

THE SEVENTH DECADE



The Seventh Decade 1969–1980

(A brief history of the Canadian Nurses Association during the years 1969–1980. This is a companion volume to *The Leaf and The Lamp*, CNA's history of its first 60 years.)

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Continuing The Story. . .

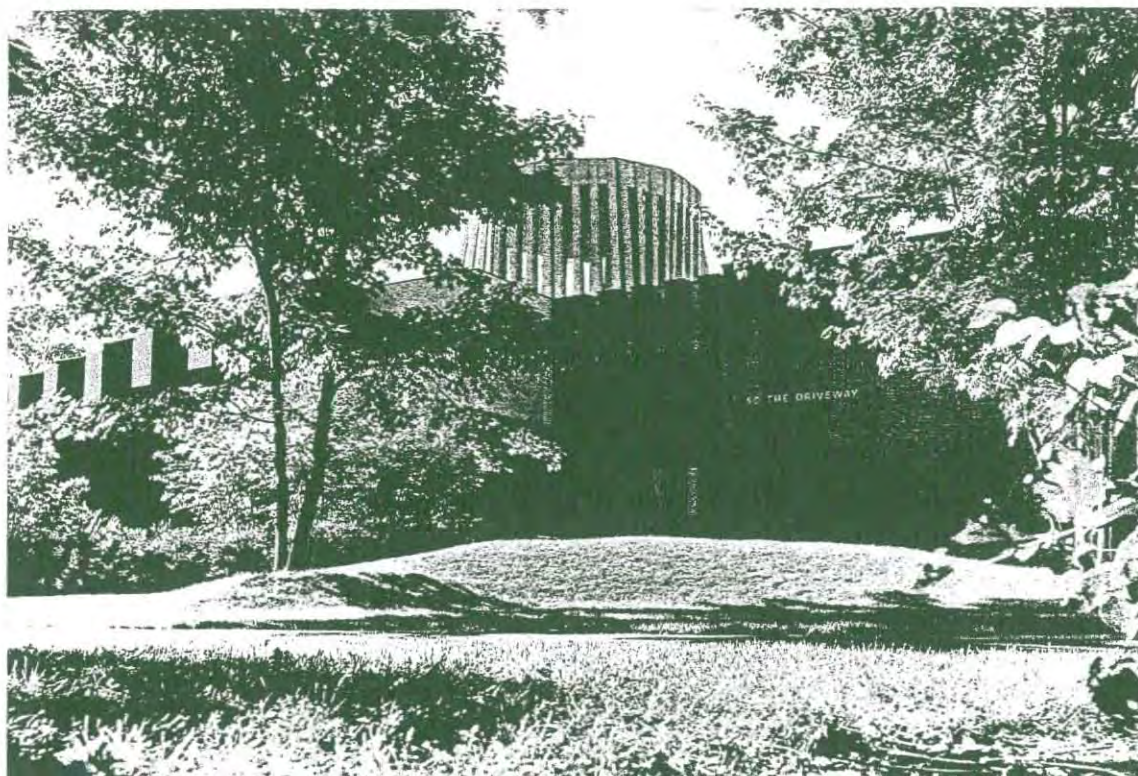
In 1968, the Canadian Nurses Association published *The Leaf and The Lamp* in order to provide an historical overview of the first 60 years of the Association. A decade sped by and it was time to write *The Seventh Decade*. As a companion to *The Leaf and The Lamp*, this historical document focuses on the most important developments of the '70s. This decade will be known as the "Decade of Achievement". A period of advancement in every sphere of nursing activity from clinical practice to research.

Publication of this history would not have been possible without the collaboration of many CNA members and staff. To name a few, they are: Canadian Nurses Association President, Shirley Stinson, Glennis Zilm, Beryl Darling, Lillian Pettigrew. I would like to give a very special mention to Dr. Helen K. Mussallem who devoted an inordinate number of hours developing, orchestrating, monitoring and editing the manuscript.

Now that we are into the 1980's, the direction and challenges of the current decade are evident. The achievements made in every component of nursing during the '70s have paved the way for the profession to enter a new phase of development. The 8th Decade will be a period of consolidation of these components, a time during which nursing can have a major impact on the health care system in Canada. This impact will be intensified through increased collaboration and cooperation between nursing and other organizations with an interest in health care.

*Ginette Rodger
Executive director
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*Ottawa, Canada
April, 1982*



CNA House, 50 The Driveway, Ottawa, Ontario.

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CNA logo featured in rug hooked by two staff members, 1977.

I. A Continuing Commitment



For many men and women, the seventh decade is a time to consider retirement, to adopt an easier lifestyle, in fact a time to reflect rather than to act. For a professional association, however, a seventh decade can be a period of great vitality and power. So it was for the Canadian Nurses Association during its seventh decade from 1969 through 1980. It was a time of vigorous growth in membership and, significantly, of influence and impact in the Canadian health care scene. Dramatic national and global changes moved the association into new areas and changed demands on old priorities.

At the end of this decade of change, membership had increased 61 percent — from 78,416 in 1968 to 127,746 in 1979. This increased the strength of the profession and made recognition of nurses inevitable. In health care, nurses had become the largest group of professionals. The demands, services and costs, both in the national office and in the offices of the eleven provincial/territorial associations, were numerous.

Individual and group initiatives have been a leaven to CNA actions. The greater the membership, the greater the expectations that the association would influence all facets of Canada's health plans and programs.

CNA publications, especially *The Canadian Nurse* and *L'infirmière canadienne*, as well as position statements, policy changes, briefs, task forces, study groups and working groups of the decade attest to the mature strength of an association that has moved beyond self-interest in its reach toward a wider common goal nationally and internationally.

During the seventh decade developments have occurred that affect not only the three major areas of nursing — nursing education, nursing practice and social and economic welfare for nurses — but also the spheres of nursing administration and nursing research. In fact, as a result of the accelerating interest in these latter two areas during the decade, nursing administration and nursing research have attained a status equal to education, practice and social and economic welfare.

Many factors have contributed to this decade of change for nursing. At the top of the list is nursing's need to adapt to the changes in the population

it serves. For example, public promotion of a healthy lifestyle for all Canadians as well as a greater awareness of environmental hazards and occupational diseases have resulted in a growing emphasis on preventive health care. Rapid technological advancements have opened doors for nurses to expand their roles in the "specialty" areas: intensive care units, coronary care units and renal units. Paradoxically, the technological changes praised because they save lives also often contribute to the upswing in chronic illnesses: cancer, cardiovascular diseases, chronic respiratory diseases and renal diseases.

Another major reason for the change in nursing has been the changing attitude of the nurse. A growing confidence in their educational preparation, skills and abilities has led nurses to be increasingly more willing to assert their important role in the delivery of health care.

During the 1970's, nurses have been increasingly concerned with many issues — societal, political, legal — as they affect promotion of health and delivery of health care. CNA members encouraged the national association to take an active interest in these related issues. The fact that between 1969 and 1980 the Association has presented briefs to more governmental commissions and task forces than in any previous decade attests to this growing awareness on the part of the nursing profession.

Subtle changes have occurred in CNA's research and advisory services over the past decade. Out of the identified need to look at the total picture has evolved services that, aided by consultants, ad hoc committees, task forces, are capable of responding to a broader spectrum of concerns and directing projects/programs that affect the health of Canadians. However, the research and advisory services still maintain a solid base in nursing education, nursing service and social and economic welfare.

NURSING EDUCATION

In 1932, the *Survey of Nursing Education in Canada* (Weir Report), published by CNA, first recommended that nurses be educated for their profession within the educational system. This became a reality in the seventh decade. The 1970's saw the end of most hospital-based schools of nursing and their replacement with the shorter diploma programs offered in educational institutions within the general education system at the post-secondary level (community colleges, CEGEPS).

