Joint Letter On 2007 Work Plan, 2007
- Joint Letter On 2007 Work Plan, 2007
- Joint Letter to The Right Honourable Stephen Harper - Canada's Economic Action Plan, 2009
- Letter to Environment Minister John Baird, P.C., M.P., 2007
- Letter to Minister for International Cooperation and Minister for La Francophonie and Official Languages Josée Verner, P.C., M.P., 2007
- Letter to Minister of Environment John Baird, P.C., M.P. - The Effect of Environmental Hazards on Health, 2007
- Letter to Minister of Finance James Flaherty, P.C., M.P., 2007
- Letter to Minister of Foreign Affairs and Minister of the Atlantic Canada Opportunities Agency Peter MacKay, P.C., M.P., 2007
- Letter to Minister of Health - Pan Canadian Healthy Living Strategy, 2009
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- Letter to Minister of Health Tony Clement, P.C., M.P., 2007
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- Open Letter to Dr. Nigel Murray - Fraser Health Authority, 2009
- Open Letter to Jack Layton, 2004
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- Climate Change and Health, 2009
- Clinical Nurse Specialist, 2009
- Collecting Baseline Patient Outcome Data Should Precede Nurse Staffing Changes, 2005
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- Environmentally Responsible Activity in the Health-Care Sector - A joint position statement from CNA and the Canadian Medical Association, 2009
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- Financing Canada's Health System, 2009
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- Nursing Leadership, 2009
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- Privacy of Personal Health Information, 2001
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APPENDIX I

MEMBERSHIP IN THE CANADIAN NURSES ASSOCIATION

The CNA is a federation of 11 provincial and territorial registered nurses' associations and colleges representing more than 136,200 Canadian nurses and nurse practitioners.

Individual registered nurses become members of CNA and ICN through membership in their provincial and territorial associations – mandatory in each province and territory except Ontario where nurses must register with the College of Nurses of Ontario and can choose to join the Registered Nurses Association of Ontario voluntarily. As of 2008, the College of Nurses of Ontario is not a member of CNA, nor is the Ordre des infirmières et infirmiers du Québec.

| Members by category | Year founded | Year joined CNA |
|--|--|-----------------|
| Full Members | | |
| Association of Registered Nurses of Newfoundland and Labrador | Newfoundland Graduate Nurses Association, 1916; Association of Registered Nurses of Newfoundland and Labrador, 1954 | 1954 |
| Association of Registered Nurses of Prince Edward Island | 1911 | 1922 |
| College and Association of Registered Nurses of Alberta | Alberta Association of Graduate Nurses, 1916; Alberta Association of Registered Nurses, 1921; College and Association of Registered Nurses of Alberta, 2005 | 1917 |
| College of Registered Nurses of British Columbia | Graduate Nurses Association of British Columbia, 1912; Registered Nurses Association of British Columbia, 1918; College of Registered Nurses of British Columbia, 2005 | 1913 |
| College of Registered Nurses of Manitoba | Manitoba Association of Graduate Nurses, 1906; Manitoba Association of Registered Nurses, 1913; College of Registered Nurses of Manitoba, 2001 | 1908 |
| College of Registered Nurses of Nova Scotia | Graduate Nurses' Association of Nova Scotia, 1910; Registered Nurses' Association of Nova Scotia, 1926; College of Registered Nurses of Nova Scotia, 2002 | 1913 |
| Nurses Association of New Brunswick | New Brunswick Association of Graduate Nurses, 1916; New Brunswick Association of Registered Nurses, 1957; Nurses Association of New Brunswick, 1984 | 1914 |
| Registered Nurses' Association of Ontario | Graduate Nurses' Association of Ontario, 1904; Registered Nurses' Association of Ontario, 1927 | 1908 |
| Registered Nurses Association of Northwest Territories and Nunavut | Registered Nurses Association of Northwest Territories, 1975; Registered Nurses Association of Northwest Territories and Nunavut, 2004 | 1975 |
| Saskatchewan Registered Nurses' Association | 1917 | 1924 |
| Yukon Registered Nurses Association | Yukon Nurses Society, 1982; Yukon Registered Nurses Association, 1992 | 1982 |

| Members by category | Year founded | Year joined CNA |
|---|--------------|-----------------|
| Associate Members | | |
| Aboriginal Nurses Association of Canada | 1975 | 1995 |
| Academy of Canadian Executive Nurses | 1982 | 1986 |
| Association of Women's Health, Obstetric and Neonatal Nurses Canada | 1993 | 1993 |
| Canadian Association for Enterostomal Therapy | 1982 | 1997 |
| Canadian Association for International Nursing | 2007 | 2007 |
| Canadian Association for Nursing Research | 1986 | 1990 |
| Canadian Association for Parish Nursing Ministry | 1988 | 2007 |
| Canadian Association for Rural and Remote Nursing | 2004 | 2004 |
| Canadian Association for the History of Nursing | 1987 | 1991 |
| Canadian Association of Advanced Practice Nurses | 1991 | 1991 |
| Canadian Association of Burn Nurses | 1987 | 1992 |
| Canadian Association of Critical Care Nurses | 1975 | 1997 |
| Canadian Association of Hepatology Nurses | 1999 | 2001 |
| Canadian Association of Medical and Surgical Nurses | 2006 | 2007 |
| Canadian Association of Neonatal Nurses | 2004 | 2005 |
| Canadian Association of Nephrology Nurses and Technologists | 1984 | 1997 |
| Canadian Association of Neuroscience Nurses | 1969 | 1997 |
| Canadian Association of Nurses in AIDS Care | 1988 | 1996 |
| Canadian Association of Rehabilitation Nurses | 2006 | 2006 |
| Canadian Association of Nurses in Oncology | 1984 | 1988 |
| Canadian Council of Cardiovascular Nurses | 1973 | 1997 |
| Canadian Federation of Mental Health Nurses | 1988 | 1991 |
| Canadian Gerontological Nurses Association | 1984 | 1986 |
| Canadian Holistic Nurses Association | 986 | 1989 |
| Canadian Hospice Palliative Care Association Nurses Interest Group | 1993 | 2008 |
| Canadian Nurse Continence Advisors Association | 2000 | 2002 |
| Canadian Nurses Interested in Ethics | 2004 | 2005 |
| Canadian Nursing Informatics Association | 2002 | 2002 |
| Canadian Orthopaedic Nurses Association | 1978 | 1983 |
| Canadian Pain Society Special Interest Group Nursing Issues | 2005 | 2007 |
| Canadian Society of Gastroenterology Nurses and Associates | 1989 | 2003 |
| Community Health Nurses of Canada | 1987 | 1989 |
| Forensic Nurses' Society of Canada | 2007 | 2007 |
| National Association of PeriAnesthesia Nurses of Canada | 2001 | 2001 |

| Members by category | Year founded | Year joined CNA |
|---|--------------|-----------------|
| National Emergency Nurses' Affiliation Inc. | 1981 | 1990 |
| Operating Room Nurses Association of Canada | 1984 | 1987 |

Affiliate Members

| | | |
|---|------|------|
| Canadian Association of Nurses in Hemophilia Care | 1998 | 1998 |
| Canadian Nursing Students' Association* | 1971 | 1998 |
| Canadian Occupational Health Nurses Association, Inc. | 1980 | 1998 |
| Canadian Respiratory Health Professionals | 1977 | 1978 |

Emerging Groups

| | | |
|---|------|------|
| Canadian Family Practice Nurses Association | 2008 | 2008 |
| Canadian Men in Nursing Group | 2008 | 2008 |
| Canadian Nursing Environmental Health Group | 2007 | 2008 |

*Since June 2008, students in nursing education programs have been eligible to become members of CNA. There is no fee to become a student member of CNA. Nursing students are eligible to become individual members of CNA if they meet the following requirements:

- They must be enrolled in an education program for entry to practice as a registered nurse.
- They must be a member in good standing of the Canadian Nursing Students' Association (CNSA).
- If they are studying in Ontario, they must also be an associate member of the Registered Nurses' Association of Ontario (RNAO).

The president of CNSA is a non-voting member of the CNA board of directors





TOTAL INDIVIDUAL MEMBERSHIP, 1933-2009

| Year | Members | Year | Members | Year | Members | Year | Members |
|------|---------|------|---------|------|---------|------|---------|
| 1933 | 9,974 | 1953 | 35,195 | 1973 | 97,152 | 1993 | 111,708 |
| 1934 | 11,188 | 1954 | 38,576 | 1974 | 104,124 | 1994 | 111,177 |
| 1935 | 11,497 | 1955 | 41,208 | 1975 | 111,846 | 1995 | 110,362 |
| 1936 | 12,503 | 1956 | 46,936 | 1976 | 112,399 | 1996 | 109,790 |
| 1937 | 14,254 | 1957 | 49,364 | 1977 | 122,478 | 1997 | 110,078 |
| 1938 | 15,601 | 1958 | 52,679 | 1978 | 121,494 | 1998 | 110,603 |
| 1939 | 16,758 | 1959 | 57,150 | 1979 | 127,312 | 1999 | 111,875 |
| 1940 | 17,762 | 1960 | 59,640 | 1980 | 132,140 | 2000 | 113,120 |
| 1941 | 18,266 | 1961 | 63,822 | 1981 | 135,097 | 2001 | 115,372 |
| 1942 | 19,137 | 1962 | 70,179 | 1982 | 138,633 | 2002 | 116,543 |
| 1943 | 21,431 | 1963 | 77,618 | 1983 | 169,342 | 2003 | 120,313 |
| 1944 | 21,906 | 1964 | 76,786 | 1984 | 175,402 | 2004 | 123,035 |
| 1945 | 23,685 | 1965 | 78,267 | 1985 | 127,756 | 2005 | 126,683 |
| 1946 | 23,727 | 1966 | 79,312 | 1986 | 135,794 | 2006 | 129,023 |
| 1947 | 25,766 | 1967 | 74,744 | 1987 | 96,930 | 2007 | 133,714 |
| 1948 | 26,350 | 1968 | 78,416 | 1988 | 100,747 | 2008 | 136,278 |
| 1949 | 28,358 | 1969 | 82,826 | 1989 | 105,594 | 2009 | 139,893 |
| 1950 | 30,333 | 1970 | 87,127 | 1990 | 108,126 | | |
| 1951 | 29,226 | 1971 | 88,873 | 1991 | 110,361 | | |
| 1952 | 31,611 | 1972 | 92,315 | 1992 | 111,470 | | |





APPENDIX J

CNA PRESIDENTS AND CHIEF EXECUTIVE OFFICERS

| Years in office | Name, dates of birth/death, selected honours and awards | |
|-----------------|---|---|
| PRESIDENTS | | |
| 1908-1912 | <p>MARY AGNES SNIVELY 1847-1933 b. St. Catharines, Ontario</p> <ul style="list-style-type: none"> · President, Society of Superintendents of Training Schools for Nurses of the United States and Canada, 1897-XXXX. · First president, Canadian Society of Superintendents of Training Schools for Nurses, 1907- · Inaugural treasurer, ICN, 1899-1904 · Vice-president, ICN, 1904-1909 · Founding president of CNATN (later CNA), 1908-1912 |  |
| 1912-1914 | <p>MARY ARDCRONIE* "ARD" MACKENZIE** 1869-1948*** b. Toronto, Ontario</p> <ul style="list-style-type: none"> · Graduate in arts, University of Toronto and nursing, Massachusetts General Hospital · Superintendent, University of California Hospital, San Francisco · Chief superintendent of the VON, 1907-1917**** · First lecturer in public health nursing at University of British Columbia - the first university nursing degree program in Canada <p>*Alternately spelled Ardchronie in some records. **Alternately spelled Mackenzie in some records. ***CNA says the birth date is 1870 ****Some records indicate the start date as 1908.</p> |  |
| 1914-1917 | <p>CHARLOTTE "SCHARLEY"* PHOEBE (WRIGHT) BRYCE-BROWN 1879-1944 b. Toronto, Ontario</p> <ul style="list-style-type: none"> · First school nurse in New Westminster, British Columbia · Founding member and first president (1912-1918), Graduate Nurses Association of British Columbia (now College of RNs of British Columbia) · First registered nurse ("registrant no. 001") in British Columbia, 1918 · First married executive officer in CNA <p>*Alternately spelled in some records as "Sharley," however she is reputed to have signed her name as either "Scharley" or "Charlotte."</p> |  |





| | | |
|-------------------|---|---|
| <p>1917-1920</p> | <p>JEAN ISABEL GUNN 1882-1941 b. Belleville, Ontario</p> <ul style="list-style-type: none"> · Superintendent of nurses, Toronto General Hospital, for more than 25 years and a leading force behind Ontario's nurse registration act · 2nd vice-president, ICN, 1924-1933 · Rockefeller Foundation grant for study in Europe, 1933 · Florence Nightingale Medal, 1935 · Member, Order of the British Empire, 1935 · Inaugural year recipient of the Mary Agnes Snively Memorial Medal, 1936 · 1st vice-president, ICN, 1937-1941 · ICN representative to the International League of the Red Cross · Chair, Committee on Constitution and Bylaws, ICN, 1938-1941 · Honourary doctor of laws, University of Toronto |  |
| <p>1920-1922</p> | <p>EDITH MACPHERSON DICKSON 1876-1966* b. Unknown</p> <ul style="list-style-type: none"> · Superintendent, Toronto Tuberculosis Hospital (Weston) · A driving force behind Ontario's nurse registration act · Inaugural year recipient of the Mary Agnes Snively Memorial Medal, 1936 · Honourary Membership in CNA, 1958 <p>*Conflicting dates are recorded.</p> |  |
| <p>1922-1926</p> | <p>JEAN E. BROWNE (THOMSON) 1883-1973 b. Parkhill, Ontario</p> <ul style="list-style-type: none"> · Inaugural president, Saskatchewan RN Association (1917-xxxx) · National director, Junior Red Cross Society · Mary Agnes Snively Memorial Medal, 1938 · Florence Nightingale Medal, 1939 · Honourary Membership in CNA, 1958 |  |
| <p>1926-1927*</p> | <p>FLORA MADELINE SHAW 1864-1927 b. Perth, Ontario</p> <ul style="list-style-type: none"> · Diploma in Teaching for Nursing, Columbia University, 1906 · Member, executive committee, Victorian Order of Nurses · First secretary-treasurer of CNATN (later CNA), 1908 · First director of the school of nursing, McGill university (1920) · President, Canadian Association for Nursing Education, 1922-1924 · President, Association of RNs of the Province of Quebec, 1922-1924 · Flora Madeline Shaw Chair of Nursing established at McGill University, 1957 <p>*Miss Shaw died suddenly on 27 August 1927, a year to the day after taking office as president on 27 August 1926. She died in Liverpool from what originally was thought to be a minor illness, while en route to Canada from an ICN meeting in Geneva.</p> |  |


| | | |
|-------------------|--|---|
| <p>1927*-1928</p> | <p>MABEL F. GRAY (interim) 1880-1976 b. Brampton, Ontario</p> <ul style="list-style-type: none"> · Assistant professor, Department of Nursing and Health, University of British Columbia · President, Graduate Nurses Association of British Columbia · Honourary Membership in CNA, 1958 <p>* After the death of Miss Shaw in 1927, CNA vice president Mabel F. Gray assumed the presidency on an interim basis until 1928, at which time Mabel F. Hersey was elected. Miss Gray took on an enormous task, as Miss Shaw had invited ICN to meet in Canada in 1929 just before her death in August 1927. Much of the organizational responsibility thus fell to Miss Gray.</p> |  |
| <p>1928-1930</p> | <p>MABEL F. HERSEY 1872-1943 b. Lucan, Ontario</p> <ul style="list-style-type: none"> · Superintendent of nurses and director of nursing, Royal Victoria Hospital, 1908-1938 · Hosted the first ICN meeting held in Canada, Montreal, 1929 · Order of the British Empire, 1935 · Inaugural year recipient of the Mary Agnes Snively Memorial Medal, 1936 · On her retirement (1938) she became the first nurse to receive an honorary doctor of laws degree from McGill University |  |
| <p>1930-1934</p> | <p>FLORENCE H.M. EMORY 1889-1987 b. Niagara Falls, Ontario</p> <ul style="list-style-type: none"> · Inaugural president, RN Association of Ontario, 1927- · Assistant director, School of Nursing, University of Toronto · Chair, membership committee, ICN, 1933-1953 · Florence Nightingale Medal, 1953 · Honourary Life Member, Canadian Public Health Association, 1957 · Honourary Membership in CNA, 1958 · Jeanne Mance Award, 1984 |  |
| <p>1934-1938</p> | <p>RUBY M. SIMPSON 1900-1977 b. Regina, Saskatchewan</p> <ul style="list-style-type: none"> · First western-born president of CNA, and first CNA president born in the 20th century · President, Saskatchewan RN Association, 1928-1934 · Director, Public Health Nursing Service, Saskatchewan Department of Public Health, Regina · Officer, Order of the British Empire, 1934 · Mary Agnes Snively Memorial Medal, 1944 · Honourary Membership in CNA, 1958 |  |

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| <p>1938-1942</p> | <p>GRACE MITCHELL FAIRLEY 1882-1969* b. Edinburgh, Scotland</p> <ul style="list-style-type: none"> · Vice president, American Hospital Association, 1916-1917 · First president, Association of RNs of the Province of Quebec · Director of nursing, Vancouver General Hospital (clinical services and School of Nursing, 1929-) · President, RN Association of British Columbia, 1935-1938 · 3rd vice-president, ICN, 1941-1953 · Mary Agnes Snively Memorial Medal, 1942 · Centennial Medal, 1949 · Matron-in-Chief, Royal Canadian Army Medical Corps · Honourary Membership in CNA, 1958 <p>*CNA list says birth date is 1881</p> |  |
| <p>1942-1944</p> | <p>MARION LINDEBURGH, RN, BS, MA 1887-1955 b. Saskatchewan</p> <ul style="list-style-type: none"> · Appointed chair, Curriculum Committee, CNA, following release of the Weir report, 1932 · Director and associate professor, School for Graduate Nurses, McGill University, 1934-1950 · Officer, Order of the British Empire, 1943 · Mary Agnes Snively Memorial Medal, 1944 · DSc(hon), University of British Columbia, 1950 |  |
| <p>1944-1946</p> | <p>FANNY C. MUNROE xxxx-1954 b. Unknown</p> <ul style="list-style-type: none"> · Royal Red Cross, for service in WW I · Superintendent of nurses, and director, School of Nursing, Royal Victoria Hospital, Montreal, 1938-1949 · President, Alberta RN Association · President, Overseas Nursing Sisters Association of Canada · President, Alumnae Association of the Royal Victoria Hospital |  |
| <p>1946-1948</p> | <p>RAE CHITTICK, CM, RN, BScN, MA, LLD 1898-1992 b. Burgoyne, Ontario</p> <ul style="list-style-type: none"> · Vice-president and president, Alberta Association of RNs, 1940- · Honourary secretary and 1st vice-president, CNA · Associate professor of education, University of Alberta · Director, School of Nursing, McGill University, 1953-1963 · Member, Order of Canada, 1975 · CNA award for outstanding contribution to nursing (later the Jeanne Mance Award), 1977 |  |


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| <p>1948-1950</p> | <p>ETHEL MILDRED CRYDERMAN 1892-1963 b. Unknown</p> <ul style="list-style-type: none"> · Graduate of the first class in Public Health Nursing, University of Toronto, 1921 · Director, VON Toronto District Branch, 1934-1958 · President, RN Association of Ontario · Honourary Membership in CNA, 1960 |  |
| <p>1950-1954</p> | <p>HELEN GRIFFITH* WYLIE MCARTHUR (WATSON), OC 1911-1974 b. Stettler, Alberta</p> <ul style="list-style-type: none"> · First national director of nursing services, Canadian Red Cross Societies · Coronation Medal · Florence Nightingale Medal · CNA award for outstanding contribution to nursing (later the Jeanne Mance Award), 1971 · Officer, Order of Canada, 1972 <p>*Recorded alternately as Griffin in some sources.</p> |  |
| <p>1954-1956</p> | <p>GLADYS J. SHARPE xxxx-1975 b. Unknown</p> <ul style="list-style-type: none"> · First matron of the Imperial Military Hospital, Johannesburg, 1942 · Director of nursing and principal, School of Nursing, Toronto Western Hospital · Honourary Doctor of Laws, McGill University, 1969 <p>Of note, Miss Sharpe's brother, Mitchell, served Canada as Minister of Trade and Commerce, Minister of Finance and becoming Secretary of State for External Affairs</p> |  |
| <p>1956-1958</p> | <p>TRENNA G. HUNTER 1906-1996 b. Unknown</p> <ul style="list-style-type: none"> · Director, Public Health Nursing, Metropolitan Health Committee Vancouver · Honourary Life Membership, Canadian Public Health Association, 1968 |  |





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| <p>1958-1960</p> | <p>ALICE M. GIRARD, OC, OQ, RN, LLD 1907-1999 b. Waterbury, Connecticut, U.S.A.</p> <ul style="list-style-type: none"> · Centennial Medal, 1949 · Florence Nightingale Medal · First French-Canadian president of CNA, 1958-1960 · Chair, ICN Nursing Service committee, 1961-1965 · First dean of the Faculty of Nursing, University of Montreal, and first female dean in the university, 1962 · First (and to date, only) Canadian resident elected president of ICN, 1965-1969 · 2nd vice-president, ICN, 1969-1973 · First nurse appointed to the Order of Canada, Officer, 1968 · Honourary doctoral degrees from the universities of Toronto (1968) and Montreal (1975) Au cours de sa carrière, elle a reçu la médaille du Centenaire ainsi que la médaille Florence Nightingale de la Ligue de la Croix Rouge Internationale. · CNA award for outstanding contribution to nursing (later the Jeanne Mance Award), 1974 |  |
| <p>1960-1962</p> | <p>HELEN MAUDE CARPENTER, BScN MPH EdD 1912-2003 b. Montreal, Quebec</p> <ul style="list-style-type: none"> · Director of the School of Nursing, University of Toronto, 1962-1972, and chair of the graduate department, 1972-1976 · Awarded with fellowships from the Rockefeller Foundation and the Canadian Red Cross · World Health Organization consultant leading a study of nursing in New Zealand, 1971 – the “Carpenter report” led to the phasing out of hospital-based nursing education |  |
| <p>1962-1964</p> | <p>E.A. ELECTA MACLENNAN xxxx-1987 b. Unknown</p> <ul style="list-style-type: none"> · Associate professor and first director of the School of Nursing in the new Faculty of Health Professions, Dalhousie University, 1949-1972 · Member, board of directors, ICN, 1962-1969 · Centennial Medal, 1967 · CNA award for outstanding contribution to nursing (later the Jeanne Mance Award), 1974 · Honourary Life Member, Canadian Public Health Association, 1976 · Honourary Doctor of Laws, Dalhousie University, 1976 |  |
| <p>1964-1966</p> | <p>A. ISOBEL BLACK-MACLEOD, RN, BN (Alberta), MA Nursing Admin (Columbia) LLD b. 1913, Sturgeon Falls Ontario</p> <ul style="list-style-type: none"> · Assistant supervisor for Canada, Victorian Order of Nurses, 1944-1949 · Director of nursing, and principal of the School of Nursing, Montreal General Hospital, 1953-1975. Mrs. Black-MacLeod was the first director of nursing at the hospital not to have graduated from its own school of nursing (she was a graduate of the University of Alberta) and was the first to hold a master’s degree. · Honourary doctor of laws, McGill University, 1972 · Award of merit for distinguished service, Montreal General Hospital, 1994 · Queen Elizabeth II Golden Jubilee Medal, 2002 |  |

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| <p>1966-1967*</p> | <p>KATHERINE EVA MACLAGGAN, RN, DipN (Royal Victoria Hospital), Dip PH Nursing (McGill), BN (McGill), MA (Columbia), EdD (Columbia) 1914**-1967 b. Fredericton, New Brunswick</p> <ul style="list-style-type: none"> · Chair, Nursing Education Committee; chair, Nursing Affairs Committee; and 1st vice-president, CNA · President, New Brunswick Association of Registered Nurses · Director, School of Nursing, University of New Brunswick · Nursing Hall of Fame, Teachers College, Columbia University, 1967 (posthumous) <p>*MacLaggan died from cancer in February 1967, during the first year of her term as president. **Conflicting dates are recorded as 1914, 1915, and CNA says 1919.</p> |  |
| <p>1967-1970*</p> | <p>SISTER MARY FELICITAS (Wekel), RN BSc MSN 1916-2004 b. Fife Lake, Saskatchewan</p> <ul style="list-style-type: none"> · 2nd vice-president, CNA · 1st vice-president, Association of Registered Nurses of the Province of Quebec (twice) · First and to date, only, religious Sister to hold the office of CNA president · Director of nursing and director of the School of Nursing, St. Mary's Hospital Montreal, 1957-1983 · Alumni Achievement Award, Catholic University of America, 1970 · Queen Elizabeth II Golden Jubilee Medal, 2002 <p>* As president-elect, Sister Mary Felicitas assumed the role of president after MacLaggan died in February 1967, serving until the scheduled completion of her own term in June 1970.</p> |  |
| <p>1970-1972</p> | <p>E. LOUISE MINER, RN, Dip PH Nursing, BN, MPH 1915-1999 b. Unknown</p> <ul style="list-style-type: none"> · Director, Nursing Service Division, Saskatchewan Department of Public Health · Member, CNA Executive Committee, 1959-1961 · Chair, CNA Committee on Social and Economic Welfare · Vice-president (1957-1959) and president (1959-1961), Saskatchewan RNs Association · 1st vice-president, CNA, 1966-1968 · Queen Elizabeth II Silver Jubilee Medal, 1978 · Honourary Life Member, Canadian Public Health Association, 1981 · Jeanne Mance Award, 1994 |  |
| <p>1972-1974</p> | <p>MARGUERITE SCHUMACHER, RN, BSc, MA 19xx-xxxx b. Unknown</p> <ul style="list-style-type: none"> · Vice-president (1961-1963) and president (1963-1965), Alberta Association of Registered Nurses · Member, CNA Executive Committee, 1963-1965 · 2nd vice-president, CNA, 1966-1968 · First director, Department of Nursing Education, Red Deer Junior College, Red Deer AB · First dean of the Faculty of Nursing, University of Calgary, after the school of nursing became a faculty, 1974 |  |

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| <p>1974-1976</p> | <p>HUGUETTE LABELLE, CC, BScNEd, BEd, MEd, PhD, LLD b. 1939 Rockland, Ontario</p> <ul style="list-style-type: none"> · Director, Vanier School of Nursing · Principal nursing officer for Canada, Health & Welfare Canada, 1973-1977 · Under Secretary of State for the Department of the Secretary of State, 1980-1985 · Associate Secretary to the Cabinet and Deputy Clerk of the Queen's Privy Council for Canada, 1985 · Chair of the Public Service Commission of Canada, 1985-1990 · Deputy Minister of Transport, 1990-1993 · President, Canadian International Development Agency, 1993-1999 · Chancellor, University of Ottawa, 1994- · Order of Canada, Officer 1989, promoted to Companion 2001 · Officer, Ordre de la Pléiade, 2001 · Holds honorary doctoral degrees from Brock University, Carleton University, Mount Saint Vincent University, Saint Francis Xavier University, Saint Paul University, University of Manitoba, University of Ottawa, University of Saskatchewan, University of Windsor, and York University |  |
| <p>1976-1978</p> | <p>JOAN GILCHRIST, RN, Dip Clin Supervision, BN, MSc, PhD, DSc(hon) b. 19xx place Unknown</p> <ul style="list-style-type: none"> · Director, School of Nursing, McGill University, 1972-1983 · Member, CNA special committee on research · Chair, Committee on Research and Development, Order of Nurses of Quebec · Ethel Johns Award, Canadian Association of Schools of Nursing, 1990 · Queen Elizabeth II Golden Jubilee Medal, 2002 · Honourary D.Sc., University of Manitoba, 1993 |  |
| <p>1978-1980</p> | <p>HELEN DORIS TAYLOR (nee Taylor), RN, BN, MSc(A) b. 1932, Montreal Quebec</p> <ul style="list-style-type: none"> · Director of Nursing, Jewish General Hospital Montreal, 1966-1975 · 1st vice-president (1967-1969) and president (1969-1971), Association of Nurses of the Province of Quebec · Surveyor, Canadian Council on Hospital Accreditation, 1972-1992 · President, Canadian Nurses Foundation, 1974-1976 · Director of Nursing, Montreal General Hospital, 1975-1983 · First nurse appointed chair of the board of directors, Canadian Council on Hospital Accreditation, 1977-1978 · Queen Elizabeth II Silver (1977) and Golden (2002) Jubilee Medals · Assistant professor then Associate professor, School of Nursing, McGill University, 1978-1983 · First Canadian president of the Commonwealth Nurses Federation, 1980-1984 |  |

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| <p>1980-1982</p> | <p>SHIRLEY MARIE STINSON, OC, AOE, RN, BScN, MNA, EdD, LLD(Hon), DSc(Hon), DSL(Hon) b. 1929, Arlee, Saskatchewan</p> <ul style="list-style-type: none"> · First woman Senior National Health Scientist , 1972 · Founding Chair, Alberta Foundation for Nursing Research, 1982-1988 · Alberta Order of Excellence, 1999 · Teachers College, Columbia University, Nursing Hall of Fame, 1999 (1899-1999), 1999 · YWCA Woman of Distinction (Health), 1998 · Technology, Research and Telecommunications Plaque and Citation, Government of Alberta, 1988 · Adjunct Professor for Life, Faculty of Nursing, University of Calgary, since 1991 · Sir Frederick Haultain Prize in the Humanities (\$25,000) ,Government of Alberta, 1990 · Canadian Nurses Foundation Ross Award for Nursing Leadership, 1990 · University of Minnesota Board of Regents' Outstanding Achievement Award, 1984 · Shirley M. Stinson PhD in Nursing History Scholarship, established by the University of Alberta Faculty of Nursing, 1993 · Stinson Rare Book Collection, est. by Alberta Nurse Administrators Council, 1993: opened in AARN Archives, 1994 · Teachers College Columbia University Distinguished Alumni Award, 1995 · Canadian Association of University Schools of Nursing's Ethel Johns Award for Distinguished Services to Nursing Education in Canada, 2001 · Canadian Nurses Association's Jeanne Mance Award for Outstanding Contributions to Nursing, 1990 · University of Alberta Alumni Association Award of Excellence, 2001 · Queen Elizabeth II Golden Jubilee Medal, 2002 · Officer, Order of Canada, 2002 · "Honorary Member, International Conferences on Community Health Nursing Research, London UK," since 2003 · "One of The 100 Edmontonians of the Century," City of Edmonton, 2004 · Alberta Centennial Medal Award, Alberta Order of Excellence, Lt Gov Norman Kwong, 2005 · University of Minnesota Outstanding Achievement Award Alumni Wall of Honor, 2005 · Appointed as one of "The One-Hundred Distinguished Alumni of the University of Minnesota School of Nursing," on the School's 100th Anniversary, 2009 · Doctoral degrees, Honoris Causa from the University of Calgary (LLD, 1982), Memorial University of Newfoundland (DSc, 1991), and St. Stephen's College, University of Alberta (DSL, 2004) |  |
| <p>1982-1984</p> | <p>HELEN PRESTON GLASS, OC, RN, EdD, LLD b. 1917, Regina, Saskatchewan</p> <ul style="list-style-type: none"> · Director, University of Manitoba School of Nursing, 1972-1979 · Queen Elizabeth II Silver Jubilee Medal, 1977 · 1st vice-president, ICN, 1985-1989 · Invested as an Officer, Order of Canada, 1989 · Jeanne Mance Award, 1992 · Order of Manitoba, 2008 · Inducted into the Nursing Hall of Fame, Teacher's College, Columbia University, 1984 · Holds honorary doctoral degrees from Memorial University of Newfoundland (1983), University of Western Ontario (1986), St. Francis Xavier University (1991), Université de Montréal (1993) and McGill University (1995) · The Helen Glass Centre was named in Glass' honour at the University of Manitoba, 2000 |  |




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| <p>1984-1986</p> | <p>LORINE BESEL, DipN BN MS b. 1933, Winnipeg Manitoba</p> <ul style="list-style-type: none"> · Member, board of management, Association of Nurses of the Province of Quebec, 1967-1970 · Member, Department of National Health and Welfare task force, 1971 CNA task force trying to have CNA work in better relations with other health professionals; some reference · CNA representative, National Committee of Mental Health Professionals, 1972 · CNA representative to CNA/CMA/CHA Joint Committee, 1974-1978 · Member, CNA board of directors, 1977-1978 · Director 1974-1980 then vice-president 1980-1998, Nursing Services, Royal Victoria Hospital · Associate professor, School of Nursing, McGill University, 1974-1998 · Associate editor, Canadian Journal of Nursing Administration, 1986-1998 · CNA representative (1989-1996) and chair (1994-1995), Canadian Council on Health Services Accreditation · Member, board of directors, Canadian Nurses Foundation, 1990-1992 · Dame of Merit, Sovereign Order of the Military Knights of St. John of Jerusalem, Knights of Malta, 1994 · "Grande infirmiere" OIIQ 75th anniversary special award, 1995 one-time award for 75th · Queen Elizabeth II Golden Jubilee Medal, 2002 |  |
| <p>1986-1988</p> | <p>HELEN HILL EVANS, RN, DipN, BScN, MSc b. 1931, Toronto Ontario</p> <ul style="list-style-type: none"> · Founding member, Ontario Conference for Operating Room Nurses, 1964 · Director of Nursing Education, Hospital for Sick Children, Toronto, 1967-1973 · Member (1976-1982) and president (1977-1979) of Council, College of Nurses of Ontario · Queen Elizabeth II Silver (1977) and Golden (2002) Jubilee Medals · Member (1981-1988) and president (1986-188), CNA board of directors · Vice President of Nursing, Mount Sinai Hospital, Toronto (1980-1987); established first research division within a hospital nursing department in Canada · Founding member and president, Academy of Canadian Executive Nurses, 1983 · Honorary life membership, Registered Nurses' Association of Ontario, 1987 · Member, Canadian delegation to World Health Assembly, 1987 · Invited participant to Federal Conference on Science & Technology, 1987 · Member, board of directors, ICN, 1989-1993 · Volunteer consultant with CESO, Ecuador, 1992 |  |
| <p>1988-1990</p> | <p>JUDITH ANNE RITCHIE, RN, BN, MN, PhD, DSc(hon) b. 1943, St. John New Brunswick</p> <ul style="list-style-type: none"> · Doctor of Science (Honoris Causa), University of New Brunswick, 1989 · Inaugural winner of the Research Award, IWK Children's Hospital, 1993 · Distinguished Alumnus Award, University of Pittsburgh, School of Nursing, 1994 · Canadian Nurses Foundation Ross Award for Leadership in Nursing Education and Research, 1996 · Associate professor McGill University and associate director for nursing research, McGill University Health Centre, 2000- · Queen Elizabeth II Golden Jubilee Medal for Outstanding Service, Canadian Nurses Association, 2003 · Appointed to Advisory Panel for the Executive Training in Research Application program, Canadian Health Services Research Foundation, 2003-2006 · Award of Excellence, Innovative Leadership in Nursing Practice, McGill University Health Centre (Montreal General Hospital site), 2005 · Ordre des Infirmières et Infirmiers du Québec – 3M Grand Prix d'innovation clinique – McGill University Health Centre and Charles Lemoyne Hospital award for collaboration in implementing best practice guidelines, 2006 · Prix Florence for Research, Ordre des Infirmières et Infirmiers du Québec, 2006 · Based Practice Award, Canadian Association of Nursing Research, 2008 · College of Registered Nurses of Nova Scotia, Centennial Award of Distinction, 2009 · 2010 recipient of the CHSRF Excellence through Evidence award |  |




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| <p>1990-1992</p> | <p>ALICE BAUMGART, RN, BSN, MSc, PhD, LLD b. 1936, Edmonton, Alberta</p> <ul style="list-style-type: none"> · Dean, School of Nursing (1977-1988 and 1994-1997) and vice principal, Human Services (1988-1993), Queen's University - the most senior position held by a woman at the university to that date · President, Canadian Association of University Schools of Nursing, 1988-1990 · Member-at-large, board of directors, ICN, 1993-1997 · 75th Anniversary Award of Merit, University of British Columbia Alumni Association · Distinguished Service Award, Queen's University · Ethel Johns Award for distinguished service to university nursing education in Canada · Honourary doctor of laws, University of British Columbia, 2000 · Queen Elizabeth II Golden Jubilee Medal, 2003 |  |
| <p>1992-1994</p> | <p>FERNANDE P. (ST. ONGE) HARRISON, RN, BScN, MHSA b. St. Francois Xavier de Brompton, Quebec</p> <ul style="list-style-type: none"> · Robert Wood Johnson Award, 1973 · Member, Health Services Administrators, Nursing, Alberta Hospital Service Commission · Vice-president, Patient Care, Foothills Hospital, Calgary, 1976-1985 · Fellow, Canadian College of Health Service Executives, 1977 · Vice-president, Patient Care, Greater Victoria Hospital Society, Victoria, 1985-1993 · Board member, Royal Roads University, Victoria British Columbia, 1996-2002 · Queen Elizabeth II Golden Jubilee Medal, 2002 · Board member, British Columbia Institute of Technology, Vancouver, 2002-2007 · Board co-chair, Victoria Women's Transition House, Victoria, 2007- |  |
| <p>1994-1996</p> | <p>ELEANOR ROSS b. 1941, New Richmond, Quebec</p> <ul style="list-style-type: none"> · Chief of nursing practice, Women's College Hospital · President RNAO, 1987-1989 · Member, Premier's Council on Health Strategy for Ontario, 1987-1989 · Meritorious Service Award, Ontario Lung Association, 1989 · Honorary Life Membership, Registered Nurses Association of Ontario, 1991 · Distinguished Alumni Award, University of Toronto, Faculty of Nursing, 1993 · Member-at-large, board of directors, ICN, 1997-2001 · First vice president, ICN, 2001-2005 · Queen Elizabeth II Golden Jubilee Medal, 2002 |  |
| <p>1996-1998</p> | <p>RACHEL BARD, RN, BScN, MAEd b. 1950, Edmunston New Brunswick</p> <ul style="list-style-type: none"> · Marjorie Hiscott Keyes National Award, Canadian Mental Health Association, 1979 · Nurse Merit Award, New Brunswick Mental Health Nurses Group, 1988 · Certificate of Merit, Nurses Association of New Brunswick, 1991 · Queen Elizabeth II Golden Jubilee Medal, 2003 · Canadian delegate, International Labour Conference, Youth Employment, 2005 · Member, governing board, OECD Centre for Educational Research and Innovation, 2005-2007 · Government of New Brunswick: Deputy minister of several portfolios dealing with post-secondary education, training, labour and the environment; assistant deputy minister for public health and medical services with the Department of Health; assistant Deputy minister and CEO, New Brunswick Community Colleges; assistant deputy minister, Post-Secondary Education, Department of Education. · CEO of CNA, 2009-2013 |  |





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| <p>1998-2000</p> | <p>LYNDA KUSHNIR PEKRUL b. 19xx, Regina, Saskatchewan</p> <ul style="list-style-type: none"> · Board Member, Atlantic Region, Commonwealth Nurses' Federation, 2001–2005 · Queen Elizabeth II Golden Jubilee Medal, 2002 · Nursing Practice Consultant and Acting Executive Director, Saskatchewan Registered Nurses Association · Principal Nursing Advisor, Saskatchewan Health, Government of Saskatchewan · Regional Nursing Officer and Director, Primary Health Care, First Nations and Inuit Health, Health Canada, Saskatchewan Region · Associate Dean, Nursing Division, Saskatchewan Institute of Applied Science and Technology |  |
| <p>2000-2002</p> | <p>GINETTE LEMIRE RODGER, OC, RN, BN, MNA, PhD b. 1943, Amos Quebec</p> <ul style="list-style-type: none"> · Secretary-treasurer, Canadian Nurses Foundation, 1981-1989 · Executive director, CNA, 1981-1989 · First student admitted to Canada's first funded doctoral program in nursing, University of Alberta, 1991 (graduated 1995) · Queen Elizabeth II Golden Jubilee Medal, 2002 · Nurse Leader of Care, Knowledge and Innovation, City of Ottawa proclamation, 2004 · Jeanne Mance Award, 2004 · Candidate for president of ICN, 2005 · Award of Excellence in Nursing Leadership, Ontario Hospital Association, 2006 · Officer, Order of Canada, 2008 · Personality of the Year in Health Sciences and Technology, Radio Canada and Le Droit, 2009 · Honorary life memberships in the Ontario Public Health Association (1984), RNs Association of Ontario (1989), College and Association of RNs of Alberta (1993), Saskatchewan RNs Association (2007). · Honorary doctoral degrees from University of New Brunswick (DSc, 1985), Queen's University (LLD, 1989), Université de Sherbrooke (DNsc, 1990), University of Calgary (LLD, 1995), Université de Moncton (DNsc, 2006), Université de Laval (DSc, 2009), and Carleton University (2010) |  |
| <p>2002-2004</p> | <p>ROBERT "ROB" CALNAN, RN, BScN, MEd b. 1955, Victoria, British Columbia</p> <ul style="list-style-type: none"> · President, RN Association of British Columbia (now College of RNs of British Columbia), 1997-1999 – first male to hold the office · Adjunct Professor and Visiting Faculty, University of Victoria, School of Nursing, 1999-present · First male elected president of CNA, 2002-2004 · Queen Elizabeth II Golden Jubilee Medal, 2003 · Member ICN delegation to the World Health Assembly, 2003 · Distinguished Alumnae Award for significant contribution to a trade or industry, British Columbia Institute of Technology, 2005 · Award of Merit, College of RNs of British Columbia, 2006 · Alumni Award of Excellence, University of Victoria School Of Nursing, 2009 |  |
| <p>2004-2006</p> | <p>DEBORAH TAMLIN, RN, BN, MEd, PhD b. 1953, Annapolis Royal, Nova Scotia</p> <ul style="list-style-type: none"> · Assistant Dean/Director, School of Nursing, Dalhousie University, 1987-1993 · President-elect, RN Association of Nova Scotia, 1990-1991 · President, Canadian Association of Schools of Nursing, 1991-1993 · Governor General Leadership Medal 1993 · Dean, Faculty of Nursing, University of Calgary 1997-2002 · YWCA Women of Distinction Award, Calgary Alberta, 2001 · Professor Emeritus, University of Calgary · President, Tamlyn & Associates Consulting 2003- · Leadership Award, College and Association of Nicaragua Nurses, 2006 · Centennial Leadership Award, College of RNs of Nova Scotia, 2009 |  |

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| <p>2006-2008</p> | <p>MARLENE SMADU, RN, EdD b. 1954, Cupar, Saskatchewan</p> <ul style="list-style-type: none"> · Leadership in Nursing Education Award, Saskatchewan Registered Nurses' Association, Regina chapter, 1993 · Founding board member, Saskatchewan Health Quality Council; current chair · Executive Director, Saskatchewan RN Association, 1992-1998 · Assistant Deputy Minister of Health and Principal Nursing Advisor, Saskatchewan, 1998-2002 · Saskatchewan Registered Nurses' Association Millennium Jean Browne Award for Leadership in Nursing Practice · Associate Dean, Regina Site and International Student Affairs for the College of Nursing, University of Saskatchewan, 2002- · 3rd vice-president, ICN, 2009-2013 |  |
| <p>2008-2010</p> | <p>KAAREN NEUFELD, RN MN b. Winnipeg, Manitoba</p> <ul style="list-style-type: none"> · Award for Excellence in Professional Nursing Administration, Manitoba Association of Registered Nurses, 1996 · Chief Nursing Officer, St. Boniface General Hospital, 1997-2007 · President, Academy of Canadian Executive Nurses · Member, board of directors, Canadian Patient Safety Institute · Member, National Advisory Committee on SARS and Public Health · Member, (2002-2006), president-elect (2006-2008), and president (2008-2010), CNA board of directors · Executive director and chief nursing officer, St. Boniface General Hospital, Winnipeg · Assistant professor, University of Manitoba · Chief quality officer, Winnipeg Regional Health Authority, 2007- |  |

