4.3: Health Care and Nursing Highlights of the First Half of the Twentieth Century

The early years of the twentieth century saw the establishment of 43 additional VON hospitals in rural and isolated areas of Canada. The VON services were funded through community fundraising led by prominent community members such as Lady Minto (the wife of another Canadian Governor General). The responsibility for running these hospitals was eventually placed in the hands of the communities, with the last VON Canada–run hospital handed over to the community in 1924. However, VON nurses have remained involved with community nursing to the present day.

In good times and bad, VON Canada served as a catalyst for building a sense of community—creating opportunities for people to work together to meet their needs and those of friends and neighbours. Prenatal education, well baby clinics, school health services, visiting nurses, and coordinated home care programs all had their earliest origins with VON Canada (VON Canada, 2017).

The establishment of the International Council of Nurses in 1899 and the service of Canadian troops in the Boer War in South Africa heralded an increased Canadian nursing involvement in international affairs. Canadian nurses left their mark in the Boer War as Georgina Fane Pope was the first Canadian awarded the Royal Red Cross for her extraordinary service as a nurse in the Boer War.

The Canadian Nurse journal was first published in 1905. The intention of the journal was to “unite and uplift the profession, and protect the public through work such as advocacy for nurse registration legislation” (CNA, 2013, p. 203). Journal articles dealt with issues similar to those that we continue to deal with today. One early article, a discussion on patient safety in the operating room, reported that a pair of forceps had been left in a patient, and the author made a recommendation that “forceps should be counted in operating rooms” (CNA, 2013, p. 203). The author of another article noted that “Canadian nurses are highly valued abroad” (CNA, 2013, p. 204) and she despaired that 50 to 75 per cent of graduate nurses from smaller Ontario cities had moved to the United States to work. As early as 1907, the editor of the
Canadian Nurse was requesting “improved hours of work, workload and general working conditions for nurses” (CNA, 2013, p. 204).

This growing concern for patient safety and the need for an organized nursing voice led to the establishment of the Canadian National Association of Trained Nurses, which eventually became the Canadian Nurses Association, in 1908. Mary Agnes Snively was the founding president of the organization. In addition, by 1914, all existing provinces except Prince Edward Island had their own provincial nursing associations. By 1922, all nine existing provinces had some form of nursing registration legislation.

World War I began in 1914. Approximately 2,000 “trained Canadian nurses, with 27 matrons and a reserve of 203 for special hospital service were enlisted” (“The War Years,” 2005, p. 39). Nurses were eager to volunteer to serve in the armed forces. “For example, when a call was made in January 1915 to fill 75 positions, 2,000 nurses applied” (“The First World War's Nursing Sisters,” 2016, p. 17). Nurses in the Canadian army received a higher income than the enlisted men and were accorded authority as a lieutenant. Lieutenant Colonel (retired) Harriet (Hallie) Sloan further explains the reasons for this rush of nurses to enlist:

From the time of the Boer War, Canadian nurses had officer status, with the same rank, pay and privileges of army lieutenant. They also had the power of command over those working under them, such as orderlies. . . . Among the Allied forces in both world wars, Canadian nurses were the only ones to enjoy equality with officers. (“The War Years,” 2005, p. 39)

Canadian nurse Margaret MacDonald, appointed matron-in-chief of the Canadian army nursing service, was the first woman given the rank of major in the British Empire, while medals or decorations were awarded to 660 Canadian nurses. However, in addition to the many positive aspects of nursing service in the military, 47 Canadian nurses lost their lives in World War I (CNA, 2013).

Essential Learning Activity 4.2.1

To find out more about military nurses in World War I, watch this short Heritage Minutes video called "Nursing Sisters" (1:00).

World War I, combined with the Spanish Flu epidemic (1918–mid-1920s), hit healthy young adults hard and left many nurses as the sole supporters of their families. In addition, the stock market crash of 1929 started the Great Depression, leading to further hardships. Hospital nursing work was difficult to find and since private duty nursing was more abundant and offered shorter hours and better pay than hospital nursing, many nurses worked private duty (CNA, 2013). However, overall poor pay and scarcity of work culminated in deprivation for countless nurses and their dependents throughout this time period.

World War II started in 1939 and over 4,000 nurses enlisted. Many enlisted because they would be assured of a good wage. Their services were greatly appreciated by the soldiers, as Pauline Siddons describes: “I have memories of halls lined with stretcher patients waiting for a bed, while more loaded ambulances continued to arrive” (Bassendowski, 2012, p. 91).
Military service provided independent decision-making opportunities for Canadian nurses and prepared them for future leadership positions. One nursing veteran recalls:

It was during this bloody war that one learned and dared to be a nurse of the future. As nursing sisters in front line units, we gave intramuscular injections, administered intravenous solutions . . . removed sutures, did major dressings. . . . On our way to Italy . . . malaria added greatly to our workload. We learned to do blood smears, determine from all our findings the type of disease, and initiate intravenous treatment where indicated. (Pepper, 2015, p. 8)

Thirteen Canadian nursing sisters lost their lives in World War II.

During World War II, a severe shortage of trained civilian nurses led to a search for a new source of nursing personnel within the hospitals. The CNA advised the provinces to develop a course for nursing assistants. To support the provinces in this pursuit, the CNA developed the first curriculum for nursing assistants in 1940.

Recommendations coming from a 1943 National Health Survey focused on providing salaries and working conditions for nurses "comparable to those prevailing in other occupations requiring similar preparation" (CNA, 2013, p. 218). However, hospitals were "unable or unwilling to capitalize on nursing sisters’ demonstrated abilities in expanded technological roles or their increased autonomy. Instead, hospitals relied heavily on student labour, with limited roles for ‘specially trained’ graduate nurses" (Toman, 2007, p. 202). Upon return to civilian life following the end of World War II, most nursing sisters resisted conventional hospital roles and sought alternate careers. The following statement from Mary Tweddell helps explain the dilemma of the nursing sisters: "We’d been living the army life—I’d been four years over there—and it was a different life entirely. You came back here and you’d be amazed how hard it was to get back" (Bassendowski, 2012, p. 48).