Countdown 1969 reveals that in 1968, all but 26 of the 209 diploma nursing programs were offered by the hospital schools of nursing; the 26 were offered in educational institutions. According to recent data collected by CNA's research unit in 1978, there were 104 programs preparing nurses at the diploma level; 73 of these programs

were offered within the provincial educational system (community colleges, CEGEPS). Six were products of regional and independent schools of nursing and only 25 were offered by hospital schools of nursing. The drop in the total number of programs preparing nurses at the diploma level is attributed to the "grouping" of diploma programs when they came under the auspices of the community colleges.

In 1968, there were 39 university programs preparing nurses at the baccalaureate level, 26 with majors and 13 general baccalaureate programs for nurses who had already received their R.N. diplomas. There were master's degree programs at seven Canadian universities. At the university level in 1978, twenty-two Canadian institutions offered a total of 42 baccalaureate programs (21 basic and 21 post-basic). The most significant increase has occurred in the number of master's degree programs which by 1978 had grown to 22 in eight Canadian university programs.

Although the number of baccalaureate degree programs has not increased dramatically since 1968, what is significant is that many of these programs have been integrated with comparable degree programs at Canadian universities. Nurses are not being educated in isolation from the other professions.

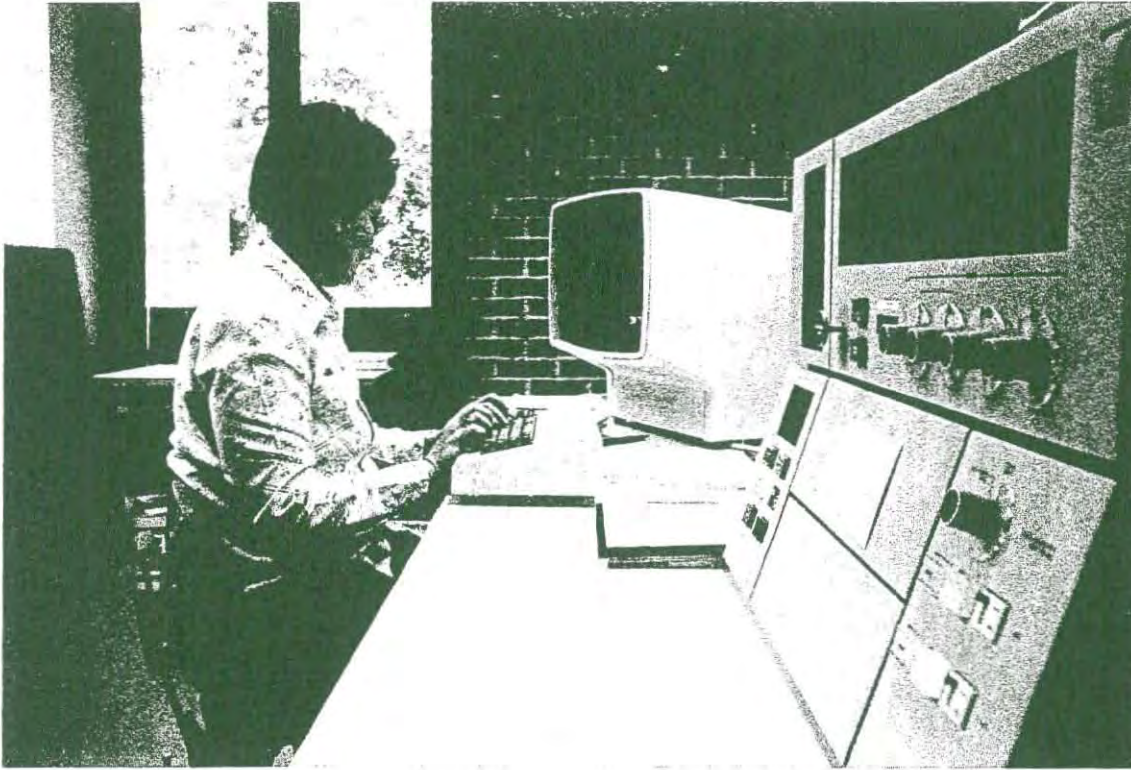
The Association continues to promote the recommendation of the 1970 committee on nursing education that all teachers in nursing education programs should have a minimum of a baccalaureate degree, and that teachers in baccalaureate and master's programs should have one degree higher than the level of the program in which they are teaching.

Nursing education programs have kept pace with the changing needs of the population their graduates are being prepared to serve. For example, in 1973 CNA, with Health and Welfare Canada, sponsored a national Conference on Nursing for Community Services; this focused on methods of making nursing education programs more relevant to needs. Changes have occurred in nursing curriculums to reflect the requirements of the future nurse who will work in the community. Today's nurse is being prepared to practice more independently or even as the sole practitioner. At the 1978 annual meeting of CNA, members voted to urge universities with baccalaureate programs that preparation for primary care nursing become part of basic nursing education.

The result of these changes in nursing education is the emergence of a nurse who is better prepared to meet the demands of the population and to provide a higher quality of nursing care.

The many changes in nursing education in the seventh decade became a foundation for future development:

- CNA, with the support of the Canadian Nurses Foundation and the Canadian Association of University Schools of Nursing has embarked on "Operation Bootstrap," a project arising from the 1978 CNA National Conference on Doctoral Preparation for Nurses. It is aimed at the development of doctoral programs in nursing at Canadian universities.



CNA's computer facilities were introduced in 1975.

- CNA, with the Canadian Association of University Schools of Nursing and the Canadian Nurses Foundation, has begun a project to develop a National Accreditation Program for nursing education programs.
- CNA is developing a statement concerning the minimal educational requirements for entry to the practice of nursing.
- CNA is studying the issues inherent in education of nurses for nursing administration.

Two highlights of the seventh decade were the publication in 1978 of *Standards for Nursing Education* and in 1979 the very successful, CNA-sponsored National Forum on Nursing Education, the proceedings of which were published as *Back to Basics*. A 1980 resolution from the annual meeting calls for a second Forum in 1982.

The seventies also generated an increasing interest in continuing education for nurses. Two national conferences were held during the decade and recommendations submitted to CNA.

In 1980, CNA members took steps to assure CNA involvement in the area of continuing education for nurses and to produce a position paper on continuing education for registered nurses in Canada.

NURSING PRACTICE/NURSING SERVICE

CNA has continued to be concerned with standards of preparation and performance of professional nurses. In addition to the aforementioned *Standards for Nursing Education*, the seventh decade saw a great deal of work in the area of development of standards for nursing care, service and practice.

In 1969, CNA published *Standards for Nursing Service in Health Care Facilities — a Self-Evaluation Guide*; in 1972, *Guidelines for Development of Standards for Nursing Care*; in 1980, the first phase of nursing practice standards project was completed with the publication of *Definition of and Standards for Nursing Practice*. Work on the second phase of this project, the implementation of the standards, is scheduled to begin in 1981.

Since 1968, numerous changes have taken place in nursing practice, in its setting and scope.

Although the majority of nurses are still employed in the hospital setting, there is a growing trend toward more care of illness and promotion of health in the community. The number of nurses practising in community health settings is increasing.

In the hospital, efforts are being made to have non-nursing duties assumed by other staff. As a result of this transfer of duties nurses are assuming more functions previously carried out by doctors. There is a trend toward a 12-hour day/three-day week. Teamwork is evident, using the skills of other personnel.

In a variety of institutions, emphasis is being placed on primary care nursing, a system in which a "primary" nurse assumes 24-hour responsibility for the care of a patient with the assistance of associate nurses who carry out the plan of care during the primary nurse's absence. The focus on teamwork is also evident in the increased use of nursing consultants who work with and advise staff nurses.

Since 1970, when CNA published its *Statement on the Clinical Nursing Specialist*, the Association has continued to be concerned with the field of specialization. As predicted in CNA's (1973) discussion paper on specialization and supported in its position paper on specialization (1973), there is a growing trend toward specialization. With the advancement of medical technology and the changing character of illness, nurses are becoming specialized, to work in coronary care, intensive care, renal units. (A resolution from the 1980 annual meeting of CNA requested the Association to study the feasibility of developing examinations for certification in major nursing specialties.)