CHIEF EXECUTIVE OFFICERS

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| <p>1923-1943</p> | <p>JEAN SCANTLION WILSON xxxx-1959 b. Quebec Executive secretary CNA, and editor & business manager, The Canadian Nurse – CNA's first and longest-serving CEO</p> <ul style="list-style-type: none"> · First secretary and registrar, Saskatchewan RN Association · Mary Agnes Snively Memorial Medal, 1938 · Honourary Membership in CNA, 1958 |  |
| <p>1943-1944*</p> | <p>KATHLEEN WILHELMINA ELLIS 1900-1968 b. unknown Executive secretary, CNA</p> <ul style="list-style-type: none"> · Director of nursing, Vancouver General Hospital (clinical services and School of Nursing), 1922-1929 · President, RN Association of British Columbia, 1927-1929 · First director of the new nursing department, University of Saskatchewan, 1938-1950 · Vice-president, CNA · Honourary doctor of laws, University of Saskatchewan, 1955 · Honourary Membership in CNA, 1958 <p>* Before accepting the position, Miss Ellis agreed to serve for one year as general secretary and adviser to CNA, after which time she returned to her post as director of the University of Saskatchewan's degree nursing program and secretary-treasurer, registrar and advisor to schools of nursing at the Saskatchewan RN Association.</p> |  |
| <p>1944-1952</p> | <p>GERTRUDE M. HALL 1897-1960 b. Winnipeg, Manitoba General secretary and national advisor, CNA</p> <ul style="list-style-type: none"> · Executive secretary and nursing school adviser, Manitoba Association of Registered Nurses · First vice-president, CNA · Secretary, Canadian Hospital Council and Canadian Medical Association Joint Committee · Member, Expert Nursing Committee, World Health Organization, 1951-1957, re-appointed 1957-1960 · Director of nursing services and director of the school of nursing, Calgary General Hospital, 1952-1960 · Honourary Life Member, Salvation Army Nurses' Fellowship, 1960 <p>Miss Hall died suddenly during a standing ovation following tributes in her honour at the conclusion of the convocation ceremonies for the 1960 graduating class, Calgary General Hospital.</p> |  |

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| <p>1952-1963</p> | <p>MYRTLE PEARL "PENNY" STIVER 1908-1987 b. Grey County, Ontario General secretary, CNA</p> <ul style="list-style-type: none"> · Regional supervisor and consultant in venereal disease nursing, Department of Health, Ontario · Director of public health nursing, City of Ottawa · Honourary Membership in CNA, 1966 |  |
| <p>1963-1981</p> | <p>HELEN KATHLEEN MUSSALLEM, CC EdD DSc FRCN RN 1914-2012 b. Prince Rupert, British Columbia Executive director, CNA</p> <ul style="list-style-type: none"> · First Canadian nurse to earn a doctoral degree in nursing (Columbia University) · Teachers College, Columbia University, Nursing Hall of Fame, 1966 and 2003 · Centennial Medal, 1967 · Order of Canada, Officer 1969, promoted to Companion 1992 · Special Citation of Recognition, Canadian Red Cross Society, 1974 · Fellow, Royal College of Nursing UK, 1976 · Queen Elizabeth II Silver (1977) and Golden (2002) Jubilee Medals · Medal for Distinguished Service, Columbia University, 1979 · Florence Nightingale Medal, 1981 · CNA award for outstanding contribution to nursing (later the Jeanne Mance Award), 1981 · Dame of Grace, Order of St. John, 1982 · Dame of Justice, Order of St. John, 1997 · Capilano Herald of Arms Extraordinary, Canadian Heraldic Authority, 2006 · Honourary doctoral degrees from the University of New Brunswick (LLD, 1968), Memorial University of Newfoundland (DSc, 1969), Queen's University (LLD, 1983), McMaster University (LLD, 1989), University of British Columbia (LLD, 1994), University of Ottawa (Doctor of the University 1998), and McGill University (DSc, 2006) |  |
| <p>1981-1989</p> | <p>GINETTE LEMIRE RODGER, OC RN BN MNA PhD b. 1943, Amos Quebec Executive director, CNA</p> <ul style="list-style-type: none"> · Secretary-treasurer, Canadian Nurses Foundation, 1981-1989 · First student admitted to Canada's first funded doctoral program in nursing, University of Alberta, 1991 (graduated 1995) · President, CNA, 2000-2002 · Queen Elizabeth II Golden Jubilee Medal, 2002 · Nurse Leader of Care, Knowledge and Innovation, City of Ottawa proclamation, 2004 · Jeanne Mance Award, 2004 · Candidate for president of ICN, 2005 · Award of Excellence in Nursing Leadership, Ontario Hospital Association, 2006 · Officer, Order of Canada, 2008 · Personality of the Year in Health Sciences and Technology, Radio Canada and Le Droit, 2009 · Honorary life memberships in the Ontario Public Health Association (1984), RNs Association of Ontario (1989), College and Association of RNs of Alberta (1993), Saskatchewan RNs Association (2007). · Honorary doctoral degrees from University of New Brunswick (DSc, 1985), Queen's University (LLD, 1989), Université de Sherbrooke (DNSc, 1990), University of Calgary (LLD, 1995), Université de Moncton (DNSc, 2006), Université de Laval (DSc, 2009), and Carleton University (2010) |  |

| | | |
|------------------|---|---|
| <p>1989-1995</p> | <p>JUDITH A. OULTON, RN b. 1946, Hartland, New Brunswick Executive director, CNA</p> <ul style="list-style-type: none"> · Chair, Health Action Lobby · CEO of ICN, Florence Nightingale International Foundation, and International Council of Nurses Foundation, 1996-2008 · Inaugural Chair, World Health Professions Alliance · Member, Inaugural Board, Global Health Workforce Alliance · Queen Elizabeth II Golden Jubilee Medal, 2002 · Jeanne Mance Award, 2008 · Honorary doctoral degrees from MacMaster University (1996), Universite de Moncton (2007), and University of New Brunswick (2008) · University of California Presidential Chair, 2008-2009 · Frances Bloomberg Distinguished International Visiting Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 2009-2010 |  |
| <p>1995-2001</p> | <p>MARY ELLEN JEANS, RN, PhD b. Guelph Ontario Executive director, CNA</p> <ul style="list-style-type: none"> · Director, School of Nursing, McGill University, 1984-1992 · Queen Elizabeth II Golden Jubilee Medal, 2002 |  |
| <p>2001-2009</p> | <p>LUCILLE M. AUFFREY, RN, BA, MSc (Nursing & Health Studies) b. 1946, Moncton New Brunswick Executive director then CEO, CNA</p> <ul style="list-style-type: none"> · Executive Director, Nurses Association of New Brunswick · Award of Merit for Strategic and Visionary Leadership, Nurses Association of New Brunswick, 1992 · Queen Elizabeth II Golden Jubilee Medal, 2002 · City of Ottawa Award for contribution to Health Policy at the Local, Provincial, National and International level, 2007 · Canadian Health Services Research Foundation Achievement Award in Nursing Health Human Resources, 2008 · Nurses Association of Nicaragua Award for contribution to Nursing Excellence at the International level, 2008 · Honorary Membership, College of Family Physicians of Canada, for contribution to Family Medicine and Collaborative Primary Health Care Delivery, 2009 |  |
| <p>2009-2013</p> | <p>RACHEL BARD, RN, BScN, MAEd b. 1950, Edmunston New Brunswick CEO, CNA</p> <ul style="list-style-type: none"> · Marjorie Hiscott Keyes National Award, Canadian Mental Health Association, 1979 · Nurse Merit Award, New Brunswick Mental Health Nurses Group, 1988 · Certificate of Merit, Nurses Association of New Brunswick, 1991 · President of CNA, 1996-1998 · Queen Elizabeth II Golden Jubilee Medal, 2003 · Canadian delegate, International Labour Conference, Youth Employment, 2005 · Member, governing board, OECD Centre for Educational Research and Innovation, 2005-2007 · Government of New Brunswick: Deputy minister of several portfolios dealing with post-secondary education, training, labour and the environment; assistant deputy minister for public health and medical services with the Department of Health; assistant Deputy minister and CEO, New Brunswick Community Colleges; assistant deputy minister, Post-Secondary Education, Department of Education. · CEO of CNA, 2009-2013 |  |

SECTION II HONOURS AND AWARDS

APPENDIX K

AWARDS TO CANADIAN NURSING SISTERS, WORLD WAR I

| TITLE OF HONOUR | NUMBER AWARDED |
|--|----------------|
| Companion of the Order of the British Empire | 1 |
| Officer of the Order of the British Empire | 1 |
| Military Medal | 9 |
| Royal Red Cross - 1st Class | 69 |
| Royal Red Cross - 2nd Class | 274 |
| Royal Victorian Medal | 1 |
| Mentioned in Despatches | 120 |
| Medaille d'Honneur en Argent (France) | 1 |
| Medaille des Epidemies en Argent (France) | 41 |
| Medaille des Epidemies en Vermeille (France) | 3 |
| Medaille des Epidemies en Bronze (France) | 1 |
| Medaille de la Reine Elizabeth (Belgium) | 3 |

COMPANION OF THE ORDER OF THE BRITISH EMPIRE

E.B. Ridley

OFFICER OF THE ORDER OF THE BRITISH EMPIRE

B.J. Willoughby

MILITARY MEDAL

Matron Edith Campbell

Nursing Sister Helen Elizabeth Hansen

Nursing Sister Leonora Herrington

Nursing Sister Meta Hodge Sister Mary Dow Lutwick

Nursing Sister Beatrice McNair Nursing Sister Eleanor Jean Thompson

Nursing Sister Lottie Urquhart Nursing Sister Janet Mary Williamson

ROYAL RED CROSS - 1ST CLASS

M.C. Macdonald

M.O. Boulter

I.A. Cains

E. Campbell

M.H. Casault

E.M. Charleson

M.M. Goodeve

A.J. Hartley (Bar)

L.M. Hubley

J.M. Macdonald

K.O. MacLatchey

S.C. McIsaac

J. Matheson

G. Muldrew

V.C. Nesbitt

E.C. Rayside

E.B. Ridley
E.B. Ross
E. Russell (Bar)
J.T. Scott
A.C. Shaw
K. Shaw
J.C. Smith
M.H. Smith (Bar)
J. Stronach
V.A. Tremaine
J. Urquhart
B.J. Willoughby
E.M. Wilson (Bar)
F. Wilson
N.M. Wilson

A.B. Armstrong
T. Bloomquist
N.T. Cameron
H. Corelli
M. Cornell
A. Dickson
M.H. Forbes
A. Mel. Forrest
M.L. Francis
E.T. Hegan
S.M. Hoerner
A.G. Hogarth
E.F. Hudson
S.M. Jenkins
I. Johnson
S.P. Johnson
A.M. MacMahon
M. McAfee
M. McBride
E. McCafferty
H.L. McIntosh
B.A. Merriman
C.M. Mowbray
W.E. O'Dell
E.F. Pense
L. Pidgeon
M.C. Ruddick
C.I. Scoble

H.D. Shearer
B.L. Smellie
L.G. Squire
I. Wilson
F.M. Wylie

ROYAL RED CROSS - 2ND CLASS

Y. Baudry
C.A. De Cormier
E.W. DeMerrall
H.E. Dulmage
B.F. Mattice
E.E.V. Alexander
A.D. Allan
M.J.A. Allwood
A.E. Andrew
J.F. Andrews
S.A. Archard
C.P. Arnoldi
A.J. Attrill
E.M. Auger
A. Baillie
K.E. Barden
M. Bastedo
E.L. Bell
J.I. Bell
L. Bell
B.H. Bennett
E.M. Best
G. Billyard
B.J. Blewett
M.F. Bliss
M.E. Blott
E. Boulton
A.L. Bradley
I.C. Brady
L. Brady
L. J. Brand
L. Brock
L.M. Brown
A.L. Bruce
M.E. Bruce
E.B. Burpee
W.M. Byrne

J.S. Calder
C.E. Cameron
E.V. Cameron
E.N. Campbell
M.S. Carr-Harris
A.M. Christie
H. C. Claxton
M. Clint
I. Connor
E.K. Cotter
G.C. Creswell
M.A. Cummings
I. Davies
B. Davison
K. De Bellefeuille
E.L. Denton
E.M. Dewar
E.M. Dewey
V.M. Donevan
C.A. Donnelly
G.O. Donkin
M.K. Douglas
A.C. Doyle
E. Drysdale
M. Duffield
M.S.P. Ellis
F.E. Ellwood
E.L. Elmsley
M.E. Engelke
M.C. English
N.J. Enright
M.I. Fearon
S. Ferguson
H.L. Fowlds
A.J. Fraser
E.M. Fraser
W.H. Fray
G.A. French
M.H. Gagne
L.E. Galbraith
M.M. Galbraith
A.M. Gallop
C. Gait
A.V. Gamble

| | | |
|-----------------|------------------|-----------------|
| L.A. Gamble | M. O. Lindsey | A.F. Mitchell |
| M.U. Gardiner | C.J. Little | E.L. Moore |
| O.F. Garland | K. Little | E.G. Moore |
| J.M. Gent | B. Lonergan | E.L. Morkill |
| J. Glendenning | E.E. Lumsden | M.E. Morrison |
| H. Graham | J.D. Lyall | M.Y.E. Morton |
| D.L. Gray | H.B. MacCallum | C.M. Motherwell |
| G.A. Gray | H.H. MacDonald | M. Mowat |
| L.N. Gray | L. Macdonald | I.B.F. Muir |
| A.M. Grindley | M. MacDonald | F. Munroe |
| A.M. Guilbride | A.C. MacDougall | M.H. Murray |
| G.E. Halpenny | M. MacInnes | A.H. Nelson |
| M.H. Hambly | H.B. MacKay | E.S. Nicholson |
| E.L. Hammell | O.A. MacKay | C.M. Oatman |
| I.M. Harcourt | H.A. MacLaughlin | M.E. Osborne |
| C.M. Hare | K.A. McLeod | F.A. Page |
| N.L. Harper | M.E. McLeod | K. Panton |
| A. Hayhurst | M. MacMillan | M.F. Parkins |
| S. Heaney | M.A. MacNaughton | M. Parks |
| R. Hervey | A. McPherson | E.J. Patterson, |
| E.L. Hibbs | B.H. Mack | M.B. Patterson |
| A.R. Hinchey | M.R. Marsh | E.T. Paynter |
| A.E. Hindley | E. Martin | E. Pierce |
| I. Holden | D.H. Massy | M.E. Price |
| G. Holland | G.H. Mavety | M.A. Prichard |
| L. Holland | F.E. M. McCallum | F.L. Pyke |
| E.M. Holmes | L.M. McConachie | M.E. Quigley |
| C.M. Hood | R. McConnell | G.S. Radcliffe |
| A. Howard | M. McCort | G. Ramsden |
| M. Howe | G.B. McCullough | G.F. Reid |
| M.B. Hubbs | R. McCulloch | K. Reid |
| F.A. Hunter | N.C. McCurdy | M.H. Reynar |
| A. Huston | E. McDougall | F.A. Rice |
| P.A. Ivey | L. McEachren | H.H. Rice |
| M.C. Jamieson | L.C.S. McGreer | M.I. Richardson |
| J. Johnston | T. McKiel | M.J. Riddle |
| M. Johnston | R. McLean | H.I. Robertson |
| G.I.G. Johnston | A.H. McNicol | J.H. Robertson |
| H.E.C. Jukes | G.B. McPherson | S.J. Robley |
| F.M. Kelly | M. McPherson | M.M. Rose |
| H.M. Kendall | H.T. Meiklejohn | P. Rose |
| M.C. Kennedy | N.F. Meiklejohn | R.A. St. Arnaud |
| K.M. Lambkin | E.C. Mercer | E.G. Saunders |
| M. Leamy | M.E. Misner | E. Sinclair |

I.B. Smith
G. Spalding
G.L. Spanner
H.L. Stark
L.C. Stevenson
A.M. Stewart
M.C. Stewart
M.J. Stewart
A.M. Stirling
I.D. Strathy
M.F. Steele
M.E. Sunley
A. Sutherland
J.E. Sword
A.M. Tate
A.A. Taylor
E.A. Thorn
E.E. Thompson
M.S. Townsend
A.A. Tupper
A.G. Turner
E.F. Upton
C.W. Viets
C.M. Watling
B.I. Watson
M.M. Webb
F.C. West
M. White
E.C. Whitlam
E.M. Whitney
F.K. Whittick
L.I. Whitworth
M.E. Wilkinson
B.M. Wilson
D.E. Winter
M.J. Woods
H.J. Woolson
M. Wright
S.E. Young
C.L. Youngusband

ROYAL VICTORIAN MEDAL

V.A. Tremaine

FOREIGN DECORATIONS

MEDAILLE D'HONNEUR "EN ARGENT"

(French)

K. Guerin
E. McInerney

MEDAILLE DES EPIDEMIES

"EN VERMEIL" (French)

C.A. De Cormier
L. Baron
F.M. Clark

MEDAILLE DES EPIDEMIES

"EN ARGENT" (French)

A. Brochu
C. Brosseau
C. Bryant
E. Champagne
C. Champagne
C. Chicoyne
A. Clouthier
H. G. Dawson
L. Dedine
E. Desjarlais
M.M. Dionne
E.M. Drysdale
M.S. Fenton
M.H. Forbes
M.O. Gauvreau
S.E. Genders
E. Heon
E. V. J. Hill
A. Jalbert
G.I.G. Johnstone
M.B. Lavallee
E.C. Letellier
J.A. MacDonald
C.M. MacDonell
E. Masse
M.L. Maynard
A. Morning-Duffey
M. Perron
E. Pilon

M. F. Proulx
U. Riverin
E. Rousseau
W.D. Schurman
M. A. St. Onge
C.R. Shea
M.A. Tarte
K. Telford
C. Toupin
F. Toupin
M.C. Vadonais
E. Weilbrenner

MEDAILLE DES EPIDEMIES,

"EN BRONZE" (French)

E.J. Patterson

MEDAILLE DE LA REINE ELIZABETH

(Belgian)

I. Johnson
E.F. Jones
M.T. Lynch

APPENDIX L

CANADIAN NURSES APPOINTED (AS FELLOWS) TO THE CANADIAN ACADEMY OF HEALTH SCIENCES, 2004-2009

Position titles effective at the time of appointment to the Academy*

Andrea Baumann - Director of the Nursing Health Services Research Unit (McMaster University site) and Associate Vice President, Faculty of Health Sciences International.

Joan Bottorff - Dean, Faculty of Health and Social Development, University of British Columbia Okanagan.

Diane Doran - Professor, interim dean and associate dean of Research, Faculty of Nursing, University of Toronto.

Francine Ducharme - Professeure titulaire de la Faculté des sciences infirmières de l'Université de Montréal et titulaire de la Chaise Desjardins dont le programme de recherche porte sur les déterminants de la santé et l'évaluation d'interventions de soutien novatrices auprès des aidants familiaux de personnes âgées.

Nancy Edwards - Professor of Nursing, and Epidemiology & Community Medicine, University of Ottawa and member and vice chair of the Governing Council of CIHR.

Carole Estabrooks - Member of the CIHR Institute of Aging Advisory Board, director of the Knowledge Utilization Studies Program, Faculty of Nursing, University of Alberta, and Canada Research Chair in Knowledge Translation.

Céline Goulet - Dean, Faculty of Nursing, University of Montreal.

Ellen Hodnett - Professor and Heather M. Reisman Chair in Perinatal Nursing Research, Faculty of Nursing, University of Toronto.

Joy Johnson - Professor and associate director, Graduate Programs and Research, School of Nursing, the University of British Columbia.

Celeste Johnston - James McGill Professor and associate director for Research, McGill School of Nursing, nurse scientist (Hon) at McGill University Health Centre (Montreal) and Isaac Walton Kiilam Children's Hospital (Halifax).

Anita Molzahn - Professor and dean, Faculty of Nursing, University of Alberta.

Janice Morse - Professor, Faculty of Nursing, University of Alberta and Scientific Director, International Institute for Qualitative Methodology, University of Alberta.

Sioban Nelson - Professor and dean, Faculty of Nursing, University of Toronto.

Linda O'Brien-Pallas - Professor, Faculties of Nursing and Medicine, University of Toronto, director and co-principal investigator of the Nursing Health Services Research Unit (University of Toronto site), inaugural CHSRF/CIHR chair in Nursing/Health Human Resources.

Dorothy Pringle - Professor and former dean (1988-1999), Faculty of Nursing, University of Toronto.

Pamela Ratner - Professor, Faculty of Nursing, University of British Columbia.

Ellen Rukholm - Director, School of Nursing, Laurentian University.

Heather K. Spence-Laschinger - Distinguished university professor, Arthur Labatt Family Chair in Health Human Resource Optimization, associate director Nursing Research, Arthur Labatt Family School of Nursing, Faculty of Health Sciences, University of Western Ontario, and fellow, American Academy of Nursing.

Bonnie Stevens - Professor, University of Toronto and Signy Hildur Eaton Chair in Pediatric Nursing Research, Hospital for Sick Children.

Miriam Stewart - Professor, Faculty of Nursing and Public Health Sciences, Faculty of Medicine, University of Alberta.

Sally Thorne - Professor and director, School of Nursing at the University of British Columbia, Vancouver, Canada.

Bilkis Vissandjée - Professor, Faculty of Nursing, Université de Montréal.

*Source: abridged from Canadian Academy of Health Science. (2006). Fellowships: List of citations. Retrieved July 15, 2011, from http://www.caahs-acss.ca/e/fellowships/citation_list2010.htm

APPENDIX M

CANADIAN NURSES APPOINTED TO THE ORDER OF CANADA, 1967-2009

MEMBER (C.M.)

OFFICER (O.C.)

COMPANION (C.C.)



Created to celebrate the country's Centennial in 1967, the Order of Canada "is the centrepiece of Canada's honours system and recognizes a lifetime of outstanding achievement, dedication to the community and service to the nation." The Member of the Order of Canada "recognizes a lifetime of distinguished service in or to a particular community, group or field of activity." At the next level, the Officer of the Order of Canada "recognizes a lifetime of achievement and merit of a high degree, especially in service to Canada or to humanity at large." Finally, the Companion of the Order of Canada "recognizes a lifetime of outstanding achievement and merit of the highest degree, especially in service to Canada or to humanity at large." This information is taken from the Governor General's web site at <http://www.gg.ca/document.aspx?id=72>

The following nurses have been appointed to the Order of Canada categories such as health care, social sciences, politics and public service, for their outstanding service to the country (shown here with city of residence and date of investiture):

Moyra Allen, O.C., Ph.D., D.Sc., Ottawa ON (1987)

Myra M. Bennett, C.M., M.B.E., D.Sc., R.N., Daniels Harbour NL (1974)

Maureen Dunphy Brown, C.M., M.P.H., R.N., Columbia MD (originally from NL) (1991)

Susan Calne, C.M., R.N., Kamloops BC (2003)

Elisabeth Carrier, O.C., inf., Beaumont QC (1998)

Rae Chittick, C.M., M.A., LL.D., Vancouver BC (1975)

Christina Cole, C.M., R.N., Fogo NL (1992)

M. Dorothy Corrigan, C.M., LL.D., R.N., Charlottetown PE (1978)

Lyle Creelman, O.C., M.A., LL.D., West Vancouver, BC (1971)

Beverly Witter Du Gas, C.M., O.B.C., Ed.D., LL.D., Delta BC (2002)

Suzanne (Shannie) Duff, C.M. B.A., R.N., St. John's NL (2003)

Mary (Hennebury) Fabian, C.M., R.N., St. John's NL (1985)

Shirley Freer, C.M., R.N., Bedford NS (1991)

Alice Girard, O.C., O.Q., R.N., Montreal QC (1968)

Josephine Gibbons, C.M., R.N., St. Mary's Bay NL (1992)

Helen Preston Glass, O.C., Ed.D., LL.D., Winnipeg MB (1989)

Jean Goodwill, O.C., LL.D., R.N., Fort Qu'Appelle SK (1992)

Patricia T. Guyda, C.M., R.N., Montreal QC (1993)

Audrey Jakeman, O.C., West Yorkshire (1969)

Huguette Labelle, C.C., Ph.D., LL.D., Ottawa ON (2002) (promoted from Officer, originally 1990)

Jean Cecilia Leask, O.C., R.N., Toronto ON (1973)

Denise Lefebvre, O.C., D.Ped., s.g.m., Montreal QC (1983)

Marie Lemire, O.C., R.N., s.g.m., Montreal QC (1969)

Clara Yee Lim, C.M., R.N., Richmond BC (1979)

- Millicent Loder, C.M., LL.D., R.N., Mount Pearl (1983)
- Kathleen Mary Jo Lutley, C.M., B.Sc., R.N., Thomson MB (1987)
- Dorothy A. Macham, C.M., Willowdale ON (1981)
- Louise Y. Maheu, C.M., B.Sc.N., R.N., Toronto ON (1992)
- Edith E. Manuel, C.M., R.N., Springdale NL (1992)
- Vera E. McIver, C.M., R.N., Victoria BC (1986)
- Marvelle McPherson, C.M., B.N., R.N., Winnipeg MB (1995)
- Helen McArthur, O.C., Guelph ON (1972)
- Cécile J.G. Montpetit, C.M., B.Sc., P.H.N., s.g.m., Montreal QC (1990)
- Helen K. Mussallem, C.C., Ed.D., D.Sc., F.R.C.N., R.N., Ottawa ON (1992) (promoted from Officer, originally 1969)
- Patricia O'Connor, C.M., R.N., Yellowknife NT (2008)
- Margaret Ruth Page, C.M., C.D., M.P.H., R.N., Thunder Bay ON (1998)
- Jeannine Pelland, C.M., C.O., Ph.D., inf., Montreal QC (1990)
- Evelyn Agnes Pepper, C.M., R.N., Ottawa ON (1996)
- Claire Perreault, C.M., M.A., r.h.s.j.m., Victoriaville QC (1985)
- Margot Phaneuf, C.M., Saint-Jean-sur-Richelieu QC (2004)
- Edith B. Pinet, C.M., R.N., Trudel NB (1979)
- Elizabeth Macdonald Podnieks, C.M., D.Ed., R.N., Toronto ON (1999)
- Dorothy M. Pringle, O.C., Ph.D., D.Sc. (hon.), F.C.A.H.S., Toronto ON (2008)
- Edith May Radley, C.M., R.N., Toronto ON (1981)
- Helena F. Reimer, C.M., R.N., Winnipeg MB (1974)
- Vera Roberts, C.M., B.Sc.N., R.N., Sault Ste-Marie ON (1987)
- Ginette Lemire Rodger, O.C., R.N., Ph.D., Nepean ON (2008)
- Anne G. Ross, C.M., R.N., Winnipeg MB (1986)
- Juliette A. St-Pierre, C.M., Montreal QC (1976)
- Margaret Sinn, C.M., Sunrise FL (originally from Windsor ON) (1977)
- Harriet (Hallie) J. Sloan, C.M., C.D., R.N., Ottawa ON (2004)
- Margaret Smith, C.M., c.s.j., North Bay ON (2008)
- Verna Huffman Splane, O.C., M.P.H., LL.D., F.A.P.H.A., R.N., Vancouver BC (1996)
- Shirley Marie Stinson, O.C., A.O.E., Ed.D., LL.D., R.N., Edmonton AB (2002)
- Margaret M. Street, C.M., M.Sc., Vancouver BC (1982)
- Constance Alexa Swinton, C.M., M.P.H., R.N., Peterborough ON (1987)
- F. Elva Taylor, C.M., Edmonton AB (1991)
- Eveline Tremblay, C.M., s.c.s.l., Lévis QC (2000)
- Anne H. Wieler, C.M., M.P.H., Ottawa ON (2008)
- D. Ethel Williams, C.M., R.N., St. John's NL (1985)

APPENDIX N

CANADIAN NURSES ASSOCIATION AWARDS PROGRAMS

THE MARY AGNES SNIVELY MEMORIAL MEDAL

Mary Agnes Snively Memorial Medals were presented from 1936 to 1944 to nurses who, in the opinion of the provincial associations, “exemplified the lofty ideals and standards of service which characterized the life of Miss Snively.”

| | | | | | |
|------|---|------|--|------|---|
| 1936 | Mabel F. Hersey Jean Isabel Gunn Edith MacPherson Dickson | 1940 | Edith Kathleen Russell Mother Louise Allard Ethel I. Johns | 1944 | Marion Lindeburgh Helen L. Randal Ruby M. Simpson |
| 1938 | Jean E. Browne Jean S. Wilson Elizabeth L. Smellie | 1942 | Grace Mitchell Fairley Eleanor McPhedran E. Frances Upton | | |

THE MARY AGNES SNIVELY MEMORIAL LECTURE

(Replaces the Mary Agnes Snively Memorial Medal program)

| | | | | | |
|------|---|------|--|------|---|
| 1946 | B.K. Sandwell, editor in chief of Saturday Night | 1952 | Abbé Arthur Maheux, University of Laval | 1956 | Bryne Hope Sanders, CBE, co- director, Canadian Institute of Public Opinion |
| 1948 | Dr. Earl P. Scarlett | 1954 | F.N. Salter, Department of English, University of Alberta | | |
| 1950 | Charlotte Whitton | | | | |

HONORARY MEMBERSHIPS

(Replaces the Mary Agnes Snively Memorial Lecture program)

Honorary memberships were awarded by CNA from 1958 to 1966 to recognize nurses (residing inside or outside Canada) who had made outstanding contributions to Canadian nursing, and to non-nurses for outstanding public service. Only one such membership had been awarded prior to 1958 – it was given to Mary Agnes Snively in 1921.

| | | | | | |
|------|--|------|---|------|--|
| 1958 | Mother Louise Allard Daisy C. Bridges (ICN) Edith MacPherson Dickson Kathleen Wilhelmina Ellis Florence H.M. Emory Grace Mitchell Fairley Mabel F. Gray Ethel I. Johns M. Louise Meiklejohn Lyman Edith Kathleen Russell Ruby M. Simpson Elizabeth “Beth” Lawrie Smellie Jean E. Browne Thomson Jean Scantlion Wilson | 1960 | Mother Marie Virginie Allaire M ^{me} Louis de Gaspée Beaubien* Ethel M. Cryderman Marion F. Haliburton Margaret E. MacKenzie Anna J.R. Mair J. Cecil McDougall* Elizabeth A. Russell Isabel Maitland Stewart | | Sister Valerie de la Sagesse The Hon. Chief Justice William B. Scott* Florence H. Walker Alice L. Wright |
| | | 1962 | Dr. G. Stewart Cameron* Mrs. Rex Eaton* Nettie Douglas Fidler M. Christine Livingston | 1964 | None recorded as having been awarded |
| | | | | 1966 | Margaret E. Kerr M. Pearl Stiver |

*Non-nurse award winners

AWARD FOR OUTSTANDING CONTRIBUTION TO NURSING - THE JEANNE MANCE AWARD

(Replaces the Honourary Memberships program)

Since 1971 the organization has honoured a nurse or nurses at its biennial convention with an award acknowledging outstanding contributions to nursing. In 1983, the honour was given the title, Jeanne Mance Award. The award is named after the first lay nurse in North America, Jeanne Mance, who founded the Hôtel-Dieu Hospital and co-founded the surrounding settlement of Ville Marie, later Montreal. Nurses nominated have made significant and innovative contributions to the health of Canadians. They have worked to increase the public recognition and awareness of the nursing profession and have positively influenced nursing practice in Canada and abroad.

| | | |
|---|---|-------------------------------|
| 1971 Helen G. McArthur | 1984 Florence H.M. Emory and Sister | 1994 E. Louise Miner |
| 1974 Lyle Creelman, Alice Girard and E.A. Electa MacLennan | Denise Lefebvre – first official recipients of the Jeanne Mance Award | 1996 Margaret Neylan |
| 1977 Rae Chittick | 1986 Dorothy Kergin | 1998 Peggy Ann Field |
| 1980 Helen K. Mussallem | 1988 Maria Rovers (posthumous) | 2000 Dorothy Pringle |
| 1982 Verna Marie Huffman Splane | 1990 Shirley Marie Stinson | 2002 Janet Rush |
| | 1992 Helen Preston Glass | 2004 Ginette Lemire Rodger |
| | | 2006 Linda-Lee O'Brien-Pallas |
| | | 2008 Judith Oulton |

CANADIAN NURSES ASSOCIATION AWARDS OF MERIT

Inaugurated in 2008, the CNA Order of Merit honours excellence in five domains of practice: clinical nursing practice, nursing administration, nursing education, nursing research and nursing policy. The awards were created to honour nurses who – through hard work, leadership, innovation and knowledge – have had a significant and sustained impact on the nursing profession and the practice of nursing in Canada.

Inaugural Awardees, 2008

Order of Merit for Nursing

Administration

Carolyn Tayler
Director, Hospice Palliative and End
of Life Care, Fraser Health Authority,
British Columbia

Order of Merit for Nursing Education

Diana Davidson Dick
Professional Affiliate, Saskatchewan
Institute of Applied Science and
Technology

Order of Merit for Nursing Policy

Marion Clark
Interim Director of Nursing, Queen
Elizabeth Hospital & Hillsborough
Hospital, Prince Edward Island

Order of Merit for Clinical Nursing Practice

Margaret Farley
Clinical Development Educator, Regina
Pasqua Hospital, Saskatchewan

Order of Merit for Nursing Research

Linda McGillis Hall
Associate Professor and Associate
Dean of Research & External Relations,
Faculty of Nursing, University of Toronto

CNA CENTENNIAL AWARD WINNERS (WITH NOMINATING ORGANIZATIONS), AWARDED IN 2008

| | | |
|---|---|---|
| Madge Applin Canadian Association of Advanced Practice Nurses | Betty Davies College of RNs of British Columbia | Theresa Anne Fillatre College of RNs of Nova Scotia |
| Irene Barrette College of RNs of British Columbia | Brenda Dawyduk College of RNs of Manitoba | Audrey Fraser Association of RNs of PEI |
| Sandra Bassendowski Saskatchewan RN Association | Lesley Degner Canadian Nurses Association | Lan Gien Canadian Association for International Nursing |
| Jerry Bell Saskatchewan RN Association | Donna Denney College of RNs of Nova Scotia | Phyllis Giovannetti College and Association of RNs of Alberta |
| Marlene S. Bell RN Association of Northwest Territories and Nunavut | Alba DiCenso Canadian Nurses Association | Irene Goldstone Canadian Nurses Association |
| Jeanne F. Besner College and Association of RNs of Alberta | Madeleine Dion Stout Canadian Nurses Association | Laurie Gottlieb Canadian Nursing Students Association |
| Joan Bottorff Canadian Nurses Association | Barbara Dobbie Canadian Holistic Nurses Association | Kathryn Hannah Canadian Nurses Association |
| E. Gail Brimbecom Canadian Association for Parish Nursing Ministry | Brenda Done Canadian Association of Nurses in AIDS Care | Gaye Hanson Canadian Nurses Association |
| Gillian Brunier Canadian Association of Nephrology Nurses and Technologists | Gail Donner RN Association of Ontario | Pamela Hawranik Canadian Association for Nursing Research |
| Cathy Carter-Snell Forensic Nurses Society | Diane Doran Canadian Nurses Association | Maureen Heaman College of RNs of Manitoba |
| Thérèse Castonguay Saskatchewan RN Association | Lillian G. Douglass College and Association of RNs of Alberta | Carol Helmstadter Canadian Association for the History of Nursing |
| Marion Clark Association of RNs of PEI | Viola Duff Canadian Nurses Association | Margaret Hilson Canadian Nurses Association |
| Liette Clément Canadian Nurses Association | Sandra Dunn Canadian Association of Neonatal Nurses | Geri Hirsch Canadian Association of Hepatology Nurses |
| Sandi Cox Canadian Nurses Association | Jodi Dusik–Sharpe Canadian Association of Neuroscience Nurses | Lee Holliday Yukon RN Association |
| Janice Currie College of RNs of Manitoba | Nancy Edwards Canadian Nurses Association | Verna Huffman Splane College of RNs of British Columbia |
| Pat Cutshall College of RNs of British Columbia | Margaret Farley Operating Room Nurses Association of Canada | Elsabeth Jensen RN Association of Ontario |

Celeste Johnson
Canadian Pain Society Special Interest
Group – Nursing Issues

Marian Knock
Canadian Nurses Association

Kathryn Kozell
Canadian Association for Enterostomal
Therapy

Yolande LePage-Cyr
Nurses Association of New Brunswick

Joan Lesmond
RN Association of Ontario

Priscilla Lockwood
Canadian Association for Rural and
Remote Nursing

Donalda MacDonald
Canadian Association of Nurses in
Oncology

Sandra MacDonald-Rencz
Canadian Nurses Association

Karen MacKinnon
Association of Women's Health,
Obstetric and Neonatal Nurses –
Canada

Kathleen MacMillan
Canadian Nurses Association

Jessie Mantle
Canadian Gerontological Nursing
Association

Heather Mass
Academy of Canadian Executive Nurses

Kathleen (Kay) Matthews
Association of RNs of Newfoundland
and Labrador

Sue Matthews
RN Association of Ontario

Patricia McClelland
Yukon RN Association

Sheila A. McKay
College and Association of RNs of
Alberta

Christina McNamara
College of RNs of Nova Scotia

Barbara Mildon
Community Health Nurses Association
of Canada

Brenda Morgan
Canadian Association of Critical Care
Nurses

Jeanette Murray
Canadian Nurses Association

Lynn Nagle
Canadian Nursing Informatics
Association

Wendy Nicklin
Canadian Nurses Association

Barbara Oke
Canadian Nurses Association

Michèle Paquette
Canadian Society of Gastroenterology
Nurses and Associates

Elizabeth Paradis
Canadian Association of Nurses in
Hemophilia Care

Senator Lucie Pépin
Canadian Nurses Association

Joanne Profetto-McGrath
Canadian Association of Medical and
Surgical Nurses

Margaret Risk
Canadian Nurses Association

Barbara Rocchio
College and Association of RNs of
Alberta

Carolyn Ross
Canadian Respiratory Health
Professionals

Barb Round
RN Association of the Northwest
Territories and Nunavut

Violet Ruelokke
Association of RNs of Newfoundland
and Labrador

Daniel Savoie
Canadian Association of Rehabilitation
Nurses

Joan Sawatzky
Saskatchewan RNs Association

Lois Scott
Canadian Nurses Association

Judith Shamian
RN Association of Ontario

Valerie Shannon
Canadian Council of Cardiovascular
Nurses

Linda Silas
Nurses Association of New Brunswick

Ada Simms
Association of RNs of Newfoundland
and Labrador

Judy Simpson
Canadian Nurses Association

Jennifer Skelly
Canadian Nurse Continence Advisors
Association

Elizabeth Sparks
Nurses Association of New Brunswick

Morrie Steele
Canadian Nurses Association

Miriam Stewart
Canadian Nurses Association

Jan Storch
Canadian Nurses Interested in Ethics

Meryn Stuart
Canadian Nurses Association

Joan Toms
National Association of PeriAnesthesia
Nurses of Canada
Maureen Topley
College of RNs of Nova Scotia

Linda Varner
Nurses Association of New Brunswick
Noreen Wallwin
College of RNs of Manitoba

Carol Weremy
College of RNs of British Columbia
Goldie White
Association of RNs of Newfoundland
and Labrador

CANADIAN NURSES ASSOCIATION CENTENNIAL "NURSE TO KNOW" AWARDS – PRESENTED IN 2008 ONLY BY PRIME
MINISTER STEPHEN HARPER, TORONTO, JANUARY 2008

June Anonson
Janet Bryanton
Nancy DiPietro
Mary Jo Haddad
Barb Harvey

Jeff Lee
Patricia McClelland
Céline Pelletier
Daniel Savoie
Joanne Simms

Patsy Smith
Marianne Stewart
Dion Thevarge
Roberta Woodgate

CANADIAN NURSES ASSOCIATION CERTIFICATION EMPLOYER RECOGNITION AWARD AND AWARD FOR INNOVATION

The CNA Certification Employer Recognition Award is presented annually to one employer for its support of registered nurses in pursuing continuous education opportunities through the CNA Certification Program. Through the Employer Recognition Program Award for Innovation, CNA also recognizes employer innovation in health-care facilities that provide unique incentives or out-of-the-ordinary tools in support of nurses pursuing specialty certification.

| Date | Employer Recognition Award | Honourable Mention | Award for Innovation |
|-------------|---|--|--|
| 2009 | Jewish Eldercare Centre | Alberta Health Services | Northumberland Hills Hospital North Perth Family Health Team Prince Albert Parkland Health Region |
| 2008 | Bloorview Kids Rehab | Stedman Community Hospice The Ottawa Hospital | Hôtel-Dieu de Lévis Middlesex-London Health Unit Queensway Carleton Hospital Winnipeg Regional Health Authority |
| 2006-2007 | Saint Elizabeth Health Care | Providence Continuing Care Centre Saint John Regional Hospital – Emergency Department | Dr. Everett Chalmers Hospital Humber River Regional Hospital Leamington District Memorial Hospital |
| 2005 | St. Michael’s Hospital | Centre de santé et de services sociaux de Gatineau, Hôpital de Gatineau St. Paul’s Hospital Heart Centre | Centre de santé et de services sociaux de LaSalle et du Vieux Lachine – CLSC LaSalle Fraser Health Authority at/au Chilliwack General Hospital Vancouver Coastal Health |
| 2004 | The Scarborough Hospital | Kingston General Hospital Toronto East General Hospital | |
| 2003 | McGill University Health Centre | Maimonides Geriatric Centre | |
| 2002 | Baycrest Centre for Geriatric Care | | |
| 2001 | Halton Healthcare Services | | |
| 2000 | Network North, Community Mental Health Group | | |
| 1999 | Mount Sinai Hospital | | |

MEDIA AWARDS FOR HEALTH REPORTING

Each year, CNA and the Canadian Medical Association come together to honour outstanding Canadian journalism that enhances understanding of health, the health system and the role of health professionals. The Media Awards for Health Reporting are presented for print, radio and television journalism.

Winners in the inaugural year (1988) were:

Print

Guy Dube, Le Soleil, « Radioactivite – Infirmiere »

Radio

CBC radio, produced by Anita Gordon & Jay Ingram, Quirks and Quarks, “AIDS: A Report”

Television

CBC’s The Journal, produced by Robin Christmas and John Kalina, “The Hidden Healers”

Winners in 2008, the 20th anniversary of the awards and CNA’s centennial celebration, were:

Excellence in Print Reporting - News

Lisa Priest, The Globe and Mail, Toronto, “Hospital-acquired infections”

The Royal College of Physicians and Surgeons of Canada Award for Excellence in Print Reporting

Erin Anderssen, Lisa Priest, André Picard, Carolyn Abraham, Anne McIlroy, Martin Mittelstaedt, John Lehman, Margaret Philip, Moe Doiron, Cinders McLeod, Noreen Rasbach, Carl Wilson, Bob Levin and Cathrin Bradbury; The Globe and Mail, Toronto, “The Globe and Mail’s cancer project”

Excellence in Local Print Reporting

Catherine Litt, The Kamloops Daily News; “Too young to die”

Excellence in TV Reporting - News

Maureen Taylor, CBC Television, Toronto, “Fecal transplants”

Excellence in TV Reporting - In-depth

Jennifer Tryon, Global National, Burnaby, “Vital signs” - HPV Series

Excellence in Radio Reporting - News

Mark Quinn, CBC Radio, Corner Brook, “Cancer test scandal”

Excellence in Radio Reporting - In-depth

Line Pagé, Liette Cloutier, Jean-Ann Bouchard, Caroline Jarry and Janic Tremblay, La radio Radio-Canada, Montréal, “Nursing shortage: from problem to solutions”

Excellence in Local Broadcast

Mia Sosiak, Global Calgary; 12 Hours in Emergency

Excellence in International Reporting

Judy Jackson, CBC Television, Toronto, The Nature of Things - “Stephen Lewis: the man who couldn’t sleep”

APPENDIX O

CANADIAN NURSES ASSOCIATION MEMORIAL BOOK

The following welcome and lists of names are taken from CNA's online Memorial Book as it existed in December 2009. The original book is housed at CNA House in Ottawa. To access the online records please visit cna-aiic.ca.

