

CAREGIVING ON THE PERIPHERY: HISTORICAL PERSPECTIVES ON NURSING AND MIDWIFERY IN CANADA

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The book *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, edited by Myra Rutherford, is a wonderful compilation of eleven different submissions organized in four different sections: multifaceted lives of midwives; life writing in nursing history; regulating nursing training and professional boundaries; and northern nursing. Each section brings insight, depth and critique to nursing in environments with few professional or technical supports. The strength of character of the nurses who ventured into positions as nurses and midwives in remote and/or northern areas of Canada is a central thread throughout the book.

The book chapters vary from a focus on a particular nurse to a focus on multiple experiences of nurses within one geographical area. Frequently there is reference to letters, journals or other communications from the nurses, discussing their many challenges and obstacles. Often their most challenging barrier to overcome, while somewhat geographically removed, was the bureaucracy in which they worked. In one chapter [Chapter 8, Coombs-Thorne] the determination of the nurse to remain in a remote community, despite the physician's evaluation of her lack of skill or competence, presents a challenge to the nursing supervisor. Nurses who were passionate about their work threatened to resign if they were relocated to a different community. In another chapter

[Chapter 5, Kelm] a theme of both class and race is present, locating nurses in positions of power over their community members because the nurses were often middle or upper class and most were white. Yet, the nurses' experiences were also shaped by gender. All nurses were female; all physicians were male. And while the nurses functioned competently in remote areas with minimal support from either physicians or availability of technical equipment, sadly they were not viewed with the same esteem as physicians.

What is most remarkable, but not surprising, was in all the stories the nurses displayed the ability to integrate into the community, sometimes more successfully than others. Often the nurses were on duty seven days a week, leaving little time for socializing amongst the community members. This was judged at times by community members as less than favourable, but with little understanding of the workload of the nurses within the community [Chapter 9, Elliott]. The nurses' ingenuity in addressing the needs of the community using its resources and strengths illustrated how in tune with their community the nurses and midwives actually were. In another chapter [Chapter 11, Bender Zelmanovits] there is a discussion of how the government department wanted the nurses within the community to educate the community members about the Canada Food Guide. The nurses, understanding the challenges for the community members, advocated the Hudson Bay Company to alter what foods they brought into their stores in attempts to enhance the food sources for the community.

Essential to the nurses' and midwives' role was community development, with the essential component of building relationships with community members and understanding the needs and challenges of the community. As an example, nurses who worked within northern Aboriginal communities worked within the lifestyle beliefs of the community

members while graciously attempting to forge relationships to be able to assist community members [Chapter 9, Elliott; Chapter 10, McBain].

The variation of stories within the book addresses nursing and/or midwifery experiences from coast to coast to coast in Canada and critiques issues of colonization, race, class, gender, graciously and thoughtfully. While the stories in the book focus on experiences of nurses and midwives from the turn of the century up until the mid 1980s, what is most thought provoking is how independently, autonomously, and competently the nurses were able to function. From the stories in the book, it appears nurses gain independence and autonomy working in remote areas or within the community in urban settings. Many of the nurses' stories in the book acknowledge their experience would be less autonomous if they had stayed in an urban hospital, which gave the remote settings more appeal.

The book is a testament to the knowledge, skills, competence, and autonomy all nurses should be able to practice regardless of geographical location. It is a book that should be read and discussed in both undergraduate and graduate courses, to critique the current location of nursing within the current health care system.

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