

PRIVATE DUTY NURSING DAYS OF THE 1920s AND 1930s IN CANADA

Barbara A. Keddy

Dans les écrits historiques traitant de l'histoire de l'aide soignante, l'accent est habituellement placé sur les dirigeants et sur leurs accomplissements – plutôt que sur la vie de tous les jours des infirmier(e)s à la base. Les témoignages de première main de ces dernier(e)s ne sont pas disponibles. Barbara A. Keddy tente de redresser ce déséquilibre narratif en examinant les expériences d'infirmières privées travaillant au Canada, au cours des années 1920 et 1930. Elle fait appel à l'histoire orale de trente-cinq de ces femmes dans son récit.

Women account for the overwhelming majority of nurses yet women's history of Canadian nurses is relatively scarce. In keeping with the general trend in women's historiography, the emphasis in nursing history has usually been focused on leaders and their accomplishments, rather than on the everyday lives of less prestigious rank-and-file nurses and the social events which shaped their work world: first-hand accounts of their stories are not available. These nurses are unsung heroines in Canadian women's history. Their stories have been untold. This research was undertaken in order to help fill that gap.

Thirty-five older women were interviewed in order to collect and preserve the oral histories of these women working in the 1920s and 1930s. These life reviews are taped and held in reserve at the Public Archives of Nova Scotia, along with the transcriptions and published articles related to the data. Over seventy hours of tapes are available. This article, based on this research, examines the experiences of several private duty nurses who were working in Canada during these two decades. It also focuses on some of the broader social issues that impinged upon their work world and the nature of the social structure which influenced private practice nurses. While the interviews are replete with data regarding nursing in general, the specific theme of the private duty nurse (either at home or in the hospital) is one which epitomizes the ambi-

guity of the nurse's role. Was the nurse a mother-surrogate¹ or a professional?² I want to outline for the reader the experiences of some of these nurses who were working during economically depressed times in order to address this key issue.

Health care in the early part of this century consisted primarily of the combination of rustic remedies and nursing. While medicine has taken credit for great medical achievements, it was in fact nurses who provided the actual care and conditions of aseptic technique, good nutrition, careful positioning after surgery and so on that laid the foundation for medical advancements. As in the American system, Canadian student nurses were used for service in the hospitals. Many of the student nurse's academic classes were taught by doctors, but primarily she was a nurse-apprentice³ and learned her trade on the job. The student nurse received free room-and-board and a small amount of spending money, usually about eight to ten dollars a month. The hours were long – generally

about twelve to fourteen a day – and the work was exhausting. Many became ill with tuberculosis. Hospitals functioned by using student nurses as a source of free labor and a few graduate nurses to fill in as a "Jill-of-all-trades."

The graduate nurse had been trained for three years in a hospital school of nursing. Employed hospital graduate nurses were few and those that did work in the hospital were expected to assume great and diverse responsibilities. Consider the following examples:

