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Nursing and the Great War: The Working Professional

Nurses and nursing have always existed, though nursing duties and expectations shifted in the 19th century when it ceased to mean exclusively a woman providing care in the home.¹ The concept of nursing as “natural womanly instinct” gave credit to women while simultaneously undermining the authority of nursing school graduates. The role of the nurse underwent a major shift following World War 1 (WW1), as more complex technical abilities became integral to providing modern care. However, though change in public perception was slow and the presence of volunteer nurses threatened the professionalism of nursing and its reliability for paid work. Nursing appealed to many Maritime women as it blended technical and domestic work. In reality, the nurse was becoming less to be seen as a domestic worker and increasingly as a trained professional. Of the many settings in which a nurse could practice, the focus of this essay is on work in the hospital, public and private sectors, and the military. WW1 changed the public perception of nursing, both in distinguishing for the public between trained from untrained nurses and highlighting the importance of graduate education. The following will explore the context and training in which nurses went overseas, their experience in active service, as well as the shifts in nursing after the war.

¹ Dianne Dodd & Barbara Keddy, “The Trained Nurse: Private Duty and VON Home Nursing (Late 1800s to 1945),” in *On All Frontiers: Four Centuries of Canadian Nursing*, ed. Christina Bates, Dianna Dodd, and Nicole Rousseau (Ottawa: University of Ottawa Press, 2005), 43.

The rise of professional nursing involved a rigorous training process which some historians have referred to as “exploitive,” “oppressive”, and “generally exhausting,” though effectively contributed to the rise of the working professional as opposed to the domestic worker.² The end of the 19th century saw a boom in nursing education which moved away from religious institutions and expanded training to hospitals, and by 1914 there were nearly 40 hospitals across the Maritimes.³⁴ This separation between the church and education was limited mostly to anglophones, and francophone nurses continued to be heavily dependant on the Roman Catholic Church for training until the quiet revolution in the 1960s.⁵ The two to three-year hospital program taught Maritime women skills within four basic areas; food preparation, cleaning and maintenance of rooms; observing physiological symptoms; applying bandages, dressing, and other bedside care; and preparing and assisting in the operating room.⁶ Theoretical teachings were administered through 120 minute long lectures given once a week by visiting physicians, on topics such as “tuberculosis,” “theory of sepsia and antisepsia,” and “circulatory system.”⁷ These lectures were held before or after a 12 -13 hour hospital shift, and were intended to teach basic medical terminology and physiology so that nurses could follow the doctor’s instructions. Practical theory aspects of nursing were taught by head nurses, which was intricate and specific down to the very last detail – even for a task as straightforward as stripping and

² Dodd, Kenny, *The Trained Nurse*, 43.

³ Cynthia Baker, Elise Guest, Leah Jorgenson, Kristine Crosby, and Joni Boyd, “Ties that Bind: The Evolution of Education for Professional Nursing in Canada from the 17th to the 21st Century” (Canadian Association of Schools of Nursing, 2012), 4.

⁴ Gibbon, John Murray, and Mary S. Mathewson. *Three centuries of Canadian nursing*. (Toronto: Macmillan, 1947), 175-176.

⁵ Arsenault, Anne-Marie, “University Nursing Education for Francophones in New Brunswick in the 1960s: The Role of Nuns, Priests, Politicians, and Nurses,” in *Place and Practice in Canadian Nursing History*, ed. Jayne Elliot, Meryn Stuart & Cynthis Toman (Vancouver: UBC Press, 2008) 166.

⁶ Katheryn M. McPherson, *Nurses and Nursing in Early Twentieth-Century Halifax* (master’s thesis: Dalhousie University, 1982), 26.

⁷ McPherson, *Nurses and Nursing*, 27.

remaking a bed.⁸ For many, their training would be the last time that they worked in a hospital, as most graduated and chose to undertake private forms of nursing. Military nursing education, taught to nurses by Cape Breton nurse Margret MacDonald before the war, emphasised quick and efficient “assembly-line” care, which conflicted with women’s “good nursing” ideals of providing personal treatment.⁹ Following their education - whether it be civilian or military, nurses by and large conducted their work with great pride and professionalism, and nursing remained one of the only “respectable” occupation for a woman in the Maritimes at the outbreak of the war.