One of the most significant developments in the field of nursing practice in the seventh decade, in fact in the history of the profession, has been the birth of the independent nurse practitioner.

In 1968, there was an "undersupply" of nurses. Since that time, there has been a fluctuation between "oversupply" and "undersupply" so that we have come full circle and are again faced with an "undersupply". The areas where shortages are currently being reported are in:

- (1) hospitals
 - special care units
 - night shifts
 - during the summer months
 - top administrative position

CNA's Task Force on Nursing Practice Standards. Pictured during the August 1979 meeting are members: (standing) Myrtle Tregunna, day care coordinator, St. Vincent's Hospital, Vancouver; Karen Mills, associate director, City of Edmonton Local Board of Health; Jessica Ryan, head nurse, Chaleur General Hospital, Bathurst, N.B.; Louise Lévesque, director of CNA projects; (seated) Evelyn Adams, associate professor of nursing, University of Montreal; Louise Lemieux-Charles, director, nursing Process Project, Registered Nurses Association of Ontario; Pat Wallace, project director.



(2) rural and isolated communities.

It is interesting to compare data. In 1968, there were 95,553 nurses employed (full-time and part-time); of this number, 40.1% were within the age group under 25 to 29, with 39.9% between 30 and 49. In 1978, however, of the 165,524 nurses employed (full-time and part-time), 35.5% are within the under 25 to 29 age category, while 50.2% are between 30 and 49.

In 1979, the Honorable Emmett Hall was commissioned by the federal government to conduct a study of Canada's health care system. This study and, in particular, *Putting Health into Health Care*, CNA's brief to the Hall Commission, may open the doors to what could be the most exciting changes in the practice of nursing in this country. If CNA's recommendations to the Hall Enquiry are accepted, the next decade should see:

- the initiation of programs to promote primary health care;
- new points of entry (the nurse) into the system;
- more efficient use of all qualified health personnel; and
- continuing improvement of programs to meet the needs of the ill.

SOCIAL AND ECONOMIC WELFARE

During the seventh decade labor relations were a continuing concern for the board of directors and in 1976 the establishment of a Labour Relations department became a priority for the 1976-1978 biennium. In September 1977 a director was appointed and two major services became operative: Information Statistics and Education. The department is based on the belief that the profession is responsible for the social and economic welfare of its members; development and implementation of standards of practice; encouragement of the development and promotion of educational programs and assisting nurses in their employment setting.

NURSING ADMINISTRATION

At no other time in the history of Canadian nursing has the field of nursing administration and the role of the nurse administrator received the level of interest and recognition it has in this seventh decade.

CNA officially recognized the emerging importance of nursing administration and the nurse administrator in 1972, when its bylaws were changed to provide for a member-at-large representing the field of nursing administration on the CNA board of directors.



Meeting of Social and Economic Welfare Counterparts, CNA House, April 20, 1976, addressed by Beryl Plumptre, Vice chairman, Anti-Inflation Board.



Extension Course in Nursing Unit Administration Ottawa workshop, September 20-24, 1976.

The seventies have seen a re-organization of nurses at the policy-making level. Until that time, it was the director of nursing who was the chief nurse in the hospital. The winds of change that swept the seventies brought with them changes in the organizational structure of many Canadian hospitals. With these changes, the chief nurse has been credited with a new dimension — recognition of her important administrative role. In some hospitals, this “chief nurse” is now called “vice-president, nursing” and, in others, she is a full “vice-president” at the hospital policy-making level.

Although CNA has supported the recognition given to this administrative role, the Association continues to caution that the executive responsible for the department of nursing shall be an educationally qualified registered nurse who will be a member of the senior hospital administrative staff, reporting directly to the chief executive officer.

Interest in nursing administration and the role of the nurse administrator hit an all-time high in 1980. That year, the Canadian Conference on Health Service Executives sponsored the first national conference on nursing administration. And at the 1980 annual meeting of the CNA, members asked that CNA hold a national forum for nurse administrators on powers and responsibilities related to nursing management and that CNA study the issues inherent in education of nurses for nursing administration.

NURSING RESEARCH *

Perhaps the most concise and clear way of illustrating the dramatic changes in nursing research in Canada during the seventh decade is to highlight what was CNA's role in nursing research in 1969 and compare it with that of 1980.

An examination of CNA's 1969 priorities and policies indicates little by way of involvement in the development of nursing research with the major exception of maintaining emphasis on making the CNA Library the most outstanding collection of nursing literature in Canada, including Canadian nursing research. This collection has grown markedly over the decade and continues to be the best repository of its kind.

Over the seventh decade CNA had begun to play a *major* and increasing role in promoting nursing research. This was done in a number of ways: through its committee on nursing research (which became a standing committee in 1978); developing a code of ethics for nursing research; changing the by-laws (1976) to include a member-at-large for nursing research on the board; sponsoring the 1977 National Conference on Nursing

* For details on the development of nursing research in Canada up to 1976, including CNA's role, see Shirley M. Stinson, “Central Issues in Canadian Nursing Research,” in B. LaSor and M. R. Elliott (eds.), *Issues in Canadian Nursing*, Prentice-Hall: Scarborough, 1977, pp. 3–42. For an update to 1978 by the same author, see “Nursing Research: The State of the Art,” in G. Zilm, O. Larose and S. Stinson (eds.), *PhD (Nursing)*, Ottawa: CNA, 1978, pp. 11–21.



CNA Library became the Helen K. Mussallem Library in June 1980.

Research in cooperation with the University of Ottawa and with the support in part of the National Health Research and Development Program; publishing research abstracts and selected research articles in its journals; and being a strong advocate for increased funding for nursing research at the national level.

Also, in 1980, as an outgrowth of the National Seminar on Doctoral Preparation for Canadian Nurses (1978), instigated by CNA and co-sponsored by CNF and the Canadian Association of University Schools of Nursing under a grant for the W. K. Kellogg Foundation, the CNA in concert with CNF and CAUSN submitted a 5.2 million dollar funding proposal to the W. K. Kellogg Foundation. That proposal was aimed at obtaining starter grants to establish a Ph.D. Nursing program and two nursing research consortia; emergency fellowships for doctoral preparation; and funding for communicating nursing research and maintaining an inventory of the nurses with doctoral degrees. While CNA's initial (1976) focus had been on Ph.D. preparation, it became



CNA's Special Committee on Nursing Research, 1977. Left to right: Rose Imai, Odile Larose, Jacqueline Chapman, Helen K. Mussallan, Joan Gilchrist, Peggy Overton, Helen Glass, Margaret Rosso, Ada Simms, Lesley Degner, Marion Kerr.

very evident that until and unless a strong infrastructure for nursing research was developed in Canada, the development of doctoral programs and the impact of nursing research on nursing practice would be limited. Also, there were the associated priorities of funding doctoral candidates, communicating nursing research and maintaining an inventory of nurses with earned doctoral degrees. In the latter regard, CNA published the first Canadian nursing doctoral statistics in 1980, documenting that whereas there were some 20 nurses with doctoral degrees in 1969, there were approximately 80 by 1980. Further, by 1980 there were over 70 Canadian nurses currently enrolled in some type of doctoral program.

In sum, the seventh decade was one of dramatic growth for CNA in providing leadership for the development of nursing research.



Director of Testing Service Dr. Eric G. Parrott consulting with staff members, 1976.

CNA TESTING SERVICE

Throughout the seventh decade, the CNA Testing Service, which became a part of the association in 1970, continued to develop. CNATS regularly administers examinations to candidates seeking registration/licensure knowledge and theory and ensure they are safe to enter nursing practice.

