In a professional discipline which has at its core a service founded upon a body of knowledge and associated skills, responsibilities for research and scholarship are commonly thought to be critical to developing and improving nursing practice. The scope of knowledge required in nursing with its scientific and humanitarian aspects underscores "the need for philosophical and historical scholars in nursing who can ask crucial questions from the perspective of nursing."\(^1\) Substantial commitment within the profession to examining theoretical and clinical problems from a variety of perspectives in order to enhance and encourage disciplinary development is therefore essential. Nursing history must be considered as indispensable to appropriate understanding of clinical and theoretical questions in the profession as it is to a broader understanding of the development of the profession locally, nationally, and internationally.

BUILDING THE FOUNDATION AT THE BACCALAUREATE LEVEL

For nursing history to become a vital part of the scholarly enterprise at the graduate level, there is a need for foundational courses at the baccalaureate level. Brown and D'Antonio have reported that "bachelor's degree students need historical content about significant leaders and seminal events."\(^2\) The study of nursing history was once a fundamental and integral element in curricula of diploma and baccalaureate schools of nursing in Canada. It was variously called history and philosophy of nursing, history and professional trends in nursing, professional adjustments, and other similar titles. Often such a course was taught by the most seasoned professional in a particular school, not in-
frequently the director or dean. Bullough has lamented "... history lost out in the curriculum as nursing moved from the hospital to the... campus. In the hospital schools history had served as the major humanities course, but in the university these credits began to be filled by degree requirements." A cursory review of curricula in today's undergraduate programs in nursing provides ample evidence of the regressive and regrettable changes which occurred in decades past. Further Bullough notes that "Occasionally history remained as part of a nursing-trends course but increasingly the new generation of nurses that appeared after World War II did not value history as their predecessors had." Thus it is not surprising to find that recent nursing graduates often have little idea of how nursing developed and evolved over the past three and a half centuries in Canada, nor do they appreciate how fundamental the cultural heritage of the country is to the origin and development of nursing as a unique and essential health service.

Gradual support for the inclusion of nursing history as a viable and critical area of study in the undergraduate programs in nursing of the present and the future is emerging. The development of program models and of forums for discussion of the nature and place of nursing history in curricula needs to take place both within the profession and with those in other health disciplines interested in health science history. The commitment to nursing history seen in nursing curricula of the early part of the century, albeit rarely since mid-century, is once again evolving as scholars in nursing history are attempting to make the case for a multi-level approach to history in nursing: "historical methodology needs to be presented in all levels of the nursing curriculum, and in the same mode as quantitative research."

However, just as teaching in nursing history is remarkably absent from undergraduate nursing programs, so too within graduate programs the tendency to concentrate upon scientific research to the exclusion of research addressing the historical and philosophical underpinnings of the profession must be underscored. That there are only a few academics in universities across the country in schools and faculties of nursing prepared to teach nursing and health science history and conduct research to answer questions of a historical nature is evident in meetings to discuss scholarly work under the auspices of CANH and other professional organizations. With a dearth of scholars in the field, the development of teaching and research programs in nursing history in Canadian university schools of nursing, while difficult, is not impossible. The development of working relationships between academics in departments of history with interests in nursing and/or history of health sciences and nursing faculty members who are specialists in history can be mutually beneficial and provide support for both teaching
and research. For students undertaking theses in nursing history at the master’s and doctoral levels, the pursuit of courses in departments of history should be seen as an essential component of their program of courses, as broad preparation in history is essential.

APPROACHES TO RESEARCH IN GRADUATE PROGRAMS

The consistent growth of master’s degree programs in nursing over more than three decades and the recent establishment of doctoral programs, has led to the gradual emergence and expansion of opportunities for exploring the full range of the discipline. Allen has declared that “It is through graduate study in masters’ and doctoral programs that students learn to be scholars and scientists.” Since their inception, Canadian graduate programs in nursing have assiduously addressed the need to prepare students for quantitative and more recently qualitative research. When delays in the approval and implementation of doctoral programs in nursing occurred, it was necessary to focus attention at the graduate level upon the preparation of scholars and researchers who were master’s degree graduates along with some Canadian nurses who studied in doctoral programs in other disciplines and others who were able to go outside the country to enter doctoral programs in nursing. Nurses reached out to related disciplines for knowledge considered fundamental to nursing, and indeed many nurses pursued graduate degrees in such disciplines in the absence of sufficient opportunities for doctoral study in nursing. Rarely, however, was history considered as a related discipline: “the whole educational system for . . . nursing tended to discourage historical studies. Students who went on to acquire advanced degrees outside of nursing did so in psychology, sociology, etc., but not in history.”

