

Chapter 1: The History of Community Health Nursing in Canada

Suggestions for Guest Speakers

1. Ask a representative from the Canadian Association for the History of Nursing to visit, Skype, or phone conference with the students.
2. Ask a retired Community Health Nurse who worked during an earlier generation to come and speak about what his/her work looked like in the past.
3. Ask women from two generations (e.g., a mother and a grandmother) to visit the class and describe their experience with childbirth, immunization, etc. and ask the students to compare the two experiences.

Classroom Activities

1. Review the PowerPoint slides with the students.
2. Clarify any questions about the information from the text.

Practice Application

1. Ask the students to watch the silent film called Public Health Nursing in Manitoba (<http://www.youtube.com/watch?v=oIj9CFGETcw>). Ask the students to summarize the many roles that they observe the nurse carrying out in the video. What did the video say about knowledge “today” and its impact on tomorrow?

Created by Pathescope of Canada, Ltd. in 1921. With permission from the University of Manitoba Archives.

Description: A film produced by Pathescope of Canada, Ltd. that demonstrates the many roles served by nurses of the Provincial Board of Health in Manitoba. It depicts a public health nurse visiting the Charleswood Municipal Office, lecturing students in a schoolhouse on proper hygiene and administering checkups to the students, visiting a mother and demonstrating proper childcare techniques with her baby, meeting with the Women's Institute, participating in a Child Health Conference at the summer fair, demonstrating childcare techniques to girls as part of the Little Mothers League, conducting a nutrition class, and visiting a rural home in conjunction with the Manitoba Red Cross Society.

2. Go together to visit a historical nursing display near you or ask the students to take an on-line tour of the Canadian Nursing History Museum <http://www.civilization.ca/cmc/exhibitions/tresors/nursing/nchis01e.shtml>. Have a discussion about the types of nursing practices observed in the displays and the similarities and differences of community health nursing practices of today.
3. Ask the students to look at Figures 1.1 and 1.2 for three minutes. Provide index cards and ask the students to write out the event that they feel was most important in the evolution

of Community Health Nursing in Canada. Ask the students to come forward and tape the card to the board as they explain why they chose that event. Line the cards up chronologically across the board. Summarize at the end.

Ideas for Distance Students

1. Ask students to review the PowerPoint slides.
2. Have an on-line or phone chat about the information from the text.
3. Ask a representative from the Canadian Association for the History of Nursing to have an on-line chat, Skype, or phone conference with the students.

Practice Application

1. Ask the students to watch the silent film called Public Health Nursing in Manitoba (<http://www.youtube.com/watch?v=oIj9CFGETcw>). Ask the students to summarize the many roles that they observe the nurse carrying out in the video. What roles that the nurses were demonstrating for public health nurses in 1921 still are a part of PHN today? From the readings, what do we know about PHNs from 1921 (that they were civil servants, paid, elite, required post-certificate training, etc.)?

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2. Ask the students to visit a historical nursing display near them or take an on-line tour of the Canadian Nursing History Museum <http://www.civilization.ca/cmc/exhibitions/tresors/nursing/nchis01e.shtml>. Have a discussion about the types of nursing practices observed in the displays and the similarities and differences of community health nursing practices of today.
3. Ask the students to consider how their current practice/learning experience would differ if they were in a rural rather than urban environment. What resources would/would not be available if the students were in the opposite environment? Ask urban students to create a “mind map” of the resources available in rural areas that are not available to their current practice (tight-knit community, close relationship to churches, farm-fresh food, etc.). Ask rural students to create a “mind map” of the resources available in urban areas that are not

available to their current practice (resources for disability or disease-specific needs, etc.). See Appendix A for how to create a mind map.

Ideas for Self-Study

1. Read the chapter.
2. Review the PowerPoint slides.

Practice Application

1. Watch the silent film called Public Health Nursing in Manitoba (<http://www.youtube.com/watch?v=oJj9CFGETcw>). Ask the students to summarize the many roles that they observe the nurse carrying out in the video. What roles that the nurses were demonstrating for public health nurses in 1921 still are a part of PHN today? From the readings, what do we know about PHNs from 1921 (that they were civil servants, paid, elite, required post-certificate training, etc.)?

