

Sources in Nursing Historical Research: A Thorny Methodological Problem

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Professionally trained nurse historians of Canadian nursing have intensified the interest in primary sources and the limitations associated with those sources of Canadian nursing history. These documents often pertain to the activities associated with a professional organization, hospital, or school of nursing. These sources shed light on developments in nursing but only from one perspective, that of leadership. Therefore, the picture of nursing that emerges is one-sided. This situation is not unique to nursing history research. It presents a methodological problem for all areas of historical research. In order to gain a more complete picture, the researcher requires evidence from the rank and file, or from those nurses who carried on with the practice of nursing.

The following anecdote appeared in the pages of a 1935 issue of *Canadian Nurse*:

Miss Marion Boa, a graduate of the School for Nurses of the Montreal General Hospital and of the McGill School for Graduate Nurses, has had a varied experience in administration and teaching in schools of nursing, and private duty nursing, and is now superintendent of the Aberdeen Hospital, New Glasgow, Nova Scotia. Being in need of an incubator for babies, and lacking the necessary funds, Miss Boa ingeniously improvised and had an inexpensive but efficient incubator made out of an ordinary wash boiler at a total of \$8.50... It all goes to prove that experience in the private duty field may be an excellent preparation for a hospital administrator, especially when it is amplified by the courses which are available in some of our Canadian universities.¹

What can be learned about the life of the "ordinary" nurse, given the fragmentary nature of the evidence and the bias towards the elite that are so apparent in documentary reports? Most nurses began their careers as members of the rank and file and, like Marion Boa, clearly

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benefited from that experience. These nurses had little time to record their experiences and, not surprisingly, relevant documents are hard to find. This dearth of evidence has resulted in a less than complete historical picture of nursing in Canada.

Thus, nursing history tends to be a celebration of those individuals who brought the profession through its developmental stages. Information from the rank and file nurse, however, would aid researchers in their quest for answers to questions related to class, status, and ethnicity. Furthermore, this critical examination would give a voice to those nurses whose experience of the profession was perhaps not celebratory but one from which nurses and nursing today might benefit.

The raw material for the historian has always been the document. Indeed, it has been said: "There is no substitute for documents: no documents, no history."² In recent times, the definition of document has been expanded to include oral interviews, pictures, and artifacts. Nonetheless, for new disciplines such as nursing history traditional documentary sources provide the basis for any investigation.

The documentary sources available to the historian of Canadian nursing have certain limitations. As McPherson and Stuart recently noted:

Historians of nursing bemoan the fragmentary nature of documentary evidence... Certain segments of nurses have demonstrated a more pronounced consciousness than other women or other workers about the historical significance of their lives and have attempted to record their experiences and to preserve the records created by their peers. This has often skewed the historical record toward the elite, formally trained, full-time practitioners, and has oriented the record towards the socially respectable or celebratory, leaving more marginal practitioners silent.³

Since sources are fundamental to the task of the historian, what are the methodological limitations associated with reliance on sources created by nursing leaders or professional associations? The *Canadian Nurse*, for example, offers considerable information about leaders in Canadian nursing but little about the "ordinary" nurse. Indeed, from its inception in 1905 to 1960, it gave the reader only occasional glimpses into the life of the bedside nurse. Although *Canadian Nurse* was the only journal available to nurses in Canada, only 30% of nurses subscribed to it until the 1940s.⁴ Furthermore, contributors to the journal tended to be

national, provincial, or local leaders — perhaps because the “ordinary” nurse was occupied with the delivery of her nursing services. Therefore, little information could be gleaned from the rank-and-file nurse.

The same holds true when the researcher turns to records of national and provincial professional associations. Individual nurses frequently became involved first with their local organizations, then moving to the provincial body, and, finally, the national body. The investigator encounters the same individuals again and again. Even though this leadership had a significant impact on the professional career of the individual nurse, these records do not reflect the lives of “ordinary” nurses.⁵ In contrast to the leadership, the typical nurse often was married, offered her services in rural Canada, and was completely unaware of the activities of the professional association.⁶

Simply put, *Canadian Nurse* and records of various professional associations have significant limitations. Research based on these sources alone would portray Canadian nurses as a homogeneous group of white, Anglo-Saxon, Protestant, middle-class women. For example, a significant number of the recipients of honorary awards from the Canadian Nurses Association were members of the executives of provincial or national associations. Furthermore, *Canadian Nurse* had only four editors between 1905 and 1965, and during one eight-year period (1924–1932) Jean Scantlion Wilson held the positions of both journal editor and executive secretary of the Canadian Nurses Association.⁷ The very limited number of nurses represented in these documents creates a definite bias. As a result, source material does not give a voice to those nurses who were actively involved in the mundane business of nursing.

Although it is impossible to obtain a full picture from these records alone, if they are combined with oral data, personal diaries, and correspondence a more complete story may be available. These sources have yet to be truly tapped. They tend to rest among the memorabilia and recollections of elderly nurses and their families, who may be unaware of their value. Acceptance of these new sources of data and the emergence of new technologies may make it possible to amplify the story of nursing.⁸ In order to present a total history of nursing in Canada it is necessary to give voice to those who have remained silent, because, after all is said and done, “in the end it is the evidence itself that determines what case it is possible to make.”⁹

Endnotes

1. "An improvised incubator." *Canadian Nurse*, 1935, 31(1), 17.
2. Paul Thompson, *The voice of the past: Oral history* (2nd ed.). New York: Oxford University Press, 1988, p. 51.
3. Kathryn McPherson & Meryn Stuart, "Writing nursing history in Canada: Issues and approaches." *Canadian Bulletin of Medical History*, 1994, 11(1), 16.
4. For further documentation, see *Canadian Nurse*, 18(8), 480; 26(3), 121; 36(9), 588.
5. See D. Percy correspondence, RG29, V-2355, National Archives of Canada, Ottawa.
6. Grace Agar. Audiotaped interview with the author in Calgary, 1988.
7. Canadian Nurses Association. *The leaf and the lamp*. Ottawa: Author, 1968, pp. 73-79.
8. Projects are underway in both Alberta and Ontario to rectify the situation.
9. Keith Windschuttle, *The killing of history: How a discipline is being murdered by literary critics and social theorists*. Macleay Press (Australia), 1991, p. 220.