

No More 'Yes Girls': Labour Activism among New Brunswick Nurses, 1964-1981

Linda Kealey

Volume 37, Number 2, Autumn 2008

URI: https://id.erudit.org/iderudit/acad37_2art01

[See table of contents](#)

Publisher(s)

The Department of History at the University of New Brunswick

ISSN

0044-5851 (print)

1712-7432 (digital)

[Explore this journal](#)

Cite this article

Kealey, L. (2008). No More 'Yes Girls': Labour Activism among New Brunswick Nurses, 1964-1981. *Acadiensis*, 37(2), 3–17.

Article abstract

Beginning in the 1960s, New Brunswick nurses awoke to the fact that little value was placed on their work. By the mid-1960s they began to explore collective action within their professional association, the New Brunswick Association of Registered Nurses. With the passage of a new labour relations act in the late-1960s nurses gained collective bargaining rights, including the right to strike. This article examines three key moments of labour conflict – 1969, 1975, and 1980-81 – that help to explain the nurses' turn towards unionization.

No More ‘Yes Girls’: Labour Activism among New Brunswick Nurses, 1964-1981

LINDA KEALEY

À partir des années 1960, les infirmières du Nouveau-Brunswick ont pris conscience du fait que l'on attachait peu de valeur à leur travail. Au milieu des années 1960, elles se sont mises à explorer l'adoption de mesures collectives avec leur association professionnelle, l'Association des infirmières enregistrées du Nouveau-Brunswick. Grâce à l'adoption d'une nouvelle loi sur les relations de travail à la fin des années 1960, les infirmières ont obtenu des droits à la négociation collective, y compris le droit de grève. Cet article examine trois moments cruciaux marqués par un conflit de travail – 1969, 1975 et 1980-1981 – qui aident à expliquer le virage des infirmières vers la syndicalisation.

Beginning in the 1960s, New Brunswick nurses awoke to the fact that little value was placed on their work. By the mid-1960s they began to explore collective action within their professional association, the New Brunswick Association of Registered Nurses. With the passage of a new labour relations act in the late-1960s nurses gained collective bargaining rights, including the right to strike. This article examines three key moments of labour conflict – 1969, 1975, and 1980-81 – that help to explain the nurses' turn towards unionization.

ON A STORMY 1 DECEMBER 1964 New Brunswick's nursing leaders, wearing the requisite hats and white gloves, met with Premier Louis Robichaud to petition for better wages and conditions. Stung by his admonition that they should be “dedicated” and work for less, the nurses realized how little value was placed on their work.¹ A three-year wage freeze in the late 1960s drove this message home. Like nurses in other provinces, New Brunswick nurses began to establish social and economic welfare committees within their associations and to explore the potential for collective bargaining. As public sector workers across Canada began to make gains as unionized employees, nurses gradually accepted the idea of unionization – although the profession often renounced the possibility of using the strike weapon.² This article focuses on

1 Marilyn Brewer, interview by Arlee Hoyt-McGee, tape recording, Fredericton, August 1994, Arlee Hoyt-McGee Collection, New Brunswick Museum (NBM). See also Arlee Hoyt-McGee, *The Strength of One: A History of the New Brunswick Nurses Union* (Fredericton: New Brunswick Nurses Union, 1994), 16.

2 For an overview of this development see Sharon Richardson, “Unionization of Canadian Nursing,” in C. Bates, D. Dodd, and N. Rousseau, eds., *On All Frontiers: Four Centuries of Canadian Nursing* (Ottawa: University of Ottawa Press/Canadian Museum of Civilization, 2005), 213-23.

several key conflicts from the late 1960s to the early 1980s that shaped the eventual formation and evolution of the New Brunswick Nurses' Union (NBNU), established as an autonomous body in 1978.³ The union emerged just as nurses' work was being reshaped during a period of health care reorganization and state programs imposing wage controls in order to help fight inflation. In the course of these conflicts, nurses began to grapple with the state of the profession and to question long-held assumptions about the nurse's place in the health care system. In the crisis that unfolded in the mid-1970s, when New Brunswick nurses took collective action to back their demands for better wages and more staff, an anonymous nurse from St. Stephen with 25 years of experience wrote: "It is time we stopped being 'yes girls' because of the 'Florence' pledge and stood on our own feet, because we have been pushed enough."⁴

The low wages and poor conditions experienced by nurses thus provided a major impetus towards unionization, a process that began in the 1960s. This article presents research into the organization of nurses in New Brunswick in the post-Second World War period within the context of the North American historical literature on nursing and women's labour history. Drawing on a variety of sources, including the minutes of nursing organizations, newspaper reports, and oral history, the article delineates the uneven process by which nurses moved from a professional orientation to one that embraced the benefits of unionization even though some reservations about this initiative remained. Nursing leaders urged nurses to accept the idea that they could be both professionals and members of a union.⁵

Any discussion of nursing must confront the dominant paradigms that have shaped how we see its history and development. While historians no longer subscribe to heroic narratives of progress from the pioneer days of Florence Nightingale to the triumph of professionalization, there are a number of models that dominate any discussion of the history of nursing.⁶ We might label them the three P's: patriarchy, professionalization, and proletarianization. According to Kathryn McPherson, the persistence of patriarchy has provided an explanatory framework in some of the historical writing on nursing that focuses on gender asymmetry or the continuing subordination of nurses to a largely male medical establishment. While gender is clearly an important factor in the overall structure of health care, it also has an influence on nurses' work more specifically. Yet, like other frameworks, gender does not explain everything.⁷

Much of the literature in recent decades continues to focus on the process of

3 Aside from the major confrontation that almost erupted into a general strike in 1991-92 under the Frank McKenna government, labour conflicts were most intense in 1969, 1974-75, and 1980-81. See Linda Kealey, "'A Bitter Pill to Swallow': New Brunswick Nurses, Professional Identity and Collective Bargaining, 1991-1992," forthcoming in Janet Guildford and Suzanne Morton, eds., *Women and the State in Twentieth-Century Atlantic Canada* (Acadiensis Press).