WELCOME TO THE ONLINE MEMORIAL BOOK

The memorial book lists the names and describes the contributions of Canada's honoured nurses, who, in service to their fellow Canadians, elevated the nursing profession and health care in this country. The online book allows readers to click on any name to read brief biographies of these distinguished nurses

| | | |
|-------------------------------|--------------------------|--------------------------------|
| Allemang, Margaret | Egan, Christine | Keith, Catherine W. |
| Anderson, Maude I. (Dolphin) | Ellerton, Mary Lou | Kennedy, Nan |
| Andersson, Gillian Mary | Ellis, Kathleen W. | Kergin, Dorothy Jean |
| Ash, Harriet Ann | Emory, Florence H. M. | Kerr, Margaret E. |
| Attrill, Alfreda Jean | Fairley, Grace Mitchell | Knox, Beryl |
| Bennett, Myra Maud | Fidler, Nettie Douglas | Lagrange, Sister Marie M. E. |
| Bond, Annie A. | Flaws, Elisabeth Grace | Lammer, Marie |
| Bourns, Beulah | Gallant, Mae | Laroza, Nelia |
| Breeze, Elizabeth G. | Girard, Alice M. | Lees, Edith Landells |
| Bryce-Brown, Charlotte Phoebe | Graham, Eleanor Scott | Lin, Tecla |
| Burgess, Phyllis | Gray, Mabel | Lindeburgh, Marian |
| Carpenter, Helen Maude | Green, Monica Frith | Livingston, Marion Christine |
| Chesley, Annie Amelia | Gunn, Jean I. | Livingston, Nora |
| Childs, Lynn Margaret | Hailstone, Betty | Loder, Millicent Blake |
| Chittick, Rae | Hall, Gertrude M. | MacKenzie, Mary Ardronie |
| Courtney, Patricia | Harmer, Bertha | MacLaggan, Katherine E. |
| Crawford, Myrtle | Hersey, Mabel F. | MacLennan, Electa |
| Crosby, Bella | Hill, Isabelle Maud | Mailloux, Mère Élodie |
| Cryderman, Ethel | Hood, Evelyn | Mallory, Evelyn Harriet |
| Denton, Luella Euphemia | Horwood, Lorna | Malloy, Nancy Lisbeth |
| Dick, Edith Rainsford | Hoyt-McGee, Arlee | Matheson, Jean |
| Dickson, Edith MacPherson | Hunter, Trena Grace | McArthur, Helen |
| Doan, Dorothy | Jamieson, Ella J. | McCann, Elizabeth Kenny |
| Dyke, Eunice H. | Johns, Ethel Mary | McClure, Ruth |
| Eastwood, Charlotte E. | Johnson, M. E. Archibald | McGrath, Catherine (Kit) Marie |
| Edmundston, Jacqueline | Keeler, Hazel Bernice | McKillop, Madge |

McLean, Margaret D.
Meiklejohn, Harriet Tremaine
Millman, Mary Beatrice
Miner, Louise
Moore, Edna L.
Morrison, Ruth MacIntyre
Munroe, Fanny
Neill, Col. Agnes C.
Nevitt, Joyce
Neylan, Margaret
Nield, Sharon
Nutting, Mary Adelaide
O'Shaughnessy, Catherine
Pemberton, Evaline Mary
Phillips, Lillian
Pinet, Edith Branch
Pope, Georgina Fane
Potts, Florence Janet
Randal, Helen Louisa
Rayside, Edith Catherine
Redmond, Frances D.
Reimer, Marlene Audrey
Robb, Isabel Hampton
Ross, Anne Glass
Ross, Marie (Pictou)
Rossiter, Edna Elizabeth
Rovers, Maria
Rowell, Glenna S.
Russell, Edith Kathleen
Sabin, Helen Mary
Saydak, Marion Irene
Sharpe, Gladys
Shaw, Flora Madeleine
Shepherd, Lillian Mary

Simpson, Kathleen
Simpson, Ruby
St. Odilon, Sister
Smith, Alice Katherine
Smith, Marie LaCroix
Snively, Mary Agnes
Southcott, Mary Meager
Stanley, Margaret
Stewart, Isabel Maitland
Stiver, M. Pearl
Street, Margaret Mary
Summers, Elizabeth R.
Sutherland, Jean Frances (Ferguson)
Swenson, Wendy
Thomlinson, Elizabeth Helen
Thomson, Jean E. Browne
Turnbull, Lily
Watson, Helen G. McArthur
Watt, Jean Cockburn
Wekel, Sister Mary Felicitas
Wilson, Jean S.
Wright, Alice Lillian
Wright, Katherine D

**Canadian nursing sisters who lost
their lives in World War I***

**Serving with the Canadian Army
Medical Corps Nursing Service**

Baker, Miriam E.
Baldwin, Dorothy M. Y.
Campbell, Christina*
Dagg, Ainslie St. Clair
Davis, Lena A.
Douglas, Carola Josephine*

Dussault, Alexina*
Follette, Minnie Asenath*
Forneri, Agnes F.
Fortesque, Margaret Jane*
Fraser, Margaret Marjorie*
Gallaher, Minnie Katherine*
Garbutt, Sarah E.
Green, Matilda E.
Hennan, Victoria B.
Jaggard, Jessie B.
Jenner, Lenna M.
Kealy, Ida L.
King, Jessie N.
Lowe, Margaret
MacDonald, Katherine M.
MacPherson, Agnes
McDiarmid, Jessie Mabel*
McIntosh, Rebecca
McKay, Evelyn V.
McKenzie, Mary Agnes*
McLean, Rena*
Mellett, Henrietta
Munro, M. Frances E.
Pringle, Eden L.
Ross, Ada J.
Sampson, Mae Belle*
Sare, Gladys Irene*
Sparks, Etta
Stamers, Anna Irene*
Templeman, Jean*
Tupper, Addie A.
Wake, Gladys M. M.
Whitely, Anna E

Serving with the Imperial Army Nursing Service

Hannaford, Ida D.

Nicol, Christina

Serving with the United States Army Nurse Corps

Graham, Florence B.

Overend, Marion L.

Symmes, Kathleen E.

Walker, Anna A.

Welsh, Anne K.

Whiteside, Lydia V

*Of the 47 Canadian nursing sisters who lost their lives during WW I, fourteen were among the 234 persons killed in the bombing of Canada's Llandoverly Castle hospital ship off southern Ireland, 27 June 1918. Only 24 of the 258 passengers on board survived the attack. All of the nurses were killed.

For further information, see for example: Editorial. *Canadian Medical Association Journal* 1918 August; 8(8): 734–736. <http://www.canadiangreatwarproject.com/writing/LlandoverlyCastle.asp>

The Hospital Ship Llandoverly Castle

THE sinking of the hospital ship, Llandoverly Castle, by a German submarine and the inhuman conduct of its commander, has aroused a world-wide indignation that will neither decrease in intensity nor drift into forgetfulness. Like the Lusitania it will, for the enemy, be remembered only too well.

The Llandoverly Castle was torpedoed seventy miles from the Irish coast on the night of June 27th. She was on her way to England. All lights were burning, a huge electric cross over the bridge, and strings of white and green lights on either side. The red crosses on the side of the vessel also were illuminated by electric lights. The outrage was deliberate and premeditated; there is no doubt it followed upon orders given the submarine commander by the superior German authority, which alleged the presence of eight flight officers. The allegation was without foundation and could have been easily tested by right of search.

The Llandoverly Castle had on board two hundred and fifty eight-persons, including eighty men of the Canadian Army Medical Corps and fourteen nursing sisters. Almost all the nurses were of the first division, having been out since the early days of the war in 1914. Since that period they have been doing duty at Casualty Clearing stations in France and England, and on Hospital Ships. The boat with the nurses on board capsized and all were lost. Very nobly the nurses died, without a murmur of fear, true to the high tradition of their profession! The only boat saved contained twenty-four men, including the commander Captain R.A. Sylvester, Major Lyons of the Canadian Army Medical Corps, three other officers and several C.A.M.C. orderlies.

...the submarine after the sinking of the ship shelled an unknown target, which the latest testimony of the survivors show to have been the missing boats. The tale of crime reveals wanton deliberation on the part of the submarine commander. The submarine charged to and fro amid the wreckage to which were clinging survivors, and its commander fired revolver shots on those who were picking up drowning men and compelled them to desist...

CANADIAN NURSES WHO LOST THEIR LIVES IN WORLD WAR II

| Name | Branch | Home |
|------------------------------------|--------|---------------|
| As a result of enemy action | | |
| Wilkie, Agnes | RCN | Carman MB |
| As a result of accidents | | |
| Bell, Marion | Army | Toronto ON |
| MacDonald, Vera C. | Army | Glace Bay NS |
| McLaren, Mary S. | Army | Todmorden ON |
| Peters, Nora H. | Army | Cluny AB |
| Westgate, Marion | RCAF | Regina SK |
| Died overseas | | |
| Ashley, Ruth Louise | Army | Saskatoon SK |
| Cooper, Frances | Army | Halifax NS |
| Fitzgerald, Gladys H. | Army | Belleville ON |
| Gannon, Frances | Army | Camrose, AB |
| McLeod, Jessie Margaret | RCAF | Halifax NS |
| Polgreen, Frances | Army | Saltcoats, SK |
| Spafford, Frances Winnifred | Army | Winnipeg MB |

SECTION III

Meetings and Celebrations

APPENDIX P

CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES/CANADIAN NURSES ASSOCIATION CONVENTION SITES AND DATES

For much of its history, CNA has held its annual meeting in conjunction with a national convention every second year. Hosting duties for the meeting and convention rotate among the provincial/territorial member organizations. During non-convention years, the annual meeting is now held in Ottawa, normally in June.

| | | | | | |
|-----------------|---|---------------------|------------------|-----------------|-------------------|
| 22 May 1911 | Niagara Falls ON | 27 June 1944 | Winnipeg MB | 22-25 June 1986 | Regina SK |
| 4 April 1912 | Toronto ON | 1-4 July 1946 | Toronto ON | 12-15 June 1988 | Charlottetown PE |
| 21 May 1913 | Kitchener ON | 28 June–1 July 1948 | Sackville NB | 24-27 June 1990 | Calgary AB |
| 10-11 July 1914 | Halifax NS | 26-30 June 1950 | Vancouver BC | 14-17 June 1992 | St. John NB |
| 15-16 June 1916 | Winnipeg MB | 2-6 June 1952 | Quebec City QC | 19-22 June 1994 | Winnipeg MB |
| 12 June 1917 | Montreal QC | 7-11 June 1954 | Banff AB | 16-19 June 1996 | Halifax NS |
| 6-8 June 1918 | Toronto ON | 25-29 June 1956 | Winnipeg MB | 14-17 June 1998 | Ottawa ON |
| 2-5 July 1919 | Vancouver BC | 23-27 June 1958 | Ottawa ON (50th) | 18-21 June 2000 | Vancouver BC |
| 7-10 July 1920 | Port Arthur–Fort William ON (later Thunder Bay) | 19-24 June 1960 | Halifax NS | 23-26 June 2002 | Toronto ON |
| | | 24-29 June 1962 | Vancouver BC | 20-23 June 2004 | St. John's NL |
| 1-4 June 1921 | Quebec City QC | 14-19 June 1964 | St. John's NL | 18-21 June 2006 | Saskatoon SK |
| 19-22 June 1922 | Edmonton AB | 3-9 July 1966 | Montreal QC | 16-18 June 2008 | Ottawa ON (100th) |
| 23-24 June 1924 | Hamilton ON | 8-12 July 1968 | Saskatoon, SK | | |
| 23 August 1926 | Ottawa ON | 14-19 June 1970 | Fredericton NB | | |
| 3 July 1928 | Winnipeg MB | 25-29 June 1972 | Edmonton AB | | |
| 24 June 1930 | Regina SK | 16-21 June 1974 | Winnipeg MB | | |
| 21 June 1932 | St. John NB | 20-23 June 1976 | Halifax NS | | |
| 25-30 June 1934 | Toronto ON (25th) | 25-28 June 1978 | Toronto ON | | |
| 29 June 1936 | Vancouver BC | 22-25 June 1980 | Vancouver BC | | |
| 4-9 July 1938 | Halifax NS | 20-23 June 1982 | St. John's NL | | |
| 25 June 1940 | Calgary AB | 6-7 April 1983 | Ottawa ON (75th) | | |
| 22-26 June 1942 | Montreal QC | 17-20 June 1984 | Quebec City QC | | |

APPENDIX Q

CNA PATRON, HONORARY PATRON AND CENTENNIAL LEADERSHIP CABINET, 2008

Patron

Her Majesty the Queen

Honorary Patron, CNA Centennial Year

Her Excellency the Right Honourable Michaëlle Jean, CC, CMM, COM, CD

Governor General of Canada

Leadership Cabinet

Susan Aglukark, OC

singer and songwriter

Paul Brandt

country music recording artist

Mike Duffy

journalist, CTV News

The Hon. Jake Epp, PC

former federal minister of health

Paul Genest

president and CEO, Council of Ontario Universities

The Hon. Michael Harcourt

former premier of British Columbia

Gen. Rick Hillier

chief of the defence staff

The Hon. Anne McLellan, PC

former deputy prime minister and federal minister of health

Farah Mohamed

vice-president, public affairs, VON Canada

Barbara Oke, RN

special advisor, nursing, Health Canada

Ginette Lemire Rodger, OC, RN

vice-president, professional practice and chief nursing officer,
the Ottawa Hospital

Robert W. Slater

former assistant deputy minister, Environment Canada

Jeff B. Smith

managing director, Johnson & Johnson Canada

APPENDIX R

CANADIAN NURSING-THEMED COMMEMORATIVE POSTAGE STAMPS



1958

In celebration of the organization's fiftieth anniversary, CNA is responsible for securing the first Canadian postage stamp with a health theme



18 April 1973

CNA successfully lobbies the postmaster general to issue a postage stamp honouring the 300th anniversary of the death of Jeanne Mance



21 September 1978

Issued by Canada Post to honour Marie Marguerite d'Youville (1701-1771) whose life was dedicated to easing the lives of the poor. With other women she ran Montreal's Hôpital Générale, and they would go on to become the Grey Nuns. She was the first Canadian named a Saint by the Roman Catholic church.



12 May 1997

Day of issue cover of Canada Post stamp celebrating the centennial of the Victorian Order of Nurses – now known as VON Canada.



17 January 2000

Issued by Canada post to honour Pauline Vanier and Elizabeth Smellie. Pauline Vanier (1898-1991), lifelong volunteer and wife of Governor General Georges Vanier, was the first non political woman appointed to the Queen's Privy Council for Canada. She moved to France after her husband's death to work with her son at L'Arche, the institution he founded for the mentally handicapped. Elizabeth Lawrie Smellie (1884-1968) was the first female colonel in the Canadian Army. She served Canada as a nurse in both world wars, was superintendent of VON Canada, and went on to become matron-in-chief in the Royal Canadian Army Medical Corps (1941-1955).



16 June 2008

In celebration of CNA's centennial, Canada Post issues a new stamp – the first ever named for the association – unveiled during the opening ceremonies of the 100th anniversary convention.

APPENDIX S

NATIONAL NURSING WEEK

In 1971, the International Council of Nurses (ICN) designated 12 May, Florence Nightingale's birthday, "International Nurses Day." Later, in 1985, CNA passed a resolution to begin negotiations with the federal government to explore having the week including 12 May proclaimed as National Nurses Week. A few months later, in recognition of the dedication and achievements of the nursing profession, the minister of health at the time proclaimed the second week of May as National Nurses Week. In 1993, the name was changed to National Nursing Week to emphasize the profession's accomplishments as a discipline.

The purpose of National Nursing Week is to increase awareness among the public, policy-makers and governments of the many contributions of nursing to the well-being of Canadians. It is also an opportunity to educate Canadians about health issues, by providing information they need to make decisions about their health, and to promote the role of the nurse.

Canada's National Nursing Week Themes

| | |
|------|---|
| 1987 | Occupational Health and Safety |
| 1988 | Images of Health: Canada's Nurses, Active Ingredients in Health Promotion |
| 1989 | Canada's Nurses Promote Child Health |
| 1990 | Nurses and the Environment |
| 1991 | Mental Health: A Priority for Nurses |
| 1992 | Nurses: Partners in Change |
| 1993 | Nurses: A Dynamic Force in Quality Care |
| 1994 | Nurses Make the Difference |
| 1995 | Your Family's Health: Nurses Make the Difference |
| 1996 | Ask a Nurse |
| 1997 | Sharing the Health Challenge |
| 1998 | Nursing is the Key |
| 1999 | Older Persons and Nursing: Partners for Health Aging |
| 2000 | Challenge Yourself: Get Active |
| 2001 | Nurses: Champions for Health |
| 2002 | Nurses, Always There for You: Caring for Families |
| 2003 | Nursing: At the Heart of Health Care |
| 2004 | Nursing: Knowledge and Commitment |
| 2005 | Patients First, Safety Always |
| 2006 | Nursing: Promoting Healthy Choices for Healthy Living |
| 2007 | Think You Know Nursing? Take a Closer Look |
| 2008 | Think You Know Nursing? Take a Closer Look |

APPENDIX T

ICN PRESIDENTS AND MEETINGS, AND RECIPIENTS OF MAJOR ICN AWARDS

| ICN President | | ICN Quadrennial Congresses, CNR Meetings and Major Awards | | |
|---------------|--|--|----------------|------------|
| Date | Name | Date | Host City | Watchword |
| 1899-1904 | Ethel (Gordon Manson) Bedford Fenwick UK | 1901 Inaugural meeting | Buffalo | Work |
| 1904-1909 | Susan McGahey Australia | 1904 | Berlin | Courage |
| | | 1907 Interim meeting | Paris | |
| 1909-1912 | Agnes Karll Germany | 1909 | London | Life |
| 1912-1915 | Annie Walburton Goodrich USA | 1912 | Colgone | Aspiration |
| 1915-1922 | Henny Tscherning Denmark | 1915 | No congress | |
| 1922-1925 | Sophie Mannerhem Finland | 1922 | Copenhagen | |
| 1925-1929 | Nina Gage China | 1925 | Helsinki | Peace |
| 1929-1933 | Leonie Chaptal France | 1929 | Montreal | Service |
| 1933-1937 | Alicia L. Still UK | 1933 | Paris/Brussels | Concord |
| 1937-1947 | Euphemia "Effie" Jane Taylor USA | 1937 | London | Loyalty |
| | | 1941 | No congress | |
| | | 1945 | No congress | |
| 1947-1953 | Gerda Hojer Sweden | 1947 | Atlantic City | Faith |
| | | 1949 50th anniversary | Stokholm | |
| | | 1951 | Brussels | |

| ICN President | | ICN Quadrennial Congresses, CNR Meetings and Major Awards | | |
|---------------|------------------------------|---|----------------|----------------|
| Date | Name | Date | Host City | Watchword |
| 1953-1957 | Marie Bihet Belgium | 1953 | Rio de Janeiro | Responsibility |
| 1957-1961 | Agnes Ohlson USA | 1957 | Rome | Wisdom |
| 1961-1965 | Alice Clamageran France | 1961 | Melbourne | Inquiry |
| 1965-1969 | Alice Girard Canada | 1965 | Frankfurt | Tenacity |
| | | 1967 CNR meeting | Evian | |
| 1969-1973 | Margarethe Kruse Denmark | 1969 | Montreal | Unity |
| | | 1971 CNR meeting | Dublin | |
| 1973-1977 | Dorothy Cornelius USA | 1973 | Mexico City | Flexibility |
| | | 1975 CNR meeting | Singapore | |
| 1977-1981 | Olive Anstey Australia | 1977 | Tokyo | Accountability |
| | | 1979 CNR meeting | Nairobi | |
| 1981-1985 | E. Muringo Kiereini Kenya | 1981 | Los Angeles | Freedom |
| | | 1983 CNR meeting | Brasilia | |
| 1985-1989 | Nelly G. Alarcon Columbia | 1985 <i>Christiane Reimann Prize</i> (inaugural) Virginia Henderson USA | Tel Aviv | Justice |
| | | 1987 CNR meeting | Auckland | |
| 1989-1993 | Mo Im Kim Korea | 1989 <i>Christiane Reimann Prize</i> Dame Nita Barrow Barbados | Seoul | Love |
| | | 1991 CNR meeting | Kingston | |

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|---------------|--|---|---|---|
| Date | Name | Date | Host City | Watchword |
| 1993-1997 | Margretta "Gretta" Madden Styles USA | 1993 <i>Christiane Reimann Prize</i> Dame Sheila Quinn UK | Madrid | March |
| | | 1995 CNR meeting | Harare | |
| 1997-2001 | Kirsten Stallknecht Denmark | 1997 <i>Christiane Reimann Prize</i> Hildegard Peplau USA and Mo Im Kim Korea | Vancouver | Humanity |
| | | 1999 Centennial CNR meeting | London International Achievement (inaugural) Margaret Hilson Canada | |
| 2001-2005 | Christine Hancock UK | 2001 <i>Christiane Reimann Prize</i> No prize awarded | Copenhagen <i>International Achievement</i> Susie Kim Korea | Care <i>Health and Human Rights (inaugural)</i> Sadako Ogata Japan |
| | | 2003 1st ICN conference | Geneva <i>International Achievement</i> Carol Etherington USA | |
| 2005-2009 | Hiroko Minami Japan | 2005 <i>Christiane Reimann Prize</i> Margretta Madden Styles USA | Taipei <i>International Achievement</i> No prize awarded | Harmony <i>Health and Human Rights</i> Stephen Lewis Canada |
| | | 2007 2nd ICN conference | Yokohama <i>International Achievement</i> Anneli Eriksson Sweden | |

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|---------------|------------------------------|--|--|---|
| Date | Name | Date | Host City | Watchword |
| 2009-2013 | Rosemary Bryant Australia | 2009 <i>Christiane Reimann Prize</i> Máximo A. González Jurado Spain | Durban <i>International Achievement</i> No prize awarded | <i>Access Health and Human Rights</i> No prize awarded |

SECTION IV

CANADIAN NURSES ASSOCIATION HISTORICAL MILESTONES

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---------------------------|--|--|
| 1617 | | Marie Rollet Hébert (1588-1649) is the first known European woman to arrive in what is now Québec City. She provides care for the sick, consulting Aboriginal Peoples for advice in medical matters. She is known for confronting the popular notion (at the time) that Aboriginal Peoples needed to be “saved” by Europeans. | James I is King of England, Louis XIII is King of France. |
| 1639 | | A smallpox epidemic kills 50 per cent of the Huron people. Hôtel-Dieu de Québec opens. It is Canada’s first hospital and the only hospital in North America other than the one built in Santo Domingo, Dominican Republic in 1503. The hospital building in Quebec burns to the ground in 1755. Other buildings in the campus were unharmed, and additions are eventually added until the hospital becomes affiliated with the university in 1855. With partner organizations it becomes part of the <i>Centre Hospitalier Universitaire de Québec</i> in 1995. | |
| 1642 | | Jeanne Mance (1606-1673) of France arrives in what is now Quebec, and with Paul de Chomedey de Maisonneuve, founds the city of Montreal. Mance goes on to open a hospital in 1644 that stands for 50 years, 17 of those under her direction, and is known as Canada’s first lay nurse. | The English Civil War begins (1642-1651). King Charles I is beheaded in 1649. |
| 1670 | | | The Hudson’s Bay Company is founded. |
| 1737 | | La congrégation des Soeurs de la Charité de Montréal – les « Soeurs Grises » (the Grey Nuns) – is founded by Marie-Marguerite (Dufrost de La Jemmerais) d’Youville (1701-1771). The order is still associated with charity and health care today. D’Youville becomes the first Canadian to be canonized, named a saint by Pope John Paul II in 1990. | |
| 1751 | | The first hospital in the U.S. opens in Philadelphia, PA. | |
| 1759 | | | In the Battle of the Plains of Abraham, Quebec falls into British hands; the military leaders on both sides (Wolfe, UK and Montcalm, France) are killed. |

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|------|---------------------------|--|--|
| 1776 | | | A year into the American Revolutionary War, the Continental Congress formally adopts its Declaration of Independence on 4 July – bringing together the original 13 British colonies as the U.S.A. George Washington is the first president (1789-1797). |
| 1783 | | James Derham, a Black American slave, earns his freedom working as nurse, and goes on to become the first Black physician in the U.S. | |
| 1793 | | | The Act Against Slavery is passed in Upper Canada (now Ontario), prohibiting slavery. |
| 1812 | | | The Anglo-American War of 1812-1815 begins when the U.S. declares war against Great Britain and its North American colonies – Upper and Lower Canada, New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island, Cape Breton and Bermuda. |
| 1814 | | | British Empire forces set fire to the U.S. Presidential Mansion, the Capitol and other public buildings in Washington DC. Later reparations and new white paint applied to the Presidential Mansion allegedly lead to its popular “White House” moniker. Joséphine de Beauharnais Bonaparte (b. 1763), first wife of Napoléon Bonaparte and first Empress of France, dies in Paris. |
| 1818 | | The Montreal General Hospital (24 beds) opens. | |
| 1820 | | Florence Nightingale (1820-1910) is born in Italy, 12 May. | King George III dies at Windsor Castle; George IV is crowned King. In the U.S., James Monroe is re-elected president. American civil rights leader, Susan Brownell Anthony (1820-1906) is born in West Grove MA. |
| 1824 | | The Montreal Medical Institute at Montreal General Hospital opens, becoming Canada’s first medical school. It goes on to become the Faculty of Medicine at McGill College. | |

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|------|---------------------------|---|--|
| 1828 | | | Shaka (1787-1828), King and most important historical leader of the Zulu kingdom, is assassinated in what is now South Africa. |
| 1829 | | The York General Hospital is founded – later to become Toronto General Hospital and moving to its current location in 1913. | Andrew Jackson is elected president of the U.S. |
| 1834 | | | Slavery is abolished in all British territories. |
| 1845 | | The Grey Nuns establish a hospital at Bytown, now Ottawa. | |
| 1847 | | Mary Agnes Snively, “mother of Canadian nursing,” is born in St. Catharines Ontario. | |
| 1854 | | Florence Nightingale travels with 38 other volunteer nurses (whom she trained) to Turkey where her Crimean War work begins in Scutari. | |
| 1857 | | | Ottawa is named Canada’s capital by Queen Victoria. |
| 1859 | | <p>Florence Nightingale publishes her now legendary <i>Notes on Nursing</i>.</p> <p>Isabel Adams Hampton Robb (1859-1910), a founder of modern nursing, is born in Welland ON.</p> <p>Louis Pasteur publishes a paper suggesting that micro-organisms may be responsible for human and animal diseases.</p> | <p>Elected to town council in Raleigh ON, Abraham Shadd becomes the first Black person in Upper Canada elected to a public office.</p> <p>Nova Scotian William Hall is the first Black person and first Nova Scotian awarded the Victoria Cross for bravery.</p> <p>Charles Darwin publishes <i>The Origin of Species</i>.</p> |
| 1860 | | The Nightingale Training School is established at St. Thomas’ Hospital, London – now the Florence Nightingale School of Nursing and Midwifery, Kings College London. The first graduates begin working in 1865. | South Carolina secedes from the U.S., launching the chain of events that will become the American Civil War. |
| 1861 | | Dr. Anderson Ruffin Abbott becomes the first Black Canadian to graduate from a medical school. | <p>Abraham Lincoln is elected president of the U.S.</p> <p>The American Civil War begins.</p> |

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|------|---------------------------|---|---|
| 1865 | | | <p>U.S. president Lincoln is assassinated in Washington; Andrew Johnson becomes president.</p> <p>Slavery in the U.S. ends with surrender of the Confederate armies and is formalized in the Emancipation Proclamation; the Civil War ends.</p> |
| 1867 | | | <p>The British North America Act is passed by the British Parliament, joining Upper and Lower Canada (now Ontario and Quebec), Nova Scotia and New Brunswick into one federal union, founding the Dominion of Canada on 1 July. John Alexander Macdonald (C) is elected Canada's first prime minister, and is re-elected in 1872.</p> |
| 1869 | | | <p>Canada acquires rights to Prince Rupert's Land, previously owned by the Hudson's Bay Company, as well as the land beyond it to the Rocky Mountains and including the Northwest Territories. Rupert's Land included what is now southern NU, northern ON and QC, all of MB, much of SK, southern AB, and even extending into Minnesota, the Dakotas and Montana.</p> <p>The American transcontinental railway is completed when the Central Pacific and Union Pacific railroads are joined in Utah.</p> |
| 1870 | | | <p>Manitoba joins Canada.</p> |
| 1871 | | | <p>British Columbia joins Canada.</p> |
| 1873 | | <p>At the New England Hospital for Women and Children, Linda Anne Judson Richards becomes the first graduate of the first formal nursing school in the United States. She goes on to become the first superintendent of nurses at Massachusetts General Hospital, and in 1976 is inducted as charter member in American Nurses Association Hall of Fame.</p> <p>The first school of nursing in the United States based on Nightingale's principles, Bellevue Hospital School of Nursing (NY City), is founded and operates until 1969. Future founder and president (1908-1912) of the Canadian National Association of Trained Nurses (CNATN), Mary Agnes Snively, attends the school beginning in 1882.</p> | <p>Prince Edward Island joins Canada.</p> <p>Alexander Mackenzie (L) is elected prime minister.</p> |

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| 1874 | | At the St. Catharines Marine and General Hospital, the Mack Training School for Nurses – Canada’s first – is established. There are six nurses in the first graduating class, 1878. Among the founders are Dr. Theophilus Mack and nurses trained in the Nightingale system in London. | |
| 1875 | | Toronto’s Hospital for Sick Children is founded (in the original College Street location). | |
| 1878 | | | John Alexander Macdonald (C) is elected prime minister (second time) with mandates in 1878, 1882, 1887 and 1891. |
| 1882 | | | The city of Regina, later capital of SK, is named in honour of Queen Victoria and is the headquarters of what was then called the Northwest Territories. |
| 1884 | | Future CNATN president (1908-1912), Mary Agnes Snively, is appointed Lady Superintendent at the Toronto General Hospital. | |
| 1885 | | | Louis Riel is hanged (Regina SK). Canada’s transcontinental railway is completed at Eagle Pass, BC. |
| 1888 | | The Mills Training School for Men opens at Bellevue in New York, closes in 1910 and re-opens in 1920. | The iconic Banff Springs Hotel, then owned by CP Rail (now by Fairmont), opens. It is re-built during the 1920s following a fire. |
| 1889 | | Isabel Adams Hampton (Robb) is appointed head of the new school of nursing at Johns Hopkins. Mary Adelaide Nutting graduates in the first class. | The Eiffel Tower opens as the entry point to the Paris World’s Fair, and is still the most-visited monument on earth. |
| 1891 | | | John Joseph Caldwell Abbott (C) is elected prime minister, serving five months. |
| 1892 | | Under direction of the Sisters of St. Joseph, St. Michael’s Hospital in Toronto establishes Canada’s first Catholic nursing school. Among the first graduating class of the Victoria General Hospital School of Nursing (Halifax) are the first two professional male nurses in Canada. | John Sparrow David Thompson (C) is elected prime minister. The General Electric Company is founded. |
| 1893 | | Lillian Wald founds what will become the Henry Street Settlement, later the Henry Street Visiting Nurse Service of New York City – and leads the organization for more than 40 years. Wald is a charter inductee in the American Nurses Association Hall of Fame, 1976. The first modern school of medicine in the U.S. opens at Johns Hopkins University. | |

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| 1894 | | | Mackenzie Bowell (C) is elected prime minister. |
| 1896 | | The Nurses' Associated Alumnae of the United States and Canada is founded – later (1911) the American Nurses Association. Canadian Isabel Adams Hampton Robb is the first president. | Charles Tupper (C) is elected prime minister, serving two months, after which Wilfred Laurier (L) is elected prime minister, with mandates in 1896, 1900, 1904 and 1908. Gold is discovered in Yukon's Klondike region. |
| 1897 | | Mary Agnes Snively is elected president of the Society of Superintendents of Training Schools for Nurses of the United States and Canada. As Canada's gift to honour Queen Victoria's diamond jubilee, the Victorian Order of Nurses is founded (29 January). Lady Ishbel Aberdeen, wife of the governor general becomes the organization's first president, and Charlotte MacLeod its first superintendent. A Canadian nurse who trained with Nightingale, MacLeod was superintendent of the Waltham Training School for District Nurses in Massachusetts prior to joining VON. American nurse, theorist and researcher Virginia Avenel Henderson, MA, Hon. FRCN (1897-1996), is born in Kansas City MO. The first vaccine for plague is developed. | The Klondike gold rush begins. |
| 1898 | | Emmett Matthew Hall, CC, QC, (1898-1995) who will become one of the fathers of Medicare, is born in St. Columban, QC. | The Yukon Territory is created. The Spanish-American War (over Cuba) takes place between April and August. The Treaty of Paris gives the U.S. control over former Spanish territories of Cuba, the Philippines, Puerto Rico and Guam. |
| 1899 | | The International Council of Nurses (ICN) is founded at the Matrons' Council Conference in London. Ethel (Gordon Manson) Bedford Fenwick (UK) is the founding president, Lavinia L. Dock (USA) founding secretary and Mary Agnes Snively (Canada) founding treasurer (1899-1904). Dock serves as secretary for more than 20 years, and becomes a charter inductee in the American Nurses Association Hall of Fame (1976). Teachers College, Columbia University, admits "properly qualified" nurses (graduates) to the junior class, becoming the first American university to offer credit for prior hospital nursing education. Made from the salicylic acid of willow bark, the world's most popular medication – Aspirin – is developed. | The Second Anglo-Boer War begins; the first Canadian troops to ever serve overseas do so in South Africa. The "Metro" opens in Paris. |

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|------|---------------------------|---|---|
| 1900 | | <p>The official publication of the Associated Alumnae of Trained Nurses of the United States (later the American Nurses Association), <i>The American Journal of Nursing</i>, begins publication in October. Lillian Wald, Lavinia Dock and Isabel Hampton Robb are among the authors in the inaugural issue.</p> <p>Nurse theorist Ernestine Wiedenbach (1900-1996) is born in Germany.</p> | <p>World population is approximately 1.6 billion.</p> <p>The second modern Olympic Games and the World Exposition are held in Paris.</p> <p>Elizabeth Bowes-Lyon, the future Queen Elizabeth, is born and lives 101 years; Oscar Wilde (b. 1854) dies in Paris.</p> |
| 1901 | | <p>First ICN congress and meeting is held, Buffalo NY.</p> <p>New Zealand becomes the first country to register nurses nationally. Although others had used the title, in January 1902 Ellen Dougherty (New Zealand) becomes the world's first legitimately <i>registered</i> nurse.</p> <p>Estelle Massey Osborne (1901-1981) is born. She will be the first African American nurse to earn a master's degree and the first black instructor at New York University (1945). She is inducted into the American Nurses Association Hall of Fame in 1984.</p> | <p>Queen Victoria dies after 63 years on the throne – the longest reign of any woman in history. She is succeeded by King Edward VII.</p> <p>The first Nobel prizes are awarded.</p> <p>The Pan-American Exposition, a World's Fair, is held in Buffalo, NY. American president William McKinley is assassinated while visiting the fair's Temple of Music.</p> |
| 1902 | | <p>Torontonian Lina Rogers Struthers, a graduate of the Hospital for Sick Children School of Nursing, is recruited by the NY City Board of Education, becoming the first school nurse in North America. Her impact on health, attendance and related outcomes is dramatic and nearly immediate, and the program is quickly expanded across the city. See also 1910.</p> | <p>The Second Anglo-Boer War ends.</p> <p>Enrico Caruso makes his first recording.</p> <p>Some 40,000 are killed on the island of Martinique when the Mt. Pelee volcano erupts and destroys the capital (St. Pierre).</p> |
| 1903 | | <p>Georgina Fane Pope (1862-1938) of Charlottetown – first permanent member of the Canadian Army Nursing Service and later its first Matron – becomes the first Canadian awarded the Royal Red Cross established by Queen Victoria. Acknowledged for her extraordinary service in South Africa during the Boer War, Pope went on to serve Canada with honour in W.W. I.</p> | <p>First powered flight by the Wright Brothers, Kitty Hawk NC.</p> <p>The world's richest silver vein is discovered by a prospector in Ontario.</p> |
| 1904 | | <p>Second ICN congress: Berlin.</p> <ul style="list-style-type: none"> · Susan McGahey, Australia, is elected president · Mary Agnes Snively, future president of CNATN, is elected vice president, 1904-1909. <p>The Graduate Nurses Association of Ontario is founded, later the RN Association of Ontario, 1927.</p> | <p>Puccini's <i>Madame Butterfly</i> is premiered.</p> <p>Construction begins on a chapel that will grow to become St. Joseph's Oratory of Mount Royal in Montreal – the largest church in Canada. The basilica is completed in 1967 after 43 years of construction; its dome is the third largest of its type in the world.</p> |

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|------|--|---|---|
| 1905 | <p>Publication of <i>The Canadian Nurse</i> begins under sponsorship of the Alumnae Association, Toronto General Hospital.</p> <ul style="list-style-type: none"> · Helen MacMurphy is named the inaugural editor and serves until 1911. · The journal is established to “unite and uplift” the profession, and protect the public through work such as advocacy for nurse registration legislation. · The first article, page 1, issue 1, volume 1 (March 1905) is entitled <i>The Toronto General Hospital Training School for Nurses</i>, by Mary Agnes Snively. <p><i>The Canadian Nurse</i> publishes the first report of an operating room error wherein a forceps was left inside a patient. It notes “severe criticism” of the nurses, but also mentions that four physicians were present. The report urges that forceps should be counted in operating rooms, setting precedent for the safety practice that continues to this day.</p> | <p>Support at the National Council of Women meeting in Charlottetown gives rise to a committee to determine the path forward and requirements for nurse registration.</p> <p>Annie Walburton Goodrich is elected president of the American Society of Superintendents of Training Schools for Nurses, serving until 1906. She goes on to hold the presidencies of ICN (1912-1915) and the American Nurses Association (1916-1918). In 1923 she is appointed first dean of the Yale University School of Nursing and in 1976 is made a charter member of the American Nurses Association Hall of Fame.</p> | <p>The provinces of Alberta and Saskatchewan are formed and are the eighth and ninth provinces to join Canada.</p> <p>Norway separates from Sweden.</p> |
| 1906 | | <p>A draft of a proposed bill (Bill 106) for registration of nurses and incorporation of the RN Association of Ontario is published in <i>The Canadian Nurse</i>.</p> <p>Isabel Hampton Robb’s new text, <i>Nursing Ethics</i>, is published.</p> <p>German neurologist Alois Alzheimer describes the debilitating, degenerative brain disease that now carries his name. When the Canadian Nurses Association (CNA) turns 100 in 2008, more than 35 million people worldwide are living with the disease.</p> | <p>A massive earthquake destroys large parts of San Francisco.</p> |

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| 1907 | <p>In an article in <i>The Canadian Nurse</i> (January 1907), Charlotte Eastwood shares anecdotal evidence that 50 per cent and even 75 per cent of graduates from schools of nursing in smaller Ontario cities leave to work in the United States. She notes that Canadian nurses are highly valued abroad. To remain competitive, she asserts that Canadian curriculum should prepare nurses for an eventual registration examination (since the Americans were already well down that track) – and that Canada should also register its qualified graduate nurses.</p> <p>In April, <i>The Canadian Nurse</i> initiates a regular column entitled Hospital Ethics and Discipline. While the early papers have a late-Victorian (and even religious) tone that reflects the social context, they set the stage for CNA's later work in establishing national ethical standards and expectations for RNs.</p> <p>A brief editorial in the December issue of <i>The Canadian Nurse</i> makes the organization's first published plea for improved hours of work, workload and general working conditions for nurses.</p> | <p>Interim ICN meeting: Paris.</p> <p>The Canadian Society of Superintendents of Training Schools for Nurses is formed; Mary Agnes Snively is its first president.</p> <p>Louise C. Brent, superintendent of Toronto's Hospital for Sick Children, is appointed president of the Canadian Hospital Association.</p> <p>The first two volumes of the first major history of nursing in America, by M. Adelaide Nutting and Lavinia L. Dock, are published.</p> <p>One of the first major standard texts used in American nursing schools, <i>Practical Nursing</i>, by Anna C. Maxwell and Amy E. Pope, is published. Maxwell was a graduate of Boston City Hospital, and was the second nurse who attempted to establish a nursing school at the Montreal General Hospital. She went on to be superintendent of Presbyterian Hospital, New York, for 29 years. Pope, who was from Quebec City and was a Presbyterian Hospital graduate, wrote several nursing texts and established the first lay training school for nurses in San Juan, Puerto Rico (1902).</p> <p>Future CNATN president (1912-1914), Mary Ardchronie "Ard" MacKenzie, is appointed superintendent of the national VON, holding the position for 10 years.</p> <p>Mary Adelaide Nutting joins the faculty of Teachers College, Columbia University in New York and becomes known as "the world's first nursing professor." She goes on to lead the Department of Nursing and Health until her retirement (1910-1925).</p> <p>Using the ABO typing methodology, the world's first successful blood transfusion is performed.</p> | |
| 1908 | <p>The CNATN, later CNA, is founded in Ottawa on Thursday afternoon, 8 October.</p> <ul style="list-style-type: none"> · Thirteen founding members were present at the meeting and four others, unable to attend, signaled their support. The founding provincial supports come from Manitoba and from the Graduate Nurses Association of Ontario. · Mary Agnes Snively is named the founding president, and Flora Madeline Shaw, the inaugural secretary-treasurer. | | <p>An earthquake kills 150,000 people in Italy.</p> <p>The Union of South Africa is established.</p> |

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| 1909 | | <p>Third ICN congress: London</p> <ul style="list-style-type: none"> · Agnes Karll (Germany) is elected president. · Canada joins ICN along with Denmark, Finland and the Netherlands. <p>The Canadian Red Cross is established.</p> <p>CNA president, Mary Agnes Snively, is celebrated on her 25th anniversary as superintendent of nurses, Toronto General Hospital.</p> <p>Mary Eliza Mahoney (1845-1926), recognized as the first Black professional nurse in the U.S., gives the keynote address at the first conference of the National Association of Colored Graduate Nurses. In 1875 she graduated from the country's first formal nursing school (New England Hospital for Women and Children). For her pioneering work, she is inducted as a charter member into the American Nurses' Association Hall of Fame in 1976.</p> <p>Nurse theorist Hildegard Peplau (1909-1999) is born in Reading PA.</p> | |
| 1910 | CNATN President: Mary Agnes Snively | <p>With incorporation of the Graduate Nurses' Association of Nova Scotia, the first nursing legislation in Canada is passed – providing voluntary registration for graduate nurses. There was an examination and a board of examiners; nurses who were not graduates could register if they passed the examination. The association name is changed to the RNs' Association of Nova Scotia in 1926, later the College of RNs of Nova Scotia, 2002.</p> <p>Florence Nightingale dies in London. Her family refuses burial at Westminster Abby and Nightingale is interred at St. Margaret's Church, East Wellow, Hampshire.</p> <p>Lina Rogers Struthers leaves her position in NY City (see 1902), returning to Toronto where she becomes the city's first school nurse and later, its superintendent of school nurses.</p> <p>Isabel Adams Hampton Robb (1859-1910), first matron of the Johns Hopkins School of Nursing and first president of the American Nurses' Association, is killed in a streetcar accident in Cleveland. She is inducted as a charter member into the American Nurses' Association Hall of Fame in 1976.</p> <p>The University of Minnesota establishes the first American nursing school within a university. The credential earned is called a "Graduate in Nursing."</p> | King Edward VII dies, succeeded by King George V. |