The spaces in which Maritimes nurses practiced saw a significant shift from the beginning to the end of WW1. Having been an appropriate and compelling sector for women’s work for several decades, prior to the war civilian nursing work could be roughly divided into three areas: hospital work, private nursing, and public health. Work in hospitals was primarily conducted by nurses in training as they completed their nursing program.¹⁰ Until WW2, a great deal of emphasis was still placed on the private sector of nursing. This type of work was preferred by many as it allowed for greater independence from doctors than those working in hospitals and allowed them to be more selective about the types of cases they undertook. Unfortunately, this made for highly unstable employment, as women were susceptible to the flux of supply and demand, a phenomenon which prevailed following WW1.¹¹ This contributed to the pattern of outmigration from the Maritimes to New England and surrounding areas in the United

⁸ McPherson, *Nurses and Nursing*, 28.

⁹ Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (Vancouver: UBC Press, 2016), 14.

¹⁰ McPherson, *Nurses and Nursing*, 24.

¹¹ Katheryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Don Mills: Oxford University Press, 1996), 129.

States, where work and wages were more stable.¹² Public sector nursing made up a relatively small portion of work prior to the war, though this would change following the 1917 Halifax explosion and the 1918 Influenza pandemic. Nurses who worked in the public sector focused primarily on prevention and promoting healthy living habits to the lower classes in an attempt to combat high infant mortality and preventable infections resulting from poor sanitization.¹³ Public health organizations, such as the Victorian Order of Nurses (VON) in Halifax, were overwhelmingly run by wealthy middle class women, as they were the ones who had the time to devote to such projects and the government had not yet taken responsibility for the public health sector.¹⁴

At the outbreak of the war, many nurses felt they had a duty to serve their country. Nearly all of the nurses had never been to war before; only 5 Canadian nurses had served in the Boer War, including WW1 Canadian Matron-in-Chief Margaret MacDonald.¹⁵ Many young Maritime women enlisted, and the graduate nurses who came from individual care work and were suddenly tasked with caring for hundreds of patients. War aid was additionally taken up by voluntary nurses, who received minimal training and primarily assisted on the home front, though 500 served overseas.¹⁶ These volunteer nurses were often seen a “nuisances” in the trenches, accentuating the need of a built set of skills extending beyond the “natural nurturing instinct.”¹⁷ Again, the conflict between trained and untrained workers became clear, as the responsibilities of a nurse transitioned from something that every women naturally “knew,” to

¹² McPherson, *Nurses and Nursing*, 68.

¹³ McPherson, *Nurses and Nursing*, 78.

¹⁴ McPherson, *Nurses and Nursing*, 78, 81.

¹⁵ Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montreal: McGill-Queen's University Press, 2005), 73

¹⁶ Linda J. Quiney, “Assistant Angels: Canadian Voluntary Aid Detachment Nurses in the Great War,” *Canadian Bulletin of Medical History*, no. 15 (1998): 190-191.

¹⁷ Quiney, *Assistant Angels*, 193.

refined abilities such as pain relieving techniques and properly assisting a surgeon.¹⁸ Dr. Theophilus Mack, who established the first training hospital in Canada, was a firm believer in the need for educated nurses, and stated in his 1875 annual report that: “all the most brilliant achievements of modern surgery are dependent to a great extent upon careful and intelligent nursing. Incompetency on the part of a nurse renders nugatory the best efforts of the doctor in the most critical moments, and has frequently resulted in loss of life.”¹⁹ Military nurses had to further separate themselves from the emotional and personal care as the primary goal was to get men back to the battlefield, and as such priority was given to those with the most likely chances of survival rather than the sickest.²⁰ The emphasis was thus on efficiency in all aspects of care, which was unpopular with some of the soldiers, yet another example of the multifaceted aspect of their duties.²¹ The at times contradicting demands for nurses to deliver both technical and maternal care could be a great strain, though they often maintained a cheerful tone when writing home to their families. One such example is that of Nursing Sister Ina Lockhart of Petitcodiac New Brunswick, who in letters home alludes only to some of the challenges of life in service, with phrases such as “we have no difficulty in keeping busy” and “rain hats, coats, and rubber boots all the time, but I love the work,”²² showing either an unwillingness to worry her family or a resiliently cheerful disposition. In other letters, she



¹⁸ Toman, *Sister Soldiers*, 76.

¹⁹ Cited in: Cynthia Baker, Elise Guest, Leah Jorgenson, Kristine Crosby, and Joni Boyd, “Ties that Bind: The Evolution of Education for Professional Nursing in Canada from the 17th to the 21st Century” (Canadian Association of Schools of Nursing, 2012), 4.