4 Jane Doe, letter to the editor, *Telegraph Journal* (Saint John), 31 January 1975.

5 This research is part of a Community-University Research Alliance (CURA) grant funded by the Social Sciences and Humanities Research Council of Canada, 2005-2010, entitled "Re-Connecting with the History of Labour in New Brunswick: Historical Perspectives on Contemporary Issues." See also the project's website at <http://www.lhtnb.ca/>.

6 Susan M. Reverby's *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987) was one of the most important works that used labour, social, and women's history to explore women's caring work and its historical undervaluation.

7 Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Don Mills, ON: Oxford University Press, 1996), ch. 1, especially pp. 6-10.

achieving legitimation and professional status. This “professionalization paradigm” includes literature that ranges from the more traditional interpretation of professionalization emphasizing service, education, certification, and self-regulation to outright challenges that argue that nursing is not a profession since professionalism was established by a male elite. Others defend nursing as a real profession and suggest that a number of professions, including nursing, cannot claim complete autonomy; nevertheless, they remain professions. Recent work grapples with the difficulties nurses have had in establishing the boundaries of their profession and that are affected, in particular, by changing work roles and changing relationships with medical doctors and other health workers (such as the medical lab workers Peter Twohig has recently studied). Now referred to as the “scope of practice,” nurses have experienced significant changes in what work they are expected to do.⁸

The “proletarianization paradigm” has often been presented as the direct opposite of professionalization. David Coburn, for example, has postulated that the professional model favoured by nursing’s leaders stresses altruism, duty, and subordination to doctors and patients’ needs while the impetus for unionization arises from within the rank and file of nursing. He further asserts that supporters of the professional model favour professional values as a tactic to help avoid unionization while also using this quest for professionalism as a means to obtain more autonomy from medicine. In this view, unionization stems from rank and file nurses’ resistance to more bureaucratic work, the intensification of work, and the rationalization of work processes introduced by hospital and nursing administrators.⁹

Kathryn McPherson, in her well-received study, *Bedside Matters: The Transformation of Canadian Nursing, 1900-90*, suggests that none of these approaches fully capture what nursing is about historically. Instead she argues that we ought to look at the “mutual, if not always equal, influences of class, gender, and ethnicity” in understanding nurses’ positions and their strategies for change.¹⁰ In the case of New Brunswick, all three have been significant in nurses’ struggles.

Nurses, like women workers more generally, have been portrayed as creatures defined by social expectations – as non-assertive, conservative, and supporters of the status quo (i.e., as primarily destined for marriage and thus as not committed to the work force nor to the possibility of taking radical action if necessary). In addition, as a number of the New Brunswick nurses who were interviewed commented, even in the post-war decades there were only three options presented to them as careers or occupations for women: teacher, nurse, or secretary. All three were considered respectable, white-collar occupations for women that required some education and training and thus presented opportunities for class mobility. All three also provided “something to fall back on” in times of economic crisis or marital breakdown.

On the other hand, professional status for nurses also conjured up ideals of service,

8 See, for example, Mary Kinnear’s argument that nursing qualifies as a profession in her *In Subordination: Professional Women, 1870-1970* (Montreal and Kingston: McGill-Queen’s, 1985); see also Peter Twohig, *Labour in the Laboratory; Medical Laboratory Workers in the Maritimes, 1900-1950* (Montreal and Kingston: McGill-Queen’s, 2005).

9 David Coburn, “Professionalization and Proletarianization: Medicine, Nursing and Chiropractic in Historical Perspective,” *Labour/Le Travail*, 24 (Fall 1994): 139-62.

10 McPherson, *Bedside Matters*, 9.

discipline, self-sacrifice, and subordination to medical authority – values that sometimes clashed with professional models of self-regulation and autonomy.¹¹ Assumptions that nursing meant “caring” as opposed to “curing” have been undermined by the increasingly complex scope of practice of nurses who have assumed duties formerly performed by physicians.¹² In the post-Second World War era, both external and internal developments complicated nurses’ work and challenged their own ideas of nurses’ status within the health care system.

The 1960s and 1970s in Canada were particularly important decades in the development of nursing and health care more widely. Public sector workers, including health care workers, achieved collective bargaining rights in these decades, including the right to strike; hospitals and the health care system experienced significant change as the state began to provide first hospital funding and insurance and later medical insurance for all Canadians. As more hospitals were built, staff shortages were common. Provincial hospital associations formed and began to assume responsibility for bargaining with employees. Public funding led to demands for more efficiency and accountability from hospitals and economic recession in the 1970s and 1980s increased the pressure for higher productivity. Finally, the feminist movement’s questioning of women’s low pay and segregated labour led to wide debate and activism around equality rights, including employment and pay equity, childcare, sexism in education, welfare provision, and sex-role stereotyping.