Nevertheless, there are signs that nursing history is on the threshold of becoming a force to be reckoned with as scholars specializing in nursing history are completing doctoral work and taking up posts in university schools of nursing. The development of an infrastructure for promoting study in nursing history has appeared in the form of the Canadian Association for Nursing History (CANH) and a number of provincial nursing history organizations which are flourishing. Newsletters associated with the various history societies as well as columns and articles in the newsletters of professional organizations and in scholarly journals are heightening interest and awareness and providing needed information about the field. Some research granting agencies are also beginning to make awards to support research in nursing history, as scholars submit more proposals requesting funding of their projects.
HISTORICAL INQUIRY AS A MAINSTREAM ACTIVITY

The need for philosophical as well as historical methods of inquiry to approach problems and questions which arise in a discipline is assumed in more established professions such as law and medicine where there has always been considerable attention paid to history. However, it must be noted that even in these more traditional professions where history has been accorded more attention, history may not have been seen as essential to the mainstream activities of the discipline. In nursing, where research is yet in its infancy and doctoral programs in nursing are just beginning to get underway, the development of researchers and scholars in clinical nursing has been a priority. However, I would argue that the study of the historical is an integral part of the study of clinical questions, and that the need for parallel development of scholars in history is pivotal for the profession.

One must question the value that nurses at all levels of the profession have placed upon the history of nursing and the importance of studying historical questions relevant to nursing in the last half of the century. Symons commented almost 20 years ago that "Little has been written about the history and achievements of the profession in Canada. There have been almost no biographical studies of outstanding members of the profession." More recently Brown and D'Antonio, in reviewing progress in the field, have stated that:

Historians of nursing have moved beyond examining only the successes of our past. As historical research has expanded, we apply equal rigor in interpreting different theoretical frameworks to lost opportunities, initiatives that failed, and the complex interaction between the private lives of leaders and their public positions.

There is recognition in some areas of the profession that nursing history is central to the profession and its work, and as this view becomes more widespread, nursing history will assume more importance as a mainstream activity in nursing practice, education, and research.

A FEMINIST PERSPECTIVE

Gender bias in research has been dealt with extensively by Sheinin and others. The status of history in the nursing curriculum at all levels and in scholarly inquiry has been subject to the struggles with many of the same problems as the profession itself has faced. The nursing work force has been primarily comprised of women from the outset, and this remains the case today, even though men are entering nursing in greater numbers than previously. Nursing was and always has been undervalued in health care, viewed as women's work requiring neither
substantive knowledge and skills nor preparation for practice. Although history has been called "both an art and a science," it has clearly been viewed as a "soft" discipline and secondary to the natural and physical sciences which have been seen as nursing's golden key to recognition and status in the academic and professional world.

Nursing's entry to the university, although it occurred almost three-quarters of a century ago, was not greeted with enthusiasm, as its knowledge base and skills were not viewed by many within the academic community as being of sufficient merit to warrant programs at the university level. This was undoubtedly due in part to the all-female character of the profession as well as misconceptions about the nature of nurses' work. Growth and development of programs thus took place very slowly, and the rise of bachelor's degree programs under the full aegis of the university did not occur in substantial numbers until after the tabling of the Report of the Royal Commission of Health Services in 1964 in which universities were castigated for having failed to develop integrated baccalaureate programs. The first master's degree program did not appear until 1959, some 40 years after the first bachelor's degree program, and it took another 32 years for the establishment of the first PhD in nursing program.

The period of time for full establishment of nursing programs under the auspices of the university seems inordinately long, particularly if one considers the fact that the majority of initial programs in nursing are still offered at the diploma level in hospitals and community colleges. Considerable time is still required for full transition of nursing education to the university sector. Notwithstanding efforts on the part of the Canadian Nurses Association and many provincial nursing organizations to promote the EP2000 goal, it is unlikely that the process will be complete before the end of the century. This is despite a tremendous amount of activity in some areas of the country where collaborative efforts between diploma and baccalaureate programs are resulting in new educational programs affording all students the opportunity to study for a baccalaureate degree in nursing.

During its tenure in the university, nursing has witnessed the establishment of new disciplines emerging from its sphere of work and has seen some of those disciplines progress to full university status complete with graduate degrees within a relatively short period of time. The biases associated with gender which nursing has faced since it entered universities are multifaceted; there is the bias against allowing the entry of a discipline whose knowledge is not valued, the bias against women in universities, and the bias against nursing in the male-dominated health care system. Nevertheless, leaders in the profession have steadfastly countered the issues directly and progress, al-
though slow, has been considerable. The rise of the women's movement together with the increasing political activity of nurses have undoubtedly helped to move the profession further down the path towards achievement of full university status.

The lower status accorded the profession in both the service and educational spheres over time has impelled practitioners and educators to work very hard to gain acceptance and to value quantitative research as the most important scholarly goal. The disparity in the levels of funding available for research in the basic sciences and in the humanities reflects the higher value placed on basic science and quantitative research than on research in the humanities and social sciences. In their struggle to obtain funding for the study of phenomena of interest to nursing, neophyte nursing researchers were encouraged to ask research questions for which it would be possible to secure funding from the large granting agencies. Here basic science and quantitative research were seen as the only legitimate and viable areas for funding. As a result of firmly ingrained biases, the study of nursing history has assumed lower priority and status amongst nursing faculty and administrators in university schools of nursing. This can be seen in the degree of attention devoted to the subject in the curriculum and in attention directed towards the study of historical questions vital to an understanding of the profession and its work.

