

# BECOMING A NURSE IN VANCOUVER AND CALGARY:

*Women, Work, Motherhood, 1958 to 1976*

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**W**OMEN WHO CAME OF AGE during the 1950s, 1960s, and early 1970s comprise the majority of nurses, nurse educators, and nurse leaders in Canada today. Many will retire in the next ten years and be among the first group of professional women who have experienced a lifelong career in paid employment and, thus, the full social and economic benefits of Canadian citizenship. In this article, which is based on doctoral research conducted at the University of Victoria, I present the experiences of thirty-seven women who became nurses in the early postwar decades in Vancouver and Calgary.

The sources upon which I draw include thirty-seven interviews with women who became nurses in Vancouver and Calgary between 1958 and 1977. I chose these two cities in order to focus on two close but distinct urban locations and because I have lived in and attended schools of nursing in both. As a result of my familiarity with members of nursing communities in both of these cities, I was able to use personal and professional relationships to induce people to participate in my study. I wanted to focus on urban rather than rural nursing schools, and Calgary and Vancouver seemed a natural choice. Vancouver has always been a bigger city than Calgary; therefore, my participant sample favours the former over the latter.<sup>1</sup> Vancouver and Calgary are both western Canadian cities located close to the Canada–United States border. Both are surrounded by rural farmland, and both were reliant on a resource-based economy during the period under study; however, schools of nursing in Calgary drew more from surrounding rural communities than did those in Vancouver. Both cities had similar hospital-based programs – both religious and secular – although by 1919 Vancouver had established a school of nursing at the University of British Columbia. Until the late 1960s, the University of Alberta, located in Edmonton, offered Alberta’s

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<sup>1</sup> See participant table in Appendix A.

only degree program in nursing, and this meant that its distance from Calgary created barriers for Calgarians wishing to earn a baccalaureate in nursing. In addition, because UBC did offer a degree in nursing that focused on public health, administration, and teaching, communities served by Vancouver were afforded a broad range of nursing services and the advantage of locally produced nursing instructors and administrators.

The stories told by the women in my study – stories relating to what drew them to nursing, how they experienced nursing school, the employment opportunities presented, and their experience of becoming wage earners at a time that did not favour marriage, motherhood, and paid employment – challenge the prevailing view that nursing education in the residential hospital-based diploma schools was a site of unusual moral regulation, that nursing was a career of low social status, and that nurses did not fight for better wages, working conditions, and benefits. Instead, I argue that an education in nursing offered young women an affordable and socially sanctioned opportunity for advanced education and a lifelong career that was unusual for women in these decades. Also, due to the high demand for nurses in the burgeoning public health care sector, barriers against married women and women with children increasingly fell by the wayside. Influenced by the liberal feminists and labour feminists of the second-wave feminist movement, nurses faced and challenged practices in the workplace that mirrored the general lack of support for married working- and middle-class women.

#### CONSTRUCTING THE WOMAN/NURSE

Canadian historians of women's labour, including Joy Parr, Mona Gleason, Nancy Christie, Annis May Timpson, and Veronica Strong-Boag,<sup>2</sup> explain that women's social roles are constructed in relation to dominant norms regarding appropriate feminine and masculine behaviour, often at the expense of women's economic security, personal

<sup>2</sup> Joy Parr, *Domestic Goods: The Material, the Moral, and the Economic in the Postwar Years* (Toronto: University of Toronto Press, 1999); Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999); Mona Gleason, "Embodied Negotiations: Children's Bodies and Historical Change in Canada, 1930 to 1960," *Journal of Canadian Studies/Revue d'études canadiennes* 34, 1 (1999): 112-38; Mona Gleason, "Psychology and the Construction of the 'Normal' Family in Postwar Canada, 1945-60," *Canadian Historical Review* 78, 3 (1997): 442-77; Nancy Christie, *Engendering the State: Family, Work, and Welfare in Canada* (Toronto: University of Toronto Press, 2000); Annis May Timpson, *Driven Apart: Women's Employment Equality and Child Care in Canadian Public Policy* (Vancouver: UBC Press, 2001); Veronica Strong-Boag, "Canada's Wage-Earning Wives and the Construction of the Middle Class, 1945-60," *Journal of Canadian Studies/Revue d'études canadiennes* 29, 3 (1994): 5-25.

ambition, and/or attempts to achieve a balance between professional and domestic responsibilities. Nursing, historically and currently dominated by women, has a very complex history that includes both participation in and resistance to these shifting societal norms. In other words, it both conforms to and resists the notion that a woman's social value lies in unpaid caregiving. The historiography of nursing over the past forty years has mainly focused on professionalization and leadership, with little having been written about how women in nursing leveraged conformity with and resistance to gendered social norms – including wage earning and job action – at a time when the male breadwinner ideology circumscribed most private and public opportunities for women.

The experiences of the women whom I interviewed serve neither to “prove” nor to “disprove” the emancipation or oppression of women in this critical period of postwar social and economic change. Instead, they serve to complicate assumptions about the victories and defeats of women, particularly of women in nursing during this period. By presenting excerpts from interviews focusing on the attraction of nursing, the experience of nursing school, career opportunities, and the challenges of work, marriage and motherhood, I hope to provide new insights into the unique contribution of nursing to postwar Canadian women's history.

#### BECOMING THE NURSE

According to nursing and labour historian Mark Roth, the early education and career experiences of women who entered nursing in Canada in the early postwar era reflect a time when, “for women, the professional career presented a contradiction. While public service and morality were acceptable pursuits, their primary role was still in the domestic sphere ... [N]ursing was to be a middle class profession, but an inherently gendered one defined by obedience to male doctors, female virtue, caring, sacrifice and lower pay.”<sup>3</sup> As Gail, a 1971 graduate of Vancouver General Hospital (VGH), recalled:

We weren't exposed to any women professionals growing up, except for teachers – and most of our teachers were men. It was a very narrow, protected environment we grew up in, suburban postwar white North American Vancouver.<sup>4</sup>

<sup>3</sup> Mark Roth, “The Gendered Workings of Class in Postindustrial, Service-Sector Capitalism: The Emergence and Evolution of the British Columbia Nurses Union, 1976-1992” (MA thesis, Simon Fraser University, 2008), 16.

<sup>4</sup> Gail, interview with author, 21 January 2011.