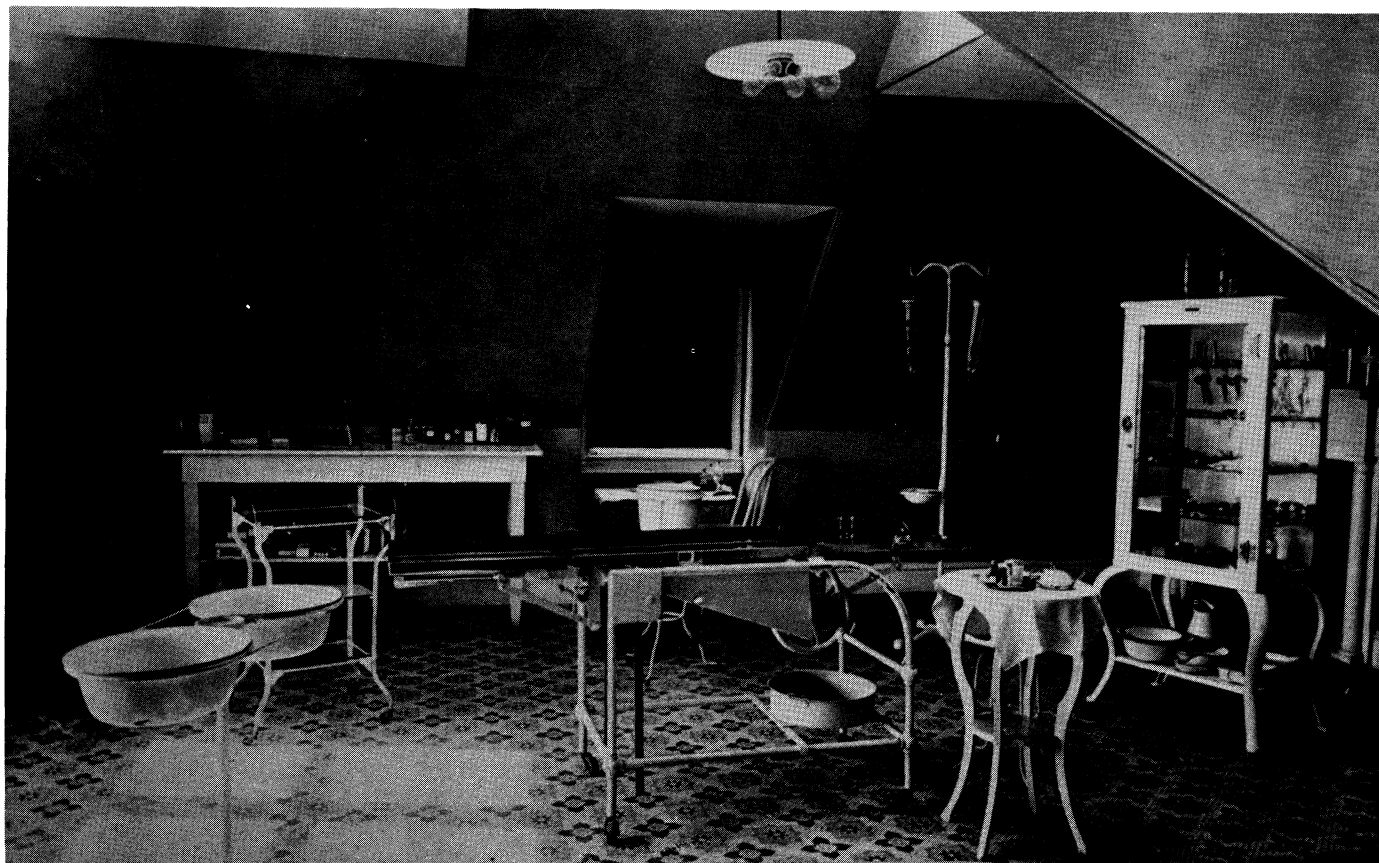
Miss MacNeil (the Director of Nursing) asked me if I would be the lab and X-ray nurse. I said "will it interfere with my nursing?" and she said "oh, no, there's not very much X-ray work done and there is not much lab work done, urines and blood counts and that's about all."

Well, each Sunday the staff relieved to be in charge. The Director didn't work on Sundays – and so we went on and got night report from the night supervisor and, of course, saw our sick patients first, and it just depended, if it was a quiet day, there was just a little extra visiting the staff as well as the patients. And if it was a busy day – now I remember one Sunday, now I'm not saying I'm the only one who could do this, anyone could do it. We knew how to run the portable X-ray, so when a minor accident came in or some emergency we went down and admitted the patient, and we could do urine (for sugar and albumin), we could do a microscopic, and we had to run the portable X-ray, and probably had to go up and have an open reduction in the operating room. We'd go up there, the same supervisor – it was 125 beds, and run the operating room. And I remember not thinking a thing about it. The doctor that day said, "Well, I've never seen the like of it in this hospital. You were everywhere." And you could handle anything. And that's not just one staff member – that's what we were all taught to do. Jack of all trades.

As a supervisor I was often caught alone. I delivered many babies, I had to because I just had the student nurse with me. If you couldn't get the doctor you just had to deliver. But you had to know how to do those things in those days because you were



Nova Scotia nurses
Credit: Courtesy of Azelle Bain



Operating room in 1927, Yarmouth (N.S.) Hospital

Credit: Courtesy of Mrs. Nate Bain

expected to – you just had to take the situation as it came.

Another nurse told of the responsibilities she had as night supervisor. Not only did she work on the wards, do lab work and fill prescriptions from the hospital pharmacy, but she also stoked the fire and filled in for the morning cook by kneading bread and beginning the porridge.

During the 1920s and 1930s the graduate nurses found it difficult to obtain jobs in hospitals; consequently, they worked as private duty nurses. But after the Depression, jobs – at least those that paid – were even more scarce. Many of the nurses said they did not try to find nursing positions but started working as sales clerks, waitresses or went back to the farms where their parents lived.

Hospitals were privately financed, but at least nurses who worked in hospitals were paid. Private duty nurses were employed by individuals who could or could not pay, depending upon the economic times. During the Depression, however, only the rich could afford a private duty nurse. Here are some examples of the plight of graduate nurses:

Keddy: *Do you remember any special*

nursing issues – like nurses getting sick or being underpaid? And, did nurses as a group talk about these issues?