FUTURE DIRECTIONS

Many issues have been raised relative to problems in ensuring that nursing history is central to teaching and research in university nursing faculties. It is clear that there is a small but developing cadre of scholars prepared and committed to undertaking studies of historical questions in nursing. Given the relevance of nursing history for practice, curricula at the bachelor's, master's, and doctoral levels should all include some study in nursing history. As Lynaugh has noted: "Nursing's historical meaning is found in the work nurses do." Encouraging students to select historical subjects for a thesis or dissertation is important in order to ensure that history becomes a viable part of the nursing curriculum and scholarly activity. Required also is support for career development in nursing history. The choice of history as an area of specialization has led, in the past, to problems for some young and promising scholars in attaining tenure and securing promotion because of the lower status accorded nursing history. Library resources are very important to support nursing history, and efforts must be made to continually ensure that collections include important books and journals in nursing history.
The need to develop a more extensive infrastructure to sustain and strengthen nursing history as the focus of curriculum offerings and of research is essential. Research funding must be available to faculty and graduate students so that they can pursue questions of critical interest on historical topics. Graduate students need to work on projects with supervising faculty members in order to learn the methods of historical research. Work needs to be ongoing to ensure that scholarly organizations and publications place value upon nursing history and support it by encouraging funding agencies to award research grants for historical projects, by providing forums for the presentation and discussion of historical work and by encouraging the publication of historical work in books and scholarly journals. Although it almost seems that the above represents a herculean task, and despite the fact that there is much to accomplish in order that history becomes truly a mainstream activity in faculties of nursing, there are many encouraging signs of progress. The most promising is the enthusiasm and energy shown by historical researchers in moving towards their goals.

NOTES


3 Dr. Maude Abbott, who was one of the first female physicians to join the faculty at McGill and who became curator of the Medical Museum of McGill, delivered lectures to nursing students on nursing history at the Royal Victoria Hospital and the School for Graduate Nurses, McGill University, between 1916 and 1923. See Maude Abbott, Lectures on the History of Nursing (Montreal: McGill University Publications Service VII [Medicine] No. 25, 1924), AN 0933 History of Nursing.


5 Bullough, "A New Phase," p. 3.

6 Drs. Meryn Stuart and Toby Gelfand, faculty members in nursing and the history of medicine, respectively, at the University of Ottawa, developed an interdisciplinary course in the history of the health sciences. It would appear to be unique in its collaborative approach where students of various health disciplines are able to study together and thus to develop a broader knowledge of history in the health sciences.


9 The Kellogg National Seminar on Doctoral Education in Canadian Nursing took place in 1978. See Glennis Zilm, Odile Larose, and Shirley Stinson, PhD (Nursing): Proceedings of the Kellogg National Seminar on Doctoral Preparation for Canadian Nurses (Ottawa: Canadian Nurses Association, 1979). However, the expected funding from the Kellogg Foundation did not materialize for a doctoral program in nursing in Canada, due to a change in administrative leadership at the Foundation and a subsequent redirection of priorities in educational funding. The first PhD Program in Nursing to receive approval and funding began at the University of Alberta in January 1991, and
was supported by public funds; the second was also supported solely by public funds and was initiated at the University of British Columbia in September of 1991. The third and fourth publicly funded doctoral programs in nursing began at the University of Toronto and (jointly) at Université de Montréal and McGill in the fall of 1993.

10 Bullough, "A New Phase," p. 3.

11 For example, the Alberta Foundation for Nursing Research, the Hannah Institute for the History of Medicine, and the Social Sciences and Humanities Research Council of Canada have all supported nursing history.


17 The first master's degree in nursing program was founded at the University of Western Ontario in nursing administration and was supported by a grant from the W. K. Kellogg Foundation. See Henrick Overduin, People and Ideas: Nursing at Western 1920-1970 (London: The University of Western Ontario, 1970), p. 84-86.

18 EP2000 refers to Entry to Practice 2000 goal of the nursing profession. The Alberta Task Force on Nursing Education, a committee constituted by the Alberta Government was the first to recommend that entry to professional nursing practice by new nurses should take place at the baccalaureate level by 1990 (The Report of the Alberta Task Force on Nursing Education [Edmonton: Alberta Advanced Education, 1975], p. 114). The date was subsequently modified to coincide with the turn of the century by the professional associations because of the belief that sufficient time was needed to allow progress towards the goal. The Alberta Association of Registered Nurses supported the Task Force Report in statements in 1976 and 1978, and the Canadian Nurses Association Board of Directors adopted a position of support of the EP2000 position in 1982.

19 Disciplines such as physiotherapy, occupational therapy, nutrition and diet therapy, hospital administration, pharmacy, family studies, and others are areas which originally fell within the sphere of nurses' work.