When I asked Penny, a 1961 graduate of the Holy Cross Hospital School of Nursing, why she chose nursing, she replied:

You could either be a nurse, a teacher, or take a secretary's courses ... At that time, so, I mean, there weren't very many other opportunities for women and I know that my one friend went up to University of Alberta, because there weren't any universities except up there, and she went and took pharmacy. And that was really unheard of. She was one of the only females in her class.<sup>5</sup>

Of these three perceived choices, nursing required the longest training period but offered guaranteed full-time employment and opportunities for career advancement, travel, and a variety of employment settings. Despite these desirable attributes, in the early to mid-twentieth century, beliefs about the submissiveness of women and their natural tendency to be obedient to authority determined the rules and regulations associated with schools of nursing across Canada.<sup>6</sup> Consistency among, and uniformity of, training programs resulted in a standardized set of nursing skills and thus determined the desired outcome. These training programs gave rise to hospital-based schools of nursing, in which students worked as apprentices and, upon graduation from their three-year residential program, could call themselves "trained" or "graduate" nurses.<sup>7</sup>

A competitive – and discriminatory – selection process dictated who might enter a school of nursing. Barbara Keddy and Dianne Dodd explain that students were chosen from "respectable classes and from English- or French-speaking women."<sup>8</sup> Students were "supervised by a few graduate nurses, the students worked strenuously, 12 to 14 hours a day, were paid a meager allowance of \$8-10 per month and were exposed to dangerous contagious diseases on wards. Indeed, many historians describe them as exploited, oppressed, and usually exhausted."<sup>9</sup>

The public and private lives of these carefully selected students were regulated by means of various systems of surveillance, including the rules of residence, the ideologies of nursing inherited from religious

<sup>5</sup> Penny, interview with author, 31 January 2011.

<sup>6</sup> Kathryn McPherson, "Issues in Nursing Undergraduate Education," in *Realities of Canadian Nursing*, ed. Marjorie McIntyre and Carol McDonald, 183-95 (Philadelphia: Lippincott Williams and Wilkins, 2010); and Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 1996).

<sup>7</sup> McPherson, *Bedside Matters*.

<sup>8</sup> Barbara Keddy and Dianne Dodd, "The Trained Nurse: Private Duty and VON Home Nursing, Late 1800s to 1940s," in *On All Frontiers*, ed. Dianne E. Dodd, Nicole Rousseau, and Christina Bates (Ottawa: University of Ottawa Press, 2005), 44.

<sup>9</sup> *Ibid.*



Figure 1. 3 June 1974. Sixty-third and last graduating class of St. Paul's Hospital School of Nursing. The ceremony was held Sunday at 2:00 p.m. in the Queen Elizabeth Theatre, Vancouver, BC. *Source:* Ian Lindsay/*Vancouver Sun*.

and military traditions, and the standards of deference to male authority manifested through assumptions of female subordination. While in residence, students adhered to the rules of residence. Once employed, standards of middle-class female deportment, codes of conduct, and hospital policies took over the work of regulating the nurse's personal and professional life. Thus, while these young women faced regulatory systems of discourse similar to those concerning age, gender, class, and culture, the former were perhaps even more clearly and overtly delineated than the latter.

Schools of nursing were divided into "secular" (i.e., Roman Catholic) and "non secular" (i.e., Protestant). Although Catholic schools of nursing were run by the nuns of the religious order with which the school was associated, in all schools of nursing moral and behavioural codes of conduct, and the rules and regulations that enforced those codes, followed the traditions associated with Christian systems of belief and custom. In schools of nursing such as St. Paul's in Vancouver and Holy Cross in Calgary, Catholic nuns exercised a particularly extreme degree of regulation. Penny, who graduated from Holy Cross in 1961, remembered:

When we were on duty during the day we had to go for meals ... and they [i.e., the nuns] were very strict. You had to have your uniform

clean and polished. I mean, they did that for you, but if you had a wrinkle or a run in your stockings, you had to file out past Sister Sergeant on the way out to the unit, and if she saw something wrong with your uniform, your pin wasn't right or your cap was crooked, or whatever, she'd tap you and you'd have to stand aside while everybody paraded by you, and then she'd say to you, "Miss Stark, can you not afford stockings?"<sup>10</sup>

Likewise, Audrey remembered:

A: Number one, we were expected to excel at our courses. And forced study time made us study. We were supposed to be well rested when we went on the units, and having to be in by 10:30 didn't guarantee you went to bed by 10:30, but at least you were in residence at 10:30. I think it was just discipline.

MS: So that, as you say, there were some real expectations around being rested and able to put in the day and also to learn at the same time. So, it sounds like, they were thinking that this would give you those opportunities to study and be rested.

A: Yes ... a kind of benevolent dictatorship.<sup>11</sup>

Dina, a 1965 graduate of the non-secular Calgary General, remembered that the rules of nursing school were familiar to her and accorded with her family's Christian religious traditions. She explained:

In addition to being very strong, my mother was a strong disciplinarian. And so, consequently, there were lots of rules. For instance, when I was a teenager I could only go out one night of the weekend. And that would also be true in the summertime. And all of a sudden, when I'm in nursing, my gosh, it wasn't limited to weekends. You could make ... so even though some of the rules were constricting in terms of, you know, you only got two nights a month or something like that, you could work around the format. We would have to do things like, we'd all have to go to Chapel – we had three chapels to go to. And we had to sign in, so you had to put your piece of paper with your name on it to make sure that you went to chapel. And, you know, I was brought up Presbyterian and I had no problem with that, but it just seemed sometimes the rules were a little silly.<sup>12</sup>

<sup>10</sup> Penny, interview with author, 31 January 2011.

<sup>11</sup> Audrey, interview with author, 8 February 2011.

<sup>12</sup> Dina, interview with author, 18 January 2011.



Attendance at residential schools of nursing was not just a commitment to religious traditions or to a life of strict discipline. As stated earlier, young women chose to enter nursing, and entry was competitive. Schools of nursing and hospital boards needed to attract students not only in order to provide care for the sick but also to ensure that hospital budgets were controlled. Schools of nursing were governed by hospital boards, and students provided free labour in exchange for room and board and a modest stipend.<sup>13</sup>

Recruitment of nursing students was aided by various popular media. In many forms of media in the 1950s and 1960s, such as television, films, children's books, romance novels, magazines, and stories about adventurous and virtuous women (such as Cherry Ames), nursing was portrayed as an occupation for unmarried and, in some cases, married women that conferred upon them authority and social acceptability.<sup>14</sup> Thus, the physical appearance of the nurse is worth a short discussion.

According to Christina Bates, nursing uniforms had many functions, only one of which was fashion:<sup>15</sup> they also reflected the religious and military heritage of nursing, and, in the first half of the twentieth century, many uniforms conveyed the image of the virgin – veiled, virtuous, and asexually cloaked, safe from the prying eyes of men.<sup>16</sup> As Bates explains, uniforms are clothing, and thus “the category of material culture that arguably has the greatest potential for exploring personal and social identity and values ... Dress is both personal and social, private and public, modest and daring, barrier and bait.”<sup>17</sup> In other words, the image of the nurse conveyed a set of complex social messages. On the one hand, the uniform needed to attract young women who were fashion conscious; on the other hand, it needed to give the public confidence in the professionalism and asexuality of the nurse, presenting her as someone able, in intimate situations, to care dispassionately for both men and women. The values of religious and military traditions reflected in the construction of the uniform also served to assure parents that modesty and discipline were enforced, if not embraced, by those wearing that uniform. Thus, while nursing uniforms conformed to dominant gendered norms depicting nurses as workers/professionals, they also responded to trends in fashion that suggested attention to individual taste.

<sup>13</sup> Keddy and Dodd, “Trained Nurse.”

<sup>14</sup> Kathryn M. McPherson, *Beside Matters*.

