

# “WE SHALL ARRIVE AT THE ‘UTOPIA’ OF NURSING”:

## *Reconceptualizing Nursing Labour in British Columbia, 1945–65*

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EVELYN MALLORY, PRESIDENT of the Registered Nurses’ Association of British Columbia (RNABC), described the 1940s as “troubled times” for nurses. She declared “that there is no unemployment among nurses” and that “we may and we do choose where and when we will work.”<sup>1</sup> Mallory’s assessment would have resonated in provinces across Canada.<sup>2</sup> Rank-and-file nurses regularly left employment because of long hours, low wages, and poor working conditions.<sup>3</sup> At the same time, the number of hospital beds in Canada grew by 26 percent from 1943 to 1952, while the number of hospital admissions increased by 74 percent.<sup>4</sup> British Columbia responded with a number of strategies to meet that province’s nursing needs. When registered nurses (RNs) were very scarce during the Second World War, administrators at Vancouver General Hospital encouraged married women to return to practice. The RNABC sponsored refresher courses and, by January 1943, married women accounted for 50 percent of the staff. The labour of women who were with the Voluntary Aid Detachment was used for some

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<sup>1</sup> Registered Nurses’ Association of British Columbia Annual Meeting (hereafter RNABC-AM), 11–12 April 1947, <https://archives1.crnbc.ca/>. Much of this study deals with developments in Vancouver, the shared ancestral home of the x<sup>w</sup>məθk<sup>w</sup>əy’əm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and Səl̓íl̓wətaʔ/Selilwitulh (Tsleil-Waututh) peoples; and Victoria, the traditional territory of Lekwungen-speaking peoples. I also acknowledge that the developments analyzed in this research touch on the ancestral and unceded territory of many other Indigenous peoples in British Columbia.

<sup>2</sup> For example, Janet C. Ross-Kerr found that nursing shortages in neighbouring Alberta were “acute” in the 1940s and 1950s. See Ross-Kerr, *Prepared to Care: Nurses and Nursing in Alberta* (Edmonton: University of Alberta Press, 1998), 58.

<sup>3</sup> Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing* (Toronto: Oxford University Press, 1996), 207.

<sup>4</sup> “*Obiter Dicta* – What about This Nursing Problem?” (editorial), *Canadian Hospital* 30, no. 6 (1953): 4r. Nurses were also finding opportunities to work in settings other than hospitals, such as public health departments, industrial jobs, and as school nurses. See L.O. Bradley, “The Nursing Shortage,” *Canadian Hospital* 31, no. 4 (1954): 4o.

tasks, and, as Linda Quiney has demonstrated, these women provided hundreds of hours of voluntary service as part of their courses.<sup>5</sup> Another temporary war measure to meet the demand for RNs was an accelerated course for students, which ran between 1942 and 1946.<sup>6</sup> The shortage of nurses also meant that RNs and their employers were struggling to meet the care needs of their patients and impeded the expansion of hospital services. For example, the *Vancouver Sun* reported that the Vancouver General Hospital's new sixty-bed semi-private pavilion could not be put into service because of a lack of RNs.<sup>7</sup>

Although the first personnel shortages in "several decades" prompted a variety of responses,<sup>8</sup> one of the most important was the introduction of a new category of nursing labour – regulated "practical nurses," or "nursing assistants."<sup>9</sup> Several authors have examined women who contributed to nursing practice but who were not RNs, including Linda Quiney who analyzed volunteer nurses during the First World War and Frances M.

<sup>5</sup> "Our School of Nursing, 1899 to 1949" (History of Vancouver General Hospital School of Nursing), 45, Vancouver City Archives, AM 1519, 626-6-01. For a history of these "volunteer nurses," see Linda J. Quiney, *This Small Army of Women* (Vancouver: UBC Press, 2017). Discussions of the RN shortage frequently invoked how marriage and motherhood contributed to the transient nature of nursing labour. Such discussions were, of course, deeply gendered. It is worth noting that, in the United States, 47 percent of all native-born nurses in 1951 were married. See Barbara Melosh, *The Physician's Hand: Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), 195.

<sup>6</sup> "Our School of Nursing, 1899 to 1949" (History of Vancouver General Hospital School of Nursing), 45, Vancouver City Archives, AM 1519, 626-6-01.

<sup>7</sup> "Aides May Ease Nurse Shortage," *Vancouver Sun*, 26 July 1946, 7.

<sup>8</sup> McPherson, *Bedside Matters*, 187.

<sup>9</sup> Different nomenclature was used in different provinces to describe this category of labour, but my interest is in the group of nursing assistants who would come to be regulated and, in general terms, are described as "licensed practical nurses" in most settings today. In British Columbia, this group was identified as "practical nurses." This term was familiar in Canada because of George Weir's massive study of nursing education. See George Weir, *Survey of Nursing Education in Canada* (Toronto: University of Toronto Press, 1932). In that study, "practical nurse" is used to refer to women who provided care but who did not attend nursing school. Weir wanted to reserve the title "nurse" for the exclusive use of RNs. There was a push to use the common term "nursing assistant," but provinces used their own designations, including "nursing aide" in Alberta, "licensed practical nurse" in Manitoba, "aides-malades" or "aides-bébés" in Quebec, and "certified nursing assistant" in Ontario. See Peter L. Twohig, "The Second 'Great Transformation': Renegotiating Nursing Practice in Ontario, 1945-1970," *Canadian Historical Review* 99, no. 2 (2018): 178. For other analyses of nursing assistants/practical nurses, see Peter L. Twohig, "Everything Possible Is Being Done: Labour, Mobility, and the Organization of Health Services in Mid-20th-Century Newfoundland," *Canadian Bulletin of Medical History* 36, no. 1 (2019): esp. 14-19; Shari Andrea Caputo, "The Development of Practical Nursing in British Columbia: A Social Historical Perspective, 1940-1980" (MSc [nursing] thesis, University of British Columbia, 2016); Peter L. Twohig "Are They Getting Out of Control? The Renegotiation of Nursing Practice in the Maritimes, 1950-1970," *Acadiensis* 44, no. 1 (2015): 99-102; Inez Smith, *Doing for Themselves: The RNAs of New Brunswick* (Fredericton: Lincoln Printing, 1990).

Gregor who analyzed volunteers after 1950.<sup>10</sup> Kathryn McPherson briefly acknowledges the roles of practical nurses, nursing assistants, ward assistants, and aides in the reorganization of nursing work in the face of a nursing shortage.<sup>11</sup> In her master's thesis in nursing, Caputo provides an excellent analysis of the debates taking place in a number of key professional nurses' organizations. Caputo's focus is on the "historical influences that shaped the formalization of practical nursing as a distinct and eventually licensed domain of nursing practice" in British Columbia.<sup>12</sup> The present study is less concerned about this process of "formalization" and more concerned with the changing nature and politics of nursing labour. In most jurisdictions across Canada, legislation was passed to regulate nursing assistants, but British Columbia delayed implementing its law, offering an opportunity to explore how nursing labour, despite the absence of legislation, was reshaped in a period of expanding services.

