

University of Alberta

Two Roads Diverged in a Wood:
The Story of Caring Theorist Sister M. Simone Roach

by

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Dedicated to Sister Marie Simone Roach, PhD., CSM

The world in which we live is crying out for compassion, meaning, tenderness and love. This "call to consciousness," then, is a call to get in touch with this world, particularly with its wounded; to acknowledge the dissolution of part of its life and history; and to gain hope for the great possibilities for change. M.S. Roach.

'The Call to Consciousness: Compassion in Today's Health World, National League for Nursing Publication, May, 1991¹

¹ (M. S. Roach, The Call to Consciousness: Compassion in Today's Health World 1991, 7)

ABSTRACT

TWO ROADS DIVERGED IN A WOOD: THE STORY OF CARING THEORIST SISTER M. SIMONE ROACH. Doctor of Philosophy 2013, Margaret Elizabeth Myers, Faculty of Nursing, University of Alberta.

This study introduces the reader to Canadian nursing theorist, Sister Marie Simone Roach. It begins with Sister Roach as the child Eileen, in her large Cape Breton Roman Catholic family and Gaelic culture. It continues with Eileen, the daughter, the sister, and the student as she finishes school and is attracted by the reputation of St. Joseph's Hospital School of Nursing in Glace Bay, and by the vision of the school leaders, the Sisters of Saint Martha. It continues as she enters the Congregation of the Sisters of Saint Martha one year after graduating from nursing school, to become Sister Roach.

To a larger extent, this study focuses on Sister Roach's professional life, and the events surrounding the development of her theory, *The Human Act of Caring*. It focuses on her work as a nursing educator, her role in the development of the first Code of Ethics for Nurses in Canada, and other significant sociological, geographical, religious, nursing/medical, and world events that became a context in which she lived and worked, and conceptualized and articulated her theory nationally and internationally. It attempts to clarify how Sister Roach's nursing theory became so well known in the United States while it was largely overlooked in Canada over the more than two decades that caring theory was introduced and furthered in the nursing profession.

To compose this document, Sister Roach was interviewed extensively, and her fonds were accessed at the Archives of the Congregation of the Sisters of Saint Martha, containing all of her achieved writings dating back to the 1950s. Nineteen interviews were conducted with individuals, including past students, mentees, people she had worked with, a family member, and even one member of her nursing graduation class. Documents were accessed from archives, libraries, newspapers, journals, websites, and nursing organizations.

Of special interest is the depth to which her theory has been developed, and how she has brought together aspects of relational ethics, spirituality, and components of caring to inform nursing practice, education and research, and the sheer value of this theory to present and future nurses. Coming to understand the complexity of her work, and her commitment to humanity helped to shed light on aspects of Sister Roach as a person. Likewise, learning of her background, the values to which her family and community subscribed, and the significant influences to which she was exposed, helps to understand Sister Roach the professional.

ACKNOWLEDGMENTS

What a fortunate life I have led! I never cease to be amazed at the sheer number of horizons that have presented themselves to me, and the opportunities I have had to reach and see beyond these horizons. Strictly speaking, I *was not looking* for a new horizon in the winter months of 2009; far from it, I was more focused on completing my program, a milestone in itself! I already had a piece of research in mind; one that would meet program requirements, but not utterly consume me. And then, along came NURS 684!

When I signed up for the nursing history course, NURS 684, I had no idea I would resonate with the material so strongly. I had no idea that nursing history, especially biography, would become another horizon that loomed in the distance for me, and would occupy many of my waking moments for the next four years.

Reaching that horizon, and realizing the finished product – a biography of Sister Marie Simone Roach, has only been possible because of the efforts of many people. I have merely been the instrument that collected and analyzed what others, in one way or another, provided for me. First and foremost, I want to say thank you to Sister Roach. Sister, from the very beginning, you have been willing, gentle, patient, and so very informative! I am grateful for your agreement to take part in this study, for allowing me to access your fonds at the Bethany Motherhouse Archives, and for your gracious hospitality when I travelled to Antigonish. I am grateful for each and every one of the numerous contacts we have had over the years.

I also want to express my gratitude to the Sisters of Saint Martha for their gracious hospitality. Bethany is a home in which the stranger is made to feel welcome in both action and word. In addition, I am thankful to all those who agreed to be interviewed for this biography of Sister Roach. Every one of you gave freely of your time and helped in presenting "one more glimpse of Sister Roach."

I would not have ventured on such a sizable and challenging journey without the commitment, support, and guidance of my two co-supervisors, Dr. Pauline Paul and Dr. Joanne Olson. Without Dr. Paul, as she was the professor in the fated course (NURS 684) that introduced me to nursing history, my consciousness would not have been raised, so writing this biography would not have been a consideration! Dr. Paul, you held open a window for me, and through it I could see another horizon. And here I am, four years later! Most days, I have considered this a gift, and I am grateful to you for this gift!

Because the subject of my biography is a religious sister and a caring theorist, Dr. Joanne Olson has been an essential part of this process. I sought her as a supervisor because I have been familiar with her work in caring and spirituality since the mid 1990s. Dr. Olson and Dr. Paul, your combined expertise has been essential in helping shape this study and guide this process. You have both always been available for structured and unstructured feedback, and you have both provided grounding, insight, and encouragement. Meetings with you, often when my own confidence was lagging, were always followed by an increase in my momentum.

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So many people have helped, and while I am hesitant to name people, for fear of leaving someone out, two people deserve special mention: Lorraine Mychajlunow, Archivist at the College and Association of Registered Nurses of Alberta, and Sister Florence Kennedy, Archivist at the Bethany Motherhouse, the Sisters of Saint Martha in Antigonish, Nova Scotia.

To my life partner, my boon companion, husband and friend, still I say to you "no greater friend do I know in this life". I'm leaving the "Roach Room" pretty soon now, and I'm coming home. For all that you do, and say, and even don't say, I say, *Tapadh Leat! A h-uile la sona dhuibh's gun la idir dona dhuibh!*

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Chapter I: Introduction

My own story is strongly connected to faith, spirituality and women who belong to religious orders. In my earlier years, I was nurtured and taught by the Sisters of Mercy, and later attended a nursing school founded by the Sisters of Saint Martha of Antigonish, Nova Scotia. For decades, I have been interested in the spirituality of such women as Julian of Norwich, Hildegard of Bingen, and Mechtild of Magdebourg. As a registered nurse and an Anglican priest, I have come to know that neither of these roles can be separated from the other, but only that each new piece of learning has shown me a new horizon in each of my roles. I am also deeply interested in the work of Florence Nightingale, especially of her efforts in the late 19th century: to emphasize the concept of caring in nursing, and to raise awareness of the presence and significance of the spiritual aspect of the human person when giving nursing care. I agree with Swanson² that nursing can be described as informed caring for the well-being of others, and with Burkhardt³ who states that “spirituality is a belief that relates a person to the world, giving meaning to existence”. Who I am, then, at any particular point in time is neither registered nurse nor ordained priest, but both, encompassing in the moment all my professional knowledge, personal living experiences and dreams for the caring relationship between care giver and the person for whom I am caring.

I am captivated with the work of Sister M. Simone Roach, a member of a religious order, a nurse, and a caring theorist. My interest in Sister Roach as the subject of this research is grounded in my own experiences and connected with

² (Swanson, Nursing as informed caring for the well-being of others 1993, 357)

³ (M. Burkhardt 1989, 70)

my relationship with those who share my commitment to faith and a love of nursing. I was drawn to this life history research for several reasons: (1) my own relationship to the work of religious Sisters, especially the Sisters of Saint Martha; (2) my own background as a graduate of a nursing school founded by that religious order; (3) my longstanding interest in spirituality and caring in nursing; and (4) my belief in the caring and spirituality movements in nursing. I think it is important to tell my own story and to lay out the potential researcher bias and agenda that I brought to this research. Researcher bias or agenda needed to be acknowledged, explored, and kept visible for the purpose of ongoing examination and reflection throughout the research process.

I first heard of Sister Roach in 1998 when I was engaged in research on the subject of parish nursing. Part of my agenda for that project was to interview, along with those practicing, facilitating, and supporting parish nursing, a number of 'experts' with exceptional knowledge of faith/spirituality and professional nursing. When interviewing one study participant, a United States resident, this person asked me if I had considered including Sister Roach as an expert. Despite being a graduate of Saint Martha's School of Nursing in the town where Sister Roach had lived, I had only heard her name in passing, and had not heard about her work in human caring. After reading her book, I contacted her, and she agreed to be a participant in my study, one of several experts interviewed who agreed to be identified. I had several lengthy conversations with Sister Roach at that time, and she left me spell-bound, and with an enduring interest in her as a person and in her work. I am honored and humbled to be in the position of writing about this

religious sister and Canadian nurse who, I believe, has made a significant contribution to nursing knowledge.

Over the years, I never lost interest in Sister Roach and her work. I introduced her work to students and peers and read the most recent edition of her book describing her theory. However my life did not intersect with her again for more than a decade when my consciousness of nursing history was raised in a nursing history course (NURS 684) in the doctoral nursing program at the University of Alberta in 2009. While my consciousness was raised ‘rather late in the day’, I found myself intrigued with biography as a form of knowledge, and began to dialogue with my supervisors about the possibility of writing a biography of Sister Roach, this remarkable Canadian woman and nurse who had been of interest to me for so many years.

Study Purpose

In describing the value of nursing history, Palmer states:

The major value of history, historians and methods of historical thinking is not in their contribution of things past, but in the knowledge involvement history establishes in everyday people in the everyday world.⁴

Lewenson & Krohn Herrmann⁵ maintain that history provides us with a way of knowing what happened before, a way of understanding current issues, and offers a way to glean an insight into the future. Lynaugh⁶ states “history yields self-knowledge by structuring the mind capable of imagining new ideas, values, and experiences, thus creating and re-creating culture and discipline ...

⁴ (Palmer 1976, 118)

⁵ (Lewenson and Krohn Herrmann 2008, 1, 2)

⁶ (Lynaugh 1996, 1)

history [is] our source of identity, our cultural DNA, and affords us collective immortality". In 2009, I began work on a biography of Sister Marie Simone Roach, a member of the Congregation of the Sisters of Saint Martha of Antigonish, Nova Scotia. I believed that the life of Sister Roach and her theory, *The Human Act of Caring*, was worthy of being documented and preserved for future generations. It was also my belief that the work of this Canadian caring theorist was largely overlooked in Canada over the more than two decades that caring theory was introduced and furthered in the nursing profession. I believe her life and work to be significant to the profession of nursing and in Canadian nursing history, and that nurses, including nursing educators, clinicians, researchers and students would benefit from a more in-depth knowledge of Sister Roach and her theory, and that future researchers might choose to more extensively work with or build upon the theory of human caring she has articulated.

In addition, I believed that the profession of nursing in Canada would be enriched through locating the person/nurse/religious sister/ethicist/leader/and international figure within the growth and development of the profession of nursing in Canada. Considering this, I wrote a biography of Sister Marie Simone Roach that focuses, to some extent, on her family life in Cape Breton, Nova Scotia, and her early education. To a larger extent, I have focused on her professional life; the events surrounding the development of her theory, *The Human Act of Caring*, her work as a nursing educator, her role in the development of the first Code of Ethics for Nurses in Canada, and other significant

sociological, geographical, religious, nursing/medical, and world events that had influenced her conceptualization and articulation of her theory nationally and internationally.

Of special interest to me is the depth to which this theory has been developed, and how aspects of relational ethics, spirituality, and components of caring come together to inform nursing practice, education and research, and the sheer value of this theory to present and future nurses. Coming to understand the complexity of her work, and her commitment to humanity, helped to shed light for me on aspects of Sister Roach as a person. Likewise, learning of her background, the values to which her family and community subscribed, and the significant influences to which she was exposed helped me to better understand Sister Roach the professional.

Because life history methodology, specifically biography, situated Sister Roach in many contexts, it took into account the influences of the external world upon her life and her work, and the influences of her life and work upon her outside world. It took into account the particulars of her life and work, and her perceptions of how she negotiated her world. It presents snapshots of Sister Roach as she negotiated her varied roles of religious sister, nursing educator, nursing leader, mentor, administrator, public speaker, ethicist, writer, and significant contributor to caring theory. In this way, the life story/biography of this dedicated woman can inform the lives of other nurses and the profession of nursing. By focusing on the life and work of Sister Roach, I have attempted to provide readers with a picture of Sister Roach, the professional and the person, and how her vision

and commitment worked in tandem with her context to articulate a theory for the profession of nursing both nationally and internationally.

In addition, I believe it is important to show readers why and how Sister Roach's life work was directed toward the concepts of the ethics of human care in the nursing profession, and how her work relates to caring in nursing practice, education and administration. Readers will benefit from knowing how Sister Roach's work is connected to the various contexts in which she lived and worked, such as her early life in a large family in rural Nova Scotia, her membership in a community of religious Sisters, the countries in which she lived and worked, and her roles as nursing educator and nurse ethicists. All of these contexts contributed to her progression from recognizing that nurses 'need to care' to a well articulated philosophy and model/theory of caring.

This biography brings to the forefront the contributions of one woman/nurse who devoted a lifetime of work to the development and dissemination of philosophy and theory related to human caring in the context of the nursing profession. In conducting a life history of Sister Roach, and in writing her biography, I believe I have: (a) brought the professional and the person and her work to the forefront and made her more visible to nurses in her own country; (b) examined the potential role of her work in current times; (c) potentially expanded readers' views of themselves in the work of human caring; (d) helped readers to better understand what fosters and sustains caring, spirituality, and relational ethics in nursing; (e) preserved the history of one significant Canadian woman and nurse, her achievements and her contributions for future generations.

Significance of the Study

Riegler⁷ identifies the need for women's stories and the synthesis of biography with history. Capturing the life history of Sister Roach in the form of a biography makes the story of this woman and nurse accessible for future generations, and provides a window from which to view particular aspects of the educational and social history of nursing. This biography is potentially significant because it aims to be a retrievable memory of Sister Roach, a Canadian nursing theorist whose work has been largely overlooked in her own country. In addition, it can potentially inform the profession of the limitless potential inherent in nursing when it understands the concepts and roles of human caring, spirituality and relational ethics. For decades, Sister Roach advocated for human caring and relational ethics in all areas of health care. Her commitment to human caring, and the impact she has had on others, was at risk of being lost if not adequately documented, and this biography is an attempt to preserve her story for the nursing profession.

Research Questions

This research addressed the following research questions:

- (1) What has been the life of Sister Roach to date as seen by her and others?
- (2) What roles has Sister Roach played during her life and her career?
- (3) What evidence suggests that Sister Roach has been influential in nursing in Canada and abroad?
- (4) What is contained in Sister Roach's writings? Do these writings reflect an evolution in thinking? Can they inform practice? What evidence suggests that

⁷ (Riegler, Some issues to be considered in the writing of biography 1994, 219)

they have been influential?

Summary

This chapter has introduced the research project described in this document, and the purpose of conducting a life history and writing a biography of Sister Marie Simone Roach. The research built on the assumption that Sister Roach, and her theory, *The Human Act of Caring*, are significant to the profession of nursing and Canadian nursing history, and worthy of being documented and preserved. In this chapter, I have presented the purpose and significance of this research project, and four research questions that I attempted to answer throughout the span of my research. My ultimate goal was to explore the past in order to create a picture of Sister Roach and her contributions in the present, and to open a window from which others can extend their professional knowledge and practice, and become more conscious of the potential of the profession of nursing.

Chapter II: Literature Review

Introduction to the Literature Review

In this literature review, I focus on three major areas. The first includes a discussion of the significance of nursing biographies and life histories, and selected Canadian nursing history research. The second includes caring and Christianity, a review of selected general caring theorists and their work, and a review of selected nursing caring theorists and their work; and the third includes spirituality and health care, and spirituality and religion.

This literature review built a foundation for biographical research on Sister Marie Simone Roach, a caring theorist and advocate for attention to spirituality in health care, including nursing care. Biography/life history was chosen because it is the methodology chosen for the study: I conducted life history interviews with Sister Roach in preparation for writing a biography with her as the subject; caring theory was chosen because it is one context from which to locate the subject; other caring theorists are discussed to locate the work of Sister Roach amongst the works of others. Spirituality and health care and spirituality and religion were chosen because they are contexts from which to locate the subject and her work.

Biography/Life History

Biography is a form of historical inquiry⁸, the study of an individual's experience as told to the biographer or found in documents and archival material⁹, and a legitimate genre within nursing history research that situates the life of an

⁸ (Noel, *Historiography: Biography or 'Women Worthies' in Nursing History* 1988)

⁹ (Creswell 1998)

individual within a particular historical context.¹⁰ Biographies include life histories¹¹, and the biographic interview is one form of life history. My research aimed to construct a biography, and life history is one method of data collection that was utilized. When one has the luxury of writing about a living subject, life history interviews make a significant contribution to a biography. Argrosini lists three forms of personal narrative: autobiography, life history; and life story. Life history is the account of one's life as told by another, the researcher, while life story records the life span of the subject, and highlights a few key events, significant relationships or perceived "turning points".¹² Both life history and life story are potential components of biography, but are considered raw data until they are given analytical shape by the biographer. This study utilized life history as a component of biography that goes beyond personal, subjective narrative and aims to understand how Sr. Roach related to the society and culture in which she lived and worked. The process of recording her personal narrative was supplemented by accounts of others known to her, as well as documentary evidence, thereby providing historical breadth and depth.

The literature offers multiple definitions of life history.^{13 14 15 16 17 18 19 20}

^{21 22} Watson & Watson-Franke ²³ define life history as "any retrospective account

¹⁰ (Durdin 1991)

¹¹ (Smith 1994, 288)

¹² (ibid, 3)

¹³ (Brown 1998)

¹⁴ (Cole and Knowles 2001)

¹⁵ (Dollard 1935)

¹⁶ (Goodson and Sikes 2001)

¹⁷ (Gramling and Carr 2004)

¹⁸ (Hatch and Wisniewski 1995)

¹⁹ (Josselson 1996)

²⁰ (Tierney 2000)

by the individual of his life in whole or part, in written or oral form, that has been elicited or prompted by another person.” Hatch & Wisniewski state that it is the “analysis of the social, historical, political and economic contexts of a life story by the researcher that turns a life story into a life history”.²⁴ Langness proposes that life history is the account of an individual of his or her own life that is recorded in some way, by taping or writing, for another person who edits and presents the account.²⁵ Gramling & Carr propose that “a life history approach is taken to explore the history of an individual within a framework of time ... [It is] an account of a life that emphasizes the experiences of the individual and how the person copes. It links experiences to subsequent actions and theoretical perspectives with personal experiences.”²⁶ Many define life history in part by distinguishing it from life story, narrative, oral history, and ethnography. What the literature agrees on is that life history goes beyond the individual personal story and situates both the respondent’s narrative accounts and the researcher’s interpretations within a larger context. Traditionally this context is history. Cole & Knowles identify a broad range of “contexts as far ranging as cultural, political, familial, educational, and religious spheres” and suggest consideration as to how life history “relates to the way in which history is defined”.²⁷ Cole & Knowles further offer the following insights and definition of history:

²¹ (Watson and Watson-Franke 1985)

²² (Langness 1965, 4-5)

²³ (Watson and Watson-Franke 1985, 2)

²⁴ (Hatch and Wisniewski 1995, 125)

²⁵ (Langness 1965, 4-5)

²⁶ (Gramling and Carr 2004, 207, 208)

²⁷ (Cole and Knowles 2001, 20)

History is a documentation of stories told and recorded about the past through the identification of significant people, places, moments, events, and movements located in time and context. Exploring the issues of “the times” and their place in the complex scheme of things is central to historical analysis. To be a student of history is to interrogate the meaning and significance of the past as it influences the present and the future, keeping in mind that such study and the articulation of historical meanings are clearly made within the domain of the scholar’s cultural and situational perspectives.²⁸

Significance of Nursing Biographies/Life Histories

The philosophical position of logical positivism has dominated both the natural and human sciences since the turn of the [20th] century.²⁹ Historiography searches for probable causality, truth, facts and data, but does not use sophisticated quantitative statistical methods, and does not interface well with the logical positivist framework. However, history needs to be ‘told’ for many reasons. Church asserts that a sense of history seems appropriate as a pre-requisite to a professional mentality.³⁰ How we understand and value our heritage is inherently linked to how we understand ourselves, as a profession, in the present. Knowledge of our rich heritage makes us conscious that the profession of nursing did not ‘arrive fully grown’, and helps us to more fully understand “the extent to which religious nursing orders played a leadership role in the development of

²⁸ (Cole and Knowles 2001, 20)

²⁹ (Sarnecky 1990, 6)

³⁰ (Church, Historiography in nursing research 1987, 275)

nursing and health care services across Canada".³¹ It also helps us more fully understand how the struggles of earlier nurses led to improved health care, registration, professional nursing organizations, and the improvement of education that led to the development of nursing education programs.

Engaging in biographical writing contributes to the knowledge base of nursing, and enhances the profession. In a position paper, *The Value of Nursing History Today*, the Canadian Nurses³² Association (CNA) states that “learning from nursing history is critical to advancing the profession in the interests of the Canadian public ... nurse educators are responsible for ... imparting a sense of the value of nursing history to students”.³³ This position paper further states that nursing history is critical to a number of pivotal issues in nursing: advancing the profession, socializing new nurses into the profession, and encouraging different forms of critical thinking among nurses. Nursing history also provides the public with valuable perspectives on emerging health technologies, health care reform, transformations of nursing practice and gender issues in Canadian society.³⁴ While the position paper is speaking generally about nursing history, writing biography can contribute to parts of that learning, depending on the context in which the nurse is studied and the contexts in which she/he is interpreted. As

³¹ (Paul, *Religious Nursing Orders of Canada: A Presence on All Frontiers* 2005, 125)

³² While the plural of the word *nurse* is generally written *nurses'* the nursing organization known as the Canadian Nurses Association does not use the apostrophe at the end of the word nurses. In this document, the word nurses follow that style.

³³ (Canadian Nurses Association, CNA; 2007a, 1)

³⁴ (*ibid*)

proposed by Kerr, the essence of nursing is more readily understood ... by learning about the achievements of nursing leaders.³⁵

Biographies of nurses, both famous and ordinary, can contribute to the development of what Perry calls “thinking nursing”³⁶ and help nurses to think outside what Clouser calls “the conceptual ghetto [where they are] locked into a certain way of seeing their world”³⁷ and promote what Church describes as [exposing nursing students] to “the heritage ... that properly orientates them to the profession”.³⁸

Symons stated “little has been written about the history and achievements of the profession in Canada ... [and there are] almost no biographical studies of outstanding members of the profession.”³⁹ While Symons was writing in the 1970s, more recent nursing historians report that the situation has not significantly changed. Grypma notes that the number of biographical studies of Canadian nurses remains surprisingly small⁴⁰, and Riegler states “the number of biographies about women (nursing is predominately made up of women) remains few in comparison to those of men ... we need to know more about the contributions of women to Canadian society”.⁴¹ Noel emphasizes that although women as individuals and as groups developed the discipline of nursing, brought nursing into the public realm, and fought for access to education to develop their practice

³⁵ (J. Kerr, *Historical Nursing Research* 1986, 30)

³⁶ (J. Perry 1985, 31)

³⁷ (Clouser 1990, 239)

³⁸ (Church, *In search of nursing's history. A Communications Service to Nursing School Deans Administrators and Faculty* 1993, 1)

³⁹ (Symons 1975, 30)

⁴⁰ (S. J. Grypma, *Critical Issues in the Use of Biographic Methods in Nursing History* 2005a, 172)

⁴¹ (Riegler, *Some issues to be considered in the writing of biography.* 1994, 220)

and their profession, many of those who made the greatest contributions remain invisible.⁴²

Biographies and History of Nursing in Canada

If the biographies of Canadian nurses are not significant in number, perhaps it is reasonable to say that the biographies that have been written are significant in presentation and scope. Despite their paucity in number, significant biographies of Canadian nurses bring parts of the past to life for the reader. In this section, I introduce a number of biographies that have already been written about Canadian nurses, and other Canadian nursing history research projects relevant to my research because they help to place my work in the context of previous Canadian nursing history. This biography of Sister M. Simone Roach will advance nursing knowledge in this area. The next section cites examples of methodologically sound, thoroughly footnoted, and well analyzed biographies of outstanding members of the profession of nursing. Each researcher draws from available sources to bring their subject to the foreground, and provides background information that allows the reader to understand the subjects and the times in which they lived and worked. Each document contributes to the history and profession of nursing in Canada.

Biography of Edith Kathleen Russell (1886–1964).

One such biography is that of Edith Kathleen Russell (1886–1964) written by Helen M. Carpenter in 1982. In the document, '*A Divine Discontent: Edith Kathleen Russell, Reforming Educator*', Carpenter⁴³ used archival resources and

⁴² (Noel, *Historiography: Biography or 'Women Worthies' in Nursing History* 1988, 106)

⁴³ (Carpenter 1982)

interviews with former nursing faculty to bring to life this distinguished Canadian educator who graduated in 1918 from the Toronto General Hospital School of Nursing and became the first director of the University of Toronto's Department of Public Health Nursing two years later. Carpenter's biographical analysis brings the character of Russell to the forefront of the story by focusing on Russell's discontent with the inadequate "training" provided at many Canadian hospitals, and her spirit of advocacy in leading reform in nursing education. Russell is presented against a background of male gendered leadership, social reforms in Canadian society, educational struggles, and limited power for women. Kerr (1986) asserts that the way this biography was written brings 'the portrait of this remarkable woman alive and her words and actions become meaningful ... one can almost feel the strength and determination of her character in the words of the note which was found in her desk following her retirement.'" ⁴⁴

Biography of Ethel Johns (1870–1968).

Another momentous biography was written by Margaret M. Street in 1973, at a time when there were almost no biographic studies of outstanding members of the [nursing] profession.⁴⁵ In a book entitled *Watch Fires on the Mountain: The life of Ethel Johns*, Street brings to life the extraordinary character of Ethel Johns (1879–1968) who graduated in 1902 from the Winnipeg General Hospital Training School for Nurses. In 1919, Johns was appointed to the dual position of director of nursing service and education of the Vancouver General Hospital and coordinator of the newly established program in nursing at the

⁴⁴ (J. Kerr, *Historical Nursing Research* 1986, 36)

⁴⁵ (Grypma, *Critical Issues in the Use of the Biographic Method in Nursing History* 2008, 64)

University of British Columbia, Canada's first nursing degree program. Her career spanned more than fifty years. In 2009, 35 years after Street's biography, Johns was designated a National Historic Person of Canada by Canada's Environment Minister who stated, "Johns' contribution to nursing and achievements in advancing the role of women in education and the workplace is something of which all Canadians can be proud".⁴⁶ In her biography, Street drew from an unfinished autobiography of Johns, numerous interviews, as well as documents, including contributions by Johns in *The Canadian Nurse* and the Winnipeg Hospital Alumnae journal, *The Journal*, of which she had also been editor.⁴⁷

When the biography is storied within the contexts in which [that subject] lived, including the issues such as economy, race, national identity, social politics, militarism, and history of medicine⁴⁸, some of the recurring and important questions which have faced the profession over its history⁴⁹ can be seen in a different light. These questions take on a new significance because they are not just questions that are pertinent to current nurses, but were pondered by nurses from earlier times. Nurses can potentially better understand present-day situations by comparing them to the past, and can potentially inform clinical practice as well as health care reform and the politics of the profession. Writing biography produces knowledge that is beneficial to the discipline and the profession.

⁴⁶ (Manley 2009, 1)

⁴⁷ (M. Kerr n.d.)

⁴⁸ (Nelson 2002)

⁴⁹ (J. Kerr, Historical Nursing Research 1986)

Biography of Eunice Dyke (1883–1969).

In 1983, Marion Royce documented the life of healthcare pioneer and first Superintendent of Public Health Nurses in the Toronto Department of Public Health, Eunice Dyke (1883–1969). In a document called ‘*Eunice Dyke: Health Care Pioneer*’, Royce brings Dyke to the foreground against a backdrop of the lack of healthcare laws, and the growing crusade to prevent disease and control sanitation in Canada in the early 1900s, and creates a personal picture of Dyke in describing the subject’s personal experience with tuberculosis which enhanced her drive to develop and promote quality public health nursing service, as well as the subject’s dismissal from her position after over two decades of service. In the absence of personal letters and diaries, Royce portrayed a subject that was inherently human, with descriptions of a woman with strong opinions who could be challenging if her opinions were thwarted. Dorothy Wylie notes that Royce’s history of the life of Eunice Dyke “... describes in great detail public health nursing and the social, political and cultural issues of the times...[and] provides another perspective on the history of nursing, and efforts at social justice”.⁵⁰

Biography of Jean I. Gunn (1882–1941).

In her 1992 doctoral dissertation, Natalie Riegler documented the life of Jean I. Gunn (1882–1941), using a feminist perspective that illustrated hierarchical attitudes of trustees, physicians, and politicians toward nurses and nursing. In her document called ‘*The Work and Networks of Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, 1913–1941*’, Riegler took on the colossal task of bringing the character of Gunn to life in the absence of any

⁵⁰ (Wylie 2009, 4)

personal documents, and succeeded as inferred from a statement made by Morley regarding how the character of Gunn is portrayed in a 1997 book written by Rieger on the subject. According to Morley, Gunn is presented as a [woman who]:

... manoeuvred around obstructions with humor, diplomacy, persistence and a fine sense of justice ... [and Gunn's] contribution shows that the nursing profession achieved success despite the hierarchical, paternal and oppressive attitudes and behavior of hospital trustees, medical doctors and politicians towards the nursing profession. Her story delineates the ambivalence which nurses had in working with other women on issues which were not related directly to nursing. [The story] describes the respect with which Gunn was held by colleagues and her students at the General ... [and Gunn's] achievements provide an alternative to the traditional interpretation of nursing's history as being oppressed and under patriarchal control, striving unsuccessfully to become a profession.⁵¹

Jean Ewen: China Nurse 1932–1939.

In 1981, in a document called '*China nurse 1932–1939: A young Canadian witnesses history*', Jean Ewen, a Canadian nurse who spoke Chinese, accomplished the task of writing her own story and brings her character to life for the reader by describing her excitement when, during the great depression, she became a Canadian missionary nurse in China where she worked alongside Canadian hero Dr. Norman Bethune in the hospital at Yen-an during the Chinese Revolution.

⁵¹ (Morley 2010, 1)

Other Relevant Canadian Historical Nursing Research

Other historical nursing research is included because of its relevance to my project. I became interested in Dr. Grypma's work because of the way she was able to bring these missionary nurses into the contexts in which they lived and worked. Dr. Paul researched a religious order, while my subject is a member of a religious order, and my examination of Sister Roach included the context of that relationship. Dr. Stinson led students in oral history research, and part of my project utilizes this methodology.

Canadian nurses and the China mission 1888–1947.

In her 2005 doctoral dissertation *Healing Henan: Canadian Nurses at the North China Mission, 1888–1947* Sonya Grypma⁵² looks at the work of Canadian missionary nurses (and the place of Dr. Norman Bethune) from a different angle, bringing truth to the thought that a particular event in history can be explored by various storytellers and from different perspectives, adding richness to history for the reader. Set against a background of war and revolution, Dr. Grypma brings sixty years of missionary nursing into the light by examining how Canadian nurses shaped health care in the province of Henan and how China, in turn, influenced the features of missionary nursing, and how both advanced a version of hospital-based nursing education and practice that matched modern nursing care in Canada.

The Grey Nuns.

Nursing historian Dr. Pauline Paul is largely responsible for bringing the work of the Grey Nuns of Montreal into focus for current knowledge and

⁵² (Grypma, *Healing Henan: Canadian Nurses at the North China Mission, 1888-1947* 2005b)

posterity. In a 1994 doctoral dissertation, Paul traced the development of the Edmonton General Hospital over a 75 year period, with a particular focus on the development of nursing services at that hospital by the Grey Nuns. In this document called *A History of the Edmonton General Hospital (EGH): 1859–1970, Be Faithful to Your Calling*, Paul⁵³ investigated, among other questions, the impact of the Grey Nuns' philosophy on patient care delivery and policy making at EGH, and the effect on the hospital of the link between the Grey Nuns and the Franco-Albertan community. She writes that evidence was found to indicate that:

... the Grey Nuns who owned and administered the hospital were resourceful women who had the ability to surpass a multitude of problems and difficulties ... [and] the fact that the Grey Nuns were Catholic and primarily French Canadian influenced their outlook on life and the way in which they saw their role in the hospital field.⁵⁴

In a separate document that discusses the Grey Nuns of Montreal, Paul brings to light the significance of their work in the history of nursing and health care because it involved such crucial areas as the history of hospitals, mission and remote area nursing, community, health nursing, and nursing education and administration.⁵⁵ She brings into sharp focus the person of Marguerite D'Youville, the French-Canadian widow who founded the Grey Nuns in 1737.

⁵³ (Paul, *A history of the Edmonton General Hospital (EGH): 1859-1970, "Be faithful to your calling"*. 1994a)

⁵⁴ *ibid*, iv

⁵⁵ (Paul, *The contribution of the Grey Nuns to the development of nursing in Canada: historiographical issues* 1994b, 208)

Oral history projects at the University of Alberta Faculty of Nursing.

Between the years of 1990–1993, Dr. Shirley Stinson at the University of Alberta Faculty of Nursing mentored twelve master level graduate students through oral history projects which are presently housed in the archives at the Alberta Association of Registered Nurses Margaret M. Allemang Centre for Nursing History. Names of graduate student interviewers include: Betty Anderson; Barbara Boyle; Irene Ens; Ruby Glenns; Rosa Gutierrez; Eleanor Hayes; Patricia Jurgens; Theresa Kpinpuo; Barbara Spady; Luc Therien; Jocelyn Thibault; and Kathy Turner.⁵⁶ Oral history was used to record and archive nursing history in a variety of areas, and interviewees include: Helen Joyce (Smiley) Nolan on Nursing Training (1949–52) at University of Alberta Hospitals; Jessie Morrison on her Military Career: May 1941–December 1945; and Vivian Martin on the Alberta Hospital Registered Psychiatric Nurse Program.

Caring and Christianity

It would be erroneous to present the caring movement in nursing that began in the latter part of the 20th century as new or unique. Gardner⁵⁷ presents a history of caring that predates written history is associated with caring for the ill and healing the sick, and strongly connected to the works of love and charity common to early Christianity. Sister Mary Elizabeth O'Brien⁵⁸, a nurse educator at the Catholic University of America School of Nursing in Washington, D.C., provides a comprehensive background to the present day caring movement in nursing. She relates that the Old Testament of the Bible described the role of

⁵⁶ (Margaret M. Allemang Centre for Nursing History 1993)

⁵⁷ (Gardner 1992)

⁵⁸ (O'Brien, Spirituality in nursing: standing on holy ground, 2nd ed 2002)

caregiving as a combination of servant, companion, and helpmate, and that the ancient societies of Egypt, Greece, Rome, and Israel provided evidence supporting the spiritual and cultural care contributions reflected in the art and science of modern day nursing. She describes such ancient caregiving actions as a combination of providing presence, prayer, hands-on care, and the administration of medicines (in the form of herbs). She further describes these early groups of Christians and their influence on care and caregiving for the sick. For the early centuries of Christianity, caregivers provided care for the sick and the poor in their homes, a practice that later evolved into caregiving in religious monasteries (early hospitals). Those men and women who became part of early formalized religious communities (between 600 A.D and 900 A.D.), saw their role as caregivers. Eventually, care of the sick and the mentally ill moved from monasteries to newly constructed Christian-based hospitals.⁵⁹ Many nuns became nurses and established monasteries to provide care for the sick and training for those joining the religious order. During Roman dominance after the birth and death of Christ, many wealthy Roman women such as Fabiola, Saint Marcella and Saint Paula converted to Christianity, adopted a Christian philosophy of service exercised in the care of the sick. Many rejected wealthy lifestyles as a calling from God in service to others, and gave their wealth to found hospitals and hospices.⁶⁰ They cared for the basic needs of the poor, the sick and the dying for the glory of God. One such convert, Saint Helena (250–330 A.D.), the mother of Constantine the Great who ruled the Roman Empire, contributed her wealth to the

⁵⁹ (O'Brien, Spirituality in nursing: standing on holy ground, 2nd ed 2002)

⁶⁰ (Sellew and Nuesse 1951)

destitute, built hospitals for the elderly, and recognized the necessity for those who nursed the sick to develop special skills.⁶¹

Discussions on caring and Christianity often refer to particular Biblical texts. The New Testament of the Bible includes four Gospels attributed to the early Christian writers Matthew, Mark, Luke and John that recount the life and death of Jesus of Nazareth, the central figure of Christianity. When the word ‘Gospel’ is used here, it refers to one of these four texts. I also refer to ‘epistles’, letters attributed to early Christian writers, written to parts of the early Christians church. Among other texts, The New Testament of the Bible includes 13 Epistles (letters) attributed to Saint Paul, and seven general epistles, attributed to the Saints James, Peter, John and Jude. The Book of Acts, referred to here, is the biblical accounts of the work of the early Apostles of Jesus of Nazareth, also called Jesus Christ.

The influx of women into Christian church service grew into the deaconess movement⁶² which is related in Saint Paul’s Epistle to the Romans. Deaconesses were the earliest organized group of nurses, and Phoebe, a deaconess is often considered to be the first nurse.⁶³ Striepe points out that a whole person way (physical, emotional and spiritual) was the central component to the ministry of Jesus and the accounts of healing make up more than one-third of the Gospels. In the Gospel of Luke alone there are twenty-four healing stories, and the Book of Acts is rich in accounts of the healing actions of the apostles. Saint Paul, in his letter to the Thessalonians (1 Thessalonians 5:4, New

⁶¹ (Sellew and Nuesse 1951)

⁶² (Pavey 1951)

⁶³ (Striepe 1993)

International Version), Saint James in his letter (James 5:14) lay the foundation for the Christian church, clearly stating that aid to the sick was regarded as a responsibility of the church, and healing was considered a mission of the church for the first three centuries.⁶⁴ Richardson⁶⁵, referring to 1 Corinthians 12:9, argues that in the Apostolic Church, the gift of healing was regarded as one of the gifts of the spirit, and in cases where no cure was possible the church was bound to support the individual by consolation, visitations and charitable gifts.⁶⁶ In the fourth century, Saint Chrysostom speaks of forty deaconesses at Constantinople.⁶⁷

The medieval period saw a growth in Christian monasteries and hospices.^{68 69 70} For example, Saint Brigid (452–523 A.D.) established a monastery in Ireland where she cared for lepers.

During the Christian crusades (1095–1291), fought over a period of nearly 200 years, the first military order, Hospitallers of Saint John of Jerusalem, was formed, providing hospitality and care to thousands of pilgrims and crusaders.^{71 72} The growth of Christian caring communities spread slowly throughout Western Europe over the centuries, leaving a legacy of nursing and healing that has not been obliterated in our present day. Italian born Saint Clare of Assisi (1194 – 1253) was inspired by the preaching of Saint Francis of Assisi who nursed lepers,

⁶⁴ (Dolan, Fitzpatrick and Herrmann 1983)

⁶⁵ (Richardson 1969)

⁶⁶ (Harnack 1961)

⁶⁷ (Nightingale, The Institution of Kaiserwerth on the Rhine 1851, 8,9)

⁶⁸ (Baly 1980)

⁶⁹ (Bullough and Bullough 1964)

⁷⁰ (Pavey 1951)

⁷¹ (Kalisch and Kalisch 1986)

⁷² (Pavey 1951)

the most repulsive victims in his time.⁷³ She established the order called The Poor Clares, also known as The Poor Clare Sisters, The Order of Saint Clare, the Order of Poor Ladies, who cared for the sick and made their convents available as a hospital facility during times of epidemics.⁷⁴

German born Hildegard of Bingen (1098–1179) was known for her holistic and natural view of healing, and her ways are known in modern day culture as ‘Hildegard-Medicine’ (linkages between health and spirituality).⁷⁵ Mechtild of Magdebourg (1207–1282) was closely associated with the Cistercian nuns and worked under a Dominican director.⁷⁶ Julian of Norwich (1342–1416) was grounded in a theology of God's love in terms of joy and compassion as opposed to law and duty. She articulated God as ‘mother’.⁷⁷ Elizabeth of Hungary (1207–1231), widowed at the age of 20, became affiliated with the Third Order of Saint Francis, a lay Franciscan group, and built a hospital at Marburg for the poor and the sick with her own money.⁷⁸

Saint Scholastica founded the Benedictine order for women and encouraged the care of the sick, and Saint Radegonde was a German princess who became a nun and devoted her life to the care of lepers. In a similar fashion, Saint Margaret (1045–1093), a Scottish queen, cared for the poor and the destitute, visited hospitals and helped those in distress.⁷⁹ By the 1500s, more than 100

⁷³ (Stewart 1996)

⁷⁴ (ibid)

⁷⁵ (Boyce-Tillman 2000)

⁷⁶ (Aumann 1985)

⁷⁷ (Holloway 2008)

⁷⁸ (The Lives of The Saints 2010)

⁷⁹ (Dolan, Fitzpatrick and Herrmann, Nursing in Society: A historical perspective 1983)

religious orders trained women to care for the sick.⁸⁰ The French Order of the Sisters of Charity was formed in 1633 by Saint Vincent de Paul and Saint Louis de Marillac and structured a short training program for nurses based on the doctrine of the Roman Catholic faith.⁸¹

Canadian Religious Sisters

Canadian nursing, and the work of religious Sisters, predates Florence Nightingale who did not begin the training program at Kaiserswerth to train middle-class women in nursing until 1851. Paul states:

Most Canadians can identify a religious nursing order that has been involved in caring for their communities. Many, however, do not realize the extent to which religious nursing orders played a leadership role in the development of nursing and health care services across Canada.⁸²

The Augustine Sisters, who arrived in Quebec in 1639, introduced the first nursing apprenticeship training in North America.⁸³ The Sisters of Charity, better known as the Grey Nuns were founded in Montreal in the 1738 by Marguerite D'Youville (1701–1771), who was beatified by Pope John XXIII, who called her "Mother of Universal Charity", and was canonized in 1990 by Pope John Paul II, the first native Canadian to be elevated to sainthood.^{84 85} Because she created a non-cloistered nursing order, the Grey Nuns could visit the homes of those who were ill, and "D'Youville is considered the mother of community health nursing

⁸⁰ (M. E. O'Brien, Parish nursing: healthcare ministry within the church. 2003b)

⁸¹ (I. Stewart 1947)

⁸² (Paul, Religious Nursing Orders of Canada: A Presence on All Frontiers. 2005, 125)

⁸³ (Canadian Museum of Civilization 2004, 1)

⁸⁴ (Fitts 1971)

⁸⁵ (Ferland-Angers 2000)

in Canada”.⁸⁶ The development of nursing and health care in Canada is closely linked with the work of religious Sisters. Violette states:

... since charity had a redemptive value for those who practiced it ... [for the nuns] this embodied the words of Christ: “I was hungry and ye gave me to eat; I was thirsty and ye gave me drink; I was a stranger and ye took me in; naked, and ye clothed me; I was sick, and ye visited me ...

inasmuch as ye did it unto the one of these my brethren, even these least, ye did it unto me.”⁸⁷

Paul explores the legacy of religious nursing orders dating back to 1760, and states, “the French Canadian orders [the earliest] had in common with Sisters of all denominations a fundamental belief that helping others was an important calling, as well as the common experience of being for significant periods of time the main – if not the only – providers of health care services to the populations they served”.⁸⁸ Sisters travelled to areas where the greatest needs presented, developed hospitals to care for the sick and the vulnerable. Speaking of the Sisters of Charity who travelled west (from Quebec) Paul contends that “they [the Sisters] considered it their duty to serve all those who were in need, irrespective of their creed or cultural background. This vision of nursing “was common to all religious nursing orders, for which the provision of care was a form of ministry”.⁸⁹

She continues:

⁸⁶ (Paul, *The History of the Relationship Between Nursing and Faith Traditions* 2000, 66)

⁸⁷ (Violette 2005, 58)

⁸⁸ (Paul, *Religious Nursing Orders of Canada: A Presence on All Frontiers* 2005, 125)

⁸⁹ (*ibid*, 134)

Nursing Sisters were the first to provide health care in remote and foreign areas ... initially serving the Native and Métis populations as well as earlier settlers, they stayed and continued to live by and spread their fundamental values of charity and faith, even as physicians, and later lay administrators, were gradually imposing their new scientific and more materialistic credo on hospitals and health care.⁹⁰

Widespread Religious Influences on Nursing in the 19th Century

While the Enlightenment period saw a decrease in the church's role in health and healing, the 19th century saw a resurgence of religious orders and religious communities for women.⁹¹ Religious orders continued the tradition of caring for the sick, which became more formalized with the Sisters of Mercy, and the Sisters of Charity, as well as the Church of England Sisters of Holy Communion and All Saints Sisterhood who began opening hospitals in the middle and late 1800s.⁹² Additionally, in 1822, German pastor Theodor Fliedner and his wife Frederike Munster were influenced by the work of the Quaker idealist Elizabeth Fry⁹³, to revive the early Deaconess movement in the form of the Kaiserswerth Institute. After the death of Frederike, Flinder married Caroline Bertheau, who took over the training of nurses through Kaiserswerth Hospital.⁹⁴ The Deaconess training program followed the general guidelines of the Roman Catholic Sisters of Charity⁹⁵, and used the Gospel message in caring for the sick.⁹⁶

⁹⁰ (Paul, *Religious Nursing Orders of Canada: A Presence on All Frontiers*. 2005, 137)

⁹¹ (A. Cameron 1918)

⁹² (Shryock 1959)

⁹³ (ibid)

⁹⁴ (ibid)

⁹⁵ (Kalisch and Kalisch 1986)

The Sisters of Saint Martha.

The Sisters of Saint Martha of eastern Nova Scotia in Canada were initially formed in 1897 as an auxiliary order under the auspices and close supervision of the Sisters of Charity of Halifax to take over the housekeeping duties at (then) St. Francis Xavier College. In 1900, the ‘Marthas’, as they were called, were given the choice to remain with the Sisters of Charity, or form an independent congregation in Antigonish, and on July 29 of that year, the feast day of Saint Martha, they elected the first superior of the new congregation.⁹⁷

Cameron states:

Service is central to the Martha experience. Their congregational life-thrust is modeled after their biblical patroness, Saint Martha, the hospitable, devoted friend and servant of Jesus Christ. Their 1983 constitution affirms that the Spirit of the Sisters of Saint Martha is a generous love for God, a gift which leads and inspires [them] in all relationships and activities. Second, the Marthas are warm, unassuming human beings who identify closely with other people and their needs. Thus, they are the ‘people’s Sisters and are devoted to serving them. Their solidarity with people is anchored in the congregation’s Christian conviction that all people are made in God’s image [and] are thus of value. It also flows from their obedience to Christ’s command to love others, and from their shared cultural background with many of those whom they

⁹⁶ (A. Cameron 1918)

⁹⁷ (J. Cameron 2000)

serve. As well, this solidarity is revealed in their sacrificial and diverse services to people at the point of greatest need.⁹⁸

Not unlike their patroness, the Sisters of Saint Martha faithfully served the people in eastern Nova Scotia, one of the poorest regions in Canada, developed six hospitals, offering nursing education, and centers for service to the poor, unwed mothers, and people in transition. They moved beyond Nova Scotia beginning in 1930 to provide health care services: in 1930 to Banff and to Lethbridge, both in Alberta; in 1936 to Broadview, and in 1940 to Melville, both in Saskatchewan; in 1961 to Lowell, Massachusetts; and in 1965 to Picture Butte, Alberta.

General Caring Theories

This section includes an exploration of theories relevant to the theory written by Sister Roach, and that include components of the philosophy she articulated. While there are aspects of agreement on the concept of caring, theorists ground their understanding of the concept within their own individual philosophy, and considerable differences exist. The caring concept is generally described and explained in the literature in the following ways: care as the essence of the human being⁹⁹; I and Thou¹⁰⁰; relationships¹⁰¹; connection¹⁰²; connection or relationship as ontologically given¹⁰³; an ethic of care/feminist theory of care¹⁰⁴

⁹⁸ (J. Cameron 2000, xii-xiv)

⁹⁹ (Heidegger 1927/1962)

¹⁰⁰ (Buber 1923/1958)

¹⁰¹ (Mayeroff 1971)

¹⁰² (Groenhout 2004)

¹⁰³ (Dewey 1938)

¹⁰⁴ (Noddings, An ethic of caring and its implications for instructional arrangements 1988)

105 106 107 108 109 110 111 112 113; care and commitment¹¹⁴; acts of meaning as caring¹¹⁵; maternal thinking¹¹⁶; and identity in women's lives.¹¹⁷ Several of these caring theorists and their work are now discussed.

Martin Buber.

Austrian-born Jewish philosopher Martin Buber (1878–1965)¹¹⁸ held a philosophy of caring as 'a way of being.' His understanding of relationship was congruous with the 'I-Thou' relationship of opening one's self to another. Buber's 'I-Thou' relationship, is a term he uses to describe relationships in which others are viewed as fully human, feeling, and conscious beings. He contrasted the 'I-Thou' with the 'I-It' relationship in which others are viewed as object.

Wood describes Buber's philosophy this way:

There are ... two basic movements of man [mankind] ... of bending back to one's self, and ... of turning towards "the Other". The 'backward-bending' movement develops into the attitude which considers "the other" as an object existent for the self; the movement of 'turning-toward' develops into an attitude in which "the other" is allowed to put its claim upon the self ... when we persist in the attitude of 'backward-bending' and

¹⁰⁵ (Noddings, *Caring: A feminine approach to ethics and moral education* 2003)

¹⁰⁶ (Gilligan 1982)

¹⁰⁷ (Fisher and Tronto 1990)

¹⁰⁸ (Larrabee 1992)

¹⁰⁹ (Manning 1992)

¹¹⁰ (J. Tronto 1993)

¹¹¹ (Engster 2004)

¹¹² (Held 2006)

¹¹³ (Lindemann 2006)

¹¹⁴ (Blustein 1991)

¹¹⁵ (Bruner 1990)

¹¹⁶ (Ruddick 1995)

¹¹⁷ (Abel and Nelson 1990)

¹¹⁸ (Buber 1923/1958)

develop our pragmatic orientation within which the Other fits, we form an attitude where the Other is in itself value neutral and is an object ... Hence one basic word is I-IT. When we persist in the movement of 'turning toward' and develop the realizing function where "the other" becomes the revered-in-itself, we form an attitude which lays the basis for what Buber terms, accordingly, I-Thou.¹¹⁹

This knowledge is a 'standing in relation to another human being' and confronting that other human being as a person, in the I-Thou relationship articulated by Martin Buber.¹²⁰ Buber presented a philosophy of personal dialogue, in which individuals may adopt two attitudes toward others and the world: I-Thou; or I-It. I-Thou is a relationship of mutuality and reciprocity, subject-to-subject in which people are aware of each other as having a unity of being, and do not perceive each other as consisting of specific, isolated qualities, but rather engage in a dialogue involving each other's whole being. I-It is a relationship of separateness and detachment, subject-to-object, where people perceive each other as consisting of specific, isolated qualities, and view themselves as part of a world which consists of [material] things.¹²¹

Buber explained that human beings may try to convert the subject-to-subject relation to a subject-to-object relation, or vice versa. However, the being of a subject is a unity which cannot be analyzed as an object. When a subject is analyzed as an object, the subject is no longer a subject, but becomes an object. When a subject is analyzed as an object, the subject is no longer a 'Thou', but

¹¹⁹ (Wood 1969, 37)

¹²⁰ (Buber 1923/1958)

¹²¹ (Buber 1923/1958, 26)

becomes an 'It'. The being which is analyzed as an object is the 'It' in an 'I-It' relation.

The subject-to-subject relation affirms each subject as having a unity of being. When a subject chooses, or is chosen by the 'I-Thou' relation, this act involves the subject's whole being. Thus, the 'I-Thou' relation is an act of choosing, or being chosen, to become the subject of a subject-to-subject relation. The subject becomes a subject through the 'I-Thou' relation, and the act of choosing this relation affirms the subject's whole being. Love is also a relation in which 'I and Thou' share a sense of caring, respect, commitment, and responsibility.

Milton Mayeroff.

American philosopher Milton Mayeroff (1925–1979)¹²² in a book called *On Caring*, presented what he believed to be eight foremost components of caring. These ingredients are: hope, devotion, trust, humility, courage, knowing, patience and honesty. Mayeroff presented a philosophy of caring as virtue and character trait, and contended that relationships need to have certain essential characteristics to be called caring. Caring consists of a set of fundamental attitudes that a caring person must possess to be considered caring. For Mayeroff, the primary dimension of caring is one's intentionality, "To care for another person, in the most significant sense, is to help him grow and actualize himself".¹²³ On the meaning of caring, he writes:

¹²² (Mayeroff 1971)

¹²³ (ibid, 1, 2)

... the meaning of caring I want to suggest is not to be confused with such meanings as wishing well, liking, comforting, and maintaining or simply having an interest in what happens to another ... caring is the antithesis of simply using the other person to satisfy one's own needs ... also, it is not an isolated feeling or a momentary relationship, nor is it simply wanting to care for some person. Caring, as helping another grow and actualize himself, is a process, a way of relating to someone that involves development.¹²⁴

In Mayeroff's philosophy, to truly care for another person calls for the capacity to empathize and to be with the other. Mayeroff described the experience of empathy as follows:

To care for another person, I must be able to understand him and his world as if I were inside it. I must be able to see, as it were, with his eyes what his world is like to him and how he sees himself. Instead of merely looking at him from outside, as if he were a specimen, I must be able to abide with him in his world, "going" into his world in order to sense from "inside" what life is like for him, what he is striving to be, and what he requires to grow In being with the other, I do not lose myself. I retain my own identity and am aware of my own reactions to him and his world. Seeing his world as it appears to him does not mean having his reactions to it, and thus I am able to help him in his world I do not have to be perplexed, for instance, to realize that he is perplexed, but because I "feel"

¹²⁴ (Mayeroff 1971, 1)

his perplexity from the inside, I may be in a position to help him out of it.¹²⁵

In Mayeroff's philosophy of caring, it is not possible to understand the other person without understanding that person's world from the inside. The carer must experience what it is like to see the world the way the one being cared for sees it, without losing the carer's identity in the process. A second major dimension in Mayeroff's philosophy of caring is 'being there' for the other, which is described as being available and responsive to the needs of the other to the point of re-prioritizing one's life, especially in time of difficulty.

Nel Noddings.

Contemporary philosopher Nel Noddings' approach to caring is that of relational ethics. Noddings poses that justice based 'masculine' approaches to ethics are legitimate alternatives to ethics of care, and her position on caring is rooted in receptivity and relatedness.¹²⁶ She makes the distinction between natural caring and ethical caring; natural caring is described as an act of love, for someone we naturally care for, while ethical caring is described as caring for someone because we must, because it is the appropriate way of relating to that person.¹²⁷ However, she contends that ethical caring is based on and dependent on natural caring¹²⁸ because it is through the experiences of natural caring that one develops one's image of the kind of person one strives to become; one's ethical ideal. When a person chooses to act in ways that are in opposition to one's ethical

¹²⁵ (Mayeroff 1971, 41, 42)

¹²⁶ (Noddings, *Caring: A feminine approach to ethics and moral education* 1984, 2)

¹²⁷ (ibid, 81, 83)

¹²⁸ (ibid, 83)

ideal, or is forced into situations that prevent the full expression of one's ethical ideal, the ethical ideal of self is lowered. Noddings views caring as an intrinsic, not instrumental, good, something that must exist for persons to develop appropriately as moral persons, however Noddings's philosophy is not one of caring as virtue; caring is not a set of essential attitudes or a character traits but rather what one sees as desirable characteristics of relationships. She focuses on the qualities of engrossment and motivational displacement. Engrossment is a specific kind of receptive attention to the other in which one's own motivations are displaced by those of the one cared for. Motivational displacement happens when the interests of the carer flows toward the one being cared for. She views caring encounters as reciprocal encounters where the person being cared for must make a contribution.

Nursing Caring Theories

In modern nursing, the ethic of caring has been central to the profession since Nightingale¹²⁹ and the ethic of care has been widely reported in the literature by writers who suggest that the process of nursing is potentially more meaningful when it is the action which allows the caregiver to be most human, and when the transformative power of caring can be felt by both the caregiver and the person being cared for.^{130 131 132 133} While caring was seen as an indispensable component of those activities that evolved into professional nursing, that component was less valued as the emphasis of nursing became dominated by a

¹²⁹ (M. Leininger, *Transcultural nursing: Its progress and its future* 1981)

¹³⁰ (Benner and Wrubel, *The primacy of caring: Stress and coping in health and illness* 1989)

¹³¹ (Bevis, *Curriculum building in nursing: a process* 1989)

¹³² (J. Watson, *Nursing: Human science and human care: A Theory of Nursing* 1988)

¹³³ (Wesorick, *Caring: a service not a slogan* 1990)

medical model of care with emphasis on the technical and the scientific, and as curing was emphasized over caring within structured care settings.^{134 135}

According to Gardner¹³⁶ there were three predominant reasons for the shift away from caring: nursing was under the control and supervision of physicians who were focused on curing; nurses were educated in hospitals and the curricula were based on the medical model; and nurses were practicing in institutions that valued curing rather than caring, and by 1960, caring was no longer seen as the primary role of nurses.

As a response to the lack of attention to caring in nursing, in 1984, Madeline Leininger (1925–2012) created the International Association of Human Caring¹³⁷ and by the late 1980s, the concept of caring began to be expressed once again in nursing, giving voice to the need for nurses to be more humanized in their care while working in a highly technological environment.¹³⁸ Smith¹³⁹ credits Madeline Leininger as the first theorist who began to articulate the need for caring in nursing in the 1970s.

Carper¹⁴⁰ contends that the moral code which guides the ethical conduct of nurses is based on the primary principle of obligation (or what ought to be done) embodied in the concepts of service to people and respect for human life. This goes beyond knowing the norms or ethical codes, and includes all voluntary and

¹³⁴ (Gardner, *The historical conflict between caring and professionalization: A dilemma for nursing* 1992)

¹³⁵ (Lynaugh and Fagin 1988)

¹³⁶ (Gardner 1992)

¹³⁷ (ibid)

¹³⁸ (Meleis and Trangenstein 1994)

¹³⁹ (M. Smith 1999)

¹⁴⁰ (Carper, *Fundamental patterns of knowing in nursing: Doctoral Dissertation* 1975, 20)

deliberate actions that can be judged right or wrong. Moral choices to be made must be considered in terms of specific actions to be taken in concrete situations. According to Carper, empirical knowledge is essential for the purpose of nursing, but practitioners are reminded that abstract models and generalized categories can never express the uniqueness of the encountered individual, the “person”.¹⁴¹ Empathy, an important mode in the esthetic pattern of knowing, says Carper, is the capacity for participating in or vicariously experiencing another’s feelings. In this way, the nurse gains knowledge of the patient’s felt experience, and as the nurse becomes skilled in perceiving and empathizing with the lives of others, more knowledge or understanding will be gained of alternate modes of perceiving reality, giving the nurse a larger repertoire of choices in designing and providing effective and satisfying nursing care.¹⁴²

Caring involves science and art. Johnson¹⁴³ articulates five separate ‘senses’ of nursing art: the nurse’s ability to grasp meaning in the patient encounters; the nurse’s ability to establish a meaningful connection with the patient; the nurse’s ability to skillfully perform nursing activities; the nurse’s ability to rationally determine an appropriate course of nursing action; and the nurse’s ability to morally conduct his or her nursing practice.

From her research findings on person-centered practice, McCormack¹⁴⁴ maintains that nurses need to be able to particularize the person that the patient is, the relationship that exists between them and the patient, and the understandings

¹⁴¹ (Carper, *Fundamental patterns of knowing in nursing*: Doctoral Dissertation 1975, 19)

¹⁴² (*ibid*, 17)

¹⁴³ (Johnson 1994, 3)

¹⁴⁴ (McCormack 2003, 2 04)

and expectations implicit in the relationship, and she proposes that this can be achieved through an understanding of the person's authentic values. Authentic consciousness, she explains, is a consideration of the person's life as a whole in order to help sustain meaning in life. Authentic consciousness is comprised of 'five imperfect duties'¹⁴⁵: informed flexibility; mutuality; transparency; negotiation; and sympathetic presence. The therapeutic nurse-patient relationship guides authentic consciousness which is considered a therapy in its own right. Three different stances are possible: engagement (patient and nurse are connected in the relationship); partial disengagement (a dilemma arises in the care relationship); and complete disengagement.

Caring has been expressed as a critical factor for nursing practice^{146 147 148}
^{149 150 151 152 153}; as concern¹⁵⁴; as feeling, regard and respect¹⁵⁵; as a caring ethic of the Judeo-Christian roots of nursing¹⁵⁶; as a process¹⁵⁷; as a way to reach the human center of another person¹⁵⁸; as the way of compassion and the journey to love.¹⁵⁹ In discussing the knowledge needs of nurses for the 21st century, Bunkers states that the nurse of the 21st century must attend carefully to other's suffering

¹⁴⁵ (McCormack 2003, 205)

¹⁴⁶ (Benner 1999)

¹⁴⁷ (Bevis, Curriculum building in nursing: a process 1989)

¹⁴⁸ (Kurtz 1991)

¹⁴⁹ (Nightingale, The Institution of Kaiserwerth on the Rhine 1851)

¹⁵⁰ (Nightingale, Subsidiary notes as to the introduction of female nursing into military hospitals. 1858/1954)

¹⁵¹ (M. S. Roach, The Human Act of Caring: Blueprint for the Health Professions 1987)

¹⁵² (J. Watson, Nursing, Human science and human care: A Theory of Nursing 1988)

¹⁵³ (Wesorick, Caring: a service not a slogan 1990)

¹⁵⁴ (Winnicott 1965)

¹⁵⁵ (Sobel 1969)

¹⁵⁶ (McCarvey 1985)

¹⁵⁷ (Gaut 1983)

¹⁵⁸ (J. Watson, Nursing on the caring edge: Metaphorical vignettes 1987)

¹⁵⁹ (Ray 1981)

... bear witness to suffering ... [bear witness to] moments of joy and moments of pain and sorrow ... discover new ways of providing comfort and quality of life.¹⁶⁰

The concept of caring and whole person care has informed nursing from many different sources, both nursing and non-nursing. In nursing, some descriptions include: unitary being, manifesting characteristics that are specific to the whole¹⁶¹¹⁶²; the essence of nursing and health¹⁶³; caring-as-duty/caring-as-therapy/caring-as-an-ethical position¹⁶⁴; carative factors/the core of nursing¹⁶⁵; the interpersonal dimension of relationship¹⁶⁶; nursing as the study of caring in the human health experience¹⁶⁷; caring as a way of knowing and not knowing¹⁶⁸; a primacy concept¹⁶⁹; and unfolding from the epistemology of knowing the patient.¹⁷⁰

Gadow¹⁷¹ proposed a model of existential advocacy grounded in respect for personhood, and relationship models for nurse and patient that call for ethical obligation. Stenberg¹⁷² proposed a covenant model that is mutually nourishing and offers different goods for each partner.

The view of caring as a component of the nature of nursing is shared by nursing researchers who believe that nurses attempt to provide caring, even in

¹⁶⁰ (Bunkers 2000, 111)

¹⁶¹ (Rogers, An introduction to the theoretical basis of nursing 1970)

¹⁶² (Rogers, Glossary, Nursing Science: A science of unitary human beings 1990)

¹⁶³ (M. Leininger, Care: The essence of nursing and health 1984)

¹⁶⁴ (Kitson 1993)

¹⁶⁵ (J. Watson, Nursing: Human science and human care 1985)

¹⁶⁶ (D. Johnson 1974)

¹⁶⁷ (Newman, Sime and Corcoran-Perry 1991)

¹⁶⁸ (P. Benner, Caring as a way of knowing and not knowing 1994)

¹⁶⁹ (Benner and Wrubel 1991)

¹⁷⁰ (Schoenhofer 2002)

¹⁷¹ (Gadow, Existential advocacy: Philosophical foundations for nursing 1980)

¹⁷² (Stenberg 1978)

difficult situations at great personal expense^{173 174}; by nursing students who believe that nursing means the act of caring and nurturing¹⁷⁵; and by the public who believe that nursing is associated with the concept of caring.¹⁷⁶ The works of several significant caring theorists are highlighted in this section. Of the many caring nursing theories/models that exist, in the next section I have decided to focus on three: Madeline Leininger's Theory of Culture Care Diversity and Universality; Jean Watson's Ten Carative Factors; and Sally Gadow's Caring as a Moral Imperative. These theories were chosen because they are well known in the nursing profession, and because these theorists are contemporaries of Sister Roach.

Madeline Leininger: Theory of culture care diversity and universality.

Dr. Madeline Leininger (1925–2012), drawing from a background in anthropology and a belief that care and the act of caring are fundamental to nursing worldwide, addressed caring in nursing through her Culture Care Diversity and Universality Theory.¹⁷⁷ She defined care as actions directed toward assisting, supporting or enabling another individual with evident or anticipated needs to ameliorate or improve human conditions.

Leininger used a schematic diagram to represent what she has named the 'Sunrise Model' and which represents the components of Theory of Culture Care Diversity and Universality. She stated that the purpose of developing this model

¹⁷³ (Albright 1988)

¹⁷⁴ (Harrison 1990)

¹⁷⁵ (Kersten, Bakerwell and Meyer 1991)

¹⁷⁶ (Huffstutler, et al. 1998)

¹⁷⁷ (M. Leininger, Essential transcultural nursing care concepts, principles, examples, and policy statements 1991)

was to create a foundation that provided nurses with the necessary knowledge and skills to provide care that is consistent with the patient's culture which she defined as the learned, shared and transmitted knowledge of values, beliefs, norms and lifeways of a particular group that guides an individual or group in their thinking, decisions, and actions in patterned ways.¹⁷⁸ In this model, the rising sun represents how care in culture is developed, beginning with the overall worldview. In this model, culture is shaped by the following cultural and social structure components: technological, religious, social, political and legal, economic and educational factors. When the caregiver understands a culture according to these components, he or she is then able provide culturally appropriate care for members of the cultural group.¹⁷⁹ One specific characteristic of Leininger's theory is the presence of insider knowledge within a culture that is not easily recognized or understood by outsiders. Because culturally congruent care requires an awareness of the culture of the client, gaining insider knowledge is crucial in being sensitive to what is valued by clients when providing care. Nurses are at risk of approaching cultural diversity with 'etic' care (professional care provided from outside the client culture) which is not equally valued by those inside the culture.

Jean Watson: Ten carative factors.

Jean Watson, grounded in the humanities, describes the role of the nurse as both expressive and instrumental; the expressive role is described as the human to human connectedness that occurs within nursing practice and the instrumental

¹⁷⁸ (M. Leininger, *Essential transcultural nursing care concepts, principles, examples, and policy statements* 1991, 60)

¹⁷⁹ (ibid)

role relates to the caring occasion when the nurse undertakes professional action to promote health.¹⁸⁰ Watson describes human relations as a caring process that involves values, intent, knowledge, commitment, and actions. Watson describes how nurses engage with patients in ways that “bring new meaning and dignity to the world of nursing and patient care”.¹⁸¹ She developed a theory of caring that includes ten carative factors that she believes assist nurses when providing care for clients: formation of a humanistic-altruistic system of values; instillation of faith-hope; cultivation of sensitivity to one's self and to others; development of a helping-trust relationship including congruence, empathy, non-possessive warmth, and effective communication; promotion and acceptance of the expression of positive and negative feelings; systematic use of scientific problem-solving method for decision making; promotion of interpersonal teaching-learning; provision for a supportive, protective or corrective mental, physical, sociocultural and spiritual environment; assistance with the gratification of human needs; and allowance for existential-phenomenological forces.¹⁸²

The carative factors articulated by Watson require intention, caring values, knowledge, will, relationships, and action; and become actualized in the human caring process in which the nurse is being with the other person.¹⁸³ Watson describes nursing as ‘human to human care with spiritual dimensions ... aimed at helping persons gain higher degree of harmony within the mind, body and

¹⁸⁰ (J. Watson, *Watson's philosophy and theory of human caring in nursing* 1989)

¹⁸¹ (J. Watson, *Nursing: Human science and human care: A Theory of Nursing* 1988, 49)

¹⁸² (J. Watson, *Watson's philosophy and theory of human caring in nursing* 1989)

¹⁸³ (ibid)

soul'.¹⁸⁴ She speaks of the concept of the interrelatedness of human existence and its connection to the ethical imperative of nursing. Watson places ethical reflection as just as important as technical competence in healthcare professions, and believes that the absence of such reflection results in objectification of service receiver and dehumanization of the professions. She contends that the helping professions have become rationalized and institutionalized, have lost their tradition of caring and concern for others together with their sense of vocation or calling, there is an ethical void in the practice of the human services professions created by an overemphasis on technical rationality, and professionalism has become mastery of an objective and empirically-grounded knowledge base, a standard which not only dismisses feelings and intuitive ways of knowing, but denies any special ethical standing to the professions.¹⁸⁵ She continues by saying:

The ethical core that was once assumed to be an integral part of the human services has eroded under the value which emphasized technology and efficiency and neglects the person who is presumed to be the recipient of the service and ideally the partner in a reciprocal relationship with a service professional.¹⁸⁶

Sally Gadow: Caring as a moral imperative.

Sally Gadow^{187 188} describes caring as a moral imperative, advocacy, and protection which she sees as being a realistic and attainable goal of nursing practice. She clearly links her concept of caring to the categories of interpersonal

¹⁸⁴ (J. Watson, *Caring science: Belonging before Being as ethical cosmology* 2005, 58)

¹⁸⁵ (J. Watson, *Watson's philosophy and theory of human caring in nursing* 1989, 1)

¹⁸⁶ (J. Watson, *Watson's philosophy and theory of human caring in nursing* 1989, 1)

¹⁸⁷ (Gadow, *Existential advocacy: Philosophical foundations for nursing* 1980)

¹⁸⁸ (Gadow, *Nurse and Patient: The Caring Relationship* 1985)

interaction and the patient's subjective experience. She believes that caring, more than any human activity, entails subjectivity; that is supporting the patients' interpretation of their own reality. Gadow¹⁸⁹ argued for a philosophical definition of nursing, defined by the ideal nature and purpose of the nurse-patient relationship rather than by a specific set of behaviors or care functions.

While "technicism"¹⁹⁰ is on the rise in today's health care environment, general caring theories and nursing caring theories indicate that there is a reaction to this factor and a growing interest in a renaissance in caring. If caring is indeed the essence of nursing care¹⁹¹ or the "dominant, unifying feature"¹⁹² such theories/models contribute to nursing education, leadership and practice, and have great potential in socializing and professionalizing of nurses. This author contends that caring, a relational activity, as well as spirituality are two essential, yet often overlooked components of health care, including nursing practice in the health care environment. In a general sense, all caring theories discussed are grounded in relational ethics. The theories proposed by Buber and Mayeroff are philosophical, and consider "who is the human person" being cared for. They also understand caring (for the other) as necessary for the personal growth of the carer. The nursing caring theories presented, grounded in relational ethics, understand caring to transpire through human relationships with beneficial results for the human person. The next section focuses on the topic of spirituality.

¹⁸⁹ (Gadow, Existential advocacy: Philosophical foundations for nursing 1980)

¹⁹⁰ (Schuurman 1997, 1) According to Schuurman, technicism reflects a fundamental attitude which seeks to control reality, to resolve all problems with the use of scientific-technological methods and tools...technicism obeys two fundamental norms, as if they are the two main commandments: technical perfection (or effectiveness) and efficiency.

¹⁹¹ (J. Watson, Nursing: Human science and human care 1985)

¹⁹² (M. Leininger, The significance of cultural concepts in nursing 1990, 19)

Spirituality and Health Care

Olsan describes changes taking place in health care environments as unconscionable indifference to the personhood of professionals.¹⁹³ Olsan contends that moral courage is exhibited as professionals are caught between attempting to preserve their role in patient care and assert their professional identity in the workplace, in ways in which they meet their everyday obligations in the face of extraordinary obstacles, burdens, and disregard for their commitments. They are expected to do the right thing even when the capacity to provide care is reduced by inflexible rules, hierarchical authority, financial constraints, and [negative] attitudes about caring. Wolgast maintains that institutional forces can lead professional persons to put aside moral judgments by bracketing morals as outside of a particular organizational situation, and without the influence of these institutional contexts, a person might choose a different approach to the situation.¹⁹⁴

Walton charges "technicism" and an overemphasis on the rational with the demise of professionalism. This 'technical rationality', she states, assumes that rigorous answers can be found to ambiguous questions and that application of a formula is the way in which professional problems are solved, and ethical thinking is neglected under the influence of technical-rational thinking.¹⁹⁵ For Walton, the problem with technical rationality is not that it is technical and not that it is rational. Indeed, she contends that technical knowledge is part of modern life, plays an essential role in practice and professional practice requires

¹⁹³ (Olsan 2003, 8)

¹⁹⁴ (Wolgast 1992, 119)

¹⁹⁵ (Walton 1989, 3)

intelligent decision making about a range of technologies. Additionally, she contends that the capacity to reason must be employed in practice. The problem, as she sees it, is not with technique, but with ‘technicism’; not with science, but with scientism, with disproportionate reliance on empirical methods and mechanical devices at the expense of other forms of knowledge and action.¹⁹⁶

Spirituality and nursing.

While spirituality in nursing is likely pre-historic, and can be traced back to the early days of the pre-modern nursing movement, there is a renaissance in this aspect of nursing care, and since the latter part of the 20th century, the profession is being held accountable for providing spiritual care for patients. I would argue that this accountability requires nurses to have a beginning understanding of the concept of spirituality, even to the extent of recognizing that spiritual distress has long been considered a nursing diagnosis.^{197 198}

In Canada, as in many other countries, the concept of spirituality and the care of patients’ spiritual needs are included in documents pertaining to the roles and responsibilities of professional registered nurses. In describing competencies required for professional nursing practice, in a 2007 document called *Framework for the Practice of Registered Nursing in Canada* the Canadian Nurses Association refers to “registered Nurses focus on wholeness, considering the biophysical, psychological, emotional, social, cultural and spiritual dimensions of the client’.¹⁹⁹ In a description of the competencies tested in the Canadian

¹⁹⁶ (Walton 1989, 3)

¹⁹⁷ (Carpenito 1999)

¹⁹⁸ (McCloskey and Bulechek 1996/2000)

¹⁹⁹ (Canadian Nurses Association, CNA 2007b, 8)

Registered Nurse Examination, CNA²⁰⁰, under a category called ‘changing health’ reference to spiritual care is made in the following statement: “[the registered nurse] collaborates with clients in a holistic assessment (e.g., physical, emotional, mental, spiritual, cognitive, developmental, environmental, meaning of health). Likewise, the Canadian Nurses Association’s 2008 *Code of Ethics for Registered Nurses* defines health as “a state of complete physical, mental (spiritual) and social well-being, not merely the absence of disease”.²⁰¹ The Association communicates its message to more than 200,000 practicing registered nurses. However, considering the limited attention to spirituality and spiritual care in universities and colleges in Canada, it is reasonable to assume that the vast majority of that membership does not have enough knowledge and skills to adequately address the spiritual needs of those for whom they provide care.