<sup>15</sup> Christina Bates, “Looking Closely: Material and Visual Approaches to the Nurse’s Uniform,” *Nursing History Review* 18 (2010): 167–88.

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*, 172.

Cathy, a 1971 graduate of the Foothills Hospital School of Nursing, describes a cousin who was a nurse:

She was an older cousin who I really admired ... She appeared very happy, exciting, yeah, it just really cemented that notion that being a Registered Nurse could be a lot of fun or a profession worth considering. I knew that there were lots of options [in nursing], and when I read the program it looked like it would prepare me. I could be an administrator, I could be a teacher, I could be a public health nurse, or I could work in a hospital. So I thought, "Ooooooh! That's a good full range!" She was dressed in her uniform and had a cape, and I remember her hat, and that had a profound impact on me, actually ... She looked very confident and there was something, I guess, about her being a nurse, and certainly that image was very stylish.<sup>18</sup>

While the glamorous image of the nursing uniform might be attractive to young high school girls, the low cost of a nursing education, and the guarantee of employment, functioned as an incentive to families at a time when funds for a girl's education were scarce.<sup>19</sup> The diploma programs in nursing were an affordable and accessible option for the daughters of working-class families. Shelley, a 1966 graduate of the Calgary General Hospital School of Nursing, remembered:

Back in the sixties, times were hard and nursing seemed to be an avenue that was not a very costly education at the time. In fact, it was very minimal what we had to pay for. They [i.e., parents] could see it was a good career and developed a lot of qualities in us that they felt were desirable, like honesty and maybe some leadership roles, learning how to pass and finish and complete a task, and discipline.<sup>20</sup>

Similarly, as Mona, a 1967 graduate of the Calgary General, recalled:

In those days, of course, women didn't have great choices about what you could do, even in school. My dad was a mechanic. I loved mechanics, but we couldn't take mechanics as an option. We could only take sewing and cooking and traditional stuff. And then, so going into university, of course, there was, there were two factors. Number one, not great choices for women, again, in university, and the second thing was, my family didn't have a lot of money and it only cost one hundred

<sup>18</sup> Cathy, interview with author, 14 January 2011.

<sup>19</sup> Gradually, over the period of this study, these low-cost hospital and residential programs closed and were replaced by three-year college and four-year university programs.

<sup>20</sup> Shelley, interview with author, 10 January 2011.



dollars to get into nursing, compared to going to university, which was going to be much more expensive.<sup>21</sup>

While the cost of a nursing education was low, and opportunities for employment were great, not all parents believed that higher education for women was needed. Cathy, a 1971 graduate of the Foothills Hospital School of Nursing, recalled:

The messages that came out of my family, and it would be my parents in particular, was that I, as a woman, would get married. And so getting married and raising children was a preferred career, and embarking on a career outside of that was going to be short-lived. So even the sense of investing in that [i.e., education] instilled some doubt.<sup>22</sup>

In effect, some parents viewed advanced education as detrimental to women's ability to fulfill their traditional roles as wives and mothers. Cathy explained:

At that point in time, I think I was very much aware that the assumption for my brother was different. The willingness to invest in his career seemed stronger than in my career because I would be hitting the road of marriage and children. So I was aware of that difference and feeling some of the unfairness. But I'd seen that unfairness already, or what I positioned as unfairness, in relation to my mom and my dad too, and my mom's role, which was very much in the home and the cooking and the cleaning and the raising of children, a very traditional role.<sup>23</sup>

#### BEING A NURSE, A WIFE, A MOTHER

Those who were successful in nursing school – and there was a 25 percent attrition rate – faced a new set of challenges as they confronted the tradition, in nursing as elsewhere, that when a woman married, she ceased paid employment.<sup>24</sup> Annis May Timpson explains that “it was in the 1960s, once the second wave of feminism took root in Canada, that women began to develop a sustained critique of the employment inequalities they experienced and [to] pressure their governments to

<sup>21</sup> Mona, interview with author, 18 January 2011.

<sup>22</sup> Cathy, interview with author, 14 January 2011.

<sup>23</sup> Ibid.

<sup>24</sup> Eileen Boris and S.J. Kleinberg, “Mothers and Other Workers: (Re)Conceiving Labor, Maternalism, and the State,” *Journal of Women's History* 15, 3 (2003): 90-117; Molly Ladd-Taylor, “Love, Work, and the Meanings of Motherhood,” *Journal of Women's History* 8, 3 (1996): 219-27.

address the problem through policy innovation and change.”<sup>25</sup> Similarly, nurses turned to their professional organizations as well as to the media to gain support for the idea that the workplace should accommodate the responsibilities of marriage and motherhood.<sup>26</sup> Because of the need for nurses in the expanding health care system, nurses were well placed to draw attention to their demands.<sup>27</sup> A significant step in this direction – unionization – was seen to be offered by the organized labour movement.

Despite the opportunities for representation provided through union membership, nursing’s traditions did not endorse unionization. Leaders in nursing’s professional organizations expressed their concern about the direction of labour organizing in the *Canadian Nurse*. This national professional journal published an article in 1968 that attempted to grapple with the apparent conflict between labour organizing and the image of nursing’s professionalism, which had been promoted as part of the drive to close the diploma programs and residential schools of nursing and, instead, move to academic credentialling as the basis of nursing practice. The article restates the position of the national nursing association presented more than two decades earlier: “In 1944, the Canadian Nurses’ Association affirmed in principle the concepts of collective bargaining for its members ... [T]wo years later, [the CNA] passed a resolution ‘opposed to any nurse going on strike at any time for any cause.’ This policy remains.”<sup>28</sup>

The author of the 1968 article notes that the main argument for disallowing strike action was that such action was incompatible with nursing’s version of professionalism and that withdrawing services placed the emphasis on working conditions rather than on patient care. As Suzanne Gordon argues in relation to the past and to more recent events: “In nursing, labor organizing is vigorously opposed by ‘nurse leaders’ who prize ‘professionalism’ over collective bargaining – and continue to associate the latter with truck drivers and coal miners.”<sup>29</sup> However, acknowledging the adverse working conditions of most front-line nurses, the author of the *Canadian Nurse* article adds that the association was concerned that, if working conditions did not “improve drastically for nurses in this country,” there would be a withdrawal of services due to the low number of women going into the profession. The author points

<sup>25</sup> Timpson, *Driven Apart*, 3.

<sup>26</sup> Roth, “Gendered Workings.”

<sup>27</sup> *Ibid.*; John R. Cutcliffe and Lynn Wieck, “Salvation or Damnation: Deconstructing Nursing’s Aspirations to Professional Status,” *Journal of Nursing Management* 16, 5 (2008): 499–507.

<sup>28</sup> V.A. Lindabury, “Withdrawal of Service – A Dilemma for Nursing,” *Canadian Nurse* 64, 7 (July 1968): 29.