The growth in health services was a particularly important question for British Columbia because of the aging population. In British Columbia, Megan Davies estimated that the number of provincially licensed old age homes increased from sixty-eight in 1948 to 120 in 1951, all of which needed staff.<sup>13</sup> In that province, the question of providing institutional beds for the aged was an important policy question during the late 1940s and 1950s, characterized by both an insistent demand for beds and a piecemeal approach. Nationally, construction grants began in 1948 in an effort to meet the demand for hospital accommodation across Canada, which was estimated to be about forty thousand beds. The initial five-year program was a success and would continue throughout the 1950s.<sup>14</sup> In that time, roughly 40 percent of the total expenditure of \$66 million made through the National Health Grant program went to hospital construction.<sup>15</sup> Hospitals also grappled with increasing labour costs over the same period, which were estimated to consume between 60 and 70 percent of most hospital budgets by the mid-1950s.<sup>16</sup> The transformation of nursing labour offered a solution to both of these issues.

<sup>10</sup> Quiney, *This Small Army of Women*; and Frances M. Gregor, "Mapping the Demise of the St. John Ambulance Home Nursing Program in Nova Scotia: 1950-1975," *Canadian Bulletin of Medical History*, 21, no. 1 (2004): 351-75.

<sup>11</sup> McPherson, *Beside Matters*, 221-25.

<sup>12</sup> Caputo, "Development of Practical Nursing in British Columbia," 1.

<sup>13</sup> Megan Davies, *Into the House of Old: A History of Residential Care in British Columbia* (Montreal and Kingston: McGill-Queen's University Press, 2003), 11.

<sup>14</sup> "Obiter Dicta - Federal Construction Grants Raised," *Canadian Hospital* 35, no. 3 (1958): 35-36.

<sup>15</sup> Honourable Paul Martin, "Five Years of Health Progress," *Canadian Hospital* 30, no. 7 (1953): 33-34.

<sup>16</sup> G.W. Reed, "Unions Come to Hospitals," *Canadian Hospital* 33, no. 1 (1956): 68.

## THE NURSING SHORTAGE

The mid-twentieth century was a period in which the idea of a shortage of RNs, their mobility, and expanding health services helped both to drive the reorganization of nursing labour and its reconceptualization. In 1947, the RNABC's registrar, Alice Wright, suggested that the nursing shortage in Canada was estimated to be eighty-seven hundred and growing because of the rising number of hospital beds.<sup>17</sup> Hospitals, organizations, and governments used a number of interrelated strategies to address the need for nursing labour. British Columbia issued temporary permits to nurses educated in other provinces.<sup>18</sup> Across Canada, training opportunities for nurses expanded, as did recruitment efforts to attract women to nurses' education. There were also debates about whether more men could be enticed to work as RNs, and the implications of such a change, as well as discussions of recruiting internationally educated nurses.<sup>19</sup> Despite such measures, the supply of RNs did not keep pace with the demand. Sister Mary Claire, who was an instructor at Victoria's St. Joseph's Hospital, confidently thought that "the slack would be taken up quickly if girls knew more of the sunny side of nursing." Flora McLean, who represented the West Kootenay district, thought that home nursing classes could provide a gateway to nursing careers for young women in her area.<sup>20</sup> There was discussion about encouraging married nurses to keep working, while the director of the Vancouver General, L.N. Hickernell, implored nursing students to "please stay in Vancouver – because we need you!"<sup>21</sup>

Evelyn Mallory, who in addition to being the president of the RNABC was also an associate professor of nursing at the University of British Columbia (UBC), expressed concern that student nurses were overworked and that there needed to be "a more truly student existence for the pupil nurse." Changes in nursing education meant that student nurses no longer served as an unlimited pool of reserve labour for hospitals. Mallory highlighted that hospitals had been responsible for preparing nurses, "but if the facts indicate that such a system can no longer meet adequately the nursing service needs of the community, needs that have

<sup>17</sup> "Nurses Pick Officer for Labor Snags," *Vancouver Sun*, 12 April 1947, 18.

<sup>18</sup> "Temporary Permits for Nurses to End," *Vancouver Sun*, 5 July 1946, 7; "Pearson Studies Nursing Permits," *Vancouver Sun*, 2 August 1946, 5; "Registered Nurses May Standardize Nursing Aids' Work," *Victoria Daily Times*, 28 August 1946, 2. In late August 1946, the RNABC and other groups met to consider the option of issuing temporary nursing licences to nurses from other provinces. But, after 1 September 1946, nurses were required to register with the RNABC.

<sup>19</sup> McPherson, *Bedside Matters*, 213.

<sup>20</sup> "Show Girls the Sunny Side' to Attract Student Nurses," *Vancouver Sun*, 12 April 1947, 18.

<sup>21</sup> "Marriage Needn't Bar Career,' Graduating Nurses Told Here," *Vancouver Sun*, 5 May 1948, 17.

expanded tremendously since the system was first initiated, then it is the responsibility of the nursing profession to give leadership in efforts to find a better system."<sup>22</sup> Across Canada, nursing's professional leadership acknowledged that the supply of RNs was not keeping pace with the employment opportunities or the increasing number of hospital beds and their use.<sup>23</sup> At the end of the 1940s, Elinor Palliser, the director of the Vancouver General Hospital school, highlighted that the nursing shortage was the product of intersecting changes, including "home responsibilities, opportunities for further education, and marriage." Nursing labour in the hospital was also undergoing rapid change. As one concrete example, Palliser highlighted the extra work that was generated by the administration of penicillin. At Vancouver General Hospital, she estimated that nurses gave two thousand hypodermic injections every twenty-four hours by the end of the 1940s.<sup>24</sup>

In addition to changing opportunities for women and the changing nature of hospital work, Mallory also highlighted both "long years of inadequate salaries and unsatisfactory working conditions."<sup>25</sup> Such factors prompted RNs to leave nursing positions permanently. As one illustration, forty nurses resigned from Winnipeg General Hospital during 1943, and half of the nurses employed at that hospital during 1944 were newly hired.<sup>26</sup> RNs routinely left positions for more favourable ones elsewhere. RNs had a good deal of opportunity in a period of expanding services and rank-and-file nurses took their own actions.<sup>27</sup> RNs at Vancouver General Hospital sought both higher wages and improved working conditions through organizing themselves. About 150 RNs enrolled in the City Hall Employee's Association, according to William Black, the business agent for the association. They were going to organize themselves as Local 180, the Vancouver Hospital Employees' Federal Union, and seek certification. It was the first time nurses in British Columbia had unionized, and, within a decade, nineteen locals

<sup>22</sup> RNABC-AM, 26–27 April 1946, <https://archives1.crnbc.ca/>.