Olson, Paul, Douglass, Clark, Simington, and Goddard conducted a nation-wide study in 2003 to identify the extent to which the spiritual dimension is addressed in Canadian university undergraduate nursing curricula.²⁰² Findings indicated that only a small proportion of [Canadian nursing] schools included the spiritual dimension among their curricular objectives; a lack of consensus on the importance of the spiritual dimension; conceptual confusion about spirituality and religion; and some [schools] viewing the spiritual dimension as a part of the psychosocial dimension. The researchers concluded by saying:

²⁰⁰ (CNA Canadian Registered Nurse Exam: June, 2010-May, 2015, Competencies: Professional Practice 2010)

²⁰¹ (Canadian Nurses Association, CNA; 2008, 25)

²⁰² (Olson, et al. 2003, 95, 104)

The results of this study show that it is time to seriously engage in a dialogue about the spiritual dimension in nursing education. The conceptual confusion in this area, and its possible impact on nursing practice, is a concern for nurse educators and researchers alike. Nursing educators may be in a good position to take the leadership in generating debate and developing clarity in this area.²⁰³

However, nurses demonstrate interest in spirituality as a component of health to the point where they would advocate for spirituality at the level of the World Health Organization. At the 2005 Annual General Meeting of the Canadian Nurses Association, a resolution was submitted and carried as follows:

Be it resolved that the Canadian Nurses Association (CNA) brings together interested stakeholders to identify a strategy to work towards having the concept of 'Spiritual well being' included as part of the World Health Organization (WHO) definition of health (Resolution 8: WHO Definition of Health to Include Spiritual Well-Being).²⁰⁴

The background statement accompanying this resolution gave the following reason for the resolution, "... [in its definition of health, the World Health Organization] does not give reference to the spiritual concept that is an important part of holistic care and quality of life [and] holistic health care tends to the mind, body and spirit of individuals and suggests: "Spiritual Well-being is the affirmation of Life The spiritual is not one dimension among many in life;

²⁰³ (Olson, et al. 2003, 105)

²⁰⁴ (Canadian Nurses Association, CNA; 2005, 1)

rather, it permeates and gives meaning to all life. The term ‘spiritual wellbeing’, therefore, indicates wholeness in contrast to fragmentation and isolation”.²⁰⁵

The International Council of Nurses Code of Ethics describes personal health as “mental, physical, social and spiritual wellbeing”.²⁰⁶ These definitions clearly indicate that the professional registered nurse is responsible for addressing the spiritual needs of patients. Callister, Bond, Matsumura, and Mangum²⁰⁷ maintain that nurses have been tentative in addressing patients' spiritual needs for several reasons: failure to be in touch with one's own spirituality, confusion about the nurse's role in providing spiritual care, lack of knowledge about the spiritual caregiving process, and fear that they might be viewed as imposing their own religious beliefs onto patients.

It would appear then, that the need for education in the area of spirituality for nurses was recognized and written into codes and competency profiles before full recognition or adequate structures to meet this need by Canadian schools of nursing. Such challenges are not unusual when a need is recognized, and often considerable time passes before adequate structures evolve. Spirituality is not a tangible or concrete concept, many conceptualizations exist in the literature^{208 209}^{210 211 212}, and common definitions of spirituality are slow to evolve. O'Brien²¹³ maintains that it is imperative that nurses have a common understanding of the

²⁰⁵ (Canadian Nurses Association, CNA; 2005, 1)

²⁰⁶ (International Council of Nurses 2010, 9)

²⁰⁷ (Callister, et al. 2004)

²⁰⁸ (Albaugh 2003)

²⁰⁹ (Davis 2005)

²¹⁰ (Highfield 2000)

²¹¹ (Taylor, Highfield and Amenta 1999)

²¹² (McSherry, Cash and Ross 2004)

²¹³ (O'Brien, Prayer in nursing: The spirituality of compassionate caregiving 2003a)

concepts of spiritual care and spirituality as a personal concept understood in terms of an individual's attitudes and beliefs related to transcendence (God) or to the nonmaterial forces of life and nature. Yet spirituality/spiritual development has seldom been a factor in nursing entry to practice, nor for education or practice.²¹⁴ Barnum examined the question of whether spiritual faith or sophistication should be a requirement for nurses and questioned what happens when the spiritual care of the patient is limited by the nurse's own level of spiritual development. She concluded that high levels of spirituality and/or religious maturity is unlikely in young nurses, those who are most likely to be providing direct patient care, while the nurses who are most capable of giving spiritual care may not be doing direct patient care. Olson, Paul et al. reported that forty-four percent of the nation's nursing schools surveyed did not evaluate student learning concerning the spiritual dimension. The researchers recommended further research that would include students' perceptions regarding their learning about the spiritual dimension²¹⁵

In a 2006 study, Baldacchino²¹⁶ identified four specific components associated with the competent delivery of spiritual care: delivery of spiritual care by the nursing process; nurse communication with patients; inter-disciplinary team and clinical education organization; and the safeguarding of ethical issues in care. In her recommendations, Baldacchino suggests that nurses take the initiative to increase their knowledge in the area of spiritual care and give priority to reflection in and on their clinical practice to enhance patient care. She also

²¹⁴ (Barnum 1996, 141)

²¹⁵ (Olson, et al. 2003, 104, 105)

²¹⁶ (Baldacchino 2006)

recommends that hospital management help nurses by the provision of support from psychologists, chaplains, and support teams to help nurses become in tune with their own spirituality.²¹⁷ Pesut and Sawatzky assert that while nurses embrace the idea that the spiritual falls within the domain of professional nursing and it should be assessed like any other domain, the profession needs to determine the competency level required because nurses need to ensure professional accountability as they would in any other domain of patient care. The authors conclude that to intervene in an area where one is not adequately prepared is to risk the charge of incompetence.²¹⁸

The nursing literature reflects almost as many definitions of spirituality as there are scholars proposing definitions. Definitions include: a process and sacred journey; the essence or life principle; the experience of the radical truth of things; a belief that relates a person to the world, giving meaning to existence; personal transcendence beyond the present context of reality; a personal quest to find meaning and purpose in life; and a relationship or sense of connection with mystery, higher power, God, or universe²¹⁹; the essence of our being, which permeates our living and infuses our unfolding awareness of who and what we are, our purpose in being, our inner resources, an essential quality that determines who individuals are and is necessary for human existence²²⁰; the relationship with the transcendent (God, Supreme Being or supreme value) and relationships with

²¹⁷ (Baldacchino 2006, 894)

²¹⁸ (Pesut and Sawatzky 2006, 133)

²¹⁹ (M. Burkhardt 1989, 70)

²²⁰ (Burkhardt and Nagai-Jacobson 1997, 91)

oneself, other people and the natural world²²¹; a personal experience, life's most animating or vital issues and concerns ... more immaterial or subjective features of life, distinct from the body or other more tangible and material things²²²; broader than religion, though it can be expressed and developed through formal religious activities, personal views and behaviors that express a sense of relatedness to a transcendent dimension or to something greater than the self²²³; manifests itself in four ways: transcending; connecting or belonging; giving life; and being free²²⁴; intangible and is directed toward ultimate values of love, meaning, purpose, and values in life²²⁵; inclusive of intrapersonal, interpersonal, and transpersonal dimensions that develop out of experiences²²⁶; the most human of experiences that seeks to transcend self and find meaning and purpose through connection with others, nature and/or a Supreme Being, which may or may not involve religious structures or traditions²²⁷; whatever or whoever gives ultimate meaning and purpose in one's life that invites particular ways of being in the world in relation to others, oneself, and the universe²²⁸; a motivating force that searches for meaning and purpose in life through connectedness, a lifelong search process, expressed and practiced uniquely, enhanced through caring human relationships²²⁹; connectedness with Self, Others, nature, and Higher Being;

²²¹ (Stoll 1979, 1573)

²²² (Thoresen and Harris 2002, 4)

²²³ (Touhy 2001, 46)

²²⁴ (Lane 1987, 333)

²²⁵ (E. Johnson 1998, 81)

²²⁶ (J. Walton 1996, 246)

²²⁷ (Buck 2006, 290)

²²⁸ (Wright 2005, 4, 5)

²²⁹ (Sellers 2001, 241, 242, 243, 244)

transcendence; and force/power/energy²³⁰; remembering, relating, and recognizing²³¹; broader than religion, inherent in all humans²³²; something we are and cannot escape, regardless of how we may think or feel about it²³³; identified seven major constructs: belonging, meaning, hope, the sacred, morality, beauty and acceptance of dying²³⁴; the experience of and integration of meaning and purpose in life through connectedness with others, self, art, music, literature, nature, or a power greater than oneself²³⁵; and meaning, purpose and fulfillment in life; hope/will to live; and belief and faith. ²³⁶

Hood, Olson, and Allen²³⁷ in a study to discover how practicing nurses acquire knowledge for spiritual care, found a core category of connection/connecting spirituality with categories of needing. Pesut²³⁸ found three distinct conceptualizations of spirituality: theistic, humanistic, and monistic. This indicates that health professionals will likely encounter clients whose conceptualizations of spirituality are different than their own. White proposes the values of curiosity, collaborative meaning-making, joint knowledge construction, and ethical engagement when working in the midst of ideological and cultural differences.²³⁹ She calls upon the definition of reflexivity proposed by Taylor & White in 2000: ‘destabilizing taken-for-granted ideas and professional

²³⁰ (Chiu, et al. 2004, 424)

²³¹ (Simington 2004, 475, 476)

²³² (Meraviglia 1999)

²³³ (Willard 1998, 79)

²³⁴ (Galek, et al. 2005, 62)

²³⁵ (Burkhart and Solari-Twadell 2001, 49)

²³⁶ (Ross 1995, 457)

²³⁷ (Hood, Olson and Allen 2007)

²³⁸ (B. Pesut 2005, 94)

²³⁹ (White 2007, 213, 215)

routines'.²⁴⁰ She further describes this process as being conscientious of and being transparent about the impact of one's own history, biases, and assumptions on what and how one knows, thinks, and writes. White quotes a document written by Bird in 2004, and calls for more active relational engagement. Touhy, Brown & Smith²⁴¹ draw our attention to the connectedness element of spirituality, and spiritual caring taking place within the context of deep personal relationships, holistic care, and support for patients by displaying genuine caring, and building relationships and connectedness. Olson, Paul et al. define the spiritual dimension as:

... the animating energy that forms the core of all human beings; the real person; the active, living, and continually unfolding core of the individual; the part that does not die, that provides meaning and purpose in life, that transcends, permeates, and influences all other human dimensions: physical, psychological, and social. The spiritual dimension is expressed through relationship with God (however defined by the individual), self, others, and nature.²⁴²

While the definitions given above are not exhaustive, the themes expressed relate to purpose, meaning, relating/connecting (to self, the other, and higher power), transcendence, humanness, and seeking/searching. These, I would contend, have been the quests of human kind throughout history. To create one definition from the reviewed literature, it would be 'spirituality is the dimension of the human person that seeks meaning and purpose through connectedness

²⁴⁰ (Taylor and White 2000)

²⁴¹ (Touhy, Brown and Smith 2005)

²⁴² (Olson, et al. 2003, 97)

(through connecting/relating with self, others and a higher/transcendent being or in the physical realm)'.

It has been proposed that knowledge about spirituality can be taught, and faculty and students can become comfortable with the language of spirituality.²⁴³ Catanzaro and McMullen used strategies for increasing the spiritual sensitivity of nursing students including the encouragement of self-reflection and providing opportunities for affirmation from faculty, peers, and other professionals. McGee, Nagel, and Moore²⁴⁴ report that undergraduate students who received a 16 week education on spiritual health reported significantly higher levels of spiritual health.

Spirituality and religion.

Religion has been defined as a formalized institution with an established body of beliefs, practices, and rituals related to the worship of a sacred/Divine that takes place within a community of members.^{245 246 247} Considering the definitions of spirituality provided earlier, the distinction seems clear. However, when examining the concepts used to describe religion, the lines begin to blur, especially when one considers the individual philosophies of the individuals providing spiritual care. Di Joseph & Cavendish²⁴⁸ examine the relationship between religion and spirituality and determined that religion encourages ways of thinking, feeling, and behaving that enhances holistic health. Thoresen and

²⁴³ (Catanzaro and McMullen 2001)

²⁴⁴ (McGee, Nagel and Moore 2003)

²⁴⁵ (Baskin 2002)

²⁴⁶ (Clews 2004)

²⁴⁷ (Damianakis 2006)

²⁴⁸ (DiJoseph and Cavendish 2005, 148)

Harris²⁴⁹ assert that religion, as social phenomenon, involves connectedness to institutions in which constituents adhere to beliefs that they convey religiousness, a personal experience. William James, renowned American philosopher, psychologist and physician²⁵⁰, in writing about the various religious experiences he observed, used the term religiousness in regard to personal attitudes, emotions, and personal factors, while Johnson²⁵¹ describes a system of belief regarding the cause, nature, and purpose of the universe, especially belief in or worship of God or gods.

The concepts of spirituality and religion are often confused, or used interchangeably, with the assumption that if one has an affiliated religion, one also ‘has’ spirituality, and if one does not subscribe to a particular religion or faith group, then he or she does not ‘have’ spirituality. Both conceptions can be incorrect. While the concepts can be connected, and they often are, one cannot make assumptions that religion presupposes spirituality or that a non-religious individual does not experience connectedness to that which nourishes the spirit. The concept of religious based spirituality is embedded in the history of nursing and is based on religious principles. However, despite its strong base in religion, nursing has moved from religious based education to a medical model focused on technology and cure. During its formative years, nursing in Canada was strongly rooted in the religious practices of the religious Sisters who developed training programs, and nursing education addressed spiritual and moral factors.²⁵²

²⁴⁹ (Thoresen and Harris 2002)

²⁵⁰ (James 1902/1997)

²⁵¹ (E. Johnson 1998)

²⁵² (Catanzaro and McMullen 2001)

Today, nursing education has moved to secular colleges and universities where perhaps a strong focus on spirituality is viewed as incompatible with the highly technical and disease-oriented focus of education.²⁵³ The spiritual concepts of nursing practice are now largely neglected in a ‘no man’s land’, no longer under the domain of religion, but not yet fully recognized or promoted within the domain of nursing practice where spiritual care can be taught to and provided by any and all nurses.

In a multi-cultural world, providing religious care under the appearance of spiritual care would neither be ethical or possible. More than twenty-percent of all hospitalized patients have no religious affiliation²⁵⁴, yet that statistic implies that almost eighty percent of hospitalized patients may have a religious affiliation, and in times of stress or illness, people often turn to their religious beliefs for comfort and support.²⁵⁵ Rieg, Mason, & Preston state:

Nurses need to recognize that a person’s religious affiliation is not necessarily the same as a person’s spirituality. By virtue of being human, all people are spiritual, regardless of whether or how they participate in religious observance. Spirituality is regarded as an essential part of people’s ultimate concern and quest for meaning and purpose.²⁵⁶

As the literature suggests, religion is only one potential way in which individuals express their spirituality, and even if nurses were versed in knowledge of all religions, providing religious care would not ensure that patients’ spiritual

²⁵³ (Catanzaro and McMullen 2001)

²⁵⁴ (McEwan 2004)

²⁵⁵ (Rieg, Mason and Preston 2006)

²⁵⁶ (ibid, 249)

needs were met. Spirituality is an often ignored area of nursing care for many reasons: nursing is too biologic, professionalism is synonymous with distancing, more emphasis is placed on technology than holistic care, and nurses are not comfortable with their own spirituality.^{257 258} Other reasons include time constraints, lack of education, lack of clarity between religion and spirituality, and the presence of multi-faith patients and nurses.^{259 260} Yet hospitalized patients often experience spiritual distress and need spiritual care to integrate body, mind, and spirit in the face of illness, trauma, loss, and life transitions²⁶¹, and both nurses and patients need to understand the differences between religion and spirituality.

It is not uncommon for nurses, believing that they are not competent to provide spiritual care, and in the absence of hospital chaplains, to call upon clergy to provide spiritual care for patients. Moreover, one cannot assume that all clergy are proficient in the area of spirituality, or indeed if they will understand spiritual care as different from religious care. Also, one cannot assume that all religions or spiritual practices have a healthy effect on the individual. Purcell²⁶² in an article called *Spiritual Terrorism* describes what he calls the most extreme form of spiritual abuse, that of spiritual terrorism. He notes that spiritual abuse, whether stated or implied, results in the fear that one will be punished in this life or suffer in hell-fire forever for failing to live a good enough life to be admitted to heaven.

²⁵⁷ (Fawcett and Noble 2004)

²⁵⁸ (Ledger 2005)

²⁵⁹ (McEwan 2004)

²⁶⁰ (Molzahn and Shields 2008)

²⁶¹ (McClung, Grosseohme and Jacobson 2006)

²⁶² (Purcell 1998)

He calls spiritual terrorism the most extreme form of this abuse, and depending on age of onset, intensity and duration may be as harmful to the person's emotional, mental and spiritual well-being as any other form of abuse.²⁶³

Religious care is given in the context of the shared religious beliefs, values, liturgies and lifestyles of a faith community, or at least an understanding and respect for the religious beliefs of the patient. This falls within the definition of culturally competent care described by Madeline Leininger. Bash²⁶⁴ conducted a study in which she asked a group of clergy what they understood by the term spirituality. She found that a questioner was likely to receive as many descriptions as there were clergy.

Religion can and does, however, play an important part in the lives of people who ascribe to religious beliefs and practices, including: influencing medical decisions; lowering anxiety and depression; lessening substance abuse; promoting greater well-being, hope, and optimism; contributing to greater marital satisfaction and stability; and offering more purpose and meaning in life.²⁶⁵ These factors cannot be overlooked by the profession, however the central focus needs to be on understanding patients' belief systems and supporting them within the healthcare environment.²⁶⁶

Summary

While it may be contended that the practice of nursing is pre-historical, the caring practices that foreshadowed modern day professional nursing have their

²⁶³ (Purcell 1998, 167)

²⁶⁴ (Bash 2004)

²⁶⁵ (Koenig 1984)

²⁶⁶ (Bingham and Habermann 2006)

roots in the early Christian Church and the formalized activities of religious Sisters. Florence Nightingale, well known as the founder of modern day nursing and the first nursing theorist, was educated in a religious establishment that based its training on the model of the Roman Catholic Sisters of Charity. For decades, the caring and spirituality practices of nursing became overshadowed by a medical model of care, characterized by technology and cure vs. care. However, the late 20th century saw a rebirth in the interest of caring and spirituality in nursing, and there is a growing interest in nurses becoming proficient in spiritual caregiving that extends beyond religion and recognizes the spiritual needs of all people as spiritual beings.

This chapter focused on three major areas: biography including the necessity of nursing biographies and life histories, and a review of selected Canadian nursing history research; caring, including caring and Christianity, general caring theories with a review of selected theorists and their work, and nursing caring theories, with a review of selected theorists and their work. This review builds a foundation for biography research on Sister M. Simone Roach, a caring theorist and advocate for the aspect of spirituality in health care, including nursing care.

"How many voices intersect, observe, and correct one another, argue with one another, passionately embrace or pass by one another in silence? Are we going to seek one final evaluation?"²⁶⁷

Chapter III: Research Method and Design

This chapter describes the research method and design utilized for a historical research project, the compilation of a biography of the Canadian nurse theorist Sister Marie Simone Roach. As stated earlier, a limited number of biographies of Canadian nurses exist, and it was considered that a biography of Sister Marie Simone Roach would be valuable for current and future generations of nurses.

The Historical Method

The historical method of research is the process of critically examining and analyzing records of the past.²⁶⁸ Glass contends that "one basic assumption underlying the use of this method is that the study of the past is valuable and provides useful information for the present"²⁶⁹, and goes on to say:

The historical method has been used in nursing research to reconstruct events, to analyze the rationale behind decisions, to trace activities and influences leading to current events, to analyze the scientific base and origin of procedures, to discover the impetus and sequence for events, to analyze a person's ideas, to interpret the influence of a leader, and to

²⁶⁷ (Derrida 2001, 50)

²⁶⁸ (Glass 1989)

²⁶⁹ (ibid, 183)

understand nursing within the realm of the social, economic, political, and cultural setting of the time.²⁷⁰

The historical method was used to conduct the research and the project that arose from that research was a biography of Sister Roach. The method rested primarily on the critical examination and analysis of primary and secondary sources of data connected to Sister Roach and her life and work. Before writing my research proposal for this project, I examined the collection of writings by Sister Roach held in the Bethany Archives, Antigonish, Nova Scotia (Appendix II); I also examined articles written by others who had used her model/theory, and found that enough material was available to bring the project to fruition.²⁷¹ I conducted a series of life history interviews with Sister Roach (2009, 2010, and 2011). In addition, I conducted oral history research, and interviewed others who had been familiar with Sister Roach and her work, and who were able to add to/and or confirm the content of written documents already examined.²⁷²

As the researcher, I was the research tool. Unlike other methods of research, the analysis does not appear on paper, it is a process that goes on in the head of the researcher, who eventually puts ideas on paper in the form of a report.²⁷³ This was a "back-and-forth" process as new questions arose from the examination of sources, leading me in further search of primary and secondary sources. The collection of data was completed when enough data was generated to provide a broad description of the life and work of Sister Roach.

²⁷⁰ (Glass 1989, 187)

²⁷¹ (Fitzpatrick 1993)

²⁷² (Boschma, et al. 2008)

²⁷³ (Glass 1989, 196)

Hamilton states, "... research may be optional for other disciplines, and other arts [but] it is at the core of biography—the criterion that most distinguishes the practice of life writing from that of fiction”²⁷⁴ Hamilton continues by pointing out the tasks of finding evidence that helps the writer understand and describe the context, the environment, the social and political forces and wider developments that serve as background to their portrait of the individual. He states, “but in the end it’s the personal foreground, not the background, that will ultimately be their locus Vivendi, so to speak”.²⁷⁵

The importance of context in history.

In writing the biography of Sister Roach, it was necessary to understand the historical context in which she lived and worked, factors that influenced her or that she influenced. Understanding Sister Roach in a historical context can better help readers understand her person and her work. Some contexts explored in writing about Sister Roach were: growing up in large Roman Catholic family; her early life living in a Cape Breton coal mining community; training at a school of nurses led by Roman Catholic Sisters; her life as a religious Sister; and the nursing profession during her career. Other contexts included living as a young adult during the years of World War II, achieving graduate education while holding down positions of responsibility; living in both Canada and the United States; developing a philosophy and a theory of nursing; writing a Code of Ethics, chairing a nursing school; and becoming proficient in leading Centering Prayer. Some of these contexts emerged from the data; it was only through intensive data

²⁷⁴ (Hamilton 2008, 63)

²⁷⁵ (Hamilton 2008, 64, 65)

collection and analysis of archives that I was able to discover how particular contexts had an impact upon her in relation to other contexts. It is from the context of the life of Sister Roach that her story emerged, and the context helps us to understand why she acted in particular ways and made particular decisions at specific times throughout her life.

This biography focuses, in chapter five of this dissertation, on Sister Roach's early years and family life. The biography, in its entirety, focuses more specifically on her professional life, and the events surrounding the development of her nursing model/theory, *The Human Act of Caring*, as well as significant sociological, geographical, religious, nursing/medical, and world events that had an impact on her thinking and articulating of her ideas to others, nationally and internationally. Sister Roach, who was born on July 30, 1922, is still living, and served as one of the primary sources of information for this document through a series of life history interviews.

While the subject of Sister Roach must be understood, her character must be understood within the broad context of which she lived and worked. Without context there can be no interpretation for there are no reference points from which to draw them.^{276 277} The biographer encompasses the universal and the particular and holds the reader's interest in the subject²⁷⁸, organizing the material chronologically so that the reader is left with a dominant impression of the subject, and the changes, meaning and patterns in their lives.²⁷⁹ Keeping the

²⁷⁶ (Cruikshank 1999, 237)

²⁷⁷ (Nelson 2002)

²⁷⁸ (Cruikshank 1999)

²⁷⁹ (Sandelowski 1999, 84)

subject in focus, and not becoming lost in tangential information allows the biographer to portray the subject in a meaningful way that will be informative and interesting for the reader.

Data Sources and Data Collection

Hamilton maintains that there are only three types of biographic sources: primary sources, secondary sources and the oral interview and oral evidence, also considered a primary source until it is published.²⁸⁰ Accessing all sources are time intensive activities.

Primary sources of data.

Primary sources of data included writings by Sister Roach, including speeches, unpublished papers, academic dissertations, journal articles, published books and curricula. These sources allowed Sister Roach to be brought to the foreground of what was happening within the profession and the larger community during the time under investigation. Grypma recommends four views from which to collect data: relevant socio-political events in the historical period under study; first-hand accounts of people living through the period; recollections of experiences after the period of study has passed; and understanding the values, beliefs, and assumptions of subjects.²⁸¹

Collecting data from a variety of sources provided a foundation that supports the time period from perceptions of key informants. Some history had been recorded about the period of time when Sister Roach attended a Roman Catholic hospital based nurses' training program, however with the closing of

²⁸⁰ (Hamilton 2008, 70)

²⁸¹ (Grypma, Critical Issues in the Use of Biographic Methods in Nursing History 2005a, 177, 178)

many Catholic hospitals in Nova Scotia, records were transferred to the College of Registered Nurses of Nova Scotia (CRNNS). Records of the Sisters of Saint Martha have been carefully preserved since the formation of the order, and are presently housed in a state-of-the-art archive department at Bethany Motherhouse.

The Bethany Motherhouse Archives were a rich source of information, especially for data about the period under investigation, as well as the involvement and influence of the Sisters of Saint Martha in the area. Other sources of archival material that were sought in these archives covered significant periods of Sister Roach's profession, specifically times when she moved from one role to another and from one geographical area to another. Sister Roach's fonds (a collection of the writings by Sister Roach for more than 50 years) are housed at Bethany Motherhouse Archives, and I was fortunate enough to spend time with the archivist there who very generously introduced me to the collection, and assisted me in retrieving copies. Archives were also searched at St. Francis Xavier University, especially those from the School of Nursing for the periods when Sister Roach was director of the nursing program or otherwise involved. The Antigonish newspaper, 'The Casket', was consulted, and provided data on the 100-year history of Saint Martha's Regional Hospital in Antigonish.

Additionally, the time frame in which Sister Roach wrote the first Code of Ethics for the Canadian Nurses Association was considered significant in this study. A visit was made to the National Archives of Canada, as these archives have become the depository of the Canadian Nurses Association (CNA) collections. While documents for that time frame were not located there, the

Archives of the College and Association of Registered Nurses' of Alberta were able to produce copies from the Shirley M. Stinson fonds located there. Published documents were sought, including information about the protests that took place by Canadian nurses' unions regarding the publication of the first CNA Code of Ethics.

Other information was sought through internet searching, examination of Sister Roach's published books, dissertations, and reports. Other primary sources include notations made by those who shared activities and events with Sister Roach over the years, including those at the International Association for Human Caring, the Canadian Nurses Association, St. Francis Xavier School of Nursing, and Saint Martha's Convents in the various areas in which she lived. Historical data provided a context for events and experiences related by the subject and other participants in this project.

Secondary sources of data.

Secondary sources are documents written by others about the research question or a related area.²⁸² Because Sister Roach developed a nursing theory, one source of secondary data came from the writings of others who have used her theory in practice, and was accessed in journal articles, books, and newspaper articles. (It is hoped that this biography will eventually become a secondary source of data on Sister Roach). Historian James Cameron²⁸³ at St. Francis Xavier University has extensively researched the Sisters of Saint Martha as well as the history of St. Francis Xavier University, two institutions closely associated with

²⁸² (Glass 1989, 192)

²⁸³ (J. Cameron 2000)

Sister's story, and Dr. Cameron's work proved to be a very useful secondary source of information. Other secondary sources came from the Catholic Hospital Association and from other scholars in the field of health care who had occasion to write or comment about Sister Roach's contributions.

Oral History

Oral history interviews were an important part of the project, and in addition to conducting a series of life interviews with Sister Roach to gain insight into her past through her own perspective, the perspectives of others were sought from those who knew her in various aspects of her life and work and who were willing to provide information for the purpose of the project.²⁸⁴ Because all individuals did not share the same perceptions and experiences of the same event, it was considered beneficial to hear, interpret, and integrate varied viewpoints and accounts in light of other available information in composing more detailed descriptions about Sister Roach and her contributions to nursing.²⁸⁵ While a series of life history interviews and communication through letter, telephone and e-mail provided a better understanding of Sister Roach as the subject of this study²⁸⁶, multiple perspectives resulted in a fuller understanding of her, the person and the professional, thereby giving her an overall stronger and more meaningful voice.

The voices of Sister Roach and others complemented other sources of information available, including her own writings over a period that spans half a century. Interviews also served as a means to corroborate accounts and

²⁸⁴ (Bogdon and Biklen 1998/2006)

²⁸⁵ (Weiss 1994)

²⁸⁶ (Goodson and Sikes 2001, 91)

incidences, such as archival and written records. This, in turn, better helped me in ‘fitting the pieces together’ to tell the story of the life and work of Sister Roach.

Access and Recruitment of Participants

Because Sister Roach was 88 years old at the time I decided to undertake this project, and because she had suffered poor health for several years prior to that point, an early proposal to interview her was submitted to the University of Alberta Health Research Ethics Board, and was approved in September, 2009 (Appendix I a). Two face-to-face in-depth, tape recorded interviews took place with Sister Roach over a period of four days in September, 2009. A third interview was conducted by telephone in December, 2009. Another set of interviews took place with Sister Roach in August of 2010, with several follow-up contacts in 2011 and 2012 by telephone. Additionally, contacts were made by letter, e-mail and telephone over the four years of the project. A second application was submitted to the University of Alberta Health Research Ethics Board, and was approved in June, 2011 to complete the study (Appendix I b). Interviewing Sister Roach in this order allowed me to read, reflect and analyze data for themes, trends and patterns²⁸⁷, and base further questions on that analysis.

Because of the time that had passed, it was possible to interview only one person who had attended nursing school with Sister Roach, for a very short time. Similarly, those who entered postulate training with Sister Roach at the Sisters of Saint Martha are either deceased or are in poor health, and were not able to participate in this study. Other information sources were rich, and Sister Roach suggested the names of many individuals to be interviewed. Those who were

²⁸⁷ (Glass 1989, 196)

more readily available for interviews were: a religious Sister who worked with Sister Roach, and has known her for decades; educators who taught at St. Francis Xavier (St. F.X.) University School of Nursing in Antigonish either at the time when Sister Roach was leader of the school of nursing, and otherwise involved; former students of Sister Roach from St. Francis Xavier School of Nursing; and some of those who have been mentored by Sister Roach over the years (a practice which still continues to a limited extent).

Others more readily available for interviews were those who have been involved with Sister Roach at the International Association for Human Caring; those she worked with or otherwise knew through organizations and associations; past officers or other members of the Nova Scotia Nurses Union; past officers of the College of Nurses of Nova Scotia; individuals who had been involved with Sister Roach over the years through the Canadian Catholic Hospital Association; as well as others who were identified throughout the duration of the study.

In contacting potential participants, I enlisted the assistance of the Canadian Nurses Association, the College of Registered Nurses of Nova Scotia, the Nova Scotia Nurses Union, the community leader at Saint Martha's convent, and directors and leaders at other relevant organizations. In cases where Sister Roach provided contact information on potential participants, I asked her to direct them to contact me if they were interested in participating in the research. To reach past students of Sister Roach, advertisements were made through hospitals, associations, and health care organizations in Nova Scotia. Due to cost and time

constraints, contact was not sought with past students in Boston, MA and Winnipeg, MB (Appendix III).

One criteria for inclusion in this study was that participants had personal knowledge of Sister Roach and/or her work and who were willing to share their experiences of knowing her. In addition to potential participants suggested by Sister Roach, other participants were recommended or suggested by other people spoken with about this study since February, 2009. I used a combination of convenience and chain sampling of participants. In Appendix IV, I have listed the areas (professions, walks of life, geographical areas) from which participants were selected), and the reasons I believed these interviews were significant to this project.

I did not expect the research process to be a linear approach. Rather, I saw the process as a 'weaving in and out' between the processes of interviewing participants, searching for documents and other relevant information or people, and then interviewing other participants. It was difficult to predict at any one point what new information might reveal, or the specifics of how this process might unfold, as questions arose throughout the process and the direction continued to evolve.

The Interview Process

Oral history interviews are a primary source of data and are generally conducted in the process of writing biography. Although biographers interview study participants because of their identity and experience, and interviews are

generally not anonymous^{288 289}, a full research review is required before interviews are conducted. Each study participant was fully informed about the purpose and procedures of the interview(s) in order to provide consent to participation in interviews (Appendix V a and b). Informed consent for Sister Roach was also sought (VI a and b). In addition, because interviews would likely become part of a published document, participants were informed about how information would be used, and consent was obtained. Participants may not want their thoughts recorded on certain issues.²⁹⁰ To participate in the study, it was necessary that those interviewed give consent to have their names used.

As I proceeded through the process of conducting interviews, I was mindful of how people remember and construct stories of themselves and events. Wexler²⁹¹ believes that recollections represent a person's construction of self, and give a particular world view, and suggests that there is a distinction between the memory of a life and the life actually lived.

Whenever possible, interviews were telephone tape-recorded because of distance and cost of travel. However, in situations where telephone interviewing was counter-indicated (such as with Sister Roach when the participant expressed a preference for face-to-face interviews, and where her age and physical ability indicated that face-to-face interaction would be indicated) I travelled to her place of residence at her preferred date and time.

²⁸⁸ (Boschma, et al. 2008)

²⁸⁹ (Yow 2005)

²⁹⁰ (J. Kerr, Historical Nursing Research 1986, 34)

²⁹¹ (Wexler 1992)

Interviews were guided by an interview guide, for Sister Roach (Appendix VII), and other participants (Appendix VIII). After participants had verbally agreed to take part in this study, a date and time was chosen that was most suitable for the participant. Unless I was meeting with participants face-to-face, each participant received (by e-mail or regular postal mail) copies of the informational letter and consent form as well as a copy of 'interview questions' to help them reflect on Sister Roach. Participants were instructed to return the signed consent before the interview date. I spoke to the participant by telephone, ensuring a time and place for the interview that was conducive to the participants comfort and availability. While the length of interviews was approximately one hour in length, unless otherwise contraindicated by participant state of health, or other reason, each participant was encouraged to provide direction on how I could best accommodate their needs regarding time and length of interview sessions. Interviews were tape-recorded, with permission of participants.

Sister Roach preferred a non-intrusive process where she spoke of her life, either directly to me, on the telephone, through e-mail, or she wrote her thoughts on paper. She preferred to speak from memory, and while she addressed the questions in the interview guide, she did it in a way that was comfortable for her. Budget for the research project is included in Appendix IX.

Data Analysis

In discussing data analysis, Glass says:

During data collection, the researcher analyzes each possible piece of evidence in order to determine if the document and information it contains

is truly solid. The data analysis is different from, yet related to, the analysis that occurs after primary data has been collected. The actual data analysis occurs through a process of synthesis ... data are sorted into categories and examined for themes, trends and patterns. The data are interpreted within the time and standards of the era in which they were created. The era may be compared to other eras, but the basic interpretation must be consistent with the time in which the data were generated.²⁹²

The process of synthesis was utilized in analyzing data. Alvesson & Skoldberg call this process 'reflexivity' and consider the complex relationship between knowledge production, the various contexts of such processes, and the involvement of the knowledge producer.²⁹³ Cole & Knowles, who also call this process 'reflexivity', maintain that the process revolves around the human phenomenon of empathy, the development of which is necessary within the intimacy of relationship, and that it is necessary for the researcher, in order to develop a "contextualized understanding of human phenomena and experience".²⁹⁴ Likewise, Garrison²⁹⁵ contends that the challenge of the researcher is to understand the perspective of the authors of sources of data and the context in which the data was produced. Doing biography, including synthesis (or reflexivity), calls for certain qualities in sensitivity, truthfulness and empathy, and to be respectful of the subject's feelings. Rielger recommends a general sense of

²⁹² (Glass 1989, 196)

²⁹³ (Alvesson and Skoldberg 2004, 5)

²⁹⁴ (Cole and Knowles 2001, 30)

²⁹⁵ (Garrison 1992)

sympathy with the subject, the ability to gain her [*sic*] insight, to understand and interpret, and quotes Natalie Zemon Davis, who cautions against “unchastened hero-worship ... little biographies of virtuous women ... [and] collective memorials of women worthies”.²⁹⁶

Synthesis began with a skeptical attitude to what might appear at first glance as uncomplicated text, a simple story. It required my insight into ‘who I am’ as an interpreter of the story, if indeed I brought my own biography to the interpretation and where I needed to bracket my own story to prevent my own story from becoming part of the analysis. Insight and bracketing prevented my seeing ‘what I was looking for’. As I read each transcript, each story, I reflected on the reasons participants wanted to tell their stories. I also looked for gaps, what was missing in a transcript that was present in the stories of others, or what the participant had knowledge of because of her situation in place and time. I looked for what was contained within the transcript that could provide answers to questions, or raise further questions, and I looked for that which would provide meaning or insights into a particular event. Reflexivity has two basic characteristics: careful interpretation and reflection.²⁹⁷ Alvesson & Skoldberg go on to say:

The first (interpretation) implies that all references, trivial or non-trivial, are the result of interpretation ... the second (reflection) turns attention ‘inwards’ toward the person of the researcher, the community, society as a whole, intellectual and cultural traditions, and the central importance and

²⁹⁶ (Riegler, Some issues to be considered in the writing of biography 1994, 224)

²⁹⁷ (Alvesson and Skoldberg 2004, 6)

problematic nature of language and narrative in the research context ... [there is needed] critical self-exploration of one's own interpretations of material, including its construction ... we consider various basic dimensions behind and in the work of interpretation ... the center of gravity is shifted from the handling of the data toward, as far as possible, the perceptual, cognitive, linguistic, (inter) textual, political, and cultural considerations that form the backdrop as well as impregnate the interpretations.²⁹⁸

Careful memos were also made, both throughout the interview process and during analysis. Memos were meaningfully structured and organized. They were created in this way: A copy of the research questions was transformed into a memo collection tool. Under each question to be asked to participants, space was left blank to allow for jotting down thoughts, ideas and perceptions that came to mind as interviews were conducted. Additional blank paper was also available. Memos were written both during and after interviews, as well as at the time of analysis. This process supported my work in the analysis phase of research; it was helpful in assisting me to identify further thoughts, identify question for myself and for others, and recognize archival sources that would be helpful in answering questions.

Analysis: Oral history considerations.

I do not classify biography as qualitative analysis, but rather understand it as the application of a process of constant reflection, asking questions of the text, looking for contextual specificity, and making interpretations. Historical research

²⁹⁸ (Alvesson and Skoldberg 2004, 6)

is also different than experimental, quasi-experimental and survey research.²⁹⁹

The data in historical research cannot be generated except in the memories of those who were party or witness to events under study.³⁰⁰ In writing this biography, I did not produce new information, but rather documented and interpreted information that already existed. Events cannot be repeated or manipulated, and while description was a purpose, other goals were explanation, interpretation, and comparison.

Just as for all other areas of biography, careful attention was required in the process of data analysis. It was important to remember that, in telling their stories, people re-order their past which is mediated through life experience, memory, language, interaction, beliefs and the broader context of life.³⁰¹ In the interactive process [the biographer] and [the subject] make meaning of and produce a text. No record, whether oral, written or pictorial, speaks for itself, and always requires interpretation³⁰² — memory functions as an incessant work of interpretation and reinterpretation and organization of meaning.³⁰³ Memory is never a literal account of what happened; it changes over time through the process of recollection, selection and connection with other memories.³⁰⁴ Boschma et al. quote from a document written by Sugiman in 2006 in which Sugiman states that the process of oral history is not about ‘truth vs. lies’, or getting the story straight in an objective, positivistic sense, but how events and experiences are

²⁹⁹ (J. Kerr, *Historical Nursing Research* 1986, 31)

³⁰⁰ (*ibid*, 31)

³⁰¹ (Boschma, et al. 2008, 82)

³⁰² (Jordanova 2006)

³⁰³ (Portelli, *So much depends on the red bus or innocent victims of the liberating gun* 2006a, 34)

³⁰⁴ (Portelli, *What makes oral history different?* 2006b)

remembered.³⁰⁵ The oral story becomes a reconstructed past, often shaped by hindsight and past experience. Oral interviews can also provide clarification on written documents, explain underlying assumptions and motives, and provide missing evidence that may complete a picture in the interview. The subject can interpret events, personalities and relationships in ways that are not possible in written text and can also provide a forum for unveiling missing documents and even photographs.

Analysis of interview data with archival data.

D'Antonio discusses five key issues related to historical research.³⁰⁶ She draws four of the five issues from Gaddis (2002), and adds a fifth of her own. These five issues are: interconnectedness of concepts or variables; manipulation of concepts or variables in time and place; contextualization of causation; judgments; (and her own), tolerance for ambiguity. The strength of this analysis lies in the explication of the intimate connectedness and relationships between concepts and variables (contexts of the life and work of Sister Roach).³⁰⁷ A strong analysis called for consideration of the potential *interconnectedness of concepts*, positioned in place and time. The analysis also called for judgment about which concepts were important in telling the story of Sister Roach. D'Antonio calls this *manipulation of variables/concepts*³⁰⁸ and states that historians conduct 'experiments of the mind' by mentally manipulating the effects of variables within time and place to judge relative significance. One central

³⁰⁵ (Boschma, et al. 2008, 83)

³⁰⁶ (D'Antonio 2008, 12)

³⁰⁷ (ibid, 13, 14)

³⁰⁸ (ibid, 14)

position or a number of positions could have been taken from which to view Sister Roach's story, depending on the judgments made about which concepts were more or less important. Another factor that determined the strength of analysis is *contextual specificity*. D'Antonio calls this contextualization and causation.³⁰⁹ D'Antonio (2008) quotes from a document written by Gaddis in 2002, and states that strength of analysis will depend upon the researcher's skill in selecting a certain event, placing it within its time, and then working backwards in time, assigning in the process, more importance to immediate rather than remote causes of the event.³¹⁰ Paying attention to this process served to place Sister Roach in a particular time at a particular moment to explicate relationships, and will move readers' understanding of an event in Sister Roach's life from a simple description of what happened to an explanation and understanding of why it happened.³¹¹

The strength of analysis also depended on *judgments made*, which included some kind of statements that answered the research questions outlined in this study proposal.³¹² The last factor outlined by D'Antonio is *tolerance for ambiguity*. The strength of analysis depended on my tolerance for ambiguity and uncertainty. This included my willingness to search beyond what appeared to be self-evident and concentrate on the rather complicated space where my previously held ideas about Sister Roach collided with the reality of her personality, the politics of her day, and the day-to-day reality of her life and work. D'Antonio

³⁰⁹ (D'Antonio 2008, 14,15)

³¹⁰ (ibid, 15)

³¹¹ (ibid, 15)

³¹² (ibid, 15)

calls this moving beyond official pronouncements and self-evident appearances to uncover inherent contradictions.³¹³

Riegler³¹⁴ makes the point that the biographer has the responsibility to be true to one's self, to the subject and to the reader. It is the subject's voice that must be allowed to be heard, and the voice of the biographer must not become overwhelming and obvious, telling more about the biographer than the subject.³¹⁵ When the data is collected, the story becomes that of the biographer^{316 317}, the listener becomes an interpreter, the voice becomes that of the professional historian, and the biographer must be conscious of the degree of responsibility inherent in the task of interpretation.

The focus of this biography is the subject, Sister Roach, the period of time of interest, and the context in which she has lived and worked. The task was to write so that Sister Roach came alive for the reader and was kept in the foreground throughout the report.^{318 319} Once analysis had taken place, the data was woven through a chronological narrative that constitutes the biography.

Ethical Considerations

Sensitivity and caution were used in conducting oral interviews, as well as attention to the needs of the subjects (and others being interviewed). Turnbull³²⁰ contends that preparation, timing and environment all impact on the way a story is

³¹³ (D'Antonio 2008, 15)

³¹⁴ (Riegler, Some issues to be considered in the writing of biography. 1994)

³¹⁵ (Halpenny 1992)

³¹⁶ (Sangster 1998, 92, 93)

³¹⁷ (Thompson 2000)

³¹⁸ (Grypma, Critical Issues in the Use of Biographic Methods in Nursing History 2005a)

³¹⁹ (Riegler, Some issues to be considered in the writing of biography. 1994)

³²⁰ (Turnbull 2000)

told. How I, as interviewer, interacted with the subject also impacts on the way stories were told, constructed and even themes that emerged.³²¹ At the time of each interview, I placed a call to the telephone number provided by the participant. Before the interview began, I reviewed the information already sent to the participant. I reviewed the purpose of the research, explained that the interview was the method of collecting data for a biography of Sister Roach, and described the intended benefits of the research as stated in the informational letter.

Before tape recording began, I restated that permission was required to audio record the interview session as stated in the informational letter, and indicated that I had received their signed informed consent. I reiterated that the information was being gathered for the purpose of writing a biography of Sister Roach. I explained how the participant could waive confidentiality and provide permission for his or her name to be used. In addition, I reviewed the section of the informational letter that declared that the participant can withdraw from the study at any time. Participants were not pressured to take part in interviews; while two potential participants agreed to be interviewed, they were not available when I called. I left my contact information on their telephone answering services for follow-up, however they did not respond and I did not persist with further calls. Those were the only "lost" participants. Also, participants could discontinue at any time up until the time when they checked transcripts, proposed changes if necessary, and agreed with changes that were made. There would be no consequences for discontinuing the project or refusing to answer any questions. Sister Roach and the archivist at Bethany Motherhouse had made suggestions

³²¹ (Borland 2006)

regarding the housing of research materials at the Bethany Archives, and all participants were given the option of having their transcripts deposited there.

At the beginning of each taped interview, I built rapport with participants by engaging in everyday informal conversation. I had already prepared the audio tape recorder, and the participant was informed when the recorder was to be turned on. I made use of the Interview Guide and additional note paper on which to make notes as the interview progressed, to assist in focusing on particular times during Roach's life and career, and to guide in making memos for my own use about particular concepts and their relationships. Asking participants for emotional reactions and feelings about particular times and events sometimes led to richer descriptions with deeper meanings as told by those who shared times in history with Sister Roach. Whenever a participant was willing to contribute further, and some value was seen in continuing the discussion, a second interview was scheduled. I was prepared, should a participant become upset during their interview/s, to ask them if they wanted to stop the interview until they were able to continue. In the event that a participant became upset, and was not able to continue at that time, I was prepared to offer to conduct the interview at a future time. In such a case, I would have stopped the interview and turned off the tape-recorder until the person had indicated composure and the ability to continue. If a participant became upset and was not able to establish composure, I would have helped the participant establish if outside help was necessary, where this outside help was located and how it could be accessed. I would then have taken steps to

help the participant access help. Fortunately, no participants became upset during their interviews, and this plan did not require implementation.

After each interview was complete, audio tapes were transcribed. After transcription, I read the transcription thoroughly for content and to see if I had any further questions for clarity or explanation. All interviews were transcribed to a print document and returned to participants to allow them an opportunity to check for content, add to, or omit any part of the document as they saw fit. When returning document to participants, I reiterated instructions to this effect, along with a recommended date for making necessary corrections.

There were no known risks to this research process. One caution was to remain mindful of the advanced age of Sister Roach, and her state of health. While some potential participants were of advanced age, most participants did not fall into this group. Every effort was made to take the comfort of participants into consideration, including letting them place their own parameters around time of the day in which interview sessions took place, length of sessions, and to allow participants to provide information in ways and means (including written and tape recorded information prepared before, during or after sessions) that is more conducive to their comfort and own personal preferences.

At any time, if study participants had decided not to continue with interviews, there would have been no consequences for their discontinuation. This was outlined in the consent form and information letter and verbally explained to participants before each interview began. Participants were also able to refuse to answer any question, and had the option to request that the tape recorder be

stopped at any time, although none made this request. The audio-tape and the hard copy of each transcript will be kept for seven years and destroyed after that time unless a participant desires to deposit the hard copy of the transcript to the Bethany Motherhouse Archive. Participants unanimously agreed to have their transcripts stored there. All participant information is stored in a separate area, in a password protected file on my office computer. As files were being analyzed, they were also stored in password protected files on my office computer. No files are stored on transportable discs in case of theft or destruction. My co-supervisors have an electronic copy of all interview transcripts.

Follow-up with Participants

A follow-up letter was sent to each participant, thanking each for participating in the project and including an edited version of their transcript if they had indicated changes, omissions or additions. Because of the nature of this project, the written report will be a public document. Because Sister Roach has provided informed consent to take part in the project, her name will be used in the report, as the purpose of the report will be to describe her life and work. All other participants also provided consent for their names to be used, and when contacting participants, care was taken to ensure that they fully understood this criteria and time was provided for them to think about whether they want to have their names included.

Issues Related to Rigor

Rigor, in biographical research, begins with the selection of a subject, determining if there is sufficient data to conduct a biography, awareness of

reliability and validity issues in selecting data, and continues throughout the analysis of each piece of data collected. Rigor allowed me to critically analyze and interpret historical data with a balanced approach to objectivity and subjectivity. An interpretative report goes beyond the mere chronicling of objective events, and attention to the issue of ‘judgments made’ articulated earlier.³²² There is a scarcity of valuable references on the process of writing biography as nursing historical methodology. Among those available are writings by Dr. Natalie Riegler and Dr. Sonya Grypma, two Canadian nurse historians who, after conducting biographies have written about the process. I drew from these two authors, and from others, in discussing the methodological strengths and challenges associated with writing a biography.

The Challenge of Choosing a Subject

Kerr gives the reason of ‘low status’ for the lack of biographies of nurses: low status of biography within the discipline of history, low status of historical research within the discipline of nursing, and low status of nurses within society.³²³ More biographies of women [nurses] are needed to document and describe the contribution nurses have made to the profession of nursing and to society.^{324 325 326 327} I was also conscious of the differences that exist when writing about a woman, such as my subject, who led the private life of a religious Sister, people who typically do not publically display their own accomplishments,

³²² (D’Antonio 2008, 15)

³²³ (J. Kerr 1992)

³²⁴ (Grypma, Critical Issues in the Use of Biographic Methods in Nursing History 2005a)

³²⁵ (J. Kerr 1992)

³²⁶ (Noel, Historiography: Biography or ‘Women Worthies’ in Nursing History 1988)

³²⁷ (Riegler, Some issues to be considered in the writing of biography. 1994)

but rather down-play their successes with an attitude of humility consistent with faith practices. Linda Wagner-Martin notes that:

“... the difference between biography of men and women ... men’s lives are usually focused outward and the important ‘facts’ of their existences are external and public ... the writing of women’s lives is problematic because so few women have had the kind of success that attracts notice. Women’s biographies are more often based on private events because so few women ... lead public lives ... the life curve is less dramatic and less abrupt”.³²⁸

While it is a challenge that biographies of nurses (mostly women) are few, there is strength in the fact that this has been recognized, written about, and challenged by nurse historians. Surely, it is through consciousness and reflection that intentional change can take place within the discipline and profession of nursing. It is important to note that both Riegler and Grypma have significantly contributed to the literature by writing comprehensive biographies of nurses, and their writings can potentially influence other biographers. It is likely that when one hears the word ‘biography’, one thinks of historic figures, those whose names would be easily recognized in the profession. Grypma however, makes a case for a balance in nursing biographies, and writing about the accomplishments of nursing leaders, the experiences of ordinary nurses, restoring to their rightful place nurses who have been ignored, misunderstood or forgotten, and correcting distortions of famous nurses.³²⁹ Despite the biographer’s efforts to be inclusive

³²⁸ (Wagner-Martin 1994, 5,6,7,8)

³²⁹ (Grypma, Critical Issues in the Use of Biographic Methods in Nursing History 2005a, 173)

and objective, biographers rarely accomplish the task of depicting the subject as a whole person in their entirety. If a person has lived an eventful and contributing life, many biographies can be written about them and no two will be the same. Kearns states “in the end, if we are honest with ourselves, the best we can offer is a partial rendering ... a portrait from a particular angle...”³³⁰

Staying focused and locating the subject in her world.

Riegler recounts her own experience of writing the biography of Jean Gunn, and the tension of wanting, on the one hand to study the complete history of an issue with its many individuals and spanning different times, and on the other hand to tell of Gunn’s life.³³¹ I think that most biographers would experience a similar tension, as a healthy curiosity brought them to the place of writing biography, of wanting to know about the subject’s life. What must become the focus, then, is the subject, the period of time of interest, and the context in which the subject lived. The task is to write so that the subject comes alive for the reader. Grypma and Riegler both point out the significance of keeping the subject in the foreground of events, and the danger of losing the subject’s personhood in the background of events, actions and circumstances.³³² While the subject must be understood, her character must be understood within the broad historical knowledge of her social, cultural, and political context of which she lived. Without context there can be no interpretation for there are no reference points from which to draw them.^{333 334}

³³⁰ (Kearns 1979, 191)

³³¹ (Riegler, Some issues to be considered in the writing of biography 1994, 220)

³³² (Grypma, Critical Issues in the Use of Biographic Methods in Nursing History 2005a, 177)

³³³ (Cruikshank 1999, 237)

In studying the life of Sister Roach, I found myself being led "far afield" many times by overly focusing on a particular area of context, and then having to pull myself back to the central subject. One of these areas was the history of mining in Cape Breton, and all the sub-topics within that area that I could have spent hours reading and writing about. Another was the history of the Congregation of the Sisters of Saint Martha, while still another was the Antigonish Movement. I gradually managed to discipline myself in using a "get-in-and-get-out" approach; finding out what I needed to know in a particular area of context, analyzing its relevancy to the subject and time period being studied, and then drawing back from that area before becoming lost in extraneous details.

External and internal criticism.

In biography, and in historical research in general, the terms reliability and validity are not used as they are in other forms of research³³⁵; rather the biographer utilizes the process of external and internal criticism.³³⁶ Glass states that internal and external criticism are pertinent to data collection and interpretation (analysis).³³⁷ She goes on to say:

The internal and external criticism of the document during data collection represent an attempt to secure reliable and valid data. External criticism determines the validity or authenticity of the document. It answers the where, when, why, and by whom questions (Christy, 1975). Validity of the document must be ascertained before the reliability of the information

³³⁴ (Nelson 2002)

³³⁵ (J. Kerr, Historical Nursing Research 1986, 32)

³³⁶ (Christy 1975)

³³⁷ (Glass 1989, 196)

contained in it is assessed. Internal criticism questions the reliability of the information contained in the document. Does the researcher understand what is being said? Is what is being said an accurate portrayal of what happened? It is here that the researcher must be alert to possible misinterpretation – either by him or herself or by the document’s author ... reliability and validity issues in the data analysis refers to the interpretation made or the argument proposed. The reliability of an interpretation is based on the type of evidence that was found and whether there is enough evidence to support the interpretation. Were the data competently analyzed? Was the researcher aware of possible bias during the analysis? Is the interpretation as objective as it can be? Validity is harder to ascertain. It asks the question, how good an answer is this? ³³⁸

External criticism established the validity of documents (were the document trustworthy, were they authentic or a fraud?), while internal criticism determined the reliability of the information contained within documents used in this study. External and internal criticism are carefully prescribed in historical research as reliability and validity are in other forms of research, ³³⁹ and used in my work.

When interpreting data, I had a responsibility to my own assumptions and preconceptions about the subject, Sister Roach. My preconceptions were minimized as I learned more about the personality of the subject through the

³³⁸ (Glass 1989, 196)

³³⁹ (Christy 1975, 190)

process of immersion.³⁴⁰ I made my assessments of Sister Roach's life based on my interpretation of the many primary and secondary resources which were available. The data analysis was not meant to simplify, or to force Sister Roach's life into an easy storyline, but rather to allow my readers to understand her life and her work with all of its inherent complexity. This included both my understanding of who Sister Roach was as well as my understanding of how she understands both herself and her life, as reflected in life history interviews. The goal was to keep the person and professional of Sister Roach in the foreground of the richness of context in which she has thus far lived. Tierney makes the following statement:

A text is always created not simply by the speaker of the narrative and the individual who owns the tape recorder, but also by the multiple editorial decision makers who oversee the story's production ... one cannot escape that the individual who collects the data is doing more than collecting them....³⁴¹

I was ever mindful that I was in a position of power relative to study participants, because, as a biographer, I was entering into interpretations.³⁴² I have already discussed that the relationship between the biographer and the subject is a complex one involving power dynamics and ethical responsibilities, often enhanced when dealing with elderly and vulnerable subjects, calling for strong ethical judgment. I set out to write a document that portrayed the life and work of Sister Roach, and as with all situations in which one person has power

³⁴⁰ (E. Cameron 1992)

³⁴¹ (W. Tierney 2000, 543)

³⁴² (Denzin 1989, 29)

over another, this relationship had to be negotiated with trust, honesty and humility.

The remaining chapters of this dissertation are arranged in the following manner: Chapter IV focuses on the early and family life of Sister Roach as the child Eileen in the context of home, culture, school, family grief and loss, and other significant influences; Chapter V focuses on Eileen as she begins her nursing career and her first job, becomes a member of the Congregation of the Sisters of Saint Martha, begins working at St. Martha's Hospital and the associated school, completes her nursing degree, spends a year at the University of Toronto, and becomes director of Saint Martha's Hospital School of Nursing; Chapter VI focuses on Sister Roach as she takes up residence in Boston, Massachusetts, works at the Catherine Labouré School of Nursing, attends Boston University and audits courses at Boston College, experiences life in Boston during the 1960s as well as more loss and grief that befalls the family, attends the Catholic University of America and completes a doctorate; Chapter VII sees Sister Roach back in Antigonish, chairing the Department of Nursing at St. Francis Xavier University, and as she leads, teaches and works on the development of her theory; Chapter VIII focuses on Sister Roach as she engages as a scholar in residence at Harvard University in the continuation of her study of ethics, writes the first Canadian Code of Ethics for nurses, and deals with the turbulence that resulted; Chapter IX focuses on Sister Roach's philosophy and theory and her six caring concepts. It discusses three reasons for her popularity in the United States and lack of recognition in Canada at a time when caring theories

gained prominence across North America, and describes the legacy of Sister Roach and examples of her seeds sown; Chapter X focuses on Sister Roach in later roles at Saint Boniface Hospital, Winnipeg, MB, and Saint John's Hospital in Lowell, MA, further loss in her family, ten years serving as director of Heritage at Bethany Motherhouse, facilitating Centering Prayer at the Bethany Retreat Center, as well as awards and honours received; Chapter XI discusses the "whole cloth" of Sister Roach and the nine prevailing themes that were identified from the archives, and from interviews with Sister Roach and other study participants; Chapter XII presents my conclusion, implications of the study and recommendations for future studies in this area.

Summary

This chapter has outlined the research method and design utilized for a biography of Sister Marie Simone Roach. The historical method has been described, and the importance of context in writing biography explained, including the context in which I located the subject of Sister Roach. I described the data sources, including primary and secondary sources that were utilized. I explained how the oral history method was important to this research. I outlined the process in which participants were accessed and recruited, the interview process, ethical considerations, follow-up with participants, and issues related to rigor in doing biography. Lastly, the strengths and challenges of writing this biography have been discussed, and the order in which the remaining chapters of this dissertation are arranged is described.

Monday's Child is fair of face; Tuesday's Child is full of grace; Wednesday's Child is full of woe; Thursday's Child has far to go; Friday's Child is loving and giving; Saturday's Child works hard for a living; And the Child that is born on the Sabbath day is good and happy (unknown).

Chapter IV: Early Life and Family of Eileen Roach

Eileen³⁴³ Bentice Roach was born on Sunday, July 30, 1922 to Simon Roach and Mary (MacInnis) Roach of Scotchtown, Cape Breton, Nova Scotia, Canada. Had she been born one day sooner, Eileen would have arrived on the Feast of Saint Martha, the patron saint of the congregation of the Sisters of Saint Martha, the order to which she would later become a member. At the time of her birth, that congregation was only 22 years old, having been founded in 1900. The 'new' Bethany Motherhouse, where she presently resides, had been built only one year previously in 1921. From a healthcare perspective, the worldwide Spanish influenza had killed millions of people just three years earlier in 1919, and a few days prior, on June 11th, in Toronto, Ontario, insulin was first used to treat diabetes and save the life of 14 year old Leonard Thompson.³⁴⁴ From a professional perspective, one year previously, in 1921, Mary Ann Catton, at the Canadian National Association of Trained Nurses (now the Canadian Nurses Association) annual conference in Quebec, had appealed for a code of ethics to be developed specifically for Canadian nurses.³⁴⁵ From a social and economic perspective, just three years after her birth, industrial unrest brought her area onto

³⁴³ While Eileen was the name given the infant child by her parents, when she became a Sister of St. Martha, Eileen (Sister Roach) took the name 'Marie Simone' in honour of her mother (Mary, also Marie) and father (Simon). In later years, when it became customary for religious sisters to return to their secular names, Sister Roach decided to continue with her religious name.

³⁴⁴ (Bliss 2000)

³⁴⁵ (Catton 1921)

the national news scene with the devastating 1925 Cape Breton coal mine strike.³⁴⁶

Simon and Mary would eventually have a total of 13 children, 11 of whom would survive past infancy. All thirteen were born in the family home, and were delivered by the same midwife, Mrs. Arnott. The midwife was a resident of Scotchtown, and lived close enough to the family that she did not stay at the Roach home for several days after the birth of each child, which was customary for midwives at that time. Eileen was the middle child of this large Roman Catholic family.³⁴⁷

Scotchtown and New Waterford, Cape Breton

Scotchtown lay on the outskirts of New Waterford, a town presumably named for the Irish seaport, Waterford, from where many of the early settlers came either via Newfoundland or directly from Ireland.³⁴⁸ Scotchtown, with many of its residents from the lowlands of Scotland, derived its name in the same manner. Centuries ago, Gaelic speaking immigrants from both Ireland and Scotland came by the tens of thousands and made Nova Scotia their home. Both groups of settlers called themselves Gaidheil (ones who speak Gaelic). More recent years have seen a renewed focus on the cultural importance of language, and since 2006 the Nova Scotia government has an Office of Gaelic Affairs with a mandate to renew the Gaelic language and culture in that province.³⁴⁹ However, when Eileen Roach and her siblings were children, they were schooled in the

³⁴⁶ (MacDonald 2009)

³⁴⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁴⁸ (New Waterford Historical Society 1991)

³⁴⁹ (Nova Scotia Office of Gaelic Affairs 2010)

English language and this was the language in which all were expected to read, write and communicate. If it occurred to parents and grandparents that culture was being lost, it seems that these thoughts remained mostly unspoken.

Four coal mines operated in New Waterford in the early 1900s.³⁵⁰ Robert Morgan notes that New Waterford was built practically from scratch beginning in 1907 when the Dominion Coal Company opened in quick succession Numbers 12, 14, 15 and 16 mines.³⁵¹ It was a town of only 6, 944 in 2001, many of its young population having moved to Ontario or Western Canada for work as the coal industry was declining. The last coal mine closed in 2001.

Cape Breton Island is located on the eastern extremity of the Gulf of Saint Lawrence and is separated from mainland Nova Scotia by the narrow Strait of Canso, and from Newfoundland by the Cabot Strait.³⁵² The island became part of Nova Scotia in 1820. The urban area of the eastern part of the island came to be known as Industrial Cape Breton because of the coal and steel industries. The area was the most dynamic growth zone in Atlantic Canada up to World War 1, and the scene of historic labour organizing and major strikes which continued throughout the 1920s, and mark one of the most interesting and militant periods of Canadian Labour history.³⁵³

Industry in the early 1900s brought immigrants from the British Isles, eastern and southern Europe, the Middle East, the West Indies, and nearby Newfoundland. Many denominations and faith groups came to New Waterford,

³⁵⁰ (New Waterford Historical Society 1991)

³⁵¹ (Morgan 2009, 35)

³⁵² (Reid 1999)

³⁵³ (Gardiner-Barber, Militant Particularism and Cultural Struggles as Cape Breton Burns Again 2002a)

and in 1941, diversity was exemplified when the Jewish population peaked to 99 members.³⁵⁴

Town and Country Life

Living in Scotchtown, Eileen and her family reaped the benefits of both town and county life. The neighbourhood was composed of a number of Scottish Presbyterian families from the environs of Glasgow, Scotland, and Roman Catholic Highland Scots as well. Numerous persons of central European origin who came to work in the mines also lived in Scotchtown, and for some time were disadvantaged by language difficulties, which were overcome as their children enrolled in the schools and brought the new language home to their parents.³⁵⁵

Gardiner-Barber notes that the strong sense of local community found in Cape Breton was brought about during the hardship of the early settlers. The sense of community was reinforced in later years by working-class families who suffered during the poor working and living conditions and major industrial strikes of the late 19th and early 20th century.³⁵⁶

Community and Culture

Eileen was nurtured in "a very good, hard-working family, and despite religious and cultural differences, there was a climate of community neighbourliness, and school contacts with persons of varying backgrounds made for a wide circle of friendships that showed itself in many ways".³⁵⁷ She remembers that their Presbyterian Scottish neighbours were most supportive

³⁵⁴ (Cape Breton Jewish Community n.d.)

³⁵⁵ (ibid)

³⁵⁶ (Gardiner-Barber, The 'Culture of Making Do': Gender, Work and Family in Cape Breton Working Class Life 2002b)

³⁵⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

during births, sickness, and deaths, and the only occasion when any difference was recognized was on July 12 when the Orangemen's Parade went by the Roach home. She laughingly recalls, "My mother pulled the window blinds down! "

It is quite likely the 'pulling the blinds' reaction of Mary MacInnis Roach was a common response in her culture and in her time. In her exceptional historical recording of the lasting effects of the Orange Society on both Protestant and Catholic immigrants in the new world, Brenda Hooper-Goranson³⁵⁸ states that the roots of the Orange Society began in 1795 in County Armagh in Ulster, Ireland, in response to "an intensifying socio-economic confrontation between a largely Protestant landed gentry and a comparatively landless, politically-limited, Catholic majority." Access to power was bound to access to land and local jobs, and "farms were labelled Protestant or Catholic and leases were jealously guarded, and Organeism served to better coordinate local protestant defenses". The Order was named in honour of King William III, Prince of Orange who secured Protestantism and constitutional monarchy for the British throne with his victory over King James II at the Battle of the Boyne River on July 12, 1690. Hooper-Goranson notes that the early settlers feared that old troubles were washing up on Canadian shores. The Orange Lodges have existed in Canada at least since the War of 1812, but have declined in membership and political influence since 1945 when the development of the welfare state made its fraternal society functions less important. Hooper-Goranson speaks of the reaction of 19th century Canadian author Susanna Moodie to the Order:

³⁵⁸ (Hooper-Goranson 2010)

In 1853, Susanna Moodie [viewed] the rise of the Orange Order as 'moral leprosy, polluting the free institutions of the country, and effectively preventing and friendly feelings that might grow between the members of these hostile creeds'. [Moodie contended that] it appears a useless aggravation ... to perpetuate the memory of the Battle of the Boyne. These things belong to the past, let the dead bury their dead ... the old quarrels between the Catholics and Protestants should have been sunk in the ocean when they left their native country.³⁵⁹

Notwithstanding Mary's annual July 12th practice of pulling the blinds down on the Orangemen's parade, Simon and Mary MacInnis were not inclined to judge people on creed or culture. Simon and Mary's "way of living included a living faith, a way of life shaped by a hospitality where neither friend nor stranger was ever turned away. My mother always found a place for the guest to sleep, and there was food for everyone. [My] origins, with its unique cultural influence, were significant in many areas of the Roach family's life."³⁶⁰

Dunn, speaking of the Scottish Gaels in Cape Breton and Eastern Nova Scotia, speaks of the character of the descendents of the early Gaels, with their deeply rooted belief in the rights and worth of the individual³⁶¹ ... [although] they worked hard, their rich folk-culture provided a means of keeping them light hearted as [women] cooked, carded, spun, wove, knitted, sewed, and mended.³⁶²

Cape Breton is rich in Gaelic culture (Scottish and Irish), as Sister Florence

³⁵⁹ (Hooper-Goranson 2010, 194)

³⁶⁰ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁶¹ (Dunn 2003, 114)

³⁶² (Dunn 2003, 57)

Kennedy points out, in discussing the influences of community, family, and Gaelic culture on members of the Sisters of Saint Martha who entered the congregation between 1929–1959. Eileen Roach was one Sister of Saint Martha who entered during that time frame. Kennedy says:

The Gaels [Kennedy prefers to use the term Gaelic instead of Celtic] in Nova Scotia lived a simple lifestyle. They worked hard, had very little money but were never in want of food The Gaels' value of hospitality was as strong in Nova Scotia as it was in Scotland: they shared what they had with strangers, neighbours, family and friends. All were welcome. The fact that the Gaels stayed together when they emigrated enabled them to continue their cultural practices in the new homeland.

Geographically, the remote location of Cape Breton prevented external factors from interfering with the Gaelic culture for numerous years."³⁶³

The Celtic origin of both Simon and Mary, however, "had a characteristic impact on the emotional development of children, especially in the absence of any demonstrative show of affection. The family could be said to be a 'happy' family, but hugs were in short supply".³⁶⁴

Kennedy states, "hospitality is a strong trait found in the neighbourliness of the Gaelic communities ... it is an openness to receive people into your home, making them feel welcome and comfortable. In her study, Kennedy's informants described this form of hospitality in various ways: through the Ceilidh or house visit, the treatment of transients coming to your door, the provision of a temporary

³⁶³ (Kennedy 2007, 17, 20)

³⁶⁴ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

home for a family, the provision of a permanent home for the neglected, unwanted or homeless person.³⁶⁵

Simon Roach

Mary Simone Gillis MacIsaac³⁶⁶, daughter of Sarah (Sadie), and granddaughter of Simon and Mary, did not know her grandfather; he died the year she was born. She remembers stories about him, however, saying "He was Irish to the core. I was always told that he was a hard working man, and that [work] took most of his life".³⁶⁷ Simon Roach was of Irish origin, his grandfather Thomas (1815– 1886) having come from Burkestown, New Ross in County Wexford of the West Coast of Ireland. Thomas had settled in Leitches Creek outside North Sydney and operated saw mills. Eileen's great grandmother Roach was born Caroline Plante (1827–1908) in North Sydney, Cape Breton. Thomas is said to have eloped with Caroline from North Sydney, taking a circuitous route to a Catholic church in Lingan, Cape Breton where they were married. The Plante family was of the Anglican faith and the romance of Thomas Roach and their daughter Caroline was understandably not for them a happy event. Reconciliation was said to have occurred later, with many of their descendants given the name 'Caroline'. Eileen's grandfather, Henry Roach (1845–1916) married Sarah Gouthro (1859–1942), who was of French background, in March of 1882, and Simon was the first of their eight children. Simon was born in Lietches Creek, Cape Breton

³⁶⁵ (Kennedy 2007, 66)

³⁶⁶ Mary Simone MacIsaac (Gillis) is a niece of Sister M. Simone Roach; daughter of her sister, Sarah Martina (Sadie)

³⁶⁷ (M. S. MacIsaac November 10, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

on December 8, 1878. He married Mary MacInnis on November 16, 1910, and, as previously stated, was the father of 11 living children. Eileen recalls:

The [Irish] green was most visible on the Feast of Saint Patrick, and we kept contact with my father's family. The Scottish link on my mother's side, however, had more impact on our upbringing.³⁶⁸

Eileen speaks lovingly of her father, and later, her namesake:

My father worked in the coal mine and in later years had a lease on the stone dump where a significant amount of coal was contained in stone dumped from all the mines in the area. He had a lease on this dump very close on the railroad that went below our house. All the stone from the coal mines in the area was deposited on this dump. There was always much coal with the stone, and he sold the coal and made a reasonable income. My brothers helped with the picking and my father hauled it to regular customers in town (New Waterford) with a horse-drawn cart in the summer and sleigh in the winter. This provided a living for our family. My mother also kept boarders when men working in the area needed temporary lodging.³⁶⁹

Simon was admitted to hospital in April of 1944 with renal pain, was operated upon for a cholecystectomy on April 10th, died on April 26th from complications of surgery, and was buried on April 28th just one month before Eileen's graduation from nursing school. A hard worker all his life, he carried out

³⁶⁸ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁶⁹ (ibid)

his coal delivery business right up until being admitted to hospital. He was only 66 years old, relatively young by today's standards.

The Remarkable Mary MacInnis Roach

Mary Simone Gillis MacIsaac, granddaughter and namesake of Mary MacInnis Roach, remembers her grandmother well. Mary became a nurse like her mother Sadie and her aunt, Sister Roach, working for many years in nursing administration. She remembers her grandmother as being "a remarkable woman". She says:

I knew her very well. A tall woman; very smart, and very much the boss. She lost her husband Simon in 1944, so had quite a responsibility with a large family. She took over her husband's coal business, delivering coal to local houses. She managed trucks and men working for her and was very successful. My sisters and I talk about her often regarding what a smart business woman she was. She led many of the church organizations at the time in her parish. Again quite a lady, very religious, very good to people in need and certainly was all about education. As you can see, with the accomplishments of her family, it was expected that one went to university or something other. So my grandmother was the strength for the family. Her whole focus was that the family all be educated and knowing her as I was growing up, that's what she expected of us all. This thinking carried over to all the family. All of the uncles and aunts carried on the same thinking. Becoming educated was an expectation growing up. About nine of us graduated from St. FX from my generation [others

graduated from other universities]. She died at the age of 75 from a very rare form of Leukemia.^{370 371}

Mary MacInnis Roach (November 18, 1888–May 1, 1963), was of Scottish ancestry. Her grandparents, Michael MacInnis and Effie Currie were born in South Uist, the Outer Hebrides of Scotland. Michael died there, and after his death, Effie immigrated to Cape Breton in 1883 as a widow with their three sons, Angus, Sandy, and John MacInnis, and settled in MacAdam's Lake. Angus married Christine MacPhee from Balls Creek, Cape Breton, and they were the parent's of Eileen's mother, Mary MacInnis Roach. Over the years, a number of Mary's family stayed in the Roach home for periods of time, and Eileen's grandfather, Angus MacInnis, lived with the Roach family in his later years, eventually dying at 91 years of age. His grandchildren were very fond of him.

Visiting MacAdam's Lake

Eileen recalls her mother's homestead:

The MacInnis home in Macadam's Lake was apparently a buzz of activity in the relatively small village of MacAdam's Lake, all spoke their native language, Gaelic. The Currie and MacSween families lived quite near.