²⁰ Toman *Soldier Sisters*, 112.

²¹ Toman, *Sister Soldiers*, 78.

²² Ina Lockhart to Mrs. Jones, January 31 1917, in *Letters Home Maritimers and the Great War*, ed. Herb Ross (Toronto: Nimbus Publishing Limited), 124, 128.

comforts her mother, saying “try to bear up, and realize that its an honourable thing, even if its sad.”²³ Through documents such as these, it is clear that the nurses were both professional (nowhere in her writing does Nursing Sister Lockhart complain about the conditions she is facing), and nurturing, offering words of support and advice to those she cares for. This balancing act was typical of Maritime nurses.

Though volunteer nurses were not considered to be of great assistance overseas, they played a significant role at home. One of the most significant organizations were Voluntary Aid Detachment nurses, known as VADs, who acted as a reserve force of first aid assistants. These women took two basic first aid courses, offered by the St. John’s Ambulance, out of a desire to contribute to the war effort by filling the gaps it created in nursing in their communities.²⁴ One of these gaps proved to be the 1917 Halifax explosion, when their first aid training allowed them to assist in cleaning and sterilizing wounds as well as applying splints and dressings.²⁵ The VADs also proved their worth in the outbreak of the 1918 influenza pandemic when the need for caretakers outnumbered the supply of available graduate nurses.²⁶ Though they proved exceptionally helpful in the case of this disaster, many graduate nurses continued to feel threatened by their presence as unpaid labour, as the VAD’s success gave credibility to the popular image of nursing filling a natural female instinct.²⁷ However, Canadian nursing historian Linda Quiney tells us that the VAD was first and foremost a wartime phenomenon within the expanding field of public health nursing.²⁸

²³ Ina Lockhart to Mother and Dad, June 1917, in *Letters Home: Maritimers and the Great War*, ed. Herb Ross (Toronto: Nimbus Publishing Limited), 128.

²⁴ Linda J. Quiney, “Filling in the Gaps: Canadian Voluntary Nurses, the 1917 Halifax Explosion, and the Influenza Epidemic of 1918.” *Canadian Bulletin of Medical History*, no. 19:2 (2002): 352

²⁵ Quiney, *Filling the Gaps*, 358.

²⁶ Quiney, *Filling the Gaps*, 365.

²⁷ Quiney, *Filling the Gaps*, 356.

²⁸ Quiney, *Filling the Gaps*, 367.

The rise of the public health sector in the Maritimes can be ultimately credited to the 1917 Halifax explosion and the 1918 influenza outbreak.²⁹ Although the VADs were initially seen as a threat by the nurses, in reality only 15 of 2,000 nationally pursued paid medical work beyond their voluntary contributions to the war effort on the home front. The effectiveness of their work additionally highlighted the need for more public health nurses.³⁰ Temporary public health organizations, such as the Canadian Red Cross, established temporarily to provide aid for influenza or Halifax explosion victims became permanent institutions.³¹ These newly founded organizations provided some reliable work for more nurses, whose duties focused on tuberculosis control, child hygiene programs, or school inspection programs.³² Prevention was the motto of the public health nurse, who was aware of how much harder it was to treat than prevent. Although the expansion of this sector gave new opportunities to nurses, many continued to face job insecurity.³³

Following the war, the distinction between trained and non trained nurses was introduced to the Nova Scotia legislature in 1922.³⁴ Though military nursing is only one piece in a larger picture of the role and place of the nurse, WW1 and subsequent health changes altered public perceptions to align with the professional bodies they had become. While domestics continued to play a significant role in day-to-day duties, the technical knowledge of the nurse and simple skills such as literacy became integral to the profession and further distinguished trained from untrained workers. Nursing continued to be highly centered around the private sector until the

²⁹ McPherson, *Nurses and Nursing*, 86.

³⁰ Quiney, *Filling the Gaps*, 368.

³¹ McPherson, *Nurses and Nursing*, 86.

³² Marion McKay, "Public Health Nursing," in *On All Frontiers: Four Centuries of Canadian Nursing*, ed Christina Bates, Dianna Dodd, and Nicole Rousseau, (Ottawa, University of Ottawa Press, 2005), 110.

³³ McPherson, *Nurses and Nursing*, 101.

³⁴ McPherson, *Nurses and Nursing*, 67.

end of the Second World War, but expectations for nurses rose. Women continued to balance the private and public spheres at work, as jobs demanded them to be both professional and caring.

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