Nurse: *Not in my time, we didn't talk about them because we were very, very happy to have a nursing job, mostly. There was so much unemployment. In fact, I can recall nurses offering to work for their room and board.*

Another nurse recalls she could find some work monitoring the medical students as they were taking their examinations. It was more common, however, for the nurse to work in the home and the private duty nurse was sometimes paid in other than cash:

Keddy: *Did you take the job if you knew there wasn't any money to pay you?*

Nurse: *Oh, of course you took the job. You didn't ask them for money. Maybe they would give you a bag of potatoes. One woman gave me a jug of soft soap which I was scared to death of. It was great satisfaction but mind you, kind of hard on us. My brother had a market and he had lots of meat and potatoes and the people that called needed me and I went. The only time my brother and I had any words at all was one time I was out somewhere, I worked a great*

deal, and somebody came for me to go out to the river. A woman was very sick out there, any my brother didn't call me to go and I said, "Walter, don't you ever as long as you live, while I live here, ever do that to me again." He said he thought that there was too much work for me and he knew that they didn't have any money. I said "don't ever let that happen again," and he never did, he never stopped me, he never interfered again.

Some nurses worked as "a special," that is, as a private duty nurse in the hospital rather than at home. One nurse stated:

You got some patients who didn't have too much. But they were willing to sacrifice to pay for a nurse. And I've taken care of lots of them for nothing. They were very ill and they had to have special nursing. When it came to pay the bill, well, sometimes I cut the bill in two and sometimes I'd say "you don't owe me anything," because they were really sick and needed someone, you know.

Then of course there were stories about the rich:

After I graduated I went home and there really wasn't any work. But a friend of my mother's came to see me and asked if I would

look after a relative of hers in St. Stephens and it was more or less a nurse companion. I did very little nursing but I worked there and was very happy to have work. Although there were no set wages. So they gave what they considered was a fair wage and I accepted it. But I do recall that I felt they were quite generous. But I worked there for about eight months, between eight and nine months, looking after this elderly lady. She was senile, although her general health was fairly good. She did have a heart condition but she was senile and I had to stay with her every minute, really. Her son and daughter-in-law, they had been tied with her and the daughter-in-law wasn't too well and her doctor had decided she should have some time off. During that time they went to England and I was left in charge of her with a maid but I didn't leave her. When I heard her moving in the morning I got up and she got up very early. I had no time off with her. I put her to bed at night. But they had a chauffeur. They had a gardener and a chauffeur and she would go for a ride each afternoon. She had been always in the habit of doing this.

Contrast that role of the nurse who catered to the rich in order to survive, with the next story:

I have a story that I learned a great deal from a woman. I was on a confinement case here in Stewiacke and the baby was, I guess four days old. And Mrs. Hades, Dr. Hades' wife, called me and said "Connie could you leave your place and go out to Weston Avenue?" she said. "It's not a lumber camp but a house which is almost like a lumber camp and there are two women there and one is having a baby and she is in labor right now and the Doctor is away and Dr. MacInnis can't come either." I said, "Well, I guess I can go." And, I had my little brown bag and I went. She said, "They will have to come for you, one of the neighbors will come for you if you will go." She said "You will have to be careful going because it is only one track and the lumbermen are using the big track with their big sleds." "Well," I said, "the man will know about that, he is the driver and I am not." So, I went out there and I went to the door, climbed up the hill. He drove me up, the man, Mr. whatever-his-name-was, and I said, "I came out here to deliver a baby." He said, "Well, good luck to you" and then he left and I went to the door and the woman came. She was very large and having a baby, so I said, "Oh, you should be in your bed." Then I said, "You are not the woman



Three Nova Scotia nurses
Credit: Courtesy of Azelle Bain

in labor!" She said, "No, that is my sister." And in the room the house was tidy, very plain, very, very plain house. Nothing in the house, little children, little boys running around and I went in. I said, "The doctor sent me out in place of himself because he is very busy someplace with an ecliptic woman." They didn't take them to the hospital in those days, that was back in 1932, they didn't take them to the hospital much as they do now, of course. So I said "I will do my best for you." I examined her and she was coming right along and the pains were pretty regular and so I went out and there was a pot of water on the stove, one of those great big, what you make a pot roast in. My it was clean, and it was spotless, and I thought, a germ couldn't get in this house because she was so clean; plain, but very clean and I took some thread and I made two cords and I tied them and I put them in the water. The water was lovely, you could see right to the bottom. So I got the woman her baby, a little girl, I had quite a time with the placenta that day, I was a little uneasy. I didn't let on to her, but I was quite uneasy but, however, a lovely baby girl. I asked "Have you got any complaints?" She said "I have an awful toothache." I said, "A toothache?" Actually to myself, a toothache? After all this shamoal! Well, I said "I think it will be all right soon, I am going to make you a little dinner now. So then the other pregnant woman came to the door and she said, "Now Mrs. Brennon would you like to have some dinner?" And, I said "I would love to, I am hungry." And I looked

out into the kitchen and there was a table, about like this, boards, scrubbed white, and it was set up with the cheapest forks, you know the old-fashioned bone handles, and there were ten plates, and I said "Yes, I am hungry." So she gave me my dinner of some fried pork, fresh pork and turnips and the potatoes were so clean!