CNATS brings together Canada-wide nursing expertise to produce statistically sound tests that measure mental traits, abilities and processes. After many years of hard work by a large group of dedicated nurses across Canada, a *comprehensive* examination for nurse registration/licensure was introduced for use in 1980. This event marked the end of the five-part examination and raised the possibility that Canada may be the first country in the world to use a comprehensive examination for nurse registration on a national basis. It was significant that for the first time a national registration examination was developed in English and in French.



Journal and library staff, 1979.

INFORMATION SERVICES

CNA maintains a fully staffed public relations department for the purpose of achieving visibility for the Association and for the nursing profession. Public relations activity includes a continuing program of communications with public and professional, the use of print and electronic media to interpret CNA projects and programs as well as promote the annual meetings, seminars and other special projects. The public relations staff also maintains contact with counterparts in provincial/territorial member associations to coordinate a national program.

The information program of the Association accumulates, processes and distributes nursing information to promote understanding and support of CNA policy among members of the nursing profession, allied groups and professions, government agencies and the general public. To do this, it employs all available media including its own monthly publications, *The Canadian Nurse* and *L'infirmière canadienne*. These magazines, which have a combined monthly circulation of approximately 145,000 provide comprehensive coverage of nursing activities as well as general and technical articles of interest to the nursing profession. This represents a 61% increase in circulation over the 10 year period.

LIAISON

As the national voice for Canadian nurses, CNA maintains liaison, affiliation and membership with many departments of the federal and provincial governments and more than 100 health-related organizations or agencies, as well as the media. Liaison came to mean official CNA representation to external committees, conferences, task forces and working committees, consultation, presentation of briefs and submissions to governmental and non-governmental agencies as well as membership in various national and international organizations.

CNA, as a member of the International Council of Nurses (ICN), continues its responsibility for representing Canadian nurses at the international level and for communicating with other international organizations in the health field.

Through ICN's "Nursing Abroad Program," and with the cooperation of association members and nursing associations throughout the world, CNA arranges for observation and study visits of nurses from ICN member countries. In addition, CNA helps Canadian nurses who are seeking employment or study abroad.



Five French nurses visited CNA Library in May 1976 as part of their program, and met with Margaret L. Parkin, Librarian.

When the Commonwealth Nurses Federation was established in 1971, one of its founding "association" members was the Canadian Nurses Association.

CNA also cooperates with governmental and non-governmental agencies, such as the World Health Organization, the Pan American Health Organization, the Canadian International Development Agency, the Canadian University Service Overseas, Canadian Red Cross Society and St. John Ambulance.

CANADIAN NURSES FOUNDATION

By the end of the decade the Canadian Nurses Foundation had made 114 awards; 95 awards for studies leading to a master's degree and 19 awards for studies leading to a



Canadian Nurses' Foundation celebrated its 10th anniversary during the 1972 CNA convention in Edmonton.

doctoral degree. CNF remained the only Canadian foundation to deal exclusively in supporting nursing scholars.

CNA maintained strong links with the Foundation, as it became affectionately known at CNA House. Since its founding, initiated by the CNA board, the Association has provided the permanent secretariat. Dr. Helen K. Mussallem acted as executive director of CNA and secretary-treasurer of CNF throughout these years. CNF, housed within CNA, formalized itself with its own promotional brochure and a stylized logo.

The National Seminar on Doctoral Preparation for Canadian Nurses, funded by the W. K. Kellogg Foundation, was a remarkable event. The CNA board had asked CNF to act as repository for funding, and as a co-sponsor. The Canadian Association of University Schools of Nursing was also a co-sponsor of the Seminar.

II. The “Milestones”



The following list will present, year by year, the significant happenings that have helped shape the profession in Canada from 1969. It is not intended to be a complete record either of CNA events or of Canadian nursing events.

1969

- 14th Quadrennial Congress of the International Council of Nurses (ICN) and meeting of the Council of National Representatives is held in Montreal in June. CNA is host to more than 10,000 professional nurses from ICN's 85 member countries — the largest attendance at a Congress.
- Three Canadians are elected to ICN and its committees for the 1969–73 term of office: Dr. Alice Girard — 2nd Vice President; Dr. Lyle Creelman — Chairman, Membership Committee; Laura W. Barr — Member, Professional Services Committee. CNA members of the ICN Council of National Representatives for 1969–1973 are president (Sister Mary Felicitas, 1969–1970, Louise Miner, 1970–1972, and Marguerite Schumacher, 1972–1973) and executive director Helen K. Mussallem as adviser to all presidents.
- A grant of \$25,000 from the Commonwealth Foundation enables 42 senior nurses from developing countries; (1) to attend the 1969 ICN Congress; (2) to participate in a study tour prior to the Congress; (3) to meet during the Congress to discuss formation of a Commonwealth nurses' association; (4) to meet in 1970 (April 20–28) to determine the need for a regional nursing body in the Caribbean, and to prepare criteria and plans for a resurvey of all schools of nursing in the Commonwealth Caribbean. CNA's executive director is given responsibility also for planning the study sessions and meeting in June 1969 and April 1970.
- Marie Sewell of Toronto is appointed as the first CNA representative to the Canadian Council on Hospital Accreditation's Standards Committee.
- Dr. Charlotte Whitton, Mayor of Ottawa, in memory of three distinguished nurse colleagues, presents a gold presidential chain of office to Sister Mary Felicitas, president of CNA, on June 6. The names of CNA presidents are inscribed on the bars of the chain.
- CNA issues a position statement on “Immigration and Employment of Nurses from Abroad” in response to the growing number of nurses immigrating to Canada.

- CNA publishes *Standards for Nursing Service in Health Care Facilities — A Self-Evaluation Guide* to help nursing personnel evaluate their service in the light of established philosophy and objectives.
- CNA Brief to Commission on the Relations Between Universities and Governments presented by Helen K. Mussallem, executive director, and by Shirley Good, nursing consultant on higher education, recommends that the federal government provide funds to prepare nurses with a university degree. (A minimum of \$1,000,000 annually, in addition to the present Professional Training Grant Bursaries, for baccalaureate and master's preparation and \$100,000 annually for doctoral preparation.)
- CNA submits Brief to the Special Senate Committee on Science Policy. The CNA Brief states that research in nursing practice and more prepared nurse researchers are vital to the provision of health care for Canadians.
- CNA's executive director Helen K. Mussallem is invested as an officer of the Order of Canada.
- CNA membership increases from 78,416 in 1968 to 82,826 in 1969.

1970

- CNA completes negotiations and signs contract with the Registered Nurses Association of Ontario to purchase and transfer its testing service, which becomes nucleus of CNA testing services. An ad hoc committee of the CNA Testing Service is appointed to recommend a structure for the service and a Test Board is established as a special committee of CNA. The Test Service Board is responsible for the development of national tests in five clinical areas. CNA retains responsibility for the service including financial and legal matters. On May 1, CNA establishes a new department known as CNA Testing Service.
- CNA allocates \$10,000 in support of the Canadian Nurses Foundation.
- CNA establishes a Research and Advisory Services Unit in lieu of the previous nursing consultant services. This change was made in order that the services provided by CNA might be aligned with the changing needs of its members (i.e., growing interest in nursing research), thus allowing CNA to respond most effectively to these needs.
- CNA requests Federal Government to make changes in the Act of Incorporation but national associations now are required to seek Letters of Patent from the Minister of Consumer and Corporate Affairs. These were granted. During the change, CNA makes revisions to restate its objectives and to allow for changes in board membership.
- CNA revises and reissues *On Record — CNA Policy Statements*.
- CNA submits a brief to the Standing Committee on Labour, Manpower and Immigration, House of Commons, conveying the CNA (1969) position statement on immigration and employment of nurses from abroad.