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2. Visit a historical nursing display near them or take an on-line tour of the Canadian Nursing History Museum
<http://www.civilization.ca/cmc/exhibitions/tresors/nursing/nchis01e.shtml>
3. Consider how your current practice/learning experience would differ if you were in a rural rather than urban environment. What resources would/would not be available if you were in the opposite environment? Urban students should create a “mind map” of the resources available in rural areas that are not available to your current practice (tight-knit community, close relationship to churches, farm-fresh food, etc.). Rural students should create a “mind map” of the resources available in urban areas that are not available to their current practice (resources for disability or disease-specific needs, etc.). See Appendix A for how to create a mind map.

Seminar Discussion Questions

1. Ask the students to consider their community placement and the population that they are working with. Did this community placement exist in Canada before WWII? If so, how might it have changed? What would life have been like for senior, aboriginal people, people with disabilities, new mothers, the poor, etc.) before socialized universal healthcare? Have the issues that your community placement is focusing on increased or decreased in severity since WWII? What might be factors influencing the increase/decrease of social issues since that time?
2. Are there male nurses working at your community placement? Do you think that there are past or current issues that influence the areas of nursing that men choose to go into?

Canadian Research Box 1.1 Questions

1. To what extent are community health services including health promotion accessible to people in rural, remote and Aboriginal communities?

Students would have to prepare for this discussion by either reading about or actively gathering information about specific public health nursing programs in rural and remote locations. Subsequent chapters in the textbook focused on rural and Aboriginal communities profile current issues for comparison with the past. They could also examine issues of health promotion and accessibility within communities of interest where they have had nursing practice experience or prior knowledge. Specific examples of health promotion initiatives serve as excellent points of discussion in terms of their cultural relevance and accessibility to the people in the communities.

2. To what extent do you think that today's health education and health promotion programs contain cultural, racial, and gender biases that limit their effectiveness and create barriers between community health nurses and the populations that they serve?

Issues of cultural safety remain central to the ethics and relational aspects of nursing practice. Nurse researchers and theorists continue to develop the body of knowledge for nursing in culturally diverse settings. Health policy initiatives related to Aboriginal peoples' health are undergoing transformation and there are valuable resources on the web-site of the First Nations Health Authority of British Columbia to assist students with understanding the depth of meaning of cultural safety.

One approach to help students engage in a meaningful discussion about the biases and racism embedded in health promotion programs would be to select a specific program that is well known to the students. Ask students to gather information about the program's impact on the population that it serves, with particular emphasis on instances where the program is respectful and driven by the culture and values of the population. Then ask the students to think about why this is the case, paying particular attention to situations where there appears to be a lack of congruence between the program's expectations of the clients and the clients' responses to the program. Issues of power are central to the discussion of cultural safety and therefore it is important to ask questions about who created the program's policies and procedures and to identify the assumptions upon which these are based. Do these assumptions match the lived experiences, beliefs, values, and expectations of the population served by the program?

3. How has the nursing profession advanced in its professional voice and power over the conditions of practice and advocacy for underserved and poor communities?

A starting point for considering this question is to reflect on historical achievements of women's groups and CHNs in advocating for essential services for poor, immigrant and underserved communities. Students can reflect on the lives and contributions of nurses such as Eunice Dyke who had a clear vision for CHNs roles' in addressing poverty and other social determinants of health. Ask the students to consider current local examples of individual nurses or the nursing profession as a whole taking a stand and advocating for professional practice in the interests of populations and communities.

This discussion may also extend to barriers to nurses advocating for social determinants of health within their current positions. Reading the work of Falk-Rafael and Betker on health equity and the theory of critical caring may help students address issues related to nursing's power in voice and advocacy. Advocacy for reform of current community-based healthcare programs can also be achieved through voluntary work. Community health nurses can, in their personal lives, serve on the boards of voluntary agencies that provide health and social services to the community. Their knowledge and experience can be used to shape the policies of these agencies, and to transform the agency's interaction with its clients and with other voluntary and publicly funded agencies.

Canadian Research Box 1.2 Questions

1. How would one characterize the relationship between institutional or hospital based care and community health services in today's context of community mental health or home care?

This question prompts students to consider how we think of the role of the institution in the array of community health services and to examine issues of continuity of care for specific populations. In establishing community mental health services, the research indicates how community mental health nurses conceptualized a continuum of care that included institutional and acute care, depending on the needs of the population experiencing acute treatment needs as part of their chronic illness trajectory. Students may consider how we speak about institutional care as part of the community or as a separate entity and can be guided to refer to primary health care principles as the foundation for understanding the meaning of access to essential services.

2. How do nurses provide essential leadership for the establishment of community based services and what inspiration can be taken from nurses who have accomplished this in the past?