<sup>29</sup> Gordon, “Institutional Obstacles,” 280.

to the drop in new nurses “from 1944 to 1968 (25% to 7.9%)” and also notes that, if “the number of registered nurses not employed in nursing continues to rise, there just won’t be sufficient nurses to care for patients in the future.”<sup>30</sup>

Similarly, Suzanne Gordon argues that it was not always, or only, the so-called self-serving desire for better wages and fair working conditions that motivated nurses to join and form unions. Some leaders in the unionization movement saw the union as the most effective way to champion better working conditions, which would, in turn, allow nurses to provide better patient care. Gordon comments: “Conservative definitions of altruism posit an inevitable conflict between one’s own need for decent wages and working conditions – making it impossible for nurses to assert that they, like other professionals, work for money and not love, and cannot deliver high-quality services if they are overworked and mistreated.”<sup>31</sup> As Audrey, a 1964 graduate of Holy Cross, remembered when I asked her about what difference the union made to her nursing:

A: I think it came in in the early eighties, I’m pretty sure. I think that the nurses just saw a need for better working conditions. We really were pushed around a lot in terms of our hours. We weren’t being paid properly and I think there was a real need for it. And it did a good job for us. Now, there were times when, I mean, I’m not really a union person. And there were times I would get quite angry at what they were demanding ... On the whole, I think that they [i.e., the union] improved our lot.

MS: So, it was a positive.

A: Oh, yeah. Like, even the fact that you need at least, what is it, not twelve, sixteen hours between shifts at least. All those kind of things made our life easier.

MS: Do you think they improved the quality of care?

A: Yes, in a roundabout way. If you were working a night shift and had to go back for evenings, you’d be pretty darn tired and your patients could suffer for it. Yeah, I think it improved the quality.<sup>32</sup>

Gordon also asserts: “In hospital-organizing drives, management typically tries to exploit traditional gender stereotypes and women’s

<sup>30</sup> Lindabury, “Withdrawal of Service,” 29.

<sup>31</sup> Suzanne Gordon, “Institutional Obstacles to RN Unionization: How ‘Vote No’ Thinking Is Deeply Embedded in the Nursing Profession,” *Working USA* 12, 2 (2009): 295.

<sup>32</sup> Audrey, interview with author, 8 February 2011.

socialization in passivity, while mobilizing conservative notions of altruism and service to perpetuate the subordinate status of nursing.”<sup>33</sup> As Maria, a 1962 graduate of the Calgary General, recalls, traditions in nursing dictated that money was not the issue:

It was, it was really, and you know, the nurses ... they just went on their way and didn't really worry about wages because you weren't really there for money, you were there to serve the people, you know, and take care of them.<sup>34</sup>

For other front-line nurses, regardless of their desire to serve and to be seen as professionals, wages were a major bargaining issue, and union organizers targeted this concern. For Shelley, the wages and benefits that the union could gain through bargaining were essential to keeping her family financially solvent:

It was in the union contract that if you were working a permanent part-time job that you were allowed benefits. And that was really why I kept on all these years because I felt I had it pretty good. I was able to work part-time and have these benefits, which covered the whole family. My husband had no benefits so we were able still to take vacations and I was able to go to seminars and to keep up with the advancement in nursing.

After an initial strike [in 1973], our wages almost doubled, and we got all retroactive [pay]. I remember getting \$3,000 or \$4,000 retroactive pay up to when our contract had expired previously. And [so we were] ... able to buy some furniture and stuff like that. Then we had another strike in '78 and another one in '81, and at various times they were threatening to take our benefits away from part-time people but we fought for that and we were able to keep it, which was really a lifesaver.

My husband had a pension at the time, and it was not compulsory for us at the start of our employment, it was optional. Somewhere along the way it changed, and it wasn't optional anymore. So all of those years, because my husband had a pension up until 1988, I did not pay into it, but then his job changed and he lost his pension. I decided then to pick up the pension so I bought it all back from 1988 to 1966. I paid it all back and that was the best decision I made, because now we can retire and we can still survive.<sup>35</sup>

<sup>33</sup> Gordon, “Institutional Obstacles,” 280.

<sup>34</sup> Maria, interview with author, 7 January 2011.

<sup>35</sup> Shelley, interview with author, 10 January 2011.

Wages were also important to Maria, who recalled that, after the formation of the Alberta Nurses Union in 1977, the head nurse on her unit brought in the union. Previously, Maria's fifteen-year-old daughter had been working at Safeway and making three dollars an hour more than her mother:

Well, I thought they [i.e., the union] could really have improved [our wages]. My daughter, at the age of fifteen, started working at Safeway, and she made three dollars per hour more than I did. And she worked just a few hours, a couple of hours after school and on Saturdays ... then ... the union was formed. And after that, then we went into that whole thing of negotiating and all that, and then our wages came up dramatic ... I'd say around '78.<sup>36</sup>

#### MAKING WAVES

Parallel, and perhaps supportive of, the rise of unionism in nursing was the increasing power of the second-wave feminist movement to represent women's interests in the popular media. As Annis May Timpson explains, "Debates about women's rights at work and the gendered dimensions of employment inequality were notable and contested features of Canadian political discourse throughout the second half of the twentieth century."<sup>37</sup> Both the liberal branch and the labour branch of the second-wave feminist movement in Canada, the United States, and Europe provided a means of theorizing this discrimination.

Social historians of the women's movement attribute the acceptability of women's greater participation in the paid labour market to the resurgence of feminism in the postwar period. Gail Campbell identifies two waves of feminism, the first wave peaking in the late nineteenth and early twentieth centuries, and the second wave reaching its zenith in the 1960s and early 1970s.<sup>38</sup> While these dates have been debated, Campbell argues that, in 1968 in Canada, the grassroots, liberal second-wave feminist movement is credited with instigating the Royal Commission on the Status of Women (RCSW), which investigated the unequal positioning of women in Canada regarding the quality of their lives at home and in the workplace. The activities of liberal feminists

<sup>36</sup> Maria, interview with author, 7 January 2011.

<sup>37</sup> Timpson, *Driven Apart*.

<sup>38</sup> Gail G. Campbell, "Are We Going to Do the Most Important Things?" Senator Muriel McQueen Fergusson, *Feminist Identities*, and the Royal Commission on the Status of Women," *Acadiensis* 38, 2 (2009): 53.



Figure 2. February 1980. Nurses Maria Savegnago and Christine Brown cast their ballots at the Plaza 500 Hotel, Vancouver, where Vancouver General Hospital nurses took a strike vote. *Source:* Deni England/*Vancouver Sun*.

focused on gender equality while labour feminists focused on women's right to waged labour with regard to their primary responsibilities as wives and mothers. Both streams of feminism consistently involved a "quest for equality and justice for themselves and for other women."<sup>39</sup> The feminist movement in the 1960s in Canada thus provided a means for women to challenge the assumption that they did not have, or want, to work outside the home. Annis May Timpon explains that, as the second-wave feminist movement gained traction in Canada, "women began to develop a sustained critique of the employment inequalities they

<sup>39</sup> *Ibid.*, 54. See also: Alice Kessler-Harris, *Gendering Labor History: Working Class in American History* (Urbana: University of Illinois Press, 2006); Eileen Boris and Joan Sangster, *The New Women's Labor History* (Durham, NC: Duke University Press, 2006).

experienced and [to] pressure their governments to address the problem through policy innovation and change.”<sup>40</sup>

Wanda, a 1969 graduate of the UBC School of Nursing, recalled that, as a young woman, feminism became a lens and then a tool that informed her nursing career:

I think it’s hard to separate out what is me, what is the nurse, what are all the external influences in my life ... I do policy work now and I think I’ve just been able to take the pieces of feminism that fit for me, because I think that being feminine and being a feminist are very compatible, at least in my interpretation of feminism. I remember a doctor saying to me once, “Oh, UBC School of Nursing, that’s where they teach all you girls to hate men!”