<sup>23</sup> "Obiter Dicta – What about This Nursing Problem?," *Canadian Hospital* 30, no. 6 (1953): 31. By one estimate, hospital bed capacity in Canada increased by 26 percent from 1943 to 1952, while hospital admissions went up by 74 percent. Nurses were also in demand beyond the hospital walls, including in industrial settings and in the growing number of public health services. See Bradley, "Nursing Shortage," 40.

<sup>24</sup> "Our School of Nursing 1899 to 1949" (History of Vancouver General Hospital School of Nursing), 50–51, Vancouver City Archives, AM 1519, 626-6-01.

<sup>25</sup> RNABC-AM, 11–12 April 1947, <https://archives1.crnbc.ca/>.

<sup>26</sup> McPherson, *Bedside Matters*, 207.

<sup>27</sup> L.O. Bradley suggested that, nationally, the number of hospital beds increased by 26 percent from 1943 to 1952, while hospital admissions went up 74 percent. See Bradley, "Nursing Shortage," 40.

were established in hospitals.<sup>28</sup> Not surprisingly, the RNABC was “alive to the necessity of better economic security, preservation of professional standards and a shorter work week.”<sup>29</sup>

The particularities of place also shaped the labour supply, and although the number of available RNs was a key issue, so was their distribution. Sister Columkille, who was president of the RNABC and had been the director of Vancouver’s St. Paul’s Nursing School, her alma mater, for fifteen years used frameworks familiar to women religious.<sup>30</sup> She said: “unless we nurses are imbued with more of the Missionary Spirit which calls us to out-lying posts where, in the smaller areas the patients suffer for lack of nurses, there is danger that pressure will be made to lower standards for entrance to the profession.” As a nursing leader, Sister Columkille thought it would be a “real calamity” if nursing positions in rural settings were not filled by RNs because it would lead hospital administrators to “employ less well-prepared personnel to care for the patient.” For Sister Columkille, the solution was to ensure that nursing labour was delivered by a “well-organized hospital team, with each member well prepared for their work.” Through that, she argued, “we shall arrive at the ‘Utopia’ of nursing.”<sup>31</sup> For her, issues of nursing shortages, the supply of RNs, and their distribution were clearly linked to concerns about the politics of nursing labour, nursing standards, and an emerging idea of the “nursing team.”

#### INTRODUCING NURSING ASSISTANTS

The nursing shortage was a matter of national concern. For a joint conference held with the Canadian Hospital Council in January 1946, the Canadian Nurses Association (CNA) prepared a brief on how nursing labour might be reorganized in hospitals and community settings.<sup>32</sup> As noted by Caputo, there were sporadic references to practical nurses in the *Canadian Nurse* during the first half of the twentieth century, but this group attracted significantly more attention following the Second

<sup>28</sup> “‘General’ Nurses Form Union, Ask Better Pay, Conditions,” *Vancouver Sun*, 16 May 1946, 11, “We’re 75 years strong!,” <https://www.heu.org/news-media/news-blog/publications/were-75-years-strong>.

<sup>29</sup> “Nurses Pick Officer for Labor Snags,” *Vancouver Sun*, 12 April 1947, 18.

<sup>30</sup> For a brief biography of Sister Columkille, born Alice Lane Hamer, see <https://www.bcnursinghistory.ca/dvteam/sister-columkille/>.

<sup>31</sup> President’s Report, RNABC–AM, 14–15 April 1950, <https://archives1.crnbc.ca/>.

<sup>32</sup> Report of the Joint Planning Committee on Nursing, RNABC–AM, 11–12 April 1947, <https://archives1.crnbc.ca/>. The report was given by Alice Wright, secretary, Joint Planning Committee on Nursing. Wright was also the executive secretary of the RNABC.

World War.<sup>33</sup> In the later 1940s, provincial nursing associations turned their attention to questions of whether or not RNs needed help on the wards, how such workers should be trained, and whether or not they should be regulated. In August 1946, the *Victoria Daily Times* published an editorial supporting some form of regulation for “practical nurses” in British Columbia. The newspaper contrasted the “rigid academic requirements” of nursing school with “practical experience in the sick room.” While carefully suggesting that “standards for the nursing profession” must be maintained, and that the RNABC would be “derelict in its duty were it to sanction any invasion of its ranks” by less-qualified individuals, the newspaper also lamented that “extremely capable young women must ‘down tools’ in this province” because they lacked formal qualifications to work. Might there be an opportunity to attract such women to the bedside and thereby alleviate the immediate shortage of RNs? Enabling practical nurses to assume responsibility for specified tasks would, in theory, allow RNs to focus on more suitable activities. Regulating practical nurses would rationalize bedside work, address the current shortage of RNs, and be “a safeguard” against future shortages.<sup>34</sup> A meeting was planned between the RNABC, hospital officials, and other health agencies for the end of August to consider standardizing the training for practical nurses.<sup>35</sup> A committee was subsequently struck to explore how best to meet the labour needs of nursing, primarily through increasing the “employment of nurses aids” throughout the province. A strategy was built around formalizing and expanding training, defining the “minimum requirements” necessary to do the work, and clarifying what duties nurses’ aides could carry out under the supervision of a fully qualified RN.<sup>36</sup>

The committee held five meetings to consider a number of different proposals. It undertook an “activity analysis” that examined how better use could be made of RNs’ labour power. One of the identified issues was the heavy burden of clerical work being done by head nurses. Although “housekeeping duties” pertaining to the care of patients were primarily done by “ward aides,” the introduction of the forty-four-hour work week

<sup>33</sup> Caputo, “Development of Practical Nursing in British Columbia,” 11. She also notes that, in the *Canadian Nurse*, most of the references to “practical nurses” in the 1930s clustered around nurses “who completed lesser quality RN training in small hospitals” or those women who did not complete their RN education.

<sup>34</sup> “Practical Nurses Act Needed,” *Victoria Daily Times*, 12 August 1946, 4.

<sup>35</sup> “Registered Nurses May Standardize Nursing Aids’ Work,” *Victoria Daily Times*, 28 August 1946, 2.

<sup>36</sup> “Committees Working on Plan to Augment BC Nursing Help,” *Victoria Daily Times*, 30 August 1946, 1.

for hospital personnel other than RNs meant that more non-nursing work was being done by both RNs and student nurses. The RNABC expressed concern that some aides were wearing white uniforms and caps that rendered them indistinguishable from RNs. Not surprisingly, the RNABC committee called for a “distinctive uniform” for practical nurses and nurse aides to clearly distinguish them from RNs.<sup>37</sup> Ensuring that each group was visually identifiable was one thing, but there was also the need to clarify the tasks that could be done by different groups. Charles Morrison, representing the BC Hospitals Association, hoped to identify the minimum requirements needed to allow such assistants to carry out tasks that RNs were now doing. He also hoped that a large-scale training effort could be launched to “provide a large number of nurses’ aides in a short time.”<sup>38</sup> Importantly, altering the labour mix of nursing work was supported by nursing’s elite leaders. In this respect, even though there were a good many debates about the malleable nature of nursing work, the scope and boundaries of nursing work, and how it would be distributed among different kinds of workers – including RNs, practical nurses, and nursing aides – this is best understood in these early days as an effort that was conducted under the auspices of professional nursing’s leaders.