A number of my sisters and brothers spent summer vacation time at my grandparents' home, and one brother, Angus, two years older than I, stayed with them for one year before starting school. He was so immersed in the Gaelic language, he had difficulty speaking English when he returned. Having been the middle child, I did not reap the benefit of

³⁷⁰ (M. S. MacIsaac November 10, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

this second language, but realized later in life I could master Gaelic with time and opportunity to learn to speak it.³⁷²

Eileen recalls another memory from her grandmother's house in MacAdams Lake from when she was likely of pre-school years. The memory is of the bedroom wall where she slept. It was customary in Catholic families to have religious pictures in every room of the house. The Crucifix always had a prominent place, sometimes above the mantle of the fireplace. The memory she recalls is of purgatory, and while the picture was likely to be of reasonable size it made such an impression on her that she has the vision of it covering the entire wall of the bedroom. She recalls that it was an old print of a painting showing the arms of many people raised above the fire of purifying flames. Decades later, she says, "no wonder I still remember it".³⁷³ Considerable knowledge of Gaelic culture was brought to Cape Breton Island by the documented 13,000 Highland Scots who had settled there by 1830.³⁷⁴ Campbell also speculated that the number was significantly higher, and that many newcomers were not documented because there was only one Customs House on the island, and ships had a practice of unloading immigrants at various distances from the Customs House. Eight years later, the majority of the 38,000 population of the island were Gaelic speaking Scots. Along with the Gaelic language, according to Kelly, these settlers brought a rich heritage of poems, household games, arts, dances, music, and unwritten literature, but especially songs: songs for milking, churning, hay making, rocking

³⁷² (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁷³ (ibid)

³⁷⁴ (Campbell 1974)

the baby, love songs, drinking, lamenting and milling songs.³⁷⁵ In the winter evenings, the Gaelic speaking immigrants to Cape Breton continued with traditional forms of entertainment that included the 'ceilidh' (a time of music and dance), 'squeulachdan' (story telling) by the 'seanachaidh' (storyteller) and the 'sloinneadh' (those who had knowledge of the pedigree of the group). However, the language was not used as it was in Scotland, and began to be lost. Kelly³⁷⁶ reports that by 1931, the census reported there were only 24,303 Gaelic speakers for the entire province of Nova Scotia; by 1961, the number were less than 8,000 people who reported Gaelic as their first language, and by 1971 Gaelic was dropped from the census reports. Kelly states, "many parents discouraged the use of Gaelic among their children, and in many cases it became a 'secretive language'... it is common to hear people say that their parents refused to speak Gaelic to them when they were young". This pattern was common until 1939, when the Gaelic language and Celtic history were taught at the Gaelic College, Saint Ann's, Victoria County, Cape Breton.³⁷⁷

While Eileen saw her father's family often, she saw her mother's family less often. The MacInnis family lived in MacAdam's Lake, close to 30 miles from Scotchtown, which was a sizable journey for Mary and the children.

When it was possible to travel to MacAdam's Lake to visit her maternal grandparents, these occasions were highly valued by the Roach children. Eileen reported fond memories of being in that home:

³⁷⁵ (J. Kelly, A Socio-Graphic Study of Gaelic in Cape Breton, Nova Scotia 1980, 15,16)

³⁷⁶ (ibid)

³⁷⁷ (ibid)

I remember the few occasions when I stayed in MacAdam's Lake and vividly recall going with my grandmother on a sunny day to a brook quite a distance below the house for wash day. My grandmother carried the clothes wrapped in a sheet on her back, filled a tub with water from the brook, made a fire under it and, after washing the clothes, placed them on the bank of the brook to dry. We then enjoyed a lunch that she had prepared at home. When all was finished we walked back to the house, my grandmother carrying the clean clothes. I remember the tub of homemade soft soap in the porch used for scrubbing the large kitchen floor, always sparkling white. It was likely the explanation for many days of hard work that resulted in the congestive heart failure that caused my grandmother's death at a fairly young age.³⁷⁸

The laundry process alone, for a large family, was a strenuous task. During the winter months, clothes would be washed inside on washboards in large tubs. Homemade soap contained lye, a strong alkaline solution made by mixing water with wood ashes and then straining the mixture. It was the lye content in soap that helped to break down dirt on clothes, however it was also very hard on the hands. In the absence of clothes dryers, clothes were hung on lines outside the home, and during poor weather conditions were hung to dry on poles erected over the kitchen stove. With no electric irons in those days, metal "flat" irons were heated on the kitchen stove.

Kennedy, in speaking of work in Cape Breton during the time, says: "... women worked tirelessly all through the year and did not have the luxury of free

³⁷⁸ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

time that men [sometimes] did. Clearly for them, care of family demanded continuous work which they tended to do willingly and cheerfully.³⁷⁹ While she worked tirelessly, it is unknown if Sister Roach's grandmother was ever treated for her congestive heart failure, or its underlying condition.

An article in Cape Breton's Magazine, about a social worker's visit to Cape Breton in 1925 describes the woman's reaction to health care and public health, "healthcare conditions in the area [were limited] as [there were only] two hospitals with room only for one hundred and fifty patients ... in a community of fourteen thousand ... and the splendid doctors and the over-taxed nurses with their sadly limited equipment, struggle bravely with the multitudes of pit accidents, with the births and illnesses galore".³⁸⁰ The woman went on to say that "there was no public health of any organized nature done, however every hospital had a visiting nurse, who was sadly snowed under ... the neglect of the general health of the [women] goes without saying". Eileen recalls:

Our family did not enjoy an abundance of world goods, but we were well provided for, within a way of life that did not question the everyday sacrifices of parents. In a recent conversation, my sister said, you know we were really poor but we did not know it! We did not talk about being poor.³⁸¹

The Roman Catholic Faith

The town of New Waterford had a predominantly Roman Catholic population. For many years it was served by two large parishes, Saint Agnes and

³⁷⁹ (Kennedy 2007)

³⁸⁰ (Gold 1985, 47)

³⁸¹ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

Our Lady of Mount Carmel, each with a Catholic School staffed by the Sisters of Charity of Halifax.³⁸² The Catholics who lived in Scotchtown or River Ryan belonged to either of these two parishes. Eileen remembers, "for all practical purposes, we were served as well by all the facilities provided by the town. It was a closely-knit community with friendly competitive rivalry between its small jurisdictions. A considerable number of French speaking people lived in Mount Carmel Parish and were served there by a French-speaking priest assistant to the parish priest for many years."³⁸³

In Simon and Mary's family, the Church was the hub of all activities. "It was not so much talked about but rather, like so many others, a way of life".³⁸⁴ The fact that they were at least a mile or more from church, taken for granted in those days, with neither family car nor school bus, did not alter their number of walks to school and church, and the numerous activities in between. Home itself was the center of religious formation and practice, beginning with prayers and catechism at their mother's knee. Daily rosary was a routine practice, early in the evening before anyone went out or settled down to homework. The Rosary had many and varied additions: October and May devotions to Our Lady; November, remembrance of the Holy Souls in Purgatory; and March, the prayer to Saint Joseph. Kneeling on a hard floor, usually before a chair, contributed to considerable side-commentary by the four boys, younger than Eileen and easily distracted, anxious to reach the last "Hail Mary."

³⁸² (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁸³ (ibid)

³⁸⁴ (ibid)

While no one in the family talked about Eileen entering a Religious Order, she has no doubt that the faith in her family nurtured her religious vocation. Likewise, it nurtured her sister Christina's vocation to become a Sister of Charity, and her brother William (Bill's) to become a Priest in the Antigonish diocese. Because of long walks home from many functions, Eileen reports that she frequently said the rosary with beads always in her pocket.³⁸⁵ An uncle stayed with the family during the later part of his life, and had a special trust in the Virgin Mary. Eileen's sense of humour is evident when she tells the following story of him (Uncle Donald), "he often said, 'she will look after me'. On one occasion, coming home late at night, 'a little under the weather' he was heard to say, "I am going to say a decade of the beads for the souls in purgatory and to hell with the rest".³⁸⁶

The Importance of Education

In speaking of the value of education in her family, Eileen remembers:

The education of children had a high priority, taking advantage of at least a high school education, a given in most families of that time. While neither parent went to school beyond grammar grades, both bore responsibilities in church and community and it was said that my mother had the organizational ability to manage the United Nations!"³⁸⁷

Jensen, in discussing education in a Cape Breton working class town, and how the people have interpreted the modern ideology of achievement, stated:

³⁸⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁸⁶ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

³⁸⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

Going to university was never unusual ... even for sons and daughters of labourers in the mine. Almost every family had a college graduate ... indeed a group of siblings might include a corporate CEO, a coal miner, a nurse and a diesel mechanic living across North America.³⁸⁸

Jensen & Sherman argued that, while people in Glace Bay had little control over economic and political decisions that controlled their futures, education was the one factor that could increase their sense of empowerment. While they did not train for jobs that did not exist, they were able to improve themselves in ways that fulfilled the human spirit. Thus, they valued post-secondary education.³⁸⁹

In describing the value of education to the Gaels in Eastern Nova Scotia, Kennedy³⁹⁰ states that the first to initiate and develop education in Cape Breton were the Presbyterian ministers and the Roman Catholic priests. Despite the challenges of the rural schools ... when they[children] had the opportunity to learn, they were motivated to pursue higher education at a university, and became ministers, priests, lawyers, teachers, and settled all over North America. This was true of Cape Bretoner Neil MacNeil who became the editor of The New York Times. Gaels valued education and wanted to make sure their children had the opportunity to learn.³⁹¹

In reporting on her research, Jensen goes on to describe the "typical" elderly resident of Glace Bay, [a person of Eileen's generation]:

³⁸⁸ (J. Jensen 2003, 10, 11, 12)

³⁸⁹ (Jensen and Sherman 2002, 138)

³⁹⁰ (Kennedy 2007)

³⁹¹ (Kennedy 2007, 18,19)

He is an avid reader. He pushed his children to finish school ... speaks proudly of his nine children ... saved enough to improve his home ... kept his family as close as he could, mourned that most lived away ... he follows local politics closely and keeps up with the news...applauds the building of a new high school that he believes will close the gap between Catholics and Protestants ... and [tells] stories of the old days: the pit ponies, the strikes ... and the days when miners filled the sidewalks of the town shoulder to shoulder with their blackened faces on their way home from work ... [he] lived through the period of the town's history ... when children were sent to school with the hopes of getting them out of the mines and into something better".³⁹²

Of particular significance to the Roach family was that the neighborhood, predominately of the Roman Catholic faith, had a Catholic School System that offered education up to and including grade XI.³⁹³

Mount Carmel School (est. 1912 by the Mount Carmel Roman Catholic parish) and Saint Agnes School (est. 1913 by the Saint Agnes Roman Catholic parish) were initially run by the Sisters of the Congregation de Notre Dame and Catholic lay teachers. In 1921, they were replaced by the Sisters of Charity of Saint Vincent de Paul (the Sisters of Charity of Halifax) who provided principals and many of the staff. In the early 1950s, the policy of the town was to erect and own all school buildings. The numbers of school aged children increased from 500 to 800 in 1912 (the year before founding of the town) to almost 2,000

³⁹² (J. Jensen 2003, 15,16,18)

³⁹³ (ibid)

(including 155 in high school) in 1929. The decrease in birth rate in many parts of Canada in the 1930s was not reflected in New Waterford, while economic depression reduced migration from the area. By 1934, enrollment increased to almost 2200, and the school system employed 53 teachers.

Saint Agnes School

Saint Agnes built a new school in 1929, while Mount Carmel built a new school in 1937.³⁹⁴ Because of the location of their home, the Roach family belonged to Saint Agnes parish, consequently the Roach children, including Eileen, attended Saint Agnes school until the completion of Grade X1. At that time they went to the central school for Grade X11, which was a public school. The Catholic system did not accommodate Grade X11 at that time.

All the Roach children and their friends who completed high school boasted of graduating from grade XII in a Central High School with educational standards guaranteed by a staff of teachers with the highest credentials in all subject areas. Students were well prepared for all the vocational and professional choices available at that time. Of Simon and Mary's children, Catherine Gertrude was a teacher; Sarah (Sadie) a nurse; Henry a merchant; Christina, (Sister Celesta) a Sister of Charity, a teacher; Ellen Bernetta a teacher; Angus Joseph a lawyer; Eileen Bentice, a nurse and Sister of Saint Martha; Thomas Patrick died in infancy; Thomas Francis was a railway engineer; John died in infancy; William Matthew (Bill), a priest in the Diocese of Antigonish; David Hartigan, an accountant; and Bernard a Brigadier General in the Air Force. In recalling her family-of-origin, Eileen states:

³⁹⁴ (New Waterford Historical Society n.d.)

Four of the boys went to university, one later became an accountant (David), another a lawyer (Angus), a third a priest of the Diocese of Antigonish (Father Bill). Three of the girls were teachers and two of them nurses; two of us entered a Religious Congregation of women (Eileen and Christina, Sr. Mary Celesta). Of the family, four boys married and brought up their families with access to all the opportunities available to them at the time. Two served in the military, and one, a priest of the diocese of Antigonish, worked several years in St. Francis Xavier University Extension Department, Sydney, before completing his priestly career in Parish Ministry.³⁹⁵

Grief and Loss

Eileen reports that it must not be assumed that everything went like clockwork, without many family struggles. The family had its share of suffering with the usual struggles and early death. Of thirteen children, two boys (younger than Eileen) died in infancy; one premature, and the other at six months of age. One of Eileen's earliest childhood memories is of a small white Casket in the dining room of the family home. Although she was two and one-half years of age, this experience "left a clear imprint on my psyche".³⁹⁶ Another more lingering image she recalls "is that of a small child [herself] of approximately the same age standing barefoot on the kitchen floor, and seeing my mother on the opposite side of the kitchen crying. As I grew older, this image took on more clarity, and an

³⁹⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁹⁶ (ibid)

association with the white Casket became equally reasonable. A brother younger had died around six months of age".³⁹⁷

Over the years, Eileen has reflected on this experience, and wondered if such an experience at that age, and how it was handled, could have been related to increasing periods of depression in her adult life:

I often questioned the possibility this hidden experience of my childhood set up something that could have been the beginning of the manner in which pain was internalized and processed. A protective shell that this experience could have created gradually became a way that subsequent life trauma was internalized. It could possibly have been a factor that wove that undercurrent of depression influencing later emotional and relational experiences. It could also be an explanation for an insight gained in later life of being a "sad little girl." The drive for achievement and its unfailing reward of success provided the energy that kept depression under control and out of recognition of other people. Depression was somehow a moral fault. No other person knew I was depressed: I took refuge in prayer. Childhood was also plagued by scruples that continued for 3 or 4 years but were completely healed around fourteen years of age when I experienced a healing grace from the Sacrament of Penance. Hopefully to "get it right this time," I was determined to cover all bases! My confession simply was "I am the greatest sinner in the world! This event began a period in my life of intense peace."³⁹⁸

³⁹⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

³⁹⁸ (ibid)

The oldest of the family, Katie (Catherine Gertrude) (September 22, 1912–December 21, 1934) who had completed high school, Normal College, and one year of teaching, became ill with pulmonary tuberculosis (rampant at that time). After three years, most of this time looked after at home, she died at home in Scotchtown and was buried on December 23, 1934 at 23 years of age. Eileen was 12 at the time. She remembers:

During her illness, Katie had frequent visits from the Sisters of Charity of Halifax who taught in the Parish School. Because her full name was Catherine Gertrude, among the many books the Sisters brought her to read, one was about the life of Saint Gertrude. Other books included the lives of Teresa of Avila and Therese, the Little Flower of Jesus. I read them all; they undoubtedly influenced my desire for contemplative life. Of all the family, Katie was the one to whom I felt most close and, when she died at 23 years of age I was very young. I have a vivid memory of her death around 9:00 p.m. on December 21, 1934. We were all standing around her bed. Because it was so close to Christmas, her funeral was on Sunday morning, December 23 at one of the Sunday Masses. I remember her wake as she lay there in a white satin dress. I sat in the parlor, and I recall having the strong belief that she was going to look after me. She has done so in ways too innumerable to count. As was the custom, my mother bought a black dress for my older sister and for me, and I borrowed a coat for the funeral. A few years ago, a brother who was not at the funeral spoke about watching the funeral procession from our kitchen window as

it moved to the parish cemetery from Saint Agnes Church. I do not believe he ever spoke about this experience before. My dear mother took care of the Christmas celebrations as much as was possible for her and we had the usual Christmas dinner and stockings for the younger boys. It is difficult for us to imagine how painful it was for her to continue looking after a large family grieving the loss of her oldest child!³⁹⁹

At the time of Catherine Roach's death, the drug streptomycin, an effective anti-tuberculosis drug, was not yet discovered. Ten years later, in 1944, it was discovered by Selman Waksman and colleagues, and became available by 1948. Even in 1948, supplies were limited, indications for its use were restricted, and treatments were often too short. Other anti-tubercular drugs would come even later: (para-aminosalicylic acid salts, introduced in 1948, and isoniazid, introduced in 1952. Both reduced resistance and, when used in combination with streptomycin, were close to 100% effective for the treatment of tuberculosis).⁴⁰⁰

However, in the pre-Christmas season when 23 year old Catherine Roach died, the only treatment available for tuberculosis (which affected young and old and carried a high mortality rate), was sanatorium treatment consisting of isolation of infected individuals. This treatment provided rest, nutritious food, fresh air, even in the ice-cold air of winter, education and rehabilitation.⁴⁰¹

Writing about tuberculosis in the Nova Scotia Medical Bulletin in 1934, J. J.

Carroll says:

³⁹⁹ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁴⁰⁰ (Allen 1999)

⁴⁰¹ (Allen 1999, 1026)

In spite of advance made in the treatment of pulmonary tuberculosis since 1900, there is not yet any specific treatment. At the present time, one of every five persons dying between fifteen and forty-five, dies of tuberculosis ... in the young, active case [not suited to artificial pneumothorax] ... prolonged rest gives the only hope.⁴⁰²

In her excellent history of the development of a permanent public health care system in Industrial Cape Breton, Kathleen M. Mackenzie states, "it was only when Cape Breton towns were forced to deal with these [tuberculosis and other infectious disease outbreaks] that steps were taken to establish a permanent public health care system".⁴⁰³ She continues by stating that the physicians waited in hope of action [from the public, the municipal, and provincial governments] and what they wanted was the establishment of a tuberculosis sanatorium in Cape Breton with free admission. The Canadian Tuberculosis Association (renamed the Canadian Lung Association in 1977) was formed in 1902 with a resolution to support sanatorium construction as its major goal.⁴⁰⁴ The Tuberculosis Unit at Saint Joseph's Hospital at nearby Glace Bay was not built until 1939.⁴⁰⁵

Ellen Bernetta Roach was a teacher in the Scotchtown school when she met and married her husband, an American soldier from the state of Georgia. They moved to New Orleans where her husband was employed as a professor at the University of New Orleans, and before long, had two children. One day, Ellen's husband was on his way to the airport to pick up a speaker coming to the

⁴⁰² (Carroll 1934, 595)

⁴⁰³ (MacKenzie 1991, 1)

⁴⁰⁴ (Penney 1985)

⁴⁰⁵ (J. Cameron 2000, 176)

university, when his car was hit by a teenage driver who had stolen his sister's car. He died on the scene. Ellen later remarried, moved to Florida and had two more children. Eileen notes that the children were all well educated; the oldest, Bernadette, with a doctorate.

Thomas Francis (Tom), next in age to Eileen, also died young. He worked as a railroad engineer, and married a teacher. He suffered from arthritis all his life, but his death was due to a heart condition.

Family Life

Sarah Martina (Sadie) Roach, next in age to Catherine (Katie), studied nursing at Saint Rita's Hospital in Sydney, Cape Breton from 1930 to 1933 at the time of her sister's illness. She was a great influence in the protective precautions taken by the family during the course of Katie's illness. She obviously did a very thorough job, as no one else in the family contracted tuberculosis. After Katie's death, Sadie, who shared many characteristics with her mother and with her sister Eileen, became the "oldest child". Mary Gillis MacIsaac, daughter of Sarah (Sadie) and policeman Joseph Gillis, remarks:

Mom had a great sense of humor and was very broad minded. My daughters, even when in university, would marvel at how she kept up and in tune with all that was going on. She could keep pace with them and was a great friend to them. She did post-graduate training in operating room at Saint Mike's in Toronto, and never lost interest in what was going on in nursing. Because Catherine (Katie), the oldest in the Roach

family died very young, Mom was always looked upon in the family as the oldest.⁴⁰⁶

There was the usual sibling rivalry in the Roach home, Eileen remembers. On Saturday night their home was alive with excitement when the four boys and their friends gathered around the radio for Hockey Night in Canada. In his history of sports in Cape Breton from 1917–1937, Daniel A. MacDonald notes that the National Hockey League (NHL) occupied a solid mental space in the consciousness of the Canadian public.⁴⁰⁷ One can picture the scene; a group of boys sitting around a large radio attached to an even larger battery that provided its power, with their ears straining to hear every word uttered by the sports announcer, taking time out to speak only when the program went to a commercial break.

It was not unusual to have an additional person stay for a year or two to finish high school. "There was always room for one more"⁴⁰⁸. Having an old organ and a piano was a special asset enabling their home to become "the neighborhood recreation center because we had lots of room and invited our friends for our 'Party at Roaches', and of the utmost importance, food was always available. It seemed the larger the family, the more friends we had, and it seemed natural that we would have our parties at Roach's because our house was large and could accommodate many more".⁴⁰⁹ She does not ever recall her parents complaining or questioning the noise or the consumption of food; her mother was

⁴⁰⁶ (M. S. MacIsaac November 10, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁴⁰⁷ (MacDonald 2009)

⁴⁰⁸ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴⁰⁹ (ibid)

always cooking and baking more. Eileen supposes they considered it a blessing that all were enjoying a good time in the environs of home. She very clearly remembers the party her friends had for her the night before she entered the Sisters of Saint Martha.⁴¹⁰

Simon and Mary Roach loved Scottish music, and it was frequently heard in their home. Eileen learned to play the piano accompaniment for the many fiddlers who were always welcome in the home.⁴¹¹ Though the family could not afford piano lessons, she had learned to play "by ear" and had graduated from the organ to the piano.

Fiddlers are synonymous with Cape Breton; Hennessy points out that Cape Breton Island is literally and pictorially linked to Ireland and Scotland. He states, "it is probably true that there is an innate relationship between the sound of the Gaelic language and the sound of the fiddling".⁴¹² According to MacLellan, the ceilidh, a house visit where music, storytelling singing and dancing took place, [was] the institution through which Gaelic oral, musical, and dance traditions were enjoyed, maintained and transmitted. When all the entertainers were present at the same house, they influenced and strengthened the ranges of each other.⁴¹³ Kennedy proposes two additional benefits of the ceilidh: in the absence of radio and television, they were a means of sharing news (news of the community, families, and business activities); and the occasion cultivated the value of hospitality within the Gaelic culture. In this way, the ceilidh nurtured community

⁴¹⁰ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴¹¹ (ibid)

⁴¹² (Hennessy 2008, 40)

⁴¹³ (Shaw 1987, 14)

by gathering people together, encouraged people to be light-hearted, and to stay connected to each other, in harmony physically and spiritually.⁴¹⁴

Eileen, the middle child

Eileen was the middle child, and agrees with research that indicates birth order has an effect on a child's personality. She states that, whether one is the oldest, the youngest or the middle child in a family does have some influence in how one feels and understands self, and how relationships in family and with other persons are nurtured, experienced and shaped. She spoke of the many commentaries on birth order that discuss the oldest child as holding special prominence, the subject of much attention before and after birth, with special recognition given at each level of development during childhood and adolescent years. And she spoke of the reality that, in a large family, the youngest child often enjoys the admiration of older siblings, and, as the last of the family, a special place in the hearts of the parents. She believes that the middle child is in a vulnerable spot, and depending upon the recognition given to his or her special needs, may enjoy the positive challenges of creativity, self-assertiveness and independence or the unexpressed pain of being a burden or "lost in the shuffle".⁴¹⁵ She was neither lost in the shuffle, nor did she ever feel that she was a burden to her parents or siblings, but she did learn a lot from her position in the family. Indeed, Eileen may not have been 'a true middle child'; researchers Salmon and Schumann, who challenge 'the myth of the middle child', say that family blending, deaths, disabilities and other factors can shift birth-order status in the course of

⁴¹⁴ (Kennedy 2007, 21, 22)

⁴¹⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

childhood, but for those who are 'true middle children' there is good news: they often get a bad rap because they are stereotyped by society and the media. Yet many middle children emerge from childhood equipped with sharp skills in negotiation, compromise and empathy, and are less likely to become over inflated by success in life. Among well known middle children are Bill Gates and the Dalai Lama.⁴¹⁶ Eileen recalls living in a large, active household, and recalls her own roles within that household:

Born, not only as the middle child but also the youngest of the girls with four active boys whose behavior was always justified by their mother, added to my responsibilities. There was neither a dull nor a free moment between homework and cleaning the house every weekend. But the latter was always a joy. In the 1930s, our home had additions and major renovations, improvements that continued over the years. It was beautiful, with a large fireplace in the living room that was the center of heat and comfort from early fall until late spring. On Saturday night the house was in ship shape, showing off the new furniture and beautiful light fixtures. But Sunday evening was a different story, and the previous Hockey Night in Canada, enjoyed by the boys and their friends, provided the contrast. But, as my mother would say, "boys will be boys." The same routine began again the next weekend.

A common household product in the Roach home was Old Dutch Cleanser. The label on the cylinder shaped can was yellow with a red label that carried the name. The figure on the can was that of a woman dressed in a

⁴¹⁶ (Schumann 2011)

traditional costume from the Netherlands; floor-length black dress, white apron, white bonnet, and wearing red klompen (shoes). The woman's face was obscured by her bonnet, "yet it is clear that she means business because she carries a long stick". Eileen recalls both the product and her reason for the memory. She remembers, "I was forever cleaning. I would clean the whole house every weekend".⁴¹⁷ Her brothers would laughingly call her "the woman on the Old Dutch can" and then later, as the teasing became more familiar, "The Old Dutch Woman".

Her mother said that "boys will be boys". The expression, "Boys Will Be Boys" is not merely the name of a 1935 British comedy film, and it was common to hear such statements far more recently than the 1930–1940s. It is likely that the division of labour in most Nova Scotia homes, indeed most Canadian homes, was sharply defined; the girls knew their roles, and the boys knew theirs. It would be unfair to evaluate Mary Roach's statement in the 1930s and early 1940s with what is believed about male-female labour and power in 2013.

High School years were happy ones for Eileen and she welcomed both academic and extracurricular activities. She had a particular talent for mathematics and science; "not realizing how beautiful English Literature was until I prepared for final examinations".⁴¹⁸ She enjoyed skating and basketball and all the social functions of the high school, "and with my ability to play the piano, I was the life of the party!"⁴¹⁹

⁴¹⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴¹⁸ (ibid)

⁴¹⁹ (ibid)

Eileen always felt challenged by school in the sense that she felt called to engage with the work, knowing that successful achievement in all areas was an expectation. She did not realize until years later that an excellent high school teacher, Sister Maria Lawrence, Sister of Charity of Halifax, laid for her the foundation for her future writing career. Sister Lawrence gave her "a wonderful foundation in English grammar and composition".⁴²⁰ Not only was academic achievement of the utmost importance for the Roach children; participation in sports and entertainment was expected to provide an important balance. She had a talent for music, and until Grade VIII when the family could afford piano lessons, she learned on her own, playing "by ear".⁴²¹ Her class looked forward to Friday night socials, competing with other parishes in basketball, skating and related social activities. She belonged to the Parish choir, a basketball team, and enjoyed skating on an outdoor rink. She attended high school in the latter 1930s, and graduated at the age of 18 in 1940.

Work and more work

Both Katie and Sadie, the two oldest in the family, because of their closeness in age were thought of by many as twins. Mary MacInnis Roach, who worked with a tailor before marriage, made all their clothes. Besides making clothes for all the girls in the family, she also did sewing for people outside the home, earning a small income from her work. She also made beautiful quilts and hooked floor rugs, "There was always a mat or quilt frame set up next to the

⁴²⁰ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴²¹ (ibid)

sewing machine in our dining room".⁴²² Quilting has a deep history on Cape Breton Island, with its roots in necessity to use and re-use every scrap of fabric. Most homes had a quilting frame and a quilt in progress over the winter months. Quilt patterns were passed around amongst the women of the community and repeatedly duplicated, while others created their own patterns, relying upon imagination and necessity to create a pattern. This art form was passed down from mother to daughter.⁴²³

Hooking rugs was also a common activity for homemakers in Cape Breton at the time. In 1973, Cape Breton's Magazine carried a story in which Maisie Morrison of Wreck Cove, a senior at the time, described the process of "Rug Hooking". She reported that rugs were hooked on home-made frames and noted that her own frame (made by her father) measured 6' 7" by 2' 11". This is no small implement to add to any room, especially in homes with large families and limited space. Traditionally, burlap was used only as the backing for a rug, but in some cases it was used for the hooking material as well. The burlap would be pulled from the bag, and dyed in colours of orange, green, brown and "a kind of soft pink or off-white ". Yarn was rarely used, as it was considered too precious. "Having raised, sheared, washed, carded, spun and dyed the wool, you would want to use it to make warm clothing." When burlap was not used for the hooking material, the rugs were made from discarded clothing and other worn cloth. "Every scrap was saved. Pieces of cloth that had no other worldly use would

⁴²² (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴²³ (ibid)

become the lovely rugs they hooked. Caution was taken to use clothing that had seen much less sun, and the color is thus least faded".⁴²⁴

The Roach family owned "a lot of property" and made use of every piece. While they never referred to their property as a farm, they grew all their own vegetables, including potatoes, turnip, beets, cucumbers, lettuce and "a large patch of beautiful rhubarb", used for many things, such as pies, puddings and jams. They also raised chickens, had a pig, two cows and a horse. Eileen's mother was "a good cook" and was quite fully occupied providing meals for all of them, seven days a week. There were plenty of wild blueberries within walking distance. A large barrel of salt pork was a welcome addition to food supply in the winter, and as was the customs, they always bought a large barrel of apples in the fall. There was sufficient hay to be harvested in the fall to feed the cattle. Eileen states, "this pointed to the hard work and determination of my parents who used our property to advantage for a much needed food supply".⁴²⁵

The Great Depression

According to the New Waterford Historical Society⁴²⁶, many older New Waterford residents regard the Great Depression as starting in the 1920's and continuing with little interruption until the start of World War II in 1939. In his history of labour and politics in industrial Cape Breton between 1930 and 1950, Michael Earle contends that "the Maritime Depression" of the 1920s was immediately followed by "the Great Depression" of the 1930s, and the Cape

⁴²⁴ (Caplan, Hooking a Rag Rug 1973, 13, 14, 15)

⁴²⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴²⁶ (New Waterford Historical Society 1991)

Breton region continued to bear a disproportionate burden relative to other regions in the smaller share of federal money available to it for relief and services.

According to Earle, "Federal policies, especially with regard to the matching-grants scheme for most forms of aid seemed deliberately designed to make the poorest region poorer still, and to ensure it would be in the least favourable position for recovery".⁴²⁷ Beginning in 1929, there was a decreased demand for both coal and steel, and low prices for lumber and fish. Conditions rapidly worsened with the reduction in activity in the mines to a few shifts a week and sometimes only a few shifts a month. The region received much less than its share of wartime contracts when production in crucial industries was wholly under federal regulation. There was little work in the area, and little available elsewhere, no system of family allowance, unemployment insurance and few pensions, so there was little money in circulation. The town borrowed in order to pay relief in goods or cash to married men to keep their families from starving, incurring a large debt to be later repaid. Single people did not generally qualify for relief. The town's population increased from 5,700 to 9,300 because few people left and the birth-rate remained high, despite a high infant mortality rate. Children were absent from school due to lack of clothing and illness, and cases of malnutrition were high. The armed forces became the first employment opportunity many were able to secure. The fiercely proud Cape Bretoners were faced with mass unemployment, and while the provincial work projects established by Liberal premier Angus L. Macdonald were helpful in part, the financially impoverished government could not afford to participate fully in

⁴²⁷ (Earle 1990, 13)

federal relief programs that required matching contributions from the provinces.^{428 429}

With little money in circulation, and even with the cost of 10 cents for a show, theatres in Glace Bay and New Waterford closed for a period because of insufficient patronage. A miner's pay check was \$20.02 for 4 days of work, after deductions. However, lack of employment created more time for organized sport and free social activities.

The Antigonish Movement

It would be difficult to grow up in Eastern Nova Scotia without knowledge of the Antigonish Movement. Eileen Roach and her family were very impressed in the way the movement proclaimed the Christian message. The Antigonish Movement emerged offering a "middle way" to helping people distressed by the depression through cooperative ventures under popular control. It was a Catholic operation in that it was started by Father Jimmy Tompkins and Father Moses Coady of St Francis Xavier University in 1928. They sought a Church-approved alternative to socialism or capitalism. Cooperatives were organized at the grass roots level and brought together fishermen, farmers, miners and factory workers, especially in the eastern districts. They set up local fish processing plants, credit unions, housing co-ops, and co-operative stores. Ownership and control was in the hands of the people directly involved.⁴³⁰

Alison Mathie of the Coady International Institute, St. Francis Xavier University, reports:

⁴²⁸ (Henderson 2007)

⁴²⁹ (Forbes 1989)

⁴³⁰ (Mathie 2009)

Moses Coady was one of the few priests, educated in the progressive social teachings of the “Rerum Novarum” [Catholic social doctrine based on the dignity of the human person]⁴³¹, who attempted to put this official Church policy into action. He did this in collaboration with other enlightened and radical priests – notably the firebrand Father Jimmy Tompkins who rattled the establishment while Moses Coady tried to find ways to work with it and through it from his position as Director of St. Francis Xavier University’s Extension Department. They introduced the idea of study clubs where farmers, fishermen, and miners could come together to learn about their economic situation and learn strategies for pulling themselves out of poverty. This mass adult education movement, taking place at St. Francis Xavier University in Antigonish and in kitchen meetings throughout the province came to be known as “The Antigonish Movement”.⁴³²

In June, 1977, Cape Breton's Magazine carried the story of James Marsh, and his first-hand account of being part of the Antigonish Movement. James Marsh reported:

He [Father Jimmy] certainly changed my life. I was a fly-by-night young fellow, you know. And when he came around here first, we didn't know anything about education. All we thought about when we were young was to get a job in the pit [the coal mine]. There was no mention of any kind of reform. Things were pretty bleak. And he made us realize what was going

⁴³¹ (Lanari December 2009)

⁴³² (Mathie 2009, 2)

on. He said we needed education, and he became so radical. He wanted to bring the university to the people. He wanted ... to get a lot of brains together. That's all he talked about, 'brains, and develop your talents'. Well, I guess the bishop didn't see eye-to-eye with him and they transferred him to Canso with the fishermen. That didn't stop him. He realized the plight of the fishermen too because they sold their fish for little or nothing to the merchants. [He said], 'Why don't you organize? Get together and form a producers' and marketing organization. Don't give it to those fellows who aren't doing a damn thing to help you. Just taking the money right out of your pocket, and food from your families'. They got organized.⁴³³

In organizing and shipping crates of lobsters to Boston, fishermen soon realized 35 dollars for the same crate of lobsters for which local merchants were only paying five or six dollars. The fishermen's co-operative of Nova Scotia was born. Marsh goes on to say:

They transferred Father Tompkins from Canso to Reserve Mines, to see if he could keep his mouth shut, but he started telling us, 'You've got to do something about your system. The rich are getting richer and the poor are getting poorer. The first thing you people want to do is start reading books, books about everything, especially economics'. He got books and he had them in the vestibule of the Glebe House. Then he started buttonholing people to come in and read. He would announce from the pulpit that anyone interested in reading on economics, sociology and

⁴³³ (Caplan, Father Jimmy Tompkins of Reserve Mines 1977, 5,6)

things like that, the books were in the Glebe House. I didn't understand those words at first, you know. But we started to read books on the co-operative movement and about reformers like Ernest Bevin and Booker T. Washington, about self-made men. That's what Father Jimmy wanted us all to be, masters of our own destinies—to do things for themselves that other people were doing for them. That was his adult education program. He was so dynamic and so simple We were just young, open for ideas. Maybe we were being developed in the wrong way; but when Dr. Jimmy Tompkins came here he helped us develop in the right way. He got everybody excited. He changed a lot of lives and he raised a lot of leaders, through reading.⁴³⁴

Of particular interest in Marsh's story is his reference to the Sisters of Saint Martha and the Antigonish Movement, and his references to Father Tompkin's views on the Church. According to Marsh, Father Tompkins wanted all the Sisters to know about what he was doing "because they were all teachers". "Oh, he wound up the Sisters", said Marsh. "Prior to Father Jimmy, we were scared of priests. We had some very cross priests. They preached fear of God rather than love of God. He [Father Tompkins] taught us, "Try feeding the fellow across from you. Father Jimmy taught that Christ was a very simple man. He was a revolutionist. He wanted change".⁴³⁵

⁴³⁴ (Caplan, Father Jimmy Tompkins of Reserve Mines 1977, 6,7,8)

⁴³⁵ (ibid, 7, 8)

Summary

When reading about the desperate circumstances of many Cape Bretoners during the 1930s and 1940s, it appears that Simon and Mary Roach were able to provide a standard of living for their family that, if not well-to-do, was comfortable and allowed for some little luxuries that may not have been the norm in the community at the time. They were able to send their children to university which was not covered by any kind of government assistance in that era. This was remarkable in itself, as even as late as 1950, only one-half of Canadian children ages 14 to 17 continued in school.⁴³⁶ Additionally, they were able to expand their property, make renovations to their home, and purchase new furniture. Food was available to the extent that it was freely shared with numerous others on a regular basis, Mary was able to purchase cloth to make clothing for the family, and the child, Eileen, had a piano. The Roach home served as an incubator in which Simon and Mary nurtured the Gaelic culture in their 11 children, and modelled for them a strong sense of hospitality, friendship and community, as well as the value of an enduring faith.

In later years, Eileen (now Sister Roach) says that if the entire family story could be told, it could be framed within a portrait of sorrow and joy, struggle and anticipation, welcome and celebration, birth and death, all centered around a faith and belief in God's grace that sustained them during every crisis and new challenge. "We were gifted with wonderful parents and brothers and sisters who, despite differences and sibling rivalry, crafted a heritage sculpted in the fire of hard work and, even though it rarely surfaced in conversation, an unrelenting

⁴³⁶ (Fleras 2001, 234)

belief in a promising future. We always had new plans and God's gifts have been many! Our home was always the "community recreation center where all our friends were welcomed for a party".⁴³⁷

⁴³⁷ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from. T. S. Eliot.⁴³⁸

Chapter V: Leaving Home

Beginning Nursing Career: Saint Joseph's Hospital, Glace Bay, Nova Scotia

On graduation from high school, Eileen's thoughts turned to nursing as a career, being inspired by the reputation of Saint Joseph's Hospital School of Nursing in Glace Bay, Nova Scotia. She believes her choice was also likely in imitation of her older sister, Sadie Martina, who was a competent practicing nurse by that time. Sadie Martina was in the last class to graduate from the original Saint Rita Hospital School of Nursing that closed in 1933 as a result of the Depression and the lack of funds.

Eileen learned that the admission age to Saint Joseph's Hospital School of Nursing was 19 years, and she had to wait a year after high school for admission, a time she enjoyed at home. She entered Saint Joseph's Hospital School of Nursing in 1941. She recalls:

I entered a school of nursing in a nursing diploma program [Saint Joseph's] considered to be second to none at that time. Since I was the youngest girl at home, it would have been reasonable for my mother to prefer I stay at home. She never expressed this, and both parents were happy I was becoming a nurse. During these years, students had very little time off, so visits home were infrequent [though it was only about ten miles away]. We were receiving only a very small stipend each month; hardly enough to take care of essentials let alone bus fare.

⁴³⁸ (Eliot 1942)

At this time, returning from these days at home, I began to experience an intense feeling of being a burden even though no one in my family gave any indication whatsoever that such was the case.⁴³⁹

The Origins of St. Joseph's Hospital

The hospital, where Eileen would "train"⁴⁴⁰ from 1941–1944 opened in 1901, and its existence was largely due to the presence of the coal mining and steel industry in the area. St. Joseph's Hospital was an example of how the church, community, and industry came together to provide adequate healthcare for the people of the town and those who worked in the coal and steel industry. Toward the end of the 1800s and the beginning of the 1900s, there was an abrupt increase in the population in the mining town of Glace Bay and the surrounding areas, and coupled with the expansion in coal mining operations, this led to an acute need for an increase in health care services in the area. In 1895, some 60 Glace Bay residents from all levels of the community petitioned the House of Assembly of Nova Scotia for financial assistance from the province to aid in building a hospital in the town, as well as for an annual grant for the hospital's maintenance. They listed the need in relation to a large influx of population in connection with the coal industry, noting the special care needs of miners experiencing accidents.⁴⁴¹ There was no response to the petition. Historian Dorothy Bennett⁴⁴² reports that, in 1898, two new clergymen, Father Ronald MacDonald and his close friend, Father Charles William MacDonald, arrived in the area. These two priests were

⁴³⁹ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴⁴⁰ Nursing education was typically called "training" at the time

⁴⁴¹ (Petition to Legislative Assembly of Nova Scotia 1895)

⁴⁴² (Bennett 2003)

acquainted with the high level of industrial accidents and fatalities and the lack of proper hospital facilities in the town. They initiated a proposal that would lead to the construction of Saint Joseph's Hospital. To better understand hospital organization and building, they consulted the Roman Catholic Carney Hospital in Boston, and returned to Cape Breton to consult with architects in Sydney.⁴⁴³

In 1900, the two priests began visiting the Glace Bay coal mines, canvassing all miners, Protestant and Roman Catholic alike, for financial assistance to help build the hospital. Between the miners and others in the town, twenty thousand dollars was raised toward the proposed cost of the new hospital, forty-two thousand dollars⁴⁴⁴, and this began the subscriber system. Fifty years after the opening of Saint Joseph's Hospital, a book commemorating the hospital's anniversary has this to say:

During the year 1900 when Fathers Ronald and Charles MacDonald entered the coal mines in and around Glace Bay area to solicit financial assistance for the proposed Saint Joseph's Hospital, they began then the organization of which was to become, possibly, the first hospitalization pre-payment plan in North America.⁴⁴⁵

The Sisters of Saint Martha at St. Joseph's Hospital

With becoming a nursing student at Saint Joseph's Hospital, the Sisters of Saint Martha became a prominent presence in Eileen's life. The Sisters were involved in the hospital, albeit on a smaller scale, from the beginning. Prior to the opening of the hospital, they were invited, by the hospital board, to look after the

⁴⁴³ (Bennett 2003, 20)

⁴⁴⁴ (ibid)

⁴⁴⁵ (St. Joseph's Hospital 1955, 13)

household and culinary departments. Five young Sisters were released from their duties at St. Francis Xavier University for six dollars each per board,⁴⁴⁶ and the congregation managed household affairs at Saint Joseph's Hospital from 1902 until 1908, at which time they left this position. They were invited back again in 1914 by a unanimous decision of the board of trustees of the hospital to assume full responsibility for the debt-free hospital and school of nursing. They returned in 1915 with the blessing of their bishop, even though some people in the Glace Bay community opposed their takeover, and although it rankled for decades for those who believe Saint Joseph's had been wrongfully transferred, the Sisters of St Martha received title of the hospital in 1930.⁴⁴⁷

The first nursing staff at St. Joseph's Hospital (12 women) had been made up of a head nurse, an operating room nurse, nine nursing students and one probationary student nurse.⁴⁴⁸ From Dominion Day, July 1,1902, when Saint Joseph's Hospital officially opened, until 1941 when 19 year old Eileen Roach enrolled as a nursing student, the hospital and nursing school grew. The first graduation conducted by the Sisters of Saint Martha was held in May, 1919, and by 1955, 658 nurses had graduated from the school.⁴⁴⁹ When Eileen entered nursing school in 1941, the strong ethos of the school with its motto, "Science, Service, Sanctity" and the exemplifying of this motto by the Sisters of Saint Martha made an impression upon her that would strongly influence the rest of her life.

⁴⁴⁶ (J. Cameron 2000)

⁴⁴⁷ (J. Cameron 2000, 59)

⁴⁴⁸ (Bennett 2003)

⁴⁴⁹ (St. Joseph's Hospital 1955)

The Work of Nursing Students

In her book, *Bedside Matters: The Transforming of Canadian Nursing, 1900–1990*, Kathryn McPherson discusses the skills nursing students were expected to learn during their three-year apprenticeship on the wards in Canadian hospitals. According to McPherson, students learned their repertoire of skills first in the classroom, then on the ward, with the level of responsibility and difficulty increasing as students advanced.⁴⁵⁰ McPherson organized these sets of skills into six categories: administrative tasks such as labelling and sorting patients' personal possessions when admitted, charting and recording all patient treatment, medication and tests, taking stock of hospital supplies, and carefully counting and recording all medications including powerful painkillers such as morphine; skills related to diagnostic tests ordered by medical staff including preparation of the necessary equipment, completion of proper documentation identifying the type of sample and to whom it belonged, and recording results on the correct chart; precise techniques associated with assisting medical and surgical personnel such as preparing patients for treatment and assisting doctors in examinations or procedures performed on the ward or in a specialty service, like the operating room, pre-and postoperative examinations , shavings, dressings, dietary regimes, and patient services; therapeutic nursing duties such as the administration of counterirritants, medications, numerous enemas, douches, lavages to wash out anatomical parts, mustard plasters, and linseed poultices; the maintenance , cleaning and organizing of the ward itself and equipment to support the hospital infrastructure such as cleaning the supply room, sterilizing the many medical

⁴⁵⁰ (McPherson 2006, 78, 79, 80, 81)

appliances used before disposable supplies. Every day, each patient's nightstand and bed had to be tidied and washed; and the many personal service tasks of bedside care including feeding patients, assisting with ablutions [washing] and maintaining the cleanliness of bed and patient alike. Assistance with morning and evening toilets and baths, cleaning care of external genitals following a urinogenital operation to prevent post-operative infections.⁴⁵¹ In recalling the multitude of tasks they were faced with, Margaret Heffernan Joyce, a classmate of Eileen Roach, says "I don't know how we did it, but we did. We were all young, but we did what was to be done, and kept the wards going. We didn't think anything of it, we just did it".⁴⁵²

Eileen remembers that the nursing program afforded a wide variety of experiences for her that contributed to her maturity and professional growth. At St. Joseph's Hospital School of Nursing, she had the opportunity to respond to the challenge of leadership in editing the Year Book, assuming office in the Sodality of Our Lady, and participating in many social functions. She reports that she did well academically, made very good friends, and had a strong commitment to care for her patients. "My playing the piano served me well. We loved to dance in our recreation room, and had good records".⁴⁵³

Eileen welcomed the challenge of the three-year nursing program at Saint Joseph's (in the traditional meaning of challenged as being engaged in the process), seeing it as a special opportunity to practice the virtue of charity in

⁴⁵¹ (McPherson 2006, 78, 79, 80, 81)

⁴⁵² (Heffernan Joyce December 6, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁴⁵³ (ibid)

learning to care for other people. She studied nursing during the years of World War II, and during war time, students experienced many adjustments and developed new understandings of how patients should be cared for. Changes were taking place in medicine and nursing in the crisis situations of the war, and quickly put into practice on the home front. One of these was early ambulation which replaced the tradition of prolonged bed rest practiced for fear of complications. In addition to seeing patients getting up earlier after surgery, Eileen had the remarkable experience of participating in giving the first dose of penicillin (obtained from the military because it was not otherwise available) given at Saint Joseph's hospital. She witnessed the fortunate patient recover from an open, draining, and purulent chest wound that otherwise would have likely caused his death.

The substance of the nursing program at Saint Joseph's was, as with schools at the time, based in principles and practices, and very much based in the medical model. "Nobody talked about caring, but it was there, prayers before and after shift."⁴⁵⁴ During Eileen's three years, students were taught mostly by religious Sisters, mostly Sisters of Saint Martha, with just a couple of lay people. Eileen lived in residence, as was the custom of the times.

Reflections shared in her 2002 book⁴⁵⁵ almost 50 years after her graduation from Saint Joseph's Hospital School of Nursing, indicate the depth of Eileen's thinking for a young nursing student at the time. She wrote that the 1929 book by Edward F. Garesche, *Ethics and the Art of Conduct for Nurses*, was a

⁴⁵⁴ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁴⁵⁵ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002)

required text for nursing students at Saint Joseph's in the 1940s. She was especially intrigued with Garesche's writing on the concept of 'noblesse oblige'. The Dictionnaire de l'Académie Française⁴⁵⁶ translates the term 'noblesse oblige' to the English 'nobility obliges'. Garesche uses the term as a call on the person in a noble position to take responsibility in conducting him or herself in a way that is consistent with that position. In recalling Garesche and his book, Sister Roach says:

One theme in this text, noblesse oblige, made an indelible impression on me; and it has surfaced repeatedly as a value in presentations to groups about ethics and related topics. Perhaps noblesse oblige hovers over my reflections about nursing because it conveyed something of the beliefs about nursing at that time and most likely the particular motivation behind my personal choice. The text by Garesche covered central concerns of ethics in health care in the 1940s, including the nature of human acts, the importance of conscience formation, professional secrecy (confidentiality) and general attributes expected of one preparing to become a nurse. The specific content covered by this course, however, eludes my memory, perhaps because the phrase 'noblesse oblige' subsumes it all ... [the claim that] there was something about nursing in itself which was noble, and if one chose to pursue nursing as a career, such a choice involved assuming a particular identity.⁴⁵⁷

⁴⁵⁶ (Dictionnaire de l'Académie française 2013)

⁴⁵⁷ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002, 67)

Other Influences

Eileen continued to be impressed by the leaders of the Antigonish Movement. She would come to share a religious commitment and geographic connection with the leaders of this movement, with its headquarters at St. Francis Xavier University in Antigonish, Nova Scotia, a short distance from the convent of the Sisters of Saint Martha. Living, working, and learning at St. Joseph's Hospital brought her into daily contact with the Sisters of Saint Martha, the "People's Sisters" as they were called. Another constant in Nova Scotia was a Liberal government and one premier demonstrated his popularity by staying in office for decades.

Tompkins and Coady.

Eileen was impressed by the vision and faith of the leaders, Rev. Dr. Moses Coady and his cousin, the Rev. Father Jimmy Tompkins, the two Roman Catholic priests who founded the caring movement to educate and help people to help themselves. Although this movement began in Eastern Nova Scotia, it spread across Canada in the 1930s and by the 1940s and 1950s, to the Caribbean, Africa and Asia. The Coady International Center remains a prominent outreach feature of St. Francis Xavier University.^{458 459 460}

Historian Kathleen Casey describes the beginnings of the movement in this way:

In the spring of 1920, life in rural Nova Scotia had gone from terrible to close to unbearable. Unemployment and out migration made the low

⁴⁵⁸ (Coady 1939)

⁴⁵⁹ (Laidlaw 1971)

⁴⁶⁰ (The Coady Institute 2010)

standards of living even lower. Infant mortality was high and wages were low. Father Jimmy responded to poverty and depression with an offer of adult education that was both practical and useful to the people to help them help themselves rebuild their lives ... [the movement] did not consciously focus on helping women move beyond their assigned roles in society and in the family. However, by encouraging the women to participate in the study clubs and to form cooperatives, the Movement helped women develop the political, economic and social skills necessary to solve their own problems and become leaders in their own communities.⁴⁶¹

It would appear that the Sisters of Saint Martha had little difficulty in solving their own problems or becoming leaders in the many institutions they founded. As Sister Sarah MacPherson⁴⁶², a Sister of Saint Martha, writes in her short history of the congregation, the Sisters became autonomous in areas that may have been considered the domain of men at that time, however they were highly focused in the steps they were taking:

The period from 1925 to 1937 was marked by a great expansion of new works. These activities comprised spearheading campaigns to build and operate hospitals in eastern and western Canada, collecting money for orphanages and homes for children, entering the field of teaching in rural areas and becoming involved in social work. These women, who previously had so little experience in finance, did not hesitate to deal with

⁴⁶¹ (Casey 2001, 18,19)

⁴⁶² (MacPherson 1984)

stocks, bonds, mortgages, and bank loans and to acquire the skills necessary to build and administer large institutions. This involvement in the money markets was not without its pain and worry. The Sisters' trust in God, their prayers for His support, their confidence that they were fulfilling His will, and their dependence on Him for guidance in their undertakings instilled into the whole congregation a deep spirit of faith in God that continues to be an inspiration to us today.⁴⁶³

Many historians have written about the Antigonish Movement, "the Social Gospel", the "Maritime Miracle", however in 2001 Casey documented the untold stories, the 'her story' of the women in the movement.⁴⁶⁴ In so doing, Casey wrote the story of Sister Irene Doyle, a Sister of Saint Martha and a social worker, and the contributions of Doyle, other Sisters of Saint Martha, and lay women to the Antigonish Movement.

The people's Sisters.

Dr. Coady was a good friend of the Marthas, who were happy to have his support. Dr. Coady is reported to have said, "if I had 50 Marthas, I could change the world".⁴⁶⁵ Historian James Cameron refers to the Sisters of Saint Martha as "the People's Sisters", and states that "the Marthas have operated with considerable independence but within the general boundaries established by male authority and by proper Canadian sentiment about the appropriate roles for women. The Sisters respond to the needs of the people around them.

⁴⁶³ (MacPherson 1984, 89, 90)

⁴⁶⁴ (Casey 2001)

⁴⁶⁵ (J. Cameron 2000, xiii, 22)

In recalling such responses to human need as the Antigonish Movement, the response of the people of Nova Scotia to the 1998 air crash in Peggy's Cove, and the 1998 response to Hurricane Mitch in Nicaragua, Sister Roach would later say:

These responses are not simply volunteerism stripped of any semblance of altruism. On their own admission, people are changed by the experience. They claim to be better persons: their experience transformed their way of being with people and what they considered important in their lives, and there was a radical improvement in the social conditions that surrounded them. There was indeed personal growth and self enhancement and, it seemed proper to say, this happened through and because of extending themselves to others.⁴⁶⁶

Sister Roach speaks of the Antigonish Movement as an example of a lens through which we can see the goodness of people, the strength of communities and the reality of connectedness that binds a community of persons regardless of geographic location.⁴⁶⁷ She states:

I call to mind the philosophy of a charismatic leader, Moses Coady, and the work of the Antigonish Movement that began in the difficult 1920s in eastern Nova Scotia. In response to poverty and the complex social problems in the area, Coady espoused the value of community

⁴⁶⁶ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002, 27)

⁴⁶⁷ (*ibid*, 27)

development through adult education and the cooperative movement, through which people became masters of their own destiny.⁴⁶⁸ Under his direction, and working with his cousin, Father Jimmy Tompkins, the Extension Department of St. Francis Xavier University, Antigonish, Nova Scotia, was formerly established in 1928. As did other movements, this one marked the response of individuals and communities of care to the needs of neighbors, and in particular, the poor and marginalized.⁴⁶⁹

Liberal leadership in Nova Scotia.

Political leadership can be influential, especially when a political figure is so popular as to remain in office for 15 years. Angus Lewis Macdonald was the Liberal premier of Nova Scotia from 1933 to 1940, at which time he took a prominent position in Ottawa on behalf of the war effort, returning as premier again after the war until the time of his death in 1954.⁴⁷⁰ He was described as a classic liberal in the fashion of John Stuart Mill. He was a lawyer, a Roman Catholic, and a graduate of St. Francis Xavier College. Like Fathers Moses Coady and Jimmy Tompkins, Macdonald held a vision of social justice for the poor and oppressed, and believed the role of the state was to provide basic services. He rejected relief payments to the poor in favour of giving the jobless provincial work projects so they could earn their pay. He believed this practice would not

⁴⁶⁸ (Coady 1939)

⁴⁶⁹ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002, 26)

⁴⁷⁰ (Henderson 2007)

weaken moral character, undermine self-respect and discourage personal initiative.⁴⁷¹

Macdonald lamented that Nova Scotia had gone from the richest province (per capita) before Canadian Confederation in 1867 to the poorest province by the 1930s, and contended that poorer provinces required a greater share of federal tax revenues to support health and education. Not unlike the Sisters of Saint Martha or the leaders of the Antigonish Movement, Macdonald proclaimed:

Nova Scotia is not the most prosperous part of Canada, but it is still, I hope, and always will be, I trust, a land where the higher things of life are preserved inviolate, where religion is venerated, where education is cherished, where justice is fairly administered, where law is duly observed, where the time-honoured virtue of hospitality is not forgotten, where "stranger" is still a sacred name.⁴⁷²

World War 11 and Cape Breton

World War 11 affected Cape Breton, as it did the rest of the country. By 1940, in Sydney alone, 25,000 Cape Bretoners, including 5,000 steelworkers, had registered for military service under the National Registration Act.⁴⁷³ The number was significant, considering that Cape Breton supplied 35 percent of Canada's coal, and its steel, whose shipment was vulnerable to German U-boat attack, was vital to the war effort.⁴⁷⁴ Women replaced men in the crucial work of the steel plant, but they knew their jobs were not permanent, and that they would return

⁴⁷¹ (Henderson 2007)

⁴⁷² (Macdonald 1960, 47, 48)

⁴⁷³ (Morgan 2009, 118)

⁴⁷⁴ (ibid)

home at the end of the war. Yet, "there was excitement mingled with the danger that kept the local adrenalin running high"⁴⁷⁵, much of which the nursing students at Saint Joseph's School of Nursing would not have witnessed firsthand. To entertain the number of troops in the area, and local civilians, there were dances in the local halls and even on the streets. Local bands were formed, providing dance music. Blackout practices were held monthly, and citizens became used to moving around with the assistance of flashlights.⁴⁷⁶

The war also brought tragedies close to home for Eileen and the Roach family. An only brother of two of her classmates was killed the week she graduated; her own brother, Lieutenant Angus Joseph Roach, was critically wounded in Italy on May 23, 1944⁴⁷⁷, with brief notification of the family that same week, on the day of her graduation. Sister Mary Beatrice, Director of the School of Nursing, did not tell Eileen of her brother's injury until the day after she graduated. However, Eileen noticed the particularly sad expressions on the faces of her mother and sister who attended her graduation, thinking this was because of her father's death one month previously on April 26th, after a mere six week illness. She and her brother Angus were only two years apart in age, "always close and mutual admirers".⁴⁷⁸ Fortunately he recovered from his injuries and returned to Canada in 1945. He became a lawyer, worked for the Judge Advocate General's Office in Ottawa, and was referred to by extended family as "Angus the

⁴⁷⁵ (Morgan 2009, 122)

⁴⁷⁶ (ibid)

⁴⁷⁷ (The Saskatoon Light Infantry 2008)

⁴⁷⁸ (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

Jag".⁴⁷⁹ Four of his children became lawyers, one completed a nursing degree and became a nurse, and the other became a teacher.

Eileen's First Job

In the book *Reflections of Care: A century of nursing in Cape Breton*, and in reflecting on her professional life, Sister Roach mentions her first nursing job, "I worked for a year, believe it or not, as a school nurse at Saint Agnes School in New Waterford. It was the whole school, grades primary and up, in 1944–45, and I will never forget the graciousness and the help I received from the public health nurse. Being a nurse was a way of caring for others".⁴⁸⁰

In a 2008 Commemorative interview with Karen Mahoney of the College of Registered Nurses of Nova Scotia (CRNNS) during the 100th Year Celebration of that organization, Sister Roach describes the building of relationships that took place during the one year she spent at Saint Agnes School. She says:

I graduated in 1944, and was asked by the parish priest in St Agnes's Parish if I would work at the school as a nurse. Now I did not want to do that without some direction from the public health nurse in the area. She was very encouraging and I worked very closely with her and at that time it happened to be Ann Buffett. She was from Sydney and Ann and I became very good friends. I worked for one year as a school nurse at St. Agnes, doing very basic things such as health checks, weighing, heights and examining the children for such things as head lice, head problems, and skin eruptions of any kind. And we found a few cases like that, and

⁴⁷⁹ (M. S. MacIsaac November 10, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁴⁸⁰ (Cape Breton Retired Nurses Interest Group 2006, 32)

we'd have to contact the families. There was something wonderful about working, even in a limited way, with the children and in some instances getting to know the parents. So there was a little touch of community health in that because Ann was wonderful. And whatever recording I did, and there would have to be recordings, I would have done with her direction in whatever forms she would recommend or provide for me. So I wasn't solo even though it was a rather unusual position. I was in that position for one school year, and [grades] went all the way from one to eleven. The schools did not have grade twelve.⁴⁸¹

Becoming a Sister of Saint Martha

After working one year following graduation, Eileen Roach entered the Sisters of Saint Martha of Antigonish, Nova Scotia in August of 1945. While her final decision was sudden, it evolved from many years of prayer where the call of God to Religious Life was nurtured over time. She had a special attraction for contemplative life, but a Contemplative Order of Sisters was not in Nova Scotia at that time. While she had spent eleven years of school with the Sisters of Charity of Halifax, she entered the Sisters of Saint Martha because of contacts made when she studied nursing at Saint Joseph's Hospital, their hospital. She was one of 15 women who entered at that time, and one of seven who were professed (made vows) two years later in 1947. The Congregation Leader was Mother M. Ignatius at that time. Upon profession of vows, Eileen, as she had been previously been called, took the name "Marie Simone"; "Marie" in honor of her mother, Mary, and "Simone" in honor of her deceased father, Simon. Her sister Sadie's daughter,

⁴⁸¹ (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

born three years earlier, had been named Mary Simone (in honour of her grandmother and grandfather). Before taking the name "Marie Simone" at profession, Eileen requested the use of the name from her sister.

The History of the Congregation of the Sisters of Saint Martha

As a woman of faith, Eileen Roach knew the Biblical story of the sisters Mary and Martha and their brother Lazarus. Saint Martha, the patron Saint of the Sisters of Saint Martha of Antigonish, Nova Scotia, is considered to be one of the three most important women in the New Testament of the Bible, placed alongside Mary, the Mother of Jesus, and Mary Magdalene.⁴⁸² Martha, the sister of Mary and Lazarus, is mentioned three times in the Gospels: Saint Luke (Luke 10: 38-42) described Martha serving Jesus and his followers, while Mary sits passively and listens to Jesus speak; Saint John (John 11:1,5) makes mention of the love Jesus felt for Lazarus, Mary and Martha who lived in the village of Bethany; John 11:11-44 describes Jesus arriving at the home of Lazarus, Mary, and Martha, and raising Lazarus from the dead; In John 12: 1-8, Jesus arrives at Bethany six days before the Passover, to the home of Lazarus and his sisters, and Martha served the meal while Mary anoints Jesus with oil. Others (Saint Matthew and Saint Mark) recount the anointing as taking place elsewhere.

Martha is portrayed as a woman of purpose who takes initiative in preparing the meal, and critiques Mary for not helping. Martha is the one who goes out to meet Jesus on the day of the raising of Lazarus from the dead, and says to him that had he come sooner, Lazarus would not have died. Her practicality is evident in her assessment that the body of Lazarus has lain in the

⁴⁸² (Moltmann-Wendel 1986)

tomb for four days, and is therefore decaying. She engages in a highly theological discussion with Jesus over the subject of Resurrection. Martha was described in the writings of Origen⁴⁸³ who perceived her as an active worker who lived out her faith life through the physical acts of doing for others.

Having spent three years at a nursing school run by the congregation, Eileen Roach was very much aware of the history of the Sisters of Saint Martha of Antigonish. She would have known their reputation for responding to human need in a purposeful manner in the community. Although the congregation was only 45 years old in 1945, their accomplishments were staggering.

The congregation had been formally established as an independent community on July 29, 1900⁴⁸⁴, its beginnings intimately linked to troubles experienced by St. Francis Xavier University (a pre-seminary and regular academic university) in the 1890s. The expanding university, established in 1855, had difficulty in obtaining and keeping a permanent household staff. The Bishop of Antigonish (and Chancellor to the university), Bishop John Cameron, contacted Mother M. Bonaventure, Superior General of the Sisters of Charity of Halifax, asking for help with the household problem.⁴⁸⁵ Bishop Cameron was aware that, one year previously, Archbishop Cornelius O'Brien of Halifax had given the Sisters of Charity permission to establish, within their own congregation, an auxiliary branch whose members would be devoted to the household management

⁴⁸³ (Lienhard 1996)

⁴⁸⁴ (MacPherson 1984, 93)

⁴⁸⁵ (ibid)

of educational institutions operated by the Sisters of Charity.⁴⁸⁶ This branch would be known as the auxiliary Sisters of Saint Martha.

The next step in the development of this auxiliary was the recruitment, through parish priests, of girls from the Antigonish Diocese to be trained with the Sisters of Charity, and after training, they would be returned to St. Francis Xavier University (as the auxiliary Sisters of Saint Martha) to function as an institute of auxiliary Sisters under the Sisters of Charity. Spiritual formation and training was provided by the Sisters of Charity, but "the Sisters of Saint Martha had their own rules and regulations, distinct from the Sisters of Charity".⁴⁸⁷

In July, 1900, the Sisters of Saint Martha from the various missions of the Sisters of Charity, including those working at St. Francis Xavier University, went to Halifax for their annual retreat. On the last day of the retreat, July 12, 1900, all 26 members of the Sisters of Saint Martha were called to the assembly hall and Archbishop O'Brien asked for volunteers for the Antigonish Diocese, and thirteen Sisters stood up to volunteer. Those who volunteered were dispensed from the vows they had taken to the Sisters of Charity. Two others later volunteered, bringing the number to fifteen.⁴⁸⁸ After they arrived back in Antigonish, a group of eight others arrived, a novice arrived a few weeks later, and on September 11, three more came. They held their first election of superior and novice mistress on July 29, 1900. At the Bethany Motherhouse in Antigonish, just outside the door to Heritage Place, there is a statue of Saint Martha, standing. The significance of this

⁴⁸⁶ (MacPherson 1984, 93)

⁴⁸⁷ (ibid, 91)

⁴⁸⁸ (ibid)

'standing' Martha symbolizes the vision of the early Sisters of the congregation, which has now been lived out for more than 100 years.

In 1945 when 23 year old Eileen Roach entered the Sisters of Saint Martha, the current and past involvement of the congregation included hospitals, nursing schools, homes for the aged, social service agencies, services for unwed mothers and their children, convents, retreat homes, and more. As a registered nurse, Eileen could expect that her knowledge and skills would be put to good use before long.

Cameron reports that women who entered the Sisters of Saint Martha novitiate at Bethany submitted to a highly regulated daily life that began at 5 A.M. each morning. The Sister in the role of mistress of novices supervised their training, and a priest acted as spiritual director and instructor. The postulants and novices lived separately from the professed Sisters and were permitted little contact with them. Senior postulants became novices at a reception ceremony in Bethany chapel where they were clothed in their "holy habits" and received a religious name. They wore white bridal attire and became "true spouses of Christ".⁴⁸⁹

Eileen Roach took her vocation to religious life very seriously and states that she was undoubtedly influenced by her immersion in spiritual reading in her teens. She jokingly says, "I wanted to imitate all the saints about whom I read and found both inspiring and fascinating. Thus, religious formation for me in the first two years was focused, unconsciously of course, on "becoming a saint in 10 easy

⁴⁸⁹ (J. Cameron 2000, 96, 99)

lessons”.⁴⁹⁰ She remembers that her personal pursuit of attentiveness to the rule of novitiate, reading, prayer and fasting took its toll physically and emotionally, resulting in undue strain and mental anxiety. This intense and painful experience always remains a mystery to her because there was no doubt of God’s presence, and in particular of being sustained by grace. There was always the enjoyment of recreation, long walks and picnics. In the winter, there was skating on a good size pond close to the Motherhouse, and in the summer there was a court for volley ball and, in between, there was a beautiful garden.

“All things work together unto good for those who love God” became the silent prayer that sustained her during difficult times.⁴⁹¹ She remembers, in particular, one experience when she was taking care of her assignment in the novitiate closing the shutters on the windows after all the other novices had left. She had a profound sense of “being dammed” and knelt on the floor. She was consoled by the thought that “even if I went to hell, I could still love God”.⁴⁹²

In those days, there was no professional counseling as such. The only recourse was what they experienced as the “black box’ of their weekly confession. Even if she could have talked about her experience, which was impossible to do, she did not think that the Confessional was an appropriate setting. She sometimes has the thought that she would not have been kept in the novitiate formation program if those in charge had knowledge of what she was experiencing in the

⁴⁹⁰ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴⁹¹ (ibid)

⁴⁹² (ibid)

context of her psychological profile. But God's plans were otherwise. After profession she came "alive" again.⁴⁹³

The year 1947, when Sister Roach was professed as a Sister of Saint Martha, was also the year of a Cape Breton coal mine strike that has been so thoroughly documented by historian Courtney MacIsaac.⁴⁹⁴ The strike began in February, 1947, with the miners asking for a \$2.50 per day wage increase. Thirteen thousand miners were on strike for almost four months. Management waited them out, and they ended up with a wage increase of only a \$1.00 per day. The defeat was so severe that the miners even agreed to a contract which geared wages to productivity. During the period of the strike, with thousands of families affected, miners received support from the community and from around the country. MacIsaac maintains that the consequences of the strike were felt until the shutdown of the Cape Breton coal mines in 2001.

Sister Roach said, "if you want to know about Cape Breton community, look at the film, *The Men of the Deeps*."⁴⁹⁵ Sister Roach explained that the film does an excellent job of portraying the support and sense of community that has always existed among the people there. When the film was premiered at St. Francis Xavier University, the Sisters of Saint Martha were invited, and Sister Roach saw it there. She was referring to a film produced in 2003 featuring the Cape Breton all male choir, *The Men of the Deeps*, who sing about the working lives of miners. The film focuses on the life of miners and their families, what it is like to spend daylight hours below ground in the pit where many have worked

⁴⁹³ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁴⁹⁴ (C. MacIsaac 2005)

⁴⁹⁵ (The Men of the Deeps 2003)

since they were young teenagers. It speaks of the accidents and loss of life that have affected almost every family in the area, and the bonds that exist between these families who wait on the surface and the trust that develops between the men in the pit below as they put their lives in one another's hands. Despite the hardships inherent in the job, most miners interviewed for the film said they would return to it again if the opportunity existed. *The Men of the Deeps* have performed for over thirty years under the direction of Jack O'Donnell, former professor of music at St. Francis Xavier University, who has published widely on the subject of coal mining songs in Cape Breton. The group has performed all over the world, including the People's Republic of China, bringing the story of life as miners to others outside Cape Breton, and the story of the sense of community that is established when people rely on each other for their very lives.

Working at Saint Martha's Hospital and Saint Martha's Hospital School of Nursing

In her interview with Karen Mahoney, Sister Roach relates that, immediately after making profession in 1947, she went to St Martha's hospital as "Supervisor of Maternity [obstetrics], no less!" With the apprenticeship program of nursing education, Saint Martha's Hospital, as other hospitals, had students working on the wards at that time, and graduate nurses working in the role of supervisors in one or two special departments and on maternity. Most of the supervisors were Sisters, a couple were lay supervisors, and an occasional graduate nurse was in such areas as the operating room.⁴⁹⁶

⁴⁹⁶ (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

Saint Martha's Hospital in Antigonish, Nova Scotia, was established just a few short years after Saint Joseph's Hospital was established in Glace Bay, the hospital where Sister Roach had trained. In November, 1905, a group of at least 102 citizens, both Protestants and Catholics alike, petitioned the Antigonish town council for a cottage hospital under the management of the Sisters of Saint Martha. The hospital was requested "to reduce suffering through expert medical attention, and patient, careful, and intelligent nursing" because there existed no hospital between New Glasgow and Sydney, Cape Breton, a distance of about 260 kilometers.⁴⁹⁷ The Sisters were asked to take on the management of this new hospital entirely.

The Sisters of Saint Martha acquired the estate of a well-to-do family, the old Harris property, for \$6,500. To open the hospital, the congregation had to incorporate, and on March 28, 1907, the Nova Scotia legislature passed a bill making the congregation "a body corporate under the name of The Sisters of Saint Martha for the educational, philanthropic, and charitable purposes declared in the rules and by-laws". The hospital was funded through patient fees, donations and government grants and they built a wing on the old Harris property in 1912 that increased capacity. Later, a new four-story brick, 125-bed hospital was built for \$400,000 to meet increased community need, and opened on May 11, 1926.⁴⁹⁸ This, then, was the hospital to which Sister Roach came to work in 1947.

In an article written in a booklet to commemorate the 100th anniversary of Saint Martha's Regional Hospital (1905–2006), called *Serving as We Would Be*

⁴⁹⁷ (J. Cameron 2000, 35)

⁴⁹⁸ (J. Cameron 2000)

Served, Sister Roach spoke of how different life in the health care system was in the 1940s, 1950s, and 1960s, with many Catholic hospitals throughout the province. "We were no more disciplined than the public hospitals were, but our mission [the Sisters' Mission], though not spoken about, with 30-40 Sisters at the hospital, was obvious".⁴⁹⁹ She recalled the mission of the hospital and the Sisters as being one of "Work, Service and Ministry", and stated that it wasn't until the presence of the Sisters began to decline in the 1960s and 1970s that the mission had to be formally defined. Sister Roach, who lived at the hospital, as did the other Sisters who worked there, rose in the morning at 5 am for morning prayers and meditation, attended Mass, followed by breakfast, and was in her respective unit shortly after 7 am. They worked 12-hour shifts, seven days a week, with breaks for meals and prayers. They had two weeks off every year; one in the winter and one in the summer. Sister Roach said, "we never thought anything about the schedule, we just did it. That is the way we expressed our lives as Sisters of Saint Martha." In the same article, Sister Anne Cecilia MacNeil, administrator of the hospital during those years, added, "Our beliefs flowed into what we did".⁵⁰⁰ The title, *Serving as We Would Be Served*, in referring to Saint Martha's Hospital, is not unusual when one considers the words of Sister Joanne O' Regan, a Sister of Saint Martha, on the subject of radical hospitality. Sister O' Regan states:

I cannot begin to speak of hospitality without making reference to my own particular situation, as a member of a religious congregation. At the core

⁴⁹⁹ (Lazzuri 2006, 2)

⁵⁰⁰ (Lazzuri 2006)

of the identity of the Congregation of the Sisters of Saint Martha lies a stance of Hospitality [capitalized by Sister O' Regan] as expressed in our Mission Statement: "We, Sisters of Saint Martha, inspired by God's graciousness, hear, embrace and respond to the cry of the Gospel hospitality [referring to the 2004 Mission Statement of the Congregation of the Sisters of Saint Martha]. This statement in part calls us to live lives that are intentional, open, and available. It also calls for us to understand hospitality in a very real way in all aspects of life."⁵⁰¹

Supervisor of maternity.

As supervisor of maternity, Sister Roach recalls being mentored by a staff nurse, and her graciousness is evident in her comment:

Fortunately one staff person, Bernadette Fougere, a competent obstetrics nurse, was very good to me. She allowed me to orient myself and learn the skills of obstetrics. I had not been at a delivery of a baby since I was a student at Saint Joseph's School of Nursing, 1941–1944. To have to assume such responsibility as we came out of novitiate formation was not unusual for Sisters. One had to learn fast!⁵⁰²

Sister Roach enjoyed obstetrics; she found it to be a happy environment, where patients were going through a normal stage of their childbearing years. There were occasional crises, but these were not the norm. Routines were radically different from present day practices when mothers and babies are usually home on the day after delivery. In the 1940s, the mother got out of bed on the

⁵⁰¹ (O'Regan 2006, 5)

⁵⁰² (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

seventh day, and unless there were complications, she was discharged on the ninth day after delivery. Fathers were never invited to the delivery room. Students staffed the unit on day, evening, and night shifts. As to her period of orientation, she recalls that by six months she was quite proficient in knowing exactly when the mother was ready to deliver the baby, and when to call the doctor. She recalls:

That was a very interesting year because I learned a lot about obstetrics. I had a very good graduate nurse from whom I learned a great deal. She was very sharp, and by three months I had become very skilled despite the fact that it was a new venture for me. But you know, that's the way it happened. It wasn't just Sisters who did that. In other general hospitals for example, after graduation, you were supposed to be prepared for anything. We had three year programs at that time and the same thing would happen to lay nurses in other facilities.⁵⁰³

Teaching at Saint Martha's Hospital School of Nursing.

Quite soon after taking on the role of supervisor, Sister Roach took on a teaching role at Saint Martha's Hospital School of Nursing, both in the clinical setting and in the classroom. She enjoyed teaching, and immersed herself in the study of obstetrics and gynecology. After approximately one year, she alternated with the night supervisor on two months night duty at the hospital. As on the day shift, she worked twelve hour shifts, 7 pm to 7 am the next day. She found this to be a "wonderful experience", broadening her learning and range of practice. In a relatively small hospital of about 200 beds, patients admitted were from every category of diagnosis and severity of illness. This was often challenging, but

⁵⁰³ (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

Antigonish was a small town, and had a small staff of physicians whom were known very well by nursing staff, and were always available, most of them covering all services.