Even though the RCSW identified the breadth and depth of entrenched gender-based inequality, achieving wage and social parity with men was not assured, and most women, including nurses, did not even expect it. Merely identifying that gender discrimination existed did not change the social dynamics that reinforced it. Nancy Christie claims that the ideology of maternalism, and the man as family breadwinner, underwrote the legitimacy of assumptions about women’s inferiority, even when they were employed in the paid labour force.<sup>41</sup> Rona,<sup>42</sup> a 1965 graduate of the Royal Columbian Hospital, explained to me that assumptions about getting married and having babies were rarely challenged; what complicated things was being married, having children, and continuing to work in a society that neither recognized nor valued the needs of employed married women. Also, Penny,<sup>43</sup> a 1961 graduate of Holy Cross, remembered that, although married mothers with children were encouraged to stay in nursing, employers did not take into account the realities of pregnancy, childbirth, and child care. Benefits related to maternity and child care were also an issue, and they improved as a result of union involvement. Corrine, a 1965 graduate of St. Paul’s Hospital School of Nursing, remembered that nurses benefited from the labour movements of the 1960s and 1970s:

There was no union when ... I had to quit when I was pregnant. There was no maternity leave. You lost your seniority. And that was it, you know. So there were no perks, so to speak, when it comes to nursing,

<sup>40</sup> Timpson, *Driven Apart*, 3.

<sup>41</sup> Christie, *Engendering the State*, 4-5.

<sup>42</sup> Rona, interview with author, 25 January 2011.

<sup>43</sup> Penny, interview with author, 31 January 2011.



right? So, I'm sure the union made a huge difference, when nursing unionized.<sup>44</sup>

Part-time positions, when available, could work well, but organizing child care during work hours remained a challenging woman's responsibility. The resistance by employers to part-time work in nursing can be linked in this transitional period to the very recent time when nurses were primarily single women with no direct child care responsibilities. Working part-time was considered "unprofessional" within a tradition of nursing that valued total commitment, an almost vocational commitment, from its members.<sup>45</sup> Within this tradition, the nurse devoted her life to the service of nursing and put her patients before her "personal" life. Penny's frustration with this demand is evident:

When I first started, part-time jobs were not something that was common, and neither were permanent shifts. You worked days, evenings, and nights most often. There was none of that permanent evening shift, permanent night shift, unless you really had to work for it and convince the person that you could do the permanent shifts and still keep up with the meetings and things that were going on. Like I remember when I first started at the Children's Hospital too, my mom had just had a heart attack at the time, and so she was going to the Coronary Cardiology Rehab, and I was the one that had to drive her and stay with her and do whatever, and part of the job, because I was working weekends, they required that you come in to the different meetings that were going on during the week. Yeah, you got paid for them but you still had to go, so that meant I'd have to get a babysitter or find somebody to take my mom to the place that she was going to. And so my attendance at those meetings wasn't the best. And they sort of let me know that, that in the next year that my meetings should be ... better attended.<sup>46</sup>

These expectations were consistent with the notion that nursing was not a profession on par with male-dominated professions such as law and medicine.<sup>47</sup> Even when nurses became managers, according to Rosemary Crompton, they did not necessarily acquire the status of male managers. As Crompton explains: "Male culture tends to dominate in organizations and women are, as a rule, to be found in supervisory and/

<sup>44</sup> Corrine, interview with author, 7 January 2011.

<sup>45</sup> Judith Wuest, "Professionalism and the Evolution of Nursing as a Discipline: A Feminist Perspective," *Journal of Professional Nursing* 10, 6 (1994): 357-67.

<sup>46</sup> Penny, interview with author, 31 January 2011.

<sup>47</sup> Wuest, "Professionalism and the Evolution of Nursing," 357-67.



Figure 3. 24 April 1965. Life-saving artificial kidney machine, third in Vancouver, was presented to St. Paul's Hospital by Vancouver South Lions Club. Nurse Agnes McCarthy, left, district governor Ray Sheward of Lions International, and technician Tom Osborne watch as patient Fred Burns undergoes treatment. Source: Dan Scott/*Vancouver Sun*.

or managerial positions only when they are in charge of other women, or sufficiently low-status men.<sup>48</sup> Dora, who had thirty years of nursing experience and was a high-level administrator and supervisor, explained to me that her children still considered her a “little workie” because she was their mother.

I think [my children] probably thought that I was just a “little workie.” I’m a “little workie” at home and I’m a “little workie” at the hospital. My daughter was very surprised, she said, when we first went to the hospital where I was working. She said, “You went behind the desk, at the nursing station!” People come to me in my job as a resource. They’re always coming and asking me questions, I’m always doing things for

<sup>48</sup> Rosemary Crompton, “Gender, Status and Professionalism,” *Sociology* 21, 3 (1987): 423.

the staff. She was surprised that people would come to me and that so many people knew me and so many people would use me as a resource. I don't think the kids had any idea that their mom had a fairly significant role in the hospital.<sup>49</sup>

#### THE TRIPLE SHIFT: WORK, MARRIAGE, MOTHERHOOD

In these decades of women's shifting roles, employers failed to recognize that a reconceptualization of women as having "careers," such as nursing, did not change the expectation that their primary role was in the home. Despite the opportunities for employment, career, income, and social prestige, the triple shift of marriage, work, and motherhood took a toll on women's lives. Rona's experience in 1965 reveals the ambivalence, and even hostility, towards the changing social landscape of women's roles:

I married a fellow [in the mid-1960s] ... who did not want me to work. But I did. It was very important to me. I'd worked hard to get my RN and I worked for a year ... then I had my first baby. And I always worked but he did not want me to work. And in order to work I had to do everything first of all at home ... [A]fter I had the baby I worked casual or permanent part-time, and I did that on and off in between having my babies ... but I had to get all the work done at home. I usually worked the afternoon shift so everything was done. The meal was ready for the evening. Anything the kids needed was organized ... [S]o it wasn't easy, but that's what I did and that kept him happy, as long as everything was done that needed to be done. He didn't like it, but we came to that – as long as I'd done things. It was hard, some of it was hard and I was tired. And I'd get home – I usually worked the afternoon shifts, so I'd get home at midnight ... and I might have to be up with the kids at night time, right? And still be up in the morning, so there was never any, "boy, you did a good job" or "you must be tired." There was never any of that.<sup>50</sup>

The reality for most women was that it was difficult to achieve social status outside the role of wife and mother. Nursing, in some ways, mirrored the roles of wife and mother. As Julie Fairman explains, the dynamic between the nurse and her patient, and the nurse and the doctor, has been portrayed in a negative light. Again, assumptions about the oppression of nurses is more complicated than the analogy of the

<sup>49</sup> Dora, interview with author, 19 January 2011.