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| 1911 | The first national meeting of the CNATN is held 22 May in Niagara Falls; 28 organizations are listed as affiliates. | <p>The Association of Registered Nurses of Prince Edward Island is formed.</p> <p>The Nurses Associated Alumnae of the United States and Canada (formed 1896) becomes the American Nurses Association.</p> <p>The first official school for midwives in the U.S., the Bellevue School for Midwives, opens and operates until 1936.</p> | <p>Robert Laird Borden (L, U) is elected prime minister, with mandates in 1911 and 1917.</p> <p>Marie Curie is awarded the Nobel Prize, Chemistry, becoming the first person to win two Nobel Prizes. She had previously won in the Physics category in 1903.</p> |
| 1912 | Annual meeting: Toronto ON Incoming president: Mary Ardchronie "Ard" MacKenzie | <p>Fourth ICN congress: Cologne.</p> <ul style="list-style-type: none"> Annie Walburton Goodrich (USA) is elected president. <p>The Graduate Nurses Association of British Columbia is founded, later the RN Association of British Columbia, 1918, and then the College of RNs of British Columbia, 2005</p> <p>Future CNATN president (1914-1917) Charlotte "Scharley" Phoebe (Wright) Bryce-Brown, becomes founding president of the Graduate Nurses Association of British Columbia (now College of RNs of British Columbia), serving until 1917.</p> <p>Funk coins the term "vitamin."</p> | <p>A tornado destroys much of central Regina, injuring hundreds and taking 28 lives. It is still Canada's deadliest Tornado.</p> <p>After striking an iceberg, the "unsinkable" Titanic sinks off Newfoundland on its maiden voyage, 15 April, taking 1,517 lives.</p> |
| 1913 | The Graduate Nurses Association of British Columbia and Graduate Nurses' Association of Nova Scotia join CNATN. Annual meeting and convention: Kitchener, ON | With the passage of an act incorporating the Manitoba Association of Graduate Nurses (later Registered Nurses), Manitoba becomes the first province to obtain a registration act. It is less than comprehensive but does make stipulations for nursing school standards, registration and discipline for practicing nurses. The association becomes the College of RNs of Manitoba in 2001. | |
| 1914 | The report of a special committee on nurse education is presented at CNATN's fourth general meeting. The committee members included Sir Robert A. Falconer, president of the University of Toronto. Among the report's recommendations are the need to "establish nurse training schools or colleges in connection with the education system of each province, the raison d'être for which will be the education of the nurse, not as it is under the present system, the lessening of the cost of nursing in the hospitals. These schools should be separate in organization from the hospitals. The hospitals will be used to supply the practical training... This committee would recommend that a committee be appointed in each province to work out a scheme along these lines in connection with the education system of the province. Convener of the committee was CNA president, Mary Ardchronie MacKenzie. Incoming CNATN President: Charlotte "Scharley" Phoebe (Wright) Bryce-Brown | <p>With the exception of Prince Edward Island, all existing provinces have now formed a provincial association.</p> <p>Canadian nurse Margaret C. MacDonald (1873-1948) is appointed matron-in-chief of the Canadian army nursing service and is the first woman to be accorded the rank of Major in the British Empire. Among many honours, she is awarded an honorary DDL from St. Francis Xavier University and a plaque marks her birth place.</p> <p>Nurse theorist Dorothea Elizabeth Orem (1914-2007) is born in Neptune MD.</p> <p>Nurse theorist Martha Elizabeth Rogers (1914-1994) is born in Dallas TX.</p> <p>The Pennsylvania Hospital School of Nursing for Men is established within the hospital's Department for Mental and Nervous Diseases, and operates until 1965. Its director, Leroy N. Craig, becomes the first male to lead a training school for male nurses in the U.S.</p> | <p>W.W. I begins. Approximately 4,700 women will serve during the war with the Canadian Army Medical Corps; others also serve with American and British forces.</p> <p>The Panama Canal opens.</p> <p>The Royal Ontario Museum (Toronto) opens, going on to become Canada's largest museum, and fifth-largest on the continent.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1915 | | <p>ICN congress is cancelled due to the War.</p> <ul style="list-style-type: none"> · Henny Tscherning (Denmark) is elected president. <p>British nurse Edith Cavell is executed by firing squad for helping some 200 Allied soldiers escape German-occupied Belgium – in violation of military law. The next year, a mountain peak in Jasper National Park is named Mount Edith Cavell in her honour.</p> | <p>Eleanora Fagan, who later changed her name to Billie Holiday, is born in Philadelphia PA; she will become one of the most famous jazz singers of the century.</p> |
| 1916 | <p><i>The Canadian Nurse</i> journal is purchased by CNATN, becoming the official communication vehicle of the organization.</p> | <p>Future CNA president (1938-1943), Grace M. Fairley, superintendent of nurses at the Alexandra Hospital in Montreal, is elected first vice-president of the American Hospital Association.</p> <p>The Newfoundland Graduate Nurses Association is formed, later the Association of RNs of Newfoundland and Labrador, 1954.</p> <p>The Alberta Association of Graduate Nurses is formed, later the Alberta Association of RNs, 1921 and then the College and Association of RNs, 2005.</p> <p>The New Brunswick Association of Graduate Nurses is formed, later the New Brunswick Association of RNs, 1957, and then the Nurses Association of New Brunswick, 1984.</p> <p>In Brooklyn, Margaret Sanger opens the first birth control clinic in the U.S. She goes on to found and lead the American Birth Control League, and becomes first president of the International Planned Parenthood Federation. She is inducted as a charter member of the American Nurses Association Hall of Fame in 1976.</p> <p>The Royal College of Nursing (UK) is established.</p> | <p>Manitoba women become the first in Canada with the right to vote and hold elected office.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|--|
| 1917 | <p>The Alberta Association of RNs joins CNATN.</p> <p>CNATN President: Jean I. Gunn</p> | <p>The Saskatchewan RNs Association is formed.</p> <p>The Canadian Society for Superintendents of Training Schools for Nurses changes names to the Canadian Association of Nursing Education.</p> <p>Future CNA president (1922-1926), Jean E. Browne (Thomson), becomes the inaugural president, Saskatchewan RN Association.</p> <p>The first organized system of student government in a Canadian school of nursing is established at the Toronto General Hospital.</p> <p>In the U.S., the National League for Nursing Education releases the first <i>Standard Curriculum for Schools of Nursing</i>.</p> | <p>Robert Laird Borden is elected prime minister (second term).</p> <p>After failed attempts by the British and French, Canadian troops capture Vimy Ridge (France) in what becomes a sort of coming-of-age for Canada. More than 3,500 Canadians die on the ridge in three days of intense battle – 10,000 more are wounded.</p> <p>Canada turns 50 on 1 July.</p> <p>The Mont Blanc, a French munitions ship, explodes after catching fire in Halifax harbor. In the largest explosion in history at the time, 2,000 people are killed.</p> <p>Chicago becomes the heart of American jazz.</p> <p>The first Pulitzer prizes are awarded.</p> |
| 1918 | | <p>14 nursing sisters are killed in the 1918 bombing of Canada's <i>Llandovery Castle</i> hospital ship. In total, 47 Canadian nurses lost their lives in service to Canada during W.W. I.</p> <p>Past-president of CNATN (1914-1917) Charlotte "Scharley" Phoebe (Wright) Bryce-Brown, becomes the first registered nurse ("Registrant no. 001") in British Columbia.</p> <p>A ferociously virulent sub-type of H1N1 flu virus, often called the Spanish flu, begins to spread to nearly every corner of the globe. The disease hits particularly hard among healthy young adults. By the time the worst of the pandemic passes in mid-1920, some 500 million people have been infected (a third of the world's population at the time) and as many as 50-100 million have died.</p> | <p>W.W. I comes to an end with an armistice on November 11.</p> <p>Russian Czar Nicholas II, his wife Alexandra, their children and staff are all assassinated.</p> |
| 1919 | | <p>The University of British Columbia offers the first baccalaureate nursing program in the British Empire; Ethel Johns is the school's first director.</p> <p>Nurse theorist and educator Faye Glenn Abdellah is born. In an illustrious and diverse career, she will serve as U.S. Deputy Surgeon General (see 1981) and also chief nursing officer, Public Health Service, U.S. Department of Health and Human Services.</p> | <p>The Winnipeg General Strike begins, and lasts seven weeks.</p> <p>The Canadian National Railway is incorporated and becomes North America's most extensive railway system.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1920 | <p>CNATN begins to develop a new operational structure that will see nurses work in three main sections: Public Health Nursing (established 1920), Private Duty (established 1921), and Nursing Education (established 1924, after the merger of the Canadian Association of Nursing Education with CNATN.) Similar operational structures are implemented in the provincial associations to that their efforts could be coordinated with those of the national body.</p> <p>Biennium summary Annual meeting: Port Arthur-Fort William (later Thunder Bay) ON Incoming president: Edith MacPherson Dickson</p> | <p>Dalhousie University offers the first Canadian program in public health nursing for graduate nurses.</p> <p>McGill University offers the first Canadian nursing program in teaching and supervision for graduate nurses. Future CNA president (1926-1927), Flora Madeline Shaw, becomes first director of the school.</p> <p>The Department of Public Health Nursing is established at the University of Toronto in the Faculty of Medicine. Edith Kathleen Russell is the first director of the school.</p> <p>Julia Catherine Stimson (1881-1948) becomes the first female major in the US Army, first superintendent of the Army Nurse Corps and first dean of the Army School of Nursing, 1918-1932. She is eventually made a full colonel and is elected president of the American Nurses Association, 1938-1944.</p> | <p>Arthur Meighen (NLC) is elected prime minister.</p> <p>The League of Nations is established in Geneva.</p> <p>An earthquake in China kills 200,000.</p> |
| 1921 | <p>Mary Agnes Snively is awarded CNA's first Honourary Life Membership.</p> | <p>A major text, <i>Principles of Nursing</i>, is published. Its author, Bertha Harmer, was a graduate of the Toronto General Hospital and Columbia University. She held several positions in the U.S., including that of assistant professor at the Yale University School of Nursing, before returning to Montreal where she became the director of the School for Graduate Nurses at McGill University.</p> | <p>William Lyon MacKenzie King (L) is elected prime minister, the first of three times, with mandates in 1921 and 1925.</p> |
| 1922 | <p>The Association of Registered Nurses of Prince Edward Island and the Association of RNs of the Province of Quebec join CNATN.</p> <p>Members at the CNATN meeting vote to open a national office and employ an executive secretary. See 1923.</p> <p>Biennium summary Annual meeting: Edmonton AB Incoming president: Jean E. Browne (Thomson)</p> | <p>ICN congress: Copenhagen · Sophie Mannerhem (Finland) is elected president.</p> <p>All nine existing provinces now have some form of nursing registration legislation.</p> <p>Future CNA president (1926-1927), Flora Madeline Shaw, becomes president, Canadian Association for Nursing Education, 1922-1924, and president, Association of RNs of the Province of Quebec, 1922-1924.</p> <p>At the Indiana University Training School for Nurses (later School of Nursing), Sigma Theta Tau International, the Honor Society of Nursing, is founded.</p> <p>Insulin is administered to diabetics for the first time.</p> | <p>Agnes Campbell Macphail is the first woman elected to Canada's House of Commons.</p> <p>Russia and other Soviet states (15 in total by 1956) unite to form the Union of Soviet Socialist Republics (USSR).</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1923 | <p>Jean Scantlion Wilson, born in Quebec and a graduate of Ottawa's Lady Stanley Institute, becomes the first executive director of CNATN and opens the organization's first office, in Winnipeg.</p> | <p>The University of Alberta Board of Governors approves a School of Nursing with two levels entry to practice. The first students are admitted to a three-year diploma program (based in a hospital) in 1923 and to a five-year BScN program in 1924.</p> <p>After years arguing for the registration of nurses, Ethel Gordon Bedford Fenwick, first president of ICN, becomes the first registered nurse in the UK (state registered nurse 001.)</p> <p>Yale University's School of Nursing becomes the first in the U.S. to be independent of a hospital or employment setting and to operate on par with other schools in a typical university. Annie Warburton Goodrich is appointed dean, and nursing education at the school is grounded in university education, rather than apprenticeship, principles. She is the first woman dean at Yale. Western Reserve University's school of nursing, later named for its benefactor, Mrs. Chester C. (Frances Payne) Bolton, also opens its nursing school in 1923 but retains a five-year diploma program.</p> <p>Nurse theorist Imogene King (1923-2007) is born.</p> <p>Torontonians Frederick Banting and John MacLeod (of Scotland) are awarded the Nobel Prize for Medicine for their 1921 discovery of insulin; Banting shares the prize with his colleague, Charles Best.</p> <p>The first vaccine for diphtheria is developed.</p> | <p>An earthquake in Tokyo kills 120,000.</p> <p>U.S. president Warren G. Harding dies suddenly while in office, and is succeeded by Calvin Coolidge.</p> <p>Blues singer Bessie Smith releases her first recording.</p> |
| 1924 | <p>The Saskatchewan RNs Association joins CNA.</p> <p>All nine existing provinces are now members of CNATN and the association changes names to become the <i>Canadian Nurses' Association</i>. See also 1976 modification in the name.</p> <p>Biennium summary Annual meeting: Hamilton ON</p> <p>Incoming president: Jean E. Browne (Thomson)</p> | <p>Former CNA president (1917-1920), Jean I. Gunn, is elected 2nd vice-president of ICN, holding the position until 1933. See also 1937.</p> <p>At the University of Montreal, Sisters Fafard and Duckett of the Grey Nuns organize the first French-language course in nursing education and ward administration for graduate nurses.</p> <p>Nurse theorist Betty Neuman is born in Lowell OH.</p> | <p>Vladimir Ilyich Lenin, who founded Bolshevism, dies and Joseph Vissarionovich (Dzhugashvili) Stalin assumes control, ruling until his death in 1953.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 1925 | | <p>Fifth ICN congress: Helsinki.</p> <ul style="list-style-type: none"> · Nina Gage (China) is elected president. · Christiane Reimann (Denmark), a 1916 graduate of Copenhagen's Bispebjerg Hospital becomes the first executive secretary of ICN, serving until 1934. For information on ICN's Christiane Reimann Prize, see 1985. <p>Canada's first French-language public health nursing course is instituted at the University of Montreal. Edith B. Hurley is the program director. The first professor of prenatal hygiene and public health nursing is Alice Ahern (born in Quebec City), a graduate of St. Mary's Hospital (Brooklyn) as well as Columbia and Fordham universities. Ahern was national assistant superintendent of nursing with the Metropolitan Life Insurance Company.</p> <p>Nurse theorist Madeleine Leininger is born in Sutton NE.</p> <p>Fellow Canadian and nurse leader, Isabel Maitland Stewart (1878-1963), succeeds Adelaide Nutting as chair of nursing at Teachers College, Columbia University.</p> | <p>In Wyoming, U.S.A., Nellie Tayloe Ross becomes the first woman elected governor of a state.</p> |
| 1926 | <p>At the request of the federal government (Department of Health, Inter-departmental Committee on Professionally Trained People), CNA produces its first nursing human resources report – <i>A Report on Nursing Service</i>. It contains statistical data, statements of trends and issues in nursing, and concerns about the difficulties of recruitment, attrition and the need to reduce wastage and conserve nurse power.</p> <p>Biennium summary Annual meeting and biennial convention: Ottawa ON</p> <p>Incoming president: Flora Madeline Shaw* See also 1927</p> | <p>The Nursing Sisters' Memorial is unveiled in the Hall of Honour, centre block, Parliament Hill, by Margaret C. MacDonald, Matron-in-Chief, Canadian Army Medical Corps Nursing Service, 1914-1923. Dame Maud McCarthy, Matron-in-Chief of British troops in France and Flanders during the war, addresses the assembly.</p> <p>Nurse theorist Ida Jean Orlando (Pelletier) is born.</p> | <p>Arthur Meighen (C) is elected prime minister (second term), serving three months. William Lyon MacKenzie King (L) is subsequently elected prime minister for the second of three times.</p> <p>Canada's federal government establishes the "old age pension" program.</p> <p>Princess Elizabeth Alexandra Mary – the future Queen Elizabeth II – is born.</p> <p>Hirohito becomes the 124th Emperor of Japan, serving until his death in 1989.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1927 | <p>CNA president, Flora Madeline Shaw, dies suddenly in Liverpool while on return travel from an ICN meeting in Geneva where she had just invited the organization to host its congress in Montreal in 1929. Mabel F. Gray, 1st vice president, steps in as interim president until 1928.</p> <p>A national enrollment plan is developed by CNA and the Canadian Red Cross, which envisions the enrollment of all RNs who could be ready for emergency service in cases of war or disaster. The plan is operated by a joint committee of the two organizations on an intermittent basis – and with varying degrees of effectiveness – until just before the end of W.W. II.</p> <p>Following a resolution from the Alberta provincial association at the CNA general meeting, CNA enters into a joint sponsorship with the Canadian Medical Association of a survey of nursing education in Canada. The resolution follows shortly after a similar project was started in the U.S. under the aegis of the National League for Nursing Education and the American Medical Association. The CNA-CMA committee is chaired by Dr. G. Steward Cameron. CNA representatives include Edith Kathleen Russell, director of the nursing department at the University of Toronto, Jean E. Browne, national director of the Canadian Junior Red Cross, and Jean I. Gunn, superintendent of nurses at the Toronto General Hospital. See also: 1929.</p> | <p>Future CNA president (1930-1934), Florence H.M. Emory, is elected first president of the newly-named RN Association of Ontario (previously the Graduate Nurses Association of Ontario).</p> <p>The first vaccines for tuberculosis and tetanus are developed.</p> | <p>Union Station opens in Toronto. It is Canada's largest, most lavish train station, and in 2009 is still the busiest transportation hub in the country.</p> <p>Lindbergh makes the first non-stop, solo flight across the Atlantic.</p> <p>Connecting Manhattan to Jersey City, the Holland Tunnel opens beneath the Hudson River.</p> <p>Jerome Kern and Oscar Hammerstein II's <i>Show Boat</i> is premiered, changing the tone and direction of musical theatre forever.</p> |
| 1928 | <p>Biennium summary Annual meeting and biennial convention: Winnipeg MB</p> <p>Incoming president: Mabel F. Hersey</p> | <p>Fleming discovers Penicillin (see also 1945).</p> | <p>Amelia Earhardt becomes the first woman to fly solo across the Atlantic.</p> <p>Canada's Supreme Court Canada rules that women are not "persons" who can be elected to public office; a year later the British Privy Council overturns that decision.</p> |
| 1929 | <p>Dr. G.M. Weir, professor and head of the Department of Education, University of British Columbia (later the province's minister of Education), is appointed director of the national survey of nursing education first proposed in 1927. The study will encompass an analysis of educational, economic and sociological factors.</p> | <p>Sixth Quadrennial Congress of the ICN and meeting of the Council of National Representatives (CNR): Montreal</p> <ul style="list-style-type: none"> · Leonie Chaptal (France) is elected president. · Hosted by CNA, more than 6,000 nurses from 20 countries, together with observers from more than 10 others, attend the congress. · Over 3,000 nurses come from the U.S. and some 2,900 from Canada. | <p>The stock market crash of October 28-29 heralds the onset of the Great Depression.</p> <p>CP Rail's Royal York Hotel (now part of the Fairmont chain) opens in Toronto – the flagship of the chain and tallest building (28 floors) in the British Empire at the time.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|--|
| 1930 | <p>CNA becomes a federation of the nine provincial associations, a move that has the effect of eliminating duplicate memberships and making possible the first calculation of CNA individual memberships. In 1930 there are about 8,000 members. Membership fee is raised from 50 to 75 cents per member.</p> <p>Biennium summary Annual meeting and biennial convention: Regina SK</p> <p>Incoming president: Florence H.M. Emory</p> | | <p>Richard Bedford Bennett (C) is elected prime minister.</p> <p>Cairine Reay Mackay Wilson (1885-1962) becomes the first woman appointed a senator in Canada, and serves until her death in 1962.</p> |
| 1931 | | | <p>The Empire State Building in NY City is completed.</p> |
| 1932 | <p>The landmark "Weir Report," <i>Survey of Nursing Education in Canada</i>, is published by CNA. Among major recommendations is the suggestion that schools of nursing should be incorporated into the general educational system of the country and subsidized by government funds.</p> <p>CNA forms a national curriculum committee chaired by future CNA president (1942-1944), Marion Lindeburgh.</p> <p>CNA's national office is moved from Winnipeg to Montreal.</p> <p>Ethel I. Johns is appointed as the first full-time editor and business manager of <i>The Canadian Nurse</i>.</p> <p>Biennium summary Annual meeting and biennial convention: St. John NB Incoming president: Florence H.M. Emory</p> | <p>Later known as the "iron lung," the world's first ventilator is designed at McGill University Health Centre.</p> | <p>More than 30 million working-age people are unemployed globally.</p> <p>Nazis gain most seats in the German Reichstags election, changing the future course of world history.</p> |
| 1933 | <p>Mary Agnes Snively dies in Toronto at age 85.</p> <p>CNA turns 25; the anniversary is celebrated during the meeting and convention in 1934.</p> | <p>Seventh Quadrennial Congress of the ICN and meeting of the CNR: Paris/Brussels.</p> <ul style="list-style-type: none"> · Alicia L. Still (UK) is elected president. · Florence H.M. Emory, CNA president, is appointed chair of the ICN membership committee and holds the position for 20 years. <p>The University of Toronto becomes the first Canadian university to offer a basic baccalaureate nursing degree under complete control of a university.</p> <ul style="list-style-type: none"> · CNA president Florence H.M. Emory, a professor of public health nursing at the school, publishes her book <i>Public Health Nursing in Canada</i>. <p>Former CNA president (1917-1920), Jean I. Gunn, is awarded a Rockefeller Foundation grant for study in Europe.</p> | <p>Adolf Hitler is appointed Chancellor of Germany.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1934 | <p>CNA forms the Canadian Florence Nightingale Memorial Committee at the same time the Florence Nightingale International Foundation is inaugurated to establish and maintain a trust for nursing education.</p> <p>What did CNA DO? Helen says “activities of the Canadian committee had lapsed previously.” What did they really do?</p> <p>In 1936 E. Kathleen Russell is invited by the Foundation to chair a group of four experts to study the facilities in London for advanced nursing education and make suggestions for the future educational policy of the Foundation. Later, during W.W. II, the Foundation is inactive and in 1957 becomes the Florence Nightingale Education Division of ICN.</p> <p>Efforts to obtain dominion registration for nurses, begun as early as 1910, are re-endorsed the annual meeting.</p> <p>The 25th anniversary of CNA is celebrated at the annual meeting and convention in Toronto. More than 800 guests attend the gala dinner at the Royal York Hotel. Ruby M. Simpson is elected as the first western-born president of CAN and this same year, she is made an Officer of the Order of the British Empire.</p> <p>Biennium summary Annual meeting and biennial convention: Toronto ON</p> <p>Incoming president: Ruby M. Simpson</p> | <p>The first French language program leading to a baccalaureate degree in nursing is begun at Institut Marguerite d’Youville in Montreal.</p> | <p>The Dionne quintuplets are born in Ontario. They are the first known surviving quintuplets.</p> <p>Nazis assassinate Austrian Chancellor Engelbert Dollfuss.</p> |
| 1935 | | <p>Former CNA president (1928-1930), Mabel F. Hersey, is awarded the Order of the British Empire.</p> <p>Heparin is used as clinical therapy for the first time, Toronto General Hospital.</p> | <p>William Lyon MacKenzie King (L) is elected prime minister for the third time, with mandates in 1935, 1940 and 1945. Serving until 1948, he is to date Canada’s longest-serving prime minister.</p> <p><i>Porgy and Bess</i> has its world premier in Boston and goes on to become the definitive American opera.</p> <p>Elvis Aaron Presley is born in Tupelo, MS.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 1936 | <p>CNA publishes <i>A Proposed Curriculum for Schools of Nursing in Canada</i>. Written by future CNA president (1942-1944) Marion Lindeburgh, the proposed curriculum arose from recommendations included in the Weir report (1932).</p> <p>Biennium summary Annual meeting and biennial convention: Vancouver BC</p> <p>Mary Agnes Snively Memorial Medal: Mabel F. Hersey, Jean I. Gunn, and Edith MacPherson Dickson</p> <p>Incoming president: Ruby M. Simpson</p> | | <p>King George V dies. He is succeeded by King Edward VIII, who abdicates the same year. Edward's younger brother is crowned King George VI.</p> <p>The ocean liner RMS Queen Mary enters service (later retired in 1967).</p> |
| 1937 | | <p>Eighth Quadrennial Congress of the ICN and meeting of the CNR: London.</p> <ul style="list-style-type: none"> Euphemia "Effie" Jane Taylor, dean of the Yale University School of Nursing, is elected president and becomes its longest-serving leader, 1937-1947. Born and raised in Hamilton ON, Taylor attended the Hamilton Collegiate Institute and Wesleyan Ladies College before going on to the Johns Hopkins School of Nursing in 1904. She graduated in 1907 and rose through the ranks, eventually to serve as dean at Yale, 1934-1944. She was president of the National League for Nursing Education, 1932-1936 and was inducted into the American Nurses Association Hall of Fame in 1986. Former CNA president (1917-1920), Jean I. Gunn, is elected 1st vice-president of ICN, holding the position until her death in 1941. <p>Nurse theorist Helen Lorraine (Cook) Erickson is born.</p> | <p>Amelia Earhart disappears during a solo flight over the South Pacific.</p> <p>The German Hindenburg airship catches fire on landing in New Jersey and is destroyed within one minute; 36 people are killed. Public confidence is shattered and the era of airships ends abruptly.</p> <p>Focke designs the first helicopter.</p> |
| 1938 | <p>CNA forms a committee that advocates for 8-hour tours for student and graduate nurses on both day and night duty, not to exceed 96 hours every two weeks (and with one day off per week).</p> <p>CNA submits a brief to the Royal Commission on Dominion-Provincial Relations.</p> <p>Biennium summary Annual meeting and biennial convention: Halifax NS</p> <p>Mary Agnes Snively Memorial Medal: Jean E. Browne, Jean S. Wilson, and Elizabeth L. Smellie</p> <p>Incoming president: Grace M. Fairley</p> | <p>The College of Nursing, University of Saskatchewan, is founded as a department within the School of Medical Sciences. Future CEO of CNA (1943-1944), Kathleen Ellis, is the school's first director.</p> <p>Former CNA president (1928-1930), Mabel F. Hersey, becomes the first nurse awarded an honorary doctor of laws degree at McGill University.</p> <p>Former CNA president (1917-1920), Jean I. Gunn, is appointed chair, Committee on Constitution and Bylaws, ICN, 1938-1941.</p> <p>The American Nurses Memorial is unveiled at Arlington National Cemetery.</p> | <p>The newscast style of Orson Welles' radio broadcast of <i>War of the Worlds</i> (H.G. Wells) sounds so real that many Americans panic, believing Martians have actually landed in the U.S.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1939 | | <p>Former CNA president (1922-1926), Jean E. Browne (Thomson), is awarded the Florence Nightingale Medal.</p> <p>Edna Moore, Ontario, becomes chair of ICN's public health nursing committee.</p> | <p>Germany invades Poland; France and Britain declare war, and W.W. II is started. Canada declares war on Germany, 10 September.</p> <p>An earthquake in Turkey kills 45,000.</p> <p>The film version of <i>The Wizard of Oz</i> is released and becomes the third-highest grossing film of all time. Released at the same time, <i>Gone with the Wind</i>, wins 10 Academy Awards and is still the highest grossing film in history.</p> |
| 1940 | <p>The severe shortage of nurses arising during WW II prompts CNA to recommend that provinces develop courses for nursing assistants. CNA produces the first curriculum for such programs.</p> <p>A committee chaired by CNA president-elect Marion Lindeburgh presents a supplement to the <i>Proposed Curriculum</i> at the annual meeting. Entitled <i>Improvement of Nursing Education in the Clinical Field</i>, it was prepared as a guide to administrative, supervisory and teaching responsibilities that are relative to students on hospital wards.</p> <p>The severe shortage of nurses developing as a result of W.W. II causes CNA to search for new sources of nursing personnel. CNA recommends that the provinces support the development of courses for nursing assistants, and CNA produces its first <i>Curriculum Guide for Nursing Assistants</i>.</p> <p>Biennium summary Annual meeting and biennial convention: Calgary AB</p> <p>Mary Agnes Snively Memorial Medal: Edith Kathleen Russell, Mother Louise Allard, and Ethel I. Johns</p> <p>Membership: 16,758</p> <p>Incoming president: Grace M. Fairley</p> | | <p>Winston Churchill becomes prime minister of Great Britain.</p> <p>The chapel of Buckingham Palace is destroyed by German bombs.</p> <p>The ocean liner RMS Queen Elizabeth enters service; the ship is later destroyed by fire in Hong Kong harbour, 1972.</p> <p>Hattie McDaniel wins the supporting actress Oscar for her role in <i>Gone with the Wind</i> – the first African American to win an Academy Award.</p> |
| 1941 | <p>The first joint conference of CNA executive committee and the directors of the Canadian university schools of nursing is held.</p> | <p>Due to the war, the scheduled Quadrennial Congress of the ICN and meeting of the CNR are cancelled.</p> <ul style="list-style-type: none"> · Effie Taylor continues as president. · Former CNA president (1917-1920) and current ICN 1st vice-president, Jean I. Gunn, dies. · Gunn is replaced by CNA president Grace M. Fairley who is appointed ICN 3rd vice-president, serving until 1953. <p>Elizabeth "Beth" Lawrie Smellie (1884-1968), first female colonel in the Canadian Army, becomes matron-in-chief, Royal Canadian Army Medical Corps, serving until 1955.</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 1942 | <p>As part of a program to alleviate the wartime shortage of nurses, the federal government provides funds, to be administered by CNA, for nursing education. The grant of \$115,000 in 1942 is increased in 1943 to \$250,000 and continues annually until the end of the war. The funds cover many phases of nursing education costs, including recruitment of student nurses, administration of the special wartime program, grants to schools of nursing, and bursaries for all levels of nursing students.</p> <p>Kathleen Ellis is appointed Emergency Nursing Adviser to CNA; Suzanne Giroux is appointed French associate to the Emergency Nursing Adviser.</p> <p>Biennium summary Annual meeting and biennial convention held in: Montreal QC</p> <p>Mary Agnes Snively Memorial Medal: Grace M. Fairley, Eleanor McPhedran, and E. Frances Upton</p> <p>Incoming president: Marion Lindeburgh</p> | <p>Canada's first 4-year BScN program is initiated at the University of Toronto.</p> | <p>Canada takes part in a disastrous attempted invasion of the French port city of Dieppe; nearly 60 per cent of those involved are killed, injured or captured and none of the military goals are achieved.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---|
| 1943 | <p>Kathleen W. Ellis becomes the second CEO of CNA, serving for one year as agreed before she took the role. She then returns to her positions at the University of Saskatchewan and the Saskatchewan RN Association.</p> <p>CNA forms a Committee on Labour Relations, making its first step into the labour field. Esther M. Beith, director of the Child Health Association (Montreal) serves as chair. The committee is established in response to the expressed needs of some of the provincial associations for a national policy statement on nurse-trade union relationships. This foray into labour relations come at a time Canada is formalizing and legislating bargaining structures and procedures. The committee delivers its first report at the 1944 biennial meeting.</p> <p>Under a compulsory registration procedure, all graduate nurses (active or inactive, married or single) are required to register with the National Selective Service. (Graduate nurses serving in the Armed Forces are exempt.) The National Selective Service was established in 1942 to “coordinate the policies and activities of all government agencies concerned with the demand for and supply of labour.” The agency worked with CNA for the purpose of increasing the pool of available nurses and increase enrollment in schools of nursing.</p> <p>CNA cooperated with the National Selective Service and the Canadian Medical Procurement and Assignment Board in a survey of nursing service in Canada during the March 1943 National Health Survey. The study reveals an acute shortage of general duty nurses. Private duty nursing still offers ample employment, shorter hours and better pay. Among the study’s conclusions is a recommendation that to alleviate shortages and attract students of a desired quality, nurses should be provided salaries and working conditions comparable to those prevailing in other occupations requiring similar preparation.</p> | Streptomycin is discovered. | Mussolini is dismissed and Italy declares war on Germany. |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1944 | <p>Gertrude M. Hall becomes the third CEO of CNA, serving until 1952.</p> <p>The Public Health Nursing section at CNA recommends minimum and maximum salaries, paid vacation, sick leave and pensions for staff and supervisory public health nurses.</p> <p>Membership fee in CNA is raised to \$1.00 per member.</p> <p>Biennium summary Annual meeting and biennial convention: Winnipeg MB</p> <p>Mary Agnes Snively Memorial Medal: Marion Lindeburgh, Helen L. Randal, and Ruby M. Simpson</p> <p>Incoming president: Fanny C. Munroe</p> | | <p>Allied forces raid the beaches of Normandy France on what is known as D-Day (6 June).</p> |
| 1945 | <p>Membership passes 23,000 for the first time.</p> | <p>Due to the war, the scheduled Quadrennial Congress of the ICN and meeting of the CNR is again cancelled.</p> <p>Thirteen Canadian nurses died in active service by the end of W.W II.</p> <p>The RN Association of British Columbia becomes the first in Canada to assist nurses to unionize provincially.</p> <p>Fleming, Chain and Florey share the Nobel Prize, Medicine, for the discovery of penicillin.</p> | <p>The War in Europe comes to an end. Japan later surrenders after the United States drops atomic bombs on Hiroshima and Nagasaki. More than 220,000 die by year's end from the initial bombings and their toxic after-effects. W.W. II ends and the "baby boom" begins.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1946 | <p>A joint committee of CNA and the Canadian Hospital Council is formed to consider the acute shortage of hospital personnel in the light of current and impending hospital expansion. The committee grows to include representatives from the Canadian Medical Association, Department of National Health and Welfare, and Department of Veterans Affairs. Later it became known as the Joint Committee on Nursing. Gertrude M. Hall, CNA's CEO, is the first secretary of the committee.</p> <p>At the request of the federal Department of Health, Inter-departmental Committee on Professionally Trained People, CNA presents a submission, <i>Nursing Service in Canada</i> prepared by Ethel I. Johns. The results are part of a national survey undertaken by the Department of Labour to assemble data regarding future employment opportunities for professionally-trained people in Canada.</p> <p>In cooperation with the Canadian Red Cross and Ontario Department of Health, CNA establishes the Metropolitan Demonstration School of Nursing in Windsor ON – a two-year nursing education program independent of any hospital. The director is Nettie Douglas Fidler, a faculty member (and future director, 1952-1962) of the School of Nursing at the University of Toronto. Chief objectives were to establish the idea of a nursing school as an educational institution and to demonstrate that a skilled clinical nurse could be prepared in two years if the school controlled the student's time. An evaluation of the project by A.R. Lord, Department of Education, University of British Columbia, is published in 1952.</p> <p>Biennium summary Annual meeting and biennial convention: Toronto ON</p> <p>Mary Agnes Snively Memorial Lecture: B.K. Sandwell, editor in chief of <i>Saturday Night</i> delivers the inaugural Mary Agnes Snively Memorial Lecture (which replaces the Mary Agnes Snively Memorial Medals program.)</p> <p>Incoming president: Rae Chittick</p> | <p>The first cardiac catheterization in Canada is performed at McGill University Health Centre.</p> | <p>A tornado in June leaves 17 dead in Windsor ON.</p> <p>Juan Perón is elected president of Argentina. His young wife, Eva Duarte, wields significant power and goes on to achieve near mythical status, especially following her premature death in 1952.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1947 | <p>CNA is incorporated under the Statutes of Canada and constituted as a federation of the provincial nursing associations, to act for and under the authority of these organizations on nursing matters at national and international levels. Incorporators are CNA president Rae Chittick, Sister Delia Clermont, CNA president-elect Ethel M. Cryderman, Eileen C. Flanagan, Agnes J. Macleod, Evelyn Mallory, CNA past-president Fanny C. Munroe, Lillian E. Pettigrew, and Sister St. Gertrude.</p> | <p>Ninth Quadrennial Congress of the ICN and meeting of the CNR: Atlantic City.</p> <ul style="list-style-type: none"> Gerda Hojer (Sweden) is elected president. <p>Ethel Bedford Fenwick, founder and first member, British Nurses Association, founder, British College of Nurses, and founder and first president of ICN, dies at age 90.</p> <p>Sponsored by CNA, <i>Three Centuries of Canadian Nursing</i> is published. The author is John Murray Gibbon, in collaboration with Mary S. Mathewson – director of nursing at Montreal General Hospital and prior assistant director of the School for Graduate Nurses at McGill.</p> | <p>The Dead Sea scrolls are discovered.</p> <p>India becomes independent and is partitioned into India and Pakistan.</p> <p>Brooklyn Dodger Jackie Robinson becomes the first Black major league baseball player.</p> |
| 1948 | <p>CNA strikes a standing committee on public relations.</p> <p>Biennium summary Annual meeting and biennial convention: Sackville NB</p> <p>Mary Agnes Snively Memorial Lecture: Dr. Earl P. Scarlett, first cardiac surgeon in Calgary AB</p> <p>Incoming president: Ethel M. Cryderman</p> | <p>The World Health Organization (WHO) is founded.</p> <p>Canada's largest veteran's hospital opens at Sunnybrook in Toronto – later becoming Sunnybrook Health Sciences Centre, a general hospital with a cancer centre, heart centre, veteran's care, women and babies program, and the largest combined trauma/burn/critical care program in the country.</p> <p>Born in 1858 in what is now Quebec, Mary Adelaide Nutting, who led the Department of Nursing and Health at Columbia University for 15 years and was called the world's first nursing professor, dies in White Plains NY. She is inducted as a charter member into the American Nurses' Association Hall of Fame in 1976.</p> | <p>Louis Stephen St-Laurent (L) is elected prime minister with mandates in 1949 and 1953.</p> <p>Mohandas Karamchand Gandhi is assassinated in New Delhi.</p> <p>After a civil war over Palestine, the State of Israel declares independence.</p> <p>The apartheid system of racial separation is implemented in South Africa, lasting until 1994.</p> <p>The Organisation for European Economic Co-operation is founded; in 1961 it becomes the Organisation for Economic Co-operation and Development.</p> |
| 1949 | | <p>Fiftieth anniversary meeting of ICN and meeting of the CNR: Stockholm.</p> <p>The School of Nursing opens at Dalhousie University. Future CNA president (1962-1964) E.A. Electa McLennan is the first director.</p> | <p>Newfoundland & Labrador join Canada as the tenth province.</p> <p>The London Declaration founds the modern Commonwealth of Nations.</p> <p>In Washington DC, Canada joins 11 other nations in signing the North Atlantic Treaty.</p> <p>Mao Tse-Tung proclaims the People's Republic of China.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1950 | <p>The New Brunswick provincial nurses' association becomes the first to collect a subscription fee for <i>The Canadian Nurse</i> along with the membership fee. All other provincial associations eventually follow the same course.</p> <p>Biennium summary Annual meeting and biennial convention: Vancouver BC</p> <p>Mary Agnes Snively Memorial Lecture: Charlotte Whitton</p> <p>Membership surpasses 30,000</p> <p>Incoming president: Helen G. McArthur</p> | <p>The world's first external heart pacemaker is used during open heart resuscitation, Toronto General Hospital.</p> | <p>World population reaches about 2.3 billion; Canada's is about 14 million.</p> <p>The Korean War begins.</p> |
| 1951 | <p>A study of the structure of CNA is undertaken by Pauline Jewett and CNA's operational structure subsequently is changed in 1954 (see 1954).</p> | <p>ICN Congress: Brussels</p> <ul style="list-style-type: none"> · Gergda Hojer (Sweden) continues as president | <p>Colour television is first introduced in the U.S.</p> <p>King Abdullah I of Jordan is assassinated in Jerusalem.</p> |
| 1952 | <p>Myrtle Pearl "Penny" Stiver becomes the fourth CEO of CNA, serving until 1963.</p> <p>CNA membership fee is raised to \$2.00 per member.</p> <p>Biennium summary Annual meeting and biennial convention: Quebec City QC</p> <p>Mary Agnes Snively Memorial Lecture: Abbé Arthur Maheux, University of Laval</p> <p>Incoming president: Helen G. McArthur</p> | <p>In the U.S., the National League for Nursing Education, the National Organization for Public Health Nursing, and Association for Collegiate Schools of Nursing merge to become the National League for Nursing.</p> | <p>King George VI dies and his eldest daughter becomes Queen Elizabeth II. As of this publication she is the second-longest reigning woman in history.</p> <p>On February 26, Charles Vincent Massey becomes the first Canadian-born Governor General, serving until his death in 1967.</p> <p>Crown Prince Hussein is proclaimed King of Jordan and serves until his death in 1999.</p> |
| 1953 | <p>CNA presents a submission, <i>Implementation of the Recommendations of Major Concern to Nursing as Contained in the Provincial Health Survey Reports</i> to the minister of National Health and Welfare.</p> <p><i>A Study of the Functions and Activities of Head Nurses in a General Hospital</i> is carried out by the Research Division, Department of National Health and Welfare, at the request of CNA. It endeavours to find ways of conserving the time of the head nursing in the best interests of patient care and provides data for use in analyzing the range and assignment of duties of head nurses.</p> | <p>Tenth Quadrennial Congress of the ICN and meeting of the CNR: Rio de Janeiro.</p> <ul style="list-style-type: none"> · Marie Bihet (Belgium) is elected president. <p>Former CNA president (1930-1934), Florence H.M. Emory, is awarded the Florence Nightingale Medal.</p> <p>Dorothy Percy is appointed senior nursing consultant, Health & Welfare Canada and serves until 1967.</p> <p>Watson and Crick unravel the structure of DNA.</p> | <p>Coronation of Queen Elizabeth II, June 2.</p> <p>The Korean War ends.</p> <p>Edmund Hillary and Tenzing Norgay conquer Mount Everest.</p> <p><i>I Love Lucy</i> wins the Emmy Award for best television comedy series.</p> <p>Vijaya Lakshmi Nehru Pandit (1900-1990), whose brother was India's prime minister (Nehru), becomes the first woman appointed president of the United Nations General Assembly.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|--|
| 1954 | <p>The Association of RNs of Newfoundland & Labrador joins CNA.</p> <p>CNA moves its national office from Montreal to Ottawa. Offices of <i>The Canadian Nurse</i> remained in Montreal.</p> <p>Following on an operational structure study reported in 1951, the number of CNA national committees is reduced from eleven to five, and the national office staff and functions are expanded. The five standing committees established under the new organizational structure are: nursing service, nursing education, public relations, legislation and bylaws, and finance. A similar structure is adopted by the provincial associations.</p> <p>A public relations firm is retained to assist in the planning and execution of CNA's long-term public relations program.</p> <p>Biennium summary Annual meeting and biennial convention: Banff AB</p> <p>Mary Agnes Snively Memorial Lecture: F.N. Salter, Department of English, University of Alberta</p> <p>Incoming president: Gladys J. Sharpe</p> | <p>Nova Scotian Lyle Creelman, a graduate of the University of British Columbia and Columbia University, later president of the RN Association of British Columbia, is appointed chief of the WHO nursing division.</p> | <p>Originally a large Caribbean storm, Hurricane Hazel blasts into southern Ontario on 15 October, devastating parts of Toronto and leaving behind nearly a foot of rain, thousands homeless and 81 dead.</p> <p>Racial segregation in the U.S. is declared a constitutional violation (Brown v. Topeka Board of Education), accelerating the modern American civil rights movement.</p> |
| 1955 | <p>CNA adopts the ICN code of ethics.</p> <p>CNA becomes an associate member of the Canadian Hospital Association.</p> <p>CNA membership surpasses 41,000.</p> | <p>Sister Denise Lefebvre, s.g.m., becomes the first nurse to earn a Canadian doctoral degree – a D.Paed. from l'Université de Montréal. Lefebvre was a graduate of the Grey Nuns' school of nursing in St. Boniface MB, the universities of Montreal and St. Louis MO, and the Catholic University of America. Her dissertation was entitled <i>Technique d'évaluation des écoles infirmières</i>, and she went on to be co-author of <i>Le soin des malades : principes et techniques</i> (1947), which went on to multiple editions.</p> <p>At the University of Michigan, Elizabeth Lipford Kent becomes the first African American nurse to earn a PhD.</p> <p>Jonas Salk announces development of the first successful polio vaccine.</p> | <p>Marian Anderson becomes the first Black member of New York's Metropolitan Opera Company.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|--|
| 1956 | <p>Sister Denise Lefebvre, director of Institut Marguerite d'Youville in Montreal, is appointed chair of a special CNA committee to plan a pilot project to recommend ways of evaluating and accrediting schools of nursing on a national, voluntary basis, and to determine their readiness for accreditation. The impetus for the project came originally from the Canadian Conference of Catholic Schools of Nursing.</p> <p>CNA presents <i>Nurses, Their Education, and Their Roles in Health Programs</i> to WHO to assist in preparing for technical discussions of its 9th General Assembly.</p> <p>CNA presents an extensive statistical brief to the <i>Royal Commission on Canada's Economic Future</i>. Among the results, the national data show that between publication of the Weir Report (1932) and 1956:</p> <ul style="list-style-type: none"> · The number of RNs tripled · The number of public health RNs almost tripled · The number of hospital beds almost doubled · The proportion of private duty nurses has declined considerably while the number of nurses employed in hospitals increased by more than one thousand per cent. <p>Biennium summary Annual meeting and biennial convention: Winnipeg MB</p> <p>Mary Agnes Snively Memorial Lecture: Bryne Hope Sanders, CBE, co-director, Canadian Institute of Public Opinion</p> <p>Incoming president: Tenna G. Hunter</p> | | <p>The war between North and South Vietnam begins, and lasts 19 years.</p> <p>The first trans-Atlantic telephone cable service is established.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 1957 | <p>Queen Elizabeth II becomes the first Royal Patron of CNA.</p> <p>The first <i>Canadian Conference on Nursing</i> is sponsored by CNA to focus attention on nursing and its future – and to bring in outside perspectives on nurses and nursing. The conference was attended by over 100 leaders including representatives from the Canadian Medical Association, Canadian Hospital Association, government departments and interested members of the public. Among the recommendations arising from the conference:</p> <ul style="list-style-type: none"> · Preparation of the nurse should be an educational experience · Research projects should be conducted by CNA to generate factual data for assessment of nursing services, types of personnel required and their functions and education · Prior studies of nursing should be documented by CNA · CNA should investigate methods of expanding recruitment of nurses for advanced study · More attention should be given to the provision of nursing care in the home and a means of achieving more effective use of hospital and nursing resources <p>Under the auspices of CNA, a pilot project for evaluation of schools of nursing in Canada is launched, under the direction of Helen K. Mussallem. The study is conducted to determine the readiness of Canadian schools of nursing for a program of national accreditation. CNA believes that national accreditation, based on standards set by the profession, would provide the key to improved nursing education across the country – and keep nursing abreast of scientific and social changes. While provincial approval would continue to be compulsory, national accreditation would be voluntary. The study is completed and reported in 1960.</p> | <p>Eleventh Quadrennial Congress of the ICN and meeting of the CNR: Rome</p> <ul style="list-style-type: none"> · Agnes Ohlson (USA) is elected president. <p>In honour of the school's first director (and former CNA president, 1926-1927), the Flora Madeline Shaw Chair of Nursing is established at McGill University School of Nursing.</p> | <p>John George Diefenbaker (C) is elected prime minister, with mandates in 1957, 1958 and 1962.</p> <p>Canadian cabinet minister Lester Bowles Pearson, later prime minister of Canada, wins the Nobel Peace Prize for his role in resolving the Suez crisis. For that work he is sometimes called the "father of modern peace-keeping."</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 1958 | <p>CNA celebrates its 50th anniversary meeting and convention in Ottawa.</p> <ul style="list-style-type: none"> · Alice M. Girard takes office as the first French-Canadian president of CNA at the 50th anniversary meeting in Ottawa. · To celebrate its 50th anniversary, CNA secures the first Canadian postage stamp with a health theme. <p>CNA becomes an associate member of the Canadian Medical Association.</p> <p>CNA's retirement plan is adopted, making a portable pension plan available to privately-employed nurses and an employer-employee plan to employers of CNA members.</p> <p>Biennium summary Annual meeting and 50th anniversary convention: Ottawa ON</p> <p>Honourary Membership (replaces Mary Agnes Snively Memorial Lecture program): Mother Louise Allard, Daisy C. Bridges (ICN), Edith MacPherson Dickson, Kathleen W. Ellis, Florence H.M. Emory, Grace M. Fairley, Mabel F. Gray, Ethel I. Johns, M. Louise Meiklejohn Lyman, Edith Kathleen Russell, Ruby M. Simpson, Elizabeth L. Smellie, Jean E. Browne Thomson, and Jean S. Wilson</p> <p>Membership reaches 43,000. Incoming president: Alice M. Girard</p> | <p>CNA nursing secretary, F. Lillian Campion, is appointed chair of the International Labor Organization's Committee on Conditions of Work and Employment of Nurses.</p> <p>Surgeons at McGill University Health Centre perform Canada's first kidney transplant.</p> | <p>Ella Jane Fitzgerald (1917-1996) wins Best Vocal Performance and Best Jazz Performance at the first Grammy Awards ceremony. She would win 12 more Grammys and her recording career lasted 59 years.</p> <p>Canadian William "Willie" Eldon O'Ree, OC ONB, becomes the first Black player in the National Hockey League (Boston Bruins). Unknown to the league, he is blind in one eye.</p> |
| 1959 | <p>CNA's French language journal, <i>L'infirmière canadienne</i>, begins publication.</p> | <p>The University of Western Ontario establishes the first master's degree in nursing in Canada.</p> | <p>The St. Lawrence Seaway is opened.</p> <p>Five people are killed in a snowstorm that buries St. John's and causes two avalanches in the Outer Battery area.</p> <p>A key leader of the Cuban Revolution, Fidel Alejandro Castro Ruz becomes prime minister of Cuba, later president, serving until 2008.</p> <p>Jazz great Billie Holiday dies in NY City.</p> <p>The war in Viet Nam begins – and lasts 26 years.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|---|
| 1960 | <p>The director of special studies for CNA is appointed as CNA liaison member to the Canadian Conference of University Schools of Nursing (CCUSN). This appointment marks one of the first major moves to link CNA with progress in higher education for nurses and to establish close working relationships with the university schools of nursing.</p> <p>CNA publishes <i>Spotlight on Nursing Education: Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada</i>. The study concludes that Canadian schools need to upgrade their programs before they will be ready for national accreditation. Major recommendations are that CNA undertake: a) a study of nursing education in Canada, b) a national school improvement program, and c) a national evaluation of nursing service programs.</p> <p>Arising from the earlier <i>Study of the Functions and Activities of Head Nurses in a General Hospital</i> (see 1953), the Nursing Service Committee publishes <i>A Manual for Head Nurses in Hospitals</i>. Future CNA president (1967-1970), Sister Mary Felicitas, chairs the group.</p> <p>Biennium summary Annual meeting and biennial convention: Halifax NS</p> <p>Honourary Membership: Mother Marie Virginie Allaire, Mme Louis de Gaspée Beaubien, Ethel M. Cryderman, Marion F. Haliburton, Margaret E. MacKenzie, Anna J.R. Mair, J. Cecil McDougall, Elizabeth A. Russell, and Isabel Maitland Stewart</p> <p>CNA membership surpasses 59,000</p> <p>Incoming president: Helen G. Carpenter</p> | | <p>Canada's first federal Bill of Rights receives royal assent on 10 August, legislating civil rights and freedoms for all Canadians.</p> <p>Sixteen African nations become independent.</p> |
| 1961 | <p>In cooperation with the Canadian Hospital Association, CNA sponsors the first program in nursing unit administration. Funding from the W.K. Kellogg Foundation supports the program for the first six years. By 1963 a similar French-language program is initiated at the University of Montreal. The courses assisted head nurses and assistant head nurses who were otherwise unable to attend a university graduate school, to upgrade skills in the administration of nursing service units in hospitals. CNA and the Canadian Hospital Association maintain equal, permanent representation on the Joint Committee for the Extension Course in Nursing Unit Administration.</p> <p>Membership fee raised to \$4.00 CNA membership: 61,000</p> | <p>Twelfth Quadrennial Congress of the ICN and meeting of the CNR: Melbourne.</p> <ul style="list-style-type: none"> · Alice Clamageran (France) is elected president. · Lillian E. Pettigrew is appointed chair of the committee on Constitution and Bylaws. · Alice Girard is appointed chair of the Nursing Service committee <p>The new Faculty of Health Professions opens at Dalhousie University with CNA president-elect, E.A. Electa McLennan, as its first director of nursing.</p> | <p>A bill for the first universal health care plan in North America is introduced in Saskatchewan.</p> <p>The American Peace Corps is established by President Kennedy.</p> <p>The Berlin Wall, separating East and West Germany, is built.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
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| 1962 | <p>CNA makes 25 recommendations to improve Canadian nursing services in its brief to the Royal Commission on Health Care. Alice Girard is a member of the commission.</p> <p>The Canadian Joint Committee on Nursing changes its name to the Liaison Committee, with CNA, the Canadian Medical Association and Canadian Hospital Association having equal, joint and permanent representation on the committee.</p> <p>A study of CNA administration and organization is undertaken by a firm of management consultants. The study is reported in 1964.</p> <p>Biennium summary Annual meeting and biennial convention: Vancouver BC</p> <p>Honourary Membership: Dr. G. Steward Cameron, Mrs. Rex Eaton, Nettie Douglas Fidler, M. Christine Livingston, Sister Valerie de la Sagesse, The Hon. Chief Justice William B. Scott, Florence H. Walker, Alice L. Wright</p> <p>Incoming president: E.A. Electa MacLennan</p> | <p>The Canadian Nurses Foundation is established by CNA as a not-for-profit, charitable, associated corporation to provide scholarships, bursaries and fellowships for graduate study in nursing. By 1966 baccalaureate study is included.</p> <ul style="list-style-type: none"> · There was a dearth of available funding for advanced nursing studies in the early 1960s, so CNA developed a plan to establish funding for nursing fellowships. As CNA was not a charitable organization, and hence unable to accept grants and donations eligible for tax donations, steps were explored to establish the Foundation. The committee to guide its formation included Katherine MacLaggan, who prepared the submission to the Kellogg Foundation, Mary Lewis Richmond, Myrtle Pearl Stiver and Helen Carpenter. · CNF Founding members are: Helen Carpenter, Ella Mae Howard, Electa MacLennan, Alice Girard (who established the Alice Girard Fellowship with a \$25,000 donation), Mary Lewis Richmond, Katherine MacLaggan, Lillian Ethel Pettigrew, Corinne Elizabeth LaFlamme and Myrtle Pearl Stiver <p>The Université de Montréal establishes the first university faculty of nursing in Canada. Alice Girard is its first dean and is the first female dean in the university.</p> <p>The first French-language basic integrated nursing degree program in the world is initiated at Institut Marguerite d'Youville, Montreal.</p> | <p>The UN General Assembly passes a resolution condemning South Africa's racist apartheid policies and calls for all member states to cease military and economic relations with the nation.</p> <p>The ocean liner SS France enters service – the longest passenger ship ever built until succeeded by Queen Mary 2 in 2004. The ship is later renamed Norway and before being decommissioned in 2001.</p> <p>Actress Norma Jeane (Mortenson) Baker – Marilyn Monroe – is found dead in her Brentwood CA home at age 36.</p> |
| 1963 | <p>Helen Kathleen Mussallem is appointed the fifth CEO of CNA and is also appointed chair of the First Scientific Group on Research in Nursing, WHO, Geneva.</p> <p>CNA briefs are presented to the Special Senate Committee on Aging, the Royal Commission on Bilingualism and Biculturalism, and the Canadian Conference on Mental Retardation.</p> | | <p>Lester Bowles "Mike" Pearson (L) is elected prime minister for two consecutive minority governments, 1963 and 1965.</p> <p>U.S. president John F. Kennedy is assassinated November 22 in Dallas TX.</p> <p>Martin Luther King, Jr., delivers his "I Have a Dream" speech in Washington DC.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1964 | <p>CNA establishes a Standing Committee on Social and Economic Welfare.</p> <p>A study of CNA administration and organization is launched in 1962 is submitted to the executive committee, recommending changes in CNA's organizational structure. See 1962 and 1966.</p> <p>CNA's library evolves into a national library service that includes a repository of Canadian nursing studies and an archives section.</p> <p>CEO, Helen Mussallem, is appointed by WHO to:</p> <ul style="list-style-type: none"> · Chair the Expert Study Committee to advise on the program for the International School of Advanced Education, University of Edinburgh · Conduct a survey on nursing and nursing education in Lebanon · Assist in developing an evaluation of schools of nursing in 13 former British Caribbean territories. The project was patterned after CNA's <i>Pilot Project for the Evaluation of Schools of Nursing in Canada</i>. <p>CNA receives and intensively studies the recommendations of the report of the Royal Commission on Health Services to determine its positions and course of action.</p> <p>Biennium summary Annual meeting and biennial convention: St. John's NL</p> <p>Honourary Membership: None awarded</p> <p>Incoming president: A. Isobel MacLeod</p> | <p>Lieutenant-Colonel Harriet "Hallie" J. T. Sloan is appointed Matron-in-Chief, Canadian Forces Medical Services, serving until 1968.</p> <p>Ruth Nita Barrow (Barbados), who undertook graduate nursing studies at the University of Toronto, is appointed as nursing adviser, Caribbean region, for the Pan American Health Organization, serving until 1971. Previously she had been Principal Nursing Officer for Jamaica, 1956-1963. See also 1989 and 1990.</p> <p>Ryerson Polytechnical Institute (Toronto), later Ryerson University, initiates an experimental program to prepare diploma nurses within the general post-secondary educational system. Later, in 1966, under the auspices of the RN Association of Ontario, F. Moyra Allen (associate professor at the McGill School of Nursing) begins a study of the project.</p> <p>Nurse theorist Jean Watson graduates from nursing school, BSN, University of Colorado. At the time of this publication she is distinguished professor of nursing and holds an endowed Chair in Caring Science, University of Colorado.</p> <p>The first vaccine for measles is developed.</p> | <p>Martin Luther King, Jr. (U.S.A.) wins the Nobel Peace Prize.</p> <p>The Beatles make their first visit to the U.S. and 40 per cent of the American population (some 74 million people) watches their first television appearance – live on the Ed Sullivan Show.</p> <p>Nelson Mandela is imprisoned at Robben Island (off Cape Town), South Africa, where he remains until transferred to a prison on the mainland in 1982. He is ultimately released in 1990.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1965 | <p>Construction of CNA House begins at 50 The Driveway in Ottawa.</p> <p>CEO, Helen Mussallem, is appointed a member of the Canadian delegation to the Commonwealth Medical Conference, Edinburgh.</p> <p><i>Nursing Education in Canada</i> – the report of a study undertaken by Helen K. Mussallem for the Royal Commission on Health Services – is published. It contains results of a survey of education programs in 170 schools of nursing, 16 university schools of nursing and 70 provincially-approved nursing assistant programs.</p> <p>Full-time editors are appointed for both the English and French editions of <i>The Canadian Nurse</i>. Combined circulation climbs to 75,000. Final responsibility for the management and production of the journals becomes a function of the CEO of CNA.</p> <p>Using early computerized data processing technology, CNA undertakes the first national inventory of nurses registered in Canada.</p> <p>Membership reaches 78,312.</p> | <p>Thirteenth Quadrennial Congress of the ICN and meeting of the CNR: Frankfurt.</p> <ul style="list-style-type: none"> · Alice Girard becomes the first (and as of 2010, only) Canadian resident elected president of ICN. · Note that Girard was born in the U.S. and immigrated to Canada with her family when she was 11. In an odd twist of history, Euphemia “Effie” Jane Taylor was born in Canada but had emigrated to the United States by the time she served as president of ICN, 1937-1947. Thus Taylor is actually the only Canadian-born nurse to serve as ICN president while Girard is the only Canadian resident to have held the post. <p>Sister Annette Dion, sgm, a graduate of the University of St. Louis, and Sister Lucille Ouellette, a graduate of Institut Marguerite d’Youville, are honoured by the government of Lebanon for technical assistance in strengthening hospital nursing schools in that country.</p> <p>Following her appointment as professor of nursing at the University of Ghana, former CNA president (1946-1948) Rae Chittick is appointed visiting professor of nursing, advanced nursing education, at the University of the West Indies in Jamaica.</p> | <p>The new National Flag of Canada is raised on Parliament Hill for the first time.</p> <p>Malcolm X is assassinated in NY City, racial violence simmers around Selma, Alabama and race-based riots in the Watts neighbourhood of Los Angeles lead to 34 deaths and more than a thousand injuries.</p> <p><i>The Sound of Music</i> wins 10 Academy Awards including Best Picture and becomes one of the most popular musical films of all time.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1966 | <p>All CNA operations are consolidated in one building at 50 The Driveway in Ottawa on 1 April. The first board meeting at CNA House is held 15 September.</p> <p>Recommendations of a report submitted to CNA's executive in 1964 form the basis for a reduction in the number of standing committees from five to three, and to an expansion of head office research and advisory functions (see 1962 and 1964). The new committees are in the areas of Nursing Education, Nursing Service and Economic Welfare. With the change, CNA's executive committee became a board of directors, and the sub-committee of the former Executive Committee became the new Executive Committee.</p> <p>Helen K. Mussallem becomes the first Canadian presented with the Award for Distinguished Achievement in Nursing Research and Scholarship by the Alumni Association of Teachers College, Columbia University.</p> <p>A news section is incorporated into the association's journals by which current nursing news is able to reach more than 86,000 subscribers monthly.</p> <p><i>Sociological Factors Affecting Recruitment into the Nursing Profession</i>, a Royal Commission on Health Service study by R.A.H. Robson, is published.</p> <p>CNA appoints an ad hoc committee to study the possibility of having national testing examinations and a national testing service at the national headquarters.</p> <p><i>Vigil</i>, a film on nursing undertaken by CNA as its Canadian centennial project, is completed for distribution in 1967.</p> <p>Three major studies initiated in 1960 following acceptance of the pilot project are published:</p> <ul style="list-style-type: none"> · The uncompleted papers of the late Kaspar K. Naegele, prepared during his study on nursing education in Canada, under the title <i>A Course for the Future</i> · <i>Report of the School Improvement Program</i>, by Glenna S. Rowsell, program director · <i>Report for the Evaluation of the Quality of Nursing Service</i>, by F. Lillian Campion. | <p>Saskatchewan becomes the first province to transfer authority for hospital schools of nursing from the Department of Public Health to the Department of Education. Sister Thérèse Castonguay (born in Quebec and educated at St. Boniface Hospital, Institut Marguerite d'Youville and the Catholic University of America) is the first superintendent of nursing education with in the Department of Education. The first class of students is admitted in September 1967.</p> <p>The first students are graduated from Quo Vadis School (Toronto), affiliated with Queensway General Hospital. The school was founded in 1964 for women between the ages of 30 and 50, offering a two-year program on a "9 to 5," five-day week basis.</p> <p>Canada's Medical Care Act establishes universal Medicare.</p> | <p>The first episode of the original <i>Star Trek</i> airs on television in September.</p> <p>Indira Priyadarshini Gandhi (1917-1984) becomes the first (and to date only) woman elected to serve as prime minister of India.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p>A professional consultant on labor relations is retained by CNA to advise on legal and other aspects of collective bargaining.</p> <p>Associate membership in CNA is abolished, leaving one type of membership with a \$10.00 annual fee. Included for the first time in the membership fee is the monthly journal in the language of choice.</p> <p>CNA adopts the ICN code of ethics (as revised in 1965), as its official code of ethics.</p> <p>CNA's CEO, Dr. Helen K. Mussallem, is appointed by WHO as senior consultant to the First Travelling Seminar on Nursing in the U.S.S.R. The seminar was developed to provide opportunities for nurses from 23 countries (six WHO regions) to learn about health programs in the U.S.S.R.</p> <p>Biennium summary Annual meeting and biennial convention: Montreal QC</p> <p>Honourary Membership: Margaret E. Kerr and M. Pearl Stiver</p> <p>Membership: 79,312</p> <p>Incoming president:: Dr. Katherine MacLaggan</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1967 | <p>CNA House is officially opened by His Excellency, Roland Michener, Governor General of Canada.</p> <p>Katherine E. MacLaggan, CNA President, dies of cancer on 6 February. She is honoured posthumously with the Award for Distinguished Achievement in Nursing Education from the Nursing Education Alumni Association of Teachers College, Columbia University, NY. MacLaggan is succeeded by president-elect Sister Mary Felicitas, a graduate of Providence Hospital (Moose Jaw), University of Ottawa and the Catholic University of America – to date the only religious sister to assume the presidency of CNA.</p> <p>CNA presents a brief to the Royal Commission on the Status of Women.</p> <p>From April to October, CNA staffs a nursing exhibit at the “Man and His Health” pavilion at Expo ‘67 in Montreal. The exhibit is a demonstration of monitoring equipment for an intensive care unit nurses’ station. Coordinator for the World’s Fair for CNA is Rita J. Lussier.</p> <p>CNA’s board of directors endorses <i>A Statement of Functions and Qualifications for the Practice of Public Health Nursing in Canada</i>, published by the Canadian Public Health Association. CNA was represented on the advisory committee to the CPHA project director by the organization’s director of research and advisory services, Lois Graham-Cumming.</p> <p>CNA begins to develop a Canadian testing service for use by the provincial associations for registration or licensing of graduate nurses. The national service will succeed the tests produced in the U.S. by the National League for Nursing.</p> <p>CNA, the Canadian Medical Association and Canadian Hospital Association sponsor the first Canadian Conference on Hospital-Medical Staff Relations.</p> <p>Membership statistics after December 1967 are based on the new membership structure, excluding associate members.</p> | <p>ICN CNR meeting: Evian</p> <p>As a result of its merger with Institut Marguerite d’Youville, Université de Montréal becomes the first university in the world to offer both undergraduate and graduate nursing degrees in French.</p> <p>Claire Gagnon is elected a regional vice-president, North America, for the Committee of Catholic Nurses and Medico-Social Workers (CICIAMS). A graduate of Hotel Dieu (Sherbrooke), the universities of Bathurst and Montreal, and Columbia University, was also in 1967 appointed director of the newly-established School of Hospital Science at Laval University.</p> <p>At Vanderbilt University’s Faculty of Nursing in Nashville, Luther Christman becomes dean, director of nursing, and professor of sociology – the first male dean of a nursing faculty in the U.S. A lifelong diversity champion, he goes on to hire the first African American faculty members at the school. He is later inducted as an American Academy of Nursing “Living Legend” (1995) and a member of the American Nurses Association Hall of Fame (2004).</p> <p><i>L’homme sain ou malade</i> is published by Rollande Gagné, a graduate of Notre Dame Hospital, University of Montreal, and a law student at McGill.</p> <p>In South Africa, Dr. Christian Barnard performs the world’s first heart transplant.</p> <p>The first vaccine for mumps is developed.</p> | <p>The 1967 International and Universal Exposition (<i>Expo ‘67</i>) is held in Montreal to celebrate Canada’s centennial.</p> <p>The Order of Canada awards are established.</p> <p>The Six Day War takes place between Israel and neighbouring Arab nations.</p> <p>In the U.S., Thurgood Marshall becomes the first African American appointed to the Supreme Court.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|---|
| 1968 | <p>CNA presents a brief tot the Task Force on Labour Relations, a group set up at the request of the Privy Council in 1967 to examine industrial relations and make recommendations to the federal government concerning public policy and labour legislation.</p> <p>CNA publishes first edition of <i>Countdown: Canadian Nursing Statistics</i>, from material collected by the research unit of CNA, extending its health human resources work to the public sphere. Previously such material was available only as separate, internal sets of tables.</p> <p>Lt.-colonel Harriett "Hallie" J.T. Sloan joins CNA as coordinator for the ICN quadrennial congress to be held in Montreal in 1969.</p> <p>Biennium summary Annual meeting and biennial convention: Saskatoon SK</p> <p>Incoming president: Sister Mary Felicitas</p> | <p>Former CNA president (1958-1960) and current ICN president (1965-1969), Alice Girard, is appointed an Officer of the Order of Canada.</p> <p>Verna Marie Huffman (Splane) is appointed first principal nursing officer for Canada, serving until 1972.</p> <p><i>Nursing Papers</i>, later the <i>Journal of Canadian Nursing Research</i>, begins publication.</p> | <p>Pierre Elliott Trudeau (L) is elected prime minister for the first time, with mandates in 1968, 1972 and 1974.</p> <p>American civil rights leader, Martin Luther King, Jr., is assassinated in Memphis. Shortly thereafter, U.S. presidential hopeful Robert F. Kennedy is assassinated in Los Angeles.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|--|
| 1969 | <p>A grant of \$25,000 from the Commonwealth Foundation enables 42 senior nurses from developing countries to: a) attend the 1969 ICN Congress, b) participate in a study tour prior to the Congress, c) meet during the Congress to discuss formation of a Commonwealth nurses' association; and d) meet in 1970 (April 20-28) to determine the need for a regional nursing body in the Caribbean and to prepare criteria and plans for a re-survey of all schools of nursing in the Commonwealth Caribbean. CNA's executive director is given responsibility also for planning the study sessions and meeting in June 1969 and April 1970.</p> <p>In memory of three distinguished nurse colleagues, Charlotte Whitton, Mayor of Ottawa, presents a gold presidential chain of office to Sister Mary Felicitas, CNA president, on June 6. The names of CNA presidents are inscribed on the bars of the chain.</p> <p>CNA issues a position statement, <i>Immigration and Employment of Nurses from Abroad</i> in response to the growing number of nurses immigrating to Canada.</p> <p>CNA publishes <i>Standards for Nursing Service in Health Care Facilities – A Self Evaluation Guide</i> to help nursing personnel evaluate their service in the light of established philosophy and objectives.</p> <p>CNA Brief to Commission on the Relations Between Universities and Governments – presented by Helen K. Mussallem, CEO and Shirley Good, nursing consultant on higher education – recommends that the federal government provide funds to prepare nurses with a university degree (a minimum of \$1M annually, in addition to the present Professional Training Grant Bursaries, for baccalaureate and master's preparation and \$100,000 annually for doctoral preparation.)</p> <p>CNA submits a brief to the Special Senate Committee on Science Policy stating that research in nursing practice and more prepared nurse researchers are vital to the provision of health care of Canadians.</p> <p>CNA executive director, Helen K. Mussallem, EdD, DSc, FRC, RN is invested as an Officer of the Order of Canada.</p> <p>CNA membership increases from 78,416 in 1968 to 82,826 in 1969.</p> | <p>Fourteenth Quadrennial Congress of the ICN and meeting of the CNR: Montreal</p> <ul style="list-style-type: none"> · Montreal serves as host city for the second time, and CNA hosts more than 10,000 nurses from ICN's 85 member countries – the largest attendance ever at a congress at that time. · Margarethe Kruse (Denmark) is elected president. · Canadians elected to ICN and its committees, 1969-1973 <ul style="list-style-type: none"> o Alice Girard, 2nd vice-president o Lyle Creelman, chair, Membership Committee o Laura W. Barr, member, Professional Services Committee · CNA members of the ICN CNR for 1969-1973 are CNA presidents, Sister Mary Felicitas, 1969-1970, Louise Miner, 1970-1972, and Marguerite Schumacher, 1972-1973, with executive director Helen K. Mussallem as adviser to all presidents. <p>The Canadian Association of Neuroscience Nurses is founded by Jessie Young – making history as the first national nursing specialty association in Canada, and later having the first certification examination developed by CNA. The organization becomes an associate member of CNA in 1997.</p> <p>Future CNA president (1978-1980), Helen Taylor, is elected president, Association of Nurses of the Province of Quebec.</p> <p>Marie Sewell of Toronto is appointed as the first CNA representative to the Canadian Council on Hospital Accreditation's Standards Committee.</p> <p>The Order of the British Empire for gallantry is presented to Captain Joan Cashin, flight nurse, Royal Canadian Army Medical Corps, for bravery in providing medical assistance and saving many lives following an aircraft crash near Gander NL.</p> | <p>During the "summer of love," the Woodstock Musical and Art Fair in NY State attracts some 500,000 fans to see 32 musical acts over a three-day weekend.</p> <p>Humans walk on the moon for the first time, 21 July.</p> <p>The ocean liner Queen Elizabeth 2 enters service, serving as flagship of the Cunard fleet until 2008.</p> <p>First flight of the Anglo-French-built supersonic "Concorde" commercial jet.</p> <p>The 5th Dimension's <i>Aquarius/Let the Sunshine In</i> is the Grammy record of the year and Aretha Franklin wins the first two of her 18 career Grammy Awards.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 1970 | <p>CNA completes negotiations and signs contract with the RN Association of Ontario to purchase and transfer its testing service, which becomes nucleus of CNA testing services.</p> <ul style="list-style-type: none"> · An ad hoc committee of the CNA Testing Service is appointed to recommend a structure for the service and a Test Board is established as a special committee of CNA. The Test Service Board is responsible for the development of national tests in five clinical areas. CNA retains responsibility for the service including financial and legal matters. · On 1 May, CNA establishes a new department known as CNA Testing Service. <p>CNA establishes a Research and Advisory Services Unit in lieu of the previous nursing consultant services. This change was made in order that the services provided by CNA might be aligned with the changing needs of its members (i.e. a growing interest in nursing research), thus allowing CNA to respond most effectively to these needs.</p> <p>CNA requests federal government to make changes in the Act of Incorporation but national associations now are required to seek Letters of Patent from the Minister of Consumer and Corporate Affairs. These were granted. During the change, CNA makes revisions to restate its objectives and to allow for changes in board membership.</p> <p>CNA revises and reissues <i>On Record – CNA Policy Statements</i>.</p> <p>CNA submits a brief to the Standing Committee on Labour, Manpower and Immigration, House of Commons, conveying the CNA (1969) position statement on immigration and employment of nurses from abroad.</p> <p>CNA Test Service Board offers the first Canadian-based national tests for registered nurses in August; 28,085 examinations are written by candidates in 10 provinces.</p> <p>CNA publishes its position statements on:</p> <ul style="list-style-type: none"> · <i>Delivery of Health Services</i> · <i>Delivery of Nursing Care</i> · <i>Transfer of Functions</i> · <i>Health Services and the Poor.</i> | <p>CNA allocates \$10,000 in support of the Canadian Nurses Foundation.</p> <p>In June, Brigadier General Anna Mae Hays, chief of the Army Nurse Corps (1967-1971), becomes the first woman and first nurse to attain general officer rank in the American military.</p> <p>The first vaccine for rubella is developed.</p> | <p>In what becomes known as “the October crisis,” the War Measures Act is enacted in peacetime for the only time in Canadian history after Front de libération du Québec (FLQ) members kidnap two government officials. Pierre Laporte, Quebec’s minister of Labour, is killed.</p> <p>Flooding in East Pakistan kills 500,000 people.</p> <p>Four students are murdered at Kent State University by Ohio National Guardsmen during what started as a peaceful anti-Viet Nam War protests, igniting a tumultuous national response.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <p>CNA succeeds in preventing the introduction of the physician assistant role in Canada. CNA's <i>Statement on the Expanded Role of the Nurse - The Physician Assistant</i> reinforces the strong belief that it is the professional nurse who is best qualified to assume the functions and responsibilities that have been suggested for this proposed new category of health worker. In some instances, the assumption of these additional responsibilities would involve an expansion of the nurse's traditional role, while in other cases, these functions and responsibilities already are part of existing nursing practice.</p> <p>CNA presents a report on the Task Force Reports on Health Services in Canada to the Honorable John Munro, Minister of National Health and Welfare.</p> <p>CNA submits a statement on the Federal Government's White Paper on Taxation to the Minister of Finance.</p> <p>CNA submits a Brief on Poverty and Health to the Special Senate Committee on Poverty. Appearing at the hearing on behalf of CNA were past president Tenna Hunter and executive director Helen K. Mussallem.</p> <p>Biennium summary Annual meeting and biennial convention: Fredericton NB</p> <p>CNA membership reaches 87,126.</p> <p>Incoming president: E. Louise Miner</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1971 | <p>The first annual meeting in accord with the new Letters Patent is held on 31 March in Chateau Laurier Hotel, Ottawa. From 1908 to 1922, annual general meetings were held but from 1922 to 1970, the Association met biennially.</p> <p>On invitation, CNA accepts associate status in the Canadian Medical Association.</p> <p>Two films, <i>The Leaf and The Lamp</i> and <i>L'infirmiere au Canada</i> depicting CNA activities, are produced by CNA to publicize the work of nurses and the organization.</p> <p>CNA submits a brief respecting the White Paper on Unemployment Insurance in the Seventies (later known as Bill C-229, Unemployment Insurance Act) to the Standing Committee on Labour, Department of Manpower and Immigration. The proclamation of this Bill marks the first time nurses employed in hospitals are eligible for Unemployment Insurance Program benefits.</p> <p>CNA Testing Service processes 47,788 papers written by candidates for licensure as registered nurses or registered nursing assistants: RN candidates – 225 French and 11,566 English; RNA candidates – 96 French and 2,329 English.</p> <p>CEO, Helen K. Mussallem, becomes the first health professional and second woman to be appointed by the Prime Minister to the Economic Council of Canada.</p> <p>CNA's president and associate executive director, and other invited members of CNA, participate in a workshop sponsored by the College of Family Physicians of Canada on "The Role of Allied Health Professionals in the Delivery of Primary Health Care." This conference results in the publication of a statement by the College favoring nurses as assistants to family physicians.</p> <p>CNA issues statements on family planning programs and on nurses' rights relative to nursing care of patients having therapeutic abortions.</p> <p>CNA appoints a special committee on nursing research.</p> <p>For her outstanding contribution to nursing, CNA honors Helen McArthur with the first of what will become, in 1983, the Jeanne Mance Award, the highest honour in Canadian nursing. This program replaces the Honourary Membership program.</p> <p>CNA membership reaches 88,873.</p> | <p>The ICN CNR meets in Dublin in July; 53 of the 74 national member associations are represented. President Louise Miner represented CNA, with CEO Helen K. Mussallem as adviser.</p> <p>The Canadian University Nursing Students Association (now Canadian Nursing Students Association) is founded and becomes an affiliate member of CNA in 1998. The president holds a non-voting seat on CNA's board of directors effective 2008.</p> <p>A grant from the Commonwealth Foundation permits the establishment of The Commonwealth Nurses Federation and CNA becomes an association member. Helen K. Mussallem, CNA executive director, is elected to interim Board of Directors as representative of Atlantic Region.</p> <p>Dorothy Kergin becomes the first nurse appointed to the Medical Research Council.</p> <p>Lyle Creelman, formerly chief nursing officer for the WHO and president of the RN Association of British Columbia, is appointed an Officer of the Order of Canada.</p> <p>Toronto's Women's College Hospital opens Canada's first perinatal intensive care unit.</p> <p>The American Assembly For Men in Nursing is founded.</p> <p>The CT scan is invented (in the UK).</p> | <p>The third wave in the IT revolution begins with development of the microprocessor.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1972 | <p>Twenty-five members of CNA, on invitation, participate in the Department of National Health and Welfare's national conference on "Assistance to Physicians: The Complementary Roles of Physician and Nurse."</p> <p>CNA issues:</p> <ul style="list-style-type: none"> · <i>Guidelines for Developing Standards of Nursing Care</i> prepared by the ad hoc committee on standards for nursing care; in 1970 this committee had been charged with the responsibility of developing a tool(s) for measuring the quality of nursing care and these guidelines were used extensively by hospital nursing service departments across Canada. · A document on "Staff Development" written by Patricia M. Wadsworth; this document described the principles of staff development in a health care agency as applied to nurses as members of the health care team and was prepared on request of association members for use in Agencies. · <i>Standards for Nursing Service in Health Care Facilities – A Self-Evaluation Guide</i>, a reprint of a 1969 publication. <p>CNA publishes reports of surveys/studies conducted by CNA Research Officer:</p> <ul style="list-style-type: none"> · <i>A Survey to Explore the Nursing Employment Situation in Canada as at 30 September 1971</i>; this survey outlined job opportunities available to 1971 graduates of Canadian Schools of nursing registered/licensed for first time in 1971. · <i>Study of Some Factors Preventing Registered Nurses from Achieving Their Educational Goals</i>; this study was partially funded by a grant from Department of National Health and Welfare. <p>CNA examines its 1971 position statement of family planning programs and issues revised statement on family planning and related health care, in which it affirms the view that family planning and its associated supportive services are basic to individual and family health care.</p> <p>CNA board of directors approves <i>Ethics of Nursing Research</i>, prepared by the special committee on nursing research, as a guideline for nurses doing research, and this paper is published in the September issues of <i>The Canadian Nurse</i> and <i>L'infirmière canadienne</i>.</p> <p>Biennium summary Annual meeting and biennial convention: Edmonton AB</p> <p>CNA membership reaches 92,315.</p> <p>Incoming president: Marguerite Schumacher</p> | <p>Rose Imai is appointed interim principal nursing officer for Canada, Health & Welfare Canada, serving until 1973.</p> <p>Canadian Council on Hospital Accreditation invites CNA to submit a list of nurses to be included on survey teams for extended care services.</p> <p>Former CNA president (1950-1954), Helen McArthur, is appointed an Officer of the Order of Canada.</p> <p>The School of Nursing at the University of Toronto gains faculty status; Kathleen King is named the first dean.</p> | <p>Eleven Israeli athletes are murdered at the Olympic village in Munich.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 1973 | <p>At the urging of CNA, a stamp commemorating the 300th anniversary of the death of Jeanne Mance is issued by the Postmaster General of Canada in April and CNA's executive director is presented with a leather-bound souvenir folder in recognition of the Association's role in the issuance of this stamp.</p> <p>CNA is granted membership with a seat on the Canadian Council on Hospital Accreditation. Isabel MacLeod is the first member appointed to represent the Association on the CCHA Board. CNA had pressured for this representation for many years because of its strong belief that the nursing profession should have a voice in the policy decisions regarding hospital accreditation as well as in the assessment of hospital services.</p> <p>CNA publishes three discussion papers:</p> <ul style="list-style-type: none"> · <i>A Discussion Paper on the Three Major Roles of Provincial Nurses Associations</i>, written by Sister Madeleine Bachand; this is a comparative study of the role, function and structure of provincial nurses associations and their problems in meeting the needs of a changing society. · <i>A Discussion Paper on Specialization in Nursing</i>, written by Alice J. Baumgart; this is a summary of collected views on specialization in hospital and community nursing practice in Canada. · <i>A Discussion Paper on Nursing Assistants in Canada</i>, written by Sister Madeleine Bachand; this is a study of nursing manpower in respect to nursing assistants and the role of nursing assistants on the nursing team. <p>In support of its health-promotion teachings, CNA bans smoking at meetings of the board of directors.</p> <p>CNA and the Department of National Health and Welfare cosponsor a National Conference on Nurses for Community Service. More than 200 nurses, representing a wide variety of interests in health work, attend to discuss the nurses' role in community health services and to suggest ways and means of making nursing education programs more relevant to needs. Verna Huffman Splane, federal Principal Nursing Officer and Helen K. Mussallem, CNA executive director, are on the strategy planning committee.</p> <p>CNA issues position statements on:</p> <ul style="list-style-type: none"> · <i>The Expanded Role of the Nurse – Part III: The Nurse in Primary Care</i> · <i>Specialization in Nursing</i> | <p>Fifteenth Quadrennial Congress of the ICN and meeting of the CNR: Mexico City</p> <ul style="list-style-type: none"> · Dorothy Cornelius (USA) is elected president. · Verna Huffman Splane is elected 3rd vice-president · Nicole Du Mouchel is elected as a member, Board of Directors <p>The Canadian Council of Cardiovascular Nurses is founded and becomes an associate member of CNA in 1997.</p> <p>Huguette Labelle, CNA president-elect, is appointed principal nursing officer for Canada, Health & Welfare Canada, serving until 1977.</p> <p>The American Academy of Nursing is established with a mandate to "advance health policy and practice through the generation, synthesis, and dissemination of nursing knowledge."</p> | <p>The World Trade Centre in New York City opens and the Sears Tower in Chicago – the world's tallest building – is completed.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <p>On invitation of the federal government, CNA submits a brief to the Advisory Committee on Food Safety Assessment, Health Protection Branch, Department of National Health and Welfare.</p> <p>CNA collaborates with the WHO by providing its annual statistical publication and trend tables for a multi-national study on international immigration of physicians and nurses. The study is completed in an effort to determine the causes and effects of this migration.</p> <p>CNA responds to the Report of the Community Health Centre Project (Hasting's Report) and this response is submitted to the Department of National Health and Welfare. CNA supports the main thrust of this report.</p> <p>CNA membership reaches 97,152.</p> | | |