There are numerous examples of how nurses provided leadership for the development of essential services throughout history. Students can reflect on specific examples referred to in this chapter and encouraged to pursue further readings on historical figures or groups such as the Victorian Order of Nurses with specific emphasis on how nurses worked to provide the leadership. Examples include how they worked with women's groups, political advocacy and

courage as well as a practical vision for what was needed based on the nature of their relationships with individuals, families and communities. At this point in history characterized by social change and emerging health needs, nurses must provide leadership for the establishment of health services that do not yet exist, for example – in home care, seniors' care, and public health, to name a few.

Individual Critical Thinking Exercises

The sources listed at the end of each question are cited in full in either the References or the Additional Resources section of this chapter. Each source will provide additional insights into the controversies and debates surrounding the history of public health and visiting nursing.

1. Meryn Stuart (1989), in her analysis of the development of rural public health nursing in northern Ontario, states that “The Board’s focus on health education, however delivered by the nurses, would not erase the effects of poverty.... Health education was a facile solution to the serious problem of the lack of permanent human and material resources” (p. 111). Analyze the apparent lack of congruency between the needs of the populations that public health programs served and the typical services that these programs offered. (Sources: Piva, 1979; Stuart, 1989)

This question encourages students to critically analyze whether or not the needs of a population are fully served by existing public health programs. Current and historical public health programs often focus on outcomes of complex problems arising from social marginalization and lack of equal distribution of resources such as material resources, political power, and economic opportunities. Many public health programs rely on health education as a primary intervention. This often does not address the underlying socioenvironmental factors that put the population at risk, are beyond their control, and gave rise to the problems in the first place.

2. Physicians and nurses assumed different roles in early community health organizations. What role did gender play in the assignment of these roles? (Sources: McPherson, 1996, Chapter 1; Stuart, 1992)

This question encourages students to think about current assumptions regarding gender and community based nursing. In the early years of public health, male physicians were generally assigned considerable administrative authority within a public health bureaucracy. Although early medical officers of health may have provided direct care to indigent families, most of their time was spent directing large engineering and sanitary projects, and supervising the work of health inspectors, public health nurses, and others. Females involved in early public health systems were almost invariably nurses who worked under the direction of male medical health officers. They provided direct care in homes, schools, and other community settings. The very few female physicians who worked in the public health system fulfilled roles that were more similar to their nursing counterparts than their male colleagues. For example, in Winnipeg, Manitoba, Dr. Ellen Douglas worked for many years as a public health physician in the school system. Here she worked directly with children, and as an attending physician at child health clinics, but was never given administrative authority within the health department. This

assignment of responsibilities within the community health system was a reflection of social assumptions about appropriate roles for men and women at that time.

3. Community health nursing has frequently been described as more autonomous than nursing practice in institutional settings. However, Eunice Dyke, Toronto's first supervisor of public health nursing, once stated that "...public health nursing has in the medical profession its greatest friend and not infrequently its greatest stumbling block." How autonomous was the practice of early community health nurses? (Sources: Comacchio, 1993, Chapter 7; Stuart, 1992)

This question encourages students to think about the evolution of autonomy in professional nursing practice. Both Comacchio (1993) and Stuart (1992) discuss the impact that physicians had on the role of community health nurses [these references can be found at the end of the Chapter under the title Additional Resources]. Much of the historic evidence points to the fact that, although some male physicians were supportive of community based nurses, many were not. Their reasons for taking this position were varied, including their belief that women were not capable of autonomous decision making, their concerns that nurses might infringe upon and even compete with their medical practices, and their belief that, ultimately, decision-making was the prerogative of the male. Eunice Dyke, for example, was hired as the first public health nursing supervisor in Toronto's public health department and enjoyed considerable autonomy in her supervisory role, but she was ultimately fired for her refusal to accept a decision made by a medical officer of health. Stuart (1992) also points out that the opinions of the local community and its leadership also shaped the practices of community based nurses and constrained their autonomy.

4. What role did middle-class ideas about class, ethnicity, and gender play in the development of public health programs to protect the health of infants and children? (Sources: Gleason, 2002; Comacchio, 1993, Chapter 3)

In the past many public health programs adopted beliefs and values based on those of the middle class. These were accepted as the normative standard against which others were evaluated. This question encourages students to critically examine the idea of 'normal' and to evaluate the potential impact of its use as a standard to evaluate the health practices of individuals, families, and communities.