<sup>50</sup> Rona, interview with author, 25 January 2011.

“doctor-nurse game” suggests.<sup>51</sup> According to Fairman: “As most nurses and physicians might argue, and as historians point out, relationships at the ‘clinical moment’ are much more complicated than simple exclusionist and victimization narratives suggest. Many clinical relationships are saturated with close, respectful, and collaborative experiences.”<sup>52</sup> Nurses gained power through their association with medicine, and nurses were essential for the smooth functioning of the hospital system in which the authority of the physician dominated. For Val, a 1967 graduate of UBC, doctors were “gods,” but they weren’t necessarily bad gods:

We did a tremendous amount of stuff then, that a lot of people didn’t always give you credit for. Although I got lots of credit, I thought, from the interns and residents, for making good decisions ... [W]ell, that played out really well with the interns who often, especially at the beginning of their internship ... [A]nd they didn’t know anything, so I could just tell them what to do and what to order. They didn’t know. I sort of laughed about it. I said, “Here am I, telling the doctor what orders to write down.” He writes it all down and gets credit for writing the order, though I’m the one that told him what to write ... Interns and medical students are kind of a noxious miasma in the hospital, especially when they first arrive, because they’re kind of dangerous. They don’t know much, right? Don’t know much. They’re like a virus to have around ... I don’t think there were any downsides with that relationship at all. I had a very good rapport with them.<sup>53</sup>

The majority of the women interviewed somehow managed to make nursing work for them and their families. As Joanne Meyerowitz contends, not all women and families fit one demographic profile. In the United States, “in the years following World War II, many women were not white, middle-class, married and suburban; and many white, middle-class, married, suburban women were neither wholly domestic nor quiescent.”<sup>54</sup> Valerie Korinek explains that diversity also existed in Canada, but Canadian families were, on the whole, less affluent than families in the United States. Increasingly, even for middle-class families,

<sup>51</sup> Julie Fairman, “Not All Nurses Are Good, Not All Doctors Are Bad,” *Bulletin of the History of Medicine* 78, 2 (2004): 452.

<sup>52</sup> *Ibid.*, 452.

<sup>53</sup> Val, interview with author, 19 January 2011.

<sup>54</sup> Joanne J. Meyerowitz, *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994), 2.

two incomes were required to maintain emerging standards of material consumption.<sup>55</sup>

Joan was able to work as a nurse following marriage because,<sup>56</sup> in part, nurses were in demand in the burgeoning public-service sector. Nursing was a portable occupation, and women could move in and out of nursing jobs with ease, accommodating domestic responsibilities. Night shifts, split shifts, and twelve-hour shifts meant that women could fit child care into a dual-income schedule. The unambiguous suitability of nursing as women's work also decreased men's (specifically husbands') resistance to married women's employment. Nursing was a respectable second source of income for the family economy and also allowed single women to delay or defer the expected path to marriage. As Jackie, a 1964 graduate of the Calgary General, explained to me:

We wanted to have our own house and we were living in rental places and the ones we were in were not terribly wonderful and I think at that point, most of us young couples, we wanted our own house, that was the big thing you were saving up for ... In the couples that we socialized with, regardless of what they were doing, they were saving up money to buy a house.<sup>57</sup>

While the choice to work for pay was, for most middle-class women, still perceived as an option, Veronica Strong-Boag argues that this perception was out of touch with the changing role of women and the impact of changes in the Divorce Act, the introduction of birth control for single women, and the legalization of abortion.<sup>58</sup> Nursing, as revealed in some of the interviews, facilitated these changes in women's social and economic realities. Bev,<sup>59</sup> a 1965 graduate of the Calgary General, became pregnant and left after her first year in nursing school, but came back when she found she could not make enough money as a farmhand in rural Alberta. After her marriage ended, she realized the value of returning to nursing and getting her education:

Bill didn't ... he didn't make a lot of money. I mean, he was a farmhand or whatever. I loved nursing and the, the other thing is, I got an education, why would I waste it? Why would I not work? ... Now Bill and I separated [and] I moved to Calgary in October '67. And we probably

<sup>55</sup> Valerie Joyce Korinek, *Roughing It in the Suburbs: Reading Chatelaine Magazine in the Fifties and Sixties* (Toronto: University of Toronto Press, 2000).

<sup>56</sup> Joan, interview with author, 25 January 2011.

<sup>57</sup> Jackie, interview with author, 31 January 2011.

<sup>58</sup> Veronica Strong-Boag, "Canada's Wage-Earning Wives."

<sup>59</sup> Bev, interview with author, 10 January 2011.



Figure 4. 11 March 1974. “Women brave rain ... abortion law reforms demanded,” Pro-choice protest demonstration. *Source: Dan Scott/Vancouver Sun*

separated in '66. So then I was a single parent, and thank God I had a full-time job. Because I was able to support us [i.e., herself and her daughter].<sup>60</sup>

After Bev established herself in Calgary as a single mother and found child care, she discovered dimensions of nursing that went beyond income:

I think it [i.e., our wage] was higher than, say, [that of] my friend who was a secretary or telephone operator. It was a much better wage. And I think, you're going to think I'm snobby, but I'm not snobby, but I think that nurses were looked – how can I put it? They were well respected in those days. I mean, if you were a nurse, you certainly – yeah, you were well respected. So I really didn't have a lot to do with people after that that weren't nurses. Because my one friend that was a secretary got married and moved out to Victoria. So it seems that most of your friends become your nursing colleagues ... or your work – yeah, your nursing colleagues.<sup>61</sup>

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.



While a second income became increasingly important to middle-class families, there was also resistance to women taking on the role of wage earner. A *Vancouver Sun* article from 9 February 1961, covering a federal inquiry into reasons for unemployment in Canada, placed the blame for high male unemployment rates on working women who did not “need” to work. Dr. R. Warren James, researcher for the inquiry, vilified married women who took work from single, divorced, and widowed women, “to say nothing of heads of families,” and he warned that “employers as well as government have a duty to consider seriously their responsibility ... [T]he mother who works to pay for a second car, or an oversized mortgage, or for pastime only, presents a serious enough social problem even in times when work is plentiful.”<sup>62</sup> As Jackie,<sup>63</sup> a 1964 graduate of the Calgary General, remembered:

You were always doing this second-guessing yourself as to whether your child was suffering because they were in daycare and there was still some kind of message that a mother should be the primary and the parents should be caring for the child, not the daycare.<sup>64</sup>

Nurses, as professionals and mothers, discovered themselves entangled in a web of competing and conflicting responsibilities, ambitions, and expectations. In the 1960s and early 1970s, debate raged in “popular psychology” magazines about whether married women with children should work. As Dr. D.C.T. Bullen, a school board trustee in Comox, BC, remarked in a 20 December 1966 *Vancouver Sun* article about the need for nursery schools: “Nursery schools are being promoted by women who have forgotten their roles as mothers ... [K]eep it up and we’ll have Huxley’s Brave New World very soon.”<sup>65</sup> Another opinion piece that ran in the *Vancouver Sun*, this one on 21 January 1966, was entitled “Nonsense about Day Care Centres.” Joan Wallace,<sup>66</sup> member of the Federal Advisory Council on the Status of Women, asked the provocative question: “Would Mary have sent the Baby Jesus to a day care centre?” She argued against the popular belief that daycare was harmful to children and that it was “provided solely for the benefit of the mother,” claiming that this belief was “based on myths perpetuated by male chauvinists whose aim is to keep women in the home.” Wallace explained

<sup>62</sup> Elmore Philpott, “Home Truths about Working Wives,” *Vancouver Sun*, 9 February 1961 (p.4).