Within nursing itself the post-war decades led to several developments: more specialization among nurses; devolution of more “caring” tasks to nursing assistants and orderlies; increased use of technology learned on the job; increased responsibilities, including more paperwork; higher case loads; more emphasis on efficiency; and more supervision of other staff – most of which also led to less time for patients. In addition, the disappearance of hospital training schools for nurses meant that shift work became the norm, with nurses often being asked in strained economic times to cover more consecutive shifts, which made the pursuit of specialized training almost impossible. Shortages of nurses, a lack of replacement personnel for absent nurses, and low pay levels in the context of the ever-enlarging scope of practice demanded of nurses fed the discontent that began in the 1960s and grew in the 1970s.¹³

Despite these pressures, nurses attempted to operate within a framework that stressed the core values of service, the needs of the patient, and subordination to

11 As Reverby notes in *Ordered to Care* (122): “The cultural and religious emphasis on womanly sacrifice and self-abnegation continued to have meaning for many nurses, but it could not serve as the basis for professional reform in an increasingly secularized world.”

12 See Dianne Dodd and Deborah Gorham, eds., *Caring and Curing: historical perspectives on women and healing in Canada* (Ottawa: University of Ottawa Press, 1994). On delegation of procedures to nurses, see Cynthia Toman’s “‘Bodywork’: Nurses and the Delegation of Medical Technology at the Ottawa Civic Hospital, 1947-1972,” *Scientia Canadiensis*, 29, no. 2 (2006): 155-75.

13 McPherson, “‘The Price of Generations’: Canadian Nursing under Medicare, 1968-1990” (ch. 7 of *Bedside Matters*). For comments on the nursing shortages in Canada, according to the National Employment Service, see also Mary Shkimba and Karen Flynn, “‘In England we did nursing’: Caribbean and British nurses in Great Britain and Canada, 1950-1970,” in Barbara Mortimer and Susan McGann, eds., *New Directions in the History of Nursing: International Perspectives* (London: Routledge, 2005), 147-9.

doctors. Nurses were reluctant to discuss money issues, according to several of the nurses interviewed for this research, because that implied the betrayal of core values. While the Canadian Nurses' Association (CNA) approved collective bargaining as early as the 1940s, very few provincial associations embraced the idea before the 1960s; moreover, until 1967 the CNA endorsed a "no strike" policy. Trade unions thus were still mainly associated with male, blue-collar occupations and, until recently, strikes were viewed as the very antithesis of professional standards and conduct.¹⁴

Discussions of nursing unions have tended to come from nurses rather than historians. Janet C. Ross-Kerr's "Emergence of Nursing Unions as a Social Force in Canada," for instance, details each province's milestones on the road to collective bargaining. Ross-Kerr also discusses the pertinent background in each province, the establishment of the Canadian Federation of Nurses' Unions in 1981, and the public impact of collective bargaining. While useful, such accounts tend to present a narrative of "progress" and natural development over time, which are assumptions that historians try to avoid.¹⁵ Women's labour history, on the other hand, has not paid much attention to nurses aside from a few exceptions (most notably McPherson). And in Canada, at least, most women's labour history focuses on the pre-1960 period. Thus, the challenge is to develop a framework for examining the topic of nurses and unionization that is sensitive to gender, class, race, and ethnicity as well as region. The use of these analytical categories in the New Brunswick context indicates that there were three key moments in time for nurses' labour activism: 1969, 1975, and 1980-81. During these years three significant campaigns emerged where nurses took collective action to better their wages and working conditions.

As Della Stanley has suggested, the 1960s witnessed a considerable boom in terms of the development of infrastructure in the region and the province, including highways, power plants, dams, and the construction of schools, hospitals, and public buildings. Federal dollars flowed into the region and the province through equalization payments and regional development schemes that held the promise of significant industrial development and economic diversification. Although by the end of the decade "hopes were tempered by industrial failures, continued unemployment, and the realization of an unprecedented dependency on federal assistance," social reforms in health care and education improved access to hospitals and medical insurance as well as higher education. This was also the decade that witnessed significant increases in women's labour force participation and an increase in the number of unionized workers, including public sector, white-collar workers.¹⁶

By the 1960s leaders within nurses' professional associations across Canada began to more fully appreciate, about the same time that other public sector unions were organized, that there were serious economic and social problems for nurses. In New Brunswick the Saint John chapter of the New Brunswick Association of Registered

14 Janet C. Ross-Kerr, "Emergence of Nursing Unions as a Social Force in Canada," in J.C. Ross-Kerr and Marilyn J. Wood, eds., *Canadian Nursing: Issues and Perspectives*, 4th ed. (Toronto: Mosby, 2003), 282.

15 Ross-Kerr, "Emergence of Nursing Unions," 282.

16 Della Stanley, "The 1960s: The Illusions and Realities of Progress," in E.R. Forbes and D.A. Muise, eds., *The Atlantic Provinces in Confederation* (Toronto: University of Toronto Press and Fredericton: Acadiensis Press, 1993), 422.

Nurses (NBARN) discussed unrest among nurses as early as 1963, setting up a committee to investigate the salary scale.¹⁷ When the province denied a proposed salary increase for nurses in November 1964, nurses decided to prepare a brief to government outlining their case.¹⁸ As noted above, a delegation of nurses braved a snowstorm to meet with Premier Robichaud to make their case, but they did not succeed in getting their grievances addressed. While Robichaud was considered to be relatively pro-labour and supportive of equal rights, particularly for Acadians, he was not conscious of gender discrimination. In response to his rebuff, nurses began to set up meetings to discuss collective bargaining around the province. By 1965 a Social and Economic Welfare Committee had been set up by the NBARN as it continued to try to negotiate with government on the nurses' salary scale. A small increase materialized in February 1966, but it was only half of what had been requested.¹⁹ When the provincial legislature invited briefs on possible changes to the Labour Relations Act, the NBARN submitted a brief asking for the removal of a clause that prohibited nurses from engaging in collective bargaining. In March of that year the NBARN also appointed its first employment relations officer.²⁰ In New Brunswick – as in Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Prince Edward Island, and Newfoundland – dissatisfaction with voluntary bargaining mobilized provincial associations to increase their assistance to local staff associations for exploring certification and collective bargaining.