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|------|--|---|--|
| 1974 | <p>Membership in CNA surpasses 100,000 for the first time.</p> <p>CNA president Huguette Labelle and executive director Helen K. Mussallem are invited by the Science Council of Canada to a symposium to discuss Report No. 22, <i>Science for Health Services</i>.</p> <p>CNA issues position statement on <i>The Nurse Midwife</i>.</p> <p>CEO Helen K. Mussallem is reappointed for a second term to the Economic Council of Canada, and re-elected a member of its executive committee.</p> <p>CNA submits final response and commentary to the federal government's LeDain Commission Report on the Non-Medical Use of Drugs.</p> <p>CNA petitions Canadian International Development Agency (Non-Governmental Organizations Division) for funds to establish the Commonwealth Caribbean Regional Nursing Body secretariat and receives \$38,600 for the first three years of operation. This body had first been proposed at an inaugural meeting in December 1972. An executive committee had been set up and an executive secretary appointed. In accordance with the terms of the CIDA grant, CNA provides consultation services of executive director Helen K. Mussallem, to the Commonwealth Caribbean Regional Nursing Body.</p> <p>CNA's library, recognized by the National Library of Canada as the "national nursing library," celebrates ten years of operation. Its collection now includes: 12,000 books and documents; 450 periodicals including 60 foreign nursing journals; 3,000 individual biographical files on Canada's nursing leaders; 540 collective bargaining agreements; records of diploma and university programs for nurses; nursing legislation material and much, much more. The repository collection of Canadian Nursing Studies is a special and unique feature. It is the only repository of masters' theses and doctoral dissertations written by Canadian nurses or about Canadian nursing and is used extensively by researchers coming to the library or on inter-library loan.</p> <p>Biennium summary Annual meeting and biennial convention: Winnipeg MB</p> <p>Award for outstanding contribution to nursing: Lyle M. Creelman, Alice Girard and E.A. Electa MacLennan</p> <p>CNA membership reaches 104,124.</p> <p>Incoming president: Huguette Labelle</p> | <p>Canadian Council on Hospital Accreditation employs Ferne Trout as nurse consultant; CNA names three directors to review the criteria for evaluation of nursing services and to recommend changes in the CCHA Guide.</p> <p>The Commonwealth Nurses Federation, formed in 1971, now includes representation from 33 Commonwealth countries. CNA executive director Helen K. Mussallem is elected to the first official CNF Board, to represent the Atlantic Region.</p> | <p>The U.S.S.R. lands a space probe on Mars.</p> <p>In the wake of the Watergate Hotel scandal, U.S. president Richard Millhouse Nixon is impeached and is the first U.S. president to resign. He is succeeded by vice-president Gerald R. Ford.</p> <p>Elected president of Argentina, Isabel Martínez de Perón becomes South America's first female head of state.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 1975 | <p>The RN Association of the Northwest Territories joins CNA.</p> <p>CNA submits a brief to the Special Committee on Immigration Policy, Department of Immigration, emphasizing the need for close collaboration between immigration authorities, provincial nursing registration or licensing bodies and employers in Canada to prevent unnecessary hardship for prospective immigrant nurses.</p> <p>CNA's Ad Hoc Committee on Fee Structure recommends a revised structure to replace the principle used since inception of CNA.</p> <p>In a meeting with CNA representatives, the deputy minister of Health is advised that, a) CNA believes a program of national accreditation for all health professions would be in the best interests of the professions and the public, and b) CNA would support the establishment of a joint committee or agency to coordinate such an accreditation process.</p> <p>At the invitation of the prime minister, CNA President Huguette Labelle and executive director Helen K. Mussallem attend a meeting of professionals from the health services fields with Cabinet Ministers to explore a cooperative approach to control inflation and achievement of greater economic stability.</p> <p>CNA issues position statements on <i>Accreditation of Education Programs in the Health Disciplines, Nurses and Health Promotion, and Smoking</i></p> <p>Anne Hanna is appointed editor of <i>The Canadian Nurse</i>, succeeding Virginia A. Lindabury who had held the position for ten years.</p> <p>CNA membership reaches 111,846.</p> | <p>ICN CNR meeting: Singapore</p> <ul style="list-style-type: none"> CNA President Huguette Labelle represents CNA, with executive director Helen K. Mussallem as adviser. <p>The ordinance establishing the RN Association of the Northwest Territories is passed by the NWT Territorial Council. The association becomes the RN Association of the Northwest Territories and Nunavut in 2004.</p> <p>The Aboriginal Nurses Association of Canada (originally called the Registered Nurses of Canadian Indian Ancestry) is officially founded. The organization becomes an associate member of CNA in 1995.</p> <p>The Canadian Association of Critical Care Nurses is founded and becomes an associate member of CNA in 1997.</p> <p>Following the resignation of Isobel Macleod (appointed in 1973), Helen Taylor is named CNA representative for the Canadian Council on Hospital Accreditation. The number of nurse surveyors used by CCHA continues to increase; long-term care institutions are now frequently surveyed solely by nurses.</p> <p>Former CNA president (1946-1948), Rae Chittick, is appointed a Member of the Order of Canada.</p> | <p>Saudi King Faisal is assassinated in Riyadh.</p> <p>After 26 years, the Vietnam War comes to an end. Among the fatalities are an estimated 3-4 million Vietnamese, up to 2 million citizens of Laos and Cambodia, and more than 58,000 American troops.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1976 | <p>Supplementary Letters Patent are granted by the Minister of Consumer and Corporate Affairs providing for:</p> <ul style="list-style-type: none"> · a change in the French name of the Association (from Association des infirmieres canadiennes to Association des infirmieres et infirmiers du Canada); · addition of an eleventh association member, the Northwest Territories Registered Nurses Association; · change in name of The Association of Nurses of the Province of Quebec to Order of Nurses of Quebec. <p>The Minister of Consumer and Corporate Affairs also approved the following bylaw changes:</p> <ul style="list-style-type: none"> · five members-at-large to be elected (rather than three) to board of directors; · revision of the powers and functions of the board; · a standing committee to be known as the Testing Service Committee. <p>Statistics Canada produces <i>Nursing in Canada: Canadian Nursing Statistics</i> (based on 1974 data) which replaced CNA's annual publication, <i>Countdown</i>.</p> <p>CNA holds its annual meeting and convention in Halifax during which:</p> <ul style="list-style-type: none"> · the mortgage on CNA House is burned; · the ceremony is held marking the official admission of NWTRNA to CNA membership; · CNA bylaws are amended to include a member-at-large representing nursing research as a member of board of directors. · resolution is adopted that CNA take a leadership role in ensuring that doctoral education in nursing is available in Canada. · member-at-large representing nursing administration is elected for the first time; · members vote to increase the membership unit fee to \$12.00 in 1977 and to \$18.00 in 1978. <p>CNA is co-host and co-sponsor of IXth International Conference on Health Education, held in Ottawa, attended by over 1,000 delegates from 82 countries. Executive director Helen K. Mussallem is CNA's member on planning committee and its official representative.</p> <p>CNA issues position statement on <i>Fiscal Constraints in Health Care Services</i>.</p> | <p>Canadian Nurses Foundation gives a research grant of \$5,000 to Canadian Association of University Schools of Nursing to further its work in accreditation of nursing. This is the first research grant awarded by the Foundation.</p> <p>CNA secures a second seat on the Board of the Canadian Council on Hospital Accreditation. Fernande Harrison is named to join Helen Taylor as CNA representatives to CCHA Board.</p> <p>Verna Huffman Splane, 3rd vice-president of ICN, represents CNA, ICN, and the Commonwealth Nurses Federation at HABITAT, the United Nations Conference on Human Settlements, in Vancouver.</p> | <p>The summer Olympic Games are held in Montreal.</p> <p>The CN Tower in Toronto opens. It is the tallest structure on earth until surpassed in 2007 by the Burj Dubai.</p> <p>The American bicentennial is celebrated and Jimmy Carter is elected president.</p> <p>Riots erupt in Soweto when protesting Black youth revolt against the apartheid regime of South Africa's National Party.</p> <p>Some 800,000 die in earthquakes this year in Italy, Bali, China, the Philippines and Turkey.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <p>A national survey of the expanded role of nurses in Canada is authorized by the CNA board of directors. Its purpose is to determine the responsibilities, practice settings, education, remuneration and legal protection/status of nurses working in various community settings. Work begins on an analytical and interpretive report released in 1977.</p> <p>CNA approves the development of a comprehensive examination - in each official language - to replace the five-part examination now being offered.</p> <p>CNA appoints an ad hoc committee to study the proposed Bill C-68: <i>An Act to Amend the Medical (are Act</i>. CNA's views concerning alternatives to acute care and development of preventive services are included in its brief. The Bill is passed by the House of Commons in June.</p> <p>Canadian International Development Agency, non-governmental organizations division, gives a grant of 565,000 to CNA to implement nine international nursing projects requested by developing countries - Haiti, zaire, Botswana, Malawi, Cuba and Lebanon and the Commonwealth Caribbean Regional Nursing Body.</p> <p>CNA drops an apostrophe for a minor name change: the Canadian <i>Nurses' Association</i> becomes the Canadian <i>Nurses Association</i>.</p> <p>Biennium summary Annual meeting and biennial convention: Halifax NS</p> <p>CNA membership reaches 115,584.</p> <p>Incoming president: Joan Gilchrist</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 1977 | <p>CNA receives a \$23,124 grant from the Minister of State, Fitness and Amateur Sport, Government of Canada, for its health promotion program for nurses. The grant included remuneration for a CNA project director, who is responsible for developing, conducting and evaluating the program.</p> <p>CNA president Joan Gilchrist participates in the official opening of the Jeanne Mance Building in the Health and Welfare Canada complex at Tunney's Pasture in Ottawa. The name honors Canada's first lay nurse.</p> <p>Constance Swinton completes a feasibility study on the merit of establishing an international office with CNA, and submits the report of this study, funded by the Canadian International Development Agency, non-governmental organizations division, to CNA board of directors.</p> <p>CEO, Helen K. Mussallem, is awarded an honorary fellowship at the Diamond Jubilee activities of the Royal College of Nursing, London, England. Mussallem becomes the only nurse from outside the United Kingdom to receive this honor, which is conferred on nurses who have made outstanding international contributions to the profession.</p> <p>CNA introduces a Labor Relations department and Glenna Rowsell is appointed its director.</p> <p>CNA sponsors a workshop on Research Methodology in Nursing Care, Ottawa. This workshop, funded by a grant from Health and Welfare Canada, focuses on problems encountered by Canadian nurses in conducting research in nursing care. Proceedings are published in English and French.</p> <p>CEO Helen K. Mussallem is invited by the Minister of Health and Welfare and the Secretary of State to be a member of the Canadian government delegation to the 30th World Health Assembly in Geneva, 2-20 May. She is the first non-governmental appointee to Canada's delegation and one of only two nurses present at the World Health Assembly with representatives from more than 150 countries. At this Assembly the historic resolution of "Health for All by the Year 2000" was accepted by the 150 member states. Also, Canada proposed a resolution on nursing – the first time ever – and it was adopted by the Assembly.</p> <p>CNA membership reaches 122,478.</p> <p>Award for outstanding contribution to nursing: Rae Chittick</p> | <p>Sixteenth Quadrennial Congress of the ICN and meeting of the CNR: Tokyo</p> <ul style="list-style-type: none"> · Olive Anstey (Australia) is elected president. · Verna Huffman Splane is elected 2nd vice-president. · CNA's member on the CNR is the president (Joan Gilchrist, 1977-1978, Helen Taylor, 1978-1980), and CNA executive director Helen K. Mussallem acts as adviser. <p>The Canadian Respiratory Health Professionals is founded and becomes an affiliate member of CNA in 1978.</p> <p>Helen Taylor, CNA president-elect, is appointed chair of the Canadian Council of Hospital Accreditation – the first nurse to hold this office.</p> <ul style="list-style-type: none"> · Fernande Harrison remains the second CNA representative on CCHA Board and Marcia Dodick is named CNA representative to the Council's Advisory Committee on Appraisal of Long-Term Care. <p>Glenna Rowsell represents CNA as a member of the Canadian workers' delegation to the International Labour Organization Conference in Geneva, Switzerland, in June, during which Recommendation 157 and Convention 149 concerning employment and conditions of work of nursing personnel are adopted.</p> <p>Josephine Flaherty is appointed principal nursing officer for Canada, Health & Welfare Canada, serving until 1994 when the office is dismantled.</p> <p>Clifford H. Jordan becomes the first male elected to the American Nurses Association board of directors. In 1996 he is inducted as a Living Legend of the American Academy of Nursing.</p> <p>The Commission on Graduates of Foreign Nursing Schools (CGFNS International) is founded in the U.S. with a mandate to develop and administer "a predictive testing and credentials evaluation program for internationally educated nurses." The organization later expands its business to include internationally-educated health care professionals beyond nursing. http://cgfns.org/sections/about/mission.shtml</p> | <p>The world's worst aviation disaster takes place, almost entirely on the ground. Some 600 passengers and crew are killed when a KLM 747 crashes nearly broadside into a Pan Am 747 during takeoff on a foggy runway at Tenerife (Canary Islands).</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 1978 | <p>CNA is instrumental in having two hazardous products removed from distribution: “baby bottle propper” and “training cigarette.”</p> <p>CEO Helen K. Mussallem is appointed to planning committee for World Federation of Public Health Associations Congress (Halifax, 23-26 May) and Canadian Public Health Association Conference. A large number of nurses from Canada and abroad attended Congress and Conference, which shared the theme “Primary Health Care – A Global Perspective.”</p> <p>CNA ad hoc committee, appointed in 1974 to develop standards for nursing education, completes its task and <i>Standards for Nursing Education</i> – a “first” in education in Canada – is published by CNA.</p> <p>CNA Labor Relations department introduces a bi-monthly information package containing centralized data on nurses’ collective bargaining agreements, salaries, rights and interest arbitration awards. This information is provided for members of the Collective Bargaining Conference – formed by Presidents and Chief Executive officers of Provincial Nurses Unions.</p> <p>Health and Welfare Canada reacts to CNA’s expressed concern that there be a “thorough examination of current methodologies for staffing nursing departments” and appoints Irene Buchan to review the current status of nurse staffing, methodologies used and their implications for workload measurement.</p> <p>Federal government establishes the Canadian Centre for Occupational Health and Safety, and CNA members Huguette Labelle and Margaret Charters are appointed to the governing Council of the Centre for a four-year term beginning January 1979.</p> <p>At the annual meeting and convention in Toronto:</p> <ul style="list-style-type: none"> · bylaws are amended so that Testing Service and Nursing Research committees become standing committees of the Association; · for the first time, a member-at-large representing nursing research is elected to CNA board of directors; · members vote unanimously in support of nurses at Vancouver General Hospital who have expressed concerns for patient care and who are seeking professional autonomy in order to fulfill their professional responsibility; | <p>The Canadian Orthopaedic Nurses Association is founded and becomes an associate member of CNA in 1983.</p> <p>Dorothy M. Wylie is appointed vice-president, nursing, Toronto General Hospital and holds the post for 10 years. In her prior role, leading the nursing department at Sunnybrook, she hired the country’s first clinical nurse specialists. See also 2001.</p> <p>At the International Conference on Primary Care in Alma-Ata, U.S.S.R., the WHO declares health to be a fundamental human right.</p> <p>Canada Post issues a stamp to honour <i>Marie Marguerite d’Youville</i> (1701-1771) whose life was dedicated to easing the lives of the poor. With other women she ran the Hôpital Générale, and they would go on to become the Grey Nuns. She was beatified by Pope John XXIII (1959) and canonized by Pope John Paul II (1990) – the first Canadian born person named a Saint by the Roman Catholic Church.</p> <p>Barbara Nichols, DHL MS RN FAAN becomes the first African American nurse to win the presidency of the American Nurses Association, and serves two terms (1978-1980, 1980-1982). In a distinguished leadership career she goes on to be appointed CEO of the Commission on Graduates of Foreign Nursing Schools, the post she holds at the time of this publication.</p> | <p>In “the year of three popes,” two Popes die in Rome; John Paul II, the first Polish Pope (and first non-Italian Pope in more than 450 years), is elected.</p> <p>Louise Brown, the world’s first “test tube baby,” is born.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <ul style="list-style-type: none"> · members vote that CNA develop, in collaboration with Canadian Association of University Schools of Nursing, Association of Community Colleges of Canada and other organizations, a national accreditation program for nursing education programs; · members vote to urge universities with baccalaureate programs that preparation for primary care nursing is part of basic nursing education as soon as possible; · members vote to pursue the development of a doctoral program in nursing in Canada. <p>CNA holds seminar on Doctoral Preparation in Nursing and publishes the proceedings. Consensus of meeting is that development of one or more programs for PhD. Nursing preparation in Canada is an immediate and urgent need. This seminar is co-sponsored by CNA, CNF and CAUSN, funded by a Kellogg Foundation grant of \$38,250 to the Canadian Nurses Foundation.</p> <p>Biennium summary Annual meeting and biennial convention: Toronto ON</p> <p>CNA membership reaches 121,494.</p> <p>Incoming president: Helen D. Taylor</p> | | |