For example, by the end of the 1940s, the president of the RNABC thought that the organization should “press for the expansion” of training programs for practical nurses to increase the supply of such workers.<sup>39</sup> There were further recommendations that “trained practical nurses” should be used whenever possible and that the “training and employment of nurse aides should be considered an emergency measure only.” RNs, then, began to articulate a preference for a group of regulated workers who would work under their direct supervision.<sup>40</sup> RNs also recognized that there were other workers who supported nursing care, and they developed a draft guide for the on-the-job training of ward secretaries, ward aides, and nurse aides. This clearly delineated duties for each group and recommended personnel policies to avoid any confusion. However, it was recognized that a strict division of labour would not be possible in smaller hospitals and that the duties assigned to each of these auxiliary

<sup>37</sup> Report of the Joint Planning Committee on Nursing, RNABC-AM, 11-12 April 1947, <https://archives1.crnbc.ca/>.

<sup>38</sup> “Committees Working on Plan to Augment BC Nursing Help,” *Victoria Daily Times*, 30 August 1946.

<sup>39</sup> RNABC-AM, 22-23 April 1949, <https://archives1.crnbc.ca/>.

<sup>40</sup> Report of the Joint Planning Committee on Nursing, RNABC-AM, 11-12 April 1947, <https://archives1.crnbc.ca/>.



groups would likely have to be combined.<sup>41</sup> The meeting also raised the question of the “training, control and licensing for practical nurses,” including the idea of a licensing act. The committee looked at legislation from Manitoba as a model, though the deputy minister of health suggested that further study be undertaken and that the legislation could be submitted “to the Provincial Government when the moment seems auspicious.”<sup>42</sup>

For a nursing leader like Evelyn Mallory, the shortage of nurses, alongside of the “continued expansion” of nursing and the maldistribution of RNs, meant that some consideration had to be given to the organization of nursing care. “Adequate nursing service should be available to all parts of the province not just to our large cities where it tends to be concentrated,” she wrote in her address. “All recent studies of the problem have pointed to one common conclusion, namely, that it is not possible to meet the expanding needs for nursing by continuing to operate under the system which served us in the past. They suggest that our best hope lies in the skillful use, AS A TEAM WORKING TOGETHER, of a variety of nursing personnel.” Mallory then added that individual nurses, and the profession as a whole, should welcome the new workers “and make them feel that they are valued members of the nursing team.” Mallory identified four categories of labour that needed to be reorganized to optimize nursing care. Front-line workers included nurse aides, ward maids, and clerks. These were individuals who were largely trained on the job and who required frequent retraining as tasks shifted or as new tasks were assigned to them. Mallory thought that these workers also had to be retrained for every specific organization in which they worked. The second category was cast by Mallory as “practical nurses,” although she acknowledged that nobody “is very happy about this name for them, but it is known and widely used by the public.” Mallory thought that these workers, unlike the category of aides trained on the job, should be purposefully trained in schools for at least six months but not more than one year. The third group was made up of registered nurses who could be educated in either hospital schools or universities. Mallory em-

<sup>41</sup> Despite the persistent focus on professionalization and the divisions among groups in the historiography, hospitals and health departments found ways to combine tasks for many workers. For example, in Saskatchewan, Dr. W.A. Riddell organized a course for hospital workers that would allow them to cross-train for both the x-ray and laboratory services in smaller hospitals to meet the expanding need for such clinical tests. The first class began on 6 October 1946. See Peter L. Twohig, *Labour in the Laboratory: Medical Laboratory Workers in the Maritimes* (Montreal and Kingston: McGill-Queen's University Press, 2005), 108–9.

<sup>42</sup> Report of the Joint Planning Committee on Nursing, RNABC-AM, 11–12 April 1947, <https://archives1.crnbc.ca/>.

phasized that nursing education should be transformed through focusing on the learning needs of the student rather than on the labour needs of the hospital, which would have the beneficial side effect of reducing the length of training. This would “prepare nurses for employment” in *any* setting, not just in the hospital in which they trained. A final category was to prepare nurses for supervisory, administrative, and teaching roles. Mallory did not suggest ratios, but the target recruitment in the United States would see five “diploma nurses” (those educated in hospitals) for every one educated for the other roles.<sup>43</sup>

Although promoting the idea of a “nursing team” had some support, redistributing nursing tasks would require some effort. In 1949, Esther Paulson, convener of the Committee on Health Insurance and Nursing Service, reported that “the use of the auxiliary worker, nurse aide or trained practical nurse cannot be established on a stable and effective basis unless all nurses are aware of their responsibilities for nursing care and the implications arising from a lack of understanding of changing needs.”<sup>44</sup> Alongside this interest in the emerging “team-based” approach to nursing labour, nurses also expressed concern about losing touch with the bed and body work that defined nursing care.<sup>45</sup> In British Columbia, this was expressed as the effort to “offset the danger of a loss in the personal approach to the patient.”<sup>46</sup> This was a concern of nurses in a period of transition, and, for Mallory, the nursing team could guard against such a loss. In the conceptualization of the nursing team being advanced by RNs, they would continue to have an important role directly supervising the bed and body work that was at the core of nursing’s professional identity.<sup>47</sup> Nevertheless, the idea of team-based clinical care was clearly gaining major traction, and throughout British Columbia there was growing recognition that nursing labour could be reorganized to better meet the needs of “the mildly ill, the chronically ill and the convalescent patient – both in hospitals and in the home.”<sup>48</sup>

<sup>43</sup> RNABC-AM, 22–23 April 1949, <https://archives1.crnbc.ca/>.

<sup>44</sup> Registrar’s Report, RNABC-AM, 22–23 April 1949, <https://archives1.crnbc.ca/>.

<sup>45</sup> Twohig, “Are They Getting Out of Control?”

<sup>46</sup> RNABC-AM, 22–23 April 1949, <https://archives1.crnbc.ca/>.

<sup>47</sup> *Ibid.*

<sup>48</sup> “Practical Nurses’ Registry Swamped with Calls for Aid,” *Vancouver Sun*, 17 July 1948, 15.