In fact, one rarely had to call the doctor if there was a patient with a serious illness, one who had just come out of surgery, or a victim of a serious accident in the area. Dr. J.J. Carroll visited the hospital every evening at the end of the day, and called at 7 am to check on what had changed during the night. This meant I had to get to the floor each morning before he called.⁵⁰⁴

Sister Roach enjoyed teaching, and immersed herself in the study of obstetrics and gynecology. Additionally, she began studying in the baccalaureate of science in nursing program at St. Francis Xavier University. She describes her responsibilities at that time in the following way:

I worked on maternity, taught at the school, and I enjoyed that, and I took classes at St Francis Xavier University at the same time. I taught anatomy and physiology in the school which I enjoyed. In school, I had had a very, very, good anatomy and physiology teacher, Sister Paul of the Cross, and I liked anatomy and physiology. So I went full steam ahead in teaching it, and at the same time I took a course at St Francis Xavier University in biology which reinforced my knowledge and if I had teaching issues or problems I always had a good consultant.⁵⁰⁵

⁵⁰⁴ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁵⁰⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

Sister remembers the daily schedule for Sisters beginning at 5:00 am followed by Morning Prayer, meditation, Mass and breakfast. "Obviously, one did not linger over coffee at that hour". If work permitted, a break was encouraged mid morning and mid afternoon, the latter after two o'clock prayers and reading".⁵⁰⁶ A twelve hour working day was followed according to service needs, a meal before midnight (before the fast requirements changed) with nothing to eat or drink after midnight. Night duty was a challenge for Sister Roach since, regardless of how much she slept or rested during the day, her "circadian rhythm did not change, and I experienced great fatigue during certain hours of the night especially when I was not busy". She welcomed the time of an 8-day retreat and vacation, usually for one week in the winter and one week in the summer.⁵⁰⁷

The Two Nursing Programs in Antigonish

Saint Martha's Hospital School of Nursing became affiliated with St. Francis Xavier (a college at the time; it did not become a university until 1966) in September, 1926, at the time the college established a Department of Nursing and Health.⁵⁰⁸ Because it was considered that those nurses in teaching, supervision, and public health roles should have a college degree, the arrangement made between Saint Martha's Hospital School of Nursing and St. Francis Xavier College offered students the opportunity to qualify for a baccalaureate of arts or baccalaureate of science in nursing by taking courses at both schools. Students could complete their degree program within a five year period. In 1941, the program required students to take the first and fifth years of study at St. Francis

⁵⁰⁶ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁵⁰⁷ (ibid)

⁵⁰⁸ (Sony 2010)

Xavier College. A change to the fifth year of the program was made in 1954 to allow alternate programs for science instructors/clinical instructors and head nurses which was a common form of BScN education at the time.⁵⁰⁹ Because Sister Roach had already completed a three-year hospital nursing program, she continued to take courses at the college until she graduated in 1957. In the meantime, she went to the University of Toronto and completed a diploma in Clinical Teaching and Supervision.

The University of Toronto

In 1952, Sister Roach completed a Diploma in Clinical Teaching and Supervision at the School of Nursing of the University of Toronto which she describes as "an excellent experience. At that time, the University of Toronto had some, I would say, of the eminent leaders in nursing education. Wonderful people".⁵¹⁰ Among those eminent leaders at the University of Toronto at that time were Margaret Allemang (1914–2005); Edith Kathleen Russell (1886–1964); Helen Carpenter (1912–2003); and Nettie Douglas Fidler (1894–1973). After being at the School of Nursing in Toronto for a year, 1951–52, Sister Roach came back to Antigonish, Nova Scotia, and was appointed Director of Saint Martha's Hospital School of Nursing.

Director of St. Martha's Hospital School of Nursing

The school to which Sister Roach would become director in 1952 began its history in 1911, when the Sisters of Saint Martha opened a new school in the old Harris House, the site of their first hospital in Antigonish. The first class of

⁵⁰⁹ (Sony 2010)

⁵¹⁰ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

four women graduated from Saint Martha Hospital School of Nursing in 1914. The program lasted until 1969 when the program was changed in length from three to two years.⁵¹¹ The Saint Martha's Hospital School of Nursing motto was *Science, Service and Sanctity*. According to Sister Mary McMahon, the Sisters of Saint Martha were pioneers in university education through their affiliation with the Nursing Department at St. Francis Xavier university, and Saint Martha's School of Nursing always supported the position of baccalaureate education for nurses by the year 2001, so it was with extreme pride that the hospital continued its involvement with the baccalaureate program at St. Francis Xavier University.

In speaking of her experience as director of the school, Sister Roach recalls:

I became more of a disciplinarian type. Well, I was that type of person, but in those days that was the way schools were run. We did a lot to provide opportunities for students; we provided programs, we did 'night in' one night a week when we provided particular programs. If you can imagine that in today's world! We were very fortunate at Saint Martha's because we had university people to draw from. You know, you didn't have to worry about paying [university] fees or anything else. It was a collaborate venture and St. Francis Xavier, from 1926 on, had a connection with Saint Martha's through the provision of the bachelors of science in nursing. The first graduate was in 1933, a girl from Antoginish, Georgina Girroir was her name. So there was the connection that was favourable in terms of

⁵¹¹ (McMahon 1985)

resources, whatever were available at that time. Well we were pretty much on our own. We WERE on our own as a matter of fact.⁵¹²

As the director of the school, Sister Roach also taught classes. She taught anatomy and physiology as well as medical nursing which, at that time, was separated from surgical nursing, and:

I may have taught some other things. I taught anatomy and physiology before taking over the school, and I taught obstetrics and that was logical because of my working in obstetrics. And then I taught medical nursing because I had just completed a year, a major if you will, in medical nursing. And we got involved in other things, like trends that were going on in nursing, which we really designed ourselves. And that ‘Night In’ was an enjoyable program but also an educational, out of class, out of school, educational program for students, and there were family courses at the university.⁵¹³

Sister Roach recalls that her experience as Director of a Diploma program in the 1950’s provided for creativity and leadership. Her role included a combination of teaching and administrative duties including admission procedures, management of student activities and teaching in select areas. She describes the school at that time:

Nursing schools at that time were strictly programmed and, in religious schools, bore the marks of religious order formation. Daily Mass was strongly recommended, students had a silent retreat every year, and

⁵¹² (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

⁵¹³ (ibid)

programs for 'nights in residence' were varied. Student schedules were bound by a 10 p.m. curfew; once a week they had a "night in." On this evening there was an organized program with guest speakers providing a series of talks. Location in a university town provided a variety of opportunities to St. Martha's Hospital School of Nursing socially, culturally and professionally. Student nurses were engaged with St. Francis Xavier University students in the University's drama productions. Academic requirements were demanding, and students working on evening and night "shifts" followed the same class schedules. Students worked 8 hours a day, with no days off during that time. There was pride in the blue and white uniform, and they looked forward to "capping" at six months into the program. Other than supervisors in hospital departments, there were few graduate nurses on staff. This was a period when students provided the majority of patient services.⁵¹⁴

McPherson, speaking for the overall nursing situation in the country, notes the ways in which the nursing workforce was expanded to secure the requisite number of practitioners:

First, efforts were made to increase the number of students trained ... between 1939 and 1946, the number of graduates each year increased by 45 per cent, and between 1951 and 1961, the student population grew by another 50 per cent. Large schools nearly doubled their size ... one ready

⁵¹⁴ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

supply of new recruits lay in the countryside..women with limited occupational options.⁵¹⁵

Sister Roach reflects back on the 1950s as a period of much unrest in professional nursing circles, challenging the use of students exclusively for hospital service, and decrying the quality of the educational standards of the schools. For directors of nursing, this was the “best and the worst of times. It was the best of time because change was in the wind, but the worst of times, particularly for a nursing school director who had neither the power nor the resources to do what she believed needed to be done to elevate the standards of both education and service”. The reality of hospital financial resources, with Canada not yet into health insurance, made desirable change very difficult. Religious communities of Sisters were in a bind, struggling to maintain their health services. Fortunately, Sister Roach recalls, the 1960’s and 70’s saw a major shift in how diploma programs in nursing were planned and financed.

The Sisters of St. Martha were very much involved in supporting health insurance and were leaders in the development of Maritime Hospital Blue Cross. Prior to health insurance it was very difficult to maintain hospital service since people could not afford to pay for service and there was only so much we could use in donated produce to pay hospital costs, particularly staff and personnel. Hospitals most often functioned with a bank overdraft, but hospital insurance did not interfere with the philosophy of hospitals [operated by the Sisters of Saint Martha].⁵¹⁶

⁵¹⁵ (McPherson 2006, 209)

⁵¹⁶ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

Another Sister worked with Sister Roach in the diploma program and her focus was surgical nursing. The other Sister was director of nursing service at the hospital in addition to working in the diploma program. Sister Clair Marie Lyons (1917–2008) was director of nursing education, taught classes, and held responsibility for student placement. Sister Roach remembers:

It was a challenge for rotation of students at each level of their programs, and Sister Clair Marie did all of that and a lot of other things of course. But I was responsible for the administration of the school; records, graduation, things that would come under the administrative role. But Sister Clair Marie [Lyons] as director of nursing education had a major role in the teaching and the placement of the students.⁵¹⁷

Completion of the BScN Program at St. Francis Xavier University

Sister Roach completed the remaining required courses for the Baccalaureate of Science in Nursing degree in 1957. At that time, the program at St. Francis Xavier required a final paper, a "thesis" paper, and although the faded typewritten words and date indicate the true era, the content of this 26-page paper written by Sister Roach could easily qualify as parts of a masters level thesis today. In discussing curriculum in this paper, written in 1957, she calls for a student-led model not commonly seen at that period of time:

[The curriculum should be structured in this way]: (a) the ultimate and proximate aims of education should find expression in the curriculum; (b) objectives of the curriculum as a whole as well as those pertaining to each course should be clearly stated; (c) each part of the curriculum should

⁵¹⁷ (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

prove beneficial to the student; if any aspect does not serve a useful purpose, it should be eliminated; (d) the content of the curriculum should be selected on the basis of the needs of the student; (e) the curriculum should be planned in orderly sequence with theory and practice progressing from the simple to the more complex, and with sufficient correlation between both to ensure intelligent application of principles; (f) the curriculum should be flexible so that it can be adjusted according to changing needs and circumstances. It should be revised to keep abreast of current changes; (g) the curriculum should provide for the growth of the whole individual; and all those who are participating in the teaching program should have an opportunity to share in planning the curriculum.⁵¹⁸

In the same paper, Sister Roach calls for nurses to have "a knowledge of social and political life as a basis for good citizenship".⁵¹⁹ Nurses, in the 21st century, are becoming more aware of their power in politics and policy development, and how they can make a difference to the profession and society as a whole by influencing public health policy. Nurses today are encouraged by their professional associations to know how to contact elected representatives on both a provincial and national level.⁵²⁰ However Sister Roach was making these recommendations in 1957; it appears that she was well ahead of her time.

Speaking of preparing nurses at the diploma level, she lists the content of the very first unit of nursing as follows: the meaning of nursing; the history of

⁵¹⁸ (M. S. Roach, *The Nursing Program: A Preparation for Christian Family Living* 1957, 7, 8)

⁵¹⁹ (*ibid*, 11)

⁵²⁰ (Registered Nurses' Association of Ontario 2012)

nursing; nursing as a profession; and the philosophy of [the nursing school].

Another early unit describes the nurse's process of self-reflection (she calls it self-knowing) reflecting upon the following questions: what am I?; who am I?; how am I?; where am I?; and true and false concepts of personality.⁵²¹

Sr. Mary McMahan came to Saint Martha's School of Nursing as a student during the last year Sister Roach was director of the school. Sister McMahan was already a Sister of Saint Martha, and lived in the convent that was a section of the school's residence. She does not recall having any interaction with Sister Roach as a first year student, as the director was involved with administration, and not teaching at all at that time. It was not until the 1970s that Sister McMahan got to know Sister Roach. Sister McMahan does make mention, however, of how the congregation helps to form the Sisters of Saint Martha:

We [the Sisters of Saint Martha] live a common life. We share, and we take a vow of poverty, chastity and obedience. We all have the same formation. The other human person is very significant to us, that's what we [Marthas] believe. I didn't realize the significance until many years later, but when we entered the congregation, we had a lot of silence. We didn't talk in corridors. We had certain periods of recreation, but when we would meet each other in the corridor, we would say 'praise be to Jesus Christ' and the other Sister would respond 'Amen' and it wasn't until years later

⁵²¹ (M. S. Roach, *The Nursing Program: A Preparation for Christian Family Living* 1957, 14, 15)

that we realised that we were very ahead of our time in saying that, yes, every person was a reflection of Christ by making that proclamation.⁵²²

The 1960's and 1970's did indeed see a major shift in diploma nursing education. The Brown Report, published in 1948, and named for its author, Dr. Esther Lucile Brown (1898–1990), a researcher sponsored by the Carnegie Foundation, was entitled *Nursing for the Future: A Report Prepared for the National Nursing Council*. In this report⁵²³, Brown, a social anthropologist and honorary life member of the National League for Nursing, criticized the overall quality of nursing education. She recommended vocational education for practical nurses and education for registered nurses to take place in an institute of higher learning. This process predicated the eventual development of two levels of nursing: professional registered nurse and semi-professional licensed practical nurse.

In 1957, the Canadian Nurses Association (CNA) asked Helen Mussallem (later to become Dr. Mussallem) to become the director of a pilot project for evaluation of schools of nursing in Canada. Through this survey, the CNA wanted to assess how prepared the schools were for a national accreditation. Mussallem's report, *Spotlight on Nursing Education*, was published in 1960, and highlighted the shortcomings of the system.⁵²⁴ In particular, she reported that hospital-based schools of nursing used nurses in training as indentured labour. While the report helped the country to focus on nursing education, powerful associations such as

⁵²² (S. M. McMahon April 9, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁵²³ (E. L. Brown 1948)

⁵²⁴ (Canadian Nurses Association, CNA; 1960)

the Canadian Hospital Association (CHA) and the Canadian Medical Association (CMA) were not pleased with her report on established ways of training nurses. The CNA, however, supported Mussallem and hired her to implement the report, changing the course of nursing education in Canada. The report became a landmark and is credited with nursing education moving from the hospital to the educational system.^{525 526}

The Report on Visits to Nursing Education Centers and Controlling Authorities in Canada and the United States with Implications and Recommendations for Nova Scotia would be released in 1967.⁵²⁷ That report would recommend the establishment of principles for independent two-year accelerated programs for diploma nursing. The Advisory Committee on Nursing in Nova Scotia would be composed in 1967, and their report to make two-year nursing programs effective by 1971 would be published in 1969.⁵²⁸ These changes would not take place until long after Sister Roach had left the diploma school of nursing, and the country, to pursue graduate education.

Sister Roach continued in the role of director of nursing at Saint Martha's Hospital School of nursing until 1959, when she was sent to teach at Saint Joseph's School of Nursing in Glace Bay for one year. She worked with one of the teachers at the school there, Mary Wadden Chiasson, and taught several courses in the program.

⁵²⁵ (Dubey 2004)

⁵²⁶ (Canadian Nurses Association, CNA; 2001)

⁵²⁷ (Beswetherick 1967)

⁵²⁸ (The Nova Scotia Committee on Nursing Education 1969)

After leaving her teaching position at St. Joseph's Hospital School of Nursing, Sister Roach again pursued study at the University of Toronto School of Hygiene, enrolling in a two-year certificate program in hospital administration. She completed one full academic year in 1960, and although she found it academically challenging, she enjoyed the subjects. She worked hard, finished all the course requirements and was ready to do the residency the following year but the program was discontinued before she finished the second year of the program. After the premature closure of this certificate program at the University of Toronto, Sister Roach was assigned to the Catherine Labouré School of Nursing in Lowell, Massachusetts. The Sisters of Saint Martha had assumed responsibility for the administration of Saint John's Hospital which was associated with the Catherine Labouré School of Nursing.

During this period of time, another member of Sister Roach's family died at an early age. In 1955, her sister Christina (Sister Mary Celesta), a Sister of Charity of Halifax, died accidentally at 39 years of age as she was recovering from orthopaedic surgery on both hips. Because of her disability she could neither sit up nor walk, but was determined not to continue as an invalid for the rest of her life, and had surgery. In her recovery period, in showing her mother how well she could walk, she lost her balance and fractured her cervical spine with irreparable injury to her spinal cord. She died on the following day. "My mother never got over that shock of seeing her daughter fall and frequently blamed herself from not preventing it".⁵²⁹

⁵²⁹ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

Summary

Life had been eventful and demanding for Eileen/Sister Roach since she left home for nursing school in Glace Bay in 1941. Completion of a three-year hospital diploma nursing program was followed by one year as a school nurse, after which time she entered the Congregation of the Sisters of Saint Martha. After two years, she was professed as a Sister of the Congregation, and took on a supervisory role at Saint Martha's Hospital. In addition, she taught at Saint Martha's Hospital School Nursing, and began working part-time on a Baccalaureate of Science degree in Nursing. She completed her degree, went to the University of Toronto's School of Nursing on two separate occasions; once to complete a diploma in clinical teaching and supervision, and the second time for one-year in a certificate program in hospital administration. During this period of time, she was also director of Saint Martha's Hospital School of Nursing for seven years and taught at St. Joseph's Hospital School of Nursing for one year. Now, Sister Roach would be involved with the Catherine Labouré School of Nursing in Lowell, Massachusetts, and would be in the Boston area until 1967.

Chapter VI: Venturing Further Afield

Prior to 1961, all of Sister Roach's work and education had taken place in Canada. With a move to the United States, a significant part of her life, work, learning, and thought development would take place in that country. Her move to the United States, as was the move of many other Sisters of Saint Martha, came about because of a very unexpected circumstance. Prior to 1952, the work of the Sisters of Saint Martha was limited to Canada. According to historian James Cameron, this change came about due to intervention on the part of Archbishop James Cushing of Boston, Massachusetts (who would become Cardinal Cushing in 1958). Archbishop Cushing visited Antigonish, Nova Scotia in 1950, to receive an honorary degree from St. Francis Xavier University.⁵³⁰ During his visit, almost everywhere the archbishop toured, he met Sisters of Saint Martha:

[Everywhere he went] he met Marthas. He found them serving in the extension department, in the library, and in the faculty dining room; he saw their hospital and school of nursing, and also their motherhouse perched on the hill above the hospital. At the university convocation, he saw the Marthas' superior general, Mother Ignatius, honoured for the congregation's fifty years of dedicated service to the diocese. After inquiries, the impressed archbishop invited the Marthas to establish a foundation in Boston, and indicated the rich opportunities there for recruiting and ministry Bishop MacDonald was [so] insistent that the offer be accepted.⁵³¹

⁵³⁰ (J. Cameron 2000)

⁵³¹ (ibid, 209)

Marthas in the United States

The Sisters of Saint Martha accepted the archbishop's request, and a small number of Sisters moved to Boston, Massachusetts where they set up a convent and became involved in multiple social service ministries. In 1952, Archbishop Cushing was given the gift of a profitable hospital in Lowell, Massachusetts, by the Daughters of Charity of Saint Vincent de Paul, and was looking for Sisters to staff that institution.⁵³² The archbishop communicated to Mother Ignatius in Antigonish, Nova Scotia that he was willing to give the hospital to the Sisters, and also spend as much as a million dollars in modernizing the facility. There was an expectation, however, that this money was to be repaid as the Sisters realized a profit. The gift was accepted by the Sisters of Saint Martha, and in September, 1961, the congregation received the Saint John's Hospital, Lowell, MA, assets of \$ 2.6 million, and the aforementioned financial pledge for modernization. The hospital, having been opened in 1867, required much work. Of the ten Sisters assigned to supervise in key departments, Sister Roach was assigned as unit administrator of the affiliated Catherine Labouré School of Nursing⁵³³, and she would remain in Boston until 1967, at which time she would also have completed a masters degree in nursing education.

Catherine Labouré School of Nursing

Catherine Labouré School of Nursing, with its headquarters at Carney Hospital, South Boston, was established by the Daughters of Charity of Saint Vincent DePaul, former owners of Saint John's Hospital. Writing in *Nursing*

⁵³² (J. Cameron 2000)

⁵³³ (ibid)

Outlook in 1954, Sister Josephine, Director of the Catherine Labouré School of Nursing when it was established, described the development of the process.⁵³⁴ In 1949, the Daughters of Charity of Saint Vincent de Paul decided to make an analysis of their three basic nursing education programs in the Boston area, and to devise plans by which each might realize its greatest potential. The programs were conducted at: the Carney Hospital in Boston; St. John's Hospital in Lowell; and St. Margaret's Hospital in Dorchester. The Division of Nursing Resources of the U.S. Public Health Service assisted in making the analysis.⁵³⁵ One year later, the three programs were combined, and the Catherine Labouré School of Nursing was formed. It was named for Catherine Labouré (1806–1876), a member of the Daughters of Charity of Saint Vincent de Paul. Sister Catherine Labouré is believed to have been requested by the Blessed Virgin Mary to have the Miraculous Medal created and worn by Roman Catholic and other Christians.⁵³⁶

When the Sisters of Saint Martha assumed responsibility for the administration of Saint John's Hospital in Lowell, Massachusetts, the nine Sisters assigned there were not only going to be working at one of their own hospitals, they were also going to a place where everything was completely new and different, including staff, facilities and services. The former owners, the Daughters of Charity, had owned and staffed the hospital for close to 100 years.

In recalling going to the Catherine Labouré School of Nursing, Sister Roach talked about the nursing program offered there:

⁵³⁴ (Sister Josephine 1954)

⁵³⁵ (Sister Josephine 1954, 124)

⁵³⁶ (Dirvin 1981)

I was the coordinator of the Saint John's Program at Catherine Labouré School of Nursing [in Lowell, Massachusetts]. It was a demonstration project. That was a marvelous experience; one of my best educational experiences because the program was unique. It was a newly established central school. It was separately incorporated, while it used hospital services, it was not financed by the hospital. In my experience it was the beginning of the separate schools. In this case it was a central school that became autonomous, used facilities at the hospital but in this case was separately incorporated. The Catherine Labouré School had very qualified faculty who were part of the school, not part of the hospital, as I was part of the school. I worked with the Catherine Labouré School of Nursing doing some teaching at St John's, but not in all of the specialties, because faculty taught in individual specialties. For example, paediatrics was at St John's, and all of the students came to Saint John's for paediatrics and for some med-surg. So, St John's had its own paediatrics instructor, and another person who taught med-surg and so on, so I was probably teaching courses on the periphery, if you will. I was primarily in the administrative role for students but I attended all the faculty meetings at Carney in Boston and learned a great deal. It was a marvelous, marvelous experience. Although students graduated from the Catherine Labouré School of Nursing as diploma graduates, it was an exceptional program and I would say that with its faculty and resources at that time, it surpassed

some of the baccalaureate programs. You know, it was the envy of some of the university programs.⁵³⁷

At that time of Sister Roach's arrival in Lowell, the Catherine Labouré School of Nursing was involved in a demonstration project that had been implemented in response to the 1949 Brown report discussed earlier in this document, and through the vision of the Daughters of Charity, progressive in health care and in nursing education. The project involved bringing together three previously established diploma programs, their staff, and resources (the Carney Hospital nursing program in Boston, the St. John's Hospital nursing program in Lowell, and St. Margaret's Hospital nursing program in Dorchester) under the name the Catherine Labouré School of Nursing. In the United States, *the Committee to Implement the Brown Report*, was renamed *the National Committee for the Improvement of Nursing Services*, and nursing education finally began its move toward accreditation. Sister Roach reports that being involved in this demonstration project was of great value, as she worked with a highly prepared director and faculty.

In juxtaposition to the small, friendly town of Antigonish where they had been living, and the tightly knit communities in rural Cape Breton where many had been raised, the city of Boston, Massachusetts must have seemed like another world to the Sisters. In addition, throughout the 1960s, memorable events in United States history stand out in relation to their connection to the Roman Catholic faith and the faith of other denominations: John Fitzgerald (Jack) Kennedy, the first and only Roman Catholic President of the United States and a

⁵³⁷ (M. S. Roach, CRNNS Centennial Celebration Interview: Interview by Karen Mahoney 2009)

Democrat, was elected to office in 1961 and was assassinated in 1963. His brother, Senator and past Attorney General of the United States, Robert (Bobby) Kennedy was assassinated in 1968. The Reverend Dr. Martin Luther King received the Nobel Peace Prize in 1964 for combating racial inequality through nonviolence, and was assassinated just four years later. The Second Vatican Council, which addressed the relationship between the Roman Catholic Church and the modern world, took place between 1962 and 1965. Liberation theology, a theological and political movement, attempted to use Christ's teachings in liberating people from unjust economic, political, and social conditions, and priests and nuns set up missions in South America toward that end.⁵³⁸ The first birth control pill, "The Pill", was approved for contraceptive use in 1960⁵³⁹, a controversial pharmaceutical breakthrough, considering the stance of the Catholic church on birth control.

At the same time, the Sisters of Saint Martha, including Sister Roach, now had access to graduate level education at Boston College, a potential likely recognized by Mother Ignatius from the beginning. Many Sisters of Saint Martha would take advantage of this opportunity in the years to come, while living in their own convent at 36 Commonwealth Avenue in Boston.⁵⁴⁰

Boston University and Boston College

It was during this time that Sister Roach began a masters in nursing program on a part-time basis at Boston University, and audited courses at Boston College.

⁵³⁸ (Boff, Boff and Burns 1987)

⁵³⁹ (May 2010)

⁵⁴⁰ (J. Cameron 2000, 212)

Boston University.

Sister Roach decided on Boston University because of the reputation of the nursing program there. The School of Nursing, at the baccalaureate and graduate level, was consistently rated in the top three academic nursing programs in the country year after year.⁵⁴¹ Boston University began as the result of a meeting that took place over two days, April 24 and 25, in 1839. This meeting comprised a group of Methodist ministers and laymen at the Old Bromfield Street Church in Boston, and resulted in the establishment of a Methodist theological school. With its physical structure in Newbury, Vermont, the school was named the Newbury Biblical Institute. It relocated to Concord, New Hampshire in 1847, under the name, Methodist General Biblical Institute, but was informally known as the Concord Biblical Institute. In 1867, the trustees moved the school to Brookline, Massachusetts, as the trustees of the Boston Theological Institute obtained a charter for a university named Boston University. Included in the charter was the provisions that every department of the new university would be open to all regardless of sex, race, or (with the exception of the School of Theology) religion. The university changed dramatically in the 1950s to become a national research university. Before the end of the 1960s, it had tripled in size and added 68 new buildings.⁵⁴² However, in 1988, the school closed because of declining enrollment, and nursing programs were established at state colleges, at a lower cost than the Boston University program.⁵⁴³

⁵⁴¹ (Buccini 2012)

⁵⁴² (Kilgore 1991)

⁵⁴³ (Buccini 2012)

Boston College.

Boston College is a Catholic university in the Jesuit tradition. It had been the vision of a the second bishop of Boston, Bishop Benedict Fenwick, a Jesuit (a member of the Society of Jesus, SJ) In 1825, Bishop Fenwick saw the need for a college in the city of Boston because of the city's growing Irish Catholic immigrant population. Although many attempts were made to establish the school, it was not until March 31,1863, more than three decades after its initial inception, that the charter was approved by the Commonwealth of Massachusetts. Boston College was the second Jesuit institution of higher learning in Massachusetts and the first located in the Boston area. For the rest of the 19th century, the school would provide a seven-year program corresponding to both high school and college. The high school and college were offered in separate buildings, but the high school remained part of the college until 1927. Also, in 1927, one female student earned a bachelor's degree, and fifteen master's degrees were earned by women through the extension division of the college. By 1970, all undergraduate programs had become coeducational.⁵⁴⁴

Living in Boston in the 1960s

When Sister Roach arrived at Boston University in 1961, it was a time of radical change in the world: the Soviets had won the immediate race for the stars, and had just launched the first human into space, while in the United States, the Peace Corps was newly founded. More disturbingly, it was the year of the Bay of Pigs, and the Berlin wall was built. Change would not cease throughout the 1960s,

⁵⁴⁴ (Donovan 1990)

and the Sisters who moved to the United States would witness change they would not have seen in eastern Nova Scotia.

Sister Roach worked in a full time position at Catherine Labouré School of Nursing and concurrently attended courses in a nursing program at Boston University. Her 1967 graduate thesis for the degree Master of Science, Administration in Nursing Education was *The Development of an Instrument to Measure Selected Affective Outcomes of a Diploma Program in Nursing from Verbal Responses of Nurses on Completion of the Program*.⁵⁴⁵ In her research, Sister Roach sought to break through a difficult area in evaluation of nursing achievement, the measure of affective behaviours (interests, attitudes, appreciation, and the values category). In her focus on values, she drew from the work of psychologist Gordon Allport's (1960) Study of Values, as well as the 1966 Luther Hospital Research Project, a compilation of 151 research studies involving psychology and nursing education.⁵⁴⁶ Prior to that time, there existed no objective method for evaluating affective outcomes (behaviours related to the interests, attitudes, appreciations, and value categories) in identifying, from a vocational perspective, the interests and personality characteristics that make for success in the profession.⁵⁴⁷ Sister Roach developed an elaborate instrument which she tested with diploma nursing students, and analyzed her data using quantitative methods. She concluded:

⁵⁴⁵ (M. S. Roach, *The Development of an Instrument to Measure Selected Affective Outcomes of a Diploma Program in Nursing from Verbal Responses of Nurses on Completion of the Program* 1967)

⁵⁴⁶ (ibid)

⁵⁴⁷ (ibid)

The study provided evidence that affective outcomes of learning can be identified and appraised. The construction of the instrument allowed for an opportunity to experiment with the taxonomy of affective objectives and to discover the usefulness of this classification of behavioural terms for identifying levels of behaviour and preparing test items. A major insight gained at the conclusion of the study was a realization of the relevancy and urgency for further research, not only to recognize and appraise affective outcomes for nursing education programs, but to consider ways of providing learning experiences so that students can develop the interests, attitudes, appreciations, and values essential for the nursing practitioner. In light of the pressing need for increasing the nation's complement of nurses, and of reducing the number of rejects and withdrawals from nursing programs, the study concluded with the conviction that the problem seemed to justify the research.⁵⁴⁸

Although the values category was only one category investigated, this writing was the beginning of Sister Roach's spoken and written interest in values that continues to this day. After graduating in 1967 with a Master of Science Administration in Nursing Education, she went to the Catholic University of America for doctoral studies, and to continue her research in the area of human values and ethics.

⁵⁴⁸ (M. S. Roach, The Development of an Instrument to Measure Selected Affective Outcomes of a Diploma Program in Nursing from Verbal Responses of Nurses on Completion of the Program 1967, ii)

Catholic University of America

In 1967, Sister Roach went to the Catholic University of America in Washington D.C. She began the doctoral program in the education department, while majoring in philosophical foundations with a Ph.D. degree that she received in 1970. She would be the first Sister of Saint Martha to obtain a doctorate, "a symbol of the congregation's rising academic credentials".⁵⁴⁹ She completed two years plus two summer sessions in course work and practicum, and did her research on the philosophy of values with implications for nursing education. She reports that the resources there were excellent. Taking all courses possible in the school of philosophy, she enjoyed both courses and contacts, and did not realize until much later how valuable the program was for her future reflection and writing. She explained that she did not complete a doctorate in nursing because the doctoral program recently begun at the Catholic University of America was a program with a specialty in psychiatry. She briefly considered the nursing specialty, but upon reflection was quite certain this was not her field, nor did she consider it the best preparation for her future role as department chair of the nursing department at St. Francis Xavier University. Sister Roach knew she was preparing for the role back in Antigonish in 1970, which was not always the case with the Sisters, as Sr. Mary McMahan points out:

⁵⁴⁹ (J. Cameron 2000, 267)

I was sent off to study for my baccalaureate degree in nursing at Boston College, and in those days, you know, we were just appointed, we didn't have much say in what we did".⁵⁵⁰

To study full time, even at the doctoral level, was a luxury for Sister Roach, since up until then, she had done all her study on a part time basis. Studying at the Catholic University of America was a special privilege for her, both in the resources available on campus and in the many cultural events in the City. While in Washington, she lived in a Dominican residence. During her time at the Catholic University of America, Sister Roach spent many peaceful hours at the National Shrine of the Immaculate Conception on Michigan Ave.⁵⁵¹ Years later, when asked what she enjoyed most about her Washington experience, she would say it was her time spent at the Shrine.

The National Shrine, with its incredible beauty, was built on land donated by the Catholic University of America. With its Basilica and its 70 chapels, it is the largest church in the United States, the eighth largest religious structure in the world, and the tallest building in Washington, D.C. It was erected in honor of the Blessed Virgin Mary because Our Lady of the Immaculate Conception is America's Patroness, under whose protection the United States was consecrated in 1792 by John Carroll, the Bishop of Baltimore and America's first Roman Catholic Bishop. The shrine opened unfinished in 1959, after 39 years of

⁵⁵⁰ (S. M. McMahon April 9, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁵⁵¹ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

construction. It is the official church for the Catholic University of America, and seats 2,000 worshipers. The building even has a cafeteria.⁵⁵²

Loss on the Home Front

During this period of time, there was again sadness and loss on the Roach home front. Mary MacInnis Roach, the family matriarch, died on May 1, 1963 at the age of 74 years. Sister Roach remembers:

My mother never got over that shock of seeing her daughter [Christina] fall and frequently blamed herself from not preventing it. She developed leukemia after that, and died eight years later. Despite her terminal illness, my mother continued to “carry on as usual” with hospitalization only when needed for blood transfusions. She got out of bed each day, and on the night she died, she had been unconscious for only about one hour. On that day, to the surprise and concern of all, she was out most of the morning. She had her hair done!⁵⁵³

Two years later in 1965, her brother Henry died at the age of 50. Henry was the oldest of the Roach boys. He married Evelyn MacKinnon from Sydney and they had four children, two boys and two girls. Henry suffered a broken hip from a mining accident early in his marriage and developed ankylosing spondylitis resulting in near incapacity. However, he continued to do what he could to support his family which included driving a taxi, and management of a corner store that he had built attached to his home. He died from end-stage renal disease after at least 25 years of disability from the effects of ankylosing

⁵⁵² (Tucker 2000)

⁵⁵³ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

spondylitis. Evelyn carried on with great courage, supporting the family. Claire, the oldest of Henry and Evelyn's daughters graduated from St. Francis Xavier University with a baccalaureate of science in nursing, and served as director of nursing in the New Waterford Consolidated Hospital until her mother became ill with Alzheimer's disease. Eileen, the second child in that family, joined the Congregation of the Sisters of Notre Dame, served as a high school teacher, and subsequently as Director of Guidance. Both Claire and Eileen cared for their mother Evelyn until she died. The two sons worked in finance; Gordon in New Brunswick, now retired, and Bill in Sydney, Cape Breton.

In a large family with members close in age, members will have illness, some terminal, and deaths will correspondingly occur. In writing history, the chronology collapses the dates of death as if to appear they all occur at frequent intervals. While it is true that several members of the Roach family died at relatively young ages, given today's standards and life span, others enjoyed significant health and longevity. It is also noteworthy that history records death, while it is less likely to have information about joyful family events: engagements and marriages; baptisms, first communions, and confirmations; graduations from high school and university; holidays spent together; career advancement; and much more that, in the living of life, fills the time between the dates of death and loss.

Civil Unrest in Washington

In the mid 1950s, The Reverend Dr. Martin Luther King Jr., a Baptist minister and founder of the Southern Christian Leadership Conference (SCLC),

began his movement against segregation and to advance voting rights for African-Americans. The Civil Rights efforts of Dr. King led to "the 1963 March on Washington", where King, in August of the same year, delivered his 17-minute public "I Have a Dream" speech, which has been recognized as a defining moment of the American Civil Rights Movement. In that speech to more than 200,000 civil rights supporters, from the steps of the Lincoln Memorial, Dr. King built on the Biblical verses Psalm 30:5, and Isaiah 40:4-5 as he called for racial equality and an end to discrimination. The late 1960s in Washington was also exemplified by riots, civil unrest, and campus disturbances. Sister Roach was in Washington when Dr. King was assassinated, and when the tragedy of his death resulted in riots all over the city. When the situation seemed to be getting out of control, the Catholic University of America closed until after Easter that year.

After Dr. King's assassination on April 4, 1968, riots erupted all over the United States, and Washington experienced some of the worst, with what the Washington Post described as "a three-day outburst of rioting, rage and lawlessness ... that changed the lives of thousands of residents and transformed the city in ways that continue to ripple across four decades".⁵⁵⁴ Riots resulted in 39 deaths, and millions of dollars of damages. Thousands of troops (a total of 22,000 US wide) and thousands of national guards (a total of 34,000 US wide) were sent to work with local police. There was millions of dollars worth of damage, primarily in urban areas. On the 40th anniversary of the riots, The Washington Post issued a request for people to share their memories, and received responses from 300 people who claimed the time changed their lives forever.

⁵⁵⁴ (The Washington Post 2008, 1-12)

Respondents remembered being able to smell smoke for blocks, as well as the chaos and widespread hysteria, looting, and fire bombing. They told of dodging bricks and bottles flying at them in all directions, crowds stoning motorists, no buses or cabs running, and police cars everywhere.⁵⁵⁵

Sister Roach remembers it as "a dreadful time; nobody knew what was going to happen, we could only pray. I remember, we were all praying. Dr. King was non-violent, and it was exactly the opposite of what he had been teaching. What a wonderful man he was; what a wonderful leader".⁵⁵⁶ Influenced by the writings of Martin Buber and Henry David Thoreau (as was Sister Roach) Dr. King cared on a very deep and personal level; he had a vision where everyone could be treated as "the Other". He was convinced that non-cooperation with evil is as much of a moral obligation as is cooperation with good.⁵⁵⁷ Sister Roach believes his ministry and his death were among the most significant and influential events of the 20th century.

Sister Roach was at Catholic University when *Humanae Vitae* was released, an event that caused much unrest in the University community. *Humanae Vitae* (Of Human Life) is a Papal encyclical (Pope Paul VI) released July 25, 1968. The encyclical re-affirmed the traditional teaching of the Roman Catholic Church regarding married love, responsible parenthood, and the continuing proscription of most forms of birth control (all forms of artificial contraception). It was considered controversial because it rejected the majority

⁵⁵⁵ (The Washington Post 2008, 1-12)

⁵⁵⁶ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁵⁵⁷ (Carson 2001)

report on the subject, embracing a minority report maintaining the status quo⁵⁵⁸
⁵⁵⁹. This event was so controversial, in fact, that today there exists the Joseph F. Byron Humanae Vitae Controversy Collection at the American Catholic History Research Center and University Archives, with materials from 1968–1977.⁵⁶⁰

Considering the history of the Catholic University of America (CUA), it is not surprising that the Sisters of Saint Martha, including Sister Roach, sought graduate study there. CUA, the national university of the Catholic Church in the United States, established in 1887, was founded and sponsored by the bishops of the country with the approval of the Pope. It was the first Catholic university in the U.S. founded as a graduate research institution, and as early as 1900 was among the 14 institutions that formed the Association of American Universities, a group of leading research institutions. It was founded on the principle that faith and reason can work in harmony, and that human knowledge works to the end of serving God, not only in faculties of philosophy, canon law, and theology, but also in art, music, history, literature, law, architecture, and even the hard sciences. All students were required to take several courses each in theology and philosophy.⁵⁶¹

A Values Oriented Curriculum

In her doctoral dissertation, *Toward a Value Oriented Curriculum with Implications for Nursing Education (1970)*, Sister Roach makes the point that a value oriented curriculum is necessary for the following reasons:

⁵⁵⁸ (McClory 1995)

⁵⁵⁹ (McCormick 1993)

⁵⁶⁰ (Catholic University of America 2008)

⁵⁶¹ (Malesky 2010)

The problem of values is fast becoming one of the major crises of this century, affecting every dimension of our culture. This problem, in itself, is not new, for every age in a certain way, has been concerned with values--the search for a better life. How a particular age identified its values, what is considered to be the better life largely determined the course of civilization and culture. However, the quest of the twentieth century has taken on new dimensions which make it more than a search for values in the historical and traditional sense. The search for 'meaning', for a code of values, has become a preoccupation of [people] and a dominant theme in contemporary thought ... the paradox of unrest and uncertainty has been referred to as the paradox that staggers the mind ... the contemporary culture-quake has produced its rumblings on college campuses where student unrest, in some situations, has taken on violent dimensions ... in view of the magnitude of the present crisis, educators are faced with serious responsibilities ... it is apparent that the crisis of values is a phenomenon which requires analysis and immediate efforts to find realistic solutions.⁵⁶²

Sister Roach refers to ontological principles when she states that "it is assumed that every educational program presupposes a specific orientation toward [the person], taking into consideration who, what, and why he is, his meaning and his purpose".⁵⁶³ She speaks of the central value of 'man' [*sic*], and states that it is apparent the crucial question is "what and who is man [*sic*]", and that is a

⁵⁶² (M. S. Roach, Toward a Value Oriented Curriculum with Implications for Nursing Education 1970, 9-14)

⁵⁶³ (ibid, 64)

fundamental question for the nurse educator⁵⁶⁴; and man [*sic*] is the central and core value of the nursing curriculum .⁵⁶⁵

Sister Roach speaks of the many definitions and descriptions of health existing at the time, and states:

When one reflects on these various interpretations of health, there seems to be one major difficulty. How does one understand such notions as "optimum individual existence", "successful adjustment to environment", "full living", "good life", the "whole man", "harmony within oneself and with others", "optimum capacity for roles and tasks"? Obviously, each of these reflects a whole philosophy of life. ... the concept of health used in this study is as follows: Health is a state of the human person, integral to the person's being, a good because of its elementary indispensability and a value derived from the ontological value of man as a person. As integral to the person's being, health has individual and social dimensions with spiritual-intellectual, affective, volitional; biological-physical, mental, emotional; and relational-religious, socio-cultural-components.⁵⁶⁶

Much of Sister Roach's work, is as expected, heavily laden with Christian concepts and beliefs. She is, after all, a Roman Catholic Sister. However, in her work, she discusses numerous philosophical and theological sources including Jean Brun's work on Socrates, John Dewey, Joseph Fabry, Victor Frankl, Talcott Parsons, Jacques Maritain, Lewis Maynew, Jean Moreau, Karl Rahner, Balduin

⁵⁶⁴ (M. S. Roach, *Toward a Value Oriented Curriculum with Implications for Nursing Education* 1970, 65)

⁵⁶⁵ (*ibid*, 78)

⁵⁶⁶ M. S. Roach, *Toward a Value Oriented Curriculum with Implications for Nursing Education* 1970, 82, 83)

Schwartz, Pitirim Sorokin, Paul Tournier, Simone Weil, and Eduard Zeller's work on Plato.

Summary

Leaving Washington ended another chapter in the life of Sister Roach who had now been in the United States for nine years. Her experience at the Catherine Labouré School of Nursing would contribute to her success in her next role. She had built on the work she began at Boston University earlier in the decade, and laid the philosophical groundwork for the theory she would later develop. Her studies had contributed to the evolution of her thinking, bringing her closer to the articulation of an ethics of care and caring theory. When she completed her research and graduated from the Catholic University of America, Sister Roach returned to Canada. It was 1970, and she was eager to leave the United States and start a new chapter of her life as the Chair of the nursing department at St. Francis Xavier University in Antigonish, Nova Scotia.

Chapter VII: Back to Antigonish

Sister Roach, equipped with her newly minted doctorate, was appointed as the first Chair of the Department of Nursing at St. Francis Xavier University in Antigonish, Nova Scotia, in September, 1970. At that time, St. Francis Xavier University had already been involved in nursing education for 40 years. A nursing program had been established in 1926 through the work of the Sisters of Saint Martha, in affiliation with Saint Martha's Hospital School of Nursing, however it had been only partly integrated into the university structure. The aims of the program stayed consistent from 1926–1940, "to afford a broader education than is given by the School of Nursing alone and to equip nurses who desire to fit themselves for teaching and supervision in schools of nursing and for public health nursing".⁵⁶⁷

In considering what was happening in nursing history in Canada in those years, the profession is indebted to the doctoral research (University of Ottawa) of Sister Marie A. Bonin, a Grey Nun. Sister Bonin (1932–2003) contributed significantly to nursing history in Canada through her investigation on trends in integrated basic degree nursing programs in Canada, 1942–1972. She was also the director of St. Boniface General Hospital School of Nursing (1960–1963), and helped to establish the basic baccalaureate degree in nursing at the University of Montreal (1965–1972). Sister Bonin⁵⁶⁸ quotes the St. Francis Xavier course calendar for 1934:

⁵⁶⁷ (M. A. Bonin 1976, 57)

⁵⁶⁸ (ibid, 59)

This program has been designed to integrate academic study and clinical nursing and covers a four year period beyond junior matriculation. The first year is devoted entirely to academic work at the university. The next two years are followed in residence at Saint Martha's Hospital [School of Nursing]. During that time, one academic course is taken at the university during the academic year and one at summer school. The last term (January to May) of the fourth year is also devoted to university study.⁵⁶⁹

With the move from hospital to university-based nursing education, the program continued to be revised, and a "second semi-integrated four-years-plus-one" program was introduced from 1963 to 1966. Changes were made to the program in 1966, when the University assumed the complete responsibility for a four-year integrated nursing program.⁵⁷⁰ The program would be the first basic non-integrated program in Atlantic Canada.⁵⁷¹ Prior to that time, graduates earned both a diploma from Saint Martha's Hospital School of Nursing (where all nursing courses and practicum took place) and a baccalaureate of science in nursing (BScN) from the University. It was not until 1966 that the council of St. Francis Xavier University gave approval in principle for the establishment of a Department of Nursing, and the university faculty approved the university curriculum.

At that time, the Sisters of Saint Martha agreed to make available certain staff for the new university department, and provide a Sister with a master's

⁵⁶⁹ (M. A. Bonin 1976, 59)

⁵⁷⁰ (Sony 2010)

⁵⁷¹ (M. A. Bonin 1976)

degree in nursing as acting head of the department.⁵⁷² This was the beginnings of the 4-year integrated program that would become the responsibility of Sister Roach in 1970, and this progression was in keeping with the vision the Sisters of Saint Martha had held since 1930.

Changes and Challenges

St. Francis Xavier retired nursing Professor Saru Sony, in her history of the university program, makes reference to a note written by the Sisters in 1930:

The progressive trend in nursing education so evident during this twentieth century makes university affiliation desirable Not only the greater knowledge acquired through such a course which gives the nurse a higher standard of efficiency is advantageous but also the cultural and broadening influence which comes only through the university is very helpful. Today in each province throughout Canada, leaders in hospital administration and nursing are much needed. There is also a shortage of capable leadership in the fields of public health and social serviceThe keen interest which the University of St. Francis Xavier has [*sic*] ever manifested in the public welfare of our people is further evidenced by the affiliation of Saint Martha's School of Nursing with this grand old seat of learning.⁵⁷³

In a speech given on August 12, 2010 at a pre-Order of Canada reception for Sister Roach given by the St. Francis Xavier University (FXU) School of Nursing, Dr. Angela Gillis, a long time mentee of Sister Roach said:

⁵⁷² (Sony 2010)

⁵⁷³ (Sony 2010, 8)

Allow me to take you back in memory for a few moments, and for others [the event was attended by senior administration from the university, faculty and students of the nursing school, Sisters of Saint Martha, and national nurse leaders], to perhaps acquaint you with the nursing scene in the 1960s and 70s at X [a common abbreviation for the school]. This was a time when three-year diploma nursing education programs were being phased out and replaced with two-year programs in Nova Scotia, also the 2+3 "sandwich program" leading to a BSN was undergoing change, and the coveted "medical model" was firmly entrenched in many corners of nursing education. It was in this context of change that Sister Simone appeared on the scene at St. FXU. She was fairly fresh from her own PhD studies and *determined* [emphasis] to bring a new perspective and a new approach to nursing education ... she firmly believed that the foundation for nursing practice should be theoretically based. You can imagine the excitement, as well as the trepidation, that some faculty felt at the thought of getting rid of the medical model and moving toward an integrated model of nursing education grounded in a philosophy of caring.⁵⁷⁴

According to Sister Mary McMahan⁵⁷⁵ Sister Roach had her struggles along the way, but was quite undaunted. She came to establish the four-year nursing program, and she was very focused on that. Prior to her arrival, Sister Barbara Muldoon had taken care of the two Antigonish nursing programs, as

⁵⁷⁴ (Gillis August 12, 2010) Address given at a pre-Order of Canada celebration to honour Sister Roach at St. Francis Xavier University, August 12, 2010

⁵⁷⁵ (S. M. McMahan April 9, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

Director of Saint Martha's Hospital School of Nursing, and as acting head of the university program at St. Francis Xavier University. Sister Muldoon had been very well liked by both students and teachers at the department, and had left "big shoes for Sister Roach to fill". In establishing the four-year integrated program, Sister Roach had a lot of persuading to do with the university administration to help them see that this was the direction the school needed to go; that the kind of courses she valued were really important.

Sister Roach saw the importance of the spiritual dimension in nursing education, and that was not a common belief in university nursing schools, even those with religious connections. In 1970, the medical model was considered the order of the day, and the spiritual dimension appeared to belong to another era. She had a small faculty, and not much in the line of resources. It was a struggle for her to get what she needed. Even getting a nursing lab where the students could practice was a challenge. While Sister Roach, Sister McMahon, and two other Sisters had been prepared especially for the program, it was difficult to attract well prepared lay faculty, and attracting qualified faculty took a great deal of Sister Roach's time and energy.⁵⁷⁶

This challenge was not unique to St. Francis Xavier University Department of Nursing in that era. In her examination of the trends in integrated basic degree nursing programs in Canada (1942–1972), Sister Marie A. Bonin noted that the restraining forces which impeded or occasionally inhibited the development of basic degree programs included: lack of qualified faculty; lack of finances for the expensive program; difficulty in the clinical areas; lack of

⁵⁷⁶ (Sony 2010)

students until the late 1960s; and resistance on the part of many universities, practicing nurses and alumnae. She states that the lack of qualified faculty seemed to be a major, continuing restraining force in all Canadian regions.⁵⁷⁷

Financial challenges abounded. The nursing department was housed on the third floor of Xavier Hall, and as Saru Sony recalls in her history of the Saint Francis Xavier nursing degree program:

The wooden stairs leading to the third floor were in miserable condition, all dilapidated and concave in the middle. We had to be very careful going up and down because we were afraid of slipping and falling In 1971, the nursing department moved from Xavier Hall to the Engineering Building. Faculty had to use room dividers that reached only halfway to the ceiling, and they were so close to one another that if you took a deep breath, the person on the other side of the divider could hear you With no secretarial service, the nursing department shared the secretary of another department, who would type up tests and exams on stencil paper, and faculty would make copies on a Gestetner machine.⁵⁷⁸

Sister Roach recalls the many responsibilities and challenges facing her as chairperson of a baccalaureate nursing program beginning in 1970. In response to radical changes in the delivery of health services, corresponding shifts were made in nursing roles. There was a positive movement in nursing, with providing a foundation for clinical nurse specialization, including of preparation for clinical assessment at all levels of the nursing program. Nursing faculty knowledge and

⁵⁷⁷ (M. A. Bonin 1976)

⁵⁷⁸ (Sony 2010, 25, 31)

skills had to be upgraded in health assessment, community health and gerontological nursing. One of the major challenges facing nursing came in responding to a rapidly changing population profile with a marked increase in persons over 65 years of age. Intensive care nursing expanded to the care of the elderly. Opportunities in health assessment skills and gerontological nursing were made possible by supporting faculty members for summer workshops at other universities, and by bringing qualified experts to provide summer courses for nursing faculty at St. Francis Xavier University.

Two faculty members, Sisters Mary McMahon and Peter Claver McNeary, attended a health assessment workshops at the School of Nursing at the University of Connecticut, and the following year, teachers from the University of Connecticut were able to provide health assessment skills training for the remaining nursing faculty. For a second summer, Sister Roach was able to obtain two clinical nurse specialists in gerontological nursing from the School of Nursing, University of Lowell, Massachusetts. In establishing a faculty skilled in both teaching and practice, she was also "fortunate in being able to engage Dorothy Smith from Florida State University, who modelled a dual role as dean of her school of nursing, and director of nursing service of the University Hospital".⁵⁷⁹ Dorothy Smith required a commitment from faculty in her own school that they would engage in both teaching and practice. Through Sister Roach's efforts, major changes took place in the St. Francis Xavier University curriculum and student learning experiences, and involved some faculty taking on joint appointments with the university and with local health services. These

⁵⁷⁹ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

changes were consistent with major changes in university nursing schools and health care across Canada and the USA at that time.

Change was also beginning to be seen in the manner in which health care was delivered, from hospital to home to community. The degree program at St. Francis Xavier included preparation in public health nursing, and eventually the hospital began to provide much more day services and home care. St. Martha's Hospital in Antigonish initiated a "Hospital in the Home" project providing for care in the home by hospital staff under certain conditions. This provided for less costly admissions, reducing in-hospital admissions, and providing a higher quality of service to patients. A pilot project developed at St. Martha's Regional Hospital called Martha Home Health Care became Home Care Nova Scotia.

Despite the many new fields open to women in the professions, the number of students applying to university nursing programs constantly increased in the 1970s, which was consistent with the national trend.⁵⁸⁰ All new developments within the professions affected the professional qualifications of nursing faculty and administrators, and influenced the on-going educational development of Sister Roach and other faculty. Greater change loomed on the horizon, as "the writing was on the wall" for hospital diploma programs. They would be gradually phased out, with the expectation that they would be replaced by university degree programs.

When Sister Roach began the development of a conceptual model and new curriculum based on that model, this was 25 years before the College of Registered Nurses of Nova Scotia (CRNNS) (formerly known as the Registered

⁵⁸⁰ (McPherson 2006)

Nurses Association of Nova Scotia, RNANS) or the Canadian Association of Schools of Nursing (CASN) accreditation standard required a conceptual framework to guide undergraduate nursing education.⁵⁸¹ In a chapter in the 2002 revised edition of her book⁵⁸², Sister Roach reflects back on that time:

I became chairperson of the Nursing Department, St. Francis Xavier University, Antigonish, Nova Scotia in 1970, and for a variety of reasons became preoccupied with a need to understand more fully the nature of human caring.⁵⁸³

The Sisters from the 1930s mentioned earlier, who wrote about progressive trends in nursing education, would have been quite pleased with the activities of the new chairperson. Sister Roach set up a committee to work on a framework and curriculum for nursing. In addition to Sister Roach, other faculty members were included: Joan Mills; Saru Sony; sometimes Sister Barbara Muldoon; and occasionally, Sister Peter Claver McNeary. They met weekly to become familiar with the philosophy underlying the nursing curriculum and the conceptual model.⁵⁸⁴ Forty years later, Saru Sony indicated that Sister Roach was advanced in her thinking when she said, "Sometimes I felt that we were not on the same level with Sister Simone when we talked about the program, especially with regard to spirituality".⁵⁸⁵

⁵⁸¹ (Gillis August 12, 2010) Address given at a pre-Order of Canada celebration to honour Sister Roach at St. Francis Xavier University, August 12, 2010

⁵⁸² (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002)

⁵⁸³ (M. S. Roach, *A New Awakening in the Call to Care* 2008)

⁵⁸⁴ (Sony 2010, 29)

⁵⁸⁵ (Sony 2010, 28)

A Grand Report

Four years into the role, Sister Roach became acquainted with a report that she loved on first sight, and in which she found validation for many of her own thoughts about health and health care.⁵⁸⁶ In April, 1974, Marc Lalonde, then Minister of National Health and Welfare in Canada, published and presented to the House of Commons a report that would begin to change forever, albeit slowly, the face of healthcare in Canada. Known for the past 38 years as "The Lalonde Report"⁵⁸⁷, it delineated health as distinct from medicine, and proposed a system of health and wellness as opposed to illness and disease. It further proposed that the country focus more closely on health promotion and disease prevention, and proposed that such a focus would decrease the need for costly medical care. It was considered revolutionary because it clearly outlined that such biomedical interventions as physician services, hospital services, and pharmaceuticals are not primarily responsible for individual wellbeing and population level improvements in health status.

The Lalonde Report was a forerunner to such World Health Organization (WHO) initiatives as the Alma Ata declaration which was adopted at the International Conference on Primary Health Care (PHC) in September, 1978, at Alma-Ata in the USSR. It called for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people.⁵⁸⁸ The Lalonde Report has led to the development and evolution of the health promotion movement, with people recognizing that they

⁵⁸⁶ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁵⁸⁷ (Lalonde 1974)

⁵⁸⁸ (World Health Organization 2003)

can take control of many aspects of their own health, and take responsibility in changing behaviors that put their health at risk. It has also contributed to the healthy communities and environments movement. The report had the same kind of "help people to help themselves" message as the Antigonish Movement, and was well accepted at St. Francis Xavier University Nursing Department. The information in the Lalonde Report had a strong message for university nursing programs who prepared nurses to work in public health and community health nursing positions, and Sister Roach was one of those nursing leaders who took the report at face value, and 'went with it'.

Andrea Boyd-White is currently the director of nursing at Saint Martha's Hospital, and the facility manager at Strait- Richmond Hospital in Cape Breton. She has known Sister Roach for 37 years, since Andrea was a nursing student at St. Francis Xavier University (1975–79). She was taught by Sister Roach in the first and fourth years of her degree program. Andrea remembers the Lalonde Report as one of the "big things" happening in that era, "probably the main thing that went throughout my education; it really had an impact on teaching at St FX". Boyd-White goes on to state that the Lalond Report had such an impact at the school that she believes it is the reason so many graduates chose the field of public health nursing. She remembers the department as being quite progressive. For their public health experience, St. Francis Xavier nursing students had to go, by the university bus, to New Glasgow, about an hour away, and that experience was new. "There was advancement under her [Sister Roach's] leadership. The school had been operating for many years, but the structure changed under Sister

Simone".⁵⁸⁹ Boyd-White also remembers the influence the Coady Institute had on students at St. Francis Xavier, "there was such an emphasis on 'the Coady', the international arm of St. FX, and adult education; we were very much aware of that in the school of nursing. We had a very good background in adult education principles, which are very important in public health".⁵⁹⁰ Sister Mary McMahon, who was teaching in the department at that time, also remembers the impact of the Lalond report, and talking about the primary healthcare approach, she called it "the antithesis of everything going into acute care."⁵⁹¹

During her first year as chairperson, at the Canadian Conference of University Schools of Nursing (now known as The Canadian Association of Schools of Nursing) in Winnipeg, Sister Roach spoke of the empirical model, and the abounding belief of so many people that the empirical model is the only means of obtaining true knowledge. She saw this as a challenge in advancing spiritual care in nursing, as the prominence of the empirical model precluded metaphysics. In speaking of spirituality, she pointed out that the naturalists position rejects spirituality because only that which can be seen in nature is considered real. She rejected John Dewey's belief that "values are as unstable as the forms of the clouds".⁵⁹² In making a case for a value oriented curriculum, Sister Roach made the point that the core central value in education is man [*sic*], and "if we accept the fact that education is for man then it would seem imperative

⁵⁸⁹ (Boyd-White October 15, 2011) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁵⁹⁰ (*ibid*)

⁵⁹¹ (S. M. McMahon April 9, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁵⁹² (M. S. Roach, *Toward a Value Centered Curriculum* 1970b, 9)

that we examine critically our own beliefs [about] the nature of man, ... man is more than physico-chemical".⁵⁹³

In writing about the framework for the nursing curriculum at St. Francis Xavier University in 1976, Sister Roach made the following points that resonate with her later writing, "intrinsic in the human person, as revealed by earliest records of primitive man down through the centuries, are the need and capacity for caring", and "the professional practice of nursing is the process of professional caring".⁵⁹⁴ Regarding the framework, Sister Roach said:

The core value is Person, the core concept Human Health, the core problem the need of persons, families and communities to achieve that 'state of ease, harmony and integration' which is our working definition of health. Nursing exists because, in the experiential human condition, persons, families and communities do not enjoy perfect harmony, ease and integration but in various and sundry ways, experience dis-ease, dis-harmony, dis-integration. The nursing profession has evolved because *caring persons* [her emphasis] have experienced the need to assist persons, families, [and] communities in their search for health, to help them identify and avoid threats to health, to cope with disability, and to prepare for the inevitable human experience of death.⁵⁹⁵

Ellen MacFarlane, known to all as "Ellie" is a professor, St. Francis Xavier University department of nursing. She is Past Chair of University Faculty, Chair of Senate, Chair of Science Faculty, Chair of the Presidential Advisory

⁵⁹³ (M. S. Roach, *Toward a Value Centered Curriculum* 1970b, 9)

⁵⁹⁴ (M. S. Roach, *A Framework for the Nursing Curriculum at St. Francis Xavier University* 1976, 27)

⁵⁹⁵ (ibid)

Committee on Violence against women, and the University Board of Governors. She has also served as Vice-President of the Canadian Nurses Association, and President of the College of Registered Nurses of Nova Scotia. Ellie has known Sister Roach since 1970, when Sister came to the Department and Ellie was a post-Diploma, married student nurse there. Professor MacFarlane states:

What Sister Simone did for me was to implant a passion for caring—for the professional caring at a nurse level. That seed for the essence of caring in me was planted and nourished by Sister Simone and others. [It is] at the core of what I teach and what I preach: what I pressure government for, or the College of Nurses, or the Canadian Association of Schools of Nursing (CASN), or the Canadian Nurses Association (CNA). I am on a committee now that's coming up with a program for the next Biennial in Vancouver, and I'm trying my best to place caring, staff mix and client outcomes on the agenda. Sister Simone's early work, her ongoing accomplishments and her influence over the years have had a huge impact on my career and my personal life ... now I'm helping freshmen students look at nursing from a caring perspective ... caring enough to have the Six Cs There is such strength in what she said. When Sister Simone came to the Department, she immediately started working with faculty 'of the day' to develop and articulate a philosophical curriculum framework including a conceptual model and curriculum threads. You know how you are when you're in your twenties, and you think you're God's gift to the world (both parties laugh), and it was quite a

shock to hear about conceptual models and curriculum threads, but it was probably one of the best things that could have happened to me, because it started me off on a whole other track. She had that influence on us, and there were a few of us in that class that did go on to do graduate work later.⁵⁹⁶

One year later, Sister Roach's thinking seemed to be more sharply focused on the nursing meta-paradigm. This was evident at the Canadian Catholic University Schools of Nursing, Atlantic Region (CCUSN-AR) Annual Nursing meeting at St. Francis Xavier in 1971. She stated that nursing education is a turning toward values, the values which underlie our basic assumptions with respect to such frequently verbalized concepts as health, person, human life, nursing, caring and intervention. She also noted that nursing had become increasingly sensitive to major trends that had made an impact on the planning and delivery of health services. She questioned "if there is a discrepancy between what we say and what we mean when we speak about health, person, needs, and other such concepts, or, if there is no discrepancy, is there a lack of clarification regarding the beliefs which underlie our basic assumptions?" She made the point that "we affirm and re-affirm belief in person-centered, interpersonal approaches to nursing practice, recognizing levels of need (physical, emotional, psychological, social and spiritual), as well as priorities of need in particular circumstances." In curriculum planning, however, she said, the sciences tend to be emphasized, there is a minimum of exposure to the humanities, and any

⁵⁹⁶ (MacFarlane September 13, 2011) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

foundational significance to the relevance of philosophy or theology are discounted. This, she calls a values crisis.⁵⁹⁷

A New Faculty Member Meets Sister Roach

Although Sister Mary McMahon is a member of the same congregation as Sister Roach, she didn't know her well when she joined St. Francis Xavier Nursing Department in 1972. She recalls that, as a new faculty member, she was "a little in awe of" Sister Roach. Sister McMahon says:

I was sent off to study for my baccalaureate degree in nursing at Boston College, and in those days, you know, we were just appointed. We didn't have much say in what we did. I thought I was just going off to get my baccalaureate to come back as head nurse of the obstetrical department. It was Sr. Roach that really informed me that I was coming to the faculty of nursing. That's when I knew why I had been studying. So I went on to McGill and did two years there in the master's program. So then in '72, I came to St FX as a lecturer, and that was my beginning with Sr. Roach. I learned a lot from her about the value of human life, and the dignity and ethical components of life. Not that I never knew it before, but working with her and close by her, I would pick up a lot of things she believed in.⁵⁹⁸

Sister McMahon remembers that Sister Roach was "very, very good" to her; "very affirming and encouraging". If Sister McMahon had misgivings about

⁵⁹⁷ (M. S. Roach, *Values in Nursing: Explicit and Implicit* 1971)

⁵⁹⁸ (S. M. McMahon April 9, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

anything, Sister Roach would always say "you can do that."⁵⁹⁹ She remembers Sister Roach as very forward-looking, seeing what needed to be done and taking steps in that direction. This was especially obvious to Sister McMahon in how Sister Roach approached the nursing program. Although she had only recently completed her doctoral studies, just prior to coming to St. Francis Xavier, "she saw the directions we should be going in, and when she believed in something, she *really* [emphasis] pursued it, despite objections from others". Sister McMahon remembers Sister Roach as being an intellectual, "when I first met her, I thought to myself, I can't even talk to her, she is not even on the same level. It seemed like that to me, when I first encountered her "(laughs).⁶⁰⁰

Many of those interviewed recall Sister Roach's goal-directed persistence. Researchers George Meier and Maryann Albrecht at the University of Illinois at Chicago have looked at the research on goal-directed persistence going back to the 1950s, and conclude that there are assumptions as well as philosophical, psychological, ethical, and motivational dispositions central to the process, and an ongoing feedback process influences behavioural activity. The persistent individual fine tunes the process, and has a mental image of the outcome. Goal directed persistence involves the complex interaction between personality and situation. The researchers conclude that persistence is situational and specific, it involves personality, it taps motivational dimensions, and it is a cognitive process.⁶⁰¹ From the reflections of others who shared their thoughts about Sister

⁵⁹⁹ (S. M. McMahon April 9, 2012) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁶⁰⁰ (ibid)

⁶⁰¹ (Meier and Albrecht 2003)

Roach, it would appear that Sister Roach was persistently goal directed, and supportive of team members who were less self-assured than she was.

Joanne Stewart MacKenzie was a nursing student in the degree program (1968–72) at St. Francis Xavier University in 1970 when Sister Roach came to the school, and because she later became involved in nursing practice, nursing education, or nursing management at Saint Martha's Hospital and Saint Martha's Hospital School of Nursing, she has continued her relationship with Sister Roach since 1970. Joanne remembers:

We had heard about Sister Simone before she arrived, from Sister Barbara Muldoon who was interim Chair. I had Sister Simone for a course in nursing research and ethics in health care. She was sharing with us about the nursing world, and she awakened in my mind exactly the reason I came into nursing. And her focus was so much on patient care, and I remember just being so much in awe of her, of the depth of her knowledge. She was *very, very, very* [emphasis] academic, and so well studied. If there is one thing that stood out for me, it was how she always came back to “what *ought* [emphasis] a person to do” in a particular situation. Ethics! She would have been talking about her components of caring at the time, but [in relationship] to the role of the nurse ... if you look at page 43 of the book, you will see that she describes the research group that broke down the descriptions of nurses’ work into components...into concepts....and she speaks about the unit and the staff.

Well, that was the unit I was managing and that was the nursing practice committee.⁶⁰²

Joanne recalled that Sister Roach was open-minded and caring. As a United Church woman, Joanne was in the minority in a predominately Roman Catholic class. She stated that Sister Roach affirmed for her just how right her United Church was for her, and she did that by showing respect for her denomination. She also remembers Sister Roach as always helpful in assisting her to understand the discernment process in nursing, to understand the dignity of persons and to be respectful of life. These were all threaded into the curriculum at St. Francis Xavier. Joanne related that she experienced Sister Roach as sincere and genuine, quiet and reflective, and "often misunderstood by some people. Because she is very precise in her thought and in her speech, and very hard working, people sometimes overlook the kind, generous person that she is".

Joanne described her relationship with Sister Roach over the years. Joanne taught in the diploma school of nursing from 1976 to 1985. When Joanne taught in the diploma program, Sister Roach would often be the presenter in curriculum workshops and was supportive as to development of the curriculum around the roles and responsibilities of nurses in whatever area they were in. After leaving her position at St. Martha's Hospital School of Nursing, Joanne went into nursing management at Saint Martha's Regional Hospital. She hosted numerous workshops and seminars over the years either for nurse educators or nurse managers, or for the nursing population in general, for which Sister Roach would

⁶⁰² (J. S. MacKenzie October 19, 2011) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

be invited to teach either in whole or in part, either on the Code of Ethics or on the caring model, or something else.

Joanne recalls having Sister as a patient twice over the years; once when Joanne was nursing manager, and once when she was in the clinical area teaching students. Joanne experienced her as a delightful patient, and she recalls Sister Roach saying, "your nurses are demonstrating this component of caring or that component of caring".⁶⁰³ Joanne recalls:

Recently, in 2010, I had a clinical group at St. FX, and they were consolidating at the time. Sister was there as a patient and she agreed to have a student nurse. She worked with the student through the 6 Cs, and with Sister's approval, this became the focus of conference time with the students. The student did her major care plan this way, and it was a marvellous learning experience. Sister would say that nurses could care and care and care, but they also had to stop and care for themselves. ... you can't care for others if you don't care for yourself, you can't do everything. That sort of thing.⁶⁰⁴

Leading, Teaching and Speaking

Sister Roach explains that two positions, Director of Saint Martha's Hospital School of Nursing and, on completion of doctoral studies, the Chair of the Department of Nursing, St. Francis Xavier University, gave rise to formulating her thoughts and ideas on paper for public speaking engagements. As the years went by, her writing became more focused, and publication of research

⁶⁰³ (J. S. MacKenzie October 19, 2011) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁶⁰⁴ (ibid)

in the philosophical foundations of human caring found a receptive professional audience for presentations nationally and internationally.

Addressing the Department of Political Science at St. Francis Xavier University on World Population Day, March 17, 1974, Sister Roach⁶⁰⁵ approached her topic from a values and ecological perspective and took the stance that the way in which world population is perceived and dealt with depends on whether or not the perceiver and responder acknowledges that the human being has an intrinsic value; whether the perceiver acknowledges that the human person has a value that is quite different from other things in this universe. She said she would like to believe that, "influenced as we are by the predominant affluence and materialistic value system of the west, with its catching, grabbing and gobbling generation, we can be humble enough not to consider ourselves normative for the rest of the world". She cautioned that current thinking about man [*sic*] tends to regard him as a machine, a statistic accessible and analyzable by empirical methods of investigation, and yet incapable of challenging and directing the social, political, and economic structures within which he finds himself. She voiced the hope that people should continue to search for solutions that are within the realm of human possibility and not be dictated solely by 'presentism'^{i 606} or the immediately expedient.⁶⁰⁷

Three foundational stones.

In a speech given at the 53rd Annual Meeting of the Association of Nurses of Prince Edward Island on May 21, 1974, Sister Roach spoke of the

⁶⁰⁵ (M. S. Roach, World Population Day: A Value Perspective March 17, 1974)

⁶⁰⁶ (Balashov and Jansen 2003)

⁶⁰⁷ (M. S. Roach, World Population Day: A Value Perspective March 17, 1974)

responsibility of nurses as citizens and as health professionals, "to take a fresh look at what we are doing, where we are focusing our energy and resources, and above all, to examine levels of accountability."⁶⁰⁸ Sister Roach told the audience, and this was in 1974, that nursing is (or should be) considered health-oriented rather than disease-oriented, and a service responding to needs of persons, families and communities, not to systems or institutions, in themselves. She further articulated the role of nursing practice as "not the art of doing things TO [sic] people, not even FOR [sic] people in many cases. It is an art which aims at enriching lives, assisting person's to become independent, to capitalize on their assets, develop potential and, when cure is not possible, cope with disability and impairment."⁶⁰⁹ She gave the audience the challenge "in this period of the 70s, an exciting time to be a nurse" to explore the potential of the nursing profession for improving the quality of life of people using "three foundational stones":

[The first stone] is an understanding of human health itself. To be healthy is to be fully human. Health is not merely the absence of illness. I like to think of health as that state of ease, harmony and integration within the person, the family and the community which provides for an optimum level of functioning. Health presupposes good nutrition, adequate housing, a sense of security and achievement at work, opportunity for recreation and leisure, meaningful inter-personal relationships, and an adherence to a code of ethical and moral values which temper rights and privileges with respect and responsibility. Health is fostered by a freedom to grow and

⁶⁰⁸ (M. S. Roach, Address given to The Association of Registered Nurses of Prince Edward Island May 21, 1974, 5)

⁶⁰⁹ (ibid, 5)

develop into manhood and womanhood and to make a meaningful contribution to the growth and development of the society in which one lives.⁶¹⁰

The second foundational stone described by Sister Roach that day related to the role of nursing in educating people for personal responsibility. She noted that she might be wrong in her perception, but she was of the belief that one of the major reasons why there were so many insurmountable problems in the health care system "is that we are trying to achieve a goal that is unachievable by the present day methods and approaches. We tend to believe that if we have the ideal health care system and resources and arrive at the magic formula for financing it, we will have solved all our health care problems".⁶¹¹ She explained her belief that although there was no denying that the health care system needed improvements, neither improvements in the system nor a more comprehensive insurance coverage would, in themselves, ensure a healthy person:

Health is not a commodity which can be bought and sold. Health is a state of, or a condition of, wholeness, the achievement of which is the responsibility of persons, families and communities. Because this is so, nursings' responsibility to ensure the self-care capabilities of persons and families is of particular significance.⁶¹²

The third foundational stone was described by Sister Roach as sensitivity to the climate, influences and changes characteristic of society, a world of many

⁶¹⁰ (M. S. Roach, Address given to The Association of Registered Nurses of Prince Edward Island May 21, 1974, 5,6)

⁶¹¹ (ibid, 7)

⁶¹² (M. S. Roach, Address given to The Association of Registered Nurses of Prince Edward Island May 21, 1974)

contradictions. She noted that many people, young, middle aged and old, were seeking for genuine human values, expanding on the dignity of man [*sic*] and the rights of human beings, in a culture oriented to the mechanical, pragmatic, efficient and expedient. She said:

Technology and development in the science of human genetics, for example, provides man [*sic*] with an awesome potential for good or evil. I believe we need to keep reminding ourselves that educated behaviour is not necessarily ethical behaviour and that not every decision made for the so-called good of human beings is necessarily ethical. What ought we do, what in the light of modern science, are we capable of doing? For those of us who are more comfortable doing rather than thinking or reflecting on what we do, the process of making ethical decisions can be difficult and sometimes painful.⁶¹³

In regards to nurses making ethical decisions, Sister Roach drew particular attention to the changing population profile of people over 65 years, and wondered if senior citizens would become a blessing or a burden. She wondered if necessary programs would be created to allow older people to continue to live meaningful, enriching and productive lives, ones in which they could prepare for their final end in serenity and peace. Or, she wondered, would dead-end institutions be sanctioned, which would encourage listlessness, hopelessness and despair.

⁶¹³ M. S. Roach, Address given to The Association of Registered Nurses of Prince Edward Island May 21, 1974)

On that day, almost forty years ago, Sister Roach told the audience that all beliefs in nursing "flow from our particular beliefs about the value of the human person, the place and the importance of the family in society, the meaning of health and life itself, and the response to the problem of pain, suffering and death [will be] determined and affected by the values which shape our present lives".⁶¹⁴

Freedom and liberation.