<sup>63</sup> Jackie, interview with author, 31 January 2011.

<sup>64</sup> Ibid.

<sup>65</sup> “Nursery Schools Rapped,” *Vancouver Sun*, 20 December 1966, p.13.

<sup>66</sup> Letter to the Editor submitted by Joan Wallace, member, Federal Advisory Council on the Status of Women, “Nonsense about day care centres,” *Vancouver Sun*, 21 January 1977, p.5.



that Mary and Joseph probably worked at home and had relatives nearby to care for Jesus. She addressed the charge, made by an opponent of daycare, that if Mary had sent Jesus to daycare, “her son might not have become the symbol and ideal of love, both human and divine, which He has been for our civilization for 20 centuries.” In defence of women’s need for daycare, Wallace prophesized: “Day care is not a luxury but a necessity. In the not-too-distant future it will be an integral part of our educational system available to all just as high schools, once reserved for the wealthy, are now open to everyone.”<sup>67</sup> For Jackie, who graduated from the Calgary General in 1964, having the choice of daycare was a luxury. But first you had to find one:

There was nothing available to us. The hospital didn’t provide anything ... you just didn’t know who you were leaving your child with. I got – I was very lucky that I had a wonderful lady to leave my kids with, but there were some horror stories that I do remember, where they shouldn’t have been at the place where they were, or some parent was caring for way too many kids, that sort of thing. And it wasn’t licensed at that point or anything either, and it was just somebody decided they wanted to make some money on the side and took kids in.<sup>68</sup>

Penny, a 1961 graduate of Holy Cross, remembers that, although married mothers with children were encouraged to stay in nursing, employers did not take into account the realities of pregnancy, childbirth, and child care. She remembered:

At that time, when you were pregnant, you had to stop working at six months. You couldn’t work past your six months. And even me, who was – at that time I was the paediatric coordinator, so I wasn’t doing any heavy lifting or anything like that, that would maybe prevent a pregnant woman from working at the time, but they said, “No.” So I had six weeks of mat leave and then [I went back to work part-time].

As the number of working wives and mothers rose, tensions grew “between the valorization of the stay-at-home wife and mother and the new economic reality that saw waged work increasingly become the norm for women.”<sup>69</sup> Having a second income was increasingly important to rising expectations about middle-class economic status. In 1969, *Chatelaine* magazine confirmed this trend and presented the results of a questionnaire completed by eleven thousand women from all regions

<sup>67</sup> Ibid.

<sup>68</sup> Jackie, interview with author, 31 January 2011.

<sup>69</sup> Ibid.

of Canada. The majority of these women, who described themselves as coming from “moderately comfortable financial circumstances,”<sup>70</sup> stated that they did not work outside the home but that, if they could, they would choose marriage, motherhood, and a career. In this survey, these same middle-class women advocated for government-supported daycare, equal access to employment, equal pay, government-supported birth control clinics, and greater access to abortion and divorce.<sup>71</sup>

Once a woman made the decision to work, jobs in nursing were plentiful in the burgeoning public-service sector of the 1950s, 1960s, and early 1970s. Alice Baumgart, who has examined trends in nursing labour history in the postwar period, explains that, “although the total Canadian labor force grew 33% between 1961 and 1971, the health sector grew by more than 60%. Approximately 75% of the new jobs were in the hospital sector, with registered nurses (RNs) claiming a significant share.”<sup>72</sup> There were really no other health care workers who could provide the same services. As Baumgart explains, most of the work that women were paid to do did not have the portability, diversity, or flexibility that nursing offered. Val, a 1967 graduate of UBC, remembers that it was hard to avoid job offers:

I could have gone into anything really. There was tremendous opportunity in public health. Any place in the hospitals. Like, the jobs were a dime a dozen. You could get anything. There was no such thing as being interviewed by a committee. You know, they sort of grabbed at you the minute you put your foot in the door. Oh, good, here comes a likely body. Grab! Snatch!<sup>73</sup>

## DISCUSSION

Changes in women’s relationship to caring labour, and changes in attitudes towards the role of nurses as paid caregivers, are revealed in thirty-seven oral history interviews with women who became nurses between 1958 and 1977, a pivotal time in the development of the publicly funded health care system, when the last student from the schools in

<sup>70</sup> Korinek, “Roughing It in the Suburbs,” 270.

<sup>71</sup> Meg Luxton, “Feminism as a Class Act: Working-Class Feminism and the Women’s Movement in Canada,” *Labour/Le Travail* 48 (2001): 63–88.

<sup>72</sup> Alice J. Baumgart, “Hospital Reform and Nursing Labor Market Trends in Canada,” *Medical Care* 35, 10 suppl. (1997): OS124.

<sup>73</sup> Val, interview with author, 19 January 2011.

this study graduated from the Holy Cross Hospital School of Nursing in Calgary.<sup>74</sup>

I argue that, in significant ways, women enrolled in and graduating from nursing programs in the 1960s and early 1970s transcended gender and class limitations and achieved a unique and valuable credential unavailable to most other young women from similar class and cultural backgrounds. While young women enrolled in the hospital-based programs, including both residential and university programs, were subject to strict social regulation, this regulation was not unusual or more onerous than restrictions placed on other working- and middle-class young women in this period. In fact, for some young women, nursing regulations were less restrictive than those to which they had been accustomed, and living conditions in residence provided a degree of luxury that many had not experienced at home.

Further, I assert that the demand for nurses in the expanding, publicly funded health care system meant that more women were continuing to nurse following marriage and motherhood; however, the primacy of women's domestic roles remained a strong influence and mitigated, for some women, the advantages offered in nursing during this period. While nursing offered many opportunities, it also posed many challenges, largely due to the lack of accommodation for working married women, particularly those with children. Second-wave feminism, in both its labour and liberal forms, provided a way for women to theorize gender oppression, and nurses used it to differing ends and in different ways.

Finally, the stories of women who became nurses in the 1950s, 1960s, and 1970s suggest that nurses were poorly paid and that they worked under adverse conditions. This was due, in part, to systemic gender discrimination, to nursing traditions that emphasized altruism and service, and to the assumption that a woman's place was in the home and that a woman's personal or professional interests were subservient to her role as wife and mother. This was the prevailing attitude in postwar Canada, and it was challenged by the largest female profession in the country.