Another key development in the 1960s entailed the government's appointment of Dr. Saul Frankel of McGill University to study the conditions of public sector employment, including collective bargaining. Inspired by workshops such as the one in Fredericton in April 1966, where University of New Brunswick business professor G.W. Cormick warned that nurses would be second-class citizens until they could bargain collectively, nurses sent their brief to the Frankel commission arguing for collective bargaining but not for the right to strike. The nurses proposed that disputes be taken to conciliation and arbitration; if all else failed, nurses advocated utilizing slow-downs in the workplace.²¹

While Frankel's report recommended full collective bargaining rights for public servants, it also suggested that professional associations were not the appropriate bodies for bargaining. The nurses, however, objected to this latter notion. President Kathryn Wright of the NBARN argued that the nurses' professional association should be the bargaining agent for all publicly employed nurses and that this would not impede New Brunswick nurses in achieving collective bargaining. The NBARN also argued to include head nurses and administrators without responsibilities for

17 New Brunswick Association of Registered Nurses (NBARN), Saint John Chapter, Minutes for September, 1963, Nurses Association of New Brunswick (NANB), Arlee Hoyt-McGee Collection, NBM.

18 NBARN, Saint John Chapter, Minutes for 16 November 1964, NANB, Arlee Hoyt-McGee Collection, NBM.

19 NBARN, Saint John Chapter, Minutes for 20 September 1965, 18 October 1965, and 17 January 1966, NANB, Arlee Hoyt-McGee Collection, NBM; *Telegraph Journal*, 19 February 1966.

20 NBARN, Saint John Chapter, Minutes for 16 May 1966, NANB, Arlee Hoyt-McGee Collection, NBM.

21 *Evening Times Globe* (Saint John), 28 March 1966; *Evening Times Globe*, 7 September 1966.

personnel in the bargaining unit.²² Both of these points of contention were later settled nationwide in a 1973 Supreme Court of Canada case that clearly specified that professional associations could not also be bargaining agents. Acting on the recommendations of the Frankel report, the provincial government passed a new Public Service Labour Relations Act in late 1968. Organized labour rejoiced that public sector workers now had full collective bargaining rights, including the right to strike, with the proviso that the Public Service Labour Relations Board would designate “essential” workers who must remain on the job to protect the public. The new law, however, was not proclaimed for a year, and this left many public servants in limbo during that period.²³

How did nurses react to this new context for labour relations? Early in 1968, long before the new Public Service Labour Relations Act was passed by the New Brunswick legislature, the NBARN held workshops led by Canadian Nurses’ Association consultant Glenna Rowsell on social and economic welfare. Born in Newfoundland and a graduate of the St. John’s General Hospital School of Nursing, Rowsell became a familiar figure to the province’s nurses as she returned several times to lead workshops on collective bargaining before taking up the position of Director of Employment Relations for the New Brunswick Nurses Provincial Collective Bargaining Committee (later Council) (NBNPCBC), which was the arm of the professional association that dealt with labour relations. The collective bargaining committee represented all the local staff associations of hospital nurses in the province while a separate provincial collective bargaining council represented the civil service nurses. In September 1968, before she took up her position as director, Rowsell stated at the association’s annual meeting that nurses’ professional duties were incompatible with the right to strike – words that would be used to criticize the nurses later on in the midst of tense labour negotiations.²⁴

1969 was a key year in the development of collective bargaining for nurses even before the new act was proclaimed and put into effect in December 1969. Despite their lack of access to formal collective bargaining, the NBNPCBC held talks with the New Brunswick Hospital Association to reach an agreement for the nurses. Talks broke down on 2 June with the hospital association’s rejection of arbitration and the nurses unable to strike legally.²⁵ For the previous three years the nurses had engaged in voluntary discussions with health authorities on salaries and benefits, having achieved a 5 per cent increase in January 1968, which raised the starting salary of a nurse from \$355 per month to \$373.²⁶ In response to the breakdown of talks in summer 1969, the near-unanimous rejection of the hospital association’s final offer, and the nurses’ inability to strike, nurses took direct action instead and resigned en masse. Faced with starting salaries reputed to be the lowest in North America, loss of some fringe benefits, and frustration that nurses’ salaries did not reflect additional education and training as well as the irritation of a constantly changing set of management negotiators, the nurses

22 *Telegraph Journal*, 16 December 1967.

23 *Telegraph Journal*, 4 December 1968 and 21 November 1969.

24 Hoyt-McGee, *The Strength of One*, 17; *Northern Light* (Bathurst), 25 September 1968.

25 *Telegraph Journal*, 19 June 1969.

26 *Daily Gleaner* (Fredericton), 17 July 1969.

