Chapter 1: The History of Community Health Nursing in Canada

**Suggestions for Guest Speakers**

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

**Classroom Activities**

1. Clarify any questions about the information from the text.

*Practice Application*

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

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

1. Go together to visit a historical nursing display near you or ask the students to take an on-line tour of the Canadian Nursing History Museum http://www.civilization.ca/cmc/exhibitions/tresors/nursing/nchis01e.shtml. Have a discussion about the types of nursing practices observed in the displays and the similarities and differences of community health nursing practices of today.
2. Ask the students to look at Figures 1.1 and 1.2 for three minutes. Provide index cards and ask the students to write out the event that they feel was most important in the evolution of Community Health Nursing in Canada. Ask the students to come forward and tape the card to the board as they explain why they chose that event. Line the cards up chronologically across the board. Summarize at the end.

**Ideas for Self-Study and Distance Students**

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

*Practice Application*

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

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

**Seminar Discussion Questions**

1. Ask the students to consider their community placement and the population that they are working with. Did this community placement exist in Canada before WWII? If so, how might it have changed? What would life have been like for older adults, Indigenous people, people with different abilities, new mothers, or people experiencing poverty) before socialized universal healthcare? Have the issues that your community placement is focusing on increased or decreased in severity since WWII? What might be factors influencing the increase/decrease of social issues since that time?
2. What is the proportion of male, female, transgender, and nurses who identify as gender variant working at your community placement? Do you think that there are past or current issues that influence the areas of nursing that male, female, transgender, and nurses who identify as gender variant choose to go into?

**Case Study**

1. What are some lessons from past leaders in nursing that can influence your advocacy work to respond to the early childhood development in your district?
	* Past leaders in community health nursing learned about the impact of social determinants on the health of their clients. They also learned that Mothers need support and assistance to ensure the health of their children.
2. What current considerations does the PHN need to take into account when establishing priorities to respond to the inequities witnessed?
	* PHNs need to take into account the identified needs of their clients when establishing priorities to respond to the inequities witnessed. The first step in assessing needs is to ask the client themselves and involve them in any planned actions.
3. What are some opportunities the PHN can pursue to strive for health equity for the children in the community?
	* Opportunities the PHN can pursue to strive for health equity for the children in the community are to do a community assessment to determine what the health equity issues are, then establish priority programs designed to assist those most vulnerable such as food banks, housing assistance and shelters.

**Canadian Research 1.1**

1. What are key factors influencing the development and implementation of the social determinants of health work in community health nursing?
	* Students would have to prepare for this discussion by either reading about or actively gathering information about specific public health nursing programs in rural and remote locations. They could examine issues of how nurses respond to the Social Determinants of Health and provide examples of nursing initiatives that are implemented and what some of the facilitators and barriers are in incorporating the Social Determinants of Health in the programs.
2. What are some of the tensions in enabling nurses to address the social determinants of health?
	* A starting point for considering this question is to reflect on historical achievements of women’s groups and CHNs in advocating for essential services for poor, immigrant and underserved communities. Students can reflect on the lives and contributions of nurses such as Eunice Dyke who had a clear vision for CHNs roles’ in addressing poverty and other social determinants of health. Ask the students to consider current local examples of individual nurses or the nursing profession as a whole taking a stand and advocating for professional practice in the interests of populations and communities.
	* This discussion may also extend to barriers to nurses advocating for social determinants of health within their current positions. Reading the work of Falk-Rafael and Betker on health equity and the theory of critical caring may help students address issues related to nursing’s power in voice and advocacy. Advocacy for reform of current community-based healthcare programs can also be achieved through voluntary work. Community health nurses can, in their personal lives, serve on the boards of voluntary agencies that provide health and social services to the community. Their knowledge and experience can be used to shape the policies of these agencies, and to transform the agency’s interaction with its clients and with other voluntary and publicly funded agencies.
3. What are some strategies CHNs can implement in practice for health equity?
	* There are numerous examples of how nurses provided leadership for health equity in the development of essential services throughout history. Students can reflect on specific examples referred to in this chapter and encouraged to pursue further readings on historical figures or groups such as the Victorian Order of Nurses with specific emphasis on how nurses worked to provide the leadership. Examples include how they worked with women’s groups, political advocacy and courage as well as a practical vision for what was needed based on the nature of their relationships with individuals, families and communities. At this point in history characterized by social change and emerging health needs, nurses must provide leadership for the establishment of health services that do not yet exist, for example – in home care, seniors’ care, and public health, to name a few.