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|------|---|---|---|
| 1979 | <p>CNA presents brief to Commission of Inquiry on Redundancy and Layoffs and Commission of Inquiry on Education Leave and Productivity.</p> <p>At the CNA annual meeting, delegates amend bylaws to include three public representatives on board of directors.</p> <p>CNA honors Moyra Allen and Huguette Labelle for their outstanding contributions to nursing and Governor General Edward Schreyer makes a presentation.</p> <p>Work begins on three priority projects:</p> <ul style="list-style-type: none"> · Task force committee on accreditation is named, with membership from CAUSN, CNA and CNF, and a project proposal for funding is prepared and sent to the Kellogg Foundation · Task group is named for the project on development of a definition of nursing practice and development of standards for nursing practice and Patricia Wallace is appointed project director · Sister Simone Roach is appointed as director of a project to develop a Canadian Code of Nursing Ethics. <p>CNA sponsors National Forum on Nursing Education in Ottawa, bringing together 350 nurses to discuss areas of concern and priorities.</p> <p>Based on outcomes of 1978 Seminar on doctoral preparation in nursing, CNA directors support a proposal for funding, called "Operation Bootstrap," and this is submitted to the W. K. Kellogg Foundation in November.</p> <p>CNA membership reaches 127,312.</p> | <p>ICN CNR meeting: Nairobi</p> <ul style="list-style-type: none"> · President Helen D. Taylor and executive director Helen K. Mussallem represent CNA at the council meeting and at the <i>ICN/WHO</i> Workshop on Primary Health Care. | <p>Charles Joseph "Joe" Clark (C) is elected prime minister and serves nine months.</p> <p>Margaret Thatcher becomes Britain's first female prime minister.</p> <p>Simone Annie Liliane Jacob Veil (b. 1927) of France is appointed the first woman president of the European Parliament.</p> <p>Mother Theresa (India), leader of the Missionaries of Charity in Calcutta, wins the Nobel Peace Prize.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1980 | <p>The first writing of both the French and English comprehensive R.N. examinations occurs in August. CNA board agrees to publish the Model upon which the comprehensive examination is based.</p> <p>CNA receives \$560,000 from Health and Welfare Canada and completes Phase I of standards project culminating in the publication of the document <i>A Definition of Nursing Practice: Standards for Nursing Practice</i>. Board approves budget to conduct second phase of the project.</p> <p>CNA publishes <i>CNA Code of Ethics: An Ethical Basis for Nursing in Canada</i>, written by Sister Simone Roach. CNA board appoints an ad hoc committee to develop a substitute for Section III. on Caring and the Healing Community, which had been deleted from the published Code.</p> <p>CNA presents its brief, <i>Putting Health Into Health Care</i>, to Hall Health Services Review Enquiry in March. The Honorable Emmett Hall had been appointed Commissioner by the federal government in 1979 to “investigate whether the medicare system as it exists today is fulfilling its goal.” The Commission’s findings are published in September and include the Honorable Emmett Hall’s statement that “the whole submission of the CNA demands close study by all governments and I recommend that this is done in a serious way.” CNA accelerates its program to promote implementation of the recommendations contained in the CNA brief, and individual members are encouraged to support this aim.</p> <p>CNA and Canadian Association of University Schools of Nursing representatives meet in May in Battle Creek, Michigan, with representatives of the Kellogg Foundation concerning funding to pursue (CAN/CAUSN’s) accreditation project. Schools of nursing are surveyed to ascertain their interest in having an accreditation program, and report of this survey is submitted to the Kellogg Foundation in December.</p> <p>CNA accepts invitation from the federal government to present a brief to the Parliamentary Task Force on “Employment Opportunities in the ‘80s.” The tentative date for CNA hearing is early 1981.</p> <p>At the annual meeting and convention in Vancouver:</p> <ul style="list-style-type: none"> · Delegates request CNA to study issues inherent in continuing education for nurses and produce a position paper on continuing education for registered nurses in Canada · Delegates ask that, a) CNA reaffirm its | <p>The Canadian Occupational Health Nurses Association, Inc., is founded becomes an affiliate member of CNA in 1998. The organization develops the first certification examination, which later becomes part of the CNA Certification Program.</p> <p>CNA past-president (1978-1980), Helen Taylor, becomes the first Canadian elected president of the Commonwealth Nurses Federation.</p> <p>Jean Cuthand Goodwill becomes the first Aboriginal woman in the federal public service appointed to be a special advisor to the minister of National Health and Welfare (then the Honourable Monique Bégin).</p> <p>The WHO announces that smallpox has been eradicated – the first disease so eliminated.</p> | <p>Pierre Elliott Trudeau (L) is elected prime minister for the second time.</p> <p>Terry Fox (1958-1981) begins his Marathon of Hope in St. John’s NL.</p> <p>John Lennon is murdered outside his home in Manhattan.</p> <p>Vigdís Finnbogadóttir (b. 1930) is elected president of Iceland and is believed to be the world’s first democratically-elected head of state. She serves until 1996.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p>belief that the executive responsible for the department of nursing shall be an educationally qualified registered nurse who shall be a member of the senior hospital administrative staff, reporting directly to the chief executive officer; and b) the Canadian Council of Hospital Accreditation be requested to emphasize this standard in the Nursing Service's section of the CCHA Guide to Hospital Accreditation;</p> <ul style="list-style-type: none"> · Delegates vote that CNA develop a statement concerning the minimal educational requirements for entry to the practice of nursing · Delegates vote that CNA study the feasibility of developing examinations for certificates in major nursing specialties · Delegates vote that CNA go on record as favoring the concept that independent nursing services provided to clients by professional nurses are eligible for compensatory coverage in provincial health care plans · Delegates vote that CNA promote the use of the Canadian Paediatric Society/Health and Welfare Canada's awareness program called "Breast Feeding" as a teaching tool for registered nurses · CNA is asked to urge federal agencies to consider providing an occupational health nursing consultative service at the federal level · Delegates ask CNA to urge the federal government to extend child resistant packaging requirements to all hazardous household chemicals · CNA is urged to sponsor a second National Forum on Nursing Education, with a focus on the clinical aspects of nursing education, and that this forum be self-supporting · CNA is urged to hold a national forum for nurse administrators on powers and responsibilities related to nursing management · Members ask that CNA study and develop a plan with regard to the issues of equitable representative and equitable annual unit fee of CNA association members · Members ask that CNA study the issues inherent in education of nurses for nursing administration. <p>CNA, in concert with CNF and CAUSN, submits \$5.2 million dollar funding proposal to W. K. Kellogg Foundation, to obtain "starter grants" for establishing a PhD (Nursing) program and two nursing research consortia, and three other projects including emergency fellowships for doctoral preparation.</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p>CNA publishes first inventory of Canadian nursing doctoral statistics, reporting 81 nurses in Canada with earned doctoral degrees and 72 currently enrolled in doctoral programs.</p> <p>CNA honors Dr. Helen K. Mussallem for her outstanding contribution to nursing, and the national nursing library at CNA House is named the "Helen K. Mussallem Library."</p> <p>CNA donates \$10,000 to CNF's Virginia A. Lindabury Scholarship Award, a fund established in 1980 in memory of this nurse who served as editor of <i>The Canadian Nurse</i> from 1965 to 1975.</p> <p>Biennium summary Annual meeting and biennial convention: Vancouver BC</p> <p>Award for outstanding contribution to nursing: Dr. Helen K. Mussallem</p> <p>CNA membership reaches 132,140.</p> <p>Incoming president: Dr. Shirley M. Stinson</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|---|
| 1981 | <p>Ginette Lemire Rodger is appointed the sixth CEO of CNA, serving until 1989.</p> <p>CNA releases <i>Education for Nursing Administration in Canada</i>.</p> <p>The new CNA Forum on Nursing Administration is held in Ottawa.</p> | <p>Seventeenth Quadrennial Congress of the ICN and meeting of the CNR: Los Angeles.</p> <ul style="list-style-type: none"> · E. Muringo Kiereini (Kenya) is elected president. <p>The National Emergency Nurses' Affiliation Inc. is founded and becomes an associate member of CNA in 1990.</p> <p>The National Federation of Nurses Unions is created to represent unionized nurses at the national level.</p> <p>U.S. Surgeon General C. Everett Koop names Faye Glenn Abdellah as deputy surgeon general. She is the first nurse and first woman to ever hold the post, serving for 8 years.</p> <p>Nurse theorist Rosemarie Rizzo Parse first publishes her <i>man-living-health</i> theory – later (1992) the <i>human becoming</i> theory.</p> <p>On June 5, <i>Morbidity and Mortality Weekly Report</i> publishes a report marking the start of the AIDS epidemic. By the time CNA turns 100 in 2008, more than 25 million people have died from the disease worldwide.</p> <p>The first vaccine for Hepatitis B is developed.</p> | <p>President Anwar Sadat (Egypt) is assassinated.</p> <p>In London, Prince Charles marries Lady Diana Frances Spencer in the most-watched wedding in history.</p> <p>The first NASA space shuttle "Columbia" makes its maiden flight and goes to space 28 times before disintegrating on re-entry in 2003.</p> <p>Sandra Day O'Connor is the first woman appointed to the U.S. Supreme Court.</p> <p>The Rt Hon Dame Elmira Minita Gordon, (b. 1930) is appointed Governor General of Belize, serving until 1993. She becomes the first woman Governor General in the Commonwealth.</p> |
| 1982 | <p>CNA's board of directors makes the landmark recommendation that from the year 2000 onward, minimal education for entry to practice will be a baccalaureate degree in nursing.</p> <p>The Yukon Nurses Society joins CNA.</p> <p>CNA's work with Nigeria, Ghana, Sierra Leone, Liberia and the Gambia results in establishment of the Nursing Development Program of the West African College of Nursing.</p> <p>Verna Huffman Splane chairs CNA's committee on international affairs.</p> <p>Biennium summary Annual meeting and biennial convention: Ottawa ON</p> <p>Award for outstanding contribution to nursing: Verna Huffman Splane</p> <p>Incoming president: Helen Preston Glass</p> | <p>The Yukon Nurses Society is formed, later the Yukon RNs Association, 1992.</p> <p>The Academy of Canadian Executive Nurses is founded and becomes an associate member of CNA in 1986.</p> <p>The Canadian Association for Enterostomal Therapy is founded and becomes an associate member of CNA in 1997.</p> <p>Based on a suit first launched by Joe Hogan, a male nursing supervisor wishing to pursue baccalaureate nursing education near his home, U.S. Supreme Court justice Sandra Day O'Connor writes the landmark opinion that Mississippi University for Women is violating the equal protection clause of the Fourteenth Amendment through its single-sex admissions policy. The nursing school is forced to admit qualified males for the first time; other schools immediately follow suit.</p> | <p>The Canada Act is passed by the British House of Lords (and signed in Canada by the Queen in April), ending British legislative authority over Canada.</p> <p>The Canadian Charter of Rights and Freedoms comes into effect.</p> <p>Bertha Wilson becomes the first woman appointed to the Supreme Court of Canada.</p> <p>Michael Jackson releases <i>Thriller</i>, which sells some 110 million copies and is to date the greatest selling album in history.</p> <p>In Canada's worst civil disaster at sea, the oil rig Ocean Ranger capsizes, killing all 84 crew members, the majority from Newfoundland & Labrador</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1983 | <p>CNA publishes its <i>Ethical Guidelines for Nursing Research Involving Human Subjects</i>.</p> <p>CNA proposes 11 amendments to the December 1983 <i>Canada Health Act</i>; the Act is amended and receives royal assent in April 1984.</p> <p>CNA names its award for outstanding contributions to nursing the “Jeanne Mance Award,” which will be the highest national honour awarded in Canadian nursing, to be conferred at each biennial convention.</p> <p>Annual meeting and 75th anniversary celebration held in Ottawa, 6-7 April.</p> | <p>ICN CNR meeting: Brasilia.</p> <p>The world’s first successful lung transplant is performed, Toronto General Hospital.</p> | <p>Sally K. Ride becomes the first woman astronaut to fly in space.</p> |
| 1984 | <p>In what will become the first major membership change in the organization’s history, l’Ordre des infirmières and infirmiers du Québec, the largest membership block within CNA, votes at its annual meeting to disaffiliate from CNA.</p> <p>The Canadian Council of Occupational Health Nurses develops a certification examination that goes on to be part of the CNA Certification Program. The first exams are written in 1984.</p> <p>CNA publishes <i>The Research Imperative for Nursing in Canada: A Five-Year Plan Toward Year 2000</i>, and sponsors its first National Conference for Nurse Administrators.</p> <p>Biennium summary Annual meeting and biennial convention: Quebec City QC</p> <p>Jeanne Mance Award: Florence H.M. Emory and Sister Denise Lefebvre</p> <p>Incoming president: Lorraine Besel</p> | <p>The Canadian Association of Nephrology Nurses and Technologists is founded and becomes an associate member of CNA in 1997.</p> <p>The Canadian Association of Nurses in Oncology is founded and becomes an associate member of CNA in 1988.</p> <p>The Canadian Gerontological Nursing Association is founded and becomes an associate member of CNA in 1986.</p> <p>The Operating Room Nurses Association of Canada is founded and becomes an associate member of CNA in 1987.</p> <p>The <i>Canada Health Act</i> receives royal assent in April; among other “firsts,” the new act prohibits user fees and extra billing by physicians.</p> <p>Nurse theorist Patricia Benner publishes her (first) award winning book, <i>From Novice to Expert</i>.</p> | <p>John Turner (L) replaces the retired Pierre Trudeau (L) as prime minister (non-elected) and serves less than three months. In the ensuing election, Brian Mulroney (C) wins the largest elected majority government in Canadian history, and has mandates in 1984 and 1988.</p> <p>The Right Honourable Jeanne Sauvé becomes the first woman to serve as Governor General of Canada, holding the post until 1990.</p> <p>Indian prime minister Indira Gandhi is assassinated.</p> <p>Stephen Lewis is appointed Canadian ambassador to the United Nations, serving until 1990. He goes on to be deputy director of UNICEF (1995-1999) and United Nations special envoy for HIV/AIDS in Africa (2001-2006). See also 2005.</p> <p>In Bhopal India, the Union Carbide pesticide plant releases methyl isocyanate gas and other poisons that expose more than a half million people. Thousands are killed, tens of thousands suffer blindness and other injuries, and 25 years after what some call the worst environmental disaster in history, citizens are still becoming ill and suffering birth defects from the toxins in the local environment.</p> <p>South African Anglican Archbishop Desmond Tutu (South Africa) wins the Nobel Peace Prize.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---|
| 1985 | <p>L'Ordre des infirmières and infirmiers du Québec disaffiliates from CNA effective November.</p> <p>CNA is funded by CIDA to carry out a three-year project to strengthen nursing and its infrastructure in Bolivia.</p> | <p>Eighteenth Quadrennial Congress of the ICN and meeting of the CNR: Tel Aviv</p> <ul style="list-style-type: none"> · Nelly G. Alarcon (Columbia) is elected president. · Past-president of CNA (1982-1984), Helen Preston Glass, is appointed 1st vice-president (1985-1989) · Sometimes called the world's "most beloved nurse," Virginia Avenel Henderson (U.S.A.) is the inaugural recipient of the ICN's Christiane Reimann Prize, which becomes nursing's most prestigious international award. | <p>En route from Montreal to London, Air India flight 182 is exploded by a terrorist bomb in Irish airspace, killing all 329 (mostly Canadians) passengers and crew.</p> <p>Microsoft Corporation releases Windows Version 1.0.</p> |
| 1986 | <p>CNA concludes its CARICOM project – which culminates in a standard entry-to-practice nursing examination to be used in 13 Caribbean nations.</p> <p>Biennium summary Annual meeting and biennial convention: Regina SK</p> <p>Jeanne Mance Award: Dorothy Kergin</p> <p>Incoming president: Helen Evans</p> | <p>The Canadian Association for Nursing Research is founded and becomes an associate member of CNA in 1990.</p> <p>The Canadian Holistic Nurses Association is founded and becomes an associate member of CNA in 1989.</p> <p>Thomas Clement "Tommy" Douglas, PC, CC, SOM, (b. 1904) dies in Ottawa. Tommy Douglas led the first socialist government on the continent and introduced universal health care to the country. With Emmett Hall (1898-1995) he is considered one of the fathers of Medicare.</p> <p>The world's first successful double lung transplant is performed at Toronto General Hospital.</p> | <p>The U.S. space shuttle "Challenger" explodes on takeoff, killing its 7 crew members.</p> <p>Oprah Winfrey becomes the first Black woman to host her own national talk show; still on air, it is scheduled to end in 2011.</p> <p>Walking home from a cinema with his wife one evening, Swedish prime minister Sven Olof Joachim Palme is assassinated by a lone gunman; the crime is never solved.</p> <p><i>The Phantom of the Opera</i> has its premiere in London.</p> <p>Maria Corazon "Cory" Sumulong Cojuangco Aquino (1933-2009) becomes the first female president of the Philippines and Asia's first female head of state.</p> |
| 1987 | <p>The Canadian Association of Neuroscience Nurses becomes the first group awarded CNA Special Interest Group status.</p> <p>Construction begins on an expansion of CNA House and is completed in 1988.</p> <p>All references to dependent roles for nurses are removed from <i>Definition of Nursing Practice and Standards for Nursing Practice</i>.</p> | <p>ICN CNR meeting: Auckland.</p> <p>The Community Health Nurses of Canada is founded and becomes an associate member of CNA in 1989.</p> <p>The Canadian Association for the History of Nursing is founded by Barbara Keddy and Margaret Allemang; the organization becomes an associate member of CNA in 1991.</p> <p>The Canadian Association of Burn Nurses is founded and becomes an associate member of CNA in 1992.</p> <p>The Canadian Nurses Foundation celebrates its 25th anniversary in Ottawa on 6 June with a reunion of scholars</p> <p>Dorothy Wylie and Jan Dick co-found the <i>Canadian Journal of Nursing Administration</i>, later <i>The Canadian Journal of Nursing Leadership</i>. Wylie goes on to edit the journal for a decade.</p> | <p>In Canada's second-deadliest tornado, 27 are killed and 300 injured in Edmonton.</p> <p>Aretha Louise Franklin (b. 1942) becomes the first woman inducted into the Rock and Roll Hall of Fame.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1988 | <p>The first CNA Media Awards are presented in Ottawa.</p> <p>CNA's board establishes the <i>CNA Memorial Book</i> to honour deceased nursing leaders. The book of names and biographies provides a way to publicly recognize nursing leaders' contributions to CNA's membership and the public. All deceased CNA presidents and executive directors are also included in the book. Nominees are selected annually and given public recognition at each CNA biennial convention.</p> <p>Biennium summary Annual meeting and biennial convention: Charlottetown PE</p> <p>Jeanne Mance Award: Maria Rovers (posthumous)</p> <p>Incoming president: Judith Ritchie</p> | <p>The Canadian Nurses Protective Society is established to ensure that nurses are able to effectively manage their professional legal risks and are appropriately assisted when in professional legal jeopardy. Six professional nurses' associations come together to form the organization "to overcome the frustrations and high premiums experienced by member associations at the hands of commercial insurers." As of 2009 all Canadian jurisdictions except BC and QC are members. Nurse-lawyer Pat McLean is the founding staff member and manager of the organization and remains as CEO as of this publication.</p> <p>The Canadian Association for Parish Nursing Ministry is founded and becomes an associate member of CNA in 2007.</p> <p>The Canadian Association of Nurses in AIDS Care is founded and becomes an associate member of CNA in 1996.</p> <p>The Canadian Federation of Mental Health Nurses is founded and becomes an associate member of CNA in 1991.</p> <p>The first test-tube quintuplets are delivered at Women's College Hospital, Toronto.</p> <p>Nurse theorist Rosemarie Rizzo Parse founds (and edits) <i>Nursing Science Quarterly</i>.</p> | <p>The winter Olympic Games are held in Calgary.</p> <p>Benazir Bhutto (1953-2007) is elected prime minister of Pakistan at the age of 35 – the first woman to hold the job and first woman elected to lead a Muslim state.</p> |
| 1989 | <p>Judith Oulton of New Brunswick is appointed the seventh CEO of CNA, serving until 1995.</p> | <p>Nineteenth Quadrennial Congress of the ICN and meeting of the CNR: Seoul</p> <ul style="list-style-type: none"> · Mo-Im Kim (Korea) becomes the first Asian president of ICN · Dame Ruth Nita Barrow (Barbados) receives ICN's Christiane Reimann Prize, nursing's most prestigious international award <p>The Canadian Society of Gastroenterology Nurses and Associates is founded and becomes an associate member of CNA in 2003.</p> <p>The Canadian Nurses Protective Society offers its first legal education seminars – a service that remains in demand to in 2009.</p> <p>Former CNA president (1982-1984), Helen Preston Glass, is invested as an Officer of the Order of Canada.</p> | <p>The Canada-U.S. Free Trade Agreement (later North America Free Trade Agreement including Mexico) comes into effect.</p> <p>A lone gunman murders 14 women students at École Polytechnique Montréal, the largest engineering school in Quebec.</p> <p>Tim Berners-Lee proposes a global hypertext project called the "world wide web."</p> <p>The Berlin wall comes down, tumbling with it most of the old communist regimes of the U.S.S.R. and dismantling the union itself.</p> <p>The new Canadian Museum of Civilization opens in Gatineau QC in the shadow of the Parliament Buildings – and becomes the most visited museum in Canada.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 1990 | <p>On 9 November, CNA and the Canadian International Development Agency sign a second multi-year agreement for funding of nursing activities in developing countries.</p> <p>Biennium summary Annual meeting and biennial convention: Calgary AB</p> <p>Jeanne Mance Award: Shirley M. Stinson</p> <p>Incoming president: Alice Baumgart</p> | <p>Huguette Labelle, former CNA president (1974-1976), is appointed an Officer of the Order of Canada (promoted in 2002).</p> <p>With its new Info-Santé CSCL, Quebec establishes Canada's first 24-hour tele-health line. The name is changed to Info-Santé 811 in 2008.</p> <p>Dame Ruth Nita Barrow (1916-1995), who studied nursing in Barbados, at the Universities of Toronto and Edinburgh, and at Columbia University, is appointed the first woman governor general of Barbados. Previously Barrow held diverse portfolios, including presidencies of the World Council of Churches and World YWCA. She was previously the first woman ambassador for Barbados to the United Nations, 1986-1990.</p> | <p>Iraq invades Kuwait in August, starting the Persian Gulf War. The war ends in February 1991.</p> <p><i>Seinfeld</i> begins its award-winning nine-year run on NBC.</p> |
| 1991 | <p>CNA becomes a founding member of the Health Action Lobby (HEAL). As of 2009, CNA is one of 38 member organizations in HEAL.</p> <p>10 January – CNA releases a study on the use of tobacco and nurses.</p> <p>25-26 March – CNA hosts the first in a series of conferences on work life issues and a caring practice, in Saint John, New Brunswick.</p> <p>August – the first <i>CNA Today</i> is published.</p> | <p>ICN CNR meeting: Kingston (JA).</p> <p>University of Alberta establishes Canada's first funded doctoral program in nursing. Former CNA CEO (1981-1989) and future president (2000-2002), Ginette Lemire Rodger, is the first graduate from the program.</p> <p>The Canadian Association of Advanced Practice Nurses is founded by Cheryl Forchuk and becomes an associate member of CNA the same year.</p> <p>The Canadian Nurses Protective Society establishes its distinctive logo and trademark.</p> <p>Marla Salmon is appointed director, Division of Nursing, Bureau of Health Professions, U.S. Department of Health and Human Services (1991-1997) and later chief nurse, Health Resources and Services Administration, U.S. Department of Health and Human Services (1992-1997). She goes on to serve as a member of President Clinton's White House Taskforce on Healthcare Reform.</p> <p>More than 1,200 people are infected with HIV-tainted blood in France's widest-sweeping modern health scandal.</p> | <p>Rita Margaret Johnston succeeds William Vander Zalm and becomes the first woman premier (non-elected) of a Canadian province. She serves for seven months until the party is defeated in the November general election.</p> <p>Through a consensus governance process in the Northwest Territories, Nellie Cournoyea is chosen as the first woman premier of a Canadian territory.</p> <p>Opposition leader Aung San Suu Kyi (Burma) wins the Nobel Peace Prize "for her non-violent struggle for democracy and human rights." She remains under house arrest in Myanmar at the time of this publication.</p> <p>President Frederik Willem de Klerk declares an end to Apartheid laws in South Africa and becomes the last leader to preside over Apartheid South Africa.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 1992 | <p>First <i>Canadian RN Exam Prep Guide</i> is launched in Onawa.</p> <p>Nursing Minimum Data Set Conference is held in Edmonton AB.</p> <p>On World AIDS Day, CNA launches a resource kit designed to enhance the quality of nursing care for clients living with HIV/AIDS.</p> <p>Biennium summary Annual meeting and biennial convention: St. John NB</p> <p>Jeanne Mance Award: Helen Preston Glass</p> <p>Incoming president: Fernande Harrison</p> | <p>The University of Prince Edward Island admits the first students to its new 4-year baccalaureate program in nursing.</p> <p>Former CNA executive director, Helen K. Mussallem is invested as a Companion of the Order of Canada (promoted from Officer, originally 1969).</p> <p>The Canadian Nurses Protective Society awards the largest sum ever paid (to date) for a nurse's legal defense in Canada; more than a quarter of a million dollars is paid following defense of an alleged criminal offense.</p> <p>The Canadian Nurses Protective Society publishes its first legal information bulletin: <i>infoLAW</i>®. The topic is "Quality Documentation: Your Best Defense." As of 2009 there are 30 topics in print.</p> <p>Jean Cuthand Goodwill, a founder of the Indian and Inuit Nurses of Canada (now the Aboriginal Nurses Association of Canada), and later its president (1983-1990), is invested as an Officer of the Order of Canada.</p> <p>At Lakehead University in Ontario, Lorne McDougall becomes the first male director of a Canadian university school of nursing, serving until 2002 and again 2003-2004. See also David Gregory, 1999.</p> <p>In Toronto, Mount Sinai Hospital's Department of Nursing becomes the first in the world to be designated as a World Health Organization Collaborating Centre for Nursing.</p> <p>The Canadian University Nursing Students' Association admits diploma students and changes its name to the Canadian Nursing Students' Association.</p> <p>50th anniversary of the Canadian Association of University Schools of Nursing.</p> <p>The vaccine for Hepatitis A is discovered.</p> | <p>William Jefferson "Bill" Clinton (D) wins the U.S. election for the first of two terms.</p> <p>Music from <i>The Bodyguard</i> becomes, to date, the biggest-selling film soundtrack album in history.</p> |