In speaking to graduates of the Victoria General Hospital School of Nursing, Halifax, Nova Scotia, on August 15, 1975, in a speech called Women, Liberation, and the Challenge of Modern Nursing, Sister Roach said that it would be naive to consider issues of freedom and liberation to be unique to the 1970s. Rather, she believed these issues to be perennial ones, stating that freedom is "much talked about and rarely clarified". She presented the concept of freedom not merely as "freedom from", but also "freedom for".⁶¹⁵ Sister Roach spoke of the history of the nursing profession with its examples of great women who achieved high degrees of personal and professional freedom, including Florence Nightingale who transcended the period of her own existence and whose thinking represented a much later period in history.

She cautioned graduates not to relegate Nightingale to a plaster mold, but to also see the gifts of conflict, stress, suffering and decision that fired her character and branded her unforgettable personality. She encouraged them to think upon Nightingale as a contemporary of such figures as Pasteur, Lister, Koch, Roentgen, the Curries, Darwin, and Mendel; of such literary giants as

⁶¹⁴ (M. S. Roach, Address given to The Association of Registered Nurses of Prince Edward Island May 21, 1974, 9)

⁶¹⁵ (M. S. Roach, Women, Liberation, and the Challenge of Modern Nursing August 15, 1975, 4)

Byron, Shelly, Keats, Dickens, and Longfellow; and of such musical geniuses as Beethoven, Schubert, and Brahms. Sister Roach reminded them that Nightingale was a liberally educated woman in Latin, mathematics, philosophy, religion and, most importantly was educated from life itself; a woman who had a rare combination of intellectual and practical gifts. She lived a life of counter-culture. She did not merely have the opportunity for freedom from hard work and undesirable tasks; she did not use this freedom for the kinds of things wealthy women did in her day. As a woman, she dared to go to the Crimea, to establish training schools for nurses. Sister Roach explained that the difference with Florence Nightingale, a true feminist, was how she valued human life.⁶¹⁶

In 1974, Sister wrote of the necessity of role expansion for nurses. She spoke of changing needs for health services and better ways of providing services. She spoke of the frustration experienced by nurses who lack the opportunity to practice skills learned, and stated, "many more demonstration projects need to be encouraged and supported in both institution and community settings so that what we have been practicing and teaching, what nursing service personnel have been struggling to provide, may be implemented".⁶¹⁷

In 1976, with the assistance of a World Health Organization fellowship, Sister Roach had the opportunity to participate in a one-month course at St. Christopher's Hospice in London. She shared her experience in a book edited by Glen Davidson on hospice development and administration in 1978.⁶¹⁸ She noted:

⁶¹⁶ (M. S. Roach, Women, Liberation, and the Challenge of Modern Nursing August 15, 1975)

⁶¹⁷ (M. S. Roach, The Nursing Role and the Problem of Implementation 1974)

⁶¹⁸ (M. S. Roach, The Experience of an Academic as Care Giver: Implications for Education 1978)

What is significant is the nature of people's reactions (myself included) to becoming involved in this particular area of study. These reactions ranged from a more academic interest and positive response indicating agreement that something needed to be done, to a more negative one, implying that such involvement suggested a preoccupation with death, or provided a way of dealing with one's own unresolved "loss" experiences I suspect that elements of both reactions motivated me to become involved in the study of death and dying.⁶¹⁹

Sister Roach says that her experience at St. Christopher's Hospice helped to affirm what she had already accepted intellectually--that acceptance of life involves integrating the reality of death, and that dying well somehow includes the ability to enter consciously into and to achieve peace in that experience. The same article was published in *Death Education*.⁶²⁰ Andrea Boyd-White remembers Sister Roach's interest in the subject of death and dying in the early 1970s. A psychiatrist, Elisabeth Kubler-Ross⁶²¹ (1926–2004) published a book in 1969 called *On Death and Dying* that became a classic text in the helping professions. In that book, Kubler-Ross described her five stages of grief: denial, anger, bargaining, depression and acceptance. Her work influenced the hospice movement. Sister Roach was very interested in the work of Kubler-Ross, and how it could be used to teach students in caring for dying patients and their families.

⁶¹⁹ (M. S. Roach, *The Experience of an Academic as Care Giver: Implications for Education* 1978, 105)

⁶²⁰ (ibid)

⁶²¹ (Kubler-Ross and Kubler-Ross 1969)

Andrea remembers Sister Roach talking about Kubler-Ross and death and dying. Andrea recalls, "that was her [Sister Roach's] claim to fame for awhile".⁶²²

Care and caring, the center and foundation for nursing ethics.

Although she had been speaking publically since the mid-1950s on various aspects of values, ethics, and caring, Sister Roach expanded the caring and ethics theme at the Nettie Douglas Fidler Lecture, University of Toronto, on February 28, 1979 in a paper called *Care and Caring, the Center and Foundation for Nursing Ethics*.⁶²³ In this lecture, Sister Roach outlined an ethic of care. Nettie Douglas Fidler had been Director of the School of Nursing, University Toronto (1952 – 1962), years when Sister Roach had studied at that school on two separate occasions. While Sister Roach's earlier writings spoke of both caring and ethics, and proposed definitions and descriptions for nursing, health, and human person, this time her ideas were more coherently organized, and she described the relationship between caring and nursing:

Care and caring [are] focal points for nursing; the points around which the reflections about, and the activities of nursing ought to be concentrated and at rest; the fundamental bases for the evolution and the development of nursing education, nursing practice, and nursing research⁶²⁴... care and caring are the heart and soul, the structure and life principle, as well as the sources of reward and satisfaction in nursing. They (the words care and caring) describe what nursing is, and prescribe its legitimate focus. As

⁶²² (Boyd-White October 15, 2011) Interview with Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁶²³ (M. S. Roach, Care and Caring: The Center of and Foundation for Ethics February 28, 1979)

⁶²⁴ (ibid, 2)

they define the practice of nursing, they embrace all the competencies, obligations, and responsibilities inherent in, and dictated by the boundaries of professional practice. As such, they are neither a substitute for, nor an embellishment of, required nursing expertise ... but care and caring have to be nurtured and developed so that they become the art and science of nursing.⁶²⁵

Sister Roach told the audience that, in her perception, care and caring are related to ethics because ethics is concerned about "what ought to be", as distinguished from "what is" in any given situation in life, and when determining what ought to be, one examines situations and issues "from a specific perspective, or value orientation".⁶²⁶ Sister Roach proposed a framework for nursing that included care, caring and ethics:

Against this brief analysis of care and caring [what she had been saying about care and caring up to that point], and their relevant expression in nursing as a health discipline, I am suggesting that the nursing ethic, however that be defined, lies within their prescribed framework. But it is a framework with a very important qualification, one that is crucial, both to the analysis of care and caring, and to their relevance for ethics. This qualification is that we are concerned precisely with human care, and human caring ... how the nursing ethic is defined and articulated will depend on [how] we consider the human person ... the fundamental question, in the language of ethics, is a meta-ethical one. It is a question

⁶²⁵ (M. S. Roach, Care and Caring: The Center of and Foundation for Ethics February 28, 1979, 8)

⁶²⁶ (ibid, 8)

which addresses such realities as the nature of person, and the value of human life. It is the question which stands prior to the specific rules, norms, or standards for ethical behaviour ... do our programs in nursing provide the framework, as well as the opportunities to care, or do they merely provide for a certain period of time to do things? What or how much do we know about the process needed to develop care into the art and science of caring?⁶²⁷

Sister Roach lamented that the nurturance, if not the actual salvaging, of the remaining remnants of caring in nursing might well depend on the necessary moral, financial, and professional support for the implementation and success of caring models for nursing. She had become increasingly aware, at that point, that the discipline of nursing needed to keep care "in", if not put care "back in", nursing. This process, she explained, required the discipline of ethics; the many questions that needed to be asked were normative ones, and their answers depended on clearly articulated value positions.

Nursing as the professionalization of human caring.

Sister Roach again addressed care and caring on March 11, 1980, when she gave the Gladys Josephine Sharpe Memorial Lecture at McMaster University School of Nursing in Hamilton, Ontario.⁶²⁸ Sister Roach was a great admirer of the work of Gladys Sharpe who, like Sister, had been involved in nursing service, teaching and administration. Sharpe had been president of the Canadian Nurses Association (1954–56), president of the Registered Nurses' Association of

⁶²⁷ (M. S. Roach, Care and Caring: The Center of and Foundation for Ethics February 28, 1979, 10)

⁶²⁸ (M. S. Roach, Caring: A Concept Central to Nursing March 11, 1980)

Ontario, and the first Director of McMaster University School of Nursing, from which she received the Doctor of Laws, honoris causa for her exceptional contributions to nursing.

In this lecture Sister Roach explained that the element of caring had become so obviously significant to her that it evolved as a basic normative concept in the proposed Code of Ethics for Nursing she had been writing and which had been accepted by the Board of the Canadian Nurses Association that same month. Sister Roach's definition of caring had become more focused at this point:

When I think about caring in the context of nursing, I think of it as the expression of a basic, fundamental human trait, directed and professionalized through education and experience toward the acquisition of those competencies- intellectual, affective, and technical-which are requirements for the legitimate roles of nursing at recognized and prescribed levels of service I am thinking of caring as the essence of nursing, and the characteristic among other possible characteristics, which uniquely defines, describes and qualifies nursing's particular focus and service to society.⁶²⁹

Although Sister Roach first addressed nursing as the professionalization of caring on August 28, 1977 in addressing a graduating class at Saint Martha's Hospital School of Nursing, three years later in the Gladys Josephine Sharpe Memorial Lecture, the theme was more concise and concepts more clearly presented. In this lecture, Sister Roach defined nursing as the professionalization

⁶²⁹ (M. S. Roach, Caring: A Concept Central to Nursing March 11, 1980)

of human caring, and nursing education as the process that professionalizes the student's human capacity to care. She also proposed that caring can be taught. However, to teach caring, it must be possible to communicate through visible, caring models within the caring faculty itself; between faculty and students, and most of all, between members of the health care team. This requires "a re-examination of values that influence their thinking, and which shape the very social, political and economic policies and structures that are at the root of the problem" ⁶³⁰

At the University of Saskatchewan College of Nurses in March of 1980, Sister Roach stated:

I believe that the eruptions within our society, in family life, in political and social institutions, and in the whole world economic order, are natural consequential reactions to a system and a way of life bereft of human care. But I also believe that this reality in itself provides grounds for hope, provided that we discern its root causes, and seek for its appropriate remedies. ⁶³¹

Summary

Since arriving in Antigonish nine years previously, Sister Roach, in her goal-directed, persistent manner, and through many changes and challenges, had carved the Department of Nursing into the school she believed it could be. She had developed, with the assistance of faculty, a model for the curriculum and had developed a curriculum based on that model. It is apparent from reading the many

⁶³⁰ (M. S. Roach, Caring: A Concept Central to Nursing March 11, 1980)

⁶³¹ (M. S. Roach, Care, nursing and the caring community:Address to College of Nurses, University of Saskatchewan March, 1980)

papers she wrote over that period of time that, though her vision remained steadfast, and her core concepts remained the same, her work had become more advanced. Through reflection and professional speaking, the concepts she began articulating many years before were maturing. Sister Roach's thinking in both human caring and ethics had evolved over her years at St. Francis Xavier University in the Department of Nursing. Her interest in caring and ethics led to her taking a leave of absence in 1979 to become a visiting scholar at Harvard University to further her study in this area. As it turned out, her leave of absence would also be spent developing the first Canadian Code of Ethics for nurses.

Two roads diverged in a wood, and I, I took the one less travelled by, and that has made all the difference Robert Frost, The Road Less Travelled, US Poet, 1871–1963

Chapter VIII: The First Canadian Code of Ethics for Nurses

It would indeed be difficult to tell the story of Sister Marie Simone Roach without some reference to the first Canadian Code of Ethics for Nurses developed in 1980. Many Canadian nurses have been bewildered about that period of time, having heard only "bits and pieces" about what happened or "partial stories" of the turbulence of that period of time. It was my intention, if at all possible, to answer some of these questions by presenting a story of the development of the first Code based on historical records and recollections.

Of all the areas covered in this biography, gathering information for this section proved to be most challenging. Sister Roach made it clear from the very beginning that she did not want to talk about that particular event, and provided very limited information. In addition, she did not allow access to her writings for that time period, now stored in the Bethany Archives. She did state, however, that she was not adverse to me looking for the information from other sources. I was left then, looking elsewhere. The archivist at the Canadian Nurses Association spent considerable time searching on my behalf, with no results. I made a trip to the National Library in Ottawa that proved fruitless, since the two years of records I was searching for were missing from their collection.

However, I did not stop looking, and in the spring of 2012, the Archives of the College and Association of the Registered Nurses' of Alberta produced, for me, copies of records from the time period under study. The records came from the Shirley M. Stinson fonds at their Archives, and these records appeared to have

enough information so that, along with interview data from people who had some knowledge of these events, a reasonable recounting of that time period could be made here.

Identification of Need for a Code of Ethics for Canadian Nurses

A need for a code of ethics for Canadian nurses was expressed many years before its inception. In 1921, Mary Ann Catton, addressing the Annual Convention of the Canadian National Association of Trained Nurses, called for the preparation and adoption of a code of ethics and etiquette "made in Canada", outlining what should be included in the code, and what resources should be used in its preparation.⁶³² One year later, Miss Catton took an early retirement from nursing due to health reasons, which may account for lack of follow-up with this endeavour.⁶³³

On September 4, 1974, Dr. Helen Mussallem (1915–2012), then Executive Director of the Canadian Nurses Association (CNA) (1963–1981), sent a memorandum to the CNA Executive Committee with the subject heading: *Proposals Regarding CNA Code of Ethics*.⁶³⁴ In this memorandum, Dr. Mussallem listed reasons for and against the development of a CNA Code of Ethics, asking that the item be added as Agenda Item # 12 for the following Executive Committee meeting. She noted, "if the Executive Committee recommends to the Board of Directors that a CNA Code be developed, this be [*sic*] an assignment for one person-either an "expert" under contract or a staff

⁶³² (Catton 1921, 553-555)

⁶³³ (Ottawa Citizen March 4, 1941, 10)

⁶³⁴ (Mussallem, Memo to the Canadian Nurses' Association Executive Committee: Proposals Regarding CNA Code of Ethics [CNA Code of Ethics, Background material from CNA Ethics Project] September 4, 1974)

member working with a very small select working party.⁶³⁵ Four years later, on August 3, 1978, another memorandum was sent by Dr. Helen Mussallem, who was still the Executive Director. The memorandum, with the heading, *Formulation of a Canadian Code of Ethics for Nurses*, included the following statement:

You will recall that at the last board of directors meeting on 29 June 1978 (see minutes, Item 9, page 8), directors agreed that a plan of action for formulating a Canadian Code of Ethics for Nurses be developed.⁶³⁶

In the 1978 memorandum, Dr. Mussallem also requested assistance in identifying an individual in Canada with expertise in or knowledge about the development of a Code of Ethics by August 31, 1978.⁶³⁷

Sister Roach Appointed Director of the Project

In 1979, Sister Roach was designated by the Canadian Nurses Association (CNA) to direct the project for the development of the first ever Code of Ethics for Canadian nurses. While she was seen by the Canadian Nurses Association as the most logical candidate for this project because she was a nurse scholar with a PhD in philosophy (ethics), all stakeholders were not happy with the decision, which will be indicated in sentiments expressed by several interviewees in my research.

⁶³⁵ (Mussallem, Memo to the Canadian Nurses' Association Executive Committee: Proposals Regarding CNA Code of Ethics [CNA Code of Ethics, Background material from CNA Ethics Project] September 4, 1974)

⁶³⁶ (Mussallem, Formulation of a Canadian Code of Ethics for Nurses, File 20-1-11 [CNA Code of Ethics, Background material from CNA Ethics Project] August 3, 1978)

⁶³⁷ (J. L. Storch, *Enduring Values in Changing Times* 2007)

The CNA had decided not to establish a committee for this purpose, but directed Sister Roach to use available resources according to a plan to be determined by her. At that time, Sister Roach had taken a two-year leave of absence from her position as Chairperson of the Nursing Department at St. Francis Xavier University to study ethics. Her plan was to first conduct ethics research at the University of Toronto (Regis College) for several months followed by the remainder of her leave spent at Harvard University as a visiting scholar in ethics. When Sister Roach accepted the CNA ethics project, her plan was to consult with as many people as possible while in Toronto, both from the field of nursing and from the field of ethics. She had two major goals in mind: to gain a perspective on the range of values that ought to be included in a Code of Ethics for Nurses in Canada; and to gain insight into the kinds of ethical issues and problems that Canadian nurses currently experience and/or would need to address in the future.⁶³⁸

In addition to numerous contacts made with people within the nursing profession, Sister Roach consulted widely with many scholars outside the profession. The months of September, October and November, 1979, were utilized by Sister Roach for wide reading and consultation with nurses, philosophers, ethicists, and theologians, especially those teaching in ethic and philosophy. The list of scholars in the field of ethics consulted by Sister Roach is impressive, even considering her role as post-doctoral scholar in this area.

⁶³⁸ (M. S. Roach, Information Provided to Margaret Elizabeth Myers on the CNA Code of Ethics: Three-page Summary, typewritten notes August 15, 2010)

The list includes, but is not limited to: Dr. Arthur J. Dyck, Kennedy Interfaculty Program in Medical Ethics, Harvard University; Dr. Ronald Lawlor, School of Philosophy, Catholic University of America; Dr. Richard McCormick, Senior Research Scholar of the Kennedy Institute of Ethics, Georgetown University, Washington, D.C.; the Faculty Department of Medical Humanities, Southern Illinois University, Springfield, Illinois; Dr. Thomas Daily and Dr. Bela Somfai, University of Toronto; Dr. Abbyann Lynch, Department of Philosophy, University of Saint Michael's College; Dr. Michael Bayles, Westminster Institute for Ethics and Human Values, Westminster College, London, Ontario; Mr. Edward W. Keyserlingk, Law Reform Commission of Canada; Mr. Malcolm Muggeridge, British journalist and social critic, Sussex, England; Dr. David J. Roy, Center for Bioethics, Clinical Research Institute of Montreal; and Dr. John E. Thomas, School of Philosophy, McMaster University, Hamilton, Ontario.

From the beginning, one major concern of Sister Roach's was of finding ways of communicating with nurses across the country and obtaining necessary feedback. In the May, 1979 issue of the *Canadian Nurse* journal, a description of the project was included, as well as a request for input from the membership.⁶³⁹ In developing the Code, Sister felt it necessary for the profession to consider its understanding of what, in fact, constituted the legitimate practice of nursing. She saw the development of the Code including a statement about how the profession conceptualized nursing, "what it is and what it is not", what nursing is and should be.

⁶³⁹ (M. S. Roach, Address from Visiting Scholar in Ethics, Harvard University: Toward an Ethic of Caring November 4, 1980)

Advantage was taken of the opportunity to attend several meetings, including the Association of Registered Nurses of Ontario (RNAO), June, 1979; The Canadian Association of University Schools of Nursing (CAUSN) Council meeting, Ottawa, November, 1979; and the National Forum on Nursing, November, 1979. In addition, she attended the CNA Research Committee meeting, January, 1980, and at the end of November 1979, a position paper resulting from this process was submitted to CNA.⁶⁴⁰ While attempts were made to obtain information on other meetings scheduled by different groups across the country, with the view to using such opportunities to speak about the project, generate interest and obtain feedback, time and budgetary constraints made that strategy unrealistic.

In a letter addressed to Dr. Shirley Stinson, president-elect of the CNA (she would become president of the CNA in 1980), and a professor at the University of Alberta Faculty of Nursing⁶⁴¹, on November 22, 1979⁶⁴², Sister Roach indicated that she did not see the Code as something she would write in isolation. She asked Dr. Stinson for ideas and suggestions, considering time limitations as there had been a commitment to have the final draft to the Code of Ethics to the CNA Board for its meeting, 27-29 February 1980:

After accepting the responsibility to direct the project for the development of a Code of Ethics for Canadian Nurses, the first task was to determine

⁶⁴⁰ (M. S. Roach, Information Provided to Margaret Elizabeth Myers on the CNA Code of Ethics: Three-page Summary, typewritten notes August 15, 2010)

⁶⁴¹ It is not known why Dr. Stinson was Sister Roach's contact; Dr. Stinson was CNA president-elect and would become CNA president June, 1980

⁶⁴² (M. S. Roach, Correspondence from Sister M. Simone Roach to Shirley M. Stinson Re: Time Limitations [CNA Code of Ethics, Background material from CNA Ethics Project] November 22, 1979)

methods to involve membership. In the initial strategy, several possibilities were considered: (1) Appeal through the *Canadian Nurse*. This was done in May, 1979. (2) Meet with groups of nurses across the country at scheduled meetings or conferences. Because of time constraints, expense and specific schedules, this activity has had to be limited. (3) Contact of membership through provincial associations. This is considered a most important strategy, and a commitment was made to have a rough draft of the Code available to the provinces in December 1979 ...[there will be] material available for distribution in December. I rely on your good judgment as to how this can be used for discussion in your area. I must have replies and reactions in sufficient time to make the proper synthesis and prepare the submission. I do hope we can generate much interest and involvement so that it will truly be a national effort.⁶⁴³

Sister Roach believed that, by reflecting on larger issues, she would gain a broader vision, have an opportunity to assess priorities, and identify some fundamental principles which ought to find expression in a code for nurses. She expressed concern in the need to provide materials to membership in time to allow for feedback. She developed a process to acquire information on the types of ethical issues and problems currently experienced by nurses across the country, and that would be sent to all the provinces and territories. It consisted of a background paper proposing essential elements in nursing, and provided a simple model; a case study ethics guide that nurses were encouraged to use in working

⁶⁴³ (M. S. Roach, Correspondence from Sister M. Simone Roach to Shirley M. Stinson Re: Time Limitations [CNA Code of Ethics, Background material from CNA Ethics Project] November 22, 1979)

through an ethics case study of their choice. In the same article, she provided a four-step decision making model for following ethical and moral guidelines in such situations. Nurses were asked to return their feedback to Sister Roach. It is unclear whether the information prepared by Sister Roach was sent to the provinces and territories through Dr. Stinson, or if Dr. Stinson was only sent an individual copy. In either case, the CNA received the information on December 13, 1979.

On December 10, 1979, Sister Roach sent Dr. Stinson a package of information entitled *Canadian Nurses Association Code of Ethics Project: Background Paper and Sample Exercises*.⁶⁴⁴ This package included a 23-page background statement to the Code of Ethics, as well as two "sample incidents" worked through using the Code she had developed. In a cover letter to Dr. Stinson, Sister Roach states:

The attached paper was prepared as a background to the work on a Code of Ethics for Canadian nurses. You will note that two values are proposed as a basis for the Canadian Code. 1. Caring as a unique focus of nursing; and 2. Respect for persons, and its related principle, the sanctity of human life. Appended to the paper are two examples, using Aiken's Levels of Moral Reasoning, to show how one could analyze a specific incident, and identify relevant rules and principles. You are invited to suggest other incidents, involving nursing education, practice, or research, which have

⁶⁴⁴ (M. S. Roach, Correspondence to Shirley M. Stinson, including 23-page document, New Code of Ethics Background Paper and Sample Exercises [CNA Code of Ethics, Background material from CNA Ethics Project] December 10, 1979)

ethical implications. You might find it interesting and helpful to use the four level format used in the examples to arrive at moral rules and principles. The Code will eventually be comprised of principles which seem to offer guidance for the kinds of problems we are experiencing in nursing ... because it is necessary to have a draft of the Code for the CNA Board before the end of February, I would appreciate your response as soon as possible ... [the] 4 February 1980 at the latest.

A couple of situations seem to have occurred next. It appears that Dr. Stinson, along with Janet Storch and Marianne Lamb, proceeded to analyze the background paper prepared by Sister Roach *without* doing the case study exercises which were considered necessary. Consequently, neither assessed the usability of the materials. Secondly, it appears that translation had not been arranged for the material from English into French for large numbers of membership in Quebec. It is important to remember that Sister Roach was working from a distance (Boston), and communications technology had not advanced to allow the ease of communication people enjoy in 2013.

Meanwhile, after the position paper was distributed, Sister Roach continued working on specifics of the Code, taking into account feedback submitted from membership and from other professions.⁶⁴⁵ It appears that Sister Roach sent copies of work in progress to Dr. Stinson.⁶⁴⁶

⁶⁴⁵ (M. S. Roach, Overview: CNA Ethics Project [CNA Code of Ethics, Background material from CNA Ethics Project] December, 1979, 1, 2, 4, 5)

⁶⁴⁶ (M. S. Roach, Copy of Work in Progress on CNA Code of Ethics sent by Sister M. Simone Roach to Shirley Stinson [CNA Code of Ethics, Background material from CNA Ethics Project] December 14, 1979)

On December 21, 1979, Dr. Shirley Stinson addressed a memorandum to Professor Janet Storch and Ms. M. Lamb, [a nursing graduate student at the University of Alberta]. The memorandum requested that Professor Storch and Ms. Lamb read materials received from Sister Roach and assist in preparing responses along with Dr. Stinson. Dr. Stinson wrote:

Dear Jan and Marianne: Re: Draft Materials on CNA Code of Ethics. I am writing to ask if you two would work with me to submit a joint commentary on the attached CNA document. Whether or not you want to work on it "formally" with me, I thought you'd both be interested in seeing the document. Jan, I would ask that you direct it to Marianne by January 7th. And Marianne, please return it to me by January 14. Please attach written comments (write on document if that's easiest).⁶⁴⁷

On January 8, 1980, Nancy R. Garrett⁶⁴⁸, Director of Professional Services at the Canadian Nurses Association sent a letter to Sister Roach, copied to Dr. Shirley Stinson and Jeannine Teller-Cormier, informing her that copies of the document *CNA Code of Ethics Project: Overview and Background Paper and Sample Exercises* and cover letter had been sent to all persons indicated in Sister Roach's letter. As per Dr. Stinson's request, Garrett was also sending the package to Marianne Lamb. In the letter, Garrett states that, having received the paper on December 13th, she was sorry that translation to French was impossible before the

⁶⁴⁷ (Stinson, Correspondence from Shirley M. Stinson to J. Storch and M. Lamb, Request to work with her in preparing a joint commentary on material sent by Roach to Stinson re CNA Code of Ethics Project [CNA Code of Ethics, Background material from CNA Ethics Project] December 10, 1979)

⁶⁴⁸ (Letter from N. Garrett at CNA House to M.S. Roach confirming that background paper sent to people on list and also to Ms. Lamb [CNA Code of Ethics, Background material from CNA Ethics Project] January 8, 1980)

December 15th Board meeting, "Hence the response of the O.I.I.Q. [l'Ordre des infirmières et infirmiers du Québec] president to the document" [no more was said about that response]. Francophone members would receive copies as soon as translation had been completed. Garrett also indicated that a room has been reserved for Sister Roach at the Park Lane Hotel, 111 Cooper Street for the night of January 24, 1980, indicating that Sister Roach was travelling from Boston to Canada for a meeting.

Dr. Stinson replied to Sister Roach's communication of December 10, 1979 on January 22, 1980 indicating that she had asked Janet Storch and Marianne Lamb to work with her in providing a joint commentary on the materials Sister Roach had sent. She noted that she was attaching a point-to-point commentary based on their independent critiques. Dr. Stinson went onto say:

Jan and I have a suggestion to make. Marianne did an outstanding term paper this semester, entitled "Ethics and Nursing: A beginning historical analysis of obligations and guides for conduct". Should you like to read this on a "privileged" basis (she may be using part of this paper in her thesis, but should you wish to use portions of it, it could be cited as "research in progress", and you could work out those details with Marianne), you should write to her directly [providing address].⁶⁴⁹

In a memorandum to Janet Storch and Marianne Lamb on January 22, 1980, regarding CNA Ethics, Dr. Stinson attached a copy of the joint reply prepared by the three of them. She also notes:

⁶⁴⁹ (Stinson, Letter from S. Stinson to Sister M. Simone Roach Regarding the CNA Ethics Project [CNA Code of Ethics, Background material from CNA Ethics Project] January 22, 1980)

Marianne, one has to be careful not to "give away" his [*sic*] work in advance of orals and copyright. Sister is entirely trustworthy, and I'm sure we could work out a sensible way of handling the situation should she wish to use some of your material. An idea: how about an MN thesis (exploratory only) to test the utility (etc.) of the new CNA Code?⁶⁵⁰

On January 31, 1980, Sister Roach wrote Dr. Stinson from Boston, attaching the second draft of a paper she had prepared for meeting with the CNA Research Committee on January 25th [she was writing the Guidelines for Ethics in Nursing Research]. The theme of Sister Roach's paper is lack of time to do the kind of a job she would like to do. She stated that responses received had been generally very positive, but she was awaiting other comments. She states:

Because of the limited time available, this paper is not being sent to other than the research committee members. Because I have such confidence in your opinion, however, I am sending a copy to you with the hope that you might find a few minutes to scan it. It is quite different than the one we did in 1972. [this is unclear] Since I came here [to Harvard] in December, I have spent most of my time reading in the area of experimentation involving human subjects. I have barely scratched the surface of the literature available, but I have tried to use some of the more authoritative sources. This paper is an attempt to synthesize what I perceive to be the essentials. Some of the responses to the first position paper are coming in.

⁶⁵⁰ (Stinson, Memo from Shirley M. Stinson to J. Storch and M. Lamb Regarding CNA Ethics [CNA Code of Ethics, Background material from CNA Ethics Project] January 22, 1980)

Unfortunately, the copies to individuals did not get out until January which gave little time for study.⁶⁵¹

Sister Roach had received responses from all provincial associations, and was struck by the urgency, the magnitude and the complexity of the challenges facing Canadian nurses.⁶⁵² In selecting the content and format for the Code, these problems were used to shape the twenty statements of ethical responsibility expressed under the ethical imperative of "caring".

The meeting scheduled for January 25, 1980 obviously went ahead, as Sister Roach sent a memorandum to the members of the Nursing Research Committee on January 31, 1980 with a 13-page document attached. She states that the attached paper was a revision of the paper she had prepared for the meeting on January 25th. She hoped that she has caught the sense of the discussion, and gave sufficient attention to the comments made by the committee. She stated that she found the meeting and discussion extremely helpful, and offered to take into consideration any comments that were yet to arrive as she prepared for a final submission to the CNA Board for their meeting the end of February. She noted that responses to the major position paper she had prepared in November, 1979, were coming in, but a major complaint had been that people had not had enough time to study the paper thoroughly.⁶⁵³

⁶⁵¹ (M. S. Roach, Letter from M. Simone Roach to Shirley Stinson about CNA Research Committee Meeting [CNA Code of Ethics, Background material from CNA Ethics Project] January 25, 1980)

⁶⁵² (M. S. Roach, Information Provided to Margaret Elizabeth Myers on the CNA Code of Ethics: Three-page Summary, typewritten notes August 15, 2010)

⁶⁵³ (M. S. Roach, Correspondence from Sister M. Simone Roach to Members of Nursing Research Committee, including 13-page document, revised from January 25, 1980 [CNA Code of Ethics, Background material from CNA Ethics Project] January 31, 1980)

In response, Dr. Stinson replied on February 18, 1980, copied to Dr. Helen Mussallem, with 12-pages of handwritten notes. She states that she believed Sister Roach's draft of *Guidelines for Ethics in Nursing Research* was "a very substantial and relevant piece of work. It is my tentative opinion that at least the essence of it should form a part of the overall Code, i.e. that it should not be relegated to a supplement/appendix status".⁶⁵⁴

The project seemed urgent to Sister Roach because responses received indicated a growing concern among nurses about ethical conflicts experienced in daily practice. It seemed of great magnitude because the outcome of the project, a Code of Ethics for Nurses in Canada, was to embrace and express something of fundamental and common interest to nurses across the country, and provide meaningful guidelines for a host of problems in a wide variety of settings. "It seemed to be on a high level of complexity because it was concerned with designing a code relevant to problems which do not respond to black and white solutions."⁶⁵⁵

After review of consultations, and case study submissions, a Code of Ethics was proposed and submitted for consideration at the Canadian Nurses Association Board Meeting in Ottawa in February, 1980. It was approved by the Board of Directors for submission to the CNA Annual Meeting in Vancouver, June, 1980.

⁶⁵⁴ (Stinson, Correspondence from Shirley M. Stinson to Sister M. Simone Roach, copied to Helen Mussallem, including 12-page handwritten document [CNA Code of Ethics, Background material from CNA Ethics Project] February 18, 1980)

⁶⁵⁵ (M. S. Roach, Address from Visiting Scholar in Ethics, Harvard University: Toward an Ethic of Caring November 4, 1980, 2)

The Code Completed and Approved by CNA Board of Directors

A news item in the Ottawa Citizen, March 18, 1980, stated:

Ottawa (CP) The Canadian Nurses Association introduced its first code of ethics Monday to guide nurses through tough moral decisions they face daily in their jobs. The Code of 20 broad principles, however, does not address specific medical-moral issues such as abortion and the prolongation of life. Sister Simone Roach of St. Francis Xavier University of Nova Scotia, who developed the code, said at a news conference it was designed to provide a general set of rules by which nurses can gauge their professional responsibility to patients and to themselves. "This is not a checklist of do's and don'ts," said Sister Roach, chairman [*sic*] of the University's Department of Nursing in Antigonish. Its [the Code's] ethical statements included: Working conditions: caring demands the provision of working conditions which enables nurses to carry out their legitimate responsibilities; Death: caring acknowledges the reality of death in the life of every person and demands that appropriate support be provided for the dying person and family to enable them to prepare for and to cope with death when it is inevitable; Decisions: caring command fidelity to oneself and guards the right and privilege of the nurse to act in keeping with an informed moral conscience, said Sister Roach, "It (the Code) is a springboard for the reflection for these (controversial) issues, to motivate the nurse to come to grips with issues ... in a way she [*sic*] never would have before." Helen Taylor, association president, said nurses had

previously relied on general ethical concepts laid down by the International Council of Nurses for health professionals in 89 countries.

The association represents 200,000 nurses.⁶⁵⁶

The May, 1980 issue of the *Canadian Nurse*⁶⁵⁷, carried this news item:

Approval of the first Canadian Code of Ethics for Nurses -a person-oriented care ethic applicable to nursing service, education, administration, and research--was at the top of the list of accomplishments of CNA directors at this year's spring meeting. The three-day end of February meeting at CNA House in Ottawa The Code of Ethics, a copy of which is contained in this issue, will be presented to nurses attending the annual meeting in Vancouver for endorsement by the association membership. The Code, officially titled, "CNA Code of Ethics: an ethical basis for nursing in Canada", is the result of almost two years of work by Sister Simone Roach of Antigonish, NS ... with eminent specialists in bioethics, nursing and medicine at conferences and seminars in Canada and the United States during the period in which she was developing the Code .⁶⁵⁸

The article went on to quote Sister Roach as saying:

At this point in our history, our credibility as a profession may very well depend on (1) the motivation and ability of individuals and the profession to make a person-oriented care ethic operational in nursing practice,

⁶⁵⁶ (Ottawa Citizen March 18, 1980)

⁶⁵⁷ (Canadian Nurses Association, CNA 1980)

⁶⁵⁸ (Canadian Nurses Association, CNA; 2008)

education, administration, and research, and (2) the conviction with which we express this person-oriented care ethic in our codes of ethics.⁶⁵⁹

Reactions to the Code of Ethics

The project seemed to have gone well. The Code of Ethics had been completed, accepted by the Board, and formally announced to the membership. Some records and oral interviews help to fill the gaps in what happened between March 18, 1980 in Ottawa when the Code was accepted, and the Annual General Meeting (AGM) of the CNA in June of the same year.

It was not possible to acquire information from the Nova Scotia Nurses Union from that time because the building had burned, and files from that period had been destroyed. An interview with the first president of the Nova Scotia Nurses Union shed some light on the reactions to the Code by nurses in Nova Scotia, and the manner in which the reaction spread across the country. Winnifred Kettieson was the first president of the Nova Scotia Nurses Union (NSNU) and served from 1976 to 1980, at which time she became a member-at-large for Social and Economic Welfare on the Canadian Nurses Association Board 1980–86. In recalling the period of Canadian nursing history⁶⁶⁰, she recalls that she had not initially seen the Code of Ethics that came out [as an insert] in the May, 1980 issue of the *Canadian Nurse*. She states that the union [the NSNU] had not been presented with a copy of the Code, and she only became aware of the publication when nurse Peggy Gorman, working at the Halifax Infirmary at the time, saw it and pointed it out to her. On reading the Code, Ms. Kettieson and some others

⁶⁵⁹ (Canadian Nurses Association, CNA; 2008, 18)

⁶⁶⁰ (Kettieson September 12, 2011) Interview with W. Kettieson by Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

were worried about legal action and discipline because they read a particular line in the code⁶⁶¹ to mean it would be unethical for the nurse to leave the patient for whatever reason. She recalls that the union [the NSNU] was in its infancy, and about being in a panic because the unions were not organized as a group (now they are a national federation; the Canadian Federation of Nurses' Unions), and the Annual Canadian Nurses Association meeting was coming up shortly in Vancouver at the Hyatt Hotel [June 22-25, 1980]. According to Ms. Kettieson :

The nursing petitions began in Nova Scotia; I took it to the Registered Nurses' Association of Nova Scotia [now the College of Registered Nurses of Nova Scotia] and talked about it with the president, Marilyn Riley. I had a meeting with Ms. Riley to get the issue on the agenda. The union [NSNU] spoke with other unions because we were concerned, and a representative from all the unions went to Vancouver, with most provinces represented. I went to Vancouver two days before the CNA meeting, as did Lois Hall [who would later become President of the NSNU]. The union representatives met with and presented to the CNA Board, and the Board agreed to take that one sentence out. Joan Mills [Executive Director of the Registered Nurses' Association of Nova Scotia, (now the College of Registered Nurses of Nova Scotia), 1977–1990] was opposed to taking it out. The unions met again, there, and some nurses stayed for the AGM meeting. Nova Scotia, Ontario, Manitoba, and British Columbia stayed. It [the process] was civilized, all quite civilized, there

⁶⁶¹ CNA Code of Ethics, 1980, Section V (Guidelines), paragraph 6, sentence 3, states "when a nurse is working under conditions which violate justice, the withdrawal of needed services to patients as a means of resolving such injustices, is unethical"

was no animosity. The decision to write the revised code came later.⁶⁶²

Ms. Kettieson believes that the Sisters of Saint Martha had power with the nurses' association [the RNANS]. She referred to prominent members associated with the Congregation and Antigonish such as Joan Mills and Ellie MacFarlane, Sister Barbara Muldoon who had been president of the RNANS before Marilyn Riley, and Sister Clare Marie Lyons who was on staff at the RNANS. She states, "There was always the Antigonish mafia ... they wanted things their own way, and they often got it hey had the power—they controlled the Association. They had the balance of power; the nuns had a lot of power. That's why Sister [Roach] was asked to write the Code. Sister Roach didn't contact the union about any of that [what she had written]."⁶⁶³

Ms. Kettieson described the process that took place after the summer of 1980. As a result of the union protest, the union decided that the CNA needed a union representative on the Board. Ms. Kettieson became a member of the Board, and was there between 1980–1986. She stated that Nova Scotia is recognized for taking a stand in 1980, and because of that, history changed in a pivotal way with the nursing unions having a liaison on the CNA Board. She believes that "the situation that happened with the Code would not likely happen today. With a CNA liaison, they would take the document to the unions".⁶⁶⁴

Marilyn Riley is now a retired professor of nursing, Dalhousie University in Halifax, and was President of the Registered Nurses' Association of Nova

⁶⁶² (Kettieson September 12, 2011) Interview with W. Kettieson by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁶⁶³ (ibid)

⁶⁶⁴ (ibid)

Scotia (RNANS) (known as College of Registered Nurses of Nova Scotia since 2002) from 1978 to 1980. Ms. Riley was acquainted with Sister Roach through her role with the RNANS and from attending meetings at the Canadian Nurses Association when Sister Roach was writing the first Code of Ethics. Ms. Riley remembers having had a difference of opinion with Sister Roach at a RNANS meeting prior to the time that the Code was written and debated. The difference of opinion was over a response to the debate around abortion being removed from the Criminal Code of Canada. However, she and Sister Roach "got along well when we met after that". Ms. Riley, who describes herself as "Irish, but my grandfather was an Orangeman" did not see religion as an issue in Nova Scotia until that particular issue between her and Sister Roach at the RNANS meeting. Because of that issue, and Sister Roach's strong religious beliefs, Ms. Riley did not believe that she was the right person to write the Code. Ms. Riley jokingly referred to the strong Roman Catholic presence in nursing in eastern Nova Scotia as "the Antigonish connection". She remembers:

I was at the meeting where they appointed Sister Roach to write the code, and I was very, very concerned. Now, Joan Mills was there, and Joan was part of the "Antigonish connection", a graduate from St. FX, and had taught there. She came on in 1977, as executive director of the RNANS, and I didn't want to say anything in front of her. I knew that Sister Roach would produce a beautiful piece of work, but what she came up with was not going to go down with the membership. I remember that she wrote it and there were issues, just as I knew there would be. I think I read it at the

time, but I really can't remember much, as I was coming off in 1980. I expected there would be problems and there were. I was in Vancouver in 1980, my last one. I was the outgoing president. I do seem to remember that there was an issue; they took out things, and then the new Code came in sometime later. I could have told them [at the CNA] that would have happened. My executive director was Joan Mills and she was from Antigonish, so it was difficult for me to speak out. I wanted to tell the other members, but I never trusted the CNA staff. I tried to say a few things, but Joan Mills argued with me, and she said Sister had been appointed, and it was our role to get out there and support her. I said, she is a very strong Roman Catholic, you know, and how is that going to go over with the membership. She would do a fine job, but they all wore blinders. Anyway, they appointed her, and I thought it was a really bad decision. They had blinders on as to what the membership would accept, what some of us were willing to put up with. Joan Mills was a very strong willed person.⁶⁶⁵

Memories of Turbulence

Dr. Janet Storch also recalls that period in Canadian nursing history.⁶⁶⁶ Dr. Storch has been involved in bioethics, health ethics, administrative, organizational and research ethics since the mid 1970s. She served as President of the Canadian Bioethics Society in 1991–1992 and as member and President of the National

⁶⁶⁵ (Riley April 17, 2012) Interview with M. Riley by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁶⁶⁶ (J. L. Storch April 9, 2012) Interview with J. L. Storch by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

Council on Ethics in Human Research from 1994 to 2002. She is a Professor Emeritus at the University of Victoria where she served as Director of the School of Nursing and where she continues an active research program in nursing and health care ethics. She was Chair of the University of Victoria Human Research Ethics Committee from 2002–2005 as well as member of the Vancouver Island Health Authority Research and Ethics Board during those same years. Prior to her appointment at the University of Victoria in 1996 she was Dean of Nursing at the University of Calgary and prior to 1990, was Professor and Director of the Masters in Health Administration Program at the University of Alberta.⁶⁶⁷

In an article entitled *Enduring Values in Changing Times: The CNA Codes of Ethics*⁶⁶⁸, Dr. Storch states that "Roach's legacy to Canadian nurses and their codes of ethics is that she established the foundation for a value-based code that specified what nursing practice ought to be at a time when codes for other health-care professionals were far more rule based".⁶⁶⁹

Dr. Storch and Sister Roach did not formally meet until some ten years after that first Code was written, at the Canadian Bioethics Society. However Dr. Storch remembers Sister Roach and her work very well from the time she was writing the Code because of her own association with Dr. Shirley Stinson. "Dr. Stinson was president of the Canadian Nurses Association from 1980 to 1982, critical years in terms of the Code written by Sister Roach"⁶⁷⁰, and Dr. Storch had been supervised by Dr. Stinson when she did a master's program in health care

⁶⁶⁷ (Health Canada Science and Research 2010)

⁶⁶⁸ (J. L. Storch, *Enduring Values in Changing Times* 2007)

⁶⁶⁹ (ibid)

⁶⁷⁰ (J. L. Storch April 9, 2012) Interview with J. L. Storch by Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

administration with a focus on ethics. Dr. Stinson continued to be very interested in conversing with Dr. Storch about ethics. According to Dr. Storch, "Shirley [Stinson] tried to throw before me almost everything that was going on in the CNA about ethics, and she had me read drafts and tell her what I thought about this or that. Most of it was for my own learning, but it was also because Shirley was delving into some works she would not have read and seeing how does this all match up".⁶⁷¹ Through Dr. Stinson, Dr. Storch had a sense of Sister Roach's writing as drafts of the code were coming out, "and were shared with me because she [Dr. Stinson] and I were working together, and she would have me look at some of the drafts."⁶⁷²

Janet Storch had a position at the University of Alberta Faculty of Nursing in teaching and research, and Dr. Stinson was a prominent member of the nursing faculty. Dr. Storch also recalls being involved in discussions about the Code with Dr. Stinson and a person who came to Edmonton from the Canadian Nurses Association [whose name she cannot remember], and whom she went to meet at the Edmonton airport. Dr. Storch also remembers that Marianne Lamb was a student of hers at the time at the University of Alberta, and recalls, "Marianne and I were overlapping too, on some of the things we were trying to work on in nursing ethics".⁶⁷³

According to Dr. Storch, Dr. Stinson was "really upset" about what was happening with Sister's work [when turbulence erupted]. [She was upset because]

⁶⁷¹ (J. L. Storch April 9, 2012) Interview with J. L. Storch by Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

⁶⁷² (ibid)

⁶⁷³ (ibid)

she had not been forewarned, and was really caught off guard. Dr. Storch does believe however, that had Sister Roach's Code been used for a longer period of time, and not altered very much, nursing [in Canada] would have moved ahead more quickly "toward a more relational approach such as what we are beginning to see in nursing now". She also believes there may have been an opportunity [for nursing] to take leadership in "the kinds of approaches, say, that Sally Gadow from the University of Colorado and Benner and others have promoted". She thinks there would have been more of a tendency to understand better how we might look at ourselves as nurses and our responsibilities. However, the Code was not used for very long, and she was disappointed that the Code developed in 1985 was very different than the care-based Code developed by Sister Roach in 1980.

Dr. Storch remembers:

I remember Dr. Stinson being very, very upset, not with Sister Roach or the Code, but rather with how poorly nurses were responding. That would have been my first awareness of just how turbulent that period was. From what I understand from talking to Helen Mussallem [Dr. Helen Mussallem (1914–2012) was Executive Director of the Canadian Nurses Association from 1963 to 1981] about the tensions of nurses' unions taking exception to Sister Roach's Code, even after it was approved by the Canadian Nurses Association Board (emphasis). They were certainly rallying before that [the Annual General Meeting in Vancouver, 1980] because she had written about strike action not being ethical behaviour and apparently that was just an incredible spark that grew into a very big flame, and the things

Sister Roach and Helen Mussallem were describing to me were more related to a board meeting in Ottawa when the unions had descended on Ottawa as many people as possible and really, they weren't storming the CNA, but in a way they were. They were very, very active, and it was very tense. I know that Sister was there and she described that to me, about tension in the room and the fact that she –I recall her telling me some of the details, I don't think she was afraid of the action, but I think she was puzzled by it. That was a difficult time for her. You know, feeling that, in the Christian tradition, sort of forgive them for they know not what they do ... she didn't exactly say that, but that's kind of what I got from her about it ... this bewilderment-- this 'don't they know?', 'don't they understand?' you know. And that whole thing, and then the process that she described, of CNA then trying to remove the clause and even that was not going to be satisfactory--but that's the part that I'm missing, in my own history –satisfactory for whom? Because, you see, they then rewrote that Code so thoroughly for the 1985 edition that it left me puzzled. But I have to say, and I know I'm jumping here a bit ... my assessment, and I think I recorded that in the article I mentioned, *Enduring Values*, is that—every time I look at the Code, her Code, is that it was a Code ahead of its time.⁶⁷⁴

Dr. Storch describes Sister Roach's Code as being ahead of his time because the focus on caring in nursing was not present prior to that time, "it was

⁶⁷⁴ (J. L. Storch April 9, 2012) Interview with J. L. Storch by Margaret Elizabeth Myers for Biography of Sister M. Simone Roach

probably ten years later that the awakening to caring and subjective phrases and comments came into view", but at that time nursing was focused on technology, do's and don'ts, and clear directions. According to Dr. Storch, it was a very powerful early code for Canadian nurses that "came a bit before people could be ready for it." The draft Code was presented at the 1980 annual meeting of the Canadian Nurses Association, and subsequently revised by a CNA committee established at that meeting.

Helen Taylor was President of the Canadian Nurses Association (CNA) from 1979 to 1980, and was familiar with Sister Roach's Code of Ethics. She recalls all the changes occurring in nursing around that time period⁶⁷⁵. There were changes in nursing education, including an interest in developing doctoral programs in Canada, and the gradual change from registered nurses being educated in hospitals to the junior colleges and universities, with each province being responsible for its own system of education. The recommendation that a baccalaureate degree be the minimum requirement for entry to practice by 2000 would come two years later, in 1982. She recalls that in 1976, the Canadian Nurses' Foundation provided a research grant to the Canadian Association of University Schools of Nursing (CAUSN) to advance its work in accreditation. There was considerable increase in attention given to research in nursing, both at the practical level and the professional level. The Canadian Standards for Nursing Education had been developed around 1978. The Castonguay-Nepveu

⁶⁷⁵ (H. Taylor September 22, 2011) Interview with H. Taylor by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

Commission in Quebec occurred in the late 1970s led to the closure of diploma nursing schools across that province.

She also recalls the review of the Canada Health Act. These changes were significant because nurses were considered to have a dependant role until the late 1970s, and then it was recognised, "My goodness nursing has an independent role, and this was very difficult to articulate, because the medical community thought it was intrusive on their practice, and we tried to articulate, 'No, we have some dependent roles, some independent roles, and some interdependent roles', and that is where the expanded role of nursing started to be articulated, so there really was a lot going on in these years".⁶⁷⁶ Another change was the first national entry exam. The Canadian Nurses Association had, over the years, purchased the American licensing examination for nurses from the National League for Nurses (NLN). When the NLN withdrew its exam in Canada in 1969, the CNA purchased an existing testing service run by the Registered Nurses' Association of Ontario, and from this developed the first national entry exam known as the CNA Test (CNAT). Since 1970, Registered Nurse candidates in every province and territory have written a Canadian-developed entry exam. Additionally, nursing specialization was sought because specialized nursing units had been developed, and the CNA began to develop a very extensive certification process. Considering other changes being made, the CNA Code of Ethics, adopted in 1980, was a timely event in the history of Canadian nursing.

⁶⁷⁶ (H. Taylor September 22, 2011) Interview with H. Taylor by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

In speaking of the first Canadian Code of Ethics, Helen Taylor remembers that Sister Roach was on a leave from her position at St. FX University in Antigonish, and when input was sought from the various provinces to nominate a person or persons who might be available and suitable, she was selected to develop the new Code of Ethics, a Canadian Code of Ethics. She recalls that she met Sister Roach for the first time when she presented the Code of Ethics, well on its way to being completed at a CNA Board meeting at CNA house in Ottawa. She continues:

I met Sister Roach in 1979 at a meeting in preparation for the 1980 Annual and General Biennial meeting which was to take place in Vancouver. And then, she presented it to the Assembly. I believe that there was just one section of it with which people were dissatisfied. I think that this Code was wonderful, and I think that the nurses accepted it as being uniquely Canadian and having a specific emphasis It was no longer just a set of do's and don'ts', but the guidelines were generally applicable to all areas of nursing. I feel that the Code itself was accepted broadly by nurses, but there was really only one part in the Code which seemed to be overtaken with a great deal of emotion by the nurses. It was a section of the document that referred to the withdrawal of services being unethical. I think she called it 'withdrawal of needed services to patients as a means of resolving issues, something to that effect'. They really picked up on that and it was brought back to the Board, and the Board had already approved this in its entirety. It was a young woman from Ontario who felt she was

speaking for the unionized nurses across the country. There was an association of nurses unions at that time [actually, this association did not come until later. The unions came together informally in response to the 1980 Code]... they were speaking broadly for all the nurses, and they also had sent a very large number of letters and telephone calls. I think I heard 950 responses at one point, objecting, and I think it was just to that one part. Of course, I left the Board after that meeting. I believe that the Board decided to look at it and perhaps remove that part, and I'm not really sure how it was adjusted.⁶⁷⁷

Helen Taylor recalls that the General Meeting was probably on June 21-24, 1980, and the convention itself, when all of the delegates would have been there, would have been June 21-24, and prior to that there would have been three days of meetings, one of which would have been the executive committee meeting, because the executive committee met first, followed by, immediately—the next day—the meeting of the Board of Directors, and those dates would have likely been June 20, or 17-19. "The Code of Ethics went through the Board okay, and it was at the convention itself that these nurses protested. I recall that the meeting had a great deal of decorum throughout". She continued:

Sister Roach's Code of Ethics had been released prior to the meeting, and circulated to the provinces for review, and it might have gone out with the call to the meeting, but the nurses immediately reacted and notified the CNA, so when we went to Vancouver we had the executive meeting and then we had a Board meeting, and representatives of the union—and this

⁶⁷⁷ The part of the Code that the unions expressed concern with was removed.

young lady who I specifically recall, from Ontario [she is speaking of Gail Heather Dolan (1945–2010), Ontario Nurses Association (ONA) President, 1980, ONA staff from 1981–1995 as Director of Administrative Services, a role that was later re-named Chief Operating Officer].⁶⁷⁸

To provide greater clarification on the significance of what was happening in Canada in May and June of 1980, information of nurses unions in Canada, and positions on strike action is necessary. What follows is background information on the nurses' position, and why they reacted in the way that they did.

Canadian Nurses' Unions in 1980

Dr. Judith M. Hibberd has written extensively on collective bargaining in the nursing profession and the nature of nursing strikes.^{679 680 681} According to Hibberd, one of the more troubling aspects of collective bargaining by nurses is the ethical issue of whether it is right to withdraw services, and if so, under what circumstances.⁶⁸² Hibberd states:

The initial refusal of professional nurses' associations to adopt strikes as a bargaining tool was undoubtedly motivated by the highest of services ideals, but it represented a rejection of power by the powerless. Experience with the realities of collective bargaining soon revealed that any assumption nurse leaders may have had that employers would respect their gesture of good faith and refrain from exploiting them proved false. The Canadian Nurses Association (CNA) rescinded its no-strike policy in

⁶⁷⁸ (Ontario Nurses' Association December, 2010)

⁶⁷⁹ (Hibberd, *Strikes by Nurses: The Nature of Nurses Strikes*, Part 1 1992a)

⁶⁸⁰ (Hibberd, *Strikes by Nurses: Incidence*, Part 2 1992 b)

⁶⁸¹ (Hibberd, *Working With Unions* 2006)

⁶⁸² (Hibberd, *Strikes by Nurses: The Nature of Nurses Strikes*, Part 1 1992a)

1972 under pressure from the provinces, but this policy reversal in no way resolved the issue for nurses Despite lifting its ban on strikes, the CNA Board of Directors approved a Code of Ethics in 1980 which stated unequivocally: "When a nurse is working under conditions which violate justice, the withdrawal of needed services to patients as a means of resolving such injustices is unethical" Section III⁶⁸³, in which this statement appeared [it is actually Section V, Guidelines], was later deleted. A subsequent Code of Ethics placed less stringent duties on nurses recognizing their right to choose job action, as well as the right of "clients whose safety requires ongoing or emergency nursing care to have their needs satisfied throughout the duration of job action."⁶⁸⁴

Because unrest began with nurses in Nova Scotia, some background on the Nova Scotia's Nurses Union may be helpful. The Nova Scotia Nurses' Union evolved from the Registered Nurses' Association of Nova Scotia's Provincial Committee on Collective Bargaining (PCCB). The PCCB began in 1966, as the bargaining agent for Nova Scotia nurses, and consisted of representatives from each of the independent local staff associations. At that time in Canada, there was a shift away from professional associations representing members in collective bargaining endeavours, and the development of the Nova Scotia Nurses' Union was part of that shift. This movement came about as the result of a 1973 judgment handed down by the Saskatchewan Supreme Court in a ruling between the Saskatchewan Nurses' Association and the Service Employees' Union, deeming it

⁶⁸³ The section that the unions expressed concern with was V, not III

⁶⁸⁴ (Hibberd, *Strikes by Nurses: The Nature of Nurses Strikes*, Part 1 1992a)

to be a conflict of interest. The development of the NSNU was part of a nation-wide shift away from professional associations representing members in collective bargaining. It was deemed a conflict of interest for the professional association (Saskatchewan Nurses' Association) to represent members in collective bargaining.^{685 686}

In her history of the Nova Scotia Nurses Union: 1968–1985, Sandra P. Redmond⁶⁸⁷ drew extensively from interviews with Tom Patterson and Winnifred Kettieson. Patterson was Labour Relations Officer for the union and Winnifred Kettieson was president of the NSNU. In her documentation of this period of time in the history of the NSNU, Redmond⁶⁸⁸ traces the issue back to 1944 when the Canadian Nurses Association first endorsed the principles of collective bargaining, and then adopted a no-strike policy in 1946, a policy that was rescinded in 1972. The Executive Committee of the NSNU believed that the 1972 change in policy had not been reflected in the 1980 Code of Ethics for Nurses because, in her perception, the Code stated that nurses should not have the right to strike.⁶⁸⁹ Drawing on NSNU Executive Committee Meeting notes from May 22, 1980, June 22, 1980, and August 13-14, 1985, Redmond outlines the way in which the NSNU responded to the Code of Ethics written by Sister Roach:

The statement was cause of concern for Nova Scotia nurses, who believed that it denied the nurses' legal rights and brought forth the possibility of disciplinary action should a nurse exercise her [*sic*] legal right to strike. A

⁶⁸⁵ (Nova Scotia Nurses' Union 2010)

⁶⁸⁶ (Ross Kerr 1996, 273, 274)

⁶⁸⁷ (Redmond 1999)

⁶⁸⁸ (Redmond 1999)

⁶⁸⁹ (Redmond 1999, 135)

motion was passed at the Executive Committee Meeting [May 22, 1980] directing a letter of objection regarding the clause of the Code of Ethics be sent to the Canadian Nurses Association, with copies sent to other unions possessing the right to strike ... the matter was placed on the agenda of the Liaison Committee Meeting with [the] Registered Nurses' Association of Nova Scotia. The ensuing discussion was somewhat confusing with the Executive Secretary of the RNANS, Joan Mills, believing the clause would not harm unions. Marilyn Riley, President of RNANS, who had been involved in the process of approving the Code of Ethics, found the clause as it appeared in the finished document confusing [June 22,1980] [and] the topic was placed on the agenda for the RNANS Annual Meeting.⁶⁹⁰

The NSNU engaged in discussion with other stakeholders and found that they did not know about the contents of the Code of Ethics. Copies of the letter of objection the NSNU had prepared to be sent to the Canadian Nurses Association were sent to these other "counterparts". The Executive of the NSNU, believing there was a need to oppose restrictive legislation to maintain free collective bargaining and that this was best achieved through joint efforts with other participants of the "United Front".⁶⁹¹ The reaction that began in Nova Scotia, and spread across the country was not otherwise discussed in Redmond's history.

Helen Taylor, then president of the Canadian Nurses Association (CNA) explained that a representative from the nurses associations [Gail Heather

⁶⁹⁰ (Redmond 1999)

⁶⁹¹ (Redmond 1999, 136)

Dolan]⁶⁹² had asked to speak to the Board prior to the general meeting, and prior to the larger assembly. Ms. Dolan was welcomed, and she came. The CNA acknowledged that, from the time the Code had been released to the provinces, prior to the meeting, and prior to that date they had received hundreds of letters from various nurses about the Code, indicating that they did not like the reference in the Code that they understood to mean that it would be unethical to withdraw services under any circumstances.⁶⁹³ However, at that time, the Board had already approved the Code for presentation to the annual general meeting, and, according to Helen Taylor, "we all knew that the nurses were going to come, and that there would be some comments about it". She reports that the nurses got up to speak in an orderly fashion, as she was chairing the meeting, and as they were acknowledged at the microphone, they spoke about their concerns, and from Helen Taylor's perspective, it was all "pretty orderly, I wouldn't say that there were any protests, you know, I didn't see it. Certainly there was protestation, but I wouldn't see it as a collective stomping out the door". It was decided that nothing could be done about the Code at the time, it had to go back to the Board that would review whether the clause was to remain in the Code of Ethics or whether anything was to be done. Helen Taylor goes on to say:

There was just a bit of confusion around that particular statement, but I had heard before that there wasn't much that people didn't like, and I was hearing that people didn't like it being unethical to withdraw services; that was the real feature there. Sister Roach had consulted widely throughout

⁶⁹² A record of Ms. Dolan's address to the Board was recovered by Margaret Elizabeth Myers
⁶⁹³ (H. Taylor September 22, 2011) Interview with H. Taylor by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

the provinces, and with her own colleagues, and with her own contacts throughout Canada and in the United States. I don't think she just sat down to write it [the Code]. She put a great deal of effort and thought into that. In the past, the code that nurses used wasn't up to date⁶⁹⁴, you know it included such things as carrying out physicians' orders intelligently, you know, and being loyal, and being prompt and over time there were changes in practices. There was a shift in nurses' accountability and responsibility for their own actions and, you know. Sister Roach's Code wasn't just a simple check-list, it was very reflective, and it looked at the ethics of the profession, and valued respect for people, caring, respect for human life, and I think she had five or six C's in there. Previously, we were using the International Council of Nurses code, and then Sister Roach took a two year study leave, I believe. Actually, she was chairman of St. FX University program, I believe, and she began work on developing the Code over a period of a year or two, and I think she met with specialists in bioethics and allied groups, and she attended conferences in Canada and in the United States, and I think she was trying to encompass how nursing is not just practice but its education, its administration, its research, and the concept of caring came into all of those.⁶⁹⁵

⁶⁹⁴ Prior to this time, Canadian nurses had used a Code of Ethics developed by the International Council of Nurses in 1953 (International Council of Nurses 2012)

⁶⁹⁵ (H. Taylor September 22, 2011) Interview with H. Taylor by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

According to Helen Taylor, at that time [after the meeting] the Board dealt with how to respond. There were more than just one or two nurses speaking out; the nurses unions were saying that the CNA was not defending nurses' rights in the modern context, and thought they [nurses] might be put in an unethical position:

The nurses did not know how broadly the Code would be applied. Then they said, "What value is the CNA to us then? Are you really our organization if you don't listen to our concerns". So, they had some credibility; we weren't ready to dismiss them outright. The Board said, well we can withdraw the Code entirely, which we were not prepared to do, we could withdraw their area of concern, or we could go with the motion we had passed to adopt the Code in its entirety ... to proceed with that. So, it was the specific area, dealing with the section [that they disagreed with] and if I recall, the Board said we would keep the Code, but maybe that area could be revised or substituted. I think they left that open to the Board, because we couldn't deal with it at that time [the night before the AGM] because the meeting was upon us, was to take place the next day.⁶⁹⁶

Gail Heather Dolan, then President of the Ontario Nurses' Association, and the representative for all the nurses' unions, presented her concerns to the CNA Board the day prior to the 1980 AGM. In addressing the CNA Board, Ms. Dolan stated that she was representing Canada's professional nursing unions;

⁶⁹⁶ (H. Taylor September 22, 2011) Interview with H. Taylor by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

collectively 70 percent of the CNA membership. She stated that each organization had studied the new CNA Code of Ethics, and "are gravely concerned with certain parts that affect collective bargaining for nurses".⁶⁹⁷ Dolan provided background information, including CNA's implicit support for collective bargaining since 1944, and eight years prior (1972), CNA "went so far as to rescind an earlier resolution opposing strikes by nurses at any time and for any reason". She recalls the formation of the CNA Labour Relations Division in 1977.⁶⁹⁸ Then, Dolan addressed the concern that brought her to the Board meeting:

Our concerns today are over the last three paragraphs of Section V, Guidelines, in the Code of Ethics Brochure. It is our understanding that this section is out of sequence, that it should follow "Caring and the Healing Community". This in itself would explain why our colleagues in Quebec are distressed over differences in the English and French editions. But correcting the typographical error would not relieve the serious reservations that we and our members have about the Code. Our sister unions across Canada are gravely hampered by Section V. All provinces, except Prince Edward Island, have no option but the withdrawal of services as a last resort to settling nursing labour disputes. Admittedly, ONA and the Registered Nurses' Association of Ontario are on record as supporting arbitration as the final step; but it has been virtually unattainable for many nurses. The premise of the Code seems to be that

⁶⁹⁷ (G. H. Dolan June 20, 1980) CNA Code of Ethics, Background material from CNA Ethics Project: Presentation to the CNA Board of Directors: The Views of the Canadian Nurses' Unions on the CNA Code of Ethics

⁶⁹⁸ (G. H. Dolan, Presentation to the CNA Board of Directors: The Views of the Canadian Nurses' Unions on the CNA Code of Ethics June 20, 1980)

economic advantage can be the only object of withdrawal of services. This is not so. Some of my sister unions in recent months have won professional responsibility clauses in their collective agreements; that is just one example of nurses' strike action ultimately improving the lot of patients ... we urge you to seriously consider sections of the Code dealing with withdrawal of nursing services. As they stand now, these sections can only harm nursing in Canada.⁶⁹⁹

The delegation from the provincial nurses' unions, represented by Ms. Dolan, presented objections to statements in Section V of the Code, Guidelines, interpreted by them to mean that under no circumstances should nurses use strike action. Following their objections, Sister Roach responded with a clarification that seemed to be accepted at that time. Sister Roach was aware of the reactions of the nurses' unions, as she had prepared a response to Agenda Item 7: Nurses Unions. In a two-page explanation of the section that concerned nurses, Sister Roach focused on the statements from the CNA Code of Ethics that had created concern for nurses unions. She clarified the statements in the Code this way:

Thus, when a nurse is working under conditions which violate justice, the withdrawal of needed services to patients as a means of resolving such injustice, is unethical. [And] from an ethical point of view, neither the profession as a whole, nor the individual nurse, may resort to strategies that would compromise the health of clients.⁷⁰⁰

⁶⁹⁹ (G. H. Dolan, Presentation to the CNA Board of Directors: The Views of the Canadian Nurses' Unions on the CNA Code of Ethics June 20, 1980)

⁷⁰⁰ (M. S. Roach, CNA Code of Ethics, Background material from CNA Ethics Project: CNA Code of Ethics: An Ethical Basis for Nursing in Canada June 18, 1980)

What follows in the document entitled *CNA Code of Ethics: An Ethical Basis for Nursing in Canada*, Sister Roach attempted to clarify and interpret the statement of concern. She pointed out that the Code is relevant to a particular time period, and factors such as management relations, working conditions, autonomy for the nurse, just recompense, violations of justice with respect to employment practices, were all considered [in the writing process] because they represented a critical and legitimate concern of the profession at the time. She pointed out that ethical constraints ought to influence the choice of particular strategies used to achieve justice, autonomy, desirable working conditions, etc., so that the strategies in themselves are not unjust. "The ends do not justify the means, or one injustice relative to working conditions, does not justify or legitimate another injustice"⁷⁰¹. She called attention to the following clause in the Code:

Caring demands the provision of working conditions which enable nurses to carry out their legitimate responsibilities ... and the profession has a responsibility, fidelity to its basic commitment to promote health, prevent disease, injury, disability, etc., and when such withdrawal would compromise the health of clients, is in conflict with the goal to which nursing is fundamentally committed.⁷⁰²

Following discussion at the annual meeting, a decision was made to take out the statement that the unions found unacceptable, and the unions were satisfied with that decision.

⁷⁰¹ (M. S. Roach, *CNA Code of Ethics*, Background material from CNA Ethics Project: *CNA Code of Ethics: An Ethical Basis for Nursing in Canada* June 18, 1980)

⁷⁰² (ibid)

Meanwhile, More Turbulence

Although the unions no longer expressed difficulty with the Code, a decision was made to establish a committee to review the Code. This is perhaps the part of the process that so many nurses did not understand: if the unions had an issue with the Code, and if that issue had been dealt with to their satisfaction, what happened next? Speaking with some people who were involved, and studying documents from that time has helped to clarify some of the activities that took place after the 1980 AGM in Vancouver, and that seem to be unrelated to the issues expressed by the unions. Having taken a detour to describe the events leading up to the CNA AGM in Vancouver, I will now have to return to the spring of 2008. It appears that, prior to the AGM and prior to concerns expressed by the unions, in reviewing Sister Roach's background paper, Dr. Stinson and her colleagues had some difficulty with Sister Roach's descriptions of the word "caring". To help them understand the concept of caring, it appears that Dr. Stinson had an interview with Dr. Helen Simmons [a transcript of the interview could not be located]. On March 5, 1980, Sister Roach wrote to Dr. Stinson making reference to "the Simmons interview". In the letter, Sister Roach also indicates that she and Dr. Stinson had both been at the CNA meeting in Ottawa one week previously. Sister Roach went on to say that her reason for writing was related to the misunderstanding regarding her use of the word "caring" as "the central and fundamental focus of nursing", and she also made reference to "the Simmons' interview".⁷⁰³ Further reference to the "Simmons interview" is made in

⁷⁰³ The records make reference to an interview conducted by Shirley Stinson with Dr. Helen Simmons, Mental Health Consultant, City of Edmonton Health Department on October 31, 1979.

a commentary on Sister Roach's Background Paper and Sample Exercises submitted by Marianne Lamb, Janet Storch, and Dr. Shirley Stinson January, 1980⁷⁰⁴ (named in that order). They make the following reference to "Simmons":

Dr. Stinson's comments: "re: the paragraph (bottom of page 11) about caring constituting the uniqueness of nursing - yet the internally consistent comment that caring is not unique to nursing: Using Simmon's distinctive analysis, I think I can propose a 'solution' to that seemingly illogical combination of statements: i) state that caring is a human quality. But then go on to emphasize the following points. ii) Simmons says, "It is not that caring is unique to nursing, but rather, what is unique about nursing is that caring is the 'main job', the central and fundamental focus of nursing".

According to Dr. Stinson, Helen Simmons had gone on to further explain "caring":

From the standpoint of the philosophical question, by virtue of what characteristic would one determine that something is anything? Amongst the professions it is within nursing that one would look to determine the characteristics by virtue of which any act could be identified as caring or not caring.

In her closing comments, Dr. Stinson makes the following comment to Sister Roach:

The records say, "publication of a dialogue based on this interview and some subsequent discussions, is in process. That publication was not found.
⁷⁰⁴ (Lamb, Storch and Stinson January, 1980) A Commentary on Sr. Roach's Background Paper and Sample Exercises: CNA Code of Ethics Project [CNA Code of Ethics, Background material from CNA Ethics Project]

You are doing very important pioneer work, Sister, and I would encourage you not to veer from your objective of trying to come up with an approach that could make a "real" difference in nursing practice. [Lamb also remarked on page seven of the commentary: "none of us developed incidents"...] [Case Study and Case Study exercises had been sent out by Sister Roach intended to acquire information on the types of ethical issues and problems currently experienced by nurses across the country]. "Sorry, but we all had spent a great deal of time in the overall critique, and felt we could not afford more time at this particular point".⁷⁰⁵

Dr. Helen Simmons had been associate professor and associate director of the Institute for Philosophical Nursing Research (IPNR) at the University of Alberta Faculty of Nursing, Edmonton, Alberta. She held a joint appointment as Special Projects Consultant at the Edmonton Board of Health Nursing Division. Trained in psychology at both the undergraduate and graduate level, Dr. Simmons was not a nurse by education and registration, nor was she a member of the professional nurses' association in the traditional manner. However, she had been awarded an honorary life membership in the Alberta Association of Registered Nurses, and in that way she a "member".⁷⁰⁶

In the March 5, 1980 letter to Dr. Shirley Stinson mentioned earlier, Sister Roach wrote that it was not until after the meeting [they had both attended] that she realized the point Dr. Stinson had been making:

⁷⁰⁵ (Lamb, Storch and Stinson January, 1980) A Commentary on Sr. Roach's Background Paper and Sample Exercises: CNA Code of Ethics Project [CNA Code of Ethics, Background material from CNA Ethics Project], 7

⁷⁰⁶ (Kikuchi and Simmons 1994)

I am sorry that there was not more time to chat with you during the CNA meeting in Ottawa last week. My particular reason for writing now, Shirley, is related to the misunderstanding regarding my use of the word "caring, the central and fundamental focus of nursing", and the Simmons' interview. [A discussion regarding "the Simmons' interview appears to have taken place during the meeting]. Even if I had not had access to the information on the Simmons' interview, I would still have used the term as I did in the CNA statement. I think of caring as the unique and fundamental focus of nursing from a more philosophical perspective, ie. as a basic human trait which is developed and 'professionalized' in nursing through acquisition of the specific skills required for practice. I tried to express this point of view in my paper, while at the same time acknowledging the Simmons interview as providing an important perspective. I have been 'playing around' with the concept of caring for the last 15 years, but do not consider any of my thoughts truly original. At best, they represent my synthesis of what I have learned from others.⁷⁰⁷

Later that year, Sister Roach would say that her reflections on caring had triggered mixed reactions with some uncomfortable overtones.⁷⁰⁸ She said that Canadian nurses were presently involved in a very important enterprise, the challenge of proclaiming a position on moral standards –a Code of ethics–that would have tremendous influence on how they responded to issues and on how

⁷⁰⁷ (M. S. Roach, Correspondence with Shirley M. Stinson Re Meeting in Ottawa [CNA Code of Ethics, Background material from CNA Ethics Project] March 5, 1980)

⁷⁰⁸ (M. S. Roach, Address from Visiting Scholar in Ethics, Harvard University: Toward an Ethic of Caring November 4, 1980, 14)

they would shape the very destiny of the profession. She stated that perhaps the CNA Code of Ethics could best be described as a "strawman", a point of reference or a target for continued reflection and debate, and participation in this complex process would have to be more than an emotive reaction or feeling response. Rather, it would require knowledge, information, and above all, wisdom.⁷⁰⁹

The Canadian Nurses Association, Sister Roach, and Dr. Eike-Henner W. Kluge

When the first Code of Ethics for Nurses in Canada was developed in 1980, Dr. Eike -Henner W. Kluge was an assistant professor of Philosophy at the University of Victoria in Canada. While it is not certain how early Dr. Kluge became involved in the debate over the CNA Code of Ethics written by Sister Roach, archival material of this period of time retrieved from the College and Association of Registered Nurses of Alberta indicate that he was included in discussions as early as 1980.