**Individual Critical Thinking Exercises**

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

1. Community health nursing has frequently been described as more autonomous than nursing practice in institutional settings. However, Eunice Dyke, Toronto’s first supervisor of public health nursing, once stated that “...public health nursing has in the medical profession its greatest friend and not infrequently its greatest stumbling block.” How autonomous was the practice of early community health nurses? (Sources: Comacchio, 1993, Chapter 7; Stuart, 1992)
	* This question encourages students to think about the evolution of autonomy in professional nursing practice. Both Comacchio (1993) and Stuart (1992) discuss the impact that physicians had on the role of community health nurses. Much of the historic evidence points to the fact that, although some male physicians were supportive of community-based nurses, many were not. Their reasons for taking this position were varied, including their belief that women were not capable of autonomous decision making, their concerns that nurses might infringe upon and even compete with their medical practices, and their belief that, ultimately, decision-making was the prerogative of the male. Eunice Dyke, for example, was hired as the first public health nursing supervisor in Toronto’s public health department and enjoyed considerable autonomy in her supervisory role, but she was ultimately fired for her refusal to accept a decision made by a medical officer of health. Stuart (1992) also points out that the opinions of the local community and its leadership also shaped the practices of community-based nurses and constrained their autonomy.
2. What role did middle-class ideas about class, ethnicity, and gender play in the development of public health programs to protect the health of infants and children? (Sources: Gleason, 2002; Comacchio, 1993, Chapter 3)
	* In the past many public health programs adopted beliefs and values based on those of the middle class. These were accepted as the normative standard against which others were evaluated. This question encourages students to critically examine the idea of ‘normal’ and to evaluate the potential impact of its use as a standard to evaluate the health practices of individuals, families, and communities.
3. Reflecting on community health nursing education in your nursing program, what issues do you see that are continuous with the past as described in this chapter?
	* This question prompts students to reflect on their education and how it corresponds to what students were learning when public health nursing education was first initiated. It also encourages them to think about changes in practice and educational needs over time.

**Group Critical Thinking Exercises**

1. Social historians such as Alan Hunt (1999) argue that charity, philanthropy, and welfare programs are essentially efforts by the elite and middle classes to impose their behaviour, values, and culture upon others. Hunt describes these programs of moral or social regulation as being inspired by “...the passionate conviction that there is something inherently wrong or immoral about the conduct of others” (p. ix). Locate an issue of an early public health or nursing journal such as *The Public Health Journal* (now the *Canadian Journal of Public Health*) or *The Canadian Nurse* (particularly the section on public health). Conduct a brief content analysis of the issue, paying close attention to how the recipients of public health interventions are described. What conclusions can be drawn about the attitudes of healthcare professionals? What anxieties seem to underlie the interventions they describe and recommend to other healthcare practitioners?
	* It is often easier to identify prejudice, notions of superiority, and judgmental attitudes in the writings of practitioners who worked in earlier times than it is to see these patterns in contemporary publications. Early issues of professional journals are useful tools to examine not only the health and social needs evident at the time, but also to examine the attitudes, beliefs, and values of the writers. In assisting the students to uncover and examine attitudes, beliefs, and values of early community health practitioners, the instructor may also be providing a foundation that will enable students to critically examine contemporary literature specific to these themes.
2. Nurses were the intermediaries between the clients they served and the social and political elite who employed them to work in the community. However, their perspective on the objectives and effectiveness of community health programs is often absent from published histories of public health. To fill this gap in the historical record, do one of the following: (1) locate a biographical account written by an early visiting or public health nurse, (2) locate an oral history of an early visiting or public health nurse in an archive, or (3) interview a retired visiting or public health nurse. How does their account resemble and differ from the history of community health nursing presented in this chapter? How would you account for any differences you identify?
	* This exercise is similar to the one above. Some of the written accounts, oral histories, or interviews with early community health practitioners would offer an uncritical view of their roles in the community. Other practitioners would provide thoughtful and profound insights into their successes and failures. Instructors can help the students gather multiple perspectives in order to gain a broader understanding of the impact that community health nurses have on the communities they serve.
3. Based on what you have learned about the history of community health nursing in Canada, what do you believe are the greatest challenges facing nurses in this practice setting today and in the future?
	* The instructor can encourage students to discuss a wide range of social, economic, and political factors that will have an impact on community health nursing today and in the future.

**Further Resources**

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

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

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

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

Falk-Rafael, A., & Betker, C. (2012). The primacy of relationships: A study of public health nursing from a critical caring perspective. Advances in Nursing Science, 35(4), 315–332. doi:10.1097/ANS.ObO13e318271d127

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

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

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

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