10 *Acadiensis*

charged that management was not bargaining in good faith and did not take nurses' problems seriously.²⁷ Buoyed up by the Canadian Nurses' Association's national campaign to improve nurses' salaries and address nurses' sense of frustration, approximately 1400 or half of New Brunswick's registered nurses announced their resignations at a news conference in Fredericton on 15 July. Threats that nurses would lose their accumulated pension rights, sick leave, and seniority if they resigned only strengthened the nurses' resolve. Hospitals prepared to handle only emergencies, but within ten days the *Daily Gleaner* announced that the talks would resume in early August, with both parties agreeing that they would apply to the minister of labour for a conciliation officer if all else failed.²⁸ After nine days of negotiation the dispute was settled and a master contract between the NBARN and the New Brunswick Hospital Association was signed and later that autumn ratified. Salaries were significantly improved and those with additional educational qualifications received extra pay. Clearly this was an important victory for nurses, both psychologically and materially.²⁹

With the proclamation of the Public Service Labour Relations Act in December 1969, the New Brunswick Association of Registered Nurses Provincial Collective Bargaining Council was certified as the bargaining agent for hospital nurses and a separate collective bargaining council was certified for nurses in the civil service. The civil service nurses signed their first contract with Treasury Board in September 1970, but it was not until January 1971 that the hospital nurses signed their first official collective agreement under the new Public Service Labour Relations Act. Under the new act, nurses bargained with government directly through Treasury Board, which had replaced the hospital association at the negotiation table.³⁰

Not all collective actions by nurses were effective in achieving their demands. While nurses had signed a contract for the period 1 April 1974 to 31 March 1976, for instance, subsequent events disturbed the pattern of labour relations. In the fall of 1974 the Canadian Union of Public Employees (CUPE) signed a two-year wage deal that allegedly provided a 65 per cent wage increase, which pushed the wages of registered nursing assistants up to levels near those of registered nurses. The nurses were upset by this development and, in an attempt to reopen their contract, they began a campaign to pressure the government of Premier Richard Hatfield to agree to re-examine the issue. Beginning in mid-January 1975, nurses booked off sick to back their demand for contract reopening. The campaign was dubbed the "blue flu" as 700 nurses in 15 hospitals called in sick the first day, with the Saint John hospitals reporting significant numbers of nurses out. Nurses at the Hôtel Dieu in Chatham were among the first to go out while there were also actions in Newcastle, Sackville, Grand Falls, and St.

27 *Telegraph Journal*, 7 June 1969; *Daily Gleaner*, 28 June 1969; *Times Transcript* (Moncton, NB), 1 July 1969; *Evening Times Globe*, 15 July 1969; and *Daily Gleaner*, 16 July 1969 and 17 July 1969. Nurses' starting salaries in 1968 were \$4,476 per year, the second lowest in Canada. See Table 8 in CNA, *Countdown 1970: Canadian Nursing Statistics* (Ottawa: CNA, 1970), 110.

28 *Evening Times Globe*, 15 July 1969; *Daily Gleaner*, 23 and 25 July 1969; *Telegraph Journal*, 15 August 1969.

29 *Telegraph Journal*, 7 October 1969; *Evening Times Globe*, 11 October 1969. Starting salaries for nurses were raised from \$373 per month to \$430.

30 Hoyt-McGee, *The Strength of One*, 32.

Stephen.³¹ Moncton and Edmundston nurses planned to call in a few days later. Hospital administrators and newspaper editorials denounced the nurses' actions; the director of the Hôtel Dieu said she thought the nurses were guilty of "mixed greed and misplaced pride" while the Moncton *Times* editorialized "There is something unseemly about what can only be viewed as an attitude of resentment and recklessness and selfish protection of the status quo. What nurses (or at least their militant leadership) are exhibiting is a lack of any social conscience." The newspaper also called nurses "smug and self-satisfied" and opined that early pioneers of the labour movement would "turn in their graves at such narrow selfishness."³² The Saint John *Telegraph Journal* took delight in pointing out that the chief spokesperson for the collective bargaining council, Glenna Rowsell, had rejected the right to strike for nurses previously in 1968 yet she now countenanced the nurses' actions, which were causing a crisis in health care. Tempering these remarks at the end of the editorial, however, the newspaper admitted that there was a "galling inequality" in the nurses' contract while urging them to return to work and wait for Premier Hatfield's response.³³ Threats of punishment such as the docking of pay only strengthened the nurses' resolve, and within a few days nurses in Fredericton and Campbellton sent in their resignations with two weeks' notice. Nurses in northern New Brunswick in primarily francophone areas joined the "sick-in" campaign and many also resigned. Once Premier Hatfield publicly announced at the end of January that the government would not reopen the nurses' contract, mass resignations began in earnest involving hospital nurses across the province. Nurses at the Victoria Public Hospital in Fredericton and the Hôtel Dieu in Campbellton faced a Supreme Court of New Brunswick injunction in early February, a move that did not immediately affect the hospitals as nurses ignored the injunction. Eventually nurses at five hospitals faced injunctions, four of them in the northern, largely French-speaking, part of the province where nurses were especially militant.³⁴

Despite the fact that their actions were unsuccessful in reopening the contract, this 1975 campaign marked another milestone for New Brunswick's nurses. Despite significant negative reaction to their tactics, nurses persisted in their campaign for a wage adjustment; when Treasury Board offered a token 3.5 per cent cost-of-living adjustment they unanimously turned it down, in part because nurses at the top of the scale would get nothing. Nurses wrote letters to the editor defending themselves, with some assuring the public that nurses would never abandon their patients. "Just Another Jane Doe RN" from St. Stephen lamented the changes brought about when the provincial government assumed responsibility for community hospitals: the

31 *Telegraph Journal*, 27 March 1974; *Telegraph Journal*, 20 January 1975; *Globe and Mail*, 17 January 1975; *Moncton Times*, 16 January 1975; *Daily Gleaner*, 16 January 1975.

32 *Evening Times Globe*, 17 January 1975; *Moncton Times*, 16 January 1975.

33 *Telegraph Journal*, 17 January 1975.