On July 28, 1980, Dr. Kluge wrote to Dr. Helen Mussallem, Executive Director of the Canadian Nurses Association, (in a letter which was stamped and signed as received by Mussallem on July 31, 1980). [This was merely *a few weeks* after the CNA AGM meeting, emphasis mine] In this letter Dr. Kluge says:

Enclosed please find a copy of the analysis of and reply to Sister Roach's proposed Code of Ethics for Canadian Nurses, prepared from the point of view of a professional ethicist. It grew out of a conversation that I recently had with Dr. D. J. Kergin and Ms. Mary Richmond, who suggested that an

⁷⁰⁹ (M. S. Roach, Address from Visiting Scholar in Ethics, Harvard University: Toward an Ethic of Caring November 4, 1980)

ethicist's response might not only be interesting but also useful. Since as I understand the Code has been referred to [a] committee for further study, I thought that it might not be inappropriate to bring this response to your—and thereby their—attention. I look forward to receiving any reply that you might care to make.⁷¹⁰

Accompanying this letter to Dr. Mussallem was a 10-page critique and analysis of the Code. Some of the statements made include:

Statement 11[of the Code] ... amounts to an assertion of an adversary theory of nursing Consistent development of Statement 11 would lead to the scenario of nurses battling over limited resources because of failure to ensure them for their clients would mean that they had not taken the 'appropriate measures when the fulfillment of these needs is jeopardized by the actions of other persons ... Caring [is] a personal emotional outlook ... has nothing to do with the demand for certain kinds of working conditions ... the proper use of time ... keeping abreast of certain developments Nursing is represented as a calling, almost on a par with a quasi-religious order. In talking about patient as a client, and about nurses as a professional body, nursing is represented as a profession. The problem is that the two are quite distinct and lead to different consequences. If nursing is a profession, then whether or not

⁷¹⁰ (Kluge, Correspondence with H.K. Mussallem June 28, 1980 Regarding Analysis of the CNA Code of Ethics [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1980)

there is a commitment, caring or motivation is irrelevant as long as the professional activities are carried out.⁷¹¹

Dr. Helen K. Mussallem responded to Dr. Kluge's letter dated August 6, 1980. In her reply, Dr. Mussallem said she had read Dr. Kluge's analysis with great interest and was pleased to forward it to the ad hoc committee which was studying a section of the Code.⁷¹² In an August 20, 1980 memorandum to the President with the subject "Code of Ethics and Ad Hoc Committee", Dr. Mussallem states:

The attached letter and analysis on CNA Code of Ethics has been received from Dr. Kluge. As the Board of Directors has appointed an ad hoc committee on the Code of Ethics to examine a portion of the Code and report back to the next meeting, I believe our course of action was to forward to the ad hoc committee, a copy of the analysis. This we did, and I so advised Dr. Kluge. Dr. Kluge has also forwarded a copy to the *Canadian Nurse* for publication but it appears to be unwise to publish at this time when the subject is under Board review. After the ad hoc committee report we could publish this article but should seek the advice of other ethicists on the logic of the argument or publish on the "Opinion Page" in the Journal. When Linda Gosselin⁷¹³ received the analysis, she suggested that it should be discussed by the executive

⁷¹¹ (Kluge, Analysis of CNA Code of Ethics: 10-page document, July 28, 1980 [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1980)

⁷¹² (Mussallem, Response from Helen K. Mussallem (August 6, 1980) to Letter of July 28, 1980 from Eike-Henner W. Kluge [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] August 6, 1980)

⁷¹³ (Linda Roberta Gosselin (1945-2012) chairperson of the newly formed ad hoc committee, had received and read the analysis written by Eike-Henner W. Kluge prior to August 20, 1980)

committee at the next meeting. I am very reluctant to do this as the last Board was critical of the extent of some activities carried out by the executive (the Board meets one month later). I suggest that 1. the ad hoc committee examine the analysis; 1.1 decide on how it might be used; or 1.2 ask for reactions from specialists in the field of ethics; or 1.3 refer the analysis to the Board for their reaction. 2. the Board will receive and take action on the ad hoc committee report at their next meeting. At that time, the Board could decide on the action that could be taken on the analysis. 3. if you believe we should seek the reaction of other ethicists or experts in the field, we could do so.⁷¹⁴

In a letter that is not dated, Dr. Shirley Stinson responded to Dr. Helen Mussallem's letter of August 20, 1980. Dr. Stinson wrote that she thought it wise to refer Dr. Kluge's critique to the [ad hoc] committee, and not to publish his critique at that time. She wrote that she thought the Executive Committee should be copied on Dr. Kluge's critique for information, "I doubt that the Executive should discuss any portion of it as it would tend to duplicate at least some of the work of the Ad Hoc committee, Section III at least". [In the archival copy of Dr. Kluge's analysis, sections are underlined with a black marker, and one section has a note, "ad hoc comm".] Dr. Stinson went on to say:

Frankly, I think that it might be sensible to send the rest of the Board the Dr. Kluge critique "for information" and without delay. It may well serve the function of suggesting reasons why we may have been premature in

⁷¹⁴ (Mussallem, Letter from Helen K. Mussallem, August 20, 1980, to Shirley Stinson re CNA Code of Ethics [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1980)

"finalizing" the Ethics statement without even wider discussion and/or consultation. i.e., whether or not the Committee is able to successfully modify Section III per se, the Board may wish to put the whole "revised" document up as a "Draft" for dissemination and further discussion by CNA members and ethicists. As per your page 2, point 3, I would suggest that the President and Executive Director not seek the reaction of other ethicists at this time. Perhaps the Committee will decide to do that (as per your item 1.2) or recommend to the Board that it be done. In these respects, I am reminded of Trudeau's maxim that the greater the extent to which elected representatives are trying to evolve policies/statements touching upon people's cultural values and I see nursing as an occupational culture, the greater is the need for widespread consultation/discussion at the grass roots level. I expect that it might prove soundest in the long run to go to the grass roots before attempting to finalize our Ethics statement.⁷¹⁵

On November 7, 1980, Sister Roach wrote a letter to Dr. Shirley Stinson addressing some of her own concerns. She began the letter with pleasantries, indicating they had recently been at a mutual event. She stated that she had been doing more thinking about the Code revision process, fully supported the review, and wondered if [during the original writing] perhaps they had been too bound to the time frame, and may have profited by releasing the Code to the provincial associations for further study. She went on to say:

⁷¹⁵ (Stinson, Response from Shirley Stinson to the August 20, 1980 Letter from Helen Mussallem's letter of [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] n.d.)

I still have a serious problem with the way in which the review is being made. It is as if the Code as approved by the CNA Board has been "condemned to death without trial". It seems to me that it would be consistent with the purposes of CNA to have the original Code sent to the provinces for study, and have the committee work on the responses. I also believe that I should have some opportunity for in-put, only by way of clarification and interpretation of the present statement where such appears necessary. The problems raised so far come out of mis-reading and misinterpretation, and hence it would seem logical that the person who wrote the statement be consulted at least on the intent...I still have a problem with the manner in which the review is being handled.⁷¹⁶

One wonders what Sister Roach might have thought had she known about the communication taking place between the CNA officials and Dr. Kluge; about the "analysis" conducted by Dr. Kluge. What would she have thought had she known that Dr. Kluge's analysis would indeed be published in the *Canadian Nurse*, and that others would be refused an opportunity to respond to his critique? What would she have thought had she known that Benjamin Freedman would attempt and fail to be heard on behalf of the Code she had written; that the controversy would get the attention of philosopher Paul Ramsey at Princeton University, who would also fail in his attempts to be heard on behalf of the Code Sister Roach had written.

⁷¹⁶ (M. S. Roach, Letter from M.S. Roach to Shirley Stinson, November 7, 1980, Addressing Concerns re Revision Process of the Code [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1980)

One can only wonder about the mindset of the times, when a person from outside the profession is permitted to publically critique the work of a prominent professional, while at the very same time, that professional is denied access to the dialogue and critique taking place about her work. Furthermore, some of North America's most eminent scholars, exceptionally qualified to comment on the concepts she has used and the appropriateness of these concepts, are not permitted to speak on behalf of the content of her work, the Code of Ethics for Nurses. This was certainly not the finest hour of nursing in Canada, but rather a time that has fuelled rumors and misperceptions that have lasted for more than thirty years.

Dr. Stinson responded to Sister Roach's letter on November 19, 1980. In this letter, Dr. Stinson stated that she was interested in Sister Roach's comments about the "revision process" [*sic*] relating to the CNA Code of Ethics, and noted that she was taking the liberty of sending a copy of Sister's letter to Helen Mussallem, particularly so that she and the ad hoc Committee would know of Sister's willingness to give input. Dr. Stinson went on to say:

I think we should have gone the "longer" route and obtained provincial input before attempting to finalize the Code [*with the exception of Quebec, input has actually been sought from and received from the provinces during the development process*], and it may well be that any suggested revision should go that same route. This the Board will have to decide. Meanwhile the Board has clarified that with exception to Section III which is under study, "your" Code is the CNA's Code. As with any

CNA document, it can be revised, but the first "history-making" step was achieved in the Board's approving the Code last spring.⁷¹⁷

A letter to Dr. Stinson from Dr. Eike-Henner Kluge, dated June 23, 1981, was copied to Dorothy Kergin. In this letter, Dr. Kluge states:

Some of the R.N.'s in my class in Bioethical Ethics recently drew my attention to the fact that the CNA is apparently in the process of redrafting its proposed Code of ethics. As you are probably aware, I have been somewhat involved with commentaries and analyses of the original proposed Code both in a public (as Dr. Mussallem has informed me my formal analysis is awaiting publication in the journal of the CNA as soon as the Board gives the go-ahead) and a private capacity (I am engaged in a correspondence over these and similar issues with Dr. Roach).⁷¹⁸

[In fact, Sister Roach had received, from Dr. Kluge, a challenge to take part in a public debate, to which she declined].

On June 24, 1981, Dorothy J. Kergin, director of the School of Nursing at the University of Victoria from 1980 to 1989, sent a letter to Dr. Shirley Stinson which was copied to Dr. Eike-Henner Kluge. In the letter, Dorothy Kergin states:

You will recall that you and I discussed, last year [1980], Dr. Kluge's interest and concern in the CNA Code of ethics. Dr. Kluge has continued to give considerable thought to the question of professional codes. Since he teaches a course on medical ethics in which a number of nurses enrol,

⁷¹⁷ (Stinson, Response from Shirley Stinson, November 19, 1980, to Letter from M.S. Roach Addressing Concerns [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1980)

⁷¹⁸ (Kluge, Letter from Eike-Henner W. Kluge, June 23, 1981, to Shirley M. Stinson Re CNA Code of Ethics [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1981)

he does have a good opportunity to test some of these ideas out on practicing nurses. Dr. Kluge called me recently about some further work that he had done. I suggested that he send it directly to you, since I did not know the stage of discussions of the CNA Special Committee. I thought that you might wish to review his paper first.⁷¹⁹

The formal analysis awaiting publication in the journal of the CNA referred to by Dr. Kluge in his letter to Dr. Stinson was the article, *Nursing: Vocation or Profession*, published in the *Canadian Nurse*, February, 1982. In this article, Dr. Kluge systematically attacks the Code written by Sister Roach, and the theory of caring on which it is structured. He critiques and criticizes Sister Roach's perception of human care and caring. Dr. Kluge stated:

Nursing is a profession like any other. It has a certain type of service and expertise for sale. This is a brute economic fact. This expertise, and only this expertise, entitles society to impose standards of conduct stricter than those that are appropriate where the latter is lacking. That is a brute ethical fact. Possession of an ethical obligation and of a professional association, therefore, ought not to be confused. It is essential that qua expert, the nurse, become clear on the ethical ramifications of her expertise and on the implications of her [*sic*] professional affiliations. However, it is also essential that she [*sic*] realizes that status alone does not impose any obligations on her that do not apply to any other person with similar expertise who has entered into an analogous contractual association.

⁷¹⁹ Kergin, Letter from Dorothy J. Kergin to Shirley M. Stinson June 24, 1981) regarding Eike-Henner W. Kluge [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project], 1981)

Above all, however, it is essential that she [*sic*] realizes that all this has nothing whatever to do with "caring" and "commitment" and that the use of these terms when trying to spell out the ethical parameters involved only serve to cloud the issue of where-and how-the limits of ethical obligation are to be drawn.⁷²⁰

In his letter to Dr. Stinson, Dr. Kluge went on to say:

Furthermore, at the invitation of Dr. Kergyn [*sic*] I have lectured to the issues class of the School of Nursing here in Victoria primarily on a Code of Ethics for Nurses, and in this context prepared a tentative code. I am currently in the process of refining it. Would the CNA be interested either in taking a look at it prior to redrafting the Code, in my participation in the redrafting itself, or possibly both? You will understand that as a professional ethicist with particular emphasis on biomedical [ethics], the matter is of some concern to me. (When I conveyed my feelings on this matter with Dr. Kergyn [*sic*], she suggested that I get in touch with you as the proper individual to approach.⁷²¹

Twenty-six years later, in his book *Caring about Health*, Dr. Stan van Hooft at Deakin University in Australia makes reference to what happened in Canada in 1980 and the article by Dr. Kluge in the *Canadian Nurse* journal with these comments:

... the cynical views of Eike–Henner Kluge, who says that 'if nursing is a profession, then whether or not there is a commitment, caring or

⁷²⁰ (Kluge, *Nursing Vocation or Profession* 1982, 36)

⁷²¹ (Kluge, Letter from Eike-Henner W. Kluge, June 23, 1981, to Shirley M. Stinson Re CNA Code of Ethics [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1981)

motivation is irrelevant as long as the professional activities are competently carried out'; the notion of professionalization that underlies [this view] is one that centers exclusively on the exercise of certain activities informed by a relevant expertise rather than on the motivation or attitudes underlying such exercise ... to care for a patient or client involves more than exercising particular skills in a responsible way.⁷²²

When Dr. Kluge's article was published by the *Canadian Nurse*⁷²³, attempts were made by several Canadian scholars to respond to his attack on the Code written by Sister Roach. Among these scholars were world renowned bioethicist Benjamin Freedman (1951-1997) from the Westminster Institute in London, Ontario. In his paper, which was refused publication by the CNA journal, the *Canadian Nurse*, Freedman stated:

[Dr. Kluge] presents an alternative position ... [he] appears to believe he is expressing not merely the right reason, but a widely-shared view of ethics among contemporary nurses. If he does believe that, I think that he is mistaken. For Dr. Kluge, nursing is a calculating, passionless profession--a market entity, nothing more or less; and I think this is not how nurses care to think about their work. He [Dr. Kluge] criticizes the Code under categories which are entirely inappropriate to the approach which it takes. He says, for example, that after a period of time, codes acquire an aura of ethical absoluteness that determines the ethical parameters of professional actions for some time to come. But that absolute guidance could never

⁷²² (van Hooft 2006, 9,10)

⁷²³ (ibid)

arise from a Code which simply articulates considerations believed by the profession to be of widespread ethical relevance ... he speaks of flat contradictions, but flat contradictions are only possible when absolute norms are presented.⁷²⁴

Freedman addressed every critique posed by Dr. Kluge, and argues in defense of the Code. He expresses an understanding that the Code is not a strict set of rules and guidelines, but rather based on the concept of caring, the central and fundamental focus of nursing, and the basis for nursing ethics. He expresses understanding that this concept is expressed in compassion, competence, conscience, confidence and commitment, and qualifies all the relationships in nursing practice.⁷²⁵

Yet another area of confusion in the already existing confusion surrounding the first Code of Ethics for Nurses in Canada, is a reference made in the Canadian Nurse journal about the committee that was rewriting the 1980 Code. According to this article, Dr. Freedman had attended a meeting of this committee to help them clarify the values they would like to express in the Code. He suggested that they prepare a list of questions, the answers to which would determine the orientation of the code, such as: who reads the code; who is your target audience; and is the code like a promise that nurses make. A picture appeared with the article that showed Dr. Freedman with the group, and the caption reading: "Ethics Committee Members: left to right (front) Jeanette Pick,

⁷²⁴ (Freedman) The Profession and Vocation of Nursing: In defense of the Code [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project]

⁷²⁵ (Freedman, The Profession and Vocation of Nursing: In defense of the Code [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project]

Jocelyn Hezekiah, Judith Lougheed; (back) Anne Thorne, Benjamin Freedman, Marianne Lamb".⁷²⁶ This information creates further confusion and questions, and Dr. Freedman is not around to answer them. If Dr. Freedman was involved, to any significant degree, in the creation of the Code of Ethics that replaced the one written by Sister Roach, his position and philosophy must have undergone a radical change from the relatively short period of time since he wrote a critique of Dr. Kluge's analysis in the *Canadian Nurse* journal, because the new Code was far more reflective of the ideas expressed by Dr. Kluge's analysis than by Dr. Freedman's response to that analysis.

Along with Dr. Freedman's submission in response to Dr. Kluge's analysis of the Code in the *Canadian Nurse* journal, and also rejected for publication, was a submission by Dr. E.J. McCullough, professor of Philosophy at the University of Saskatchewan. Dr. McCullough examined Dr. Kluge's criticisms from the perspective of relationship between client and nurse, clarifying where Dr. Kluge has misunderstood relational ethics as a flawed document; Dr. McCullough made a case for relational ethics in the nursing profession as opposed to the contractual relationship, the "sale of a certain kind of expertise" described by Dr. Kluge.⁷²⁷ Dr. Paul Ramsey (1913–1988) at Princeton University also attempted to be heard, but to no avail. [Ramsay had studied at Yale under relational ethicist H Richard Niebuhr] Sister Marie Bonin (1932–2003), who had contributed significantly to nursing history in Canada^{728 729}, wrote a letter to the editor of the *Canadian Nurse*

⁷²⁶ (Grasset February, 1983)

⁷²⁷ (McCullough 1982)

⁷²⁸ (M. A. Bonin, Trends in Integrated Basic Degree Nursing Programs in Canada, 1942-1972 1976)

⁷²⁹ (M. A. Bonin, The Grey Nuns and the Red River Settlement 1986)

in response to the CNA Ad Hoc committee on the CNA Code of Ethics. Sister Bonin was director of the St. Boniface General Hospital School of Nursing (1960 to 1963), and she helped to establish the basic baccalaureate degree in nursing at the University of Montreal (1965 to 1972). In her letter, Sister Bonin stated:

I have known Sister Simone Roach for many years and feel that as project director she was well able to define values, areas of conflict in ethics and give us a broad yet firm ethics framework in nursing. If I recall well, the provincial nursing associations and many nurses gave great input in the development of this position paper. I feel Sister Roach did a great service to the Canadian Nurses Association and because of her extensive philosophical and nursing background, in addition to her broad consultation, researched the area very well and gave us a dependable statement in the area of ethics. Much time, a great amount of energy, much money, considerable effort and valuable input were given to this project by a thorough researcher. I do not agree with the feeling that this Code of Ethics should be started over again. And why? A philosophical statement can include such words as "calling" and "commitment" without giving them a religious connotation. I believe in the sanctity of life principle and find that it does not clash with the principle of respect for human beings. Our Code of Ethics is based on sound nursing and philosophical tenets as it should. It may be that some nurses probably lack the background to elucidate the underlying principles, terminology and substance of the Code of Ethics. I would suggest we give more time to clarify these

misinterpretations rather than discard what I feel is a masterpiece for our nursing profession. I have given this Code of Ethics as a basis to three other types of professionals and they concur with my evaluation. This letter was stamped as "received by the Canadian Nurses Association on January 7, 1982, and marked, "route to G. Rodger and pass to M. Lamb".⁷³⁰

A search of that journal for that time period reveals that Sister Bonin's 'letter' was published in the March, 1982, edition of the *Canadian Nurse* on page 12. However if one did not know what they were looking for, it could be easily missed. Printed to the right side of two large advertisements, and to the left of another 'letter' in an equally cramped space, Sister Bonin's remarks are placed in a very obscure position.⁷³¹

Sister Roach also wrote a response to Dr. Kluge for publication in the *Canadian Nurse* journal, however she hoped that—were the journal to publish only one letter— it would publish that of either Dr. Ramsay or Dr. Freedman instead. In a January 4, 1982 letter to Dr. Shirley Stinson, and after greetings and pleasantries, Sister Roach said:

I was rather disappointed that my letter to the *Canadian Nurse* was not published, but not surprised from the tone of response I received from the Editor. It is rather unfortunate, but also strange, that no opportunity seems possible to respond to criticisms of the Code. I do hope that the process

⁷³⁰ (M. A. Bonin, A Letter Addressed to " Letter to the Editor" Regarding the CNA Ethics Project, The Canadian Nurse January 7, 1982)

⁷³¹ (Bonin, A Masterpiece 1982, 12)

now in motion will be productive and, in itself, will heighten the ethical sensitivity of nurses across the country.⁷³²

Attached to the letter to Dr. Stinson was a response to the criticism that she had used religious language. She stated that she was not sure what that objection referred to, but suspected that it was in reaction to the first paragraph of the introduction where the notion of "call" was used. She stated that if we were to reflect on the criteria for professions, we will note that a more distinctively professional qualification is that of commitment to calling. She quoted Moore, writing in 1970 on *The Professions: Roles and Rules*, with commitment to calling the treatment of the occupation and all of its requirements as an enduring set of normative and behavioural experiences. She argues that the words "call" and "calling" are no more religious language than they are professional language. At the end of this discourse, she stated, "So, we are left with some troubling questions. WHY, precisely, was the original Code of Ethics scrapped? If it is unsatisfactory, and obviously to some people it is, why could we not have directed our energies to clarifying the problems, and/or misinterpretations? Is it necessary to repeat the same process again?"⁷³³

Dr. Stinson replied, in a letter dated January 29, 1982, that the Code had been "scrapped" on the advice of the earlier ad hoc committee that it was not feasible to attempt to rewrite Section III, [that talked about caring and the caring community] because that would mean making revisions in other parts of the Code,

⁷³² (M. S. Roach, Letter from M.S. Roach to Shirley M. Stinson, January 4, 1982, with Attachment [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1982)

⁷³³ (M. S. Roach, Letter from M.S. Roach to Shirley M. Stinson, January 4, 1982, with Attachment [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1982)

and that would result in something that would go beyond mere modifications, and could get into the area of modifications of substance. On that basis, it had been decided that it would be wiser to pursue the development of a new Code. Dr. Stinson continued:

While I can appreciate your concerns and frustrations regarding the original Code, particularly in that you had not only done such extensive work on it, but firmly believe in the principles expressed. I am nevertheless encouraged at the Board's continued commitment to have a Canadian Code stated in such a way and within such a format, that it will be thoroughly supported and implemented by membership.⁷³⁴

On February 18, 1982, having reviewed the paper Sister Roach had written in response to Dr. Kluge, Janet Storch⁷³⁵ critiqued and commented on each section in a report to Dr. Shirley Stinson. In her critique, Storch notes that Sister Roach is correct and Dr. Kluge is in error in the interpretation of Paul Ramsey, that the interpretation of needed services makes the Code guidelines more clear, and that [it is important to know] that belonging to a union does not relieve [nurses] of normal ethical obligations they have to clients, and [if nurses] think this is so, "we are in trouble". In response to Dr. Kluge's comment that "if nursing is a profession, then whether or not there is a commitment, caring, or motivation is irrelevant so long as professional activities are carried out, Storch noted "there

⁷³⁴ (Stinson, Letter from Shirely Stinson to M.S. Roach, January 29, 1982, in Response to Letter from M.S. Roach [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1982)

⁷³⁵ (J. L. Storch, Response by J. L. Storch, prepared for Shirely Stinson: Review of paper M.S. Roach wrote in response to article by Kluge in Canadian Nurse journal [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1982)

is something beyond functional performance – in fact, I can't believe a truly functional performance is possible without an underpinning like caring, etc. in terms of professional work. Isn't that part of the problem we see in union strife?" Janet Storch, however, interpreted Sister Roach's use of the word "calling" as religious, saying, "the religious connection is betrayed by Roach's reference and weakens her argument. I believe a covenant relationship—whatever words are chosen—is significant here" [This was a common misinterpretation made to the term "calling". Benjamin Freedman provided a philosophical argument in response to Dr. Kluge, who also saw the term as religious]. Dr. Storch's overall impression was stated as follows, "I think her [Roach's] paper should be published, and hopefully some reactions to it as well. Isn't this terrific—to see a debate, examination, etc. of these issues?"

On May 10, 1982, Sister Roach again contacted Dr. Shirley Stinson. She stated that she regretted very much that the membership would not have the benefit of their [Freedman and McCullough] excellent and scholarly contributions. She found this particularly unfortunate because there were "so many errors in Dr. Kluge's logic, and in his interpretation of the CNA Code, and she found it rather tragic that his views influenced the original committee so much. Sister Roach went on to say:

I understand that the reason Friedman's and McCullough's articles are not going to be published is because I had submitted a response to Dr. Kluge, and my response will be in the June issue. I expressed to Ann Besharah [editor of the *Canadian Nurse* from 1975 to 1985] my preference to have

the critique's by the philosophers published instead of mine, but the process for the June issue is well underway.⁷³⁶

Sister Roach attempted to respond to Dr. Kluge's analysis in the *Canadian Nurse*. She sent a copy of her proposed response to Dr. Shirley Stinson, and on May 12, 1982, Dr. Stinson sent a letter to Marianne Lamb, then Project Director at the Canadian Nurses Association, informing Lamb that she (Dr. Stinson) had asked Janet Storch for a critical opinion on the paper which Sister Roach had submitted to the *Canadian Nurse*. She noted that she was "sending Storch's remarks to Marianne, but these remarks were not to be seen by Anne [Besharah?] or the Ad Hoc committee".⁷³⁷

It was 1980-1982, and the nursing profession was becoming more conscious of the importance of generating its own knowledge toward the goal of developing the professional discipline. Just a few years earlier, Barbara Carper (in her 1975⁷³⁸ doctoral research, and a landmark publication in 1978⁷³⁹), proposed a typology of fundamental ways of knowing in nursing. Carper's work caused the profession to become more aware of its distinct body of knowledge and caring that encompasses nursing, and the recognition that neither knowledge nor caring can be sacrificed at the expense of the other. The existing Code, developed by Sister Roach, was based on a model of human care, with input from leading

⁷³⁶ (M. S. Roach, Letter from M.S. Roach to Shirley Stinson, May 10, 1982, regarding Response Papers submitted to Canadian Nurse journal by Benjamin Freedman and Ernie McCullough [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project 1982])

⁷³⁷ (Stinson, Letter from Shirley M. Stinson to Marianne Lamb, May 12, 1982, regarding Letter Sister Roach submitted to the Canadian Nurse [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1982)

⁷³⁸ (Carper, Fundamental patterns of knowing in nursing: Doctoral Dissertation 1975)

⁷³⁹ (Carper, Fundamental Patterns of Knowing in Nursing 1978)

scholars in ethics. The nurses unions were only concerned with one small part of that Code, and when that part was removed, they were satisfied. Yet, it seemed apparent that the CNA was planning a complete rewrite. In Dr. Shirley Stinson's reply to Dr. Kluge, she said:

Thank you for your letter of June 23rd. CNA is indeed in the process of drafting a Code of Ethics, and I have no doubt that the Committee charged with that task would be very interested in receiving a copy of the tentative Code which you have prepared. It is up to the Committee to decide what kinds of consultation it will use, both within and without the profession; I am forwarding a copy of your letter of June 23rd to Ms. Rodger, our Executive Director, who will relay it to the Committee so that they can call upon you if they so wish. Your timing is very good, as the work of the Committee has only recently begun. Again, thank you for your interest and your constructive help. [The letter was copied to Ms. G. Rodger and Dr. D. Kergin]⁷⁴⁰

In the February, 1982 issue of the *Canadian Nurse*, a story appeared entitled, "Yes, we do have our own code of ethics!"⁷⁴¹ The article went on to say that the publication of the Code in the May, 1980 issue of the *Canadian Nurse* created "a lot of interest at the grass roots level and brought strong participation from many individual nurses and nursing unions across the country. By the time the executive committee met in June, approximately 950 unfavourable responses

⁷⁴⁰ (Stinson, Letter from Shirley Stinson to Dr. Eike-Henner W. Kluge, July 14, 1981, regarding the CNA Code of Ethics [Archive title: CNA Code of Ethics, Background material from CNA Ethics Project] 1981)

⁷⁴¹ (Canadian Nurses Association, CNA; February, 1982)

to the CNA Code of Ethics had been received at CNA House". The article went on to describe the issue of concern, "a single section of the Code which stated, "Thus, when a nurse is working under conditions which violate justice, the withdrawal of needed services to patients as a means of resolving such injustices is unethical". The article did not say that this section had already been removed from the Code to the satisfaction of the unions, but it did go on to speak of the ad hoc committee that had been set up, and of its October, 1980 report to the Board of Directors:

The report [by the ad hoc committee] indicated that, in operating within its terms of reference, many concerns surfaced with which the committee could not deal. The committee requested that the Board clarify and/or expand its terms of reference. It did so by giving the additional mandate to examine the whole Code of Ethics, and that part of the examination may include input from any other source which they deemed necessary. It was agreed that the committee was not mandated to rewrite the entire Code, but rather to make recommendations to the Board of Directors. Last February [February, 1981] Linda Gosselin, chairman [*sic*] of the ad hoc committee informed the Board of Directors that the committee examined the whole Code of Ethics and related correspondence from *two philosophers* [*italics, mine*. While it is known that Dr. Freedman had at least one meeting with the group, the following questions arise: is Dr. Freedman being named as one of these philosophers? If not who are the two philosophers? If he is, who is the other philosopher?] and nursing

associations, and based on this, expressed concern regarding the alleged conflict between the principles on which the Code was based; the complex language; the clarity of the concept of caring; the parts of the Code that demand *subservience* [italics, mine] ... after discussion, the Board resolved a new Code be written ..shall replace the CNA Code of Ethics adopted ... in February, 1980 and amended in June, 1980.

The new committee was comprised of four nurses from across the country with the assistance of Marianne Lamb, who had joined the staff of the Canadian Nurses Association by that time as assistant to the executive director.⁷⁴² Their Code was published in 1985. An editorial in the *Canadian Nurse* journal stated, "The final draft of the code was read and commented on by two nurses recognized throughout Canada for their expertise in the area of ethics: Principal Nursing Officer Josephine Flaherty and University of Alberta Professor Jan Storch".⁷⁴³ Flaherty had written a critique of the 1980 Code in 1981.⁷⁴⁴

One month later, in June, 1982, after the 1980 Code had been scrapped and plans were underway for a complete rewrite, an article written by Sister Roach appeared in the *Canadian Nurse*⁷⁴⁵, responding to the comments made by Dr. Kluge. Unfortunately, the time for being heard on the 1980 Code had already come and gone, and the development of a new Code was in process.

Regrettably, the profession of nursing has traditionally been influenced by others outside itself. It is not so difficult to understand the involvement and

⁷⁴² (Grasset February, 1983)

⁷⁴³ (Grasset 1984)

⁷⁴⁴ (Flaherty 1981)

⁷⁴⁵ (M. S. Roach, The act of caring as expressed in a Code of Ethics 1982)

reasoning of Dr. Kluge. What is far more difficult to understand are the actions of the editor of the *Canadian Nurse* journal in refusing to publish letters from other ethicists who supported the Code written by Sister Roach, yet published a critique by Dr. Kluge in the capacity of an expert. Nurses, reading the article written by Dr. Kluge would have accepted his critique as that of a professional expert; a scholarly piece of information deemed publishable (thereby informative and useful) by their trusted association. The *Canadian Nurse* journal only published a response from Sister Roach *after* the CNA had moved ahead in scrapping the Code, with plans for a complete rewrite. When an article, such as Dr. Kluge's February, 1982 publication in the *Canadian Nurse*, so strongly and publically questions the credibility of a professional member of that same organization, one wonders about the journalism ethics and standards and consideration of harm limitation principles.

The field of ethics is also known as moral philosophy. The development of a Code of Ethics, one might argue, is both a philosophical and a practical endeavour. It involves a deep and abiding knowledge about the profession for which the code is written. The person developing such a code needs to be able to answer the questions, "who are we, from what ideological statements did we arise, and what are the core beliefs about our profession". The writing of a code of ethics, then, is not a task to be "contracted out" to a person with a philosophical degree who is also a "word smith". Because there is more than one approach to ethics (Kantian, Utilitarianism, and Virtue) it is important to match the philosophy

of the profession for which the Code of Ethics is being developed to the specialty area of the philosopher.

Sister Roach was a member of the profession for which the Code was written. She was able to answer the questions, who are we, from what ideological statements did we arise, and what are the core beliefs about this profession. Grounded in philosophy, she was able to match the philosophy of the profession with a neo-Aristotelian approach that brought together justice and caring. Philosopher and ethicist Carol Gilligan⁷⁴⁶ was to make this point two years later in her groundbreaking work on normative ethics and an ethics of care. Gilligan can be credited with bringing this view to the forefront, however the ethics of care, arising as it did from Aristotle's commutative justice and the principles of many of the great religions, had been made normative (put into action) by such groups as religious Sisters for many years. For Gilligan, as for Sister Roach, consequentialist (Utilitarianism) and deontological (Kantian) ethical theories emphasize universal standards and impartiality, while a combination of justice and caring shifts the moral perspective to "how do I respond; what ought to be the response".

In considering Dr. Kluge's statements about the first Canadian Code of Ethics for Nurses, it is important to reflect on the historical timeframe in which his writing occurred. Beginning after the Enlightenment's abandonment of Aristotelian Theory, and up until the latter part of the twentieth century, ethical theory was informed by the 'Utilitarianism' of John Stewart Mill and the 'Deontology' of Immanuel Kant (Kantian ethics). Kantian ethics poses that an

⁷⁴⁶ (C. Gilligan 1982)

action is ethical only when it is in accord with a correct rule or principle; deontological theories focus on determining correct rules and principles, and there is an obligation involved to follow rules. In deontological theory, the person acts because of the rule, and the rule determines the moral status of an action. Utilitarian ethics require that an action is ethical if it promotes the best consequences, and principles are followed to determine the best consequences or best outcomes. In utilitarian theory, the outcome of the action determines its moral status. Both Kantian and Utilitarian ethics are rich in foundational principles and logical arguments. Yet many writers have argued that some of the major failings of the 19th and 20th centuries may be a result of a general reliance on these two forms of ethics.⁷⁴⁷ Indeed, according to Kohlberg's Theory of Moral Development, a punishment-obedience orientation is the most basic level of moral reasoning. It is called pre-conventional morality, and is the first level and the first (beginning) stage in a developmental hierarchy of three levels and six stages. It is characteristic of the reasoning of young children, but also seen in some adults. The person sees rules as fixed and absolute, and obeying the rules is important because it is a means to avoid punishment.⁷⁴⁸

Virtue ethics is the oldest ethical perspective in the West, however it fell out of fashion in the Descartes era. Virtue ethics, foundational to the ethics of care and caring, has its roots in Aristotelian Theory. Because Saint Thomas Aquinas adopted Aristotelian Theory in formulating his ethics, he made it more accessible to modern times, and lessened the distance between modern day people and

⁷⁴⁷ (MacIntyre 1984)

⁷⁴⁸ (Kohlberg 1981)

Aristotle. On the other hand, because of the associations that existed between Thomas Aquinas and the Roman Catholic Church, virtue ethics has become associated with western religious traditions, through its association with the very vehicle the Enlightenment attempted to distance itself from.

Until theorists began re-exploring the value of Aristotelian Theory in creating ethics that are not rule driven nor outcome-based, utilitarianism and deontology had been the norm. In 1980, proposing an ethics of care that was not rule driven or outcome based may have been incongruent with the thinking of the times. That Aquinas borrowed from Aristotle, an Ancient Greek, would have been overshadowed by the connection that had existed between Aquinas and the Christian church, specifically the Roman Catholic church. Who Aristotle was, in and of himself, was not considered. Coupled with this was Sister Roach's very visible association with the Roman Catholic church as a professed Sister of Saint Martha.

Reactions to the Code, to some extent, may also have been grounded in the lack of awareness about ethics; nurses not knowing they could pick up a text book and inform themselves on this most interesting topic. It may have been grounded in lack of awareness of the relationship between human caring and caring ethics. In fact, the subject of a relational ethics, so powerfully present in all of Sister Roach's work, including the 1980 Code, would not have been familiar to nurses educated in the sterility of the medical model of the day, with its limited acknowledgement of the 'value of values' for a caring discipline such as nursing. Secondly, reactions can also be attributed to bias that existed toward religious

Sisters just *because* they are Sisters; part of the Catholic/Green–Protestant/Orange divide that existed in many communities. Thirdly, the newness of the nurses unions at the time, and the legitimate fear of nurses that they might lose some of the autonomy they had recently accomplished through the formation of the union; and fourthly, the involvement of Dr. Eike-Henner W. Kluge, his publication in the *Canadian Nurse* journal, and the refusal of that journal to accept articles from other philosophers that refuted Dr. Kluge's perceptions.

The Canadian Code of Ethics for Nurses developed in 1980 was not intended to function in a regulatory fashion, either as a basis for peer control through the possibility of censure and removal from the organization, or in the specification of statutory standards of practice. The Code had been written as a guideline and not as a set of prescriptions and rules. It did not contain specific directions for behaviour in certain situations, but rather was communicatory, intended as a vehicle used by the profession to signal or otherwise communicate its collective commitment to a set of ideals and/or standards of professional conduct.⁷⁴⁹ Indeed, Richard T. Hull may be correct in his suggestion that a misrepresentative declaration crept into the Code in the statement that strikes by nurses are inconsistent with the profession's caring relation to the community. In a country where unionization and collective bargaining were already established facts, that statement in the Code would likely not have reflected the consensus of the majority of its membership. There is also the ethical issue of the membership, and the purpose of collective bargaining as a justice issue in protection from unscrupulous employers. However, that statement had been removed from the

⁷⁴⁹ (Hull 1981, 12, 13)

Code, and the unions were satisfied with that result. While some antecedents for the eventual outcome may have been simmering prior to June, 1980, it was the events that took place *after* the CNA meeting in Vancouver, including the publication of Dr. Kluge's article, and the aftermath, that was most damaging to the reputation of Sister Roach.

Summary

In the late 1970s and early 1980s, many nurses would not have been thinking about caring theory; they would not have been thinking about religion and spirituality, or perhaps even have been able to distinguish between the two. There existed a perception, held by some people, that because of her religious affiliation, Sister Roach would not be able to write a Code that would meet the needs of nurses who were not Roman Catholic, or firmly rooted in Christianity.

The downfall of the 1980 Code of Ethics was not because of the attention it drew from the provincial nurses' unions, disturbing as that attention may have been at the time. Though initially troublesome, the issues presented by the nurses' unions were discussed and dealt with at the 1980 CNA AGM, and the unions were satisfied. The downfall of the Code of Ethics is associated with the language of caring used by Sister Roach, and the term "calling", as pertaining to the nursing profession, which some believed to be associated with religious language. Coupled with that was the decision of the CNA to print Dr. Eike-Henner W. Kluge's attack on Sister Roach's work, and its decision not to print rebuttals from other moral philosophers, leading ethicists of the day who agreed that the Code was appropriate and timely for Canada's nursing profession.

"... an important part of the Canadian culture: a cultural endeavour must receive praise from the United States or Great Britain before Canadians themselves will give it any recognition." Celia Franca, quoted by Carol Bishop-Gwyn⁷⁵⁰

Chapter IX: Caring, the Human Mode of Being

To Do What We Know; To Know What We Do

On November 12, 1991, speaking to an audience of nurses at Queen's University in Kingston, Ontario, nursing scholar Peggy Chinn spoke of the possibility of re-claiming the heritage of nursing, "to feel/know our hearts as well as our minds, to do what we know and know what we do from our heart/soul, from our mind/spirit".⁷⁵¹ She went on to say:

From the frame of reference of mainstream thinking, a major issue in nursing is our failure to achieve unity From a feminist perspective, the real issue involves divisiveness and fragmentation that sustains oppressive relations in an industrialized, patriarchal medical system. Remaining divided from one another serves the interest of the dominant group. Rather than benefitting us, fragmentation in nursing serves to confuse us, to keep our minds and hearts focused on the dominant system for solutions that never materialize.

To do what we know, and know what we do from our heart/soul, from our mind/spirit may not sound altogether consistent with present day trends in healthcare. Yet, theorists have been aiming for that same outcome for decades, albeit using different language. Drawing on Chinn, Olga Jarrin⁷⁵² at the University

⁷⁵⁰ (Bishop-Gwyn 2011)

⁷⁵¹ (Chinn November 12-13, 1991)

⁷⁵² (Jarrin 2007)

of Connecticut points to the 1978 work of Barbara Carper on *Fundamental Patterns of Knowing in Nursing*, a work that was later expanded by Chinn and Kramer. Carper's patterns of knowing in nursing include empirics, ethics, personal knowledge, and aesthetics. Chinn and Kramer noted that the full range of patterns of knowing (including those not yet named) are necessary for the development of disciplinary nursing knowledge, and once scholars and scientists assume a perspective that fully embraces all patterns of knowing, the emphasis shifts away from formally defined theory to an emphasis on knowledge and knowing to the fullest possible extent.⁷⁵³ Carper's fundamental patterns of knowing could be likened to "doing what we know, and knowing what we do". Jarrin speaks of the "lines of caring" developed by Roach, Watson, and Leininger, and states that a theory of nursing as "situated caring" can readily be understood by nurses, nursing students, and the public, regardless of their level of education and experience.⁷⁵⁴ Both Chinn and Jarrin call for a unification of nursing.

It can certainly be argued that the numerous theories and models that have been developed have done little to unify the profession, and that an integral theory or philosophy would not only provide a foundation for the development of practical theory, but also serve to unify the profession in a beneficial manner. I propose that the philosophy developed and articulated by Sister Roach over several decades is an integral one, and provides answers to many questions posed in nursing today.

⁷⁵³ (Chinn and Kramer 2004)

⁷⁵⁴ (Jarrin 2007)

Lines of Caring

The "lines of caring" developed by Sister Roach began in the early 1970s. In 2005, Leslie Robert Fitzgerald made a significant contribution to the profession in his work on human caring in nursing. In conducting a discursive analysis on the extant literature on caring in nursing and midwifery, Fitzgerald states that Roach was one of the early scholars who contributed to thinking about ethics and human caring in nursing in the early 1970s, 1980s, and to a lesser extent in the 1990s.⁷⁵⁵ The "situated caring" aspect of her work is the way in which she described the components of caring, allowing for further study of, as well as the development of, tools to measure these components. She not only described the philosophical aspects of professional nurse, nursing, health, and environment; she allowed for evaluation and measurement. Dr. Janet Storch spoke of the usefulness and practicality of Sister Roach's work:

Her work has been very useful to me, especially in placing caring in context. Other theories of caring have not worked for me so well as what she produced about caring, you know, the 5 Cs kind of model, you know you can really link that to so many things. But the other theories have left me thinking, "these are interesting concepts, but they are not taking me to a place that is practical in that way". Hers is very practical, very useful. And the audiences I've spoken to, and the nurses in classes have said, 'I can get it— it is really practical— I can think of these concepts and place them within the kinds of things I am trying to see and do.' So, it's like that. It has always worked for me, better than any of the other theories The

⁷⁵⁵ (Fitzgerald 2005)

other thing I picked up when I was in the US at the Kennedy Institute
I think for awhile, the American nurses knew Sister [Roach] better than
Canadian nurses did, and just generally I think she was known better, not
just among nurses ... others too, knew her work better in the US than here
in Canada.⁷⁵⁶

Responding to Professional Responsibility

In the early 1970s, as Chair of the Department of Nursing at St. Francis Xavier University, Sister Roach felt a professional responsibility to focus on the meaning of human care as the ground of nursing, its importance in the teaching and learning of nursing, and its relationship to ethics. This began "the focus of her thinking and reflections over many years, and continues as the challenge that furthers interest in other relationships and applications".⁷⁵⁷

Early in her research, the convergence of spirituality and human caring seemed a natural progression of her thought. Later, global concerns raised a new consciousness of the call of care and its moral mandate for Sister Roach. Her concern for human caring extended to caring as it applies to issues involving human ecology. She developed an overwhelming awareness of stewardship of planet earth, our human habitat, and the staggering new challenges it poses for care and caring. Over the last couple of decades, ethics and the environment have become a passion for her, as she reflected on the moral call of human care in the preservation of life on our planet.

⁷⁵⁶ (J. L. Storch April 9, 2012) Interview with J. L. Storch by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁷⁵⁷ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

Developmental psychologist James Fowler⁷⁵⁸ would likely describe an orientation such as that expressed by Sister Roach as Stage Six or universalizing faith, the highest possible level of faith development. Fowler, former Professor of Ethics at Harvard University, Boston College, and head of the Center for Ethics in Public Policy and the Professions at Emory University, articulated the developmental progression of stages people potentially go through as they mature through adulthood. He was not referring literally to religious faith, but rather to development that is often described today as "wholistic"; development that encompasses spiritual, cognitive, affective, and behavioral elements. In developing his theory, Fowler drew from the works of such key theorists as Swiss psychologist and philosopher Jean Piaget (1896–1980); German-American developmental psychologist Erick Erikson (1902–1994); and Jewish American psychologist Lawrence Kohlberg (1927–1987) as well as such renowned thinkers as Jewish philosopher Martin Buber, Catholic theologian Paul Tillich, psychologist Carl Jung, philosopher and ethicist Immanuel Kant, and others. He conducted firsthand research with 600 people that led to the development of his theory of how people make meaning in their lives and achieve the universalizing, self-transcending faith of full maturity.

Fowler's study, published in 1981, explored a wide demographic: he included men, women, and children of all ages, from four to eighty-eight. Included were Jewish, Catholic, Protestant, agnostic, and atheist participants. He conducted in-depth interviews to find the various ways people find meaning and purpose. For Fowler, the word "faith" is not necessarily religious or equated with

⁷⁵⁸ (Fowler 1981)

belief in a transcendent being, but rather the ways in which a person makes sense of their existence, and the values, and commitments that guide a person's life. According to Fowler, all lives operate by some basic faith, from the intuitive, imitative faith of childhood through conventional and then more independent faith to the universalizing, self-transcending faith of full maturity.⁷⁵⁹

Introducing The 5 C's

At the *First National Symposium in Ontology Nursing* in Montreal on October 23, 1981, Sister Roach described her thoughts on caring by introducing her five Caring Elements: Compassion; Competence; Confidence; Conscience; and Commitment.⁷⁶⁰ In a paper written for *Nursing Times* in London, England in August of 1982, Sister Roach explained that these elements of caring behaviour (now known as Roach's original 5 C's) arose from her own philosophy of human caring, and were a more concrete articulation of behaviours from that philosophy.⁷⁶¹ In the same article she clearly defines nursing as:

... the professionalization of human care. Such professionalization involved the activities and experiences needed to acquire, develop, and maintain the skills-cognitive, affective, psycho-motor, or whatever-required for the fulfillment of prescribed nursing roles, and the specific nursing functions.⁷⁶²

She shared her belief that caring is the key concept in nursing, as well as a central and foundational concept in consideration of nursing ethics. The five

⁷⁵⁹ (Fowler 1981)

⁷⁶⁰ (M. S. Roach, *Ethics: A Professional Sense* October 23, 1981, 4, 5)

⁷⁶¹ (M. S. Roach, *The Professionalization of Human Care: A paper presented to the Nursing Times*, England August, 1982, 4)

⁷⁶² (M. S. Roach, *Ethics: A Professional Sense* October 23, 1981)

elements first articulated have changed very little over the years (a sixth element, compartment, was added in 2002).⁷⁶³

Sister Roach's research on caring proceeded with an inquiry into the question, "What is a nurse doing when he or she is caring?" The response covered everything a nurse did; a list with such a high degree of specificity that it resulted in organizing the statements into five categories. These categories known as the five "C's", compassion, competence, confidence, conscience and commitment became the focus for further writing and numerous presentation to nursing groups.

At the request of the Faculty of Nursing, University of Toronto, she prepared the first of their monograph series, published by the university in 1984 as *Caring: The Human Mode of Being, Implications for Nursing* which further discussed her philosophy and the 5 C's.⁷⁶⁴

The Philosophy and Theory of Sister Marie Simone Roach

After using the model of the Six C's for some time, Sister Roach had a strong intuition that the model, by itself, was not sufficient since it did not address a fundamental question in her inquiry on human caring. This question, "what is caring in itself" was raised by reflections on her doctoral research on philosophy of values, a work that subsequently influenced her research and writing. A post-doctoral year as a Scholar in Ethics at Harvard Divinity School, Harvard University, provided rich resources and, along with a World Health Fellowship Grant from the Canadian Government supported her research. This Grant enabled her to travel and consult with such thinkers as Richard McCormick, Kennedy

⁷⁶³ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002)

⁷⁶⁴ (M. S. Roach, *Caring: The Human Mode of Being, Implications for Nursing, a Monograph* 1984)

Ethics Centre, Georgetown University; Paul Ramsey, Princeton University; James Gustafson, University of Chicago and many others. At that time she was exploring the impact of the philosophy of Martin Heidegger on caring ontology, with the possibility of finding a theologian whose writing would provide a theological companion to her work. While this exploration expanded her thinking and was a most positive experience, the philosophical-theological project itself did not materialize.

Over the course of many years of reflection and research on human caring, Sister Roach reflected upon the many ways that nurses express caring as administrators, researchers and caregivers. She came to an understanding that, over time, served as the ground for caring ontology; "caring as a fundamental characteristic of being human"; "caring as the unique manifestation of a person's being-in-the-world"; "caring as the human mode of being".

It may be said that the way in which Sister Roach "languaged" her theory made it difficult for many nurses to understand. This is not an unusual occurrence for theorists, especially those, like Sister Roach, steeped in the language of philosophy. However, while most nurses do not have such words as "ontology" and "ontic" in their everyday working lexicons, they do manage a complicated system of medical terminology on a daily bases composed of terms of which roots, suffixes, and prefixes originated in Greek and Latin. Further to that, the language of the entire theory could be changed without too much difficulty, and without losing the meaning these words were meant to convey. In addition, the theory could be presented in a conceptual diagram that would help nurses

understand the entirety of what Sister Roach was saying. On the other hand, the way in which Sister Roach describes the part of her theory that describes the *components* of caring, the six Cs, is practical, memorable, and accessible for nursing in general.

A caring ontology, "caring as the human mode of being", served as a foundational conceptual basis for Sister Roach's study and application. She developed categories that encompassed the breadth of research by other scholars on human caring that, while not mutually exclusive, served to crystallize her own thinking. These are: ontological (what is the being of caring, what is caring in itself); anthropological (is caring rooted in and claimed as a value in the cultural identity of people, how is human care expressed among different peoples and cultures); ontical (the study of the entity of caring in its actual relation to other entities, the functional and ethical aspects of caring, what is a person doing when she or he is caring, what obligations are entailed in caring); epistemological (can one know caring and what are the different ways in which caring can be known, observed and expressed); and pedagogical (how is caring learned and taught).⁷⁶⁵

She examined caring as the core of nursing, and theory development as the process by which nursing becomes a science and a special way of human caring.⁷⁶⁶ In her 2002 book, she examines caring nursing from each of the philosophical principles: ontological, anthropological, ontical, epistemological, and pedagogical.

⁷⁶⁵ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002, 42)

⁷⁶⁶ (M. S. Roach, *The Human Act of Caring: Blueprint for the Health Professions* 1987, 19)

Roach's Six Caring Elements/Concepts

Sister Roach is best known for her Cs; first 5 Cs, and later 6 Cs. Most nurses familiar with Sister Roach will remember the Cs. What they are less likely to know is that the Cs flow from a well articulated philosophy, and that they are situated in a theory for nursing. The term 'elements' is used here, as this is the language used by Sister Roach. The six caring elements are:

The first caring element: Compassion.

Compassion is a way of living born out of an awareness of one's relationship to all living creatures; engendering a response of participation in the experience of another, a sensitivity to the pain and brokenness of the other; a quality of which allows one to share with and make room for the other.^{767 768 769} The word compassion is derived from the two Latin words *pati* and *cum* that blend together (*paticum*) to form the root of 'compassion,' meaning to suffer with, and involves full immersion in the condition of being present to the other person. It involves a person's awareness of their relationship with another, which makes possible the nurse sharing in the suffering of the patient.⁷⁷⁰

The second caring element: Competence.

Competence is the state of having the knowledge, skills, energy, experience and motivation required to respond adequately to the demands

⁷⁶⁷ (M. S. Roach, *Ethics: A Professional Sense* October 23, 1981)

⁷⁶⁸ (M. S. Roach, *Caring: The Human Mode of Being, Implications for Nursing*, a Monograph 1984)

⁷⁶⁹ (M. S. Roach, *The human act of caring, A blueprint for the health professions* (rev. ed.) 1992)

⁷⁷⁰ (M. S. Roach, *Life History Interviews, Part I* September 14-19, 2009)

of one's professional responsibilities.^{771 772} (The word 'judgment' was added to the definition one year later). In nursing, compassion operates from the competency appropriate to the needs of the patient, and the two elements (compassion and competence) are central to any conceptualization of professional caring because "competence without compassion can be brutal and inhumane, and compassion without competence may be no more than meaningless, if not harmful, intrusion into the life of a person needing help."^{773 774} This description of the element suggests that a nurse can be competent without being compassionate, and as well can be compassionate without being competent. Neither would be demonstrating professional caring, because caring requires both to be present, in addition to the other elements of caring.⁷⁷⁵

The third caring element: Confidence.

Confidence is that quality which fosters trusting relationships.⁷⁷⁶ (One year later, she would add: It is impossible to think of nursing, or, in fact, of caring without assuming the presence of this quality).⁷⁷⁷ A trusting relationship (comprising respect and trust) is necessary between the patient and the nurse. The patient needs to know that the nurse, demonstrating

⁷⁷¹ (M. S. Roach, The Professionalization of Human Care: A paper presented to the Nursing Times, England August, 1982, 6)

⁷⁷² (M. S. Roach, Caring: The Human Mode of Being, Implications for Nursing, a Monograph 1984)
⁷⁷³ (ibid)

⁷⁷⁴ (M. S. Roach, Caring, the Human Mode of Being: A Blueprint for the Health Professions (2nd rev ed.) 2002)

⁷⁷⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁷⁷⁶ (M. S. Roach, Ethics: A Professional Sense October 23, 1981, 8)

⁷⁷⁷ (M. S. Roach, The Professionalization of Human Care: A paper presented to the Nursing Times, England August, 1982)

professional standards and moral attributes, will act in ways that will promote their welfare. Caring confidence fosters trust without dependency, communicates truth without violence, and creates a relationship of respect without paternalism or without engendering a response born out of powerlessness.^{778 779 780}

The fourth caring element: Conscience.

Conscience is a sensitive, informed sense of what is right and wrong, directing one's behaviour according to prescribed moral standards.⁷⁸¹ One year later, she would say: "Conscience, as used in this work, refers to a perceptive, informed sense of what is right and wrong; a compass directing one's behaviour according to moral standards".⁷⁸² In the coming years (1984 and 1992) she would expand the description of professional caring conscience to a state of moral awareness in nurses that causes them to intentionally respond in a deliberate, meaningful, and rational way to what matters. It is the call of care that manifests itself as care.⁷⁸³

The fifth caring element: Commitment.

Commitment is a complex affective response characterized by a convergence between one's desires and one's obligations, and by a

⁷⁷⁸ (M. S. Roach, *Caring: The Human Mode of Being, Implications for Nursing*, a Monograph 1984, 24)

⁷⁷⁹ (M. S. Roach, *The human act of caring, A blueprint for the health professions* (rev. ed.) 1992, 63)

⁷⁸⁰ (M. S. Roach, *Life History Interviews, Part I* September 14-19, 2009)

⁷⁸¹ (M. S. Roach, *Ethics: A Professional Sense* October 23, 1981)

⁷⁸² (M. S. Roach, *The Professionalization of Human Care: A paper presented to the Nursing Times*, England August, 1982, 10, 11)

⁷⁸³ (M. S. Roach, *Life History Interviews, Part I* September 14-19, 2009)

deliberate choice to act in accordance with them.^{784 785 786} It is where choosing is relegated to secondary priority because the commitment of the nurse is the same as what would be chosen. The nurse is drawn consciously and willingly to a course of action. What is required for the welfare of the patient is never considered an inconvenience or an encumbrance because it is not thought of in that way. Caring is the living out of relational responsibilities [relational ethics], responsibilities to the self and to the other, a responsibility that is moral.⁷⁸⁷

The sixth caring element: *Comportment* (added in 2002).

Comportment is consistency, harmony between beliefs, values, and one's dress and language.⁷⁸⁸ It demonstrates professionalism through one's physical presentation and communication, and is an important sign of legitimacy and identity for the nursing profession.⁷⁸⁹ It is reflected in the nurse's bearing, demeanor, dress and language when in agreement or harmony with the nurse's respect for the patient and family. The nurse ... shows the patient and family who the nurse is by dress, manner and actions.⁷⁹⁰ As well as dressing and behaving in a manner that shows respect for the patient and family, the nurse is advised to present self as a person who commands respect by ensuring dress, manner and behaviour

⁷⁸⁴ (M. S. Roach, Ethics: A Professional Sense October 23, 1981)

⁷⁸⁵ (M. S. Roach, Caring: The Human Mode of Being, Implications for Nursing, a Monograph 1984, 25)

⁷⁸⁶ (M. S. Roach, The human act of caring, A blueprint for the health professions (rev. ed.) 1992, 65)

⁷⁸⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁷⁸⁸ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁷⁸⁹ (M. S. Roach, Caring, the Human Mode of Being: A Blueprint for the Health Professions (2nd rev ed.) 2002)

⁷⁹⁰ (ibid, 48)

that is consistent with the profession's stated beliefs about the dignity of persons, including ourselves as professional caregivers.⁷⁹¹

What Nurses Ought to Do

The journal *Nursing Times*, July 7, 1982, carried an article entitled *Getting to Grips with the Ethical Dilemma*. It reported that nurses from around the world had been in Jerusalem in June for the first ever International Congress on Law and Ethics:

Ethics and law are subjects of concern to all nurses ... the outcome of the congress had implications for the quality of care in nursing as for personal contact and human care generally. Sister Simone Roach of St. Francis Xavier University in Antigonish, Nova Scotia, spoke about the meaning of caring, the elements of caring, and the possible use of a model for reflecting on concrete, ethical nursing problems. She argued that caring was a human rather than a nursing attribute which could be suppressed and repressed in adverse circumstances. Caring consisted of compassion, confidence, competence, conscience, and commitment ... "the nurse does not deliberate about whether or not she [*sic*] cares", she concluded, "but about how caring can be accomplished".⁷⁹²

In her lecture delivered to the Congress on Nursing Law and Ethics, in clarifying "what nurses ought to do" Sister Roach analyzed the levels at which moral discourse takes place, distinguishing the role of judgement at each level.

The *first level* is the expressive-evocative, "an initial response to a situation"

⁷⁹¹ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002, 64-65)

⁷⁹² (Kratz 1982, 1133)

including such responses as pleasure, joy and dislike, and would serve merely to vent one's emotions. They are no more than conventional expressions of personal feeling. The *second level* is that of moral rules, and it is where one questions about the rightness and wrongness of specific actions, and include such basic rules as "relieve suffering, respect the property of others, tell the truth, and keep promises". At the *third level*, one questions why the moral rule is right. One considers principles on a higher level of generality than that of moral rules. They include such principles as beneficence, nonmaleficence, and distributive justice. These ethical principles do not tell one precisely what to do in a particular case, but rather provide standards for appraising lower-order rules. They function like a compass, provide a general direction rather than a specific road map:

The process involved at the third level of moral discourse, the level of ethical principles, reflects in distinct ways the elements of caring. The quality and depth of compassion, the degree of participation in and identification with the situation involved, influence the interpretation one makes of one's obligations-past, present and future. Competence understanding the issues, in analyzing significant components, in identifying, morally appraising and choosing principles also shapes the position one eventually takes on an issue. These activities, in turn, influence and are influenced by relationships, and by the movement of one's conscience. Commitment to discern, choose and live by appropriate principles provides the stability that integrity in the moral life requires.⁷⁹³

⁷⁹³ (M. S. Roach, *Caring: A Framework for Nursing Ethics* June 13-16, 1982, 12)

The *fourth level* is the post-ethical or "human level", and asks the question why one should be moral. She said if one is asking this question, it is beyond the functions of morality to answer.⁷⁹⁴

Sister Roach's Popularity in the United States: Three Reasons

While Sister Roach is widely quoted in the literature in the area of caring and ethics, she differs from other caring scholars in that she has had a limited number of publications of her own in scholarly journals. It is significant to remember that Sister Roach has not been formally attached to a faculty of nursing since her years at Saint Francis Xavier, and she has never been formally attached to a school with a graduate program in nursing. It is interesting, then, that her work has become so well known world-wide, and used in nursing schools that *do* have graduate programs. It is also interesting that she became better known in the United States than in Canada. I have identified three reasons that I believe account for that phenomenon.

The first reason.

The first reason for Sister Roach's work becoming well known in the United States relates to the seeds sown by the relatively small monograph published by the Faculty of Nursing at the University of Toronto in 1984. The Faculty said that it was publishing a series of monographs and requested that Sister Roach write the first one which resulted in the publication of *Caring: The Human Mode of Being, Implications for Nursing*.⁷⁹⁵ The monograph articulated Sister Roach's philosophy of nursing, and further expansion of her thoughts on the

⁷⁹⁴ (M. S. Roach, *Caring: A Framework for Nursing Ethics* June 13-16, 1982, 12)

⁷⁹⁵ (M. S. Roach, *Caring: The Human Mode of Being, Implications for Nursing*, a Monograph 1984)

five elements of human caring, the 5 C's. One year before this monograph was completed, another Canadian, also a nurse, and also steeped in caring, was returning to Canada after years of attending graduate school in the United States.

In 1982, Dr. Marilyn Ray, having studied with Dr. Jean Watson and Dr. Madeline Leininger, returned to Ontario, Canada, where she would learn about Sister Roach. Dr. Ray says:

At the University of Toronto, the nursing faculty had those monographs. Sister Roach's was one; a small monograph, *Caring: The Human Mode of Being, Implications for Nursing*. After a short time, I went back to Colorado to live. At that time, a group of us who had earlier started thinking of caring as a central piece of nursing, thought we would begin formulating a more formal organization for caring, and we began the International Association for Human Caring in 1988, so that whole process began. Sister Roach's contribution at that time was more from what we read [in her monograph] rather than her [physically] being a part of the early development of the organization. However, her monograph was considered in that development. Oh yes! (expressed adamantly) Dr. Delores Gaut [at the University of Colorado] taught Sister Roach's theory in her classes [at that time]. There are some things in [Sister's] monograph that are not in the book. I loved the first one. Anyway, then she developed the framework; initially the 5 Cs, compassion, confidence, commitment, conscience, competence, all of that, and people began to look at those. You see, the criticism of caring had always been that everyone cared, so

why is caring so significant. Sister Roach was the one, and I think this is where she became so significant to all of us who are called scholars of caring or caring scientists, was that she said caring was not unique to nursing but that caring was unique in nursing because everything that nurses do relates to caring—not just an excellent quality, but the essence—unique in nursing. Well, that was critical to us who were developing the argument for the idea that caring was the essence of nursing. Do you understand what I'm saying ... the importance of what she [Roach] articulated ⁷⁹⁶.

Dr. Ray's additional comments help to shed light on why Sister Roach may not have been as well known in Canada as in the United States at that time.

Having studied with both Dr. Jean Watson and Dr. Madeline Leininger, Dr. Ray recognized the significance of Sister Roach's work at first glance. She found Sister's work to be the antithesis of the common perception in nursing at the time (mid-1980s) which was, "you'll destroy nursing by teaching caring". ⁷⁹⁷ She states:

The majority of nurses were focused on social-political theory without the ethical-caring component ... Sister was trying to talk about human caring in the early 1980s, so I can imagine how difficult and painful it would have been for her. She believed in human caring, but most people, at that time, just couldn't resonate with those ideals. You have to look at what was happening in nursing—nursing wanted to be a science, and along with that came the belief that to be scientists, you had to be like Sir Isaac

⁷⁹⁶ (M. Ray April 6, 2012) Interview with M. Ray by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁷⁹⁷ (ibid)

Newton, objectivists, positivists, so if you were to have that, then you couldn't have a philosophy of interaction, of caring. It's interesting that she received the Order of Canada for the same work that had been criticized so many years before. People cannot disassociate her from caring— that's who she is, that's her being.⁷⁹⁸

Dr. Ray described the importance of caring science, and spoke of her own experiences with Watson and Leininger. In her studies with them, "the whole focus had been on caring interaction, on inter-subjectivity", while the majority of the profession at that time was focused on hard science, and "how ironic that was, because science itself was changing at the same time to become the new science of interconnectedness and belongingness, and here is our profession rejecting the very thing we wanted to be, and so as a result, we became behind instead of interfacing with science in many ways".⁷⁹⁹

Dr. Ray recognized the significance of Sister Roach's monograph, and introduced it to other caring scholars in the United States; it was recognized by such central characters as Dr. Madeline Leininger and Dr. Jean Watson, by Dr. Delores Gaut, Dr. Ann Boykin, and by caring scholars coming to the United States from other countries at that time, and who had come together to form the International Association for Human Caring.⁸⁰⁰ It was through contact with the International Association for Human Caring that Dr. Ann Boykin heard about Sister Roach and invited her to Florida Atlantic University, which would lead to

⁷⁹⁸ (M. Ray April 6, 2012) Interview with M. Ray by Margaret Elizabeth Myers for biography of Sister M. Simone Roach)

⁷⁹⁹ (ibid)

⁸⁰⁰ (ibid)

the use of her work as the model for the undergraduate and graduate nursing programs at the Christine E. Lynn College of Nursing at Florida Atlantic University for the next nearly thirty years.

The second reason.

The second reason is connected to the first. It was through Dr. Ray's intervention that Sister Roach's monograph was noticed in the United States. By introducing Sister Roach's work to Madeline Leininger (Ray's own mentor), Dr. Watson, Dr. Boykin and many others, Dr. Ray facilitated, albeit inadvertently, Sister Roach's welcome by these caring scholars into the folds of the International Association for Human Caring⁸⁰¹, where she was asked to speak, asked to be present, was validated, and was considered one of the prominent caring scholars of the 20th century. Years later, Sister Roach would refer to Dr. Jean Watson and Dr. Madeline Leininger as "dear friends".⁸⁰² In a correspondence with Dr. Leininger's family after her death in 2012, Sister Roach was to say, "Madeleine Leininger was a Person and a Professional who had a singular influence on nursing – research, teaching and practice. In the very beginning of my reflections on caring and nursing, Dr. Leininger was the first person I discovered as I searched for inspiration, and scholarship. Of particular influence for me personally was Madeleine's deep but practical faith, expressing her religious

⁸⁰¹ (M. Ray April 6, 2012) Interview with M. Ray by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸⁰² (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

beliefs in her witness and example. May she experience the eternal joy of God's presence".⁸⁰³

Sister Roach is ever person-centered, and she states that contacts made and permanent friendships formed through speaking continue to be a prime source of professional nourishment, and have always been life-giving. She credits most of these opportunities to membership in the International Association for Human Caring (IAHC) through which she became a colleague with a group of researchers, educators, administrators and clinical practitioners who have been an inspiration to her by their total commitment to nursing. She says it is possible neither to assess nor qualitatively measure the personal, professional and spiritual influence of these contacts, nor to describe the degree to which they have shaped her life. They must, she says, be recorded in her life story as bountiful blessings.⁸⁰⁴

Likewise, Sister Roach's years of contact with the International Association for Human Caring had a profound effect on those she met there. In fact, her writing on human caring became known to the IAHC long before she was known personally, through Dr. Marilyn Ray⁸⁰⁵, Professor, the Christine E. Lynn College of Nursing at Florida Atlantic University which houses an archives of caring, and is the only university in the United States that sustains a caring curriculum in nursing across all programs and has used Sister Roach's work for almost three decades.

⁸⁰³ (M. Ray, Communication about the death of Dr. Leininger and response from Sister M.S Roach June 14, 2013)

⁸⁰⁴ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸⁰⁵ (M. Ray April 6, 2012) Interview with M. Ray by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

Membership and involvement in the International Association for Human Caring did greatly influenced the success of Sister Roach's work, promoting global interest, travel and presentations in Israel, Russia (St. Petersburg, Moscow); Finland; Cambridge, England; Sterling, Scotland, Bangkok; Australia; and numerous centres in USA and Canada. Grants from the Government of Canada and the Jackman Foundation of Toronto, and the Sisters of Saint Martha provided funding for the Russian travel.⁸⁰⁶

Sister Roach speaks with great admiration and gratitude of the on-going professional and personal influence of leaders in the International Association for Human Caring: Dr. Katie Eriksson, Finland; Drs. Anne Boykin, Marilyn Ray, Delores Gaut, Kathryn Grambling, Patrick Dean, Madeleine Leininger, and Jean Watson of the USA; Christopher Johns of the UK, and many others who became colleagues and personal friends over her years of travel and speaking. Many of these have travelled to Antigonish, Nova Scotia, and enjoyed the hospitality of the Sisters of Saint Martha at the Bethany Motherhouse.⁸⁰⁷

The third reason.

The third reason for the proliferation of Sister Roach's philosophy and theory is the care she has taken in preserving her own work over the years. Sister Roach's works, including all presentations and speeches given over a professional lifetime, are housed in three archives: the caring archives at the Christine E. Lynn Center for Caring at Florida Atlantic University (FAU); the Bethany Motherhouse archives, Congregation of the Sisters of Saint Martha, Antigonish, Nova Scotia;

⁸⁰⁶ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸⁰⁷ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

and to some extent (1958–1993), through the Canadian Archival Information Network, Cain #199646. It is interesting that files that covered the time the Code of Ethics was being written were not available through the Canadian Archives over the years I conducted my research. Currently, Canadian Archives page specifically states that the Sister Simone Roach fonds consists of two series: writings for the fulfillment of degrees and publications; correspondence, research, and writings in CNA Ethics Project.⁸⁰⁸ When the Christine E. Lynn Center for Caring was set up in the United States (to house the works of caring theorists) those in decision making positions had the foresight to personally visit Sister Roach in Canada, and request the original works from her fonds at the Bethany Motherhouse archives.⁸⁰⁹ Sister Roach agreed, however copies of all of her works were made and remain at Bethany Motherhouse archives. Because the Christine E. Lynn Center for Caring publish, on their website, the contents of their holdings, scholars can see a complete listing of the Sister Roach's fonds there, making her work more available for continued research. While the Bethany Motherhouse archives do not list the contents of the Sister Roach fonds, her works can potentially be viewed in consultation with Sister Roach herself and the Bethany Motherhouse archivist.⁸¹⁰

⁸⁰⁸ (Archives Canada nd)

⁸⁰⁹ (Boykin September 26, 2011) Interview with A. Boykin by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸¹⁰ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

Writing and Speaking

Sister Roach's second book, *The Human Act of Caring: A Blueprint for the Health Professions*⁸¹¹, was first published in 1987 by the Canadian Hospital Association. It was revised in 1992, (Reprinted in 1993, 1995 by the Canadian Hospital Association, and subsequently published in Japan). It was called a classic in the field by Dr. Madeline Leininger.⁸¹² The Monograph, *Caring the Human Mode of Being: A Blueprint for the Health Professions*, 2nd revised edition, was published by the Canadian Healthcare Association Press in 2002. The revised edition also included the addition of the sixth element, comportment, as well as her ethical reasoning on the interconnectedness of human life, care of the planet and all those on the planet.⁸¹³ Sister Roach spent a year as a Reader at Regis Collage at the University of Toronto (2000–2001) doing research for the revision, and taking advantage of library resources and course offerings there. Sister Roach had never been pleased with "the pink cover and little heart" on the cover of the first edition of *Caring the Human Mode of Being: A Blueprint for the Health Professions*. She believed that such an image presented her work as somehow "soft and cuddly" and did little to communicate to the potential reader the serious message she was attempting to convey on human caring and the health professions. The cover of the 2002 revision was more to her liking. Additionally, on request of Sister Roach, the publisher retrieved the original title of the manuscript *Caring The Human Mode of Being: A Blueprint for the Health*

⁸¹¹ (M. S. Roach, *The Human Act of Caring: Blueprint for the Health Professions* 1987)

⁸¹² (M. Leininger 1992)

⁸¹³ (M. S. Roach, *Life History Interviews*, Part II August 13-15, 2010)

Professions. This change in title was significant since it more accurately described the intent of her research.⁸¹⁴

Sister Roach remarked on her limited publications, "So other than an article here and there, these were my major publications. I did a chapter for a publication in Israel which was the *Journal of Law and Ethics*. I had been to two conferences there".⁸¹⁵

The "Six C's" became the substance of presentations in many schools of nursing, and subsequent writing. A closer look at these experiences included in the above, highlights the events with a finer lens. In 1982 she presented a paper at the International Conference in Nursing Law and Ethics in Jerusalem, *Caring: A Framework for Nursing Ethics*⁸¹⁶, and a second at Tel Aviv in 1985, *Caring as Responsivity: Response to Value as the Important-In Itself*⁸¹⁷, which was also published in the *International Journal of Medicine and Law*.⁸¹⁸ In the article, Sister Roach noted that "there are five categories of behaviour through which caring may be expressed: compassion, competence, confidence, conscience, and commitment", and she spoke of ontology of caring being "caring in itself".⁸¹⁹

She remarked that the core value in human relationships is the human person. The particular understanding one has of the human person determines the quality of relationships and the nature of the caring response. "Caring is a

⁸¹⁴ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸¹⁵ (ibid)

⁸¹⁶ (M. S. Roach, Caring: A Framework for Nursing Ethics June 13-16, 1982)

⁸¹⁷ (M. S. Roach June 10-13, 1985)

⁸¹⁸ (M. S. Roach, Caring as Responsivity: Response to value as the important-in-itself 1989)

⁸¹⁹ (ibid, 275)

universal manifestation of human existence; it is the authentic mode of being".⁸²⁰

At the request of Professor Carmi, University of Tel Aviv, she subsequently submitted an update of this article for future publication in the same journal. The "Six C's" provided a practical context for observation and assessment of caring performance in nursing; A comprehensive discussion is found in the monograph, and in subsequent writings. An on-line search shows numerous examples of how the C's are used in practice, education and research.

The Legacy of Sister Roach

Sister Roach is a very humble woman. Although she is aware that her theory is used in many nursing schools, that she is widely quoted by professionals in scholarly journals, and that she is held in high esteem by emerging and seasoned scholars in the area of caring and the ethics of care (she still receives calls from researchers who want to better understand her work, as well as those who want to make her acquaintance) she seems genuinely surprised by it all. Through her writings and speaking engagements, she has influenced the lives and professions of numerous people. Additionally, she has been influential in the lives of many people whom she will never hear from or know about. One of those is Dr. Beth Perry.

Dr. Beth Perry is an Associate Professor in the Athabasca University Center for Nursing and Health Studies, a scholar in the field of caring, and the author of three books: *Through the Valley: Intimate Encounters with Grief in*

⁸²⁰ (M. S. Roach, *Caring as Responsivity: Response to value as the important-in-itself* 1989, 278)

1998⁸²¹; Moments in Time: Images of Exemplary Nursing Care in 2002⁸²²; and More Moments in Time: Images of Exemplary Nursing in 2009.⁸²³ Dr. Perry became acquainted with Sister Roach's work in her early years of nursing. She had an affinity for theories that related to caring, and came across writing by Sister Roach in various literature reviews. She found Sister Roach's conceptions of caring and nursing meaningful and applicable to her work and practice. In speaking with Dr. Perry, she described the influence Sister Roach has had on her.