## LICENSING PRACTICAL NURSES

The RNABC's campaign to license practical nurses began in the fall of 1945. It sent a letter to various groups throughout the province, emphasizing that licensing was "more urgent than ever." Alberta Creasor, the chair of the legislation committee, recognized that many nursing aides were being demobilized and wanted to work. Canadian Vocational Training was offering a one-year course for ex-service personnel to train them as practical nurses.<sup>49</sup> Legislation, however, was not being developed in these years. The RNABC took matters into its own hands and organized a practical nurse registry in Vancouver in July 1948. The registry was operated on a non-profit basis and staffed by two unpaid volunteers. Practical nurses contributed five dollars a month to defray the service's expenses. The objective of the registry was to supply qualified and trustworthy individuals to care for "invalids and old people." The service carefully screened members of the registry to ensure, as far as possible, that only skilled individuals were sent into homes to meet the care needs of residents. At the same time, the RNABC recognized that women of "varying degrees of training and experience" were already working in the community, nursing the sick: "With no way of knowing what their preparation has been, the public is at a distinct disadvantage and at times exploited."<sup>50</sup>

To remedy this situation, the RNABC promoted the idea of organizing formal training opportunities for practical nurses. One of the most important programs was established at the Vancouver Vocational Institute, which graduated its first class in December 1948. The first eight graduates all had jobs, and the future employment of the sixty others who remained in training was assured because of the province's plans for hospital expansion.<sup>51</sup> The students completed classroom instruction, and this was followed by hospital experience, where they worked on maternity and surgical wards, with children and the elderly, and became acquainted with aspects of TB control. Their immediate ability to work at the bedside appealed to the provincial health department. In the early 1950s, the provincial government was still exploring how best to reorganize nursing labour, including what duties should be assigned to practical nurses and "partially qualified nurses" who had not completed their nursing education or their licensure exams.

<sup>49</sup> RNABC-AM, 26–27 April 1946, <https://archives1.crnbc.ca/>.

<sup>50</sup> "Practical Nurses' Registry Swamped with Calls for Aid," *Vancouver Sun*, 17 July 1948, 15.

<sup>51</sup> "First Practical Nurses from Vocational Institute Graduate," *Vancouver Sun*, 11 December 1948,

The government established a committee to further examine nursing labour. This committee included the dean of the Faculty of Medicine at UBC, high-level provincial officials, representatives from the RNABC as well as from the hospital and medical associations, the inspector of nursing, the head male nursing instructor from the Provincial Mental Hospital, the director of Public Health Nursing, the director of Mental Health Services from the Provincial Mental Hospital, and a representative from the BC Psychiatric Nursing Association. The large representation from the mental health area suggests that there was a particular need to rethink the organization of clinical care in this area.<sup>52</sup>

By mid-century, there was widespread recognition that not all nursing labour was being done by RNs and that many groups of workers were necessary to meet the needs of patients. There was also a good deal of discussion about whether some form of regulation was needed for practical nurses, who would work closely with RNs at the bedside, doing patient-oriented tasks. A diverse group of organizations, including the British Columbia Hospitals Association, the Family Welfare Bureau, the YWCA, and the Local Council of Women, responded positively to the idea of some form of regulation for practical nurses.<sup>53</sup> On 16 April, *An Act to Provide for the Training, Examination, Licensing, and Regulation of Practical Nurses* was introduced and read for the first time.<sup>54</sup> The bill was known as the *Practical Nurses Act*, and it specified that licensed practical nurses could only do specific tasks, outlined in the regulations. The legislation also restricted the title “Licensed Practical Nurse” and the abbreviation “LPN.”<sup>55</sup> Although the province passed this legislation, it would not be implemented via an order-in-council until 1964.<sup>56</sup> The reasons for this delay are not entirely clear. There were concerns expressed in other provinces that regulating nursing assistants would reduce the flexibility afforded to hospitals that, in the absence of regulations, could hire staff to do some nursing tasks without necessarily hiring RNs. Care was taken in Ontario, for example, to assure hospitals and other employers that, even if a regulated community of practice was created,

<sup>52</sup> *Journals of the Legislative Assembly of the Province of British Columbia*, vol. 80, sess. 1951, 20 February to 18 April (Victoria: King’s Printer, 1951), 8–9.

<sup>53</sup> RNABC-AM, 26–27 April 1946, <https://archives1.crnbc.ca/>.

<sup>54</sup> *Journals of the Legislative Assembly of the Province of British Columbia*, vol. 80, sess. 1951, 20 February to 18 April (Victoria: King’s Printer, 1951), 140; and “Bill to Control BC Practical Nurses Set Up,” *Vancouver Sun*, 17 April 1951, 14.

<sup>55</sup> *Statutes Passed in the Session Held in the Fifteenth Year of the Reign of His Majesty King George VI, 1951* (Victoria: King’s Printer, 1951), chap. 58.

<sup>56</sup> “Practical Nurses Get New Status,” *Victoria Daily Times*, 8 December 1964, 13. On the legislation and other regulation, see Tracey Adams, “Regulating Professions in Canada,” *Journal of Canadian Studies*, 43, no. 3 (2009): 199, 201, 206.

unregulated workers could continue to be employed.<sup>57</sup> For its part, the RNABC advocated for the act's implementation. Alice Wright, the executive secretary, wrote to Eric Martin, minister of health and welfare, highlighting three reasons the act should be implemented. First, it would bring any training programs under the scrutiny of the Practical Nurses' Council, "thus assuring a minimum standard of training for women who wish to prepare themselves for work as practical nurses." The RNABC also thought that licensing practical nurses would "confer the recognition and status which the practical nurses seek and deserve." Finally, licensure would help to ensure safe nursing practices and simultaneously assure the public that these workers were qualified to provide that care.<sup>58</sup> Despite broad support from the community for some form of regulation, the *Practical Nurses Act* was passed but not implemented.

#### SITES OF CARE

The decline of private duty nursing has been well documented among historians, but, at mid-century, practical nursing in the home was an important issue for British Columbia.<sup>59</sup> This was recognized by organizations like the YWCA and the Local Council of Women, and it helps to explain their support for regulating practical nurses. The population increased by some twenty-four thousand during 1950, reaching 1,138,000. About half of this was due to the birth rate, and the other half was the result of immigration. Despite this, the number of older people was reported to be increasing relative to the younger age groups. Since 1941, the population over sixty had increased by 60 percent, while those aged ten to fifty-nine had increased by 27 percent, and those under ten by 81 percent.<sup>60</sup> In an attempt to evaluate what practical nurses were doing in the community, the RNABC completed a one-year study of the work of practical nurses in Vancouver. Elizabeth Braund, who reported on the work of the placement service committee, thought that trained practical nurses were preferable to either former nursing students who

<sup>57</sup> Twohig, "Second 'Great Transformation,'" 179–80.

<sup>58</sup> The letter is reproduced in the materials for the RNABC-AM, 26–28 May 1955, <https://archives1.crnbc.ca/>.

<sup>59</sup> American historian Susan Reverby called the shift from private duty nursing to working in hospitals nursing's "great transformation." See Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987), 80. In Canada, Kathryn McPherson argues that, "between 1942 and 1966 private duty work all but disappeared" from the Canadian landscape. See Kathryn McPherson, "Skilled Service and Women's Work: Canadian Nursing 1920–1939" (PhD diss., Simon Fraser University, 1989), 12.