34 *Telegraph Journal*, 20 January and 6 and 8 February 1975. This is a pattern confirmed by some oral informants and it suggests the importance of ethno-cultural factors among the nurses. See author's interviews: Mary Arseneau, Saint John, 4 August 2006; Thomas Mann, Fredericton, 12 October 2006; and Linda Silas, Moncton, 16 August 2006. All of these interviews are in digital format with transcripts and are stored at the CURA office at the University of New Brunswick (UNB) and will be transferred to the Provincial Archives of New Brunswick (PANB) in the future. The *Evening Times Globe*, 12 February 1975, reported that at three hospitals in New Brunswick the nurses were still out: Chaleur Regional Hospital (Bathurst), Hôtel Dieu (Tracadie), and l'Hôpital de l'Enfant Jésus (Caraquet).

12 *Acadiensis*

bringing in of a multitude of rules and regulations (resulting in reams of paperwork) was exacerbated by nurses' low pay, overwork, and lack of equipment.³⁵ Another letter writer maintained that "a nurse wins no Oscars but she deserves them by the dozen" after listing what was expected of her: "She must have the constitution of an ox, the speed of a gazelle, the devotion of a nun, the durability of a truck horse, and the hide of a rhino."³⁶

While representatives of the nurses and the government argued over whether mass resignations constituted a strike, the government filed a writ for damages against the bargaining council and the nurses' bargaining council representative, Glenna Rowsell, told the press that the council was contacting as many nurses as possible to urge them to withdraw their resignations.³⁷ There were also problems within the ranks of the nurses themselves. Press reports in mid-to-late February and in March revealed dissatisfaction with Rowsell, with the way they were represented on the collective bargaining council, and with their agreement. Nurses at the West Saint John Community Hospital went so far as to pass a resolution expressing their dissatisfaction with Rowsell and the advice she gave to local staff associations. The crux of the matter seemed to be Rowsell's advice that no further action could be taken once the injunctions had been served. The first press reports of dissatisfaction surfaced in northern New Brunswick and later in Saint John. For instance, Mary Arseneau, the president of the nurses' association local at the Saint John General and later president of the New Brunswick Nurses' Union (NBNU), disputed Rowsell's claim that nothing more could be done.³⁸ Dorothy Cummings, president of the collective bargaining council for hospital nurses, however, defended Rowsell as "the best in the country" and assured the press that the council fully supported Rowsell. Because the mass resignation campaign failed, argued Cummings, "now they must have someone to blame. The nurses must take some of the blame themselves, they wanted this action." This dispute among nurses underlined the divisions within the profession; it was the rank and file nurses who had initiated the "sick-in" and mass-resignation campaign and the collective bargaining councils had been taken by surprise by the militancy of the nurses at the local level.³⁹

Perhaps most importantly, the discontent among nurses led to specific changes in the way the collective bargaining council operated. Nurses argued for more input into negotiations and a vote on forthcoming contracts. The nurses at St. Joseph's Hospital urged reconfiguration of the collective bargaining council so that each of the 36 local staff associations in the province had a representative on the council rather than the existing five regional representatives. By October the council had changed its constitution to operate provincially rather than regionally and the nurses' representatives actively investigated joining the Canadian Labour Congress and also set up a committee to study the possibility of a new national organization.

35 *Telegraph Journal*, 30 and 31 January 1975.

36 *Telegraph Journal*, 7 February 1975.

37 *Telegraph Journal*, 8 and 11 February 1975.

38 *L'Evangeline*, 17 février 1975; *Evening Times Globe*, 21 February and 20 March 1975.

39 *Evening Times Globe*, 20 March 1975. David Coburn's observation that the rank and file as opposed to the leadership adopted different strategies seems apt in this particular case. See Coburn, "Professionalization and Proletarianization," 154.

Nevertheless, nurses in Saint John remained critical of the centralization of authority in Fredericton. Discontent was so strong that the bargaining council's executive and Glenna Rowsell met with representatives of CUPE when discontented nurses, mostly from Saint John, asked that CUPE represent them in future negotiations. The nurses, however, did not join CUPE, which represented health care workers such as nursing assistants, technicians, support staff, and others.⁴⁰

A second feature of the nurses' struggle was the support of organized labour. CUPE's New Brunswick Council of Hospital Unions, for example, backed the nurses and promised not to do their work, while the New Brunswick Federation of Labour used the press to urge the reopening of all public sector contracts and to criticize the use of the courts in the nurses' dispute. Other labour organizations also questioned the use of the courts against the nurses, particularly the injunction. Finally it should be noted that the collective memory of the 1975 struggle remained strong among the nurses, who later remembered Premier Hatfield's assurance that conditions would improve for nurses. As former nurses' union president Madeleine Steeves recalled in terms of the "blue flu," nurses were "trying to get the government's attention as to the situation of the nurses in the province who, they thought, were just going to work forever for whatever they would give them."⁴¹

Subsequent contract negotiations in the 1970s, though, were fraught with conflict and involved long, drawn-out talks followed by recourse to conciliation and continued scrutiny under the anti-inflation program imposed by the Trudeau government. The settlement for the 1976-78 period was rolled back by the Anti-Inflation Board and the contract for 1978-80, which imposed the 6 and 5 formula for wage increases, received bare approval by the nurses (51 per cent).⁴² Thus by the time of the contract negotiations that began in February 1980, the nurses were determined and had planned a sustained campaign to bring their situation before the general public as well as Members of the Legislative Assembly (MLAs). "The Nurse Is Worth It" campaign resulted in dozens of letters to the press, cabinet ministers, and the premier as well as individual meetings with MLAs in their ridings (involving a total of 250 nurses) and a small demonstration in front of the New Brunswick Legislature in July as the politicians concluded an unusually long session by voting themselves a 33 per cent pay increase. Time and again the nurses referred to Hatfield's promise that conditions would improve. By the fall, the nurses had garnered massive public support from many MLAs, other unions, the New Brunswick Medical Society, some hospital

40 NBNU, Executive Committee Minutes 2 October 1975, file 001700201, NBNU office, Fredericton; *Evening Times Globe*, 18 March 1975; *Daily Gleaner*, 4 October 1975; *Evening Times Globe*, 20 March 1975.