My decision to become a nurse educator was influenced in part by Sister Roach. I discovered in nursing education a way to share my beliefs and values and attitudes with others in order to have a greater impact on patient care. I loved one-on-one patient care but by becoming a nurse educator and teaching many nurses to “care” and to be exemplary compassionate practitioners, I was able to meet the needs of a greater number of patients ... I am also in agreement that competence is an important part of caring. My doctoral research was on the topic of exemplary nursing care. Sister Roach influenced me as a researcher, knowing that caring is the central element to being an exemplary nurse and that caring is a complex human experience the only type of research that made sense for me to do was qualitative [because qualitative allows for an in-depth understanding of human behavior]. She influenced what I saw as I collected data and how I interpreted my findings – an instrument

⁸²¹ (B. Perry, *Through the Valley: Intimate Encounters With Grief* 1998)

⁸²² (B. Perry, *Moments in Time: Images of Exemplary Nursing Care* 2002)

⁸²³ (B. Perry, *More Moments in Time: Images of Exemplary Nursing* 2009)

of data collection and analysis who had embraced the caring theory of nursing.⁸²⁴

Dr. Margaret Anne Somerville is the Samuel Gale Professor of Law, Professor in the Faculty of Medicine, and the Founding Director of the Faculty of Law's Centre for Medicine, Ethics and Law at McGill University. In speaking of Sister Roach, she says, "I have a memory of thinking when I first met her, what a truly remarkable woman she is, and the enormous good she has unleashed in the world through her contribution to nursing as a caring, healing moral profession. Sister Roach's ideas are a powerful force for good that very large numbers of people have benefitted from, when they were sick and at their weakest and most vulnerable, without having any idea of their source".⁸²⁵

Roach as 'Prophet'

Several people interviewed for this project used the term 'prophet' when describing Sister Roach. They were not referring to the term in the Biblical sense. These participants were making the point that Sister Roach was well ahead of her time in the pronouncements she made, as well as with the theory and the Code of Ethics she developed. They believed that her combination of education, wisdom, ability to hold multiple concepts in perspective for analysis, and spirituality all came together in her writings. However, they believed that she developed concepts that did not "make sense" to most people until quite some time later. Many noted that Sister Roach's philosophy is extremely scholarly, and difficult to

⁸²⁴ (B. Perry May 31, 2012) Interview with B. Perry by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸²⁵ (Somerville February 9, 2011) Interview with M. A. Somerville by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

understand for many nurses, however her Six Cs are applicable, practical and understandable.

The Rev. Dr. Ronald Mercier⁸²⁶ is Associate Professor of Christian Ethics at Saint Louis University Department of Theology and Past Professor at Regis College Jesuit School of Theology, University of Toronto. He remembers Sister Roach from her days at Regis College in Toronto, and says:

I think she was a voice crying out in the wilderness about the value of the human person, and the value of human caring; that nursing or caring for other people is more than the provision of services. She was prophetic. She spoke about the Universe Story⁸²⁷, a new cosmology, a new understanding of the universe that considers spirituality. She spoke about a developmental turn in the spiritual dimension of caring. Given what we are doing [in health care], what is happening with corporate [health care] models, what is needed is for people to be vocal against that. And that is her distinctive perspective. Unique among other models of care. That the human is valued and valuable. That the human person cannot be reduced. So, she is very much a philosopher.⁸²⁸

Rev. Dr. Mercier states that Sister Roach truly understands the Universe Story that she wrote about in her last book; that what she was discussing was evolutionary cosmology, the bringing together of philosophy, cosmology, and

⁸²⁶ (Mercier October 15, 2011) Interview with R. Mercier by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸²⁷ (Swimme and Berry 1992)

⁸²⁸ (ibid)

consciousness. He remarked that, at one place in her last book, she made the point about everyone having a spiritual dimension. He went on to say:

Sister Roach speaks about relational matters; her work is both relational and reflective, it's both. It's really about how you have conversations with others, how you provide care for others; it is not just nice ideas, but theory, certainly well developed theory grounded in philosophy and clinical experience. She is really calling people to think. To think about what they are doing very carefully, because the ramifications can be around for a long time. Imagine the prophetic voice of this woman, the relational dimension, the creativity, the understanding of cosmology, the understanding of the importance of ethics, the profound message of what she is trying to say to professionals, and the ramifications of not caring in a very deep and spiritual way.⁸²⁹

Interestingly enough, Dr. Anne Boykin, Professor Emeritus and Past Dean of the Christine E. Lynn College of Nursing, Florida Atlantic University, who has known and been mentored by Sister Roach since 1985, also uses the word "prophet" when referring to Sister Roach. Dr. Boykin says, "I often think of her as a prophet because she calls us to assume and develop our own sense of caring. She's very focused, yet very realistic, because she is certainly in tune with the world".⁸³⁰

⁸²⁹ (Mercier October 15, 2011) Interview with R. Mercier by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸³⁰ (Boykin September 26, 2011) Interview with A. Boykin by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

Professor Ellen MacFarlane also referred to the prophetic message Sister Roach delivered as far back as 1970. She remarked on the theme in Sister Roach's book, everything she was saying in the early 1970s, and how relevant her reflections are in today's health care environment. Professor MacFarlane reflected on "how far ahead of her time Sister Roach was", and stated that she grieves that Sister's message has not been heeded well enough. She talked about the trend today of removing registered nurses from the patients' bedside to lead, and replacing them with unregulated and less educated providers. She continues:

That practice [to replace registered nurses with less regulated health care workers] flies in the face of Sister Roach's teachings and beliefs about caring and 'presence'. Sister Roach believes nurses care at the clients' bedside as well as in leadership, educational, and research capacities. [Professional nurses provide] trust, compassion, caring in a personal 'within arm's length' environment." I believe scholars around the globe have been empowered by the work completed by Sister Roach. Doctoral students were picking up on the need for a very clear mandate for nursing in regard to professional caring. It set the stage for reflection, research and study about the true differences between nursing and medicine.⁸³¹

A Sampling of Seeds Sown

Dr. Angela Gillis, using a generalized Google search, found 33,000 references to Sister Roach's theory, and using an advanced search on Google

⁸³¹ (MacFarlane September 13, 2011) Interview with E. MacFarlane by Margaret Elizabeth Myers for biography on Sister M. Simone Roach

scholar, found 14,000 references.⁸³² While there are numerous examples of Sister Roach's theory in use, I am describing a sampling; those pointed out to me by others, and which I was able to verify at the time of writing this document. They are merely a sampling of seeds sown by Sister Roach.

Scripps Mercy Hospital: Theory to guide nursing practice and development of a tool to measure compassion.

Dr. Judy E. Davidson is the Director of Research Integration and Management at Scripps Clinical Research Center, La Jolla, California. Prior to that she was the Director of Clinical Excellence, and served to lead the Clinical Nurse Specialists at Scripps Mercy Hospital, also in San Diego. Dr. Lori Burnell is Chief Nursing and Operations Executive at Scripps Mercy Hospital. Scripps Healthcare system has over 13,000 employees. Dr. Davidson was studying in the nursing doctoral program at Case Western Reserve University in Cleveland, Ohio when she and Dr. Burnell met Canadian, Dr. Colleen Maykut. Dr. Maykut, Assistant Professor, MacEwan University, Edmonton, Alberta, Canada was also at Case Western Reserve University pursuing doctoral studies. Dr. Davidson remembers:

Coleen attended classes with us here. During one of the classes she talked about Sister Simone Roach's caring theory. I had never heard of it before. Colleen had been to visit Sister Simone Roach [in Nova Scotia]and had a great personal interest in her work. At the same time, some would say by divine intervention, the Chief Nurse Executive here at Scripps Mercy [Lori

⁸³² (Gillis August 12, 2010) Address given at a pre-Order of Canada celebration to honour Sister Roach at St. Francis Xavier University

Burnell] was searching for a theory to guide our nursing practice. The Sisters of Mercy had established Mercy hospital more than 100 years ago. Lori had the vision to start setting the foundation for continued spiritual healing by establishing theory based care in a manner that matched our mission and philosophy. On Colleen's next trip, Lori and I invited her out to lunch, and she explained the details of the theory, and we were sold. The key elements aligned perfectly with our present mission and philosophy statements. We brought proposals to the Sisters of Mercy, nurse executives and nurse practice councils and they unanimously agreed to adopt *The Human Act of Caring* Theory to guide our practice.⁸³³

The next task for Scripps Mercy Hospital was to make "the Theory of Human Caring come alive instead of just being words on a page".⁸³⁴ Dr. Burnell wrote articles about the theory for the nursing newsletter, information about the theory was presented at every nursing meeting, and they began to frame reflections based upon Roach's 6 C's. At nurse's week that year, in May, Dr. Burnell had the idea to structure "Nurse of the Year" elections using a template of the 6 C's. Each nursing unit put forth the name of one nurse whose practice best espoused the principles of the Theory of Human Caring, and described him or her in an exemplar. The exemplars were then used competitively to select a grand finalist from each of Scripps Mercy hospital campuses.

To take the implementation of the theory one step further, Dr. Davidson developed a research study called "Poetic Transcription to Explore the Concept of

⁸³³ (Davidson November 9, 2010) Interview with J. Davidson by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸³⁴ (ibid)

Caring". In this study, she solicited the assistance of four nurse poets and her own mother, who is a poet, to transform the twenty-seven exemplars of caring into poetry. They received consent from all candidate nurses of the year for the study. The poems were sent to Sister Roach who provided written confirmation for the method used to transform her theory into a format understood by the practicing nurse. They used the poetry to announce the winners at their nurse of the year celebrations, and published them on their Scripps Mercy website, each poem paired with a picture of the nurse. The poems have continued to be used in orientation programs, meeting reflections, and in other ways "to make the theory come alive, translating theory into practice."⁸³⁵

Dr. Davidson sent a copy of the work completed by the winners to Sister Roach, who wrote the nurses a very inspirational letter. Dr. Davidson and Dr. Burnell distributed the letter widely to further strengthen the personal connection between Scripps Mercy Hospital nurses and Sister Roach. Dr. Burnell also referred to the Theory of Human Caring in her doctoral dissertation work focused on understanding what it means to provide compassionate care through the eyes of the patient.⁸³⁶ Dr. Burnell and Dr. Donna L. Agan, Director, Operations Integration, Scripps Mercy Hospital, wrote that compassion has not been universally defined or understood, yet is recognized as a component of nursing excellence. They further noted that, "to ensure that compassionate care is routine in health care delivery models, nursing behaviors and actions that exemplify compassion ought to be easily identifiable to patients...[however] a standardized

⁸³⁵ (Davidson November 9, 2010) Interview with J. Davidson by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸³⁶ (ibid)

scale to measure compassionate care attributes has been notably absent".⁸³⁷To address this gap and ascertain the importance of compassionate care to patients, the authors developed a 28-item Compassionate Care Assessment Tool (CCAT) from a pilot study of 250 hospitalized patients. The four practitioner-related categories of items on the CCAT are: the ability to establish meaningful connections; meet expectations; exhibit caring attributes; and function as a capable practitioner⁸³⁸.

Martin Memorial Health Systems professional practice model.

Martin Memorial Health Systems with 3,000 employees has seven hospitals located throughout Florida: two in Stuart; two in Port Lucie; one in Hobe Sound; one in Palm City; and one in Jensen Beach. Their nursing practice motto is, "Caring: the Essence of Nursing." The mission of the nursing practice group is to promote a culture of caring with compassion, courage, and hope. Their symbol of caring is a circle made up of six hands, one for each of Roach's 6 C's, all with fingers pointing toward the center. The professional practice model for nursing at Martin Memorial is based on the caring theories of Roach, Boykin, and Schoenhofer.⁸³⁹

Dr. Colleen Maykut's research: Developing an instrument to measure comportment.

In Edmonton, Alberta, Canada, Dr. Colleen Maykut developed a tool to measure one of the constructs in Sister Roach's theory; that of comportment (the sixth C). Dr. Maykut recalls:

⁸³⁷ (Burnell and Agan 2013)

⁸³⁸ (Burnell and Agan 2013)

⁸³⁹ (The Voices of Nursing: News from Martin Memorial's Nursing Staff March, 2010)

I have known Sister Simone since 2006. I was starting my doctoral studies at Case Western Reserve University, Frances Payne Bolton School of Nursing (Cleveland, Ohio) and wanted to use her theory, "Caring, The Human Mode of Being", as a theoretical framework in my own research study. I emailed her with my intent and to clarify my own understanding of her theory. I subsequently visited her at Bethany for further discussions around comportment (her 6th C) to enhance my understanding and application of this attribute. Further dialogue ensued (both by email and phone with subsequent visits to Bethany) and Sister became a member of my dissertation committee.⁸⁴⁰

Dr. Maykut explained that she had first heard of Sister Roach's theory in 2004 when her educational institution decided to pursue an independent baccalaureate degree in nursing. Sister Roach's theory was part of the philosophical underpinnings and resounded for her as a nurse educator. She found the theory significant because it allowed for both conceptual discussions and ease of application in many contexts (clinical, theory, and lab). Dr. Maykut explained that, simply put, Sister Roach's theory is "that we care for each other because this is what it means to be human. The absence of care is the absence of humanity".⁸⁴¹ According to Dr. Maykut, with respect to her provincial (Alberta) context at that time, 2006, many nursing leaders were losing their voice and the government was introducing many cost saving measures in healthcare at the expense of quality

⁸⁴⁰ (C. A. Maykut November 5, 2012) Interview with C.A. Maykut by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸⁴¹ (ibid)

patient care and safety (a knee jerk response without recognizing long term consequences for their actions).⁸⁴²

The aim of Dr. Maykut's doctoral research was to ascertain how non-verbal observable behavioural expressions shape the professional image of nursing through an investigator-developed instrument, guided by comportment as a caring attribute.⁸⁴³ An exploratory descriptive design was used to systematically develop, implement, and evaluate the instrument, and a sample of 429 students and 44 faculty facilitated the testing of the instrument (N=473) for validity and reliability. The outcome of her study provided initial reliability (Cronbach's alpha=.91) and validity results on the instrument.⁸⁴⁴

Pfeiffer University: Roach's philosophy of caring.

Pfeiffer University, with three campuses (Charlotte, Misenheimer and the Triangle) in North Carolina is a United Methodist-related university offering undergraduate and graduate degrees. The educational philosophy of Pfeiffer University Department of Nursing incorporates Sister Roach's six caring principles that include compassion, competence, confidence, conscience, commitment, and comportment within nursing education and nursing practice.⁸⁴⁵

⁸⁴² (C. A. Maykut November 5, 2012) Interview with C.A. Maykut by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸⁴³ (Maykut, The Development of the Comportment Attribute Scale to Ascertain Influences of Non-Verbal Observable Behavioural Expressions of Professional Image 2009)

⁸⁴⁴ (ibid, iii)

⁸⁴⁵ (Pfeiffer University Nursing Department 2012)

San Antonio College Department of Nursing Education.

San Antonio College Department of Nursing Education in San Antonio, Texas defines professional caring using Roach's 6 Cs.⁸⁴⁶

University of Indianapolis School of Nursing, Indianapolis, Indiana.

The University of Indianapolis School of Nursing offers both undergraduate and graduate (Master of Science in Nursing and Doctor of Nursing Practice) degrees. The philosophy, mission and goals of the graduate nursing program at University of the Indianapolis School of Nursing, Indianapolis, Indiana is based on the Sister Roach's theory, and anchored in the six complementary attributes of the Caring Model, the six C's of compassion, competence, confidence, conscience, commitment and comportment. These are the attributes that students are required to pledge to exhibit toward patients, and faculty to exhibit towards students.⁸⁴⁷

Mennonite College of Nursing, Illinois State University, Normal, Illinois.

The conceptual framework underlying the curriculum of Mennonite College of Nursing consists of a formulation of the faculty's conceptualization of nursing. It incorporates concepts derived from numerous behavioral and nursing theories, including those developed by Betty Neuman, Dorothea Orem, Martha Rogers, Sister Callista Roy, Madeleine Leininger, and Sister M. Simone Roach. The curriculum is built upon the eight key concepts of humankind, environment,

⁸⁴⁶ (San Antonio College Department of Nursing Education 2012)

⁸⁴⁷ (University of Indianapolis School of Nursing 2009)

research, legal/ethical/political dimensions, information processing, teaching/learning, health promotion, and management.⁸⁴⁸

University of Saint Mary.

The baccalaureate in nursing program at University of Saint Mary in Leavenworth, Kansas is founded on Sister Roach's concept of caring. The program is built on the strong liberal arts foundation as required in the American Association of Colleges of Nursing (AACN) essentials of baccalaureate education. Student learning outcomes focus on enhanced critical thinking, decision-making, leadership and communication skills. Roach's C's of caring, commitment, conscience, competence, compassion, and confidence and comportment are emphasized throughout the program.

Lenoir-Rhyne University School of Nursing.

At Lenoir-Rhyne University School of Nursing in Hickory, North Carolina, the nursing curriculum and faculty promote development of human caring based on a philosophy with the necessary behaviors, derived from Sister Simone Roach, and are manifested as six components: compassion, competence, confidence, conscience, commitment, and comportment. The nursing handbook calls for demonstration of all six Cs for successful program completion.⁸⁴⁹

Christine E. Lynn College of Nursing, Florida Atlantic University.

In 1984, Dr. Anne Boykin invited Sister Roach to present her work at the Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton,

⁸⁴⁸ (Mennonite College Of Nursing Illinois State University 2012-2013, 3)

⁸⁴⁹ (Lenoir-Rhyne University College of Health Sciences School of Nursing Handbook for 2010-2011, 9)

Florida.⁸⁵⁰ This experience began Sister's long association with Dr. Boykin, who was then Dean, and other staff at the college there. Since that time, Roach's caring theory has been used as a framework for the undergraduate nursing program and the masters in nursing program, as well as for the doctoral program. Dr. Boykin⁸⁵¹ remembers:

I came across Sister's monograph. Having read that, I was very impressed with her thinking, and her thoughts seemed congruent with what we held here, so I contacted Sister and asked her if she would be able to visit the college just to talk with us about caring, and help us to grow in our understanding of that concept. And so, that was really when I first became familiar with her work and with her. You know, at that time, there was something of a curriculum revolution going on. Still, the focus was more on a medical model approach to the study of nursing, so we were seeking to understand the 'nursing' of nursing, that discipline component. Sister Simone's writings are required readings in all educational programs, bachelors, masters, and doctoral. Faculty and students have studied all her works: the Monograph, the book *Human Act of Caring*, and *Caring: the Human Mode of Being*, so students really became philosophically grounded in an understanding of Sister's philosophy of caring and the principles and ideals that she held dear, particularly the statement that

⁸⁵⁰ (Boykin September 26, 2011) Interview with A. Boykin by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸⁵¹ (Boykin September 26, 2011) Interview with A. Boykin by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

‘caring is the human way of being’ or ‘human mode of being’, and of course that’s the fundamental idea of Sister, that caring is the human mode of being, so that view grounded us philosophically, and her six Cs help students appreciate what it meant to live caring in the practice of nursing. So we developed, based on her theory, a practice of evaluating students on all levels. We used the Cs, and depending on the course, we broke them down into appropriate levels of measurement.

The set of evaluation instruments developed at the Christine E. Lynn College of Nursing allows an evaluation of nursing practice behavior as an on-going and a collaborative process between the learner and the teacher. Students use the instruments to critically evaluate their own performance and behaviors and teachers provide constructive and on-going feedback to the learner based on the same instruments. The foundation of the evaluation of nursing practice behaviors are the competencies of caring: compassion, competence, confidence, conscience, commitment and comporment. Each competency is evaluated on a ten-point scale, ranging from unsatisfactory or unsafe performance (rated as 1) to proficient, proactive and independent performance (rated as 10). Students are evaluated at midterm and at year end.⁸⁵²

The Community College of Allegheny County, PA.

The Nursing Programs of Community College of Allegheny County, PA, has five campuses: two in Pittsburgh, one in Monroeville, one at the California University of Pennsylvania site, and one in West Mifflin. They are all based on a model of caring. The caring model is described as the essence of nursing that

⁸⁵² (Christine E. Lynn: College of Nursing: Florida Atlantic University 2012)

incorporates all of the activities, processes, and “transactions” that create an environment of hope and trust with respect for self and others. Along with a focus on Watson's theory, Sister Roach's 6 C's are utilized as a framework for the program: compassion, competence, confidence, conscience, commitment make caring unique in nursing.⁸⁵³

Owen Community College Department of Nursing.

The mission statement of Owens Community College Department of Nursing in Toledo and Findlay, Ohio, states that "we believe in preparing caring and compassionate nurses who will provide competent care for individuals and families within communities in a changing and diverse health care environment".⁸⁵⁴ Society, nursing, learning environment, caring, person, and nursing education are the foundational definitions of their nursing philosophy and are illustrated in the roots of a Tree of Caring. The soil in which the Tree is planted contains the nurturing concepts that include: Nursing Process; Patterns of Knowing; Evidence Based Practice; and Roach's C's of Caring: compassion, competence, conscience, confidence, commitment and comporment.

Fort Hays State University Department of Nursing.

The nursing programs at Fort Hays State University Department of Nursing in Fort Hays, Kansas, are grounded in caring theory. Sister Roach's C's are used in the development of the curriculum.⁸⁵⁵

⁸⁵³ (Community College of Allegheny County, PA 2012-2013)

⁸⁵⁴ (Owens Community College 2012-2013)

⁸⁵⁵ (Fort Hays State University Department of Nursing 2008)

Colorado State University at Pueblo.

The Colorado State University at Pueblo's Department of Nursing, Acute Care Nurse Practitioner and Family Nurse Practitioner Graduate Preceptor Program utilizes Roach's Caring C's. The handbook states, "Utilization of the nursing process requires critical thinking, communication and the use of therapeutic nursing interventions. Caring is a moral imperative of nursing, pervading nursing practice and linking the skills and knowledge essential to client care. Caring is a comprehensive approach to nursing, which according to Roach (2002), incorporates commitment, compassion, conscience, competence and confidence."⁸⁵⁶

Experience in the Old City of Ecce Homo, Touched by Needs of Others

When Sister Roach travelled to Jerusalem in 1981 to participate in the Conference of Nursing Law and Ethics, she was accompanied by Florence O'Donnell, the Director of St. Rita School of Nursing, Sydney, Nova Scotia. Florence was the sister of one of the Congregation of the Sisters of Saint Martha, Sister Phyllis O'Donnell. They stayed in the Old City at Ecce Homo, and in the days prior to the conference, toured Mount Tabor, the Mount of the Beatitudes, the Jordan River and Sea of Galilee. They visited the sight of the Crucifixion of Jesus, the Burial Tomb and the place underneath Ecce Homo where Jesus was presumed to have been crowned with thorns. She expresses that at the time she thought the visit and the many experiences it involved was almost too much to take in such a short period of time, little knowing that she would be back two years later and would be able to spend a week visiting these same sites. She

⁸⁵⁶ (Colorado State University at Pueblo Department of Nursing Spring, 2011)

counts these "providential opportunities" amongst the many blessings she has received, and the continued support of her congregation of the Sisters of St. Martha. She often thinks of herself as "God's spoiled child."⁸⁵⁷

Prior to her second trip to Israel, to a conference in Tel Aviv, she spent two months in India at the invitation of the Catholic Health Association of India. Visiting and speaking to staff at catholic hospitals in southern India, she enjoyed a unique experience in a different culture, and made friends with many people whose commitment to service was astounding. Many Sisters in the hospitals she visited were medical doctors and directors of nursing schools who had studied in the UK and USA. The original intent of her visit was to explore possibilities of going back to India at a later date for an extended period of time. Given the situation there at that time and the number of prepared persons in their institutions, it seemed their needs could better be met by continuing to send their own people out for further education and training and to return to India better equipped to work there.⁸⁵⁸

On Sister Roach's way to Russia, she was invited by her friend, Dr. Katie Eriksson, Dean of the School of Nursing, Abo Academi, Finland, to present at their annual conference held in Conference Center on Aland Island. "It was quite convenient for me to leave a week earlier, join my colleagues in Finland and enjoy their most gracious hospitality. I traveled by ship from Helsinki to the

⁸⁵⁷ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸⁵⁸ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

Island, an eight hour tour experience in itself. When the conference on Aland Island was over, I joined my group that would be touring Russia in Helsinki".⁸⁵⁹

In Russia, before attending and participating in the first graduation of the first graduate program in nursing at the Moscow Medical Academy, she toured St. Petersburg, presented a program to nurses in the area, visited several medical centers, toured major highlights of the Hermitage, and attended a Ballet at the Marinski Performance Theatre. She spent two days in Novgorod, there visiting historical sites and medical centers, then on to Moscow by train where she toured highlights in Moscow and attended a ballet in the Bolshoi Theatre.⁸⁶⁰

Sister Roach felt privileged to be part of a graduation in the historically famous Moscow Medical Academy. She and her friend, Dr. Carol Picard, coordinator of the visit, stayed on for a few days, met with Dr. Galina Perfilieva, Director of the nursing program in Moscow, and her colleagues at the Moscow Medical Academy. She speaks of the hospitality and graciousness they were shown, and the spirit and scholarship of Dr. Perfilieva and her colleagues, despite limited resources available to them. Sister Roach's visit was funded by the Canadian Government, the Jackman Foundation of Toronto, and the Sisters of St. Martha.⁸⁶¹

When Sister Roach returned to St. Francis Xavier, she had a vision of providing some means of inviting either a student or a faculty member from Russia to St. Francis Xavier for a year to meet a particular need of theirs and share what the school could offer. The Sisters of Saint Martha provided a starting fund,

⁸⁵⁹ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

⁸⁶⁰ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

⁸⁶¹ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

but despite many attempts to secure other funding, regretfully they had to abandon the project. Knowing the many needs of nursing and health care in Russia, this was a major disappointment for Sister Roach since it would have been a wonderful collaborative challenge to provide for an inter-educational exchange between St. Francis Xavier University and Russia.

The next year found Sister Roach in Bangkok as the keynote speaker at the South East Asian Conference of the International Catholic Nurses Guild. She was also able to tour a few sites in Thailand close to the city. From Bangkok, she went to Adelaide, Australia, with her friend, Amy Bartjes, Professor, Health Sciences, University of Ballarat, Victoria, Australia, and presented at a conference there related to terminal illness. From there, she flew to Melbourne and spent the greater part of a day with nursing faculty at the University of Victoria, then to the Catholic University of Australia in Sydney for another presentation. Although stimulating, she also found that "this life-giving travel experience" was also very exhausting. She spent the next ten days with Sister Kate Kelly, a Sister of St. Joseph of Australia, in their Retreat/Summer place in Cronella, on the beach of the Pacific Ocean. It was a much-needed respite. On her return to Canada, she softened the air flight by stopping over three days in Hawaii, did a little touring there, and capitalized on the opportunity to rest.

Sister Roach recalls that many engagements throughout USA and Canada also added much "to the life-giving experiences of meeting many friends and of my being enriched by their scholarship and research accomplishments."⁸⁶² She

⁸⁶² (M. S. Roach, Life History Interviews: Part III October 17, 2011)

states that these opportunities were always a challenge to continue her own research and writing.

In 2006, Sister Roach received an invitation to take part in an ethics summit group at Creighton University, Omaha, Nebraska in the United States, with twenty-two other writers involved in ethics. Some others included at this summit were nurse historian Dr. Patricia D' Antonio (mentioned elsewhere in this document); Dr. Mary Cipriano Silva; Leah Curtin ("Mother of Nursing Ethics")⁸⁶³; Dr. Marsha D. Fowler, Professor of Spirituality and Ethics for the Haggard School of Theology at Azusa Pacific University; Dr. Anne J. Davis, Professor Emerita at University of California San Francisco School of Nursing was is nationally and internationally recognized as a pioneer in nursing ethics, and was honored as a "Living Legend" at the American Academy of Nursing annual conference in Washington, D.C. in 2012, and Dr. Anne H. Bishop, the founding chair of the department of nursing and Professor of nursing emeritus at Lynchburg College in Virginia, and recipient of the 2003 Humanitarian of the Year Award by the National Conference of Community and Justice (NCCJ) for her work at the Free Clinic of Central Virginia.⁸⁶⁴ ⁸⁶⁵ Sister Roach presented her reflections in ethics which resulted in a paper, *A New Awakening in the Call of Care*, submitted for presentation at Creighton in April 2007.⁸⁶⁶ This paper summarized Sister Roach's work in ethics, and was included as a chapter in a book, *Nursing and Health Care Ethics: A Legacy and a Vision* edited by Dr. Winifred J. Ellenchild

⁸⁶³ (Hanink 2013)

⁸⁶⁴ (Ellenchild Pinch and Haddad 2008)

⁸⁶⁵ (University of California San Francisco 2012)

⁸⁶⁶ (M. S. Roach, *A New Awakening in the Call to Care* 2008)

Pinch, and Dr. Amy Haddad, Professors at Creighton University, Center for Health Policy and Ethics. Sister Roach's paper, and the corresponding book chapter, represented the unfolding of her thinking over close to 40 years, essentially exploring the meaning of human care and its foundation for ethics.

The Identity of Nursing

A lifetime of work on human caring has left Sister Roach with the belief that the nursing identity is acquired through the professionalization of the human capacity to care, an identity shaped by the virtue of caring and expressed through a way-of-being in relationship. This caring also applies to the world we inhabit, a concern for all living things, for the universe. She notes that, while at present we do not use the language of "noblesse oblige", she suggests that related desires and values move persons to choose nursing today.

The theory of Caring, the Human Mode of Being, is a conceptualization of an ontology of caring; of who we are as human persons in relationship with self, with others and with the whole self-creating universe. For Sister Roach, human caring is essential to human development:

One becomes fulfilled as a human person as one's capacity to care is called forth, nurtured, and appropriately expressed. Caring is not simply or exclusively an emotional or feeling response. It is, rather, a total way of being, of relating, of acting, a quality of investment and engagement in the other – person, idea, project, thing, self as 'other' – in which one expresses the self fully and through which one touches intimately and authentically what it means to be human. Caring is professionalized in nursing through

affirmation of caring as the human mode of being, and through development of the capacity to care through the acquisition of knowledge and skills – cognitive, affective, technical, administrative – required for particular nursing roles. While caring is not unique to nursing, it is unique in nursing in the sense that, among other characteristics descriptive of nursing, caring is unique as it embodies certain qualities; it exists as the sole example of specific characteristics and is the locus of all attributes used to describe nursing.⁸⁶⁷

Caring and Spirituality

In 1997, "the blue book", *Caring From the Heart: The Convergence of Caring and Spirituality* was published by Paulist Press.⁸⁶⁸ It is a compilation of chapters by thirteen authors, each relating to a theme of spirituality, but with a unique focus. On speaking of Spirituality, Sister Roach said:

The topic of spirituality is something I was very, very, very interested in. I had a strong intuitive sense that there was a relationship between caring and spirituality. "I care not because I'm a nurse, I care because I'm a human being". It's a characteristic of being human, and I believe that there was a close association between the two. So I spent the years of 2000–2001 in Toronto reading again and auditing courses at the University of Toronto at Regis Collage. And I had no difficulty getting authors. I asked twelve people to write a chapter. I did the theme and circulated the draft of that and asked from each person his or her perspective to write a chapter

⁸⁶⁷ (M. S. Roach, Communication with Sister M. Simone Roach December 20-21, 2010)

⁸⁶⁸ (M. S. Roach, *Caring From the Heart: The Convergence of Caring and Spirituality* 1997)

and these chapters involved a whole range of foci; very, very interesting.

And I edited that. That was my first experience as an editor.⁸⁶⁹

As she continued her research on caring, she became attracted to the relationship of caring as the human mode of being, and spirituality, later, more clearly understanding it to be a characteristic of being human. After two years of reading, and auditing courses at Regis College in Toronto, she edited a book with twelve contributors, with the title, *Caring From the Heart: The Convergence of Caring and Spirituality*.⁸⁷⁰ This book had wide circulation.

A Seismic Shift in Focus: An Ecology of Care

After Sister Roach became involved in an environment project of her congregation, the Sisters of Saint Martha of Antigonish, she proceeded from a congregational concern for environmental issues, to the critical issues concerning the health and survival of our home, planet earth. This involvement developed her consciousness of an additional moral call for care of our planet, and prompted the writing of a paper, *Caring for Self and the Universe*, presented in June 1998 at a Nursing Reflection Conference, Cambridge University, England. Dr. Carol L. Picard, a colleague involved in professional dance, greatly enriched this presentation, choreographing the poem "*The Sharing*" by Edwina Gately, and *The New Universe Story* graphically designed on the floor for a dance through the 15 billion years of the existence of our universe. This awakening of the moral demands of our time placed, for her, a new and urgent emphasis on the meaning

⁸⁶⁹ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸⁷⁰ (M. S. Roach, *Caring From the Heart: The Convergence of Caring and Spirituality* 1997)

of human care and related ethical responsibility. In elaborating on the significance of this awakening, she calls this "a paradigm shift."⁸⁷¹

Sister Roach describes this paradigm as a shift that alters our understanding of ourselves, our universe and the planet on which we live, both the gift and challenge of this millennium. When we become enlightened, fully conscious, we become aware of our relationship with all creation. We become conscious that the survival of our planet depends on the peoples of the earth, and we are faced with ethical challenges of which we are just beginning to become aware. Ethical issues and problems of the past will continue to demand our attention, while at the same time, with the development of science and technology, they are growing beyond expectation. But for Sister Roach at this time, the critical issue of our time is that we are destroying all life forms, and resources at a rate challenging the highest standards of ethical stewardship. Survival of all life on this planet depends upon the choices we make in the immediate future.

Sister Roach draws from Brian Swimme, Thomas Berry, Albert Nolan, Rosemary Radford Ruether, Saint Francis of Assisi, and Teilhard de Chardin in placing our attention on ourselves as part of an evolving universe, "not living in the universe, but as part of an on-going process"⁸⁷². She points to the influences of mechanism, dualism, individualism, the privatization of religion, and the root metaphor of the machine as some of that which has radically shaped the way of thought and the development of the western worldview. She says:

⁸⁷¹ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

⁸⁷² (M. S. Roach, Caring, the Human Mode of Being: A Blueprint for the Health Professions (2nd rev ed.) 2002)

Reason became supreme; given time, science was to find the solution to all problems. The loss of balance between the scientific, technological and the spiritual; between techno-science and the humanities, crafted the erosion of the sacred dimension of all creation, leading to a crisis never before experienced by the human community. We now live on a planet where belief in unlimited economic progress, exploitation of air, water, soil, and vegetation has stretched to the limit the basic planetary resources needed for human survival ... caring does not merely include physical survival, but of survival in a human mode of being.⁸⁷³

Sister Roach believes that the implications for ethics are staggering. She relates back to a text used in her diploma nursing school in the 1940s written by Edward Garesche "that provides then and now, a central and basic insight".⁸⁷⁴ Garesche covered central concerns of ethics in health care in the 1940s, including the nature of human acts, importance of conscience formation, professional secrecy (confidentiality), and general attributes expected of someone preparing to become a nurse. The phrase, *noblesse oblige*, referring to nursing education and practice, made the claim that there was something about nursing in itself that was noble, and if one chose to pursue a nursing career, such a choice involved assuming a particular identity. Sister Roach states:

The nursing identity is acquired through the professionalization of the human capacity to care; an identity shaped by the virtue of caring and expressed through a way-of-being in relationship. While at present we do

⁸⁷³ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002)

⁸⁷⁴ (M. S. Roach, *Life History Interviews, Part I* September 14-19, 2009)

not use the language of noblesse oblige, I suggest related desires and values move persons to choose nursing today. The motivation of beginning students continues to be fired by a desire to care, and while societal values such as self-interest, individualism and materialism suggest otherwise, the reasons of the majority of persons entering nursing are expressed as “I want to care for others.” Women and men choose a health care profession because they want to care for people. This observation has been born out in my experience as a nurse educator, and in later years as both patient and colleague, in relationship with medical and nursing practitioners whose primary desire is to care as professional persons. This desire is at the heart of their professional lives, whether practitioner, teacher, researcher, or administrator, despite the trappings of role and the confinement and constraints of the system.⁸⁷⁵

Relational Ethics

The ethics described by Sister Roach is that of virtue ethics; of a relational way of being with and caring for others. Dr. Kathryn Gramling at the College of Nursing, University of Massachusetts, Dartmouth, uses Sister Roach's work in a course in relational ontology she teaches to students in the Master of Science in Nursing Program. Dr. Gramling developed the course to help students articulate relational ethics; she asked students to take a theory that is relational based, and look at how they could take the theory and translate the concepts to practice. She described the excellent work students have accomplished in using Sister Roach's theory in this way. Dr. Gramling also uses Sister Roach's work in teaching theory,

⁸⁷⁵ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

and students take her theory and use it to assess people in their care, in their specialty, "really using the theory, and taking it to the practice level". She spoke of the sense of fulfillment in teaching students to focus on a relational area, or on spirituality, with "the human mode of being". According to Dr. Gramling, "Sister Roach describes a caring ethic that is a moral enterprise involving professionals, families and communities".⁸⁷⁶

For Sister Roach, relationships between professional and professional, professional and patient, professional and patients' families and between professionals and their own communities are all situated in ethical caring, and "they have their true being" when this kind of ethical caring is taking place. Nursing *is* the professionalization of ethical caring. It is a moral enterprise because it brings persons into unique relationships. "Whenever we are in a relationship with another person, we establish bonds, and these bonds, grounded in trust entail duties and responsibilities— an ethic of relational responsibility".⁸⁷⁷ When Sister Roach studied ethics in the 1940s the content, examined in the context of health care in the 21st century, was relatively simple. Nonetheless, she proposes the values subsumed under "*noblesse oblige*" still hold, and may even take on greater significance. In this way, the quality of relationships of nurses emanates from an understanding of a profession characterized by nobility, nursing actions as human acts of a noble character, and human caring itself as a virtue. Attention given to ethics as relational responsibility helps to shape and monitor a

⁸⁷⁶ (K. Gramling September 26, 2011) Interview with K. Gramling by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸⁷⁷ (M. S. Roach, Communication with Sister M. Simone Roach December 20-21, 2010)

way of life that enhances health care as service both to caregiver, colleagues and to recipient.⁸⁷⁸ In the 2002 edition of her book, Sister Roach says:

To be persons of care is to recognize that relationships go beyond the immediate claims of daily living. It is to situate ourselves within a wider universe dependent both upon the application of science and technology for its discovery and celebration, and upon the attentiveness of all human beings for its survival and sustainability. At this time our relationship with the earth and with all creation is not for us simply a matter to know about. It is rather a call to responsibility, a passionate appeal to comprehend in a manner that draws each person into an awareness of the fragility of all living systems; into a consciousness of an imminent crisis of planetary survival. It is human caring that evokes a sense of urgency for the preservation of every species on planet earth; that commits a person more fully to a call to life-giving, life-enhancing, life-protection of human and other kind.⁸⁷⁹

Summary

For Sister Roach, the answer for nursing yesterday, today and tomorrow is the same, and simply put it is, "that developments in nursing must be grounded in a philosophy that provides a foundation for the values nursing holds."⁸⁸⁰ She could easily have lived out her professional nursing career "playing it safe", mentally accessing the Canadian nursing climate and using her intellect and

⁸⁷⁸ (M. S. Roach, Communication with Sister M. Simone Roach December 20-21, 2010)

⁸⁷⁹ (M. S. Roach, *Caring, the Human Mode of Being: A Blueprint for the Health Professions* (2nd rev ed.) 2002, 13)

⁸⁸⁰ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

creativity to meet "the needs of the day" in a secure, "middle of the road" manner. However, for Sister Roach, two roads diverged in a yellow wood, and she could not travel both. She forsook the road of the "status quo", and took the one less travelled by, and that, for Sister Roach, made all the difference.

To speak of caring as "the human mode of being" in a culture that recognized the medical model as the only way of being was on par with taking the road less travelled. It could also have resulted in a form of "professional suicide". To understand what happened to Sister Roach in Canada in the aftermath of her writing the Code of Ethics, we need to use an example. Let's imagine for a moment another time that the Canadian Nurses Association requested a prominent nurse to direct a project; the time that Dr. Helen Mussallem was asked to direct a pilot project for evaluation of schools of nursing in Canada. When Dr. Mussallem delivered her report, powerful associations such as the Canadian Hospital Association and the Canadian Medical Association were not in agreement with what she reported. Imagine what might have happened to Dr. Mussallem's career had the organization not stood behind her, because in such situations the professional is not merely "being hired" in the usual sense of the word. Fortunately, for Dr. Mussallem, the Canadian Nursing Association supported her report. Unfortunately for Sister Roach, who had also been asked by the Canadian Nurses Association to direct a project, there were those who disagreed with her work, however the organization did *not* support her. There is little likelihood that Sister's role with the Canadian Nurses Association (CNA) did not impact the use of her theory in Canada.

Fortunately for Sister Roach, a chance encounter took place in Toronto, Ontario between a Canadian nurse returning from the United States and a little monograph on caring published by the University of Toronto. Dr. Marilyn Ray bought the monograph, took it back to the United States, and shared it with other scholars in the area of caring. In this way, Dr. Ray was instrumental in making Sister Roach's work part of a new organization forming up in the United States, the International Association for Human Caring. Subsequently Sister Roach was invited to speak at the association, met and was welcomed by Jean Watson, Madeline Leininger and others who became her friends.

Despite her negative experience with the Canadian Nurses Association, Sister Roach has become a legacy in the world of nursing and health care. The philosophy of Sister Roach is certainly one that could guide nursing into the many challenges it is facing and will continue to face in the 21st century. The theory developed by Sister Roach and her six Cs is used internationally. She has influenced those she has met and those she will never meet. She is frequently referred to as a "prophet". Sister Roach has done her part in helping to shape the identity of nursing in her time.

Chapter X: Retired or Re-Tired?

Saint Boniface Hospital

Sister Roach returned to St. Francis Xavier University in 1981 and remained there on a part-time basis until 1986. She did not want to continue in the administrative role of Chairperson of the Department of Nursing, believing this role required a person with clinical nursing skills. After 16 years in the Nursing Department, she believed she had provided the leadership the program needed at the time, and resigned from St. Francis Xavier in 1986 with full support of her Congregation from Sister Mary MacIntosh, then Superior General.

Following interviews at Saint Boniface General Hospital, Winnipeg, Manitoba, a hospital owned by the Grey Nuns of Montreal, Sister Roach responded to an invitation extended by Ms. Jan Dyck, Vice President, Nursing, to become project director in the Department of Nursing. Jan Dyck had been responsible for the evolution of the masters' level fellowship program in maternal-child, and geriatric nursing. She had also been the first nurse-administrator to create a hospital nursing research department, was a founding member of the *Canadian Journal of Nursing Administration*, and established the newsmagazine *Nursing Dialogue at Saint Boniface General Hospital*.⁸⁸¹

From 1986 to 1990, Sister Roach was project advisor for nursing to Jan Dyck. She also worked with the Faculty of Nursing, University of Manitoba, in revising the ethics curriculum and developing ways of teaching ethics consistent with the content of each course of the program. In addition, she was also engaged in occasional rounds with nursing and medical staff at St. Boniface General

⁸⁸¹ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

Hospital. She enjoyed the experience, and recalls that to be associated with a gifted clinical staff within the nursing division of that 800+ bed, tertiary care hospital was an education in itself. This being only a short term experience, she left Saint Boniface after four years.⁸⁸²

Saint John's Hospital Lowell, MA

After leaving Saint Boniface Hospital, Sister Roach went back to Saint John's Hospital Lowell, MA, where she served as liaison between the Congregation of the Sisters of Saint Martha (CSM) Corporation and the Corporation of Saint John's Hospital. At that time, the Sisters of Saint Martha were preparing to withdraw sponsorship of Saint John's Hospital, a responsibility they had assumed in 1961. She remembers feeling amazed at the turn in her assignments, as she was the first to go to Saint John's in 1961, and the last to leave when the Sisters of Saint Martha concluded their responsibilities there in 1992.⁸⁸³ For Sister Roach, 1990 and 1992 were two intensive years of meetings, legal and canonical proceedings, and she gives credit to "the competent leadership of Sister Joan Fultz, Congregation Leader; Sister Genevieve McArthur, Director of Finance; and A.G. MacDonald, the solicitor. We left with our heads high, leaving neither 'T's uncrossed, nor I's un-dotted'; our departure was October 7, 1992".⁸⁸⁴

In 1992, Sister Roach went to Saint Augustine's Seminary in Toronto with the approval of her congregation to continue research on human caring, focusing on its convergence with spirituality. While at Saint Augustine's, she was a

⁸⁸² (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸⁸³ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁸⁸⁴ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

‘Research Scholar in Residence,’ and was invited to membership on the Seminary Student Council. She finished her research and submitted a manuscript to Paulist Press for publication before leaving in 1996. She returned to Bethany (the Motherhouse) that year.⁸⁸⁵

Further Loss in the Family

A family event, most painful for Sister Roach, occurred while she attended and participated in the graduation of the first graduate program in Nursing at the Moscow Medical Academy. Sister Roach had met the Dean of Moscow Nursing Program, Dr. Galina Perfilieva, at a National Association of Human Caring conference in Ottawa. When Sister Roach departed for her trip to Russia and Finland from St. Augustine’s Seminary in Toronto, where she had been living at the time, her sister Sadie (Sarah Martina) of Sydney, Nova Scotia, was ill, and it appeared that she was not going to get better. On Sister Roach's travels, she continued to call from Helsinki, St. Petersburg, and Moscow. On arrival in Moscow from Novgorod, she learned from her brother that her sister Sadie, 81 years old, had died and was to be buried in Sydney on the following day. Sadie had been the oldest living member of the family up until that point. Sadie's husband Joe had predeceased her; they had five children, two sons and three daughters.⁸⁸⁶

The Nursing History Digitization Project: History of Nursing in Nova Scotia was established while Sister Roach's sister, Sadie Roach Gillis, was still living. The website contains several interviews with Sadie about her experiences

⁸⁸⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁸⁸⁶ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

as a nursing student during the Depression and her post-graduate studies in nursing.⁸⁸⁷ In the interviews, she speaks of the amount of duties given to nursing students at that time, with nursing students in charge of patient care, and the poverty in the area during the Depression years.⁸⁸⁸

The more recent death of Sister Roach's brother, David Hartigan Roach, in 2005 "was a serious blow to the family; for all of us still living".⁸⁸⁹ Sister Roach explained that David had been unwell for many years, but had always risen above his illness to continue a productive life. He developed ankylosing spondylitis in his teens, and despite continuous suffering, graduated from St. Francis Xavier University with a Bachelor of Commerce degree. Subsequently he became a Certified Accountant with a successful business in an accounting firm in Sydney; he was one of its founders. He lived in the family home established by Simon and Mary Roach, and made it home for everyone else in the family. "It was a large house, accommodating a family of eleven children, with beautiful property, continuously groomed to become Dave's pride and joy."⁸⁹⁰

When David Roach died at the age of 76, there was no one in the immediate family to take over the property and, after one year, it was sold. This was a very difficult time for the four Roach siblings who remained: Sister Roach, Father William (Bill), Simon Bernard (Bernie), and Ellen Bernetta. "It was a time

⁸⁸⁷ (Roach Gillis n.d.) Nursing History Digitization Project: Nursing Education in Nova Scotia

⁸⁸⁸ (M. G. MacIsaac 2012) Interview with M.S. MacIsaac by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

⁸⁸⁹ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

⁸⁹⁰ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

of loss and difficult 'letting go'. It was indeed a most painful 'death' and separation from the home in which we were born, and grew up".⁸⁹¹

Sister Roach reflects on one troubling issue that traditionally existed in religious life, usually not discussed; the avoidance of any type of ritual of grieving that helped to heal the sorrow of family loss. After each death, life returned to "business as usual." Sister Roach notes that "this, thank God, has changed as grief counselling has been made available. We have benefited by presentation and discussion of the experience of mourning and dealing with loss, and on a voluntary basis, have been able to join a small group facilitated by a grief counsellor".⁸⁹²

Director of Heritage

Sister Roach laughingly says, "You don't retire, you get re-tired".⁸⁹³ After returning to the Motherhouse in 1996 from St. Augustine's Seminary, having completed a book she edited, she was asked by Sister Yvonne Vigneault, Congregation Leader at that time, if she would work on the development of a Heritage Place in anticipation of the 100th anniversary celebration of the Sisters of Saint Martha planned for the year 2000. She was appointed Director of Heritage, a position she held until 2006. Since she was interested in history, she took this on with enthusiasm, and even though she knew nothing of archival work at the time, 'in true Sister Roach fashion', she was prepared to learn.⁸⁹⁴

⁸⁹¹ (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁸⁹² (ibid)

⁸⁹³ (M. S. Roach, Communication with Sister M. Simone Roach December 20-21, 2010)

⁸⁹⁴ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

This appointment turned into ten years of continuous learning in the field of "heritage", a subject completely unfamiliar to her at the beginning. She remarks that "instead of learning by doing, I did by learning".⁸⁹⁵ To prepare for her role, Sister Roach visited museums, consulted with experts, and completed a course of study in museum/heritage management, which was offered by the Government of Nova Scotia, Department of Culture and Heritage.⁸⁹⁶ The course involved five months of correspondence study that was very different than anything she had ever done before. She learned the essential aspects of museum management; the identification, the preservation, and the maintenance of historically valuable artifacts. She also became acquainted with the Nova Scotia Heritage staff that became an immediate source of consultation at every aspect of her experience. All visits to other heritage sites were beneficial to Sister Roach, however the one she found most helpful in the structuring of the Congregation of Saint Martha Heritage Place at Bethany was located in Munroe, Michigan. This heritage site was located at the Motherhouse of the Sister Servants of the Immaculate Heart of Mary (IHM). She visited there in 1997 to study the IHM Archives located on the ground floor level of their Motherhouse.⁸⁹⁷

Heritage Place at Bethany, a one room display of one hundred years of history of the Sisters of Saint Martha, and items of historical significance, was officially opened on September 21, 1999. It is the "object archives" of the Congregation of the Sisters of Saint Martha, not to be confused with what they call "Archives". The major archives in textual materials, pictures, and similar

⁸⁹⁵ (M. S. Roach, Communication with Sister M. Simone Roach December 20-21, 2010)

⁸⁹⁶ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁸⁹⁷ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

materials are under the direction of the archivist who is presently Sister Florence Kennedy. There is a director of Heritage also, and Sister Roach remained Director of Heritage, responsible for object artifacts for the Congregation until 2006.⁸⁹⁸

Heritage Place provides an illustrative and symbolic impression of 100 years of service by the many Sisters of Saint Martha who made up the community over the years. Outside the door of Heritage Place is a statue of Saint Martha, standing, indicating the autonomy of those first few Sisters who "stood up" when asked to go to Antigonish to serve. One can also see how the Sisters evolved from being under the direction of the bishop of Antigonish and other members of St. Francis Xavier University in 1900 to being self-directed just 17 years later.

Models, carefully positioned throughout the room, display the traditional dress (called 'habits') of the Sisters of St. Martha, and depict the progressive changes in the style of these 'habits' over the years. The original altar, dating back to 1897 from the chapel of the first convent on St. Francis Xavier University grounds, was received back from the university and restored. Heritage Place also displays two stained glass windows from Saint Josephs Hospital in Glace Bay, recovered from the hospital before it was demolished in 1997.⁸⁹⁹

A Former Student Visits Heritage Place

Marion Alex, Associate Professor at the Department of Nursing, St. Francis Xavier University, has known Sister Roach since she was a 17-year old nursing student in the new integrated BScN program at St. Francis Xavier University. Sister Roach taught Marion in two courses, *Nursing 105*:

⁸⁹⁸ (Sisters of St. Martha of Antigonish 2010)

⁸⁹⁹ (ibid)

Introduction to Professional Nursing, and a fourth year course on *Ethical and Leadership Issues*. She remembers first meeting Sister Roach in Nursing 105, "the very first nursing course, on my first day in the nursing program". Marion sometimes teaches that same course now, and sometimes she will ask Sister Roach to come in and speak to her students. On one such occasion, a few years back, Sister Roach invited Marion to Bethany Motherhouse. This visit turned into a tour of Heritage Place. Marion recalls:

Around that time, I went up to the convent with a colleague to meet with her, and we had tea with Sister Roach. In some ways, it was almost like having tea with royalty. Sister Roach took us on a tour of the museum that she has developed there ... which was one of the things she has done recently in her life, and it was a tribute to the Sisters of Saint Martha. I was so grateful that she took us through, and showed us because there are sometimes things in our own backyards we are not always aware of. What struck me was the whole history of the Sisters. I remember she was going through who entered and what year they entered, and I remember being there in the museum and being spellbound at the whole idea that those young women ... they were all young at the time, and so many died in their 20s and they died while they were caring for patients who had infectious diseases. That was one of the reasons for early death. I'm sure there were other things too at that time, before antibiotics, and the history of that loss of nurses, that loss of life, and [we didn't see anything similar in current times until] the period of SARS in Toronto, where nurses were

putting their lives on the line to care for patients with infectious disease, and the Sisters of Saint Martha would have been doing that in their 20s. I wouldn't have been aware of that part of history if I hadn't been through the museum and heard about the things they did. You know, they were the original feminists in some ways. They weren't in any way dependant on men and they had these communities. They are truly remarkable.⁹⁰⁰

Facilitating Centering Prayer at the Bethany Retreat Center

It is not difficult to imagine Sister Roach engaged in Centering Prayer. Indeed, many of those interviewed for this project described her as centered, and as an extremely composed and calm individual.

Dr. Kathryn Gramling is a Associate Professor, College of Nursing, University of Massachusetts at Dartmouth, and a caring scholar. Dr. Gramling has known and been mentored by Sister Roach for 24 years, since they met at a caring conference in which Sister was involved at Florida Atlantic University in 1988.

Dr. Gramling recalls her impression of Sister Roach:

She would listen very, very carefully, and then she would say something that would be just 'wow', would really make me think deeper. I remember being almost mesmerized by her. As a human being, she had, and she still does, her way of being *so centered* (emphasis). My experience of her is that there doesn't seem to be one ounce of disorganized energy. She is an extremely focused person. But not intense or not tense, just a very peaceful, centered, intelligent woman, and I wanted to be with her as much

⁹⁰⁰ (Alex April 18, 2012) Interview with M. Alex by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

as I could. I felt an immediate pull to her energy and to her knowledge. It is more than knowledge; it is understanding.⁹⁰¹

In current times, Centering Prayer is associated with the work of Thomas Keating, a Trappist monk.^{902 903} Keating, a graduate of Yale University, began the Centering Prayer movement, a method of contemplative prayer in Massachusetts in mid-1970s. He also established a program of ten-day intensive retreats in the practice of Centering Prayer in Snowmass, Colorado. In 1984, Keating, along with Gustave Reininger and Edward Bednar, developed the organization known as Contemplative Outreach, Ltd., an international, ecumenical spiritual network that teaches the practice of Centering Prayer and support for those on the contemplative path through a wide variety of resources, workshops, and retreats.⁹⁰⁴

In the 1990's, Sister Roach became interested in Centering and Contemplative Prayer. In 1992, she attended a one-day workshop in Centering Prayer in Andover, Massachusetts, not far from Lowell, Massachusetts, where she was working. Later, she went to the Contemplative Outreach Center in Snowmass, Colorado for a 10-day session on Centering Prayer, followed with another session for presenters of Centering Prayer. Having completed this training, she began a Contemplative Prayer program at Bethany Retreat Center (located in the Bethany Motherhouse of the Sisters of Saint Martha) in 1997; a

⁹⁰¹ (K. Gramling September 26, 2011) Interview with K. Gramling by Margaret Elizabeth Myers for biography on Sister M. Simone Roach

⁹⁰² (Mercier October 15, 2011) Interview with R. Mercier by Margaret Elizabeth Myers for biography on Sister M. Simone Roach

⁹⁰³ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

⁹⁰⁴ (Contemplative Prayer Ltd. 2010)

program that has been active and has been facilitating programs in contemplative prayer even since. She states that Centering Prayer has very much enriched her own personal prayer life:

My account of my personal journey recognizes the therapeutic effect of encounters with significant others, in spiritual direction and in counseling. The on-going support through difficult times has been a critical factor in my continuing development and maturity as a person, and as one who has chosen to live in a religious congregation of women. But, despite the support, the professional and spiritual helps, the gradual enlightenment of understanding and the special insights over time, these many blessings were not enough. There are places within the human heart that only God can touch. These special places were touched in healing ways through my introduction to and practice of Centering Prayer. Centering Prayer is one of several methods used to open up and enhance the contemplative dimension of our life of prayer. The practice became a gift to me, in many ways, beginning in the early 1990s when I was introduced to the work and writings of Thomas Keating. I have been presenting workshops in Centering Prayer at Bethany Retreat Center, Antigonish since 1997.⁹⁰⁵

Sister Roach went on to explain that this discipline involves a minimum of two 20-minute periods each day, and is a deeply healing process. The process bring into awareness previously unconscious emotional material from early childhood in the form of primitive feelings or a barrage of images, especially during the time of prayer. Keating referred to the process as a “kind of divine

⁹⁰⁵ (M. S. Roach, Life History Interviews, Part I September 14-19, 2009)

psychotherapy to empty out our unconscious and free us from the obstacles to the free flow of grace in our minds, emotions, and bodies".⁹⁰⁶

One experience Sister Roach speaks of is "the little white casket in the dining room"; the death of an infant sibling when she was no older than two and a half years:

A child of 2 ½ years who sees a white casket in the dining room, or sees its mother cry is not able to process this experience that can then lay repressed for most of the person's life unless some form of appropriate therapy facilitates an unloading process. In more recent years, this experience has surfaced with greater intensity, and was accompanied by a healing practice of understanding more clearly the state of suffering of my mother, telling her I loved her".⁹⁰⁷

Sister speaks very openly about her humanness, her need in her earlier life to excel intellectually and in other ways that has perhaps been a compensatory mechanism. She wonders if perhaps God provided her with her gifts of intellect and energy to enable her to cope. Her love for music and sufficient talent enabled her to be "the life of the party", reinforcing a way of gaining esteem and recognition. She was also successful in positions where her need for power/control found fulfilling opportunities. She states that she did not realize the influence this demand had on her functioning until an occasion 'when the rug was pulled out from under her'! She does not describe the occasion further, only to say that it was a very jolting experience, one that would not have been a problem if

⁹⁰⁶ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

⁹⁰⁷ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

she had been consulted and made part of the solution. She recovered with greater freedom.

Sister Roach has been practicing Centering Prayer since 1992; twenty-one years. She explains that she experiences a certain peace within herself, and believes that her relationships have become more positive and compassionate. Her prayer for many years has been that God will transform her into "the Simone God wants her to be." She believes this transformation is occurring and will occur in God's own way, in God's own time. She can't measure it, nor judge its effects.

Awards and Honours

Awards, including orders, medals, decorations, and prizes have long been part of the way particular people are recognized in society. Some rewards are liberally bestowed, while others are rare. Generally, the more impressive the achievement, the more likely one will receive rare awards. When organizations and institutions bestow awards, they are making the statement that the honored individual is seen in a favourable light, and is "welcomed into the fold", as a member, associate, or friend. In this section, several awards and distinctions received by Sister Roach in recent years are highlighted.

The Centennial Award.

May 13, 2009 marked the 100th Anniversary of the College of Registered Nurses of Nova Scotia (CRNNS) (formerly the Registered Nurses Association of Nova Scotia). In 2009, to commemorate their 100 Anniversary Celebration, an Award of Distinction was created; a unique, once-in-a-lifetime award recognizing 100 current/former registered nurses (10 per decade) whose significant

accomplishments influenced the advancement of the CRNNS initiatives, nursing practice and/or the nursing profession over the years from 1909–2009. Sister Roach was one of the ten recipients for the decade of 1970–1980. Awards were presented at a special recognition luncheon and at an Awards Gala on May 13, 2009.⁹⁰⁸

Meeting Michaëlle Jean and the Order of Canada.

Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada, presided over an Order of Canada investiture ceremony at Rideau Hall in Ottawa on Friday, September 3, 2010, at 10:30 a.m. The Governor General, who is Chancellor and Principal Companion of the Order, bestowed the honour on three Companions, 19 Officers and 30 Members. One of those invested that morning was Sister Roach. Determining the merit of those who receive the Order of Canada is an arduous task, with research into a person's life and work by the Governor General's office taking up to two or three years. Sister Roach had received notification within the previous year that she was being considered, but said, "I didn't really see myself in the same category as people who get that award".⁹⁰⁹ The news announcement that Sister had been one of those awarded the Order of Canada read:

A pioneer in nursing ethics, Simone Roach has dedicated a lifetime to improving the quality of patient care in Canada. Former chair of the Department of Nursing at St. Francis Xavier University, she was selected to oversee the development of the first ever Canadian Code of Ethics for

⁹⁰⁸ (College of Registered Nurses Association of Nova Scotia 2009)

⁹⁰⁹ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

Registered Nurses. An influential educator, she is renowned for guiding and defining the ethical practices of nurses and developing a theory of caring, which has been adopted by many schools worldwide. Her contributions are far reaching and have influenced the face of nursing internationally.

Sister Roach was there in person to receive the highest award given to civilians in this country. Accompanying her were her Congregation Leader, Sister Mary MacFarlane, her brother, Bernard (Bernie) Roach, and her niece, Mary Gillis MacIsaac. When the Governor General sat and spoke with her at the banquet, she told Sister Roach that her own mother had been a psychiatric nurse. Sister was very honored to meet the Governor General, and commented that she was a "very gracious woman" and was delighted with the celebration ceremony, the afternoon reception and the evening banquet.⁹¹⁰ Sister Roach said receiving the Order of Canada is not an individual honour. "I accepted it for the Congregation of the Sisters of St. Martha. I wouldn't have received it without them".⁹¹¹

The Sister Simone Roach Caring Award at MacEwan University.

The Sister Simone Roach Caring award at MacEwan University has been set up to honour Sister Roach and her work and to assist students who emulate her in their attitudes toward care and caring. This is an annual award, given each year to a maximum of two applicants at MacEwan University. Students must submit a scholarly paper utilizing a theory of caring, as well as providing clinical examples

⁹¹⁰ (M. S. Roach, Life History Interviews: Part III October 17, 2011)

⁹¹¹ (LeBlanc 2010)

from their own lived experience as a context in answering the following question: "How does the magic and mystery of a caring ethos come alive in your practice?" To be eligible, BScN students must be in their third year of the program, enrolled full time, in good academic standing, and be eligible to travel to the International Association for Human Caring (IAHC) conference. The value of the award relates to the cost of attending the conference, up to a maximum of \$2,500.00 including the cost of the conference, transportation, accommodations and meals. Students also submit an abstract for a poster presentation for consideration at the conference. To date, five students have presented at IAHC conferences.⁹¹²

Back to McMaster University.

On June 17, 2011 at 09:30 am, the 495th Convocation of McMaster University began.⁹¹³ This was Sister Roach's third visit to McMaster University. Previous visits had been for the purpose of delivering the 2nd Annual Gladys Josephine Sharpe Memorial Lecture on March 11, 1980, and again to deliver the 17th Annual Gladys Josephine Sharpe Memorial Lecture on April 3, 1995. On the occasion of the 2011 visit, Sister Roach had been invited to receive the Degree, Doctor of Laws, Honoris Causa, and to address the graduating class of Nursing and Radiation Science. Dr. Patrick Deane, President and Vice-Chancellor of McMaster University, presented Sister Roach with the degree and introduced her in this way:

Sister Simone Roach is a nursing professor and scholar whose unique contribution to the study of health professions, and specifically her

⁹¹² (C. A. Maykut November 5, 2012) Interview with C. A. Maykut by Margaret Elizabeth Myers for biography of Sister Roach

⁹¹³ (McMaster University 2011) 495th Convocation of Nursing and Radiation Science

comprehensive work on the concept of caring, has advanced the study of nursing and placed her among the ranks of the most influential thinkers on the practice of health care. Sister Roach's thoughts on the role of caring have influenced practitioners across the globe Her work on the study of caring has paved the way for greater understanding of nursing practice across the globe. Her influential work has influenced the way nurses and other practitioners approach their professions and their patients. Mr. Chancellor, Sister Simone Roach is a pioneer.⁹¹⁴

In her address, Sister Roach spoke of her previous visits to McMaster, and of the contributions of Gladys Josephine Sharpe. She reminded graduates that they had received a broad knowledge base that enhances their opportunities for continued learning and advancement. She reminded them that the health care system needs them as practitioners to become partners in a team of health care that will move from individualized practice to a collaborative model of service and provide more efficient care in hospitals and in the community.⁹¹⁵

However, she also reminded them that their knowledge base is energized by a natural gift each of them has, their capacity for compassion defined as a way of living, born out of an awareness of their relationship to all living creatures. She quoted from Henri Nouwen's reflections on compassion, "compassion involves us in going where it hurts to enter into places of pain, to share in brokenness, fear, confusion and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion

⁹¹⁴ (Dean June 17, 2011)

⁹¹⁵ (McMaster University 2011)

requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human".⁹¹⁶ As they moved onto the stage to receive their diplomas, the majority of graduates stopped and spoke with Sister Roach, making the ceremony longer than it would have otherwise been, but quite touching for her, and obviously satisfying for the graduates. In thanking Sister Roach, Dr. Lynton R. Wilson, Chancellor, said:

Dr. Roach and I were discussing ages, as we were waiting back there [indicates behind the stage], and while it wouldn't be proper to relate numbers, I won't, but I will say [turns toward Sister Roach] that we are grateful that the good Lord has seen fit to have given you so much time to do all the work that you've done, and all that you've done for the nursing profession and for Canada! Thank you! And I would only add that we are so proud to have you as an alumna of McMaster University!⁹¹⁷

Reflections on the Past

Sister Roach recalls that being nurtured in a good home, a large family where prayer and sacraments were always central, fostered her vocation to religious life. Life as a Sister of Saint Martha has been the context for blessings and for all the transformation during a life lived as a Martha from the age of twenty-three years to the present.

Religious life, she believes, is a life bounded by the conflicts and tensions experienced by any human community, whether in family or civic life, that of

⁹¹⁶ (McMaster University 2011)

⁹¹⁷ (Wilson June 17, 2011)

trying to balance the attractions and demands of professional and occupational roles with the call to care in the everyday relationships of family and religious life. The gap in care between professional contacts outside, and personal relationships in community, is often most troublesome. She was not always comfortable with people's perception of her as the "smart one" and the "know-it-all", often other's perception of the shadow side of the persona.

Summary

Aristotle would say that all things held as valuable by an individual are only valuable in relation to other things, with virtue being central to the "well lived life". For Aristotle, the well lived life takes into account proper appreciation of the relational as well as the material gifts of life. The developmental psychologist Eric Erikson (1902 –1994) referred to the well lived life as resulting in a state of "generativity",⁹¹⁸ that he describes as a developmental stage of life. This stage is characterized by empathy, altruism, and a sense of solidarity with future generations. Through a genuine interest with others who are younger, the person often appears much younger than they really are. Generative behavior takes as its starting point a true caring and empathy for others and a willingness to "look out for" others through altruistic actions. Generativity is a relational and an ethical construct.

Sister Roach resigned as Chairperson at St. Francis Xavier University, but continued to work. Both her position at St. Boniface Hospital in Winnipeg, Manitoba, and her position at St. John's Hospital in Lowell, Massachusetts allowed for creativity and growth. She came away from St. John's Hospital in

⁹¹⁸ (Friedman 2000)

1992 percolating with thoughts about the convergence between human caring and spirituality. This took her to St. Augustine's Seminary in Toronto where she prepared for, and edited a book on that subject. This was followed by loss and grief with the death of family members and the loss of her childhood home in Cape Breton.

Generativity is further evidenced in her role as Director of Heritage at the Bethany Motherhouse. There was an "isomorphism" about that role; Sister Roach, a caring theorist, creating a place of memory for so many who had spent their lives caring and giving of themselves to others. As Sister Roach's former student described so well, this museum was a necessary reminder of these women, the Marthas. Sister Roach's role in Centering Prayer is a gift that enhances her own spiritual growth and one she shares with others. Awards and honours, when they came, were well deserved for this woman who has done so much for others. And all these things converge in a "life well lived".

"I would interpret the primary message as the importance of reclaiming our identity as a caring profession, mobilizing our human capacity to care within a community of human persons, and directing our energies to creatively shape health care to meet the needs of those who cry for help on a shrinking but suffering planet. This is a singularly challenging call" M. S. Roach

Chapter XI: Sister M. Simone Roach: The Whole Cloth

I am incredibly fortunate to have had the opportunity of getting to know the subject of this biography, Sister Marie Simone Roach. Numerous historians are not as fortunate, do not have the opportunity of meeting the person they are writing about, and are forced to rely on archival material only in composing the life of their subject.

Although I had spoken to Sister Roach several times over the years since 1998, I first met her face-to-face in September of 2009. I posed the question of writing her biography to her in February of 2009, and her first response was why anyone would want to write about her. Sometime after that, she graciously agreed to meet with me to begin a series of life history interviews, and told me she would let me know the most suitable time to meet with her in Antigonish. Because of distance, these face-to-face interviews would be supplemented by other kinds of contact: telephone calls, her writing to me, and e-mail correspondence. Somehow, it has all come together, and now as we embark on our fourth year of the process, we are ready to say "Done"!

Over the summer of 2009, I got a remarkably clear sense of Sister Roach's organizational abilities, and expect that Mary MacInnis Roach, who was seen by others as "a person who could organize the United Nations" had imparted some of her organizational skills to her daughter. E-mails flew back and forth about time

of travel, length of stay, the exact time I would be arriving in Antigonish, and what each day of my stay would look like. Sister Roach scheduled appointment times for me to meet with significant people related to my research. An introduction was planned for me with the Archivist, and times were scheduled for me to work in the Bethany Archives. Finally, Sister Roach sent me a bus schedule for Acadian Buses Lines from Halifax to Antigonish, so I could coordinate my flight and bus travel without too much lost time between.

Then, on the day I was travelling to Antigonish, while sitting in the Toronto airport between flights, I received a call from Sister Roach, on my cell phone, saying that she and her driver would be meeting me at the airport in Halifax. I was touched with her generous and gracious offer. The drive, for her, between Antigonish and Halifax and the return is a lengthy one, at least four hours if no stops are made. I knew that Sister had experienced some health challenges previous to that time, and I realized that her meeting me was no small gesture. Because she had been (and still is) such a "big" figure in my consciousness, when I finally had the opportunity to meet her, I was surprised by her small stature. She is not a tall woman, but one quickly forgets that because of her quality of "presence"; she was and is a "big" person to me. Meeting her was an amazing experience, and I can relate to the stories I have heard from others about Sister Roach's calm and peaceful presence.

Over the days of my first visit to her home, and over more than three additional years that have since passed, I have met with Sister Roach several times, and spoken to her numerous times. I had a wonderful series of meetings

with her during my stay in 2009, and I returned again in 2010. When together, we talked about her work and other serious issues, and we also enjoyed lighter conversation. During my stay, I also experienced her "dry wit", her intelligent humour.

When I met with her for 'talking time', we often went for long, long walks and sometimes this is how she would tell me about a particular piece of her life history – by walking and talking. We have been to the seashore, eaten ice cream in the quaintest place around, gone to several restaurants for great seafood, and to the theatre. And we drank cups of tea! Numerous cups of tea! A nice cup of tea is a Gaelic invitation to hospitality. I cannot imagine more gracious hosts than Sister Roach and the Sisters of Saint Martha who all welcomed me into their home and treated me so well.

Through carefully analyzing the accounts given by Sister Roach, by other participants, and through archival data dealing with the timeframe involved, I have attempted to answer the following questions: what has been the life of Sister Roach to date as seen by her and others?; what roles has Sister Roach played during her life and her career?; what evidence suggests that Sister Roach has been influential in nursing in Canada and abroad?; what is contained in Sister Roach's writings, do these writings reflect an evolution in thinking, can they inform practice? and what evidence suggests that they have been influential? It is my hope that these questions have been answered in such a way as to inform and interest the reader in the life of Sister Roach, and to keep her work alive.

Themes in the Life of Eileen/Sister Marie Simone/Dr. Roach

Over many months I have often had to remind myself that, in doing biography, no "new" information is created. As I grappled with the data, looking for the essence of this person that I had the honour of writing about, pieces began to fall into place, and the story of that person began to unfold, one that would allow me to accurately present the life of Eileen/Sister Marie Simone/Doctor Roach. I believe this story not only presents the professional work and activities of this person; it does not merely present a sequence of events in her life. I believe the story presents the "Stuff" if you like.

How does one present the "whole cloth" of a character from the vantage point of the contexts from which she evolved, and the contexts that sometimes nourished and sometimes challenged her throughout life? As she has stated, in some similar words, she embodies the ideals learned from her family; from her Cape Breton community of origin; from the Congregation of the Sisters of Saint Martha; from the Antigonish Movement; from scholars she has known personally and those she has only known through the pages of books; from personal relationships with other people; and from other learning throughout her life. She accepts life as it is, the good and the not-so-good; the highs and the not-so-highs. She can be a very serious woman who does not take herself too seriously.

I expect Sister Roach will be glad this project is drawing to a close. It has been a long, drawn out process filled with talking to Sister Roach, reading about her, talking to others about her and then reflecting on everything I have learned. Time and time again, I have gone back to Sister Roach, asking for more

information, sometimes with specific questions and sometimes not actually knowing what I don't know, but hoping that I will recognize what I need when I hear it. She has been patient and kind throughout the entire process. She has answered my phone calls, and my e-mails, and responded in her typical "organizing-the-United-Nations" approach!

Throughout the process, I have gotten to "grow up" with Eileen. I have "met" her at various stages of growth and development. I have gotten to know other family members, especially Catherine Gertrude. I have gotten to know her parents and even her grandmother from MacAdam's Lake. I have gotten to know the dedicated school girl and the playful young woman. I have known her as a nursing student, seen her at her first job, and known her as a novice Sister. I have worked beside her at St. Martha's hospital, taught beside her at the school, and felt the pressure of working and going to school at the same time. And in all of that, I have attempted to be as objective as possible; I have attempted to see the real story, and I believe that I have presented her life as "truly" as possible. Others may write about this remarkable woman in the future, and they may well be able to present pieces of Sister Roach's life that I have not seen. However for what I have been able to "see", I think I am rendering a fair accounting.

In presenting the whole cloth of the person of Eileen/Sister Marie Simone/Dr. Roach, I am using nine sets of prevailing themes that tell her story: family/culture/community values; ability to enjoy life and have fun; being Other focused/spirituality; intellect/accomplishments/responsibility; contributions to the

nursing profession; creativity/mastery/growth/change;

hope/wisdom/understanding; peace/harmony; and strength/balance.

First prevailing theme: Family/culture/community values.

As are most of us, the child Eileen Roach was born into a complicated system of relationships. And just as with most of us, this system was not restricted to her own lifetime, but carried with it the legacy of the past. There was the history of her ancestors told to her as a child, such as the story of her great-grandmother Effie Currie who had ventured to sail to a new land as a single woman with children. There was her grandmother from McAdams Lake who washed clothes in a brook and died an early death. There was the history of her own mother who raised 11 children, many of whom became educated beyond her wildest dreams. These were only some of the legacies that the child Eileen inherited by mere virtue of joining the Roach family in 1922, and that helped to inform her of "who she is" in the world.

In every life, there is the history of both past and present, which shapes the nature of future relationships. Not to be overlooked is the history of the struggling island of Cape Breton, so well known for its many economic challenges. Some might say that it is the birthplace of union culture in Canada. This place, with its rugged beauty and strong culture of hospitality, story, and song, had a strong impact on the impressionable mind of the bright, energetic Eileen Roach. Mining is so much part of her culture that she was to say so many years later, "if you want to know what Cape Breton culture is like, look at the film *Men of the Deeps*". And I did! The *Men of the Deeps* sing of the struggles of the miners, but those

who lived through so many years of struggle need few reminders. They close their eyes and are back there remembering poverty, disease, accidents, early death of family members and friends, being owned by the corporation, and the corporation being so very much aware of that fact! Strikes should not have been unexpected; the politics and working culture provided the kindling—the workers merely lit the match!

Other parts of her legacy also come from the culture into which she was born; the Scotch – Irish Gaels of Cape Breton, Nova Scotia: hardworking, hospitable people, and strong vehicles for the transmission of their own cultural ways. The events of her time, and before her time, helped to shape her into the girl and adult she would become. Resources were also an important factor, including the giftedness of her mother in being able to stretch a dollar beyond its limitations and 'make-do' were likely passed on from the grandmother at MacAdam's Lake, and perhaps traced all the way back to Scotland. Her father's ability to procure a way of earning a living, albeit not an extravagant one, allowed for a steady income throughout the years. Simon was, in his day, a bit of an entrepreneur; a businessman on a small scale. As the middle child, Eileen was surrounded by older siblings who quite likely helped to care for her, and younger siblings that she would learn to care for as time passed. Such relationships, in a relatively safe and stable family, help children learn negotiation and leadership skills that often better prepare them for adulthood.