- CNA Test Service Board offers the first Canadian-based national tests for registered nurses in August; 28,085 papers are written by candidates in 10 provinces.
- CNA issues position statements on:
 - Delivery of Health Services
 - Delivery of Nursing Care
 - Transfer of Functions
 - Health Services and the Poor.
- CNA succeeds in preventing the introduction of the “physician assistant” in Canada. The CNA “Statement on the Expanded Role of the Nurse — The Physician Assistant” reinforces the strong belief that it is the professional nurse who is best qualified to assume the functions and responsibilities that have been suggested for this proposed new category of health worker. In some instances, the assumption of these additional responsibilities would involve an expansion of the nurse’s “traditional” role, while, in other cases, these functions and responsibilities have been part of nursing practice.
- CNA presents a report on the Task Force Reports on Health Services in Canada to the Honorable John Munro, Minister of National Health and Welfare.
- CNA submits a statement on the Federal Government’s White Paper on Taxation to the Minister of Finance.
- CNA submits a Brief on Poverty and Health to the Special Senate Committee on Poverty. Appearing at the hearing on behalf of CNA were past president Trenna Hunter and executive director Helen K. Mussallem.
- CNA membership reaches 87,126.

1971

- The first annual meeting in accord with the new Letters Patent is held on 31 March in Chateau Laurier Hotel, Ottawa. From 1908 to 1922, annual general meetings were held but from 1922 to 1970, the Association met biennially.
- CNA honors Dr. Helen McArthur for her outstanding contribution to nursing.
- On invitation, the CNA accepts “associate status” in the Canadian Medical Association.
- Two films, “The Leaf and The Lamp” and “L’infirmière au Canada” depicting CNA activities, are produced by CNA to be loaned to members and other interested individuals and groups.
- CNA submits a brief respecting the White Paper on Unemployment Insurance in the Seventies (later known as Bill C-229, Unemployment Insurance Act) to the Standing Committee on Labour, Department of Manpower and Immigration. The proclamation of this Bill marks the first time nurses employed in hospitals are eligible for Unemployment Insurance Program benefits.
- Dr. Dorothy Kergin is the first nurse appointed to the Medical Research Council.

- CNA Testing Service processes 47,788 papers written by candidates for licensure as registered nurses or registered nursing assistants: R.N. candidates — 225 French and 11,566 English; R.N.A. candidates — 96 French and 2,329 English.
- Dr. Helen K. Mussallem, CNA's executive director, is the first health professional and second woman to be appointed to the Economic Council of Canada by the Prime Minister of Canada.
- CNA's president and associate executive director and other invited members of CNA participate in a workshop sponsored by the College of Family Physicians of Canada on "The Role of Allied Health Professionals in the Delivery of Primary Health Care." This conference results in the publication of a statement by the College favoring nurses as assistants to family physicians.
- CNA issues statements on family planning programs and on nurses' rights relative to nursing care of patients having therapeutic abortions.
- CNA appoints a special committee on nursing research.
- The Council of National Representatives of ICN meets in Dublin, Ireland, in July and 53 of the 74 national member associations are represented. President Louise Miner represented CNA, with Dr. Helen K. Mussallem, executive director, as adviser.
- A grant from the Commonwealth Foundation permits the establishment of The Commonwealth Nurses Federation and CNA becomes an association member. Helen K. Mussallem, CNA executive director, is elected to interim Board of Directors as representative of Atlantic Region.
- CNA membership reaches 88,873.

1972

Twenty-five members of CNA, on invitation, participate in the Department of National Health and Welfare's national conference on "Assistance to Physicians: The Complementary Roles of Physician and Nurse."

- CNA issues:
 - *Guidelines for Developing Standards of Nursing Care* prepared by the ad hoc committee on standards for nursing care; this committee, in 1970, had been charged with the responsibility of developing a tool(s) for measuring the quality of nursing care and these Guidelines were used extensively by hospital nursing service departments across Canada.
 - document on "Staff Development" written by Patricia M. Wadsworth; this document described the principles of staff development in a health care agency as applied to nurses as members of the health care team and was prepared on request of association members for use in Agencies.
 - *Standards for Nursing Service in Health Care Facilities — a Self-Evaluation Guide*, reprint of a 1969 publication.

- CNA also publishes reports of surveys/studies conducted by CNA Research Officer:
 - “A Survey to Explore the Nursing Employment Situation in Canada as at 30 September 1971”; this survey outlined job opportunities available to 1971 graduates of Canadian Schools of nursing registered/licensed for first time in 1971.
 - “Study of Some Factors Preventing Registered Nurses from Achieving Their Educational Goals”; this study was partially funded by a grant from Department of National Health and Welfare.
- CNA examines its 1971 position statement of family planning programs and issues revised statement on family planning and related health care, in which it affirms the view that family planning and its associated supportive services are basic to individual and family health care.
- CNA board of directors approves “Ethics of Nursing Research,” prepared by the special committee on nursing research as a guideline for nurses doing research, and this paper is published in the September issues of *The Canadian Nurse* and *L’infirmière canadienne*.
- Canadian Council on Hospital Accreditation invites CNA to submit list of nurses to be included on survey teams for extended care services.
- CNA membership reaches 92,315.

1973

- At the urging of CNA, a stamp commemorating the 300th anniversary of the death of Jeanne Mance is issued by the Postmaster General of Canada in April and CNA’s executive director is presented with a leather-bound souvenir folder in recognition of the Association’s role in the issuance of this stamp.
- CNA is granted membership with a seat on the Canadian Council on Hospital Accreditation. Isobel MacLeod is the first member appointed to represent the Association on the CCHA Board. CNA had pressured for this representation for many years because of its strong belief that the nursing profession should have a voice in the policy decisions regarding hospital accreditation as well as in the assessment of hospital services.
- CNA publishes three discussion papers:
 - “A Discussion Paper on the Three Major Roles of Provincial Nurses Associations,” written by Sister Madeleine Bachand; this is a comparative study of the role, function and structure of provincial nurses associations and their problems in meeting the needs of a changing society.
 - “A Discussion Paper on Specialization in Nursing,” written by Alice J. Baumgart; this is a summary of collected views on specialization in hospital and community nursing practice in Canada.
 - “A Discussion Paper on Nursing Assistants in Canada,” written by Sister Madeleine Bachand; this is a study of nursing manpower in respect to nursing assistants and the role of nursing assistants on the nursing team.

- In support of its health-promotion teachings, CNA bans smoking at meetings of the board of directors.
- At ICN Congress and Meeting of the Council of National Representatives in Mexico City, CNA members elected for the 1973–77 terms of office are: Verna Huffman Splane, 3rd Vice-President, and Nicole Du Mouchel, member, Board of Directors.
- CNA and the Department of National Health and Welfare cosponsor a National Conference on Nurses for Community Service. More than 200 nurses, representing a wide variety of interests in health work, attend to discuss the nurses' role in community health services and to suggest ways and means of making nursing education programs more relevant to needs. Verna Huffman Splane, federal Principal Nursing Officer, and Helen K. Mussallem, CNA executive director, are on the strategy planning committee.
- CNA issues position statement on:
 - "The Expanded Role of the Nurse — Part III: The Nurse in Primary Care."
 - "Specialization in Nursing."
- On invitation of the federal government, CNA submits a brief to the Advisory Committee on Food Safety Assessment, Health Protection Branch, Department of National Health and Welfare.
- CNA collaborates with the World Health Organization by providing its annual statistical publication *Countdown* and trend tables for a multi-national study on international immigration of physicians and nurses. The study was done in an effort to determine the causes and effects of this migration.
- CNA responds to the Report of the Community Health Centre Project (Hasting's Report) and this response is submitted to the Department of National Health and Welfare. CNA supports the main thrust of this report.
- CNA membership reaches 97,152.

1974

- Canadian Council on Hospital Accreditation employs Ferne Trout as nurse consultant; CNA names three directors to review the criteria for evaluation of nursing services and to recommend changes in the CCHA Guide.
- President Huguette Labelle and executive director Helen K. Mussallem are invited by the Science Council of Canada to a symposium to discuss Report No. 22, *Science for Health Services*.
- Commonwealth Nurses Federation, formed in 1971, now includes representation from 33 Commonwealth countries. CNA executive director Helen K. Mussallem is elected to the first official CNF Board, to represent the Atlantic Region.
- CNA issues position statement on "The Nurse Midwife."

