

Commemorating Canadian Nursing

As the discipline of women's history matures, pressures are being felt to make that history come alive at historic sites. There are challenges, however, in identifying sites where women's history can be commemorated and interpreted. Having been relegated to the domestic sphere and excluded from financial and political power, women have rarely purchased landmark buildings, nor occupied them for extended periods.¹ Domestic buildings are more common than impressive architectural structures; even these are generally not as well preserved as homes associated with the "fathers of the nation." Some homes of exceptional women have been preserved and interpreted,² but do women want to following in the elitist tradition of the "great man house"? This paper reports on a recent survey conducted by Parks Canada which has led to the commemoration of Canadian nurses, through the geographic place of the nurses' residence.³ Impressive purpose-built residences speak eloquently to national issues such as the formation of a new profession, as well as the experience of rank and file nurses. Our research results also highlight some interesting regional and cultural variations in accommodation of nursing students.

The report articulated two important themes in the history of nursing. The first was the professionalization of nursing, important both in itself and as a pivotal event in the transition of

women's traditional work from the domestic to the public sphere. It was accomplished through enhancing educational standards and campaigning for professional accreditation. The second theme was nurses' work culture, or the way in which nurses collectively shaped their role in health care.

An extant nurses' residence, as a rare example of purpose-built architecture for women and one of the first autonomous spaces for women in the built environment, seemed the most appropriate place to commemorate nursing. These buildings symbolized the growing recognition of nursing as a profession, provided a place for thousands of nurses to live, socialize, train and form gender and professional loyalties. They also helped foster nursing leaders and the alumnae associations which supported them. A selection criteria, based on historical themes, was developed. We sought early purpose-built residences, constructed during the formative period in Canadian nursing from 1890 to 1939. In order to evoke a strong sense of the residence as a training ground for a new women's profession, we sought residences which were still situated in a hospital environment, and which retained evidence of the three primary functions of a nurses' residence: sleeping, leisure/recreation, and education. The criteria favoured urban, central Canadian, Protestant, English-speaking hospitals, predominantly in Ontario, as these institutions took the lead in the professionalization campaign. However, significant regional and cultural variations in nursing history were reflected in the architecture: French Catholic, small town, and isolated hospitals used non-purpose built nurses' residences for longer periods.

In the 1890s and 1900s, English Canadian Protestant hospitals made a deliberate attempt to implement the Nightingale system in order to provide themselves with a skilled nursing workforce.⁴ Credited with establishing the modern profession of nursing in Britain, Nightingale recruited middle class women to perform the dual function of hospital Superintendent of Nursing, and instructor in newly established

Kingston General Hospital, Ann Baillie Building. Photo by James de Jonge, Parks Canada.

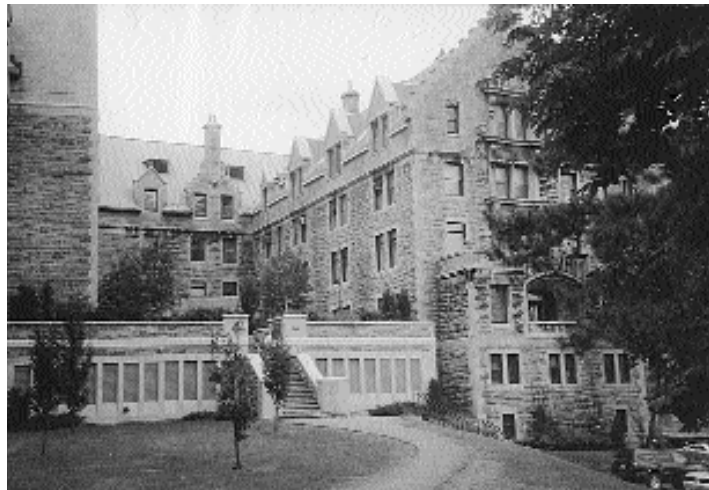


*Pavillon Hershey,
Royal Victoria
Hospital. Photo
by the author.*

apprenticeship-based hospital training schools. Struggling to free nursing from its association with domestic service, these superintendents recruited young, unmarried, white, middle class women as nursing students/apprentices. They formed the hospital's principal nursing labour force. Canadian hospitals, pressured by nursing superintendents, built architecturally impressive nurses' residences as part of their efforts to attract respectable women to the emerging profession. These buildings represented one of the first victories in the battle for professional recognition. They were certainly a major improvement over earlier housing arrangements where students and supervisors resided in a wing of the hospital. Nurses' residences provided periodic escape from exposure to contagious disease and arduous and demanding work in the hospital, and gave nurses some leisure space.

In the case of the Kingston General Hospital, one of the residences designated as national historic sites, the nurses' alumnae association established a building fund and spearheaded the campaign which led to the building, in 1903-4, of what is probably the earliest nurses' residence in Canada. Typical of the early period, this nurses' home, later named for Nursing Superintendent Ann Baillie, was a small but impressive, domestic structure.⁵ Like other women's buildings of the period, nurses' residences reflect a certain ambivalence toward moving a domestic skill such as nursing into the public realm and with providing professional training for women. Most early nurses' residences drew heavily on domestic architecture, provided a homelike interior, and were situated in treed semi-rural settings.⁶