My study challenges the view that nursing was a unified profession in these postwar decades, uninfluenced by class, culture, or race; rather, I see nursing as a complex mix of competing and complementary interests and strategies related to women's broader struggle to improve wages and working conditions for working married women. In particular, nurses

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<sup>74</sup> "Holy Cross School of Nursing (Calgary, Alberta)," description of the Holy Cross School of Nursing Fonds, University of Calgary Library Special Collections.

drew on the emerging discourse of the female professional as well as the rising power of the union movement to raise the profile of their workplace demands. The influence of a number of important feminist ideologies, most significantly liberal feminism and labour feminism, provided a way to theorize the various positions and strategies that nurses employed to meet their overlapping and sometimes contradictory goals.

In conclusion, the education and professional standing of nurses is of primary importance to society. In a time when not enough nurses are available to fill vacant positions, it is vital that more people enter the profession. The role of nursing in today's Canadian context and the historical and social factors that have both challenged and promoted the profession reflect wider trends in women's work experience and social roles. This study contributes to a greater understanding of the role of women's labour, the impact of marriage and motherhood on women's labour, and the role of nursing in shaping current attitudes towards women's participation in the social and economic benefits of Canadian citizenship.

#### APPENDIX A: TABLE OF PARTICIPANTS

See the following pages.

*Schools of nursing in Vancouver, British Columbia*

UBC: University of British Columbia School of Nursing, Greater Vancouver  
 St. Paul's: St. Paul's Hospital School of Nursing, Greater Vancouver  
 VGH: Vancouver General Hospital School of Nursing, Greater Vancouver  
 RCH: Royal Columbian Hospital School of Nursing, New Westminster

Pseudonym	School attended	Length of program and degree of diploma	Age at time of nursing school entry/graduation	Year of entry/graduation	Part-time, full-time work in nursing	Highest level of education obtained	Age at marriage if applicable	Age at birth of children if applicable
1. Vera	UBC	4-yr. deg	19/22	1958/1962	Pr/Ft	PhD	30	32/34
2. Paula	UBC	4-yr. deg	19/22	1962/1967	Pr/Ft	BScN	-	-
3. Val	UBC	4-yr. deg	19/23	1963/1967	Pr/Ft	BScN	23	-
4. Beth	UBC	4-yr. deg	16/21	1963/1967	Resigned in 1972	BScN	20	26/29
5. Meg	UBC	4-yr. deg	19/22	1963/1967	Pr/Ft	Masters in Public Health	-	-
6. Kelly	UBC	4-yr. deg	19/24	1963/1967	Pr/Ft	Masters	24	27/29
7. Cora	UBC	4-yr. deg	18/22	1966/1971	Pr/Ft	BScN	22	28/31
8. Dawn	UBC	4-yr. deg	18/22	1971/1976	Pr/Ft	Master in Leadership	22	26/29
9. Dora	UBC	4-yr. deg	17/21	1973/1977	Pr/Ft	BScN	24	28/31/34
10. Karen	St. Paul's	3-yr. dip	18/21	1958/1961	Resigned in 1962	Diploma	22	23/25/29/30
11. Mary	St. Paul's	3-yr. dip	18/24	1961/1967	Pr/Ft	MSN	19	27
12. Corrine	St. Paul's	3-yr. dip	18/21	1962/1965	Pr/Ft	Diploma	21	21/26/29
13. Betty	VGH	3-yr. dip	18/21	1962/1965	Pr/Ft	BN and Nursing Mngmt Diploma	24	24/26
14. Sara	VGH	3-yr. dip	19/22	1963/1966	Pr/Ft	Diploma	22	23/26/29
15. Shirley	VGH	3-yr. dip	18/21	1964/1967	Resigned in 1969	Diploma	21	24/28
16. Monica	VGH	3-yr. dip	19/22	1964/1967	Pr/Ft	Diploma	22	25/27
17. Waanda	VGH	3-yr. dip	19/21	1966/1969	Pr/Ft	BSN/MSN	21	23/26
18. Gail	VGH	3-yr. dip	18/21	1968/1972	Pr/Ft	Specialty in nursing	28	33/35
19. Joan	VGH	3-yr. dip	17/20	1968/1971	Pr/Ft	Diploma	21	25/28
20. Jill	VGH	3-yr. dip	20/23	1971/1974	Pr/Ft	Specialty in nursing	20	33
21. Moira	VGH	3-yr. dip	18/21	1971/1974	Pr/Ft	MScN	21	-
22. Rona	RCH	3-yr. dip	19/22	1962/1965	Pr/Ft	Specialty certificate nursing	24	27/29/37

*Schools of nursing in Calgary, Alberta*

UHoly Cross: Holy Cross Hospital School of Nursing, Calgary  
 Foothills Hospital: Foothills Hospital School of Nursing, Calgary  
 CGH: Calgary General Hospital School of Nursing, Calgary

Pseudonym	School Attended	Length of program and degree of diploma	Age at time of nursing school entry/graduation	Year of entry/graduation	Part-time, full-time work in nursing	Highest level of education obtained	Age at marriage if applicable	Age at birth of children if applicable
23. Penny	Holy Cross	3-yr. dip	17/20	1958/1961	Pt/Ft	BN	35	37/39
24. Audrey	Holy Cross	3-yr. dip	18/21	1961/1964	Pt/Ft	Specialty in nursing	22	23/27
25. Peggy	Holy Cross	3-yr. dip	19/21	1966/1969	Pt/Ft	Masters of nursing	33	34/38
26. Deanne	Holy Cross	3-yr. dip	19/22	1970/1973	Pt/Ft	Diploma	23	30/34
27. Cathy	Foothills Hospital	3-yr. dip	19/22	1969/1971	Pt/Ft	PhD	18	29
28. Maria	CGH	3-yr. dip	19/22	1959/1962	Pt/Ft	Diploma	22	23/24
29. Mona	CGH	3-yr. dip	18/21	1961/1964	Pt/Ft	Diploma	20	23
30. Anne	CGH	3-yr. dip	18/21	1961/1964	Pt/Ft	Diploma	21	29/35
31. Gina	CGH	3-yr. dip	18/21	1961/1964	Pt/Ft	MA	26	36/39
32. Jackie	CGH	3-yr. dip	18/21	1961/1964	Pt/Ft	BScN	21	22
33. Bev	CGH	3-yr. dip	18/23	1961/1966	Pt/Ft	Specialty in nursing	20	20
34. Dina	CGH	3-yr. dip	18/21	1962/1965	Pt/Ft	BScN	20	21/25
35. Pauline	CGH	3-yr. dip	18/22	1962/1965	Pt/Ft	Dip in PH	-	-
36. Shelley	CGH	3-yr. dip	17/20	1963/1966	Pt/Ft	Diploma	21	21/25
37. Jana	CGH	3-yr. dip	17/20	1971/1974	Pt/Ft	MBA	-	-