- Executive director Helen K. Mussallem is reappointed for a second term to the Economic Council of Canada, and re-elected a member of its executive committee.
- CNA submits final response and commentary to the federal government's LeDain Commission Report on the Non-Medical Use of Drugs.
- CNA petitions Canadian International Development Agency (Non-Governmental Organizations Division) for funds to establish the Commonwealth Caribbean Regional Nursing Body secretariat and receives \$38,600 for the first three years of operation. This body had first been proposed at an inaugural meeting in December 1972. An executive committee had been set up and an executive secretary appointed. In accordance with the terms of the CIDA grant, CNA provides consultation services of executive director Dr. Helen K. Mussallem, to the Commonwealth Caribbean Regional Nursing Body.
- Dr. Lyle M. Creelman, Dr. Alice Girard and E. A. Electa MacLennan are honored by CNA for their outstanding contributions to nursing.
- CNA Library, recognized by the National Library of Canada as the "national nursing library," celebrates ten years of operation. Its collection now includes: 12,000 books and documents; 450 periodicals including 60 foreign nursing journals; 3,000 individual biographical files on Canada's nursing leaders; 540 collective bargaining agreements; records of diploma and university programs for nurses; nursing legislation material and much, much more. The repository collection of Canadian Nursing Studies is a special and unique feature. It is the only repository of masters' theses and doctoral dissertations written by Canadian nurses or about Canadian nursing and is used extensively by researchers coming to the library or on interlibrary loan.
- CNA membership reaches 104,124.

1975

- The Ordinance establishing the Northwest Territories Registered Nurses Association is passed by the NWT Territorial Council in January and the Association is admitted to membership in CNA in December.
- CNA submits a brief to the Special Committee on Immigration Policy, Department of Immigration, emphasizing the need for close collaboration between immigration authorities, provincial nursing registration or licensing bodies and employers in Canada to prevent unnecessary hardship for prospective immigrant nurses.
- CNA's Ad Hoc Committee on Fee Structure recommends a revised structure to replace the principle used since inception of CNA.
- In a meeting with CNA representatives, the Deputy Minister of Health is advised that (1) CNA believes a program of national accreditation for all health professions would be in the best interests of the professions and the public, and (2) CNA would support the establishment of a joint committee or agency to coordinate such an accreditation process.

- President Huguette Labelle and executive director Helen K. Mussallem, at the invitation of the Prime Minister, attend a meeting of professionals from the health services fields with Cabinet Ministers to explore a cooperative approach to control inflation and achievement of greater economic stability.
- Following the resignation of Isobel MacLeod (appointed in 1973) Helen Taylor is named the CNA representative for the Canadian Council on Hospital Accreditation. The number of nurse surveyors used by CCHA continues to increase; long-term care institutions are now frequently surveyed solely by nurses.
- CNA issues position statements on:
 - Accreditation of Education Programs in the Health Disciplines
 - Nurses and Health Promotion
 - Smoking
- Anne Hanna is appointed editor of *The Canadian Nurse*, succeeding Virginia A. Lindabury who had held the position for ten years.
- President Huguette Labelle, with executive director Dr. Helen K. Mussallem as adviser, attends the meeting of the Council of National Representatives of ICN in Singapore.
- CNA membership reaches 111,846.

1976

- Supplementary Letters Patent are granted by the Minister of Consumer and Corporate Affairs providing for:
 - a change in the French name of the Association (from Association des infirmières canadiennes to Association des infirmières et infirmiers du Canada);
 - addition of an eleventh association member, the Northwest Territories Registered Nurses Association;
 - change in name of The Association of Nurses of the Province of Quebec to Order of Nurses of Quebec.
- The Minister of Consumer and Corporate Affairs also approved the following bylaw changes:
 - five members-at-large to be elected (rather than three) to board of directors;
 - revision of the powers and functions of the board;
 - a standing committee to be known as the Testing Service Committee.
- Statistics Canada produces "Nursing in Canada: Canadian Nursing Statistics" (based on 1974 data) which replaced CNA's annual publication, *Countdown*.
- CNA holds its annual meeting and convention in Halifax during which:
 - the mortgage on CNA House is burned;
 - the ceremony is held marking the official admission of NWTRNA to CNA membership;
 - CNA bylaws are amended to include a member-at-large representing nursing research as a member of board of directors.

- resolution is adopted that CNA take a leadership role in ensuring that doctoral education in nursing is available in Canada.
- Member-at-large representing nursing administration is elected for the first time;
- Members vote to increase the membership unit fee to \$12.00 in 1977 and to \$18.00 in 1978.
- CNA is co-host and co-sponsor of IXth International Conference on Health Education, held in Ottawa, attended by over 1,000 delegates from 82 countries. Executive director Helen K. Mussallem is CNA's member on planning committee and its official representative.
- Verna Splane, 3rd Vice-President of ICN, represents ICN, CNA and the Commonwealth Nurses Federation at HABITAT, the United Nations Conference on Human Settlements in Vancouver.
- CNA issues position statement on "Fiscal Constraints in Health Care Services."
- CNA secures a second seat on the Board of the Canadian Council on Hospital Accreditation. Fernande Harrison is named to join Helen Taylor as CNA representatives to CCHA Board.
- A national survey of the expanded role of nurses in Canada is authorized by the CNA board of directors. Its purpose is to determine the responsibilities, practice settings, education, remuneration and legal protection/status of nurses working in various community settings. Work begins on an analytical and interpretive report released in 1977.
- CNA approves the development of a comprehensive examination — in each official language — to replace the five-part examination now being offered.
- CNA appoints an ad hoc committee to study the proposed Bill C-68: *An Act to Amend the Medical Care Act*. CNA's views concerning alternatives to acute care and development of preventive services are included in its brief. The Bill is passed by the House of Commons in June.
- Canadian International Development Agency, non-governmental organizations division, gives a grant of \$65,000 to CNA to implement nine international nursing projects requested by developing countries — Haiti, Zaire, Botswana, Malawi, Cuba and Lebanon and the Commonwealth Caribbean Regional Nursing Body.
- Canadian Nurses Foundation gives a research grant of \$5,000 to Canadian Association of University Schools of Nursing to further its work in accreditation of nursing. This is the first research grant given by the Foundation.
- CNA membership reaches 115,584.

1977

- Helen Taylor, CNA president-elect, becomes chairman of the Canadian Council of Hospital Accreditation — the first nurse to hold this office. Fernande Harrison

remains the second CNA representative on CCHA Board and Marcia Dodick is named CNA representative to the Council's Advisory Committee on Appraisal of Long-Term Care.