<sup>60</sup> *Fifth Report of the Department of Health and Welfare, Year Ended December 31, 1950* (Victoria: King's Printer, 1951), Y15.

had abandoned their education or those who had previously worked in hospitals as nurse aides. Braund added: “it is our experience that graduates of practical nurse courses have a more rounded preparation for practical nursing and are more ready to stay within the limits of their preparation.”<sup>61</sup> Braund also thought that the members of the group displayed pride in their role, something not evident among women who were not specifically prepared for this work. The RNABC screened applicants for the program and only included: “[those] who can express themselves clearly, who are clean and neat and who seem to possess a satisfactory background of preparation and experience [and] for whom desirable reports are received.” Some forty-four practical nurses had been enrolled since the program started, of whom twenty-nine or so remained in the service. The number of calls per month varied according to the season, but there were at minimum several dozen each month. The “usefulness of the practical nurse” was centred on her “experience in domestic management.” According to the placement service, both patients and their families had “expressed appreciation for the careful selection of practical nurses and other safeguards established.”<sup>62</sup>

The new Vancouver Vocational Institute was set to open in June 1949, and there was a good deal of optimism that this facility would further enhance the availability of trained practical nurses. There were even discussions about offering part-time and night classes for hospital workers, such as nurse aides, who wanted to be practical nurses. Students who were completing their course at the vocational school would visit the RNABC’s office, and, if they were thought to be suitable, they were encouraged to enrol with the placement service. The private duty directory had a heterogeneous group of about thirty practical nurses on it in 1949. Seven of the women had graduated from formal practical nurse courses or were registered nursing assistants, while six others started nursing school but did not complete it. There were former nurse aides, attendants, and some who had unspecified nursing experience. There were also three RNs working as practical nurses because “one lack[ed] obstetrical preparation and two ha[d] been away from nursing so long that they prefer[red] to work at the practical nurse level.”<sup>63</sup> The RNABC thought that the vocational school program was “steadily progressing” and that its graduates were very capable. Perhaps as a sign of the program’s contribution to alleviating some of the labour pressures, Sister

<sup>61</sup> Elizabeth Braund, Report of the Placement Service, in RNABC-AM, 2–3 April 1948, <https://archives1.crnbc.ca/>.

<sup>62</sup> Registrar’s Report, RNABC-AM, 2–3 April 1948, <https://archives1.crnbc.ca/>.

<sup>63</sup> Registrar’s Report, RNABC-AM, 22–23 April 1949, <https://archives1.crnbc.ca/>.

Columkille, the RNABC president, thought that the school could be encouraged to produce even more of these workers.<sup>64</sup>

In addition to establishing the private duty directory and encouraging the training of more practical nurses, there were other efforts to reorganize care. The province embarked on a pilot home care program in the North Okanagan Health Unit in 1951, in the traditional territory of the Syilx/Okanagan people, with funding from the federal government. The pilot study wanted to evaluate whether it was possible to achieve the twin objectives of alleviating hospital overcrowding while simultaneously providing adequate care in the home in rural areas of the province. The program was established with the support of local organizations, including the Vernon Jubilee Hospital Board, the local medical society, the health board, and local welfare services.<sup>65</sup> Patients were referred to the home care service by their attending physician, and the program was conceptualized as a “community health” initiative that brought together the hospital, attending physician, hospital nurses, and the local health services in a common effort. At first, the service was restricted to Vernon, but it was then expanded to the surrounding area, with the support of the local public health staff.<sup>66</sup> The initial pilot project ran from December 1951 to March 1952. When the results were analyzed, it was found that 267 hospital days were saved in the pilot area, with an estimated cost savings of about \$2,000. This was based upon the difference between a home care service (estimated at \$4.22 per day) versus that of hospital care (estimated to be \$11.35 per day). With this information, the program was deemed to be a success, and it was restarted in October 1952 with an expanded catchment area and an annual review to assess its impact.<sup>67</sup>

Nursing labour in the community was clearly being reshaped in some important ways by the early 1950s. The Canadian Nurses' Association scrutinized these changes, and its findings were duly considered by the RNABC Committee on Educational Policy. The report considered the duties or scope of practice of nursing assistants and continued to stress “the importance of interpretation of the role of the nursing assistant to the medical and nursing profession and to the community.”<sup>68</sup> It is possible

<sup>64</sup> President's Report, RNABC-AM, 14–15 April 1950, <https://archives1.crnbc.ca/>.

<sup>65</sup> *Sixth Report of the Department of Health and Welfare, Year Ended December 31, 1951* (Victoria: King's Printer, 1952), X55.

<sup>66</sup> *Eleventh Report of the Department of Health and Welfare, Year Ended December 31, 1956* (Victoria: King's Printer, 1957), W31–32.

<sup>67</sup> *Seventh Report of the Department of Health and Welfare, Year Ended December 31, 1952* (Victoria: King's Printer, 1953), BB28–29.

<sup>68</sup> RNABC-AM, 8–10 May 1952, <https://archives1.crnbc.ca/>. The CNA report, which was duly considered by the RNABC Committee on Educational Policy, used the term “nursing

to discern the ongoing conceptualization and refinement of the idea of the “practical nurse” in these years through an examination of a course outline from the mid-1950s. It highlighted that working as a practical nurse was an opportunity for “women who have always wanted to do nursing but who have been unable to do so due to education, age, or other factors.” The training was affordable, at fifteen dollars per month for the first four months, when students were given classroom instruction at the Vancouver Vocational Institute. This was followed by eight months of hospital training. During this period, students received fourteen dollars per week for the first two months, increasing by two-dollar increments every two months thereafter until the program was completed. It also highlighted that the demand for some reorganization of nursing tasks arose because there was a “serious shortage” of RNs in hospitals across North America. “As a result,” the course description continues, “extra help was sought to provide assistance to the nursing staffs.” The one-year practical nursing course in British Columbia trained women to take on duties that “include[d] all nursing work with the exception of some specialized tasks.” Of course, practical nurses did not perform “all nursing work,” but the promotional material left out that detail.<sup>69</sup>

By March 1958, practical nurses, a category of labour that was being actively defined as encompassing graduates of “recognized schools,” were a significant part of British Columbia’s nursing workforce. Hospitals also continued to employ nurses’ aides, who were trained on the job and for whom no regulation was being considered.<sup>70</sup> Practical nurses could be found in large and small hospitals, though more than a quarter of them worked in the largest hospitals (those with more than five hundred beds). Practical nurses also remained unregulated, but it is apparent that there was now a good deal of emphasis being placed on the role of “recognized schools” preparing people for this work. Formal training schools were being operated in places such as Victoria, Nanaimo, and Vancouver. A newspaper article highlighted that practical nurses “fill an important place in the care of our ill. They leave graduate nurses [RNs] free for

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assistant” to describe this category of labour, although “practical nurse” continued to be used interchangeably in British Columbia. This report also stressed “the importance of interpretation of the role of the nursing assistant to the medical and nursing profession and to the community.”

<sup>69</sup> “Vancouver Vocational Institute Outline of Course for Practical Nurses,” n.d. In the file, a course catalogue of the Vancouver Vocational Institute’s offerings is enclosed, and this bears a date of 1 July 1954. Memorial University Archives and Special Collections, Association of Registered Nurses of Newfoundland and Labrador, coll-359, 10.01.004, “Practical Nurse Course Outlines, 1954–1958.”