41 *Evening Times Globe*, 20 January 1975; *Telegraph Journal*, 13 February 1975; Madeleine Gaudet (formerly Steeves), interview by author and Amanda MacQuarrie, 25 May 2006, Fredericton, digital with transcript, CURA office (UNB) until deposit at PANB in future. The files of the NBNU contain a model letter to be sent to MLAs that quoted the premier as saying "Although we will not open contracts . . . I promise you that fair and just treatment will be given your members when the time comes for negotiating collective agreements in just over 12 months." See NBNU, Executive Committee Minutes, 1975, file 001700201, NBNU office, Fredericton.

42 *Telegraph Journal*, 29 January 1977 and 20 September 1978. Anti-inflation measures limited increases to six per cent in year one of a contract and to five per cent in year two.

administrators, many individual doctors, the NBARN, and women's groups. Once again the nurses applied for conciliation, a process that dragged on into January 1981.⁴³

During that time the union widened their public relations campaign by soliciting several dozen individual stories from nurses that effectively demonstrated the difficulty of living on a nurse's salary, especially for those who were single mothers or the main wage earner in the family. As Mrs. Mary Clark, RN, wrote: "We are not just bringing home a second salary to provide luxuries for our homes. Many of us are breadwinners." Compared with other jurisdictions where some of the nurses had worked, New Brunswick paid much lower wages (including no overtime pay) with very little possibility of improving wage levels through advanced education or long experience. Jill MacDonald wrote: "The only increments in our contract are for a nursing degree. However, I do not feel encouraged to spend four years at university to obtain a nursing degree to be rewarded with a 30 cent per hour increase." A number of the younger nurses carried student debts that were difficult to pay off on nurses' wages. A very angry nurse who signed herself "a nurse who is definitely moving on!" compared her much-better Ontario salary to New Brunswick's, which was almost two dollars an hour lower. In closing she challenged the minister of health "to justify to your charges and the patients in their care how you can pay the nurses in New Brunswick \$3,000.00 less than the national average."⁴⁴

The pressure continued to mount that autumn. Nurses disrupted a meeting where Premier Hatfield was speaking to an audience and nurses across the province donned the symbolic "Red Badge of Frustration" as a sign of their discontent. Discussions continued on the shortage of nurses in the province and there were numerous province-wide marches in December. Finally, groups as varied as the Advisory Council on the Status of Women, the New Brunswick Medical Society, and unionized civil servants from other provinces urged support or supported the nurses. These pressures culminated in the threat of a strike after nurses rejected the report of the conciliation board, bringing the year-long campaign to an end.⁴⁵

The nurses held out for and received a hefty 41 per cent increase over 27 months, which was the recommendation originally made by their representative on the conciliation board, Simon Renouf, chief executive officer of the United Nurses of Alberta. The exact nature of the negotiations among the three men who formed the board and held the nurses' fate in their hands is not known, but one can safely assume that the real threat of a strike, when combined with an experienced (and male)

43 *Telegraph Journal*, 16 July and 16 September 1980; *Daily Gleaner*, 2 August 1980.

44 NBNU, Clipping files, 1980, NBNU office, Fredericton. The union collected about two dozen profiles from nurses in the province as part of their campaign to get a better contract. The *Daily Gleaner* noted on 4 October 1980 that parity with nurses in other provinces was not a realistic goal while noting that MLAs used the parity argument to get a 33 per cent increase: "No wonder there is a sense of injustice – even outrage – over such blatant inconsistency."

45 See the following press accounts: *L'Evangeline*, 26 novembre 1980 and *Times Transcript*, 28 November 1980 (Hatfield confrontation); *Daily Gleaner*, 4 and 9 December 1980 (red badge); *Telegraph Journal*, 10 December 1980 (march); *Telegraph Journal*, 21 November 1980 and *Daily Gleaner*, 25 November 1980 (shortages of nurses); *Telegraph Journal*, 11 October, 21 November, and 2 December 1980 as well as *Daily Gleaner*, 29 October 1980 and *Times Transcript*, 6 December 1980 (groups); and *Daily Gleaner*, 12 December 1980 (threat of strike).

representative for the nurses as well as the nurses' deep sense of grievance stemming back to 1975, nursing shortages, and widespread public support, helped to resolve the situation in favour of the nurses. As part of the settlement, agreement was reached on patient care; joint committees to deal with the quality of patient care were to be established in each of the 39 nurses' locals thus giving nurses some means of intervention on workload issues. While the press played up the salary issue, the nurses continued to emphasize the connection between working conditions, morale, and ethical concerns about patient welfare.⁴⁶

Thus, although New Brunswick nurses had begun collective bargaining well before the establishment of the NBNU in 1978, their experience in this bargaining differed somewhat from that of nurses in other provinces. Like nurses elsewhere, New Brunswick nurses used collective pressure to make their point by calling in sick, resigning en masse, lobbying politicians, demonstrating on the streets, using the media to state their case, and threatening to strike. Unlike nurses in almost all other provinces, New Brunswick nurses have so far avoided using the strike weapon. Why this has been the case is a subject for further research, but the evidence at this point suggests that they have been quite successful in mobilizing public opinion in their favour and that this was sufficient to help satisfactorily resolve issues related to nursing in the province.