- Glenna Rowsell represents CNA as a member of the Canadian workers' delegation to the International Labour Organization Conference in Geneva, Switzerland, in June, during which Recommendation 157 and Convention 149 concerning employment and conditions of work of nursing personnel are adopted.
- CNA receives a \$23,124 grant from the Minister of State, Fitness and Amateur Sport, Government of Canada, for its health promotion program for nurses. The grant included remuneration for a CNA project director, who is responsible for developing, conducting and evaluating the program.
- CNA president Joan Gilchrist participates in the official opening of the Jeanne Mance Building in the Health and Welfare Canada complex at Tunney's Pasture in Ottawa. The name honors Canada's first lay nurse.
- Constance Swinton completes a feasibility study on the merit of establishing an international office with CNA, and submits the report of this study, funded by the Canadian International Development Agency, non-governmental organizations division, to CNA board of directors.
- CNA executive director Dr. Helen K. Mussallem is awarded an honorary fellowship at the Diamond Jubilee activities of the Royal College of Nursing, London, England. Dr. Mussallem becomes the only nurse from outside the United Kingdom to receive this honor, which is conferred on nurses who have made outstanding international contributions to the profession.
- Dr. Rae Chittick is honored by CNA for her outstanding contribution to nursing.
- CNA introduces a Labor Relations department and Glenna Rowsell is appointed its director.
- At ICN Congress and meeting of the Council of National Representatives in Tokyo, CNA member Verna Huffman Splane is elected 2nd Vice-President. CNA member of the Council of National Representatives is the President (Joan Gilchrist, 1977-1978, Helen Taylor, 1978-1980) and CNA executive director Helen K. Mussallem acts as adviser.
- CNA sponsors a workshop on Research Methodology in Nursing Care, Ottawa. This workshop, funded by a grant from Health and Welfare Canada, focuses on problems encountered by Canadian nurses in conducting research in nursing care. Proceedings are available in English and French.
- Executive director Helen K. Mussallem is invited by the Minister of Health and Welfare and the Secretary of State to be a member of the Canadian government delegation to the 30th World Health Assembly in Geneva, 2-20 May. She is the first non-governmental appointee to Canada's delegation and one of only two nurses present at the World Health Assembly with representatives from more

than 150 countries. At this Assembly the historic resolution of "Health for All by the Year 2000" was accepted by the 150 member states. Also, Canada proposed a resolution on nursing — the first time ever — and it was adopted by the Assembly.

- CNA membership reaches 122,478.

1978

- CNA is instrumental in having two hazardous products removed from distribution: "baby bottle propper" and "training cigarette."
- Executive director Helen K. Mussallem is on planning committee for World Federation of Public Health Associations Congress (Halifax, 23–26 May) and Canadian Public Health Association Conference. A large number of nurses from Canada and abroad attended Congress and Conference, which shared the theme "Primary Health Care — A Global Perspective."
- CNA ad hoc committee, appointed in 1974 to develop standards for nursing education, completes its task and *Standards for Nursing Education* — a "first" in education in Canada — is published by Canadian Nurses Association.
- CNA Labor Relations department introduces a bi-monthly information package containing centralized data on nurses' collective bargaining agreements, salaries, rights and interest arbitration awards. This information is provided for members of the Collective Bargaining Conference — formed by Presidents and Chief Executive officers of Provincial Nurses Unions.
- Health and Welfare Canada reacts to CNA's expressed concern that there be a "thorough examination of current methodologies for staffing nursing departments" and appoints Irene Buchan to review the current status of nurse staffing, methodologies used and their implications for workload measurement.
- Federal government establishes the Canadian Centre for Occupational Health and Safety, and CNA members Huguette Labelle and Margaret Charters are appointed to the governing Council of the Centre for a four-year term beginning January 1979.
- CNA holds 1978 annual meeting and convention in Toronto, during which:
 - bylaws are amended so that Testing Service and Nursing Research committees become standing committees of the Association;
 - for the first time, a member-at-large representing nursing research is elected to CNA board of directors;
 - members vote unanimously in support of nurses at Vancouver General Hospital who have expressed concerns for patient care and who are seeking professional autonomy in order to fulfill their professional responsibility;
 - members vote that CNA develop, in collaboration with Canadian Association of University Schools of Nursing, Association of Community Colleges of Canada and other organizations, a national accreditation program for nursing education programs;

- members vote to urge universities with baccalaureate programs that preparation for primary care nursing is part of basic nursing education as soon as possible;
- members vote to pursue the development of a doctoral program in nursing in Canada.
- CNA holds seminar on Doctoral Preparation in Nursing and publishes the proceedings. Consensus of meeting is that development of one or more programs for PhD. Nursing preparation in Canada is an immediate and urgent need. This seminar is cosponsored by CNA, CNF and CAUSN and is funded by a Kellogg Foundation grant of \$38,250 to the Canadian Nurses Foundation.
- CNA membership reaches 121,494.

1979

- CNA presents brief to Commission of Inquiry on Redundancy and Layoffs and Commission of Inquiry on Education Leave and Productivity.
- President Helen D. Taylor and executive director Helen K. Mussallem represent CNA at meeting of ICN Council of National Representatives in Kenya and at the ICN/WHO Workshop on Primary Health Care.
- At the CNA annual meeting, delegates amend bylaws to include three public representatives on board of directors. CNA honors Moyra Allen and Huguette Labelle for their outstanding contributions to nursing. Governor General Edward Schreyer makes presentation.
- Work begins on three priority projects:
 - Task force committee on accreditation is named, with membership from CAUSN, CNA and CNF, and a project proposal for funding is prepared and sent to the Kellogg Foundation;
 - Task group is named for the project on development of a definition of nursing practice and development of standards for nursing practice and Patricia Wallace is appointed project director;
 - Sister Simone Roach is appointed as director of a project to develop a Canadian Code of Nursing Ethics.
- CNA sponsors National Forum on Nursing Education in Ottawa, bringing together 350 nurses to discuss areas of concern and priorities.
- Based on outcomes of 1978 Seminar on doctoral preparation in nursing, CNA directors support a proposal for funding, called "Operation Bootstrap," and this is submitted to the W. K. Kellogg Foundation in November.
- CNA membership reaches 127,312.

1980

- The first writing of both the French and English comprehensive R.N. examinations occurs in August. CNA board agrees to publish the Model upon which the comprehensive examination is based.

- CNA receives \$60,000 from Health and Welfare Canada and completes Phase I of standards project culminating in the publication of the document *A Definition of Nursing Practice: Standards for Nursing Practice*. Board approves budget to conduct second phase of the project.
- CNA publishes "CNA Code of Ethics: An Ethical Basis for Nursing in Canada," written by Sister Simone Roach. CNA board appoints an ad hoc committee to develop a substitute for Section III, on Caring and the Healing Community, which had been deleted from the published Code.
- CNA presents brief, *Putting Health Into Health Care*, to Hall Health Services Review Enquiry in March. The Honorable Emmett Hall had been appointed Commissioner by the federal government in 1979 to "investigate whether the medicare system as it exists today is fulfilling its goal." The Commission's findings are published in September and include the Honorable Emmett Hall's statement that "the whole submission of the Canadian Nurses Association demands close study by all governments and I recommend that this is done in a serious way." CNA accelerates its program to promote implementation of the recommendations contained in the CNA brief, and individual members are encouraged to support this aim.
- CNA and Canadian Association of University Schools of Nursing representatives meet in May in Battle Creek, Michigan, with representatives of the Kellogg Foundation concerning funding to pursue (CNA/CAUSN's) accreditation project. Schools of nursing are surveyed to ascertain their interest in having an accreditation program, and report of this survey is submitted to the Kellogg Foundation in December.
- Helen Taylor becomes first Canadian elected president of the Commonwealth Nurses Federation.
- CNA accepts invitation from the federal government to present a brief to the Parliamentary Task Force on "Employment Opportunities in the '80s." The tentative date for CNA hearing is early 1981.
- CNA holds annual meeting and convention in Vancouver, during which:
 - delegates request CNA to study issues inherent in continuing education for nurses and produce a position paper on continuing education for registered nurses in Canada;
 - delegates ask (a) that CNA reaffirm its belief that the executive responsible for the department of nursing shall be an educationally qualified registered nurse who shall be a member of the senior hospital administrative staff, reporting directly to the chief executive officer; and (b) that the Canadian Council of Hospital Accreditation be requested to emphasize this standard in the Nursing Service's section of the CCHA Guide to Hospital Accreditation;
 - delegates vote that CNA develop a statement concerning the minimal educational requirements for entry to the practice of nursing;
 - delegates vote that CNA study the feasibility of developing examinations for certificates in major nursing specialties;