There were many nurses who recognized that this social situation was very difficult, but not all reminisced about the hard times in an altruistic fashion. When one nurse was asked what it was like being a working woman in the 1930's, she replied:

Underpaid and overworked! And, when you did private duty, you just worked and did not take one day off because when you took a day off someone had to replace you. In the 1930's I . . . women were underlings. You were way down the totem pole. No matter what trade or profession you were in – school teachers, nurses, secretaries – if you were a domestic. Even now – women, housewives, oh!

The working women suffered greatly because of the Depression. They competed for jobs, just to have room and board. Upon being asked about what she did after finishing nurses' training, one nurse replied:

We waited to do special duty nursing, it was all you could do, and, you see, we were getting into the Depression then. I lost thirty dollars saved, that was a fortune, the little bank closed up like a clam so fast, I just never got over that thirty dollars. I came home in December, it was either that or starve to death.

From these quotations it can be seen that, if the nurse worked, she played many roles to many people. If she did not work she became dependent once again upon family. The working nurse could substitute as the physician; she was a companion; she was often a housekeeper. Many of the nurses recalled fixing their own meals, doing the laundry and other household chores, while they were also giving twenty-four hour nursing care in the patients' homes. They slept if the patient slept. They did not have time off. Often the case lasted for months. They worked for room and board and whatever wages they could get from a home case. In the hospital, only the rich could afford to pay for their care. In home care cases, they were expected to do the jobs of housekeeper and nurse. In the hospital much of the work was still that of a housekeeper,

but at least they did not have to do laundry – although they were expected to keep the patients' rooms clean and often had to prepare the patients' meals. The role of every nurse in that era was primarily that of housekeeper. However, patients survived because of the diligence, hard work and rustic technology of the nurses. These women were efficient, disciplined and a cheap source of labor. Patients, families and the health care system itself exploited them. Yet most of these women's accounts suggested that they experienced a great deal of satisfaction and autonomy in their jobs.

D. Wagner, writing about the American scene in the late 30s and 40s, maintains that these nurses were "private entrepreneurs" although they were associated with the traditional role of women. This "personalistic relationship of employment in the home led to her use by patrons as servant, maid, cook, and housemother."⁴

The Depression affected the private duty nurse. Again, similar to the American experience, private duty nurses in Canada recognized in the 1930s that their role would become less significant than that of the hospital nurse. Wagner writes:

Jobs were already so scarce that nurses were appealing to hospitals to hire them as clerical staff, housekeepers, supply room workers, and linen room staff. Nurses who hated the thought of hospital employment were aware that hospitals did provide free rent, food, laundry, and clothing. For this reason, it is not surprising that employment bureaus began being flooded when they advertised jobs for \$15 a week in hospitals in the 1932-1934 period.⁵

The growth of hospital-paid-labor nurses blossomed; the entrepreneurial role diminished. The individually paid private duty nurse in Canada has become part of an almost lost aspect of the nursing profession. If more attempts to preserve their stories are not made, it will be another example of a segment of women's work forgotten in women's history. Hopefully, these oral histories will assist historians in their efforts to make rank-and-file working women of the past come alive. To that end I will leave the reader with this quote from E. Silverman:

When women's history is itself developed and also integrated, it will provide interpretations of Canadian history which may shock professional historians. They must read and assimilate women's history, not

fear it. It will raise issues that are at present inaccessible to traditional historians. It will alter everything we believe about the past. The main stream and the parallel current: women's history is both of these. They flow together at times, they diverge at others. The landscape they create is Canadian history.⁶

¹For further reading on the mother-surrogate role, see B. Keddy, M. LeDrew, B. Thompson, L. Nowaczek, M. Stewart, and R. Englehart, "The Nurse as Mother Surrogate: Oral Histories of Nova Scotia Nurses from the 1920's and 1930's," *Health Care for Women International*, 5, 4 (1984), 181-193.

²The ambiguity of this role has been addressed by D. Wagner in an article on professionalism, "The Proletarianization of Nursing in the United States, 1932-1946," *International Journal of Health Services* 10, 2 (1980), 271-291 and B. Keddy

and E. Lukan, "The Nursing Apprentice: An Historical Perspective," *Nursing Papers*, 17, 1 (1985), 35-47.

³See Keddy and Lukan, "The Nursing Apprentice."

⁴D. Wagner, "The Proletarianization of Nursing."

⁵*Ibid.*

⁶E. Silverman, "Writing Canadian Women's History, 1970-82: An Historiographical Analysis," *Canadian Historical Review*, LXIII, 4 (1982), 513-533.

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