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|------|---|---|--|
| 1993 | <p>CNA holds work-life issues conferences in Charlottetown (23-25 September) and Regina (21-23 October).</p> | <p>Twentieth Quadrennial Congress of the ICN and meeting of the CNR: Madrid</p> <ul style="list-style-type: none"> · Margretta “Gretta” Madden Styles is elected president. Known as “the mother of nurse credentialing,” Styles becomes the only nurse to serve as president of the American Nurses Association, American Nurses Credentialing Center and ICN. She is a fellow of the American Academy of Nursing and one of its “Living Legend” inductees (1999), as well as a member of the American Nurses Association Hall of Fame (2000). · Dame Sheila Margaret Imelda Quinn DBE, FRCN, Hon. DSc, BSc (Econ), RGN, RM, RNT wins ICN’s Christiane Reimann Prize, nursing’s most prestigious international award. Among many positions, she was CEO of ICN (1967-1970) and president of the UK Royal College of Nursing (1982-1986). <p>The Association of Women’s Health, Obstetric and Neonatal Nurses (Canada) is founded and becomes an associate member of CNA the same year.</p> <p>The Canadian Hospice Palliative Care Association – Nurses Interest Group is formed and becomes an associate member of CNA in 2008.</p> | <p>After the resignation of Brian Mulroney (C), Kim Campbell (C) becomes prime minister (non-elected) – the first woman to hold the office. She serves for five months. Joseph Jacques Jean Chretien (L) is elected prime minister, serving for a decade, with mandates in 1993, 1997 and 2000.</p> <p>In Prince Edward Island, Catherine Callbeck becomes the first woman elected as premier of a Canadian province.</p> <p>Nelson Mandela and Frederik Willem de Klerk (both of South Africa) share the Nobel Peace Prize.</p> |
| 1994 | <p>8 March – CNA board of directors formally lobbies Parliament Hill. In a series of meetings, board members express their continuing concern for the future of Canada’s health care system. Primary health care is fundamental to the reform process, nurses tell elected officials.</p> <p>Biennium summary Annual meeting and biennial convention: Winnipeg MB</p> <p>Jeanne Mance Award: E. Louise Miner</p> <p>Incoming president: Eleanor Ross</p> | <p>Richard B. Splane and Verna Huffman Splane publish their landmark 53-country study, <i>Senior nurses in government: chief nursing officer positions in national ministries of health</i>.</p> <p>The Canadian Institute for Health Information is founded.</p> | <p>Nelson Mandela is elected president of South Africa.</p> |
| 1995 | <p>CNA President Eleanor Ross marks the 50th anniversary of the end of W.W. II by laying flowers at the nurses’ memorial on Parliament Hill on Remembrance Day.</p> <p>15 November – CNA board of directors announces the appointment of Mary Ellen Jeans as incoming CEO.</p> | <p>ICN CNR meeting: Harare.</p> | <p>Yitzhak Rabin, prime minister of Israel, is assassinated.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 1996 | <p>In February, Mary Ellen Jeans of Ontario joins CNA as its eighth CEO.</p> <p>A commemorative garden in honour of Canada's Nursing Sisters is planted at CNA House on 8 May.</p> <p>19 June – Members endorse the "Future Directions" initiative at the annual general meeting in Halifax, Nova Scotia.</p> <p>CNA goes online for the first time at www.cna-nurses.ca</p> <p>On 18 December, CNA condemns the overt act of violence in Chechnya that resulted in the death of British Columbia nurse Nancy Malloy. Later this decade, in conjunction with the Canadian Red Cross and PATH Canada, CNA works toward the construction of a monument to Canadian Aid Workers.</p> <p>CNA publishes <i>Lexicon – Glossary of Nursing Terminology</i></p> <p>Biennium summary Annual meeting and biennial convention: Halifax NS</p> <p>Jeanne Mance Award: Margaret Neylan</p> <p>Incoming president: Rachel Bard</p> | <p>CNA's board of directors announces new directions for its testing division. The division is established as a separate business, Assessment Strategies Inc., to allow the new corporation to better serve existing clients and build a future client base.</p> <p>Judith Oulton, CNA's past CEO, is appointed CEO of ICN.</p> <p>Verna Huffman Splane, former principal nursing officer for Canada (1968-1972), is invested as an Officer of the Order of Canada.</p> <p>Beverly Malone is elected to the first of two terms as president, American Nurses Association.</p> | <p>Canadian Louise Arbour is appointed chief prosecutor of War Crimes before the International Tribunal for Rwanda and the International Criminal Tribunal for the Former Yugoslavia. Her indictment of Yugoslavian president Slobodan Milošević becomes the first time a sitting head of state is called before an international court. Arbour goes on to be appointed as a justice of Canada's Supreme Court (1999-2004) and then United Nations High Commissioner for Human Rights (2004-2008).</p> <p>At the Olympic Games in Atlanta, Canada's Donovan Bailey becomes the fastest man on earth.</p> <p>Maleleine Albright becomes America's first female secretary of state.</p> |
| 1997 | <p>On 6 March, the CNA Media Awards for Excellence in Health Reporting celebrates its 10th year.</p> <p><i>The Report of the National Nursing Competency Project</i>, a three-year collaborative effort of 29 organizations, is released on 14 October.</p> <p>CNA initiates its "1 in 70 Voters is a Registered Nurse" campaign prior to the 1997 federal election.</p> <p>In November, CNA publishes <i>Statistical Picture of the Past, Present and Future of Registered Nurses in Canada</i> (known as the Ryten report after its author) – a statistical study predicting a dire, looming national shortage of nurses.</p> <p>In July, Assessment Strategies Inc. is incorporated as a CNA wholly owned subsidiary and assumes the operations of the Testing Services Department of CNA.</p> | <p>Twenty-first Quadrennial Congress of the ICN and meeting of the CNR: Vancouver</p> <ul style="list-style-type: none"> · CNA hosts the quadrennial meeting of ICN in June; more than 5,000 nurses from 119 countries attend the Congress in Vancouver. The theme is <i>Sharing the Health Challenge</i>. · Kirsten Stallknecht (Denmark) is elected president. · Mo-Im Kim (Korea) and Hildegard Peplau (U.S.A.) share ICN's Christiane Reimann Prize, nursing's most prestigious international award. <p>The Honourable Lucie Pépin, CQ, BA, LLD, (b. 1936) who first studied nursing at Saint-Jean d'Iberville Hospital and did post graduate study in obstetric and gynecological nursing at Montreal's Notre-Dame Hospital, is appointed senator for the senatorial division of Shawinigan.</p> <p>Canada Post issues a stamp to mark the 100th anniversary of VON Canada.</p> <p>The Canadian Health Services Research Foundation is founded.</p> <p>Tele-health is established in Manitoba (Health Links-Info Santé) and New Brunswick, (Tele-Care).</p> | <p>After serving as Ireland's first female president (1990-1997), Mary Therese Winifred Robinson (b. 1944), becomes the first woman to serve as United Nations High Commissioner for Human Rights.</p> <p>In Guyana, Janet Rosenberg Jagan (1920-2009) becomes the nation's first white, and first female, prime minister and president.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 1998 | <p>CNA holds the Second Annual National Nursing Forum in Onawa, 13 June.</p> <p>CNA and the Board for Occupational Health Nurses Inc. ratify a reciprocity agreement in Onawa on 10 July.</p> <p>CNA publishes <i>Registered Nurses Human Resources: Recruitment and Retention Issues</i></p> <p>Biennium summary Annual meeting and biennial convention: Ottawa ON</p> <p>Jeanne Mance Award: Peggy Ann Field</p> <p>Incoming president: Lynda Kushnir Pekar</p> | <p>The Canadian Association of Nurses in Hemophilia Care is founded and becomes an affiliate member of CNA in the same year.</p> <p>The Canadian Nurses Protective Society launches its web site.</p> <p>CNA participates as a member of the coalition of health care groups to produce the first annual <i>Health Care in Canada</i> national survey of providers and users, under the sponsorship and leadership of Merck Frosst.</p> <p>Canadian Blood Services and Héma-Québec are both established.</p> <p>Future CNA president (2010-2012) Judith Shamian is elected president of the RN Association of Ontario.</p> <p>At Chicago State University, Elnora D. Daniel becomes the first black nurse appointed president of a university and serves for 10 years.</p> <p>Fiftieth anniversary of WHO.</p> | <p>An ice storm swamps eastern Ontario, southern Quebec, northern US states and parts of the Atlantic provinces. Nearly a thousand are injured and 35 die. A thousand massive hydro pilons snap under the weight of the ice and some areas are left in the freezing cold without power for a month.</p> <p>Swissair flight 111 crashes into the ocean off Peggy's Cove NS, killing all 229 on board.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|--|
| 1999 | <p>As the decade ends, more than 8,500 registered nurses have been certified in nine nursing specialties since the beginning of CNA's Certification Program in 1991.</p> <p>The third National Nursing Forum is held, 10 November.</p> <p>The first CNA Certification Program <i>Employer Recognition Award</i> is presented – to Mount Sinai Hospital, Toronto.</p> <p>CNA launches its <i>Quiet Crisis</i> lobby prior to the 1999 federal budget</p> <p>21 June – first national roundtable of stakeholders in nursing is held in Ottawa “to provide a forum for participants to openly discuss the challenging issues facing the three regulated nursing occupational groups and to collaborate on the development of a long-term national nursing resource strategy. The meeting sets the stage for a national study of the nursing labour market.</p> | <p>ICN 100th anniversary celebrated in London along with CNR meeting.</p> <ul style="list-style-type: none"> · Margaret Hilson of Canada wins the inaugural ICN/ Florence Nightingale International Foundation International Achievement Award. <p>The Canadian Association of Hepatology Nurses is founded and becomes an associate member of CNA in 2001.</p> <p>The Canadian Nurses Protective Society adds new core services including legal assistance for nurses appearing as witnesses in court and at inquests, and legal support for criminal investigations. In addition, a group insurance plan called “CNPS Plus” is sponsored with Aon Reed Stenhouse to provide business coverage for nurses in independent practice, additional malpractice coverage for nurses in independent practice, directors’ and officers’ coverage for nursing organizations and professional discipline coverage. This plan continues in 2009 and is an important additional source of liability support to nurse practitioners. This year the organization launches its French-language website and publishes its eleventh edition of <i>infoLAW</i>®.</p> <p>A 10-year, \$25 million national nursing research fund is established. This fund is administered by the Canadian Health Services Research Foundation. While the primary mandate of the fund is to support research addressing policy, leadership and organization of nursing services, a component of the fund – the Nursing Care Partnership Program – is directed to support clinical nursing research. See also 2003.</p> <p>Judith Shamian is appointed executive director of Health Canada’s new Office of Nursing Policy, serving until 2004.</p> <p>The National Federation of Nurses Unions changes its name to the Canadian Federation of Nurses Unions; its president continues to be Kathleen Connors.</p> <p>Kathleen MacMillan (former president of the RN Association of Ontario, 1994-1995) is appointed the first provincial chief nursing officer for Ontario, serving until 2001. She goes on to become the first executive director, Office of Nursing Services, First Nations and Inuit Health Branch, Health Canada, and from there, dean of Health Sciences at Humber in Toronto. With some 1300 enrolled in it RN and practical nurse programs (in 2009), Humber is the largest single-site school of nursing in the country.</p> <p>At the University of Manitoba, David Gregory becomes the first male dean of a Canadian university faculty of nursing (1999-2004). See also Lorne McDougall, 1992.</p> | <p>Adrienne Louise Clarkson (born Ng Bing Tse, later Adrienne Louise Poy, in 1939 in Hong Kong) becomes Canada’s first Asian-Canadian Governor General.</p> <p>Separated from the original Northwest Territory, the new (and largest) Canadian territory, Nunavut, is established.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---------------------------|--|---------------------------|
| | | <p>At Dalhousie University, Dr. Noni MacDonald becomes the first female dean of a Canadian faculty of medicine.</p> <p>Recognizing the trend to think broadly about health systems being more than disease care alone, Alberta Health changes its name to Alberta Health and Wellness. Most other jurisdictions follow suit over the next decade, their names changing to reflect wellness, healthy living and health promotion.</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 2000 | <p><i>International Bureau</i></p> <ul style="list-style-type: none"> The International Bureau begins the new century with a manager, an administrative assistant and 0.6 FTE nurse consultant as part of Policy, Regulation and Research. The bureau is in the course of implementing a three-year, \$1.8 million CIDA-funded program with partners in Ethiopia, Vietnam, Indonesia, Ecuador and Nicaragua. CNA coordinates participation of Minister Maria Minna (International Cooperation) to the International Conference of Southern African Development Community nurses in Durban (Minister stated that this was the most powerful experience during her attendance of the International AIDS Symposium in Durban July 2000) Funding is obtained from CIDA to support technical exchange project for Brazil involving a Nursing Homecare Course. Three Canadian nurses participated and the RNABC Global Health Interest Group provided professional support. Partnership with the Canadian Public Health Association toward strengthening health services in Kosovo, two Canadian nursing consultants sent on mission in 2000, project undertaken and work plan developed. Amendment of CIDA contribution agreement, adding \$800K to program Positioned the concept of Global Health and Equity with the CNA Board, resulting in change to CNA goal. Convened workshop at CNA biennium in Vancouver on gender equity. <p><i>Certification program</i></p> <ul style="list-style-type: none"> CNA Certification Program celebrates 20 year milestone since resolution brought forward at CNA Biennium for CNA to study the feasibility of developing examinations for certification in major nursing specialties. A recent report released by the Nursing Credentialing Research Coalition (NCRC) finds that certification has a dramatic impact on the personal, professional and practice outcomes of certified nurses. This report marks the largest study ever conducted on U.S. and Canadian nurses who hold professional certification. Surveys were sent last May to 50 per cent of CNA certified nurses. Of the 20 certifying organizations that participated in the study, CNA was the only Canadian nursing organization. The second annual CNA Certification Program Employer Recognition Award is presented to Network north, The Community Mental Health Group. | <p>The Canadian Nurse Continence Advisors Association is founded and becomes an associate member of CNA in 2002.</p> <p>CNA's CEO Mary Ellen Jeans is appointed co-chair (with Verna Holgate, Canadian Practical Nurses Association) of the steering committee conducting the background work for the first national sector/occupational study of nursing.</p> <p>With the adoption of Policy Governance®, the Canadian Nurses Protective Society's management structure and accountability mechanisms are changed to reflect its status as an independent organization. Pat McLean, founding staff member and manager, is appointed executive director and CEO, and a third nurse-lawyer is added to the staff.</p> <p>The federal/provincial/territorial <i>Nursing Strategy for Canada</i> is released.</p> <p>25th anniversary of the Canadian Practical Nurses Association.</p> <p>Fjola Hart-Wasekeesikaw, president of the Aboriginal Nurses Association of Canada, wins the National Aboriginal Achievement Foundation Award in the health category.</p> <p>Canada Post issues a stamp to honour <i>Pauline (Archer) Vanier</i> and <i>Elizabeth Lawrie Smellie</i>. Vanier (1898-1991), lifelong volunteer and wife of Governor General Georges Vanier, was the first non political woman appointed to the Queen's Privy Council for Canada. She moved to France after her husband's death to work with her son at <i>L'Arche</i>, the institution he founded for the mentally handicapped. Smellie (1884-1968) was the first female colonel in the Canadian Army. She served Canada as a nurse in both world wars, was superintendent of VON Canada, and went on to become matron-in-chief in the Royal Canadian Army Medical Corps (1941-1955).</p> <p>The <i>First Ministers' Meeting Communiqué on Health</i> sets the stage for major re-investments and broad reform across the health care system that will play out over the next decade.</p> <ul style="list-style-type: none"> As part of that accord, first Ministers agreed that "improvements to primary health care are crucial to the renewal of health services" and highlighted the importance of multi-disciplinary teams. In response to this agreement, the Government of Canada established the \$800M Primary Health Care Transition Fund, 2000-2006, to support "provinces and territories in their efforts to reform the primary health care system." | <p>World population reaches approximately 6 billion – up from about 1 billion in 1800 and 1.6 billion in 1900.</p> <p>Former prime minister Pierre Elliott Trudeau (L) dies.</p> <p>The Right Honourable Beverly McLachlin PC becomes the first woman appointed as chief justice of Canada's Supreme Court.</p> <p>In the highly-contested U.S. election, George Walker Bush (R) is declared president over rival Al Gore by a few hundred votes after weeks of re-counting and uncertainty.</p> <ul style="list-style-type: none"> Bush appoints General Colin Powell as the country's first Black secretary of state. <p>Air France flight 4590, a Concorde flight to New York, crashes just after taking off from Paris, killing all 109 on board and four on the ground. Despite the best safety record of any airliner in history, the fleet is grounded, and by 2003 the era of supersonic passenger flight is over.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---------------------------|
| | <ul style="list-style-type: none"> · Perinatal nursing examination administered for the first time with credential PNC(C). <p>CNA publishes fact sheets on:</p> <ul style="list-style-type: none"> · A Breastfeeding Partnership · The Canada Health Act · Early Discharge of Maternal Clients · Nurses as First Call · Occupational Health Nurses in Ontario: Impact on employee and employer benefits · Occupational Health Nurses: A Good Return on Investment · Organ Donation and Tissue Transplantation · Palliative Care · The Primary Health Care Approach <p>Biennium summary Annual meeting and biennial convention: Vancouver BC</p> <p>Jeanne Mance Award: Dr. Dorothy Pringle</p> <p>Incoming president: Dr. Ginette Lemire Rodger</p> | <ul style="list-style-type: none"> · Over the course of the funding period, CNA is an active member of several of the resulting national projects, and a partner in the development and execution of five key projects: <ul style="list-style-type: none"> · Linking PHC and mental health (led by College of Family Physicians of Canada) · Facilitating inter- and trans-disciplinary work teams (led by Canadian Psychologists Association) · Linking chronic disease care in the community and PHC (led by The Arthritis Society) · Electronic supports to coordinate care by various health disciplines (led by Canadian Pharmacists Association) · The fifth major project, Facilitating the integration of the role of Nurse Practitioners in the health system, is funded at \$8.8 million over 26 months and is led by. <p>The Canadian Institutes of Health Research are established.</p> <p>Seven die and thousands fall ill after drinking contaminated water in Walkerton Ontario.</p> <p>Dr. Beverly Malone is appointed deputy assistant secretary for health in the US Department of Health and Human Services – the highest federal government position ever held by an American nurse. See also 2001.</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---|
| 2001 | <p>In March 2001, Lucille M. Auffrey of New Brunswick is appointed the ninth CEO of CNA, serving until 2009.</p> <p>CEO Lucille Auffrey joins ICN delegation to the World Health Assembly. Key for nursing was resolution 49.1 on strengthening nursing and midwifery.</p> <p>In September, a new organizational structure creates departments for International Policy & Development, Nursing Policy, Public Policy, and Regulatory Policy, supported by departments of Finance & Administration and Corporate Communications.</p> <p>Her Excellency the Right Honourable Adrienne Clarkson, Governor General, joins CNA and partners from Red Cross and PATH in Ottawa to unveil the Monument to Canadian Aid Workers.</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Privacy of Personal Health Information · Reducing the Use of Tobacco Products · Tobacco: The Role of Health Professionals in Smoking Cessation – Joint Statement <p>CNA publishes</p> <ul style="list-style-type: none"> · <i>Guidelines for Continuing Nursing Education Programs</i> · <i>Understanding Trends and Issues – A User Friendly Guide</i> <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · Formation of the department of International Policy and Development within CNA in Sept 2001. IPD exclusively focused on international policy and program development. · <i>A Time to Remember</i> On June 28, 2001, the Governor General, her Excellency, the Right Honourable Adrienne Clarkson joins CNA and partners from the Red Cross and PATH Canada to unveil the Monument to Canadian Aid Workers, in Ottawa. This impressive memorial was established in honour of B.C nurse, Nancy Molloy who was killed on a Red Cross mission to Chechnya, and Tim Stone, who died while on a mission for PATH Canada. His airplane was hijacked by terrorists and subsequently crashed. The permanent memorial commemorates all Canadian aid workers who have died in the course of their work overseas. Original target \$75,000.00 achieved (and surpassed) for CNA and partner (PATH Canada and Canadian Red Cross Society) fund-raising for the Monument to Canadian Aid Workers · Lucille Auffrey joins ICN delegation to WHA. | <p>Twenty-second Quadrennial Congress of the ICN and meeting of the CNR: Copenhagen</p> <ul style="list-style-type: none"> · Christine Hancock (England) is elected president (2001-2005). Hancock was General Secretary of the UK Royal College of Nursing from 1989 to 2001. · Sadako Ogata (Japan), former United Nations High Commissioner for Refugees, is the inaugural recipient of the ICN Health and Human Rights Award. · Susie Kim (Korea) is awarded the second ICN/ Florence Nightingale International Foundation International Achievement Award. <p>The National Association of PeriAnesthesia Nurses of Canada© is founded and becomes an associate member of CNA the same year.</p> <p>Christine Egan, a nurse-epidemiologist with Health Canada based in Winnipeg, is the only Canadian nurse killed in the terrorist events of 11 September. Egan was visiting her younger brother's office in the World Trade Centre in New York when the attack took place, and both were killed.</p> <p>CNA president Ginette Lemire Rodger is appointed to the Canadian Nursing Advisory Committee 2001-2002.</p> <p>The Honourable Jane Stewart, Minister of Human Resources Development Canada, announces funding of \$1.8 million over two years for the national nursing sector study. The nursing sector is to contribute a further \$2.2 million.</p> <p>CNA's Regulatory Department director, Louise Sweatman, is appointed the first Chair of the Canadian Network of National Associations of Regulators, and serves until 2009. During this time network incorporated; develops a bilingual website presence; holds the first ever Canadian Regulatory conference; receives federal funding for a national forum on mobility and the Agreement on Internal Trade; and retains an association management company to carry out its the administrative functions.</p> <p>The first Dorothy M. Wylie Nursing Leadership Institute is held in Toronto, and quickly becomes the country's premier resource for nursing leadership development. By the end of 2009, 16 institutes are held, reaching some 1500 nurses from nearly every province and territory. Founders and lead faculty are Judith Skelton-Green, Julia Scott and Beverly Simpson (see also 2005).</p> <p>50th anniversary of the Registered Psychiatric Nurses of Canada.</p> <p>In the first wave of provincial health system reviews after the cutbacks of the 1990s, reports are released in Alberta (<i>A Framework for Reform: Report of</i></p> | <p>On 11 September, 2,993 people (including nationals from more than 90 countries), are killed in a series of coordinated suicide attacks upon the U.S.</p> <p>The U.S. invades Afghanistan on 7 October; Canada agrees to support the U.S. mission and Canadian troops are deployed beginning early in 2002. As of this publication Canada remains embroiled in the ground War; 133 Canadian troops have died – the largest Canadian military losses since the Korean War.*</p> <p>*As at 18 November 2009</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---------------------------|
| | <p>Key theme for nursing was resolution 49.1 on strengthening nursing and midwifery. The resolution was revised, calling for a coherent strategy and will be revisited at the 2003 WHA.</p> <ul style="list-style-type: none"> · Held Global Health Equity: Issues and Challenges at ICN's Quadrennial Congress · Organized study tour of all international partners to participate in ICN CNR and conference in Copenhagen. · Convened the first workshop on globalization and its impact on nursing and health systems with Canadian and international stakeholders in Copenhagen. <p><i>Certification program</i></p> <ul style="list-style-type: none"> · CNA introduces certification prep guides for nurses in all specialties (English and French versions available) to assist with exam preparation. A hard copy is sent to every eligible candidate. · CNA Certification Program celebrates 10 year anniversary of first administration of CNA certification exam in Neuroscience Nursing. · Cardiovascular nursing examination is administered for the first time with credential CCN(C). | <p><i>the Premier's Advisory Council on Health</i>, Don Mazankowski, Chair), Quebec (The Clair Commission), and Saskatchewan (<i>Caring for Medicare: Sustaining a Quality System</i>, Saskatchewan Commission on Medicare, Kenneth Fyke, Commissioner)</p> <p>The Royal College of Physicians and Surgeons of Canada holds a one-day including Canadian and international experts regarding the need for a "coordinated strategy to improve patient safety for Canadians." A national steering committee on patient safety was established, giving rise eventually to a comprehensive report released in 2002, <i>Building a Safer System</i>, proposing "a national integrated strategy for improving patient safety in Canadian healthcare." See also 2004.</p> <p>Dr. Beverly Malone (USA) becomes the first American CEO of the UK Royal College of Nursing (serving until 2007).</p> <p>After significant lobbying by CNA and other leading health organizations, Canada Health Infoway is established as a "not-for-profit organization that collaborates with the provinces and territories, health care providers and technology solution providers to accelerate the use of electronic health records in Canada."</p> <p>British Columbia (NurseLine, re-named HealthLink in 2008) and Ontario (Telehealth Ontario) establish their tele-health services.</p> <p>Contaminated drinking water causes thousands to become ill in North Battleford, Saskatchewan.</p> <p><i>The Global Nursing Partnerships: Strategies for a Sustainable Nursing Workforce</i> meeting is held at the Carter Center in Atlanta, hosted by Dr. Marla Salmon, dean of nursing at Emory University. It is "the first ever global invitational forum involving representatives from both governments and nursing associations, including government chief nursing officers, national and international nursing association leaders, and human resource directors/health planners."</p> <ul style="list-style-type: none"> · Canada's delegation is led by Dr. Judith Shamian (executive director, Office of Nursing Policy) and includes Dr's. Richard and Verna Splane (honourary guests), CNA president Dr. Ginette Lemire Rodger, Michael Villeneuve (Office of Nursing Policy), and Dr. Kathleen MacMillan (chief nursing officer for Ontario). · During the meeting, former U.S. President Jimmy Carter and Archbishop Desmond Tutu dedicate the university's new Lillian Carter Center for International Nursing (named for the president's mother, who was a nurse). | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|--|
| 2002 | <p>CNA publishes a new, revised edition of the <i>Code of Ethics for Registered Nurses</i>.</p> <p>CNA releases an update of its 1997 <i>Ryten Report</i> – confirming concerns about looming national nursing shortages.</p> <p>Queen Elizabeth II Golden Jubilee Medals are awarded to every living CNA president and CEO, as well as to Patricia McLean (executive director, Canadian Nurses Protective Society), Judith Shamian (executive director, Office of Nursing Policy) and M. Josephine Flaherty (retired principal nursing officer for Canada).</p> <p>At the annual meeting in Toronto, Robert Calnan, former president of the RN Association of British Columbia is elected the first, and to date only, male to serve as president of CNA.</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Nurses' Involvement in Screening for Alcohol and Drugs in the Workplace · Evidence-Based Decision-Making and Nursing Practice <p>CNA publishes fact sheets on:</p> <ul style="list-style-type: none"> · Effective Health Care Equals Primary Health Care (PHC) · Financing Nurse Practitioner Services · Glossary Of Some Common Terms Related To Reproductive And Genetic Technologies (RGTS) · Historical Overview Of Reproductive And Genetic Technologies (RGTS) · Role of the Nurse Practitioner Around the World <p>CNA publishes</p> <ul style="list-style-type: none"> · <i>Achieving Excellence in Professional Practice: A Guide to Developing and Revising Standards</i> · <i>Ethical Research Guidelines for Registered Nurses</i> · <i>Everyday Ethics: Putting the Code into Practice, 2nd edition</i> <p>Co-sponsored by Health Canada's Office of Nursing Policy and the Canadian Council on Health Services Accreditation, CNA convenes a workshop on Quality Worklife Indicators for nurses in Canada, 23-24 April, in Ottawa. Representatives of the broad nursing community participate in a collaborative, consensus-building process to draft the first proposed set of practical, quality of worklife indicators that will make a measurable difference to nurses and employers.</p> | <p>The Canadian Nursing Informatics Association is founded and becomes an associate member of CNA the same year.</p> <p>Landmark reviews of the Canadian health care system are released by the Commission on the Future of Health Care in Canada, (<i>Building on Values: The Future of Health Care in Canada</i>, Roy Romanow, Commissioner), and the Standing Senate Committee on Social Affairs, Science and Technology (<i>Study on the State of the Health Care System in Canada</i>, Michael Kirby, Chair).</p> <p>Former CNA president (1974-1976), Huguette Labelle, is promoted to Companion, Order of Canada (invested as an Officer, 1990), and former CNA president (1980-1982), Shirley Stinson, is invested as Officer of the Order of Canada.</p> <p><i>Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses</i>, final report of the Canadian Nursing Advisory Committee, is published.</p> <p>CAUSN changes its mission, becoming the Canadian Association of Schools of Nursing.</p> <p>An outbreak of viral Severe Acute Respiratory Syndrome (SARS) begins in China and spreads rapidly to 37 countries. By July 2003, there are more than 8,000 reported cases, with an alarming fatality rate of nearly 10 per cent. Canada is hard hit by the illness. An April 2003 WHO advisory against "all but essential travel" to Toronto has crippling economic impacts on the city and its tourist industry.</p> <p>Alberta and Saskatchewan both establish Health Quality Councils.</p> <p>West Nile Virus is first detected in Canada.</p> <p>Susie Walking Bear Yellowtail, RN (1903-1981) becomes the first American Indian nurse inducted into the American Nursing Association Hall of Fame.</p> | <p>Golden Jubilee celebrations mark 50 years on the throne for Queen Elizabeth II.</p> <p>Former U.S. president, and peace and human rights activist, Jimmy Carter (U.S.A.), is awarded the Nobel Prize for Peace.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · CNA signs a five-year, \$4 million contribution agreement with CIDA, effectively doubling CNA's current program and extending its duration. · Prior to Biennium, held full-day workshop on globalization and its impact on nursing drawing over 100 participants. · To explore ways of involving Canadian nurses more meaningfully through our member jurisdictions, CNA hosts a three-day workshop in Regina, with the support of SRNA. For two days, nurses representing jurisdictions participated in a workshop on globalization and its impact on nursing, followed by a full day consultative meeting that explored collaboration with jurisdictions in international health partnerships. <p><i>Certification program</i></p> <p>Revision to adult critical care and paediatric critical care certification examinations is underway in preparation to offer two separate critical care exams. The first critical care paediatric nursing examination is scheduled for 2003.</p> <p>Biennium summary</p> <p>Annual meeting and biennial convention: Toronto ON</p> <p>Jeanne Mance Award: Dr. Janet Rush</p> <p>Incoming president: Rob Calnan</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 2003 | <p>CNA and partners host the National Nursing Leadership Conference in Ottawa.</p> <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · Japanese Nurses Association Study Tour to CNA to learn about IPD – October · Signed five-year \$3 million project with CIDA: Canada-South Africa Nurses HIV/AIDS Initiative. · New CNA Position Statement on Global Health & Equity · CNA signs 5-year, \$3 million funding agreement with CIDA for the Canada-South Africa HIV/AIDS Initiative. <p><i>Certification program</i></p> <p>To assist candidates find study groups to help them prepare for their examinations, CNA Certification Study Groups are posted on CNA website for the first time.</p> <p>Critical care pediatric nursing certification examination is administered for the first time with credential CNCCP(C).</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Doctoral Preparation in Nursing 2003 · Scopes of Practice · Staffing Decisions for the Delivery of Safe Nursing Care <p>CNA publishes a fact sheet on Hepatitis C</p> <p>Due to the SARS outbreak, for the first time in CNA history all examinations for all nursing specialties in all writing centers across Canada are cancelled. The cancellation occurred less than one week prior to the exam administration. Several CNA certification candidates were in quarantine and hospitalized during this outbreak. The cancellation affected some 2,000 candidates in over 80 writing centres in 14 nursing specialties. Exams were re-scheduled for June and September.</p> <p>CNA hosts the first gathering of its Health Human Resources Knowledge Series, which goes on to become a popular policy forum for health care leaders around the capital to discuss timely issues of shared interest on a regular basis. The series remains active in 2010.</p> | <p>CNA participates in the ICN CNR and First Conference in Geneva.</p> <ul style="list-style-type: none"> · The meeting scheduled for Marrakech is moved (to Geneva) due to security concerns in Morocco. · CNA launches ICN presidential nomination campaign for Ginette Lemire Rodger. · The Indonesian National Nurses Association becomes the 125th member of ICN through mentoring provided by CNA's CIDA-funded program to strengthen nursing associations. · Carol Etherington (U.S.A.) wins the ICN/Florence Nightingale International Foundation International Achievement Award. <p>Assessment Strategies Inc relocates from CNA House to its own quarters at 1400 Blair Road in east Ottawa.</p> <p>The Canadian Nurses Protective Society participates in the development and governance of the Canadian Patient Safety Institute and the National Initiative for Telehealth Guidelines project. In response to ongoing concerns from the medical community, CNPS raises its liability limit for nurse practitioners to \$2 million for each occurrence. An edition of infoLAW® on Nurse Practitioners is published.</p> <p>Nelia Laroza, RN (1951-2003), becomes the first Ontario health care worker to die from SARS in the national outbreak. Soon afterward, Tecla Lin, RN (1944-2003), becomes the second Ontario RN to die from SARS. Both are commemorated in the CNA Memorial Book. In Ontario, 42 other citizens succumb to the disease.</p> <p>The Canadian Health Services Research Foundation grants the Canadian Nurses Foundation a 5-year, renewable award of \$2.5 million for the administration of the Nursing Care Partnership. Over seven years (2003-2009), the Canadian Nurses Foundation commits some \$2.7 million to approved nursing care research projects and leverages \$5.5 million for a total investment of \$8.2 million. See also 1999.</p> <p>CNA partners with the Canadian College of Health Service Executives, the Canadian Health Services Research Foundation, and the Canadian Medical Association, and the Canadian Nurses Association to develop the Executive Training for Research Application (EXTRA) program at the Canadian Health Services Research Foundation. The partner approached the federal government with goals for the program, which, after extensive negotiation, allocated \$25 million to the Foundation in 2003 for the program. A consortium of Quebec partners has since joined the founding group. EXTRA was established to help move evidence from research producers to research users and improve evidence-informed decision-making across the health system.</p> | <p>Paul Edgar Phillipe Martin (L) is elected prime minister.</p> <p>A searing summer heat wave claims 35,000 lives in Europe – nearly 15,000 in France alone.</p> <p>Against the wishes of the United Nations, the U.S. invades Iraq and remains embroiled in the war at the time of this publication. More than 4,300 American troops have died and more than 31,000 injured. Estimates of the number of Iraqis killed vary widely, but most exceed 100,000 and some exceed 500,000.</p> <p>Lawyer and human rights/democracy activist Shirin Ebadi (Iran) wins the Nobel Peace Prize.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---------------------------|--|---------------------------|
| | | <p>Linda Silas is elected president of the Canadian Federation of Nurses Unions in June, succeeding Kathleen Connors who retired after serving as president since 1983.</p> <p>The 2003 First Ministers Accord on Health Care Renewal is released, committing some \$17.3 billion in new funding to the health care system; \$90 million is directed to strengthen health human resources.</p> <p>After active lobbying by CNA and other national health care organizations, the Health Council of Canada is established to “foster accountability and transparency by assessing progress in improving the quality, effectiveness and sustainability of the health care system.”</p> <p>Health Canada establishes and funds the Canadian Patient Safety Institute. The founding board of directors is “tasked with guiding the work of the Institute and developing its initial strategic direction. After extensive advocacy by CNA, the Canadian Nurses Protective Society, the Canadian Healthcare Association and other partners, two nurses are appointed to the board - Wendy Nicklin, vice-president, Nursing & Allied Health Services and vice-president, Clinical Programs and Safety at the Ottawa Hospital; and Patricia Petryshen, assistant deputy minister of Health Services, Government of British Columbia.</p> <p>Tele-health services are established in Alberta (HEALTHLink) and Saskatchewan (HealthLine).</p> <p>2003-2004 is celebrated as “The Year of the Caribbean Nurse” and Caribbean nationals are encouraged to visit their home countries to volunteer skills and nursing expertise.</p> <p>In the United States, the National Coalition of Ethnic Minority Nurse Associations (with a combined membership of 350,000) is founded by the National Black Nurses Association, Inc., Asian American/Pacific Islander Nurses Association, Inc., National Alaska Native American Indian Nurses Association, Inc.; National Association of Hispanic Nurses, Inc.; and the Philippine Nurses Association of America, Inc. Dr. Betty Smith Williams is the inaugural president.</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|---|---|
| 2004 | <p>Under new legislation, the Northwest Territories RN Association changes its name, becoming the RN Association of Northwest Territories and Nunavut. The organization registers and represents nurses in both territories.</p> <p>CNA receives \$8.9 million from Health Canada to advance primary health care renewal with the <i>Canadian Nurse Practitioner Initiative</i>. CNPI releases its final report in June 2006.</p> <p>CNA receives \$750,000 for its program of work, <i>Toward 2020: Strengthening Canada's Health Human Resources</i>.</p> <p>CNA publishes the <i>Learn CRNE Readiness Test</i>, designed to help international candidates assess their readiness to take the <i>Canadian Registered Nurse Examination</i>.</p> <p>CNA publishes <i>Building a stronger, viable, publicly funded, not-for-profit health system</i>.</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Educational Preparation for Entry to Practice · Flexible Delivery of Nursing Education Programs · Promoting Culturally Competent Care · Promoting Continuing Competence for Registered Nurses · Registered Nurses and Human Rights <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · CNA's IPD director becomes the only RN appointed to the WHO Strategic and Technical Advisory Committee for HIV/AIDS. · Ginette Lemire Rodger joins the Health Canada delegation and presents the intervention on Health Systems including primary health care, resulting in emphasis on HHR issues central to this theme, as well as highlighting the contribution of Canadian nurses to health systems through the international health partnership program. · Russian study tour – as part of GMC CIDA Contribution Agreement. CNA is working with Grant MacEwan Community College and the Russian Nurses Association (RNA) to collaborate on the Canadian Russian Initiative in Nursing (CRIN). As part of this initiative, CNA will work with RNA and other stakeholders to develop a regulatory system for nursing as a vital component of | <p>The Canadian Association of Neonatal Nurses is founded and becomes an associate member of CNA in 2005.</p> <p>Canadian Nurses Interested in Ethics is founded and becomes an associate member of CNA in 2005.</p> <p>The Canadian Association for Rural and Remote Nursing is founded, and becomes an associate member of CNA the same year.</p> <p>CNA is a founding member of the <i>Taming of the Queue</i> conference, designed to streamline care and reduce wait times for Canadian health services. CNA remains and active member in 2010.</p> <p>CNA joins with the Canadian Medical Association and Canadian Pharmacists Association at the assembly of the World Health Professionals Alliance to enhance inter-disciplinary and inter-professional collaboration in the health sector worldwide. This first international meeting of nursing, medicine and pharmacy brought together leaders representing the member organizations of ICN, the International Pharmaceutical Federation and the World Medical Association.</p> <p>CNA serves as co-chair for the first meeting of the National Taskforce on Internationally Educated nurses, under the auspices of the federal/provincial/territorial Advisory Committee on Health Delivery and Human Resources (10 February).</p> <p>The Canadian Nurses Protective Society increases its proactive support for nurse practitioners by increasing the liability limit for registered nurse practitioners (by whatever legislated title) to \$5 million. The organization also initiates a joint project with the Canadian Medical Protective Association to develop a joint statement on liability protection for nurse practitioners and physicians working in collaborative practices (see 2005).</p> <p>CNA is a member of the conference planning committee for the Chronic Disease and Prevention Alliance of Canada's first national conference, ensuring that nursing perspectives are showcased in the program.</p> <p>Judith Shamian leaves the federal "chief nurse" position after serving five years and is appointed president and CEO of VON Canada. Sandra MacDonald-Rencz is appointed interim executive director of the Office of Nursing Policy and in 2006 is appointed permanently.</p> <p>Harriet "Hallie" J. Sloan, former Matron-in-Chief of the Canadian Forces Medical Service and former director of CNA's "Nursing Abroad" and "National Nursing Administration" programs is invested as Member of the Order of Canada</p> | <p>Dr. Wangari Maathai (Kenya) is awarded the Nobel Peace Prize.</p> <p>In a tsunami around the Indian Ocean basin that follows the Sumatra-Andaman earthquake on Boxing Day, some 230,000 are killed (including 130,000 confirmed deaths in Indonesia.)</p> <p>Canada's Celine Dion is named the best-selling female recording artist of all time.</p> <p>The ocean liner Queen Mary 2 – the longest, widest and tallest ocean liner in history – enters service.</p> <p>In Madrid, 191 people are killed and some 1,800 are wounded when terrorists explode a series of bombs across the city's commuter train system during the morning rush-hour.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|---------------------------|
| | <p>the Russian health system as well as a more comprehensive primary health system.</p> <ul style="list-style-type: none"> · Dr. June Webber, director of international policy and development, is the only RN appointed to the WHO's Strategic and Technical Advisory Committee for HIV/AIDS. The Committee will contribute to the global HIV-AIDS response with scientific, strategic and technical advice to WHO. <p><i>Certification program</i></p> <ul style="list-style-type: none"> · CNA Certification Mentor Program established – to offer the opportunity for nurses to access CNA certification nurses who can assist them with support in preparing for CNA certification. · CNA Certification Manager is invited to speak to the Assembly of the American Board of Nursing Specialties about continuing competence in Canada and CNA Certification Program. · CNA Certification Program begins process of aligning CNA certification program with continuing competence programs across Canada. · Gastroenterology and hospice palliative care nursing examinations are administered for the first time with credentials CGN(C) and CHPCN(C) respectively. <p>Prime minister Paul Martin Jr. addresses delegates at the opening ceremonies of the biennial convention.</p> <p>Biennium summary Annual meeting and biennial convention: St. John's NL</p> <p>Jeanne Mance Award: Dr. Ginette Lemire Rodger</p> <p>Incoming president: Dr. Deborah Tamlyn</p> | <p>CNA collaborates with the Canadian Healthcare Association, Canadian Medical Association, and Canadian Pharmacists Association to prepare for the 2004 First Ministers' Meeting on health. Afterward called informally the "G4" the organizations share a common vision for an integrated, patient-centred health system that is holistic, comprehensive, accountable, accessible, universal, portable and publicly funded. The group agrees to advocate to reduce wait times for care and treatment, ensure an adequate supply of providers, expand the continuum of care, and provide adequate and predictable funding.</p> <ul style="list-style-type: none"> · On 16 September, Canada's first ministers reach a \$41.2 billion, 10-year agreement intended to rescue and strengthen the nation's troubled health-care system. <p>Following recommendations from Dr. David Naylor's report, Learning from SARS: Renewal of Public Health in Canada and other experts and reports, as well as the advocacy of groups like CNA and its "G4" partners, the Public Health Agency of Canada is created. The agency was established in the wake of the SARS outbreak to respond to mounting worries about "the capacity of Canada's public health system to anticipate and respond effectively to public health threats" (according to the agency's website). Dr. David Butler-Jones is appointed Canada's first chief public health officer.</p> <p>Manitoba creates its Institute for Patient Safety.</p> <p>The Northwest Territories establishes its Tele-Care Health Line.</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 2005 | <p>Jane Ellis is appointed associate CEO and chief operating officer of CNA. Ms Ellis was previously the director of practice support at the Registered Nurses Association of British Columbia and vice-president of its Captive Insurance Corporation.</p> <p>CNA's external project funding peaks at its highest ever at more than \$10 million, some one thousand per cent above 2001 levels.</p> <p>CNA and its partners host the National Nursing Leadership Conference in Ottawa.</p> <p>With the Canadian Medical Association, CNA releases a green paper, <i>Toward a Pan-Canadian Planning Framework for Health Human Resources</i>, outlining core principles and strategic directions for a pan-Canadian health human resources plan. The document is adopted by HEAL (2006) and goes on to influence principles in the federal/provincial/territorial pan-Canadian Framework on Health Human Resources – particularly issues such as self-sufficiency.</p> <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · CNA's <i>Canada-South Africa Nurses HIV/AIDS Initiative</i>, a partnership with the Democratic Nurses Organisation of South Africa, is funded at \$3 million for five years. · CNA's social justice initiative is finalized, laying out a framework of resources with tools for the development of policy. The document explains concepts of social justice, equity and the attributes of social justice. A policy: program screen, decision-tree model and social justice gauge will be useful tools for nurses in determining and forming policy. · A business plan is submitted to Health Canada for the International Research Initiative in collaboration with Nancy Edwards, University of Ottawa. The plan outlines strategies for international capacity building of nurse administrators and researchers which resulted from consultation with Canadian and International nursing and research stakeholders. · CNA hosts 30 visitors from the Russian Ministry of Health, nursing faculties from universities and the Russian National Nursing Association for four days, as part of a three-week study tour to Canada. A number of CNA staff, local decision-makers and stakeholders contributed to information sessions around themes related to nursing, regulation, policy, governance and practice. This intense program contributes to growing professional relations with both Russian colleagues and Grant McEwan College, the latter being the executing | <p>Twenty-third Quadrennial Congress of the ICN and meeting of the CNR: Taiwan, 21-23 May.</p> <ul style="list-style-type: none"> · CNA's nominee for the presidency, Ginette Lemire Rodger attains 42% of votes and is defeated by Japan's Hiroko Minami – past-president of the Japanese Nursing Association. Minami becomes the 25th president of ICN and will serve until 2009. · Nominated by CNA, Stephen Lewis (Canada), UN Special Envoy for AIDS in Africa, wins the ICN Health and Human Rights Award. · Margretta "Gretta" Madden Styles (U.S.A.), receives ICN's Christiane Reimann Prize, nursing's most prestigious international award. · CNA conducts a one-day workshop at the ICN Congress in Taiwan entitled "Action in Diversity: National Nursing Associations meeting the Health Human Resources Challenges of the Global AIDS Pandemic". The workshop, funded by Health Canada, brought together 60 participants from 35 NNAs for a global consultation to identify policy priorities. <p>The Canadian Pain Society Special Interest Group – Nursing Issues is formed and becomes an associate member of CNA in 2007.</p> <p>The Canadian Museum of Civilization opens <i>The Caring Profession</i>, a major exhibition on the history of Canadian nursing.</p> <p>CNA is represented by Michael Villeneuve (scholar in residence) in the <i>2005 Health Care in Canada Round Table</i> on 29 November – a televised discussion and debate about findings of the annual <i>Health Care in Canada</i> survey. Moderated by Martin Stringer of CPAC, other participants included Lynda Cranston (Association of Canadian Academic Health Organizations), Colin Leslie (Medical Post), Michael Marzolini, (POLLARA Research), Jeff Poston (Canadian Pharmacists Association), Sharon Sholzberg-Grey (Canadian Healthcare Association) and Elinor Wilson (Canadian Public Health Association).</p> <p>CNA is the only nursing organization asked to participate in a preliminary pan-Canadian discussion of Emergency Preparedness hosted in Ottawa by Minister of State, the Honourable Carolyn Bennett late in the winter of 2005. The purpose of the meeting was to push the dialogue around preparedness for disasters of natural and human origin (including terrorism, communicable disease, earthquakes and so on), to talk about surge capacity, mobility of health professionals and so on.</p> <p>The Canadian Nurses Protective Society and Canadian Medical Protective Society issue a <i>Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice</i>. The nursing</p> | <p>Michaëlle Jean, born in Haiti and raised in the province of Quebec, becomes the first Black Canadian to serve as Governor General of Canada.</p> <p>The heart of the city of New Orleans is destroyed by Hurricane Katrina.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---------------------------|
| | <p>agency for the Canadian-Russian Initiative in Nursing (CRIN), funded by the Canadian government through the Canadian International Development Agency.</p> <ul style="list-style-type: none"> · CNA–Russian National Nursing Association work plan for two-year partnership with Grant McEwan College CRIN project is completed, resulting in the articulation of activities toward key objectives: Association Development and Promotion of Good Nursing Practice. <p>CNA offers the first <i>Canadian Nurse Practitioner Exam: Family/All Ages</i>.</p> <p>CNA and the Canadian Institute for Health Information release <i>The Regulation and Supply of Nurse Practitioners in Canada</i> - the first report of contextual information and statistical profiles on the history, roles and regulation of nurse practitioners in Canada.</p> <p><i>The Canadian Nurse</i> journal celebrates its 100th anniversary.</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Accountability: Regulatory Framework · International Health Partnerships · Regulation and Integration of International Nurse Applicants into the Canadian Health System <p>CNA publishes fact sheets on:</p> <ul style="list-style-type: none"> · The Nursing Perspective On Patient Safety · Violence in the Workplace <p>CNA publishes</p> <ul style="list-style-type: none"> · <i>Blueprint for the Canadian Nurse Practitioner Examination: Family/All Ages</i> · <i>Blueprint for the Canadian Registered Nurse Examination June 2005 -May 2010</i> · <i>Canadian Nurse Practitioner Examination: Family/All Ages Prep Guide</i> · <i>Pediatric Nurse Practitioner Review and Resource Manual, 2nd edition</i> <p>CNA releases <i>Navigating to Become a Nurse in Canada</i> – the first national study examining the assessment and integration of internationally educated nurses.</p> <p><i>Certification program</i></p> <ul style="list-style-type: none"> · CNA marks 25 years since a resolution was brought forward at the 1980 CNA biennium to investigate the feasibility of offering | <p>organization collaborates with Health Canada (Multidisciplinary Collaborative Primary Maternity Care Project and the Conference Board of Canada and other partners to enhance collaborative practice by ensuring appropriate liability protection for nurses. The executive director becomes a member of the Canadian Patient Safety Institute’s Legal and Regulatory Advisory Committee.</p> <p>Growing out of the Dorothy M. Wylie Nursing Leadership Institute (see 2001), the first (multi-disciplinary) Health Leaders Institute is held in Toronto. By the end of 2009, six institutes are held, attracting some 500 health care leaders (including nurses) from across Canada</p> <p>CNA is represented by Jane MacDonald at Session 04-05 of the Expert Advisory Board on Children’s Health and the Environment, 19-20 August in Tepoztlan, Mexico.</p> <p>Produced by The Canadian Institute for Health Information), Statistics Canada and Health Canada, findings are released from the <i>2005 National Survey of the Work and Health of Nurses</i>. CNA was an active member of the national advisory committee under the leadership of Dr. Judith Shamian. The project was initiated by the Office of Nursing Policy in October 2000 as a collaborative effort between the Canadian Institute for Health Information, Statistics Canada, Health Canada and the Institute for Work and Health.</p> <p>The federal/provincial/territorial Advisory Committee on Health Delivery and Human Resources <i>releases A Framework for Collaborative Pan-Canadian Health Human Resources Planning</i> (revised in 2007).</p> <p>Reversing a trend of the last decade, Prince Edward Island abolishes its health regions.</p> <p>New health quality monitoring organizations are established in Ontario (Health Quality Council) and Quebec (Commissaire à la santé et au bien-être).</p> <p>The Supreme Court of Canada issues its decision in the contentious Chaoulli case in Quebec – potentially opening the door to private insurance for medically-necessary services.</p> <p>Prepared for the November meeting of First Ministers and Leaders of National Aboriginal Organizations, <i>Blueprint on Aboriginal Health: A 10-Year Transformative Plan</i> is released. As noted in the document, its purpose is to “to guide future decision-making by federal, provincial, and territorial governments, First Nations, Inuit, Métis and other Aboriginal leaders in achieving the stated Vision of closing the gap in health outcomes through comprehensive, wholistic, and coordinated services.”</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <p>certification exams in Canada.</p> <ul style="list-style-type: none"> · The study group manual, <i>Build on What you Know</i>, is published and made available on CNA web site. Study groups posted on CNA web-site increases to about 25 from only a few. · The Public Health Agency of Canada, funds the development of the Community Health Nursing certification exam · CNA Certification Manager and Certification Coordinator present study group research at the National Organization for Competency Assurance (NOCA) conference in Long Beach California. | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|--|
| 2006 | <p>CNA releases <i>E-Nursing Strategy for Canada</i>; the report would be downloaded more than 65,000 times by June 2008. By 2009 a search for the report's title brings up hundreds of thousands of results on the google and yahoo search engines.</p> <p>In the first initiative of its kind, CNA's new information portal, <i>NurseONE.ca</i>, is officially launched by the Honourable Tony Clement, minister of health, with funding of \$8.1 million to 2012.</p> <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · CNA publishes <i>Knowing No Boundaries</i> to mark 30 years of international health partnerships. · CNA's IPD director, June Webber, is invited to accompany Her Excellency, Governor General Michaëlle Jean, on her first state visit to Africa, and takes part in the highly successful tour of Algeria, Mali, Ghana, South Africa and Morocco. · The International Nurses Forum, <i>Nurses at the Forefront of HIV/AIDS: Care, Treatment and Support</i> is held as an official affiliated event prior to the International AIDS Conference. After 18 months planning in collaboration with the ICN and Canadian Association of Nurses in AIDS Care, the event attracted 220 nurses from 39 countries. Ministers of Health from Canada and Botswana, and the UN Special Envoy for AIDS in Africa addressed the forum during the day. Highlights during the conference: <ul style="list-style-type: none"> · CNA co-sponsored a booth at the Global Village, enabling visibility for the 26,000 delegates to the event. · Presentations made by CNA, ZNA and Democratic Nursing Organization of South Africa (DENOSA) at International AIDS Conference Canadian pavilion · Publication of 'Caring for Care Model' developed by CNA, ZNA and DENOSA as part of International AIDS Conference abstracts 2006. · "Nurses Addressing Aids" media campaign undertaken through development of pins and posters for IAC · CNA meeting with the Minister of International Cooperation, Josée Verner, CIDA president, Robert Greenhill, CIDA senior staff to discuss the priorities related to health systems strengthening and HIV/AIDS. The meeting was coordinated by the Interagency Coalition for AIDS and Development and involved a consortium of six non-governmental organizations. | <p>The Canadian Association of Medical and Surgical Nurses is founded and becomes an associate member of CNA in 2007.</p> <p>The Canadian Association of Rehabilitation Nurses and becomes an associate member of CNA the same year.</p> <p>Ontario is the last province to decentralize its health care system, establishing 14 local integrated health networks (LIHNs).</p> <p>Tele-health is established in Newfoundland and Labrador (HealthLine).</p> <p>Margaret Chan (People's Republic of China), who earned her medical degree from the University of Western Ontario, is appointed director-general, WHO, to serve until June 2012.</p> <p>Canadian Sean P. Clarke, PhD, RN, CRNP of the University of Pennsylvania is inducted as a Fellow, American Academy of Nursing.</p> | <p>Stephen Joseph Harper (C) is elected prime minister, with minority mandates in 2006 and 2008.</p> <p>Saddam Hussein Abd al-Majid al-Tikriti, former president of Iraq (1979-2003), is executed following his trial in Baghdad.</p> <p>In Liberia, Ellen Johnson Sirleaf (b. 1938) becomes Africa's first female head of state, and is the first Black woman in the world ever <i>elected</i> to serve as a head of state.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <ul style="list-style-type: none"> · A memorandum of understanding is negotiated and signed with Canadian Society for International Health and the Ethiopian Nurses Association for the two-year Ethiopian Nurses and Needle-Stick Injury Research Project, 2006-2008, to provide technical support and capacity building for nurses related to occupational health and safety. <p><i>Toward 2020: Visions for Nursing</i> is published. By June 2008, the report and its “snapshot” summary are downloaded more than 240,000 times, and more than 12,000 nurses and other leaders participate in presentations of the study across the country. A search for the report’s title in 2009 brings up more than a half million results on the google and yahoo search engines.</p> <p><i>Building the Future</i>, the final report of the national nursing sector labour market study, is released. CNA served as co-chair of this five-year study of the nursing sector.</p> <p>CNA president Dr. Deborah Tamlyn signs the Canadian Collaborative Mental Health Charter on behalf of the organization.</p> <p>CNA signs the Quality Workplace Quality Healthcare Collaborative’s “Healthy Healthcare Leadership” charter, committing the organization to providing a healthy workplace for its own employees concomitant with the principles being advocated for other nursing practice settings.</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Blood-borne Pathogens: Registered Nurses and Their Ethical Obligations · Direct-To-Consumer Advertising · Interprofessional Collaboration · Mental Health Services · National Planning For Human Resources In The Health Sector · Nursing Information and Knowledge Management · Practice Environments: Maximizing Client, Nurse And System Outcomes (CNA and CFNU) <p>CNA publishes <i>Nurse Practitioners: The Time is Now. A Solution to Improving Access and Reducing Wait Times in Canada</i> – final report of the Canadian Nurse Practitioner Initiative.</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p>In cooperation with the Best Medicine Coalition, Canadian Pharmacists Association and Canadian Medical Association CNA engages in active advocacy related to the intergovernmental commitment to develop a national pharmaceutical strategy. Results of the work includes:</p> <ul style="list-style-type: none"> · Development of a Framework for a Canadian Pharmaceutical Strategy · Open Letter sent to Premier Williams, Chair of the Council of the Federation at First Ministers Meeting <p><i>Certification program</i></p> <ul style="list-style-type: none"> · In April, oncology nursing becomes the first CNA examination to offer candidates the opportunity to write the exam using computer based testing. About 225 candidates wrote this certification examination (in English and French) using the new technology. · On-line practice test part of the CBT preparatory package and is available to oncology nurses preparing for the exam. · CNA Certification Program celebrates the 15th year since administration of the first CNA certification exam (neuroscience nursing.) · CNA Certification Program revises renewal process and requires that all continuous learning activities align with competencies related to the nursing specialties. Renewal candidates comply with the new requirements and are pleased that certification can meet in some way their continuing competence requirements. · Community health nursing, orthopaedic nursing and rehabilitation nursing examinations are administered for the first time with credentials CCHN(C), CONC(C), and CRN(C) respectively. <p>Biennium summary Annual meeting and biennial convention: Saskatoon SK</p> <p>Jeanne Mance Award: Dr. Linda-Lee O'Brien-Pallas</p> <p>Incoming president: Dr. Marlene Smadu</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 2007 | <p>CNA and partners host the National Nursing Leadership Conference in Ottawa.</p> <p>CEO Lucille Auffrey unveils a new portrait of the Queen in the main CNA foyer of CNA House to mark 50 years of Royal Patronage.</p> <p>CNA's <i>Strengthening Nurses, Nursing Networks and Associations Program</i> is funded at \$5 million for five years.</p> <p>CNA publishes:</p> <ul style="list-style-type: none"> · <i>Framework for the Practice of Registered Nurses in Canada</i> · <i>Projet soins infirmiers en français. Synthesis report</i> <p>CNA staff provides a week of <i>Influencing Public Policy</i> capacity-building workshops to southern African nurses in Pretoria, South Africa.</p> <p>CNA established an Office of the Environment to lead CNA's work on its centennial goal – advocating for a healthy environment.</p> <p><i>Certification program</i></p> <ul style="list-style-type: none"> · Number of Study Groups continues to increase with over 35 posted on the CNA website. · Canadian Nurses Foundation (CNF) offers \$1,000 to winner of CNA Certification Program Employer Recognition Award to further promote and support CNA Certification and certification renewal. Saint Elizabeth Health Care is the first employer to receive this monetary award from CNF. · Online practice tests available in all nursing specialties (Eng and French versions) that include an online version of the sample questions contained in the prep guide. · Manager CNA Certification Program is invited to speak to Assembly of American Board of Nursing Specialties (ABNS) about CNA Certification Program Study Groups project and research · CNA Certification Program Manager participates in international continuing competence forum, in Washington DC. <p><i>International policy and development</i></p> <ul style="list-style-type: none"> · CNA's director of IPD is asked to accompany Her Excellency, Governor General Michaëlle Jean on her first state visit to Afghanistan. · Five year, \$5,000,000 program – Strengthening of Nurses, Nursing Networks and Associations program – signed · Exploratory missions to Burkina Faso and Senegal | <p>CNA participates in the ICN CNR and Second Conference, Yokohama, 27 May - 1 June.</p> <ul style="list-style-type: none"> · Anneli Eriksson RN, president of Médecins Sans Frontières in Sweden, wins the ICN/Florence Nightingale International Foundation International Achievement Award. <p>The Canadian Association for International Nursing is founded and becomes an associate member of CNA the same year.</p> <p>The Forensic Nurses' Society of Canada is founded and becomes an associate member of CNA the same year.</p> <p>The Canadian Nursing Environmental Health Group is founded and identified as a CNA emerging member.</p> <p>Merck Frosst releases the 10th edition of its annual <i>Health Care in Canada</i> national survey of providers and users. CNA remains an active member of the steering group designing and analyzing the survey.</p> <p>After active advocacy efforts by CNA and other key organizations, the federal government announces funding for the non-profit Mental Health Commission of Canada, in its March budget. The mandate and structure of the Commission are to be based on the proposal contained in the Senate Committee report (chaired by Senator Michael Kirby), <i>Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada</i>. Senator Kirby is named first chair of the commission.</p> <ul style="list-style-type: none"> · According to the commission's website, "The proposal to create the Mental Health Commission of Canada was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. Almost two years earlier, in February, 2003, the Committee, under the leadership of Senator Michael Kirby, had undertaken the first-ever national study of mental health, mental illness and addiction. During the final phase of its study, the Committee held more than 50 meetings, comprising more than 130 hours of hearings. The Committee heard from more than 300 witnesses, whose testimony filled more than 2,000 pages. The Committee travelled to every province and territory, and supplemented its public hearings by two separate e-consultations through the committee's website that gathered hundreds of individual stories." <p>Former CNA executive director (1981-1989) and president (2000-2002), Ginette Lemire Rodger, is appointed an Officer of the Order of Canada.</p> <p>Linda McGillis-Hall, University of Toronto Faculty of Nursing, becomes the first Canadian resident inducted as a Fellow of the American Academy of Nursing.</p> | <p>Former prime minister of Pakistan, Benazir Bhutto, is assassinated in Rawalpindi.</p> <p>The Airbus 380 makes its first commercial flight (Singapore to Sydney) – the largest passenger aircraft in history. With two full decks of seats, the plane can carry up to 853 passengers.</p> <p>In Louisiana, Piyush "Bobby" Jindal becomes the first person of South Asian (Indian) ancestry elected governor of an American state. He is the state's first non-white governor and at age 36 is among the youngest ever elected governor in the U.S.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|---------------------------|
| | <ul style="list-style-type: none"> · National consultations with Canadian nurses active internationally · Teasdale-Corti - CNA investments in the design and proposal development for the program of research and capacity building: 2007-2011: Strengthening Nurses' Capacity for HIV Policy Development in Sub-Saharan Africa and the Caribbean. The contract was awarded by IDRC enabling the formation of knowledge translation structures and policy capacity amongst a large program team and within the five program countries. · Haiti exploratory mission Dec 2006. Thereafter, CNA joined effort in the development of a funding proposal for a development project in Haiti, within a consortium composed of four other organizations: University of McMaster, Society of Gynecologists and Obstetricians of Canada, Cégep de Saint-Jérôme and Cégep Régional de Lanaudière. The project aims the strengthening of the Ministry of Health, education facilities and national professional associations such as the national nursing association through capacity building activities to development health human resources. Proposal submitted to CIDA 2007. · CNA's "Influencing Public Policy" capacity building workshops are held in South Africa and SADC region. <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Advanced Nursing Practice · Canadian Regulatory Framework For Registered Nurses · Emergency Preparedness and Response · Ethical Nurse Recruitment · Joint CFPC/CNA Position Statement on Physical Activity · Telehealth: The Role Of The Nurse · The Value Of Nursing History Today <p>CNA publishes a fact sheet on <i>Canadian Nurses Association Databases</i></p> <p>CNA recruits a ceremonial Centennial Leadership Cabinet (see Appendix Q) for the upcoming year of celebrations.</p> | <p>The first nurse practitioner-led clinic in Canada, the Sudbury District Nurse Practitioner Clinics, opens "to provide comprehensive primary health care through an interdisciplinary approach."</p> <p>Financier and philanthropist Lawrence Bloomberg makes the largest donation ever to a Canadian nursing school – at the University of Toronto – and the Lawrence Bloomberg Faculty of Nursing becomes Canada's first named faculty of nursing. 7924585</p> <p>The Canadian Association of Schools of Nursing implements its new accreditation program.</p> <p>The GATS and Health Services in the DOHA Round Negotiations is finalized in July.</p> <p>Dame Louise Agnetha Lake-Tack (b. 1944), a former nurse and then magistrate, is appointed the first woman Governor General of Antigua & Barbuda.</p> <p>At Duke University, Dr. Nancy Andrews becomes the first female dean of a top-ten medical American medical school.</p> <p>Nurse theorist, Sister Callista Roy, PhD, RN, FAAN, celebrates 50 years as a Sister of St. Joseph of Carondelet, and is named an American Academy of Nursing Living Legend.</p> | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|---|--|
| 2008 | <p>CNA president and Centennial Leadership Cabinet members release CNA's vision statement at the National Press Club in Ottawa, 17 January.</p> <p>Prime minister Stephen Harper joins CNA Board in a reception and press conference at Toronto's Hospital for Sick Children. Fourteen nurses from across Canada are honoured with awards, and the prime minister officially launches CNA's centennial year.</p> <p>CNA facilitates a pan-Canadian approach to nurse practitioner exams through the CNA nurse practitioner exam program.</p> <p>The American Nurses Credentialing Center's computer-based Adult and Pediatric Nurse Practitioner exams are offered by CNA for the first time; 179 writers take the exam during the first two offerings.</p> <p><i>International policy and development</i></p> <ul style="list-style-type: none"> Coordinates the analysis and logistical matters enabling CNA's President, President-Elect, CEO and CNA staff to actively contribute to the seven meetings and events prior to and including the World Health Assembly (WHA), Geneva from 14-23 May 2008, thus contributing evidence and expertise to policy and program discussions, particularly focused on health systems strengthening, quality practice environments and patient safety. Meetings of nursing association and regulatory bodies along with government chief nurses and a regulatory meeting convened by the World Health Professions' Alliance (WHPA) debated matters that relate to the emergence of unregulated health professionals to address global health human resource challenges, new models of health services delivery, trends in regulatory practice and the General Agreement on Trades in Services. CNA collaborates with Health Canada in the development of key government interventions to the WHA on issues that relate to the role of the profession to health systems strengthening, patient safety, quality practice environments, female genital mutilation and the millennium development goals. CNA successfully positioned Marlene Smadu on the Health Canada delegation to the WHA strengthening interventions, particularly in relation to the WHA resolution on Strengthening Nursing and Midwifery. Collaborating with experts in the field of harm reduction on the review and analysis of harm reduction as it relates to the social | <p>David Benton (UK) is appointed CEO of ICN on retirement of Judith Oulton (Canada).</p> <p>The Canadian Nurses Protective Society celebrates 20 years of success at a luncheon honouring the 1987 CNA board of directors that had passed the resolution to create a self-funded, self-administered liability protection scheme for nurses. Guests include Ginette Lemire Rodger (who was executive director of CNA in 1988 and implemented the board's decision), former and current members of the board of the Canadian Nurses Protective Society, the legal counsel who assisted with its establishment and served the organization for 20 years, and CNA's finance officer, who had provided financial services to the organization since 1988. Pat McLean was honoured for her 20 years as manager and CEO.</p> <p>The Canadian Family Practice Nurses Association is founded by Ann Alsafar and identified as a CNA emerging member group.</p> <p>The Canadian Men in Nursing Group is founded by James D'Alstolfo and identified as a CNA emerging member group.</p> <p>Nurse theorist, Margaret A. Newman, PhD, RN, FAAN, is inducted as a Living Legend, American Academy of Nursing.</p> <p>Alberta abolishes its health regions and New Brunswick reduces it regions from eight to two.</p> <p>The British Columbia Patient Safety and Quality Council and New Brunswick Health Council are established.</p> <p>Yukon institutes tele-health with its HealthLine-811, connected to British Columbia's HealthLink service.</p> <p>Developed at McGill University, <i>McSleepy</i>, the world's first robot anesthetist, joins the surgical team at McGill University Health Centre. The robot monitors patients, adjusting and administering medications, while human team members attend to other aspects of care.</p> | <p>A financial implosion of the American banking system spreads globally, toppling leading companies and even entire national economies over the ensuing year.</p> <p>Barack Hussein Obama (D) is the first African American and fifth-youngest person elected president of the U.S. (age 47 when he takes office, 20 January 2009).</p> <p>On 26 November, a series of bombings and shootings by a Pakistani Islamic militant group leaves 166 dead and hundreds injured across Mumbai.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p>determinates of health and the role of nurses. This has resulted in public dialogues at the CANAC annual conference and communications with the government of Canada advocating for evidence-informed policy in relation to harm reduction programming, such as INSITE.-April 2008</p> <ul style="list-style-type: none"> · Endorsement to Buy-A-Net Malaria Prevention Group, a Canadian nurse-led registered charitable organization with a mission to prevent and treat malaria, one (African) village at a time has resulted in enhanced visibility and recognition, with potential for supporting the engagement of the Ugandan Nursing Association in this important initiative. –January 2008 · CNA provides technical and logistical support to Canadian nurses resulting in the launch of the Canadian Association for International Nursing (CAIN). This new emerging member (planning to launch as an associate member in June 2008) will focus on enhancing dialogue at the national level among nurses involved in global health, and to provide educational and instrumental support to Canadian nurses involved in international health; thereby contributing value-driven quality nursing care and nursing capacity to global health initiatives. · Ghana project on strengthening the association funded with CFNU centennial gift of \$10,000- July 2008 · CNA convened policy capacity-building workshop for international research interns at University of Ottawa-June 2008 · National symposium on global social responsibility attracted over 130 nurses from Canada and around the world. · CNA hosts a study tour of international colleagues to the CNA Centennial conference. · CNA provides technical and logistical support that results in the launch of the new Canadian Association for International Nursing (CAIN). <p>CNA publishes <i>Advanced Nursing Practice: A National Framework and Framework for the Practice of Registered Nurses in Canada</i>.</p> <p>Canadian Health Outcomes for Better Information and Care project funded by Infoway, \$750,000.</p> <p>With input from its Consortium for Nursing Research & Innovation partners, CNA leads development of <i>Advancing Health Through Nursing Science</i> – a proposal to the federal government for establishment of a 10-year, \$79 million fund to implement a comprehensive</p> | | |