5. Reflecting on community health nursing education in your nursing program, what issues do you see that are continuous with the past as described in this chapter?

This question prompts students to reflect on their education and how it corresponds to what students were learning when public health nursing education was first initiated. It also encourages them to think about changes in practice and educational needs over time.

6. Examine the community health nursing programs available in your community. Taken as a whole, do all of these programs cover the practice of community health nursing as discussed in this textbook? Are the breadth of competencies of public health and home health nursing roles expressed? What changes are being made in home health and public

health and new roles might you envision to meet the needs of the population in your community?

This question prompts students to think critically about the health care delivery system and how nursing roles are changing. It is also important to reflect on changes in the system and if they are meeting the needs of the population.

Group Critical Thinking Exercises

1. Social historians such as Alan Hunt (1999) argue that charity, philanthropy, and welfare programs are essentially efforts by the elite and middle classes to impose their behaviour, values, and culture upon others. Hunt describes these programs of moral or social regulation as being inspired by “...the passionate conviction that there is something inherently wrong or immoral about the conduct of others” (p. ix). Locate an issue of an early public health or nursing journal such as *The Public Health Journal* (now the *Canadian Journal of Public Health*) or *The Canadian Nurse* (particularly the section on public health). Conduct a brief content analysis of the issue, paying close attention to how the recipients of public health interventions are described. What conclusions can be drawn about the attitudes of healthcare professionals? What anxieties seem to underlie the interventions they describe and recommend to other healthcare practitioners?

It is often easier to identify prejudice, notions of superiority, and judgmental attitudes in the writings of practitioners who worked in earlier times than it is to see these patterns in contemporary publications. Early issues of professional journals are useful tools to examine not only the health and social needs evident at the time, but also to examine the attitudes, beliefs, and values of the writers. In assisting the students to uncover and examine attitudes, beliefs, and values of early community health practitioners, the instructor may also be providing a foundation that will enable students to critically examine contemporary literature specific to these themes.

2. Nurses were the intermediaries between the clients they served and the social and political elite who employed them to work in the community. However, their perspective on the objectives and effectiveness of community health programs is often absent from published histories of public health. To fill this gap in the historical record, do one of the following: (1) locate a biographical account written by an early visiting or public health nurse, (2) locate an oral history of an early visiting or public health nurse in an archive, or (3) interview a retired visiting or public health nurse. How does their account resemble and differ from the history of community health nursing presented in this chapter? How would you account for any differences you identify?

This exercise is similar to the one above. Some of the written accounts, oral histories, or interviews with early community health practitioners would offer an uncritical view of their roles in the community. Other practitioners would provide thoughtful and profound insights into their

successes and failures. Instructors can help the students gather multiple perspectives in order to gain a broader understanding of the impact that community health nurses have on the communities they serve.

3. Based on what you have learned about the history of community health nursing in Canada, what do you believe are the greatest challenges facing nurses in this practice setting today and in the future?

The instructor can encourage students to discuss a wide range of social, economic, and political factors that will have an impact on community health nursing today and in the future.

Further Resources

Monographs and Articles

Buhler-Wilkerson, K. (1989). *False dawn: The rise and decline of public health nursing, 1900–1930*. New York: Garland.

Buhler-Wilkerson, K. (2001). *No place like home: A history of nursing and home care in the United States*. Baltimore, MD: Johns Hopkins University Press.

Comacchio, C. (1993). *Nations are built of babies: Saving Ontario's mothers and children 1900–1940*. Montreal: McGill–Queen's University Press.

Copp, T. (1981). Public health in Montreal, 1870–1930. In S. E. D. Shortt (Ed.), *Medicine in Canadian society: Historical perspectives*. Montreal: McGill–Queen's University Press.

Gleason, M. (2002). Race, class and health: School medical inspection and “healthy” children in British Columbia, 1890–1930. *Canadian Bulletin of Medical History/Bulletin Canadien d'histoire de la médecine*, 19(1), 95–112.

Hunt, A. (1999). *Governing morals: A social history of moral regulation*. Cambridge, UK: Cambridge University Press.

Stuart, M. (1989). Ideology and experience: Public health nursing and the Ontario Rural Child Welfare Project, 1920–25. *Canadian Bulletin of Medical History/Bulletin Canadien d'histoire de la médecine*, 6, 111–131.

Stuart, M. (1992). “Half a loaf is better than no bread”: Public health nurses and physicians in Ontario, 1920–1925. *Nursing Research*, 41(1), 21–27.