<sup>70</sup> Report of the Placement Service, RNABC-AM, 27–29 May 1958, <https://archives1.crnbc.ca/>.



the duties that only they can perform.” The same newspaper report highlighted that such work was particularly suitable for “native Indian girls who find it is difficult to find employment and some other persons with former training and other ability, to provide necessary care in our acute care hospitals.”<sup>71</sup> There is little doubt that there was a good deal of diversity within the category of nursing assistants, whether they were regulated or unregulated. This was an area of employment in which one can readily find racialized women, and examining their history presents an opportunity to complicate the presumed whiteness of nursing labour in Canada.<sup>72</sup> While racialized women negotiated nursing’s whiteness in settings across Canada, their numbers in the ranks of RNs remained small.<sup>73</sup>

<sup>71</sup> “Practical Nurses,” *Victoria Daily Times*, 29 March 1962, 4. In other settings, Indigenous women were doing a good deal of labour that went unacknowledged. For example, I recently highlighted how, in a photo essay published about the Labrador community of Nain, the caring roles of Inuit women is clearly illustrated. But the article itself did not acknowledge this labour. See Twohig, “Everything Possible Is Being Done,” 14–15. For an analysis of Indigenous women working in health care, see Mary Jane Logan McCallum, *Indigenous Women, Work and History, 1940–1980* (Winnipeg: University of Manitoba Press, 2014).

<sup>72</sup> Florence Melchior, “Nursing Students and Medicine Hat General Hospital, 1894–1920,” in *Unsettled Pasts: Reconciling the West through Women’s History*, ed. Sarah Carter, Lesley Erickson, Patricia Roome, and Char Smith (Calgary: University of Calgary Press, 2005), 277–307. In her comprehensive study, Kathryn McPherson writes that nursing in Canada “has been an occupation comprised predominantly of women who were White, Canadian-born, English or French-speaking, and of northern European descent.” In 1931, 94 percent of nurses in Canada claimed British or French heritage. See McPherson, *Bedside Matters*, 23 and 118. Karen Flynn’s assessment is particularly apt: “Nursing leaders viewed prospective Black students as Other.” See Karen Flynn, “‘Hotel Refuses Negro Nurse’: Gloria Clarke Bayless and the Queen Elizabeth Hotel,” *Canadian Bulletin of Medical History/Bulletin canadien d’histoire de la médecine* 35, no. 2 (2018):283.

<sup>73</sup> An interesting example is Anna Lam, the first Chinese Canadian to qualify as an RN in British Columbia. According to Michael Valpy, Lam was refused admission to several schools of nursing in Vancouver. She eventually graduated from King’s Daughters Hospital in 1929. See *Globe and Mail*, 1 April 1996. Women of Chinese and Japanese descent at UBC are briefly described in Glennis Zilm and Ethel Warbinek, *Legacy: History of Nursing Education at the University of British Columbia, 1919–1994* (Vancouver: UBC School of Nursing, 1994), 76–78. The story of nurses of African descent in Canada includes Marissa Scott who, after being denied entry to the Owen Sound General Hospital, was admitted to St. Joseph’s Hospital in Guelph, Ontario, in 1947 following a national campaign. Ruth Bailey and Gwennyth Barton gained access to nursing education at the Children’s Hospital in Halifax, Nova Scotia, in 1948. See Flynn, “Hotel Refuses Negro Nurse,” 284. There are important studies of nurses of African descent in the United States and Canada, including Darlene Hine Clark, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950* (Bloomington: Indiana University Press, 1989); and Karen Flynn, *Moving beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora* (Toronto: University of Toronto Press, 2011).

## ENACTING THE LEGISLATION

Why did British Columbia pass legislation to regulate nursing assistants but not enact it? According to Ruth Cooper, the director of nursing for Shaughnessy Hospital, it was a “political move.” Her hospital had three practical nurses when she started there in 1957 but employed eleven by 1963. Cooper admitted she was “hoping for more” to help ensure that the nursing needs of patients were being met. Cooper had worked in Ontario when that province brought in regulations for nursing assistants, and she was in favour of regulation. She added: “private hospitals don’t want this act enforced because it would mean that qualified practical nurses could then organize and demand a better and fairer wage.” Her insight was supported by at least one administrator from the Oak Lodge Private Hospital. This facility cared for forty-one chronically ill patients, using five RNs and twenty-three practical nurses. The administrator, invoking stale arguments that would have been familiar to RNs, dismissed practical nursing courses as a “lot of bookwork” and acknowledged that the bulk of bedside care was provided by the practical nurses in his facility.<sup>74</sup> The debate about the mix of RNs to other forms of nursing labour, and its place in long-term care and other settings, would emerge as a key issue during the 1970s.

Others weighed in to support the idea of regulation. Lois Haggen, an NDP member of the legislature (Grand Forks–Greenwood), argued in the spring of 1964 that implementing the act would help to alleviate the shortage of nursing labour. She argued that training facilities needed attention and that the vocational school programs in places like Victoria, Prince George, Nelson, and Kelowna needed to be upgraded. Haggen was concerned that hospitals did not have sufficient staff and that the existing staff did not have the necessary time to adequately train such students.<sup>75</sup> The Victoria Council of Women asked for a system of licensing. Marjorie Baird, the retired director of the Victorian Order of Nurses, pointed out that, although the provincial government provided five schools for training practical nurses, it would not enact the legislation “that would give them the required status of their profession.” Baird pointed out that, with “the rapid increase in private chronic hospitals and continuous flow of old people here, the situation is becoming acute.” She also noted that it put RNs in a perplexing situation since they had to provide supervision for the auxiliary personnel, but they did so without

<sup>74</sup> “Provincial Stalling on Practical Nurses’ Act Comes under Fire throughout City,” *Victoria Daily Times*, 16 May 1963, 19.

<sup>75</sup> “Training Facilities Urgently Needed,” *Victoria Daily Times*, 11 December 1964, 10.

clear guidance on practice boundaries. Baird also noted that both the BC Hospital Association and the RNABC supported the act.<sup>76</sup> The order-in-council implementing the thirteen-year-old act would finally come in December 1964. Under the legislation, only persons who registered were allowed to call themselves “practical nurses.” The legislation also established a ten-person council to administer the act. This included two representatives from the Department of Health, one from the College of Physicians and Surgeons, two from the RNABC, one from the minister of education, and three named by the Licensed Practical Nurses’ Association. This latter organization had been operative for a number of years, but it had only recently been incorporated. The society had some four hundred members and was described as “an enthusiastic and active group.”<sup>77</sup> The council would also establish examinations and licensing. Importantly, they would also clarify the scope of practice for practical nurses.<sup>78</sup> The BC Hospitals Association hailed the development as an important step for maintaining a high standard of care for patients in the province.<sup>79</sup>

Interestingly, the same week that the act came into force, Sidney Clark, the principal of the Vancouver Vocational Institute, pointed out that the school had trained one thousand practical nurses over the past sixteen years.<sup>80</sup> Although the promulgation of the act was certainly significant, nursing labour was actively reshaped in various ways in mid-twentieth-century British Columbia, despite the absence of legislation. Nursing organizations, community groups, and hospital associations all helped to shape the idea of a trained practical nurse, working under the direct supervision of an RN or a physician, in hospitals and in homes. A number of intersecting ideas drove the need to reorganize nursing labour. These included the idea of a nursing shortage (which was widespread across Canada in these years), the changing nature of nursing work, and the expansion of hospital services. At the same time, British Columbia experimented with home care models to try to move people out of hospitals, thereby freeing up these beds. In the six months following the proclamation of the legislation, more than eight hundred practical nurses were licensed. But the licensing requirements were also revised to “permit establishment of short courses to supplement the present

<sup>76</sup> “Ask Action on Practical Nurses’ Act,” *Victoria Daily Times*, 9 June 1964, 15.