Aside from this lack of strike experience, New Brunswick nurses have a history that resembles nurses elsewhere in Canada. Nurses came from a variety of class backgrounds and have had to defend their position as skilled professionals against both doctors and ancillary health workers, with the latter taking on more of the bodily care tasks and thus potentially threatening the boundaries of nursing work. At the same time, nurses have not been comfortable with traditional trade union models. In the aftermath of the 1975 "sick-in" campaign New Brunswick's nursing leadership met with CUPE representatives, but they rejected further talks with the labour union. The subsequent choice made by nurses to establish their own union may also suggest the limitations of the proletarianization paradigm, which stresses inevitable gaps between leadership and rank and file as well as deskilling. Historically, including 1975, there have been differences between nursing leaders and ordinary nurses, and in this 1975 case the rank and file were more willing to take more drastic action than the leadership. The increasingly complex nature of nursing work, however, does not fit easily into the deskilling assumptions of proletarianization. Nursing work came to include responsibility for procedures previously assigned to doctors and for complex machinery as well as an emphasis on specializations within nursing itself.

The authors of a recent history of labour in Saskatchewan suggest that Saskatchewan nurses also did not identify with industrial-style unions but rather with craft-style unions that recognized skilled professional qualifications.⁴⁷ One might also suggest that, during the 1970s, white collar, public sector-style unions were more

46 *Daily Gleaner*, 9, 12, and 13 January 1981; *Times Transcript*, 20 January 1981. John Peddle, director of the Newfoundland Hospital Association, joined Renouf and the chair of the conciliation board, J.-M. Simard, who was also president of Treasury Board.

47 Jim Warren and Kathleen Carlisle, *On the Side of the People: A History of Labour in Saskatchewan* (Regina: Coteau Books, 2005), 219.

16 *Acadiensis*

attractive to nurses as they involved more women – even though these unions were relatively new and struggling with wage controls and hostile governments (particularly at the federal level).⁴⁸ Reluctance to use the strike weapon also characterized the early history of nurses' unions, where the consequences of withdrawing labour could threaten human health and not just the production of commodities.

Yet class relations in the nursing field were also complicated by the issues of ethnicity and gender, and this was particularly true in terms of cultural and language differences in New Brunswick. Ethnic differences between francophone and anglophone nurses in New Brunswick were more pertinent than in other parts of the country because, unlike in many other provinces that attracted nurses from the developing world in the post-war period, the lack of a similar migration of such nurses to the province meant that the French-English cultural/linguistic divide continued to be perhaps the major division within the ranks of the nurses. These differences, for instance, exemplified themselves in such things as an increased level of militancy among nurses in some francophone communities (as noted previously in the discussion of the mid-1970s struggle to reopen the contract). Some oral history informants, such as former union president Mary Arseneau, have also suggested this was the case: "The one thing about the union that always used to amaze me was the French nurses; if they thought they were right, they would fight tooth and nail until the last gun was fired. . . . If the French locals said they were supporting you, you knew you had their support 100 per cent." Former executive director of the NBNU in the 1980s and 1990s, Thomas Mann, agrees with that assessment: "What was instilled in the Acadians was don't take anything for granted. And, if you want it, you have to get it; no one's going to offer it to you on a silver platter. . . . I am forced to the conclusion that it's a cultural thing."⁴⁹

Finally, there is the issue of gender. Nursing remains an overwhelmingly female profession that early on was premised on service, discipline, nurturing, and caring – initially within the family but later in the public hospital. A patriarchal health care hierarchy initially placed the nurse in a subordinate position to the physician and, later in the 20th century, placed the nurse in the middle between doctors and ancillary health care workers. The architects of the profession constructed a long-lasting identity for nurses that eschewed independent action and stressed caring work as the heart of what it meant to be a nurse. Thus nurses in the late-20th century faced the challenge of redefining their work and their worth. Campaign slogans such as 1980s "The Nurse Is Worth It" signaled the metamorphosis taking place in nursing as nurses began to question older values based in both patriarchy and a particular model of professionalism. As Madeleine Steeves, president of the NBNU from 1982 until 1990, remarked in an interview: "There was this perception that if you were union, you had somehow given up your professionalism. You had dumped the lamp, so to speak. And it took a long time to get that, that you could be both – that you had a right to that

48 See Leo Panitch and Donald Swartz, *From Consent to Coercion: The Assault on Trade Union Freedoms*, 3rd ed. (Aurora, ON: Garamond, 2003), chs. 2 and 3.

49 Mary Arseneau, interview by author, 4 August 2006; Thomas Mann, interview by author, 12 October 2006.

union. You were a professional who had a right to be unionized. . . . Our roots were with the nuns, with the sisters, with the wars and the dedication was pounded into you, so it was a long time breaking.”⁵⁰ For New Brunswick nurses, the tensions between professional and union identities would remain into the next decade. The experiences of 1969, and especially 1975 and 1980-81, form part of the collective memory of past struggles that suggest, as one former president of the union put it, just how difficult nurses found it to reconcile wearing their “two hats” – the nurses’ cap and the union hat.⁵¹

50 Madeleine Gaudet (formerly Steeves), interview by author and Amanda MacQuarrie, 25 May 2006.

51 Rita Dubé, interview by author, Bathurst, NB, 27 October 2006, digital with transcript, at CURA office (UNB) until deposit at PANB in the future.