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|------|--|----------------------------------|---------------------------|
| | <p>program to modernize the education and to enhance the research capacity and output of Canada's registered nurses.</p> <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · <i>Ethical Practice: The Code Of Ethics For Registered Nurses</i> · <i>Joint Statement On Breastfeeding</i> · <i>Providing Nursing Care At The End Of Life</i> · <i>Workplace Violence</i> <p>CNA publishes</p> <ul style="list-style-type: none"> · <i>Code of Ethics for Registered Nurses, Code of Ethics for Registered Nurses Pocket Card, and Code of Ethics for Registered Nurses Poster</i> · <i>The Adult Nurse Practitioner Review and Resource Manual</i> · <i>Toward 2020: Visions for Nursing - Tool Kit</i> (multimedia) <p><i>Certification program</i></p> <ul style="list-style-type: none"> · CNA's Certification Program Manager is elected and begins term as Secretary/Treasurer for the American Board of Nursing Specialties. · 11 nominations received for the 2008 Employer Recognition Awards. Bloorview Kids Rehab is the overall winner. · Over 90 CNA certified nurses in all 18 nursing specialties volunteer their time to be CNA Certification Mentors to assist new candidates obtain the credential. · Over 20 Canadian Universities offer Nursing Degree credit to nurses who earn the CNA Certification Credential. · CNA Certification Program produces certification video that provides information and testimonials about the CNA Certification Program. Financial support for the project from NurseONE. 500 copies are distributed and another 250 copies ordered. · CNF continues to support CNA Certification Program with 2 certification awards per nursing specialty that covers the cost of the certification fee for either initial or renewal candidates. · CNA Certification Prep Guides will now be electronic versions only. Candidates will access a web-page dedicated to their nursing specialty from which they can access the on-line version of their prep guide | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <ul style="list-style-type: none"> · CNA Certification Program Manager is elected and begins term as Secretary/ Treasurer on the Board for the American Board of Nursing Specialties (ABNS).(twice) · CNA Certification Program produces a CNA centennial commemorative bookmark and card, that is distributed exclusively to CNA-certified nurses. <p>The 20th anniversary CNA/CMA Media Awards are presented at the Fairmont Chateau Laurier Hotel in Ottawa.</p> <p>More than 1,000 delegates from across Canada and internationally join CNA board and staff at the 100th anniversary meeting and convention in Ottawa.</p> <ul style="list-style-type: none"> · At the opening ceremonies, Canada Post unveils a new stamp honouring CNA's hundredth anniversary. · CNA premieres <i>Milestones</i> at the opening ceremonies – a 30-minute, multi-media presentation highlighting CNA's history that goes on to be produced in DVD format for distribution nationally. · Rick Hillier, chief of the defence staff, delivers the opening keynote address, and Roberta Jamieson, CEO of the National Aboriginal Achievement Foundation, delivers the keynote address on the second morning. · At the gala banquet, the inaugural CNA Order of Merit awards are presented in the categories of clinical nursing practice, nursing administration, nursing education, nursing research and nursing policy; country singing star (and former RN) Paul Brandt provides the entertainment. <p>CNA releases its revised, centennial edition of the <i>Canadian Code of Ethics for Registered Nurses</i>.</p> <p>CNA releases <i>Milestones: The first 100 years of the Canadian Nurses Association</i> on DVD in August. Complimentary copies are distributed to every school of nursing across the country during the first week of the new school year.</p> <p>NurseONE releases the <i>Toward 2020</i> DVD and accompanying suite of tools – a filmed version of a presentation about the 2020 project along with teaser videos, and accompanying documents on CD.</p> <p>Communications, publications and marketing functions are consolidated under a new department of Corporate Communications.</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <p><i>NurseONE</i> is integrated with CNA's internal IT services under a new department of Information Services.</p> <p>CNA hosts a podcast on the 100th anniversary of the organization's founding, October 8. The same day, CNA releases <i>Signposts for Nursing</i> – CNA's centennial horizon scan – and its "preferred future" document.</p> <p>CNA's armorial bearings are unveiled by her Excellency the Governor General during a ceremony and reception for CNA board, staff and guests at Rideau Hall in October 2008.</p> <p>CNA hosts the first domestic offering of its popular workshop, <i>Influencing Public Policy: Strategies and Tactics</i>. Developed initially by IPD, versions of the program were offered in Russia, Saskatoon, Pretoria and Ottawa before being designed for a domestic, 2-day format held November 24 and 25, 2008 at the National Arts Centre in Ottawa. Sixty delegates from across Canada attend the workshop.</p> <p>At a ceremony at the Marriott Hotel in Ottawa (26 November) CNA's Centennial Awards are presented to 100 exceptional RNs whose personal and professional contributions have made an outstanding and significant impact on the nursing profession.</p> <p>Summary of CNA's centennial milestones</p> <ul style="list-style-type: none"> · Membership tops 133,000 through 11 provincial and territorial members · 40 associate & affiliate members and emerging groups, having some 40,000 members combined · 85 staff at CNA House in Ottawa including 21 nurses where there were 7 in 2000 · More than 15,000 Canadian nurses are certified in 17 specialties with more in development · Over 20 Canadian universities now offer nursing degree credits to nurses to earn the CNA certification credential. · International policy and development work in over 30 nations on four continents · Brenda Beauchamp, director of Finance and Administration, joined the organization in 1975 and is CNA's longest-serving current employee. She has worked under 6 of CNA's 10 CEOs and 18 of its presidents. | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|----------------------------------|---------------------------|
| | <ul style="list-style-type: none"> · CNA revenue tops \$20 million in 2008, and external project funding over the final decade of CNA's first century tops \$30 million (2000-2008). <p>Biennium summary Annual meeting and centennial convention: Ottawa ON</p> <p>Jeanne Mance Award: Judith Oulton</p> <p>Inaugural Order of Merit Awards: Carolyn Tayler (Nursing Administration), Diana Davidson Dick (Nursing Education), Marion Clark (Nursing Policy), Margaret Farley (Clinical Nursing Practice), and Linda McGillis Hall (Nursing Research)</p> <p>Incoming president: Kaaren Neufeld</p> | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|--|--|--|
| 2009 | <p>Rachel Bard of New Brunswick is appointed the tenth CEO of CNA, assuming the role 5 January. Associate CEO, Jane Ellis, had served as interim CEO for four months.</p> <p>CNA and its partners host the National Nursing Leadership Conference in Toronto; Gloria Steinem delivers the opening keynote address.</p> <p>CNA projects that the nursing shortage will grow by almost five times over 15 years in its report, <i>Tested Solutions for Eliminating Canada's Registered Nurse Shortage</i>, an update of the 1997 and 2002 Ryten reports. The report highlights six policy scenarios showing that, if implemented together, could eliminate Canada's RN shortage – currently estimated to be about 60,000 by 2022.</p> <p>CNA releases <i>Registered Nurses: On the front lines of wait times</i>, describing the key role that nurses play by developing innovative solutions to the challenges of wait times.</p> <p>CNA establishes its Innovations Exchange – an online forum for the collection and dissemination of nursing innovations.</p> <p>CNA publishes <i>RNs: A Sound Investment</i>, an online toolkit for nurses to address the economic downturn and to advocate the value of registered nurses.</p> <p>Based on its earlier futures work, CNA produces <i>The Next Decade: CNA's Vision for Nursing and Health</i> to guide CNA as it works to advance the quality of nursing in the interest of the public. The <i>Next Decade: CNA's Vision for Nursing and Health</i> envisions solutions to meet many of our health-care challenges and is intended to help members work in their own areas of practice to build a better future for Canadian health care in the next decade and beyond.</p> <p>New and critical steps are made toward making nursing visible in electronic records and in national health information systems. In partnership with ministries of health in Manitoba, Saskatchewan and Ontario and with investment from Canada Health Infoway, CNA completes the Canadian Health Outcomes for Better Information and Care project, demonstrating that standardized nursing assessments across care settings and provincial boundaries are feasible.</p> <p><i>NurseONE</i>, the Canadian nurses portal is made easier for nurses to use. Thousands more full text articles and books are added to support evidence-based practice and to help members</p> | <p>Twenty-fourth Quadrennial Congress of the ICN and meeting of the CNR: Durban</p> <ul style="list-style-type: none"> · 100th anniversary of CNA membership in the ICN · The first ICN congress held in Africa · Among the 5,000 delegates, some 3,000 come from African countries. · Rosemary Bryant, Commonwealth Chief Nurse and Midwifery Officer for Australia, is elected 26th president (2009-2013). · CNA past-president, Marlene Smadu, is elected 3rd vice-president (2009-2013). · Máximo A. González Jurado (Spain) wins ICN's Christiane Reimann Prize, nursing's most prestigious international award. <p>CNA provides technical and logistical support to nurses interested in environmental health resulting in the launch of the Canadian Nurses for Health and the Environment (CNHE). This new emerging member (planning to launch as an associate member in 2011) will focus on supporting engagement at the national level among nurses health working on environmental health issues, and providing educational support to Canadian nurses interested in environmental health.</p> <p>Assessment Strategies registers its new name: Canada's Testing Company/La Société Spécialiste des Examens au Canada.</p> <p>The Canadian Nurses Protective Society moves from CNA House to its own quarters on Carling Avenue in Ottawa.</p> <p>The Canadian Institute for Health Information changes the name of its nursing data to the Nurses Database, which now includes:</p> <ul style="list-style-type: none"> · Registered Nurse (RN) Data, 1980 to 2007 · Nurse Practitioner (NP) Data, 2003 to 2007 · Licensed Practical Nurse (LPN) Data, 2002 to 2007 · Registered Psychiatric Nurse (RPN) Data, 2002 to 2007 <p>Governor General Michaëlle Jean announces that Lieutenant-Colonel Gayle Quick, Canadian Forces Chief Nursing Officer and Air Force Flight Nurse, is appointed as the only Canadian nurse named an Honorary Nursing Sister to Her Majesty the Queen.</p> <p>Heather K. Spence Laschinger (University of Western Ontario) and CNA president-elect Judith Shamian (VON Canada) are both appointed Fellows of the American Academy of Nursing.</p> <p>An H1N1 "swine" flu pandemic spreads globally from apparent origins in Mexico. By 31 December, some 15 million Canadians are vaccinated, thousands fall ill and 409 die. Signalling a possible new strategy in disease surveillance, the Google internet search engine noted a spike in searches related to "flu" that correlated with</p> | <p>U.S. president Barack Obama (D) wins the Nobel Peace Prize.</p> <p>The Montreal Canadiens hockey club celebrates its 100th anniversary.</p> <p>American judge Sonia Sotomayor becomes the first Hispanic person appointed to the country's Supreme Court.</p> <p>Angela Dorothea (Kasner) Merkel, the first woman chancellor of Germany, is re-elected to her second term in office.</p> <p>Singer Michael Jackson dies at age 50.</p> <p>Nadya Suleman, a 33-year-old Californian mother of six, gives birth to the first known surviving octuplets.</p> |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|--|---------------------------|
| | <p>meet continuing competence requirements. Nurses have begun using <i>NurseONE</i> to join on-line communities of practice.</p> <p>CNA collaborates with RPNs, LPNs and other professional groups to host a national forum on health human resources – and releases <i>Maximizing Health Human Resources: Valuing Unregulated Health Workers – Highlights of National Forum</i>. Building on this successful collaboration, CNA secures federal funding to create tools that elaborate principles and criteria to guide staffing practices in 2010.</p> <p>The ongoing nursing shortage and other difficulties nurses face at work compel CNA to increase the push for quality practice environments. <i>Improve Your Practice Environment: An Action Guide for Nurses</i> is posted on NurseONE to help individuals and organizations take focused action on making work settings safer and more effective.</p> <p>CNA's <i>Primary Care Toolkit</i> brings new energy and new potential to the major role registered nurses and nurse practitioners are playing in collaborative teams across Canada.</p> <p>CNA increases its links with nurses' networks by creating easier ways to share information among CNA's 40+ Associate and Affiliate members and Emerging groups. Regular bulletins and teleconferences are offered and with the support of these groups and CNA launches its new <i>Progress in Practice</i> webinar series.</p> <p><i>International Policy and Development</i></p> <ul style="list-style-type: none"> · CNA hosts Global Symposium on Global Leadership and Collaboration with involvement of SNNAP partners. · CNA hosts a new Global Health Knowledge series. · International Health Partnerships Program – successful conclusion of CSAN AIDS and progress on SNNAP, including new partners for the program – RN Association of Ontario and the Nurses Association of New Brunswick. · CNA produces a new “Global nursing connections” database to facilitate nurses’ networking and collaboration by centralizing information in a readily available internet location. <p>CNA publishes position statements on:</p> <ul style="list-style-type: none"> · Climate Change and Health · Clinical Nurse Specialist · Determinants of Health · Financing Canada’s Health System | <p>actual cases – more than a week before the Mexican government gave warning of the potential pandemic.</p> <p>Tele-health is established in Nova Scotia (HealthLink 811).</p> <p>The federal government invests a further \$500 million in Canada Health Infoway for electronic health records.</p> <p>In the U.S., Kerry Paige Nesseler is appointed federal Chief Nurse Officer. She will coordinate the Commissioned Corps of the U.S. Public Health Service, and nursing professional affairs for the Office of the Surgeon General and the Department of Health and Human Services.</p> <p>100th anniversary of the Canadian Red Cross.</p> | |

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|------|--|----------------------------------|---------------------------|
| | <ul style="list-style-type: none"> · Global Health and Equity · International Trade and Labour Mobility · The Nurse Practitioner · Nurses and Environmental Health · Nursing Leadership · Overcapacity Protocols and Capacity in Canada's Health System · Patient Safety · Peace and Health · Problematic Substance Use By Nurses · Spirituality and Health · Toward an Environmentally Responsible Canadian Health Sector <p>CNA publishes fact sheets on:</p> <ul style="list-style-type: none"> · Nurses Offer Solutions For Cost-Effective Health Care · Peace and Health · Problematic Substance Use By Nurses · The Value Of Registered Nurses <p>CNA publishes</p> <ul style="list-style-type: none"> · <i>Blueprint for the Canadian Registered Nurse Examination June 2010 - May 2015</i> · <i>Canadian Registered Nurse Exam Prep Guide, 4th Edition</i> (This Prep Guide is in effect until February 2010) · <i>Canadian Registered Nurse Examination Prep Guide, 5th Edition</i> (June 2010 to 2015) · <i>Nursing Education in Canada Statistics 2007-2008. Registered Nurse Workforce, Canadian Production: Potential New Supply</i> · <i>Registered Nurses: On the front lines of wait times</i> · <i>RNs: A Sound Investment,</i> · <i>Tested Solutions for Eliminating Canada's Registered Nurse Shortage</i> <p>With its partners in the Canadian Consortium for Nursing Research and Innovation, CNA continues to lobby widely at the federal and national levels for implementation of a new national fund to support nursing science.</p> <p><i>Regulatory</i></p> <ul style="list-style-type: none"> · After extensive national consultation, a new blueprint for the Canadian Registered Nurses Examination (CRNE) is released. This document outlines the competencies to be measured on the exam for the 2010 to 2015 CRNE cycle. The number of writers increased | | |

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|------|---|----------------------------------|---------------------------|
| | <p>16% over 2008 with 11,025 writers in 2009.</p> <p>There was also a 72 % increase in the number of orders for nursing education program specific CRNE statistical reports over 2008 numbers. This may be because of the high degree of satisfaction experienced by education programs with these reports as evidenced in a recent online survey CNA conducted.</p> <ul style="list-style-type: none"> · Mobility and trade agreements were front and centre in regulatory dialogue in 2009 and CNA was actively engaged in this discussion. For example, CNA: <ul style="list-style-type: none"> · Obtains funding for and co-chairs a meeting of regulators to discuss mobility of nurse practitioners within Canada · Develops a discussion paper on implications of trade agreements for nursing regulation. · CNA coordinates a response of CNA members to a survey from Foreign Affairs and International Trade Canada on a comprehensive economic agreement between Canada and the European Union · Presents at the Mobility of the Skilled Workforce: European/Canada Roundtable in Brussels. · CNA continues dissemination of the 2008 code of ethics and presents on the code and other ethics resources at provincial/territorial, national and international conference such as the Yukon Registered Nurses Association annual meeting, the Operating Room Nurses Association of Canada annual meeting, the 2009 Nursing Leadership conference and the International Council of Nurses Quadrennial in Durban South Africa. Additions to CNA's ethics resources in 2009 included an ethics in practice paper on social justice in practice. · To better understand the Canadian public's understanding and valuing of self regulation, CNA contracts Ipsos Reid to carry out a national survey in the fall of 2009. Over 1000 Canadians are surveyed and the results will be used to inform an action plan in 2010. · The number of candidates writing CNA's nurse practitioner exams continues to grow. There were 231 writers of the Canadian Nurse Practitioner Exam: Family/All Ages in 2009 with nurse practitioners applying for licensure with the Council and Association of Registered Nurses of Alberta (CARNA) writing this exam for the first time. A total of 173 nurses wrote the American Nurses Credentialing Center (ANCC) adult (n=139) and pediatric (n=34) exams for licensure | | |

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|------|---|----------------------------------|---------------------------|
| | <p>purposes in Canada with nurse practitioners applying with either CARNA or the SRNA writing this exam for the first time. CNA's regulatory policy department participates in dialogue and presents on regulatory issues at international forums in 2009:</p> <ul style="list-style-type: none"> · Overview of the issues and challenges in nursing regulation in Canada, International Council of Nurse regulatory network, ICN Quadrennial · Invited by the nursing council of Portugal (Ordem dos Enfermeiros) to present at a national Portuguese nurses conference. CNA along with Roxanne Tarjan, Executive Director of the Nurses Association of New Brunswick, presents on Canadian Nursing Regulation, Current Approaches and Future Directions to about 500 nurses in Portugal. · CNA continues to participate in the ICN regulators and credentialing forum to discuss regulatory and credentialing issues among nursing leaders from around the world in 2009. In addition CNA support international partners in their regulatory work this past year, e.g.: <ul style="list-style-type: none"> · Assisted the Indonesian Nurses Association in their work toward the development of a national exam for that country. · With Linda Hamilton, then executive director of the College of Registered Nurse of Nova Scotia, CNA assisted the Vietnam Nurses Association in drafting a regulatory framework for nursing for that country. <p><i>Certification</i></p> <ul style="list-style-type: none"> · There are 15,603 certified nurses at the end of 2009 including nurses certified for the first time in the newest specialty areas, enterostomal nursing. Other highlights of the certification program are the introduction of a successful online application process for initial certification and receipt of applications for the 19th certification area, medical surgical nursing. Close to 800 nurses apply using the new online method with minimal technical issues. · Manager of Certification Program participates at International Certification research Summit, October 2009, in Baltimore MD | | |

| DATE | CNA HISTORICAL MILESTONES | ICN, NURSING & HEALTH MILESTONES | CANADIAN & GLOBAL CONTEXT |
|------|---|----------------------------------|---------------------------|
| | <ul style="list-style-type: none"> · Consultant research re-confirms that CNA certification study groups are a valuable tool for nurses in preparing for CNA certification. Study groups registered on CNA web-site tops 42. · CNA certification video now being posted on nurses' workplace "intranet" and is available for viewing on CNA web-site. · Enterostomal therapy nursing examination is administered for the first time with credential CETN(C). · Phase I of the certification online project was successfully implemented in September 2009 for initial certification candidates who could apply by mail or using the new online option. The program now has on-line application capabilities and options for candidates and the system will be enhanced and updated regularly. Phase II of the project will allow online application for renewing candidates beginning in September 2011. <p>In a busy period of a national health crisis, CNA works actively with the Public Health Agency of Canada to develop and disseminate information about the spreading H1N1 flu pandemic, e.g. through weekly teleconferences, providing input to policy documents, meeting with staff to discuss the pressing issues, expressing concerns to the chief public health officer, developing a dedicated page on our website, and teleconferences with CNA's member groups.</p> <p>Membership at the end of December stands at 139,893 – an increase of 2.6 per cent over 2008.</p> | | |

This milestones record was compiled and collated by Michael J. Villeneuve, CNA scholar in residence. The document includes new material as well as the amassed highlights taken directly from the following CNA documents. We hope it will become a living historical document to which confirmed facts will be added and amended over the years. Sincere thanks to CEOs Helen K. Mussalem, Ginette Lemire Rodger, Judith Oulton, Mary Ellen Jeans, Lucille Auffrey and Rachel Bard and their staffs for producing these historical documents, now covering the period 1908-2009.

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2008



1994



1983



1958



1931