<sup>77</sup> RNABC-AM, 27–28 May 1965, <https://archives1.crnbc.ca/>.

<sup>78</sup> “Practical Nurses Get New Status,” *Victoria Daily Times*, 8 December 1964, 13; “Practical Nurses Organize,” *Vancouver Province*, 9 December 1964, 16.

<sup>79</sup> “Hospitals Hail New Nurse Act,” *Vancouver Sun*, 8 December 1964, 51.

<sup>80</sup> *Ibid.*

one-year training program for students.”<sup>81</sup> This suggests that there was still an unmet labour need. There was a “great wave” of applications in the immediate aftermath of implementing the legislation, and this slowed down only at the end of 1967. By that time, 3,640 applications were received. Of these, 1,739 were approved “on the basis of formal training.” An additional 389 were given full licences on the basis of experience, and a whopping 801 were granted partial licences, primarily because the applicant’s practice had been restricted to a particular area of nursing care, such as paediatrics, obstetrics, or another single area.<sup>82</sup>

Hospital administrators, government officials, and a range of other groups were enthusiastic about the potential of practical nurses to reshape nursing labour. They had different motivations (such as cost containment or the expansion of community-based care), though these are impossible to fully explore here. It is also important to recognize that at least some nurses resisted being alienated from aspects of their work. One administrator reported that it took him six years to convince the operating room nurses that personnel other than RNs could fold draping or sterilize equipment.<sup>83</sup> RNs in British Columbia were painfully aware of the competition posed by practical nurses in home-based care. L.A. Grundy, who chaired the placement service committee, thought that their status as RNs provided an important safeguard against competition from practical nurses. If a nurse presented “her registration card as an introduction to the patient, family, doctor, and/or the hospital supervisor, she [would] be sure that she [was] known to them as a registered nurse.” Of course, the RN also had to provide “truly professional care” and pay “scrupulous attention to maintaining professional appearance and conduct.” But Grundy was confident that, through these efforts, “the public [would] soon learn the difference between professional nursing care and the limited nursing service that a practical nurse is able to render.”<sup>84</sup> At the same time, the shortage of RNs necessitated some kind of response. Professional nursing’s organizations and leaders worked to ensure that practical nurses supplemented the labour of RNs rather than fully displacing it.

<sup>81</sup> “Practical Nurse Rules Eased,” *Victoria Daily Times*, 30 July 1966, 25.

<sup>82</sup> *Seventy-First Annual Report of the Public Health Services of British Columbia, Health Branch, Department of Health Services and Hospital Insurance, Year Ended December 31, 1967* (Victoria: Queen’s Printer, 1968), M17.

<sup>83</sup> Lillian R. Flight, “Categories of Auxiliary Nursing Personnel,” *Canadian Hospital* 30, 8 (1953): 33–34.

<sup>84</sup> Report of the Placement Service Committee, in RNABC-AM, 2–3 April 1948, <https://archives1.crnbc.ca/>.

## CONCLUSION

Nursing care, whether in hospitals or in the community, has consisted of a mix of regulated and unregulated workers for much of the twentieth century. For Sister Columkille, the “utopia of nursing” would be established through (1) having the perfect mix of labour between RNs and other workers to provide optimal nursing care and (2) developing the emerging idea of the “nursing team.” Expanding our analyses of nursing to include practical nurses and other kinds of care workers introduces several new avenues of research. We can, for example, see the role of practical nurses in providing home care in British Columbia, an issue that would become increasingly important in late twentieth-century Canada and that is sorely in need of further historical inquiry. Racialized women were routinely found among the ranks of practical nurses and other categories of labour. We would do well to remember that, in 1962, the *Victoria Daily Times* thought that such work was suitable for Indigenous women.<sup>85</sup> Other racialized women, such as internationally educated nurses, found themselves working alongside RNs, but not *as* RNs, while awaiting credential assessment. An analysis of practical nurses and other groups offers a chance to catch glimpses, however brief, that might help us further complicate the presumed whiteness of nursing labour in Canada.

Understanding the debates about practical nurses in British Columbia helps to reveal some of the ways in which nursing labour in Canada was reconceptualized after 1945. Debates about the nature of nursing work took place in every province across Canada, and practical nurses were a key aspect of the recasting of nursing. While nursing labour in the first decades of the twentieth century certainly encompassed both registered and unregistered workers, following 1945 there was a move towards licensing a portion of unregistered workers. I have previously described the increasing use of a trained and regulated group of workers to work with RNs as nursing’s “second great transformation.”<sup>86</sup> The creation of a credentialed community of practice, with a restricted title, differentiated this category of worker from both RNs and other hospital workers. Although British Columbia failed to enact the legislation that was passed in 1951, the province nevertheless inaugurated formal training programs and began to differentiate trained practical nurses from other kinds of workers. At the same time, the absence of legislation gave employers the

<sup>85</sup> “Practical Nurses,” *Victoria Daily Times*, 29 March 1962, 4.

<sup>86</sup> Twohig, “Second ‘Great Transformation.’”

option to continue to hire a diverse range of workers for some aspects of nursing labour.

The introduction of trained practical nurses prompted debates about scope of practice issues and appropriate tasks for such workers, their supervision, and some thinking about how they articulated with RNs and other hospital workers (such as aides and clerks) to form a nascent “nursing team.” This reconceptualization achieved a number of inter-related goals. It allowed RNs to shed some of the routine tasks that had long constituted part of nursing care, which undoubtedly helped elite nurses to advance the professional status of nursing. In this same period, after all, elite nurses were expanding the place of university education for nurses, developing a research culture, and beginning to carve out areas of specialization. For their part, elite leaders adopted the position that, if there were going to be other kinds of workers, they should at least be regulated and under the supervision of RNs. At the same time, rank-and-file RNs expressed concern that some of the work that was being assigned to practical nurses was at the core of nursing’s identity, including many tasks at the bedside. These RNs worried that segmenting nursing labour opened up too much space for other kinds of workers and made nursing vulnerable to unwanted incursions from below. What is certain is that, after the 1940s, some aspects of nursing work would be done by a range of health care providers.