As part of the Nightingale model, nursing superintendents enforced strict rules of decorum, prohibiting student nurses from gossiping, discussing salaries, smoking, and having excessively friendly relations with patients, family members, or physicians. To facilitate this supervisory function, residences provided live-in space for superintendents. Thus the relatively homogeneous student workforce of native-born, unmarried young women of respectable origins, developed a certain group cohesiveness. Nursing students enjoyed



parties and impromptu fun times as a way of letting off steam after their long duties in the hospital. Stories of defying curfews through the medium of fire escape doors and entry level windows are legion in nurse folklore. Sometimes the nurses' residence became a place to come together in solidarity. For example, in the St. John's Hospital (Newfoundland) nurses' residence Nursing Superintendent Mary Southcott met with students and staff to strategize, following her unfair dismissal by a hostile Medical Superintendent.⁷ Professional and gender loyalties developed in their residences, helped nurses to define their role. While physicians claimed science as their exclusive domain and asserted a position at the head of the medical hierarchy, nurses developed their own techniques and sought recognition for caring as an integral part of curing.⁸

Also reflected in residence architecture are the successes of nursing superintendents in acquiring the space, time, and reliable teaching resources needed to ensure nurses obtained a scientifically-based education. Residences evolved from small "homes" at the turn of the century to much larger specialized institutions, buildings containing science and dietetic laboratories, classrooms, laundry chutes, recreational areas, and offices. By the 1920s, the days of sandwiching late night lectures between shifts on the ward and stealing the dining room for use as a temporary classroom, were gone.

But not all hospitals followed this model. In French Catholic hospitals, nursing sisters already constituted a skilled nursing workforce who did not suffer from the degraded status of their pre-Nightingale English counterparts. Here, women's religious communities articulated a French

Catholic conception of nursing as a religious vocation, in conscious opposition to the Nightingale-inspired Anglo-Canadian model.⁹ And, convent space was available to house some nursing students. Thus hospitals were less anxious to acquire spacious, elegant, purpose-built nurses' residences as a means of attracting respectable women to nursing schools. One of the few French Catholic hospitals to build a purpose-built nurses' residence before 1939 was Notre-Dame Hospital in Montréal. The School of Nursing, founded by the Grey Nuns in 1897, accepted lay students in 1899. They were accommodated in a modest private home until 1932, when the Pavillon Mailloux was constructed, a less imposing structure, architecturally, than the Royal Vic or Ann Baillie.

Numerous small hospitals, Protestant as well as Catholic, often located in smaller centres especially in the West and the Atlantic region, did not feel the need to build purpose-built nurses' residences before the late 1940s and 1950s. A typical option, especially in Atlantic Canada, was to convert a home into a nurses' residence. In the Canadian West, nurses' residences were built later, where settlement and urban development lagged behind that of eastern and central Canada. Here, many hospitals began as cottage hospitals, established either by religious or secular health organizations. There were no nursing schools and staff nurses often slept on cots in the hallways. The hospitals themselves were often accommodated in converted homes, cottages, or even barns or storehouses.

While non-purpose built nurses' residences in converted homes and Catholic convents may be more numerous and more representative of the experience of student nurses and their superintendents, purpose-built nurses' residences, exemplary models of women's architecture, speak eloquently to the dominant theme of professionalization in nursing history. They also reflect the theme of nurses' work culture—the way in which all nurses used their residences as a base from which to define their place within modern health care. In 1997, the Minister of Canadian Heritage designated five nurses' residences as national historic sites. Purpose built residences also provide excellent opportunities for interpretation. It is to be hoped that, in cooperation with enthusiastic nursing alumnae stakeholders, both national and

feminist issues in the history of nursing, as well as local concerns, can be effectively communicated.

Notes

- 1 Page Putnam Miller, ed. *Reclaiming the Past: Landmarks of Women's History* (Bloomington and Indianapolis, Indiana University Press, 1992).
- 2 Ironically, women preservationists saved many of the historic landmarks, now known as "great men's houses." Patricia West, *Domesticating History: The Political Origins of America's House Museums* (Washington, London, Smithsonian Institution Press, 1999).
- 3 Parks Canada, through the advice of the Historic Sites and Monuments Board of Canada, commemorates persons, places or events of national historic significance. Dianne Dodd, "Nurses' Residences: Commemoration of Canadian Nursing," paper prepared for Parks Canada/Historic Sites and Monuments Board of Canada, Spring 1997, Agenda Paper 1997-71.
- 4 John Murray Gibbon and Mary S. Mathewson, *Three Centuries of Canadian Nursing* (Toronto: MacMillan, 1947).
- 5 Margaret Angus, *Kingston General Hospital, A Social and Institutional History*, Vol. 1 (Kingston: KGH, 1973): 77, 86; James de Jonge, "Metamorphosis of a Public Institution: The Early Buildings of Kingston General Hospital," *Society for the Study of Architecture in Canada Bulletin*, Volume 22 (3), September 1997: 74-82.
- 6 Annmarie Adams, "Rooms of Their Own: the Nurses' Residences at Montreal's Royal Victoria Hospital," *Material History Review* 40 (1994): 29-41. For a similar analysis of women's residences in universities, see Alyson E. King, "Centres of 'Home-Like Influence': Residences for Women at the University of Toronto," *Material History Review* 49 (Spring 1999): 39-59.
- 7 Linda White, "Who's in Charge Here?: The General Hospital School of Nursing, St. John's, Newfoundland, 1903- 30," *Canadian Bulletin of Medical History*, 11 (1994): 91-118.
- 8 Kate Macpherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Oxford University Press, 1996).
- 9 Yolande Cohen et Louise Bienvenue, "Emergence de l'identité professionnelle chez les infirmières québécoises, 1890- 1927," *Canadian Bulletin of Medical History*, 11, 1 (1994): 119-51; Yolande Cohen et Michèle Dagenais, "Le Métier d'infirmière: savoirs féminin et reconnaissance professionnelle," *Revue d'histoire de l'Amérique française* (RHAF), 41, 2, (automne 1987): 155-77.

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This paper is an abbreviated version of "Nurses' residences: Commemorating Nurses through the Built Environment," forthcoming in *Nursing History Review*.