- delegates vote that CNA go on record as favoring the concept that independent nursing services provided to clients by professional nurses are eligible for compensatory coverage in provincial health care plans;
 - delegates vote that CNA promote the use of the Canadian Paediatric Society/Health and Welfare Canada's awareness program called "Breast Feeding" as a teaching tool for registered nurses;
 - CNA is asked to urge federal agencies to consider providing an occupational health nursing consultative service at the federal level;
 - delegates ask CNA to urge the federal government to extend child resistant packaging requirements to all hazardous household chemicals;
 - CNA is urged to sponsor a second National Forum on Nursing Education, with a main focus on the clinical aspects of nursing education, and that this forum be self-supporting;
 - CNA is urged to hold a national forum for nurse administrators on powers and responsibilities related to nursing management;
 - members ask that CNA study and develop a plan with regard to the issues of equitable representative and equitable annual unit fee of CNA association members;
 - members ask that CNA study the issues inherent in education of nurses for nursing administration.
- CNA, in concert with CNF and CAUSN, submits 5.2 million dollar funding proposal to W. K. Kellogg Foundation, to obtain "starter grants" for establishing a PhD (Nursing) program and two nursing research consortia, and three other projects including emergency fellowships for doctoral preparation.
 - CNA publishes first inventory of Canadian nursing doctoral statistics, reporting 81 nurses in Canada with earned doctoral degrees and 72 currently enrolled in doctoral programs.
 - CNA honors Dr. Helen K. Mussallem for her outstanding contribution to nursing and the national nursing library at CNA House is named the "Helen K. Mussallem Library".
 - CNA donates \$10,000 to CNF's Virginia A. Lindabury Scholarship Award, a fund established in 1980 in memory of this nurse who served as editor of *The Canadian Nurse* from 1965 to 1975.
 - CNA membership reaches 132,140.

III. Footnotes to History



The Leaf and The Lamp records the names of nurses who have been awarded honorary membership in the Canadian Nurses Association. With issuance of CNA Letters Patent from the Minister of Consumer and Corporate Affairs in 1970, the new bylaws of the corporation limited CNA "membership" to the categories of "association member," "ordinary member", and "affiliate member" thus bringing to an end the practice of conferring honorary membership on individuals. However, the powers and function of the CNA board of directors were restated in the bylaws to include:

"It shall be the responsibility of the board and the board shall have the authority . . . (f) to honor those who have made an outstanding contribution to nursing. . . ."

NURSES HONORED BY CNA

During the Seventh Decade, the following distinguished nurses were honored by the Canadian Nurses Association for their "outstanding contribution to nursing":

- 1971 — Dr. Helen McArthur
- 1974 — Dr. Lyle M. Creelman
— Dr. Alice Girard
— Miss E.A. Electa MacLennan
- 1977 — Dr. Rae Chittick
- 1979 — Dr. Moyra Allen
— Mrs. Huguette Labelle
- 1980 — Dr. Helen K. Mussallem.



Dr. Helen G. McArthur receives a gold bracelet from E. Louise Miner on behalf of the CNA, 1971.

PRESIDENTS OF CNA



Sister Mary Felicitas 1967-1970



E. Louise Miner 1970-1972



Marguerite Schumacher 1972-1974



Huguette Labelle 1974-1976



Joan M. Gilchrist 1976-1978



Helen D. Taylor 1978-1980



Dr. Shirley M. Stinson 1980-1982

EXECUTIVE DIRECTOR OF CNA

Dr. Helen K. Mussallem held the office throughout this seventh decade.



CNA ANNUAL MEETINGS

From 1908 to 1922, the Association held annual general meetings; from 1922–1970, biennial meetings were held. In accordance with the new Letters Patent (issued in 1970),

the Canadian Nurses Association is now required to hold annual meetings. The practice has been established to hold an annual meeting in Ottawa one year and the next year to combine a convention with the annual meeting. This annual meeting and convention is held in the city selected by the hosting association member.

Since 1970, annual meetings (and biennial conventions) have been held in:

35th biennial meeting	Fredericton	14–19 June 1970
36th annual meeting	Ottawa	31 March 1971
37th annual meeting (and convention)	Edmonton	25–29 June 1972
38th annual meeting	Ottawa	12 April 1973
39th annual meeting (and convention)	Winnipeg	16–21 June 1974
40th annual meeting	Ottawa	3 April 1975
41st annual meeting (and convention)	Halifax	20–23 June 1976
42nd annual meeting	Ottawa	31 March 1977
43rd annual meeting (and convention)	Toronto	25–28 June 1978
44th annual meeting	Ottawa	29 March 1979
45th annual meeting (and convention)	Vancouver	22–25 June 1980



Speaking on health and welfare services in Canada at the opening ceremonies of the 1970 Canadian Nurses' Association's 35th general meeting in Fredericton, New Brunswick, Verna M. Huffman, Principal Nursing Officer, Department of National Health and Welfare. Seated behind Miss Huffman (right) Sister Mary Felicitas, outgoing President, and the Honourable Wallace S. Bird, Lieutenant Governor of N.B.



CNA Convention — Edmonton, June 1972. Standing (left to right): Mrs. I. Brooks, Miss B. Palfrey, Mrs. D. Fletcher, Mrs. D. Danyluk, Mrs. N. Priddle, Mrs. V. Boddy, Mrs. J. Florence, Mrs. L. Winters. Front row (kneeling): Mrs. G. Chinell, Mrs. N. Tennant.



CNA Convention — Scottish Highland Dancing, Winnipeg, 1974.



Burning of CNA House mortgage at CNA Convention, Halifax, June 1976.



Seven members of the elected CNA executive at the 1978 CNA Convention in Toronto: (left to right) Ginette Rodger, Odile Larose, Linda Gosselin, Helen Taylor, Myrtle Crawford, Sheila O'Neil, and Shirley Stinson.



CNA Convention — Vancouver, June 1980. (Left to right) Helen P. Glass, president-elect; Helen D. Taylor, president 1978-1980; Shirley M. Stinson, newly elected president, 1980-82.

IV. Into the Eighth Decade



The seventh decade will be recorded as one of rapid change and accelerating momentum for the nursing profession in Canada. Programs and projects begun in this time period will continue to bear fruit in years to come. It will be remembered as the time that nurses cast off their protective cloaks to reveal well-prepared professionals who are not only qualified and capable of making a positive effect on improving the health care of Canadians, but who are also more vocal in asserting that capability.

So, as the eighth decade begins, the organized nursing profession is on the threshold of a new and exciting future. If nurses are to cross this threshold — to seize the unique opportunity of making an impact in providing improved health care for an increasingly health conscious society — they must continue to demonstrate the vision and courage with which, during the seventh decade, they welcomed the challenge of new ideas, new roles and new demands.

In *Putting Health into Health Care*, CNA's brief to the Hall Enquiry on Canada's Health Services, the Association outlines ways in which nurses can improve the promotion of health and provision of health care for Canada's population. The Honorable Emmett Hall, in reporting the findings of this enquiry, has singled out the Canadian Nurses Association as having presented "one of the most impressive (out of 400) briefs to the inquiry It was affirmative and forward looking . . . and . . . I am in general agreement with the nurses' proposals The plea for greater utilization of nurses and nursing skills is amply justified." He states, "The whole submission of the Canadian Nurses Association demands close study by all governments and I recommend that this is done in a serious way."

However, crossing this threshold will require a demonstration of "power" by the nursing profession. Lorine Besel in her keynote address to the 1980 annual meeting of the Canadian Nurses Association states:

"Change, any time, any place, in any form, with anybody, for anything, or any purpose, at any level of society — or within the context of any group — is always, always, in the hands of powerful persons or powerful groups."

Dr. Helen K. Mussallem, in her editorial in the February 1981 issues of *The Canadian Nurse/L'infirmière canadienne* states:

"The organized nursing professional has not only the numbers and the network to fill the gaps in health care, but also the potential to increase the portals of entry to the service and to expand its role. It also has the power."

Nurses now face an enormous challenge and a golden opportunity. How the profession responds to this challenge and seizes the opportunity must wait to be recorded in the history of the eighth decade.