The experience of a death in a family alters that family, and the death of her sister, Catherine Gertrude, when Eileen was just twelve years old was a

significant event in the context of her life. It is not difficult to picture her mother, Mary MacInnis Roach, during that time of sadness; a grieving mother on the eve of Christmas, of all times, trying to put on a brave face and feeling responsible for the children's enjoyment of the season. And the young Eileen, just twelve, taking it all in; knowing her mother is suffering and not being able to do anything about it.

Death came visiting again on the year of her graduation from nursing school, and the loss of her father was a difficult time for Eileen. She may have been tempted to stay at home to help her widowed mother, but the strong Mary MacInnis Roach would not have allowed that to happen. From their parents, the Roach children learned resourcefulness, but also to have faith in themselves and faith in a higher power; a God that they recognized as gracious and loving.

Sister Roach was significantly influenced by the Antigoneish Movement, the embodiment of relational ethics. A movement characterized by dignity and respect and caring about the Other; bearing witness as men of the cloth had the courage to stand up for "the people" against the power structures of the day (decades before similar activities would take place in Latin America). A movement that walked the talk of the Gospel of Jesus Christ giving hope to young and old alike. Living witness that the Gospel message was not dead; it had merely been hidden away from some people for a very long time.

Second prevailing theme: Ability to enjoy life and have fun.

Though she downplays her musical talent, it is no small feat to teach one's self to play the organ and the piano. These skills contributed to being "the life of the party" at social gatherings, and were quite useful in community living.

Sister Roach can be spontaneous and incredibly funny; she has a 'dry wit', an intelligent humour, and many people interviewed for this project told stories of her witticisms and harmless jokes. Her peers at the Motherhouse jokingly say she is a sharp card player, and that she loves to have a laugh during the game. Her sense of humour is refreshing because her jokes are not made at the expense of others. She loves to laugh! On one occasion when I visited, she was suffering from neck stiffness and immobility of her neck to the point where she had to turn her whole body around to see what was behind her. She would laugh at herself in a good natured way, as she turned back and forth to speak to those around her.

One can imagine Sister Roach at an earlier age as "one of the girls" on the hospital wards in the midst of some serious activity, using humour to lighten things up. Or playing the piano and being "the life of the party". Her simplicity and naturalness is refreshing. She is a serious woman who does not take herself too seriously. One example of her humour comes from a story told to me about a video that was made during a regular retreat of the Sisters of Saint Martha. This video was made during their "concert night". In the video, Sister Roach was playing the character of Larry King, and another Sister was playing the character of Pamela Wallin. The scene was centered around the early days of people getting computers and the internet in the home, and Sister Roach, as Larry King, was

providing IT information about home computers. Apparently, this comedy sketch was hilarious.⁹¹⁹

Third prevailing theme: Other focused/spirituality.

Sister Roach's work on caring and ethics is grounded in a focus on the Other and recognition that there is a spiritual component to all human beings. Over the years, she maintained her stance that caring is the human mode of being, even when the nursing profession seemed to be heading in the exact opposite direction. In this way, she demonstrated that she transcended the modern day culture of nursing.

Sister Roach does not become overwhelmed with things she cannot control. She plans and prays, and "leaves the rest up to God." Her description of spirituality is a deep and abiding connection with self, with the Other, and with a Divine Power, in her case the God of Abraham, Isaac and Joseph, personified in Jesus Christ.

She recognizes the difference between things she can change and things she cannot change. At a certain point, she realized that she would not be able to present her position on the first Code of Ethics with the Canadian nursing membership; that opportunity had been closed to her, and after some attempts to be heard, she realized the futility of her efforts. She has always been able to acknowledge her own limitations, and work to be effective within her scope of limitations. Though she is hope filled, she does not view the world with rose

⁹¹⁹ (MacLean July 2, 2010) Communication with Carol MacLean by Margaret Elizabeth Myers for biography of Sister M. Simone Roach

coloured glasses; rather, she has an objective view of reality and does not mislead herself by being overly optimistic or pessimistic.

Sister Roach's theory of caring suggests a tolerance of people of all walks of life. She is able to accept people in their diversity and advocate for human caring for them from the nursing profession. People do not have "to be a certain way" or "become something other than who they are" to be worthy of respect and human caring. This theory does not translate into making people how one would like them to be.

There is a reality, a rock-solid realness, indicated in the ethics and the caring theory proposed by Sister Roach. To be open to expressing true respect and caring for the Other calls for the ability to be real on the part of the carer, authentic and honest, comfortable in one's own skin and true to one's own beliefs and values. It requires the ability to listen, to hear, and respond in ways that may not always be popular with the status quo. It means having the strength to care for people as they truly are, not as one might expect them to be.

Caring, via the theory of Sister Roach requires sensitivity to what is going on with the other, to be thoughtful, to make them feel that they are being understood, valued and respected. The caring person, the sensitive one, must be self-aware, and mindful of how he/she impacts others with what they do and say.

Fourth prevailing theme: Intellect/accomplishments/responsibility.

In school, the young Eileen was taught by the Sisters of Charity, and was influenced by the strength and faith of that congregation for twelve years of her

life. The Sisters of Charity were very much part of the educational context in Cape Breton at that time.

In nursing school at Saint Joseph's Hospital School of Nursing, Eileen experienced the hospitality and caring of the Sisters of Saint Martha. She resonated with the Marthas. With a mind that was always eager to learn new things, and a predisposition toward excellence, she enjoyed the program and the model set by these hard working Sisters. Despite her desire to join a contemplative religious order, the Marthas impressed Eileen so much that she decided to become one of them, and joined soon after. One might say she was "called through the Marthas to be a Martha".

After being professed as a Sister of Saint Martha and becoming Sister Marie Simone Roach, she was soon given positions of responsibility, and she leaped at each new learning, each new opportunity, and each new experience that opened up to her as a Martha. She resonated with her experience as a Supervisor at Saint Martha's Regional Hospital, as an instructor at Saint Martha's Hospital School of Nursing, and having the opportunity to complete degree studies in nursing while still holding down a full time job. She enjoyed the experience of going to the University of Toronto for extended study that would further prepare her for upcoming positions.

As Director of Saint Martha's Hospital School of Nursing, as in roles that would come later, she was "Other focused", strongly focused on situations and challenges outside of herself. Very early on, she was conscious of the multitude of societal problems especially related to nursing and health care, and her thinking

became directed toward a model of care and caring focused on professionals practicing a kind of caring respond to the situation of the other.

She was focused on problems outside herself; she was Other-centered. Her mission in life, up to and including the present, is focused on the ethics of caring. She saw a large part of her role as developing other professionals through teaching, consultation and mentoring. Part of her legacy lies in the numerous scholars she has mentored. As she progressed from role to role, she was always looking beyond the horizon, wondering what the next step would be, and how she would bring her competencies into play in other situations. As the Chair of St. Francis Xavier Department of Nursing, she was acutely aware that change was necessary and that she had been called to continually encourage change, growth and deliberate thinking for that program, and the professionals it created; that they could be the best they could be.

Sister Roach is grateful for the opportunities her community, the Congregation of the Sisters of Saint Martha, has afforded her. It has never escaped her notice that she has had the opportunity to focus on her studies and on her career while other women, not living in community, may have been washing floors, cooking meals, and otherwise attending to chores that are taken care of by staff in her community.

Fifth prevailing theme: Contribution to the nursing profession.

Much of this document describes situations in which Sister Roach has made significant contributions to her profession, and will not be repeated here.

Angela Gillis⁹²⁰ jokingly says that 'Number One' should be Sister Roach's lucky number because she has enjoyed so many "firsts" in her professional life, and has always been very much a pioneer. She was the first Department Chair at St Francis Xavier, was one of the founding faculty and was responsible for implementing the first integrated nursing curriculum at the school which continues to flourish to this day. She developed the first Code of Ethics for nurses in Canada, and has developed a theory that is known worldwide. Again, Angela laughs as she says:

She frequently has been invited to speak about her theory of caring at national and international forums and she does so with graciousness and great humility. As a matter of fact, she always seems to preface her comments to the effect that "I am not a theorist. My work is not developed to the point of being a theory." Well, sorry Sister, I hate to tell you this, but I am sure you have heard the expression—if it looks like a duck, walks like a duck, quacks like a duck, it is probably a duck. I did a Google search on Simone Roach and nursing theory, and I came up with 33,000 references to her theory. I then did an advanced search on Google scholar and got 14,000 hits—so I think it is safe to conclude that your work has evolved into a well respected theory of human care. After all, (*laughingly*) those Google scholars could not be wrong 47,000 times, Sister.⁹²¹

The book *Caring the Human Mode of Being*, last revised and published 2002, is currently out of print. A group of concerned educators have recently met

⁹²⁰ (Gillis August 12, 2010) Address given at a pre-Order of Canada celebration to honour Sister Roach at St. Francis Xavier University, August 12, 2010

⁹²¹ (ibid)

with Sister Roach, and are seeking ways of expanding the book and finding a new publisher.⁹²²

Sixth prevailing theme: Creativity/mastery/growth/change.

Sister Roach is, and has always been, highly creative. She has expressed her creativeness in many dimensions, including her interest in many varied disciplines: psychology, education, philosophy; technology, theology, sociology, and more. She has expressed creativity in her own education and training and that of others she has mentored and taught, and in the works she produced at each level of her learning journey. Her mastery of internet technology is remarkable, and her continued abilities as a learner and a teacher causes the observer to imagine what she must have been like in her prime! On a visit to Antigonish, she took me on a guided tour of the Heritage Place she had created, and presented to me the 100-year history of the Sisters of Saint Martha in an interesting way. Her creativity is also expressed in her work in setting up Heritage Place in such a way that every detail there tells a story. Her creativeness is expressed in many dimensions.

Sister Roach continues to learn. Her latest epiphany is the plight of planet earth and this has become an important part of her focus. She is also interested, at the age of 90, in "Black Holes" and Quantum theory. Black Holes have been described as region of space–time from which gravity prevents anything, including light, from escaping.⁹²³ It is called "black" because it absorbs all the light that hits the horizon, reflecting nothing, just a perfect black body in

⁹²² (M. S. Roach, Life History Interviews, Part II August 13-15, 2010)

⁹²³ (Schultz 2003)

thermodynamics. Sister Roach believes that Black Holes, when better understood, have much to contribute to questions about our world. A few years ago, I witnessed a conversation between Sister Roach and a university professor in the field of Physics. He asked her what she would study next if she "had another 20 years", and she responded without pause, "physics, and Black Holes". He laughed a nervous little laugh, perhaps wondering if Sister was cognitively sound. When she proceeded to discuss the concept, his attitude quickly changed to interest and respect. Knowing very little about Black Holes myself, I assume that they shared a mutual understanding of the subject matter.

Seventh prevailing theme: Hope/wisdom/understanding.

One may wonder what Sister Roach thinks when she looks back over the decades to where nursing has arrived today; to where the health care system has arrived today. Surely, it is difficult to argue that our present health system is focused more on economics and less on care. Yet Sister Roach feels hopeful; she sees the bright, energetic faces of new graduates, and sees hope for nursing. She hears about more and more nurses turning out at the International Association for Human Caring Conferences each year, and she sees hope for nursing. She talks to her mentees, people who are engaged in the research, education and practice of caring, and she sees hope for nursing. She visits the infirmary at Bethany Motherhouse and sees how care is embedded into everyday practice, and she sees hope for nursing. She realizes that any one of us, at any time, can set the stage for caring by being a model of care, by being an instrument in the life of another, and by being conscious of our ethical responsibilities to one another. In a 2009 article

she spoke of nurses who have a clearer and more comprehensive understanding of "our identity as nursing practitioners, educators, researchers, and managers and have an accompanying vision for the future ... this enables them to continue nursing despite the challenges of the system changes, budget crunches, hiring practices, and staff shortages".⁹²⁴

Sister Roach's understanding is also expressed in her connection with and nourishment of other people. Sister Roach has developed strong friendships over the years: she is especially close to Dr. Angela Gillis, her mentee of many years, and Dr. Ann Boykin, another mentee. She speaks of her appreciation of having those two women, as well as others, in her life. In her adult life, deep and profound interpersonal relations have centered around mutual interest in ethics, human caring, and faith. Discussions energize her; she is stimulated by hearing what is happening at St. Francis Xavier from Dr. Gillis or at Florida Atlantic University from Dr. Boykin.

It is likely that Sister Roach is able to forge such meaningful and deep relationships with others because she focuses on 'presence'; being present and giving toward the other rather than being focused on receiving. She does not approach others from a needy mentality. Participants describe her as selfless in her giving of her time; they mention the lengths she will go to accommodate the needs of those asking for her help, and her abundance of patience and listening skills. They describe her as giving and generous with a knack of making the "other" feel cared about, and feel cared for.

⁹²⁴ (M. S. Roach, *Preserving the Heart and Soul of Nursing: A Reflection* 2009, 66)

Eighth prevailing theme: Peace/harmony.

While Sister Roach can be very funny, she can also be very serious. She is, after all, a philosopher. There is a part of her that is reserved, that requires time alone. There is the private Sister Roach that enjoys solitude. She has always enjoyed time for quiet reflection and prayer; time to be alone with her thoughts. Although she loves people, she is comfortable with herself, and doesn't always need people around her to feel complete. Living in community, sometimes 'presence' is sufficient in and of itself; she can be around other community members and not feel that she has to be talking to communicate with them.

Sister Roach is a Centering Prayer practitioner, and experiences peace and harmony through this practice. Since 1992, she has been involved in this method of prayer that quietens the mind, allowing her to experience inner silence, and helping her to become more intimate with God and with others. She explains the practice as a form of "therapy" that allows distressing thoughts that have been repressed to come into awareness so they can be dealt with. According to this practice, many challenges experienced in intimate relationships are related to one's lack of being able to recognize one's true self and the necessary humility in accepting that we all have a false self. The 'false self' in Centering Prayer can be likened to the "ego state" in psychoanalytic theory. Sister has experienced this process and has been learning about herself for more than 20 years.

When she had the opportunity to travel, Sister Roach approached new experiences and new lands with appreciation and joy in simple things such as

spending time with a new acquaintance and enjoying their hospitality. In Antigonish, I saw her express appreciation for beautiful weather and being able to take a walk, and joy in speaking to a small child, the son of an employee at Bethany Motherhouse. When talking to that child, she got down to his level, and one could imagine her—health permitting—getting down on the floor with him and playing with him as if she too were a child.

Ninth prevailing theme: Strength/balance.

Sister Roach personifies the 6 C's described in her work; she demonstrates compassion, competence, confidence, conscience, commitment, and comportment. Her mode of being demonstrates strength and balance. Integrity is especially important in the caring theory described by Sister Roach. Caring, via Sister Roach's theory, requires consistency of actions, values, methods, measures, and principles. Integrity in this theory can be translated as the honesty, the truthfulness and the accuracy of one's actions. The word integrity comes from the Greek word "integer" and means whole or complete.⁹²⁵ The word "integrity" means adherence to moral and ethical principles; soundness of moral character; honesty. The professional who provides caring according to the theory described by Sister Roach acts according to the values, beliefs and principles they claim to hold.

It perhaps is redundant to say that Sister Roach has an exemplary character. She may not be perfect, but she is "good", she does have a character that is without reproach within her profession as a Sister of Saint Martha, and within the profession of nursing. Indeed, her work did draw criticism in the early

⁹²⁵ (Dictionary.com 2011) Definition of word "Integrity"

1980s in the aftermath of the writing of the Code of Ethics. Because we live in a human world, to be sometimes criticized and critiqued is consistent with life. Regardless of one's character, there will be those who will question one's motives. However, her voice – her work – is as timely and valuable now as it was in the early 1980s. People who knew her, and were able to understand her work, always knew that!

Sister Roach has used her influence for the good of others. She has used her intellect and energy to make a positive difference in the profession of nursing. She has never separated her desire for helping others from her life's work; one has been synonymous with the other.

Sister Roach has always been competent to perform the roles she has taken on. From taking certification courses from the University of Toronto to prepare for work at Saint Martha's Hospital, to studying at the doctoral level to taking on the Chair of the Nursing Department at St. Francis Xavier, to learning how to set up an archives through a home study course, to learning Centering Prayer from the masters, competency is important to Sister Roach, and she walks the talk of her 6 C's.

She has also had the staying power necessary to see a job through to completion. From the beginning, her peers, supervisors and employees have known they could count on Sister Roach's commitment. They have known that she had the level of professionalism required to follow through with what she took on. In situations where Sister Roach needed outside consultation and expertise, as

in setting up the program at St. Francis Xavier, she did not hesitate to seek such consultation and expertise.

Sister Roach welcomes mentees, and rejoices with them when they obtain professional advancement beyond her own. She has realized that mentees will often bypass their mentors, but this has never caused her to feel threatened. She celebrates the successes of her mentees. She has always offered her services through mentoring (although she doesn't use that term) and expects nothing in return. She truly cares for and values other people and the profession, and wants to help for the sake of the Other and for the good of the profession, not for personal gain. She remains accessible and approachable. Just as she responded to my call, to Colleen Maykut's call, to Kathryn Gramling's call, and to many other calls, she continues to respond to others. She doesn't isolate herself from the profession nor from those who seek her guidance and wisdom. She also enjoys the contact she has with other professionals, and willingly seeks the input of others on their ideas on many topics.

When I reflect on Sister Roach's abilities and tendencies to get things done, I am reminded once again of the subject of context. It takes me back to consider what has been woven together from the different strands of Sister's life toward a coherent, expressive dimension whole. Role models abounded in her grandmother, her mother, the Sisters of Charity and the Sisters of Saint Martha, not to mention her older sisters and other family members. Other circumstances that helped to enhance her organizational skills are the home, the training hospital, the convent, and various working roles.

The wholeness that emerged was the integration of many threads, many factors, yet we cannot determine the size of any one set of threads. Even Sister Roach herself cannot tell us with any great accuracy which of her tendencies came from any one set of people or circumstances. What she can bear witness to, and she has, is where she "felt" influenced as she progressed throughout life. She bears witness to a life of human caring, lived out so that others, in the future, will live out and teach and practice lives of caring. So that others can discern the authentically human response to the Other.

She forms her own opinions and has confidence in the message she has been articulating for many decades. Certainly not caught up with being as others think she should be, she is a person who is capable of doing what she feels is the right thing to do, "what ought to be done" and is directed by a moral compass directing her toward what is good and respectful toward others.

The confidence demonstrated by Sister Roach promoted confidence in those she has encountered and continues to encounter, her students at St. Francis Xavier, the faculty, and the thousands of others she has consulted with and spoken to over the years. She remains a very confident woman. One gets the impression in looking at those clear blue eyes of hers that one can trust and follow her, and all will turn out well. Imagine, once again, how much confidence she must have inspired in those she worked with while in her prime.

Summary

Writing the story of the life of another person is accompanied by enormous responsibility. There is the responsibility to present the person (the

subject) as accurately as possible to the reader. At the same time, it is necessary to be fair to the subject. When biographers arrive at the point of presenting a composite sketch of their subjects, they often have to grapple with a mixed bag of material, and have to spend considerable time phrasing their findings as delicately as possible. In my situation, this was not the case. My findings, from archival sources, from people known to Sister Roach for decades of her life, and from Sister Roach herself, all point to "a life that has been lived well". This is not surprising, I suppose, considering that Sister Roach grew up closely connected to her God through worship and prayer, studied nursing in a faith-based school run by the Sisters of Saint Martha, became a member of that organization one year out of nursing school, and has continued her life up to this point as a religious Sister.

In presenting the "whole cloth" of Sister Roach, I report what I have found, a woman who has embodied the ideals learned from her family, from her Cape Breton community of origin, from the Congregation of the Sisters of Saint Martha. She has also been impacted by the "Social Gospel" of the Antigonish Movement, from scholars she has known personally as well as those she has known only through the pages of books. She has always been strongly connected to her family of origin and the families they have created. She has remained closely connected to friends made, to mentees, and to other people she has bumped into and found interesting on her journey.

There is something about a person who never stops learning; who refuses to comply with stereotypes about age and the limitations these stereotypes set on the human mind. Such people are interesting to be around, to converse with.

When such a person is the subject of a biography, the biographer is a lucky one!
And I was!

In this chapter, I have presented the "whole cloth" of the person of Eileen/Sister Marie Simone/Dr. Roach through themes I have identified in speaking to others about Sister Roach, in speaking to Sister Roach herself, and in analyzing archival sources. Nine sets of prevailing themes were identified and that tell her story: family/culture/community values; ability to enjoy life and have fun; being Other focused/spirituality; intellect/accomplishments/responsibility; contributions to the nursing profession; creativity/mastery/growth/change; hope/wisdom/understanding; peace/harmony; and strength/balance.

Surprising perhaps, this chapter was the most difficult to write. First, there is the sadness that comes with the ending of such a project. Secondly, as with the complete analysis, it has been necessary to set myself apart from my subject, and that is not easy when one has gotten to know one's subject as well as I have. The "whole cloth", the result of weeks of analysis, I believe, is an accurate rendering of Sister Roach, presented in a responsible manner to both readers and the subject.

Chapter XII: Conclusion, Implications, and Recommendations

I cast the net wide, and drew from a wide variety of participants, those who could offer information about different times and types of situations in Sister Roach's life. The pages of this biography locate Sister Roach, the person/nurse/religious sister/ ethicist/leader/ and international figure, within the growth and development of the profession of nursing in Canada.

Concluding Thoughts

The major contribution resulting from this research is to add to the existing body of knowledge that exists in the form of biographies of Canadian nurses. A biography is not merely a collection of facts about a person. Rather, it allows a distinctive glimpse into the life and experiences of one individual within the context in which that person lived. The life of an individual is highly contextual, and has the potential of locating a person in multiple settings and in numerous activities. The biography of Sister Roach has followed her from setting to setting, and has attempted to locate her within her living contexts. Because of the focus on context, biographies can be interesting as well as informative, can shed light on time and place, on examples of life lived, and on conditions experienced. The results of this research presents the person, as well as the professional, Sister Roach.

The life of the subject of this biography intersects with a wide spectrum of interests and subjects. She is a nurse, a philosopher, ethicist, theorist, a religious Sister, a teacher, a leader, a retreat leader, and an archivist. She is a "sister" as well as a "Sister"; she is an aunt; a friend; a mentor to many, and much, much

more. She has lived in two countries and understands the "cultures" of both. She comes from a culture that some might consider distinct (the Scots – Irish Gaels of Cape Breton), comes from a large Roman Catholic family, and has lived in "community" most of her life. In this way, her story sheds a light on the culture in which she lived in her childhood and youth.

I set out with the belief that the life of Sister Roach and her theory, *The Human Act of Caring*, was worthy of being documented and preserved for future generations of nurses. Now, after spending years in the process of studying my subject and her work, I am more convinced than ever that the story of her life and work should be preserved. I also began with the belief that the work of Sister Roach had been largely overlooked in Canada over the more than two decades that caring theory was introduced and furthered in the nursing profession. During this study, I became better acquainted with events that happened in the 1980s at the time the Code of Ethics was written and shortly thereafter. I also became better acquainted with some of the reasons Sister Roach's work is better known to nurses in other countries than to nurses in Canada. In this way, the findings of this study shed some light on that period of time, and may clear up some of the confusion associated with that time in the minds of Canadian nurses.

Although Sister Roach began the development of her theory while Chair of the Department of Nursing at St. Francis University, and while she articulated her thoughts at many conferences and other speaking venues in Canada in the early 1980s, one event that occurred between 1980–1982 led to misunderstandings and confusion around her work. In 1979, she was asked to

write the first Code of Ethics for Nurses in Canada. In the aftermath of that writing, a small part of the Code was challenged by nursing unions (that were relatively new at that time). While the unions were satisfied with removing a particular clause from the Code, another challenge arose when an article was published in the *Canadian Nurse* journal repudiating the Code and its content. It can be said that her work was publically denounced to the membership of her own profession in the journal accessible to all members of her profession in the country. Furthermore, prominent scholars in the field of ethics who sought to speak on the strength and appropriateness of the Code she had written were refused a voice in that same journal. In 1984, a few years later, Sister Roach was asked by the Faculty of Nursing at the University of Toronto to write a monograph on caring. However, this monograph was not used in Canada to the extent that it became known and utilized in the United States.

In the mid-1980s, Sister Roach's monograph found its way into the nursing profession in the United States, and into the hands of those leading the movement in caring in nursing in that country. Sister Roach was invited to the United States to become one of that group; she was endorsed by the American caring scholars of the day such as Jean Watson and Madeleine Leininger, and she became recognized, in that country, as one of the foremost scholars in the field of caring in nursing. Consequently, over subsequent years, her work became far better known in the United States than in Canada. This study answers the question "how" Sister Roach's work became known, to such an extent, in the United States. Because this study examined the writing of the Code of Ethics and its aftermath, I

believe in this way it also provides an answer to why Sister Roach's work was not received in Canada with the same enthusiasm as in the United States. When one considers the challenges experienced by Sister Roach in her attempts to clarify Dr. Kluge's misunderstandings, one can perhaps better why Sister Roach had so few publications in academic journals. When one's writing has been so negatively misunderstood and critiqued on a national level to the population of one's peers, it is understandable that, as one participant put it, "she agonizes over every word she writes".

In addition, unlike other caring scholars with whom she associated, Sister Roach was not associated with a university graduate nursing program. Had she been associated with such a program, she would likely have been involved with students conducting research on her theory, and her work would have expanded in that way. However, she was a prolific speaker, and all of her conference presentations and speeches were preserved over the decades, and stored in the Sister Roach fonds at the Congregation of the Sisters of Saint Martha Archives at the Motherhouse in Antigonish, Nova Scotia. Original files have been transferred to the Caring Archives at the Christine E. Lynn College of Nursing at Florida Atlantic University. Copies of the full fonds remain at Bethany Archives. While previously, the only Roach materials available had been her published books, now decades of her writings are available to caring scholars.

Implications and Recommendations

It is not uncommon to hear in Canada that Sister Roach's work is philosophy, but it is "not theory" or "it's only a grand theory" because her

concepts are not narrowly enough defined to be useful in practice. In this study, sources were located that do use Sister's theory for practice, teaching, researching and evaluation. It would be a useful project for another researcher to pick up this thread, and show how Sister's work is both philosophy and theory.

Sister Roach's work and students of Canadian nursing history.

Having spent four years in the study of Sister Roach, I believe her life and work are significant to the study of nursing history, especially Canadian nursing history. For that reason, I recommend that professors of nursing history introduce their students to the life and work of Sister Roach; that nursing history students come to recognize Sister Roach as a pioneer in the research and practice of caring theory and nursing ethics. It is appropriate for Canadian nursing students to be introduced to this historical figure in their own schools and not left to hear about her from nurses from other countries. To aid in the facilitation of teaching students, a "History Sketch" could be developed; a short booklet style publication (no more than 40 pages in length) on the subject. This would be written in an interesting and informative manner, and provide enough information to "wet the student's appetite". If more information were required, one of Sister Roach's books could be recommended.

Future biographies of Sister Roach.

If there is enough material available to write one lengthy biography of a historical figure, it is possible for several biographies to be written about that same person, with each being dissimilar enough to contribute to the body of knowledge of nursing history. Considering that, and based on the findings in this

study, I recommend that other scholars pick up from where I have left off to more comprehensively explore the life and work of Sister Roach. Development of such research could be directed to smaller "chunks" of her life for a more full-bodied report on different sections. Different study participants could be engaged to interview. In addition, more detailed analyses of her writings could be made.

Biographies of other Sisters who are nurses.

Reflecting on Sister Roach's membership in a congregation of religious Sisters helps to accentuate the role religious Sisters have played in the development of nursing in Canada. Pauline Paul notes that Canadian nursing, and the work of religious Sisters, predates Florence Nightingale who did not begin the training program at Kaiserswerth to train middle-class women in nursing until 1851.⁹²⁶ Much can be learned about the development of nursing in Canada by writing biographies of religious Sisters who are also nurses, and who have made a difference in their time. I have come across the names of several such nurses during the timeframe in which I completed this work. Sister Marie Bonin, mentioned elsewhere in this document, though deceased, would be a good subject; Sister Veronica Matthews, a Sister of Saint Martha would be another. Born and raised in an Aboriginal community, and the niece of the first Aboriginal nurse in Canada, Sister Matthews went through her training listening to degrading remarks about native people.⁹²⁷

⁹²⁶ (Paul, *Religious Nursing Orders of Canada: A Presence on All Frontiers*. 2005, 125)

⁹²⁷ (Cape Breton Retired Nurses Interest Group 2006, 106)

Biographies of other Canadian nurses.

There are so many "unwritten" biographies of Canadian nurses! I also found myself wanting to know more about Lenore Brewster, a black nurse who had great difficulty getting accepted into a nursing program in Nova Scotia in the early 1950s, was unable to rent an apartment after graduation because of her colour, and heard the "N" word while going to school.⁹²⁸ This is just one of many biographies that could be written to add to the knowledge of the history of nursing.

The 1980 Code of ethics: Grist for the learning mill.

Much could be learned, I believe, from the manner in which the aftermath of the first Canadian Code of Ethics for nurses was handled. We learn by making mistakes, and enormous learning could come from a re-examination of this period in Canadian nursing history. Sister Roach was selective in sharing information. Regarding the writing of the Code of Ethics and its aftermath, I relied on the voices of other participants and on archival data. Had she been willing to talk about that time in her life, a richer story could have emerged, and readers would have had her own words to help them in understanding the events that transpired during that time.

How Sister Roach's theory can live on.

Further researchers should be encouraged by the depth to which Sister Roach's theory has been developed, and recognize that there is far more to her work than the 6 C's and their descriptions. Many may be unfamiliar with the philosophy that undergirds her theory, and how she has articulated descriptions of

⁹²⁸ (Cape Breton Retired Nurses Interest Group 2006, 48, 49)

the four components of the nursing metaparadigm: person, patient, health and environment. They may also be surprised at the connection between her work and what has been written about relational ethics. They may be surprised that Sister Roach has edited a book on spirituality that allows for an understanding of the concept from many different philosophical approaches. These are also grist for the mill of future research.

It is my recommendation that Sister Roach's theory will take root and live on in Canada. It remains my belief that nurses, including nursing educators, clinicians, researchers and students, will benefit from a more in-depth knowledge of Sister Roach and her theory. It is also my hope that future researchers will choose to more extensively work with or build on the theory of human caring she has articulated. Canada has been exposed to the caring theories of others over the years, and the time will come when Canadian nurse educators and other scholars will see the value of the inclusion of Sister Roach's work in Canadian nursing curricula. One way to keep students aware of Sister Roach and her work is through the establishment of a Roach Annual Caring Lecture at one or more Canadian nursing schools. Other ways include the establishment of a Roach Caring Institute that can plan activities and the dissemination of information about Sister Roach's work. While some conversations have taken place on this subject among a sizable group of nursing scholars, and while it was agreed that an institute would be beneficial in this regard, no concrete plans have been made.

I recommend the use of Sister Roach's work in practice, research and education. Because Sister Roach's work is a relational ethics approach to care and

caring, scholars interested in the subject of relational ethics can do much to promote her work. Many nursing students graduate from their programs, even their graduate programs, and often live out their professional lives without learning about relational ethics. Yet knowledge of relational ethics could potentially change their life-long approach to patient care and working relationships. Sister Roach's work could be used in an interactive way in teaching students about relational ethics, using the 6 C's as a model.

The development of projects by nursing students.

It would be beneficial to nursing students if they were given the opportunity to use Sister Roach's work in developing specific projects agreed upon between them and their professors. These projects could be modelled from the work that Dr. Gramling is doing at the University of Massachusetts (described in her interview), or in developing a plan of patient care such as the one discussed by Joanne Stewart MacKenzie (in her interview). In such ways, students would have an opportunity to practice caring according to the theory articulated by Sister Roach, albeit for one semester. The construction of a website (perhaps part of the development of an institute) with information on the different aspects of Sister Roach's work would be beneficial for students developing such projects.

Education is fast becoming a consumer-focused endeavour, which can have positive benefits. However, one potential negative aspect of this process is the loss of the relational component of learning. There is much more involved in the education process than acquiring new subject matter. An education should, ideally, help the learner develop negotiation skills, respect for others,

collaboration skills, develop some tolerance for distress, and more. Using the 6 C's can help learners see situations from the perspective of the Other, and develop maturity in the process. The development of caring microsystems in places of learning could do much to offset the negative effects of a consumer culture and decreasing an overly competitive culture.

Using the relational approach described by Sister Roach in the recruitment and retention of nurses.

One current nursing issue is the recruitment and retention of nurses. For example, in Ontario, a comprehensive strategy has been put into place by the provincial government to address the core reasons for instability in the nursing workforce.⁹²⁹ To increase recruitment and retention, the government aims to improving access to care, reducing wait times and improving patient and resident outcomes. It is often said that "nurses eat their young"; in fact this phrase is so common that few practicing nurses have not heard it. It is also common to hear stories of newly graduated nurses finding it difficult to work with and gain the respect of seasoned staff. A pilot project could be undertaken to determine the effectiveness of Roach's caring theory in helping to attract and retain staff. It would seem logical that nurses, especially newly graduated or transplanted nurses, would be attracted to a caring workplace. It would seem logical that nurses who were exposed to the demonstration of the 6 C's by other nurses would be more likely and willing to express these 6 C's to patients and their families. A pilot project could be put into effect in designated workplaces, and a nurse educator be available to teach and demonstrate the theory, ensure that staff were fluent in their

⁹²⁹ (Health Force Ontario; 2012)

understanding of Roach's C's and rewarded for progress in this area, much like Dr. Judy Davidson's staff are at Scripps Mercy Hospital.

Using the relational approach of Sister Roach in conflict resolution/teamwork activities & mentoring.

Individual caregivers can benefit from knowledge of Sister Roach's work. Caring begins when one person makes the choice to be caring toward another. The experience of knowing "how" to be more caring, by having specific indicators such as the 6 Cs, can enable a practitioner to be a source of caring development in the workplace. It is easier to convince people than to coerce them, and people can become convinced through role modelling.

Sister Roach's 6 C's could be put into effect by nurse managers developing a conflict resolution process for staff. Conflict and the need for conflict resolution is another enormous challenge for nurse leaders and managers. The 6 C's could be used as a reflection tool to help staff in working through conflict in a respectful and empathic manner. This process could potentially reduce conflicts, enhance cooperation, and foster understanding between and among staff with staff and staff with leaders. Change is a constant in today's healthcare organizations. One important aspect in facilitating positive change is the development of a community culture. When people feel connected; feel that they are a team, they are much more likely to embrace organizational change. Using the 6 C's can potentially develop a strong sense of community between staff members.

Most nurse managers have experienced conflict among staff, and are aware of the impact conflict has on the functioning of patient care environments.

Nurses who are aware of and conduct themselves toward co-workers and patients using the 6 Cs can view relationships with "the Other" through a lens of respect and caring. Nurse managers, themselves, would benefit from working with staff through the stance of the 6 C's.

Leaders and managers in the health care environment can benefit from introducing Sister Roach's work as a team development endeavour. This could demonstrate a commitment to establishing and developing interpersonal relationships between staff. This could change the culture of a workplace, and a caring community could be the outcome.

In an organizational climate where staff retention is a challenge, those who act as preceptors or mentors for students or new employees would benefit from the use of Sister Roach's 6 C's. Those selected for such specific roles are likely already exceptional employees, and committed to the development of the organization. Taking the process one step further and using Sister Roach's C's in the orientation or mentorship process could result in greater retention and the desire for students to return as employees.

Using Sister Roach's theory with vulnerable populations.

Particular studies could focus on demonstration projects in the theory articulated by Sister Roach's is used in areas where patients are vulnerable, and where they are pre-verbal and post-verbal. Nursing practitioners, educators and researchers in the field of gerontology, pediatrics, and mental health care could benefit from a comprehensive understanding of Sister Roach's theory and knowledge of the 6 C's.

Using Sister Roach's work in evaluation.

While the term "caring" can become overused to the point of being meaningless, Sister Roach's work is unique in that it lays out a framework on "how" to care, the 6 Cs. Even the most empathetic nursing professionals may want to express caring, but be challenged in what specifically denotes a caring response. Sister Roach's work can be useful in presenting a framework, even for people who feel they are already caring. To make caring real, it needs to be identifiable in roles, responsibilities and the work environment.

Sister Roach's 6 C's could also be used as evaluation tools during performance review with nursing staff. The Christine E. Lynn College of Nursing at Florida Atlantic University have developed, tested and used evaluation tools for decades based on Sister Roach's work. These evaluation tools could be used or revised to work in different settings such as performance review, evaluation for competency review, and much more.

Comportment, or lack thereof, of nursing staff has become a challenge for many leaders and managers in the healthcare setting. The doctoral research using Sister Roach's work conducted by Canadian Dr. Colleen Maykut, and the tool she developed to measure comportment, could be widely used to improve comportment in the workplace. This could bridge the gap between research and practice, while at the same time promoting familiarity with one of the six C's articulated by Sister Roach.

Specific research questions.

A number of specific research questions come to mind when reflecting on what I have learned in this biography about Sister Roach and her work. It would be interesting to discover the specific factors necessary for the implementation of a caring nursing curriculum using Sister Roach's theory and in provide students with the requisite knowledge, skills, and attitudes to becoming caring practitioners. It would be useful to study the curriculum in place at the Christine E. Lynn College of Nurses at Florida Atlantic University, including the measurement tools developed for evaluating students in critical areas of caring, and to examine the educational practices they have put into place over almost thirty years. It would also be useful to study the practices and protocols of other nursing schools that have implemented Sister Roach's theory, and to hear first-hand accounts from both those who have taught and those who have been students in that educational process.

Action research projects could be developed in which staff nurses would work as part of "communities of practice" to solve immediate problem they encounter (and address these issues) in relationships with their patients and with other staff. These action research projects would involve immediate correctives based on the 6 C's, and group meetings to discuss learning and gain clarity.

Roach's 6 C's can be used as a reflection tool for nursing students at both the undergraduate and graduate level in the practice of reflective journaling. Students would consciously explore their own learning while being mindfully aware of the six elements of caring articulated by Roach. It would be interesting

to examine how Roach's 6 C's could be used by nursing students in reflecting on their own practice.

Still another study could examine what is necessary in implementing Roach's *Human Act of Caring Theory* in caring for vulnerable populations such as those in homes for the frail elderly, or those in neonatal intensive care units (NICUs). Other potential studies include how Roach's 6 C's could be used as a team development model in an environment experiencing significant change, and how the 6 C's be utilized as an evaluation tool in the performance review process for nursing staff.

My plans for dissemination.

To ensure my contribution to nursing history knowledge, and to ultimately benefit the profession, my next step will be the dissemination of my research findings. My plans for dissemination include both the publication of this biography as well as the writing of a "History Sketch" of Sister Roach and her work. This "sketch" will be a short, booklet-type publication, preferably published online and accessible for students in nursing history courses.

In addition, I look forward to submitting abstracts for presentation at the Canadian Association for the History of Nursing (CAHN) in 2014, and for a poster presentation at the American Association for the History of Nursing (AAHN) in the same year.

Several papers will be written and submitted to nursing history journals over the next 12-18 months. Ultimately, I plan to collaborate with a group of nursing scholars interested in Sister Roach and her work, to begin the work of

developing a Sister Roach Caring Theory Institute. Such an institute will serve to launch a website about Sister's theory, develop a List Service, and a list of people who can provide answers for those interested in Sister Roach's work. This plan has not been fully fleshed out, and meetings over 2013–2014 will see the refining of this plan.

Summary

This biography, this story, has attempted to make Sister Roach and her work more visible to nurses in her own country and elsewhere. It has examined the potential role of her work in current times. Understanding Sister Roach's philosophy and theory can expand readers' views of themselves in the work of human caring, and help readers to better understand what fosters and sustains caring. Additionally, becoming familiar with Roach's Theory of Human Caring can familiarize the reader with spirituality and relational ethics in nursing. The overall goal of this project has been to preserve the history of one significant Canadian woman and nurse, her achievements and her contributions for future generations. If I have succeeded in doing that, even in a limited way, I feel that the journey has been worthwhile.

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Wesorick, B. "Caring: a service not a slogan." *17th Annual National Teaching Institute*. California: American Association of Critical Care Nurses., 1990.

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- Wilson, Lynton R. *495th Convocation of McMaster University*. Hamilton, ON, June 17, 2011.
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Appendix I a: Ethics Approval Form (Early)

Health Research Ethics Board

308 Campus Tower
University of Alberta, Edmonton, AB T6G 1K8
p. 780.492.9724 (Biomedical Panel)
p. 780.492.0302 (Health Panel)
p. 780.492.0459
p. 780.492.0839
f. 780.492.7808

APPROVAL FORM

Date:
September
10, 2009

Principal
Investigator: [Pauline Paul](#)

Study ID: [Pro00009059](#)

Study Title: Part One of a Biography of Dr. Sister M. Simone Roach, CJM, Theorist and Philosopher in the Area of Human Caring.

Approval
Expiry Date: September 9, 2010

Thank you for submitting the above study to the Health Research Ethics Board (Health Panel). Your application, along with modifications received September 10, 2009, has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Health Research Ethics Board does not encompass authorization to access the patients, staff or resources of Capital Health or other local health care institutions for the purposes of the research. Enquiries regarding Capital Health administrative approval, and operational approval for areas impacted by the research, should be directed to the Capital Health Regional Research Administration office, #1800 College Plaza, phone (780) 407-1372.

Sincerely,

Glenn Griener, Ph.D.
Chair, Health Research Ethics Board (Health Panel)

Note: This correspondence includes an electronic signature (validation and approval via an online system).



Appendix I b: Ethics Approval Form (Regular)

Health Research Ethics Board

308 Campus Tower
University of Alberta, Edmonton, AB T6G 1K8
p. 780.492.9724 (Biomedical Panel)
p. 780.492.0602 (Health Panel)
p. 780.492.0459
p. 780.492.0839
f. 780.492.9429

Approval Form

Date: June 7, 2011

Principal Investigator: Pauline Paul

Study ID: Pro00021481

Study Title: Biography of M. Simone Roach

Approval Expiry Date: June 5, 2012

Thank you for submitting the above study to the Health Research Ethics Board - Health Panel. Your application, including revisions received today, has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Health Research Ethics Board does not encompass authorization to access the patients, staff or resources of Alberta Health Services or other local health care institutions for the purposes of the research. Enquiries regarding Alberta Health Services administrative approval, and operational approval for areas impacted by the research, should be directed to the Alberta Health Services Regional Research Administration office, #1800 College Plaza, phone (780) 407-6041.

Sincerely,

Dr. Jana Rieger
Chair, Health Research Ethics Board - Health Panel

Note: This correspondence includes an electronic signature (validation and approval via an online system).



APPENDIX II: Roach Papers in Bethany Archives at Bethany Motherhouse, Sisters of St. Martha

(Key for letters: **F** = Fonds; **s** = series; **ss** = sub-series; **f** = folder; **b**= box)

Note: All Roach materials at Bethany Archives are photocopies of original typescript documents. Originals of Sr. Roach's were donated to the Archives of Caring in Nursing, Christine E. Lynn Center for Caring, Florida Atlantic University by the Sisters of St. Martha, and the process was overseen by Roach. Photocopies of all papers were retained, and Sister Roach verifies that these are actual copies of original documents.

Roach, Sister M.S., (1958, May). The nursing program: A preparation for Christian family living. An essay submitted to the Department of Nursing Education in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, St. Francis Xavier University, Antigonish, Nova Scotia. [34 pages] **F50, s1, ss1, f2, b 249**

Roach, Sister M.S. (1961, May). The responsibility of the administrator for the spiritual care of patients, May 2, 1961. [9-page photocopy of carbon transcript] **F50, s1, ss2, f1, b 249**

Roach, Sister Marie Simone, C.S.M., BScN, St. Francis Xavier University, Antigonish, Nova Scotia, Canada. (1967). The development of an instrument to measure selected affective outcomes of a diploma program in nursing from verbal responses of nurses on completion of the program. A thesis submitted in partial fulfillment of the requirements for the Degree of Master of Science in the School of Nursing, Boston University, June 1967. [108 pages, original in Boston University Archives] **F50, s1, ss1, f4, b 249**

Roach, Sister Marie Simone, C.S.M. (1970, June). Resume of Doctoral Dissertation: Toward a value oriented curriculum with implications for nursing education. Canadian Conference of University Schools of Nursing, Winnipeg, Manitoba, June 1970. [27-page photocopy of typescript, with minor handwritten notations] [in same folder: Roach, Sister M. Simone n.d. "early 70s" Elements of a basis for nursing, 1-page list of ten items] **F50, s1, ss2, f3, b 250**

Roach, Sister M. Simone (1971, April). Values in nursing: Explicit and implicit. Annual Meeting, CCUSN-AR, St. Francis Xavier University, Antigonish, Nova Scotia, April 19-20, 1971. [12-page photocopy of typescript] **F50, s1, ss2, f3, b 250**

- Roach, Sister M. Simone (1972, May). Value system and health system: Significant relationships. A paper presented at the 32nd Annual Meeting of the Nova Scotia Society of Medical Radiological Technologists, Sydney, Nova Scotia, May 1972. [11–page photocopy of typescript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (circa 1972). Legal and ethical basis of confidentiality. Prepared for staff in–service, New Waterford Consolidated Hospital, New Waterford, Nova Scotia. [6–page photocopy of typescript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (1973, September). Nursing: A commitment to health and a caring relationship. Address to graduates, St. Rita Hospital School of Nursing, Sydney, Nova Scotia, September 9, 1973. [6–page photocopy of typescript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (1974, March). World Population Day: A value perspective. Prepared for World Population Day. Sponsored by Department of Political Science, St. Francis Xavier University, Antigonish, Nova Scotia. [7–page photocopy of typescript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (1974, May). [no title] Address given to the Association of Nurses of Prince Edward Island at their 53rd Annual Meeting, Charlottetown, Prince Edward Island, May 21, 1974. [11–page photocopy of typescript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (1974, April). The nursing role and the problem of implementation. Prepared for Nursing Papers. [4–page photocopy of typescript, with some handwritten notations by Sister Simone, in her role as Chairperson, Department of Nursing, St. Francis Xavier University, Antigonish, Nova Scotia] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (n.d.). Implications of a concept of health for a health maintenance program in a religious community. [7–page photocopy of transcript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (1975, August). Women, liberation, and the challenge of modern nursing. Address to graduates of Victoria General Hospital School of Nursing [no place], August 15, 1975. [12–page photocopy of typescript] **F50, s1, ss2, f3, b 250**
- Roach, Sister M. Simone (1977, April). [no title] Paper presented to Sisters in health care, Sisters of St. Martha, Antigonish, Nova Scotia], April 16, 1977. [11–page photocopy of typescript] **F50 s1, ss2, f3, b 250**

Roach, Sister M. Simone (1977, August). Nursing: The professionalization of caring. Address to graduates, St. Martha's School of Nursing, Antigonish, Nova Scotia, August 28, 1977. [17-page photocopy of transcript] **F50, s1, ss 2, f3, b 250**

Roach, Sister M. Simone (1979, February). Care and caring: The center of and foundation for ethics. The Nettie Douglas Fidler Lecture, Faculty of Nursing, University of Toronto, February 28, 1979. [20-page photocopy of typescript] **F50, s1, ss2, f3, b 250**

Roach, Sister M. Simone (1980, March). Care, nursing, and the caring community. College of Nursing, University of Saskatchewan, March 1980. [16-page photocopy of typescript, with some handwritten notations] **F50, s1, ss2, f2, b 249**

Roach, Sister M. Simone (1980, May). Reflections on research and ethics and implications for nursing. Prepared for Annual Meeting, Manitoba Association of Registered Nurses, May 1980. [11-page photocopy of typescript, with some handwritten notations] **F50, s1, ss2, f2, b 249**

Roach, Sister M. Simone (1980, February). Reflections on a code of ethics for nurses in Canada. A background paper prepared by M.S.R., Director CNA Ethics Project. [in same folder, 1-page photocopy of news clipping, March 18, 1980, "Nursing code of ethics intended as guideline] **F50, s1, ss1, f1, b 249**

Roach, Sister M. Simone (1980, March). Caring: A concept central to nursing. The Gladys Josephine Sharpe Memorial Lecture, McMaster University School of Nursing, 11 March, 1980. 2nd Gladys J. Sharpe Lectureship, Sponsored by School of Nursing and Faculty of Health Sciences, McMaster University Health Sciences Centre, March 11, 1980. Keynote speaker: Sister Simone Roach, R.N., Ph.D., Caring: What do we mean? [16-page photocopy of typescript, with some handwritten notations, 8 ½ x 14" b/w photocopy paper, poster/flyer? Missing] **F50 s1, ss4, f20, b 251**

Roach, Sister M. Simone (1980, November). Toward an ethic of caring. An address to the Association of Registered Nurses of Newfoundland, November 4, 1980 [while the author was Visiting Scholar in Ethics, Harvard Divinity School] [20-page photocopy of typescript with handwritten notations] **F50 s1, ss2, f2, b 249**

Roach, M. (1980). Reflections on a Code of Ethics for Nurses in Canada: A background paper. Ottawa, Ontario: The Canadian Nurses Association.

Roach, M.S. (1981). Correspondence with Leonard C. Feldstein, January – February 1981. [missing]

Roach, Sister M. Simone (1981, June). Caring and the ministry of the Catholic hospital. St. Martha's Hospital, Antigonish, Nova Scotia, June 19, 1981. [14–page photocopy of typescript, with some handwritten notations] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1981, October). Ethical decision–making in day–to–day activities. An address to ANDSOOHA [Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario], St. Elizabeth's Nursing Association, and VON, Toronto, October 22, 1981. [10–page photocopy of typescript] **F50 s1, ss4, f20, b 251**

Roach, Sister M. Simone (1981, October). Ethics: A professional sense. Presented at the 1st National Symposium in Oncology Nursing, Royal Victoria Hospital, Montreal, October 23, 1981. [19–page photocopy of typescript with some handwritten notations] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1982, April). Caring and health care as ministry. A paper presented to staff of St. Rita Hospital, April 1,2, [12?], 1982. [11–page photocopy of typescript] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1982, April). The hospital: A caring community. A paper presented to staff, New Waterford Consolidated Hospital, New Waterford, Nova Scotia, April 13, 1982. [12–page photocopy of typescript, with some handwritten notations] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1982, April). The Church in health care: The hospital. Presented to 4th Degree, Knights of Columbus, Antigonish, Nova Scotia, April 20, 1982. [9–page photocopy of typescript, with some handwritten notations] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1982). A reflection, prepared for Sisters' Homemakers Meeting, Bethany, Antigonish, May 1, 1982. [6–page photocopy of typescript] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1982, June). Caring: A framework for nursing ethics. A paper presented at 1st International Congress on Nursing Law and Ethics, [Jerusalem, Israel], June [13–16],1982. [20–page photocopy of typescript, with minor handwritten corrections. In same folder, Kratz, Charlotte (1972, July 7) Getting to grips with the ethical dilemma. Nursing Times, 78, pp. 1133–11–34, 2–page photocopy of paper describing 1st International Congress on Nursing Law and Ethics] **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (1982, August). The health professional: A person who cares. Prepared for C.H.A.C. Review, Health Association of Canada), August 1982. [29–page photocopy of typescript] **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (1982, August). Nursing: The professionalization of human care. A paper submitted to Nursing , London, England. [18 page photocopy of typescript, with some handwritten corrections] **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (1983, June). The call and privilege of the helping occupations. Graduation address, School for Nursing Assistants, New Waterford Consolidated Hospital, [New Waterford, Nova Scotia], June 19, 1983. [7 page photocopy of typescript. In same folder, 1–page typescript letter dated August 14, 1983, from Sister Aileen, New Waterford] **F50 s1, ss2, f1, b 249**

Roach, M. (1984). Caring, the human mode of being: Implications for nursing. Toronto, CAN: University of Toronto.

Roach, Sister M. Simone (1984, September). An ethical reflection on the value of human life. Prepared by the author at Sisters of St. Martha, Antigonish, Nova Scotia. [22–page photocopy of typescript] **F50 s1, ss3, f1, b 250**

Roach, Sister M. Simone (1985, January). The hospital: A caring community. A lecture presented to staff, University Hospital of Alberta, Edmonton, Alberta, January 30, 1985.[11–page photocopy of typescript of computer print] **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (1985, June). Caring as responsivity: Response to value as the important–in–itself. A paper prepared for 2nd International Congress on Nursing Law and Ethics, Tel Aviv, Israel, June 10–13, 1985. [10–page photocopy of typescript] **F50 s1, ss2, f2, b 249**

Roach, Sister M. Simone (1986, November). The denominational health care institution: “A caring community.” An outline of a luncheon address, Annual Meeting of Catholic Health Conference of Manitoba, November 19, 1986. [8–page typescript of computer print] **F50 s1, ss4, f20, b 251**

Roach, M. (1987). The human act of caring: Blueprint for the health professions. Ottawa, CAN: Canadian Hospital Association.

Roach, Sister M. Simone (1987, January). Ethics, nursing and society. Address presented to Catholic Nurses Guild of Manitoba, January 11, 1987. [11–page copy of computer print] **F50 s1, ss4, f20, b 251**

Roach, Sister M. Simone (1987, October). Nursing: The professionalization of human caring. Address to students, Service of Dedication, The Salvation Army Grace General Hospital, October 8, 1987. [7–page copy of computer print] **F50 s1, ss4, f20, b 251**

Roach, Sister M. Simone (1988, February). Psychogeriatrics: Ethical issues. A paper presented at Seven Oaks General Hospital, Psychogeriatrics Program, February 26, 1988. [13–page copy of computer print. In same folder, 6–page conference program: Psychogeriatrics: Who needs it? A conference presented by the Seven Oaks General Hospital, Psychogeriatrics Program, February 26, 1988, Winnipeg, Manitoba] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone (1988, April). Ethical conflicts: The quality of life. NAACOG: The Organization for Obstetric, Gynecologic & Neonatal Nurses, District VI, Manitoba–Saskatchewan Section Spring Workshop, “OGN nursing: Past, present and future,” Winnipeg, Manitoba, April 28–29, 1988. [9–page typescript, with some handwritten notations, 2 pages photocopy from unknown printed source. 1 page typescript ‘a key question’] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone (1988, June). Nursing: The professionalization of the human capacity to care. Prepared for Health Sciences Alumni Jubilee Memorial Lecture, St. Boniface General Hospital [Winnipeg, Manitoba?], June 22, 1988. [5–page computer print; notation on facepage: ‘summary only: Lecture videotaped’] **F50 s1, ss4, f20, b 251**

Roach, Sister M. Simone (1988, November). Panel response to: The economic edges of excellence in critical care (Dr. John Home). Response: Ethics/Religion. Edge of excellence: A conference on critical care nursing, Winnipeg, [Manitoba], November 21–22, 1988. [6–page photocopy of typescript, with pencil notations] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone (1989, June). Commencement address. The St. Boniface General Hospital School of Nursing, Winnipeg, Manitoba, June 16, 1989. [11–page computer print, letter acknowledging her response to their invitation, from Pat Murphy, Student Affairs] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone (1989, June). Commencement address, Brandon General Hospital School of Nursing, Brandon, Manitoba, June 30, 1989. [9–page computer print, with some handwritten notations] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone (1989, November). Care for the caregiver. 46th Annual Convention of the Health Association of Alberta, [no place] November 28, 1989. [14–page computer print] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone (1990, September). Caring: The essence of nursing and health. A paper presented at the 15th Annual Meeting of Therapeia, St. John's, Newfoundland, September 27–29, 1990. [11–page computer print] **F50 s1, ss4, f21, b 251**

Roach, Sister M. Simone, R.N., Ph.D. (1991, May). Nursing: The professionalization of the human capacity to care. National Nurses' Week presentation [to] Nursing Staff, Children's Hospital Medical Center of Akron, Akron, OH, May 9–10, 1991. [6–page computer print with some handwritten notes] **F50 s1, ss4, f22, b 251**

Roach, Sister M. Simone. (1991) Creating communities of caring. Paper presented at National League for Nursing Conference, Scottsdale, Arizona, December 5–8, 1990. In: Curriculum Revolution: Community Building and Activism (pp. 123–138). NY: National League for Nursing. [with cover letter transmitting her complimentary copy of the volume] **F50 s1, ss4, f21, b251**

[in same folder] Background material, preparatory resources, NLN presentation, Scottsdale, Arizona – 8–page computer print “National League for Nursing, 7th National Conference on Nursing Education: Curriculum Revolution: Community Building and Activism – Themes from program” [in same folder] 8 photocopies of papers from Journal of Nursing Education: Tornay, R. (1990). The curriculum revolution [editorial]. Journal of Nursing Education, 29(7), 292–294. Waters, V. (1990). Associate degree nursing and curriculum revolution II. Journal of Nursing Education, 29(7), 322–325. Bevis, E.O., & Murray, J.P. (1990). The essence of the curriculum revolution: Emancipatory teaching. Journal of Nursing Education, 29(7), 326–331. [following this is a single–sheet computer print of p. 15 of a document referencing a Roman myth on “caring,” with glued cut sheet copy of the myth.] Diekelmann, N. (1990). Nursing education: Caring, dialogue, and practice. Journal of Nursing Education, 29(7), 300–305. Tanner, C.A. (1990). Reflections on the curriculum revolution. Journal of Nursing Education, 29(7), 295–299. Moccia, P. (1990). No sire, it's a revolution. Journal of Nursing Education, 29(7), 307–311. **F50, s1,ss4, f22, b251**

Roach, Sister M. Simone, R.N., Ph.D. (1992, June). [no title] Commencement address, St. Clare's Mercy Hospital School of Nursing, St. John's, Newfoundland, June 3, 1992. [11–page typescript; letter of thanks from Katherine Daley, St. Clare's Hospital School of Nursing.] **F50, s1,ss4, f22, b251**

Roach, M. (1992). The Aim of Philosophical Inquiry in Nursing: Unity or Diversity of Thought. In J. F. Kikuchi, *Philosophic Inquiry in Nursing* (pp. 39–44). Newbury Park, CA: Sage.

Roach, Sister M. Simone (1993, September). Ethical challenges in the caring relationship. Clinical Nurse Specialist National Conference, Ottawa, Ontario, September 23–24, 1993. [17–page photocopy of typescript with handwritten notations] **F50 s1, ss4, f24, b 251**

Roach, Sister M. Simone. (1993, November). Realities of the caring commitment in a demanding work situation. Address to Nursing Staff, Riverdale Hospital, November 3, 1993. [1–page photocopy of typescript, with attached post–it–note “used transparencies”] **not in archives**

Roach, Sister M. Simone (1994, January). Ethical challenges in a caring relationship. Opening address for conference “Ethical issues in pediatric practice: Issues for the 90’s”, Children’s Hospital, Winnipeg, Manitoba, January 26–27, 1994. [17–page computer print, with some handwritten notations] **F50 s1, ss4, f22, b 251**

Roach, Sister M. Simone (1994, January). A multidisciplinary approach to ethical decision making in the 90’s. Concluding paper presented for conference “Ethical issues in pediatric practice: Issues for the 90’s”, Children’s Hospital, Winnipeg, Manitoba, January 26–27, 1994. [9–page photocopy of typescript, with some handwritten notations] **F50 s1, ss4, f22, b 251**

Roach, Sister M. Simone (1994, September). Ethics, technology, and long term care: The need for a new model. Annual Provincial Conference of the Gerontological Nurses’ Group of British Columbia, September 30–October 1, 1994. [19–page computer with handwritten notations. In same folder, fax dated 9/2/94 from Fiona Sudbury, GNGBC conference committee, confirming travel and accommodations arrangements for the conference; letter dated 7/19/94 from Jessie Mantle. Program Committee Chair, outlining travel and accommodations, /l./arium arrangements] **F50 s1, ss4, f1, b 251**

Roach, Sister M. Simone (1995, March). Transpersonal healing modalities: Use of self. Paper presented for the conference, “Nurses as healers: The power of personal encounter”, The Institute of Religion, Houston, Texas, March 31, 1995. [10–page photocopy of typescript, with some handwritten notations] **F50 s1, ss4, f23, b 251**

Roach, Sister M. Simone (1995, March). Caring from the heart: The healing metaphor. Paper presented for the conference, “Nurses as healers: The power of personal encounter”, The Institute of Religion, Houston, Texas, March 31, 1995. [15–page computer print] **F50 s1, ss4, f23, b 251**

Roach, Sister M. Simone (1995, April). The challenge of caring in a changing society. Gladys Sharpe Alumnae Lecture, [McMaster University School of Nursing?], April 3, 1995. [18–page double sided copy of computer print] **F50 s1, ss4, f23, b 251**

Roach, Sister M. Simone. (1995, May). Reflections on the occasion of Hospital Week activities, Salvation Army Scarborough Grace Hospital. [7–page computer print, with 1–page diagram showing varied causes of mistreatment of patients in long term care, 1– page list of qualities relating to the concept of caring, and 1–page “Plan for the Day” schedule of meetings] **F50 s1, ss4, f23, b 251**

Roach, M. Simone, C.S.M, Ph.D. (n.d.) Human caring as virtuous activity. [33–page computer print, handwritten notation on p. 1 ‘edited 18/01/02 minor changes’, post–it–note on title page ‘working paper–Simone’]. **F50 s1, ss4, f24, b 251**

Roach, Sister M. Simone (1995). Power, politics and public policy: The challenge of a new metaphor. Paper presented at 16th Conference of the International Association of Human Caring. [note states: Published in Boykin, A. (1995). Power, politics and public policy: A matter of caring. NY: National League for Nursing Press. **F50 s1, ss4, f23, b 251**

Sister Marie Simone (n.d.). Behavioral science content in the nursing curriculum. [8–page photocopy of typescript] **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (n.d.) Are we for life or death, maturity or decadence. Written for the Canadian Nurses’ Journal. **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (1997, June). Transpersonal healing: The use of self. A paper prepared for seminar, Helsinki, Finland, June 11, 1997. [12–page photocopy of typescript] **F50 s1, ss4, f24, b 251**

Roach, Sister M. Simone, R.N., Ph.D., C.S.M. (1997, November). A global agenda for human caring: A paper prepared for the 7th Asian Regional Conference of CICIAMS, November 10, 1997, Bangkok, Thailand. [21–page, some handwritten notes] **F50 s1, ss4, f24, b 251**

Roach, Sister M. Simone (1998, June). Healing through story: Personal and universe. Prepared for the 4th Reflective Practice Conference, Robinson College, Cambridge, England, June 24–26, 1998. [17–page photocopy of typescript with some handwritten notations—last page, 2x2 inch color image of earth from space. In same folder, one page prospectus prepared for possible presentation on the

'encounter' at the Annual Conference of IAHC, Boca Raton, 2000] **F50 s1, ss2, f1, b 249**

Roach, Sister M. Simone (1998, November). [no title] Convocation address, St. Augustine's Seminary of Toronto, Scarborough, Ontario, November 16, 1998. [11-page computer print, no title] **F50 s1, ss4, f24, b 251**

Roach, M. (2002). *Caring, The Human Mode of Being, A Blueprint for The Health Professions*, Second Revised Edition. Ottawa, ON: CHA Press.

Roach, Sister M. Simone (2003, May). *Caring, the human mode of being: Global challenge*. Presentation at University of Indianapolis, [Indiana], May 7, 2003. [19-page photocopy of typescript with handwritten notations] **F50 s1, ss4, f24, b 251**

Roach, Sister M. Simone. (n.d.). *Implications of a concept of health for a health maintenance program in a religious community*. [7-page photocopy of typescript, with some handwritten notes on page 1: a talk to Sisters of Charity, New Waterford] **F50 s1, ss2, f3, b 250**

Roach, M.S. (2009). *Preserving the heart and soul of nursing*. *International Journal for Human Caring*, 13(1): 66-69.

APPENDIX III: Advertisement for Study Participants (Former Students of Sister Roach)

Attention: Former Students of Sister M. Simone Roach, St. Martha's Hospital School of Nursing and St. Francis Xavier Nursing Program, Antigonish, Nova Scotia; former students of Sister M. Simone Roach, Catherine Labouré School of Nursing in Boston, MA; and former students of Sister M. Simone Roach, University of Manitoba.

Were you a nursing student at St. Martha's Hospital School of Nursing from 1942–1959?

Were you a nursing student at St. Francis Xavier from 1970–1986?

Did you take courses at the Catherine Labouré School of Nursing in Boston, MA from 1961–1967?

Did you take nursing courses at the University of Manitoba from 1986–1990?

I am a doctoral student at the University of Alberta (Faculty of Nursing) and am writing a biography of Sister M. Simone Roach. Sister Roach is aware that I am writing this biography, and is in agreement.

I would like to speak with former students of Sister Roach from the (former) Diploma in Nursing program (St. Martha's Hospital School of Nursing) and undergraduate nursing degree program at St. Francis Xavier University. I am also interested in talking to students Sister Roach taught at the Catherine Labouré School of Nursing in Boston, MA, and the University of Manitoba. Please contact me, Margaret Elizabeth Myers (Maggie) at (519) 627–7655. Please e-mail me with your contact information, and I will place calls to you, so that you will not have long distance telephone expenses. I can also be contacted by e-mail at memyers@ualberta.ca

Thank you.

APPENDIX IV: Other People to Interview

(While a list of names has been created, names of individuals are not listed here)

1. Former students of Sister Roach at St. Martha's Hospital School of Nursing: Contact through College of Registered Nurses of Nova Scotia;
2. Former students of Sister Roach's at St. Francis Xavier University: Contact through College of Registered Nurses of Nova Scotia and St. Francis Xavier University;
3. Former colleagues of Sister Roach from St. Francis Xavier University: Contact through St. Francis Xavier University;
4. Colleagues of Sister Roach at Scripps Health Organization;
5. Colleagues (all retired) of Sister Roach at Canadian Nurses Association: Contact through Canadian Nurses Association ;
6. Colleagues of Sister Roach at International Association for Human Caring: Sister was involved in this organization for many years, and has been friends with other internationally known caring theorists for decades. Sister has contact information;
7. People known to Sister at the Catholic Health Care Association;
8. Colleagues of Sister Roach from Bethany Motherhouse, Sisters of St. Martha;
9. Colleagues of Sister Roach (many retired) from LaSalle University, University of Colorado, Louisiana State University, McGill University, University of North Carolina, University of Calgary, Florida Atlantic University, Claremont Graduate University, Creighton University, Council of Canadians, University of Toronto, University of Massachusetts, Georgetown University, McEwan College, and Queens University (Sister has contact information for those who are retired);
10. People known to Sister Roach in the field of ethics;
11. One person who is well known in Canada in the area of Spirituality and Health;
12. Family members of Sister Roach.

APPENDIX V a: Information Letter for Interview (s) with Study Participants



Title of Research Study: **Biography of Sister M. Simone Roach, CSM, Ph.D., Theorist and Philosopher in the Area of Human Caring**

Graduate Student: Margaret Elizabeth Myers, R.N., Ed.D.
707 James Street, Wallaceburg, Ontario, N8A 2P4
(519) 627-7655; (519) 627-3927

Co-Supervisors:

Pauline Paul, PhD, RN Associate Professor, Faculty of Nursing 3-134, Clinical Sciences Building, Building University of Alberta Edmonton, AB, T6G 2G3 pauline.paul@ualberta.ca (780) 492-7479	Joanne Olson, PhD, RN Professor & Associate Dean, Undergraduate Program Faculty of Nursing, 3-134, Clinical Sciences University of Alberta, Edmonton, AB, T6G 2G3 joanne.olson@ualberta.ca (780) 492-6252
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THE STUDY

The purpose of this study is to write a biography of Sister Marie Simone Roach, Canadian nursing caring theorist. If you decide to participate in this study, I will call the telephone number you have given me on the date and time we have agreed upon and which is listed here _____. I will interview you about a person known to you, Sister Marie Simone Roach. The initial interview will take around one hour of your time. Any follow-up interviews you may agree on will be less than one hour. All interviews will be arranged at times that are good for you, and you will be provided with interview questions prior to the interview.

The interviews will be audio-taped and then typed. I may contact you if I need clarification after I have typed your information. You will have the option of seeing the typed version and of changing content in it if you wish. Another option

is for you to provide me with your written thoughts that you can write before or after the interview sessions. Sometimes people who participate in a study remember important information after the interview has been completed. I am interested in all of your views, and would be happy if you could share your thoughts with me. I can provide you with notebooks for your use in recording your thoughts before and after the interviews. I will collect them from you when you feel you are finished.

There are no direct benefits to you for participating in this study. However, as you know Sister Simone Roach, you may feel that this biography will be beneficial to nurses in Canada. I believe that the life and work of Roach is significant to the profession of nursing and Canadian Nursing History. I believe that nurses, including nursing students will benefit from a more in-depth knowledge of Roach and that others may choose to work with or build on the theory of caring she has articulated.

There are no known risks to taking part in this study, except the potential of you becoming tired. Every opportunity will be taken to make interviews as comfortable for you as possible. If you feel you need to take a break, or to stop completely, you will be able to do so.

Information will not be shared with anyone except my two co-supervisors until it is published in my doctoral dissertation. Because this is a biography, your name will appear in future publications. Writing a biography means learning as much as possible about the subject from those who knew them (and from themselves when they are, like Sister Roach, still living). Your interview is appreciated because it will help me put together the story of Sister Roach's life.

All information I collect from you will be stored in a locked filing cabinet in my office. Any files on my computer that contain any information collected from you will be pass-word protected. I will keep your records for at least seven years after the study has been completed, and one of my co-supervisors at the University of Alberta will keep an electronic copy of the data for the same period of time.

The information collected for this study might be looked at again in the future to answer other questions. If this happens, an ethics board will first review the new study to make sure that your information is used ethically.

Your participation in this study is voluntary. You may withdraw from the study at any time without giving me a reason. You are free to say yes or no to any part of the study. You can stop the interview, the tape recorder can be turned off at any time by just telling me, and you may refuse to answer any question.

If you have any concerns about your rights as a study participant, you may contact Dr. Christine Newburn–Cook, Research Office, Faculty of Nursing, University of Alberta (780) 492–6764. If you have any questions about the study, contact Margaret Elizabeth Myers, at (519) 627–7655 or (519) 627– 3927 or e–mail me at memyers@ualberta.ca. You can also contact Dr. Pauline Paul or Dr. Joanne Olson.

Please keep a copy of this letter for reference.

Participant initials: _____ Witness initials: _____

APPENDIX V b: Consent Form for Interview(s) with Study Participants



Title of Research Study: Biography of Sister M. Simone Roach, CSM, Ph.D., Theorist and Philosopher in the Area of Human Caring

Graduate Student: Margaret Elizabeth Myers, R.N., Ed.D.
707 James Street, Wallaceburg, Ontario, N8A 2P4
(519) 627-7655; (519) 627-3927

Co-Supervisors:

Pauline Paul, PhD, RN Associate Professor, Faculty of Nursing 3-134, Clinical Sciences Building, Building University of Alberta Edmonton, AB, T6G 2G3 pauline.paul@ualberta.ca (780) 492-7479	Joanne Olson, PhD, RN Professor & Associate Dean, Undergraduate Program Faculty of Nursing, 3-134, Clinical Sciences University of Alberta, Edmonton, AB, T6G 2G3 joanne.olson@ualberta.ca (780) 492-6252
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By signing the consent form you give permission for the primary investigator to interview you for the purpose of writing this biography.

Voluntary Participation: *You are free to withdraw from the study at any time, without prejudice. If the study is not undertaken or if it is discontinued at any time, all information collected will be returned to you*

Reimbursement of Expenses: *There is no reimbursement for participating in this study.*

Contact Names and Telephone Numbers:

If you have any questions about this study, you may contact Margaret Elizabeth Myers at (519) 627-7655.

Part 2 (to be completed by the research subject):	Yes	No
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Letter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits/risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that we will tape your telephone interview?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who has access to the information you provide?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study at any time, without having to give a reason?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to have the audio-tape and typed version of your interview(s) archived at the Archives of the Bethany Mother House?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to have your name used in the thesis and other publications and presentations that may come from this research project?	<input type="checkbox"/>	<input type="checkbox"/>
Who explained this study to you?		

I agree to take part in this study: Yes No

Signature of Research Subject:

(Printed Name): _____

Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate _____

Signature of Investigator or Designee: _____ Date: _____

**THE INFORMATION SHEET MUST BE ATTACHED TO THIS
CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT**

APPENDIX VI a: Information Letter for Interview(s) with Sister M. Simone Roach



Title of Research Study: Biography of Sister M. Simone Roach, CSM, Ph.D., Theorist and Philosopher in the Area of Human Caring

Graduate Student: Margaret Elizabeth Myers, R.N., Ed.D.
707 James Street, Wallaceburg, Ontario, N8A 2P4
(519) 627-7655; (519) 627-3927

Co-Supervisors:

Pauline Paul, PhD, RN	Joanne Olson, PhD, RN
Associate Professor, Faculty of Nursing Undergraduate Program	Professor & Associate Dean,
3-134, Clinical Sciences Building, Sciences Building	Faculty of Nursing, 3-134, Clinical
University of Alberta T6G 2G3	University of Alberta, Edmonton, AB,
Edmonton, AB, T6G 2G3	joanne.olson@ualberta.ca
pauline.paul@ualberta.ca	(780) 492-6252
(780) 492-7479	

Background: Over the past decade, I have become increasingly interested in your work and your model/theory, The Human Act of Caring. I believe that your life and work is significant to the profession of nursing and Canadian Nursing History. I believe that nurses, including nursing students will benefit from a more in-depth knowledge of you and your work, and that others may choose to work with or build on the theory of caring you have developed.

Purpose: You are being requested to take part in a number of interviews (one or more), in which I will ask you questions about your professional life and the events surrounding the development of the model/theory, ‘The Human Act of Caring’. Of special interest to me are the aspect of relational ethics, spirituality, and components of caring, the value of your model/ theory to present and future nurses, and the depth to which this theory has been developed.

The will visit you at your place of residence, Bethany House, Sisters of St. Martha Convent, Antigonish, Nova Scotia, Canada. I will interview you about your personal and professional life, including the development of your model/ theory, ‘The Human Act of Caring’. This information will be gathered for the purpose of writing a biography of your life and work. Interviews will be tape recorded and transcribed to a print document which will be given to you to ensure that content is correct. You will be given the opportunity to change any information provided at that time.

I believe that your life and work is significant to the profession of nursing and Canadian Nursing History. I believe that nurses, including nursing students will benefit from a more in–depth knowledge of you and that others may choose to work with or build on the theory of caring you have developed.

It is not expected that these interviews will negatively impact you. In fact, conversations with you in the process of planning for this project has led me to believe that you enjoy talking about caring in nursing, and that you believe in the benefits of sharing knowledge that will help future generations of nurses.

As we have discussed, there is no pressure for you to take part in the project at all, and you can quit at any time. There will be no consequences for quitting the project or refusing to answer any of my questions.

Because of the nature of this project, the written report will be a public document. Your name will be used in the report, as the purpose of the report will be to describe your life and work.

I am requesting you to read and sign a consent form prior to taking part in interviews. If you have questions, you can address them to me at (519) 627–7655. You can also contact Dr. Pauline Paul or Dr. Joanne Olson.

Procedures: *Participating in this study will involve:*

- a) Prearranged visits by me to your place of residence, for interviews (conversations) that will be examined for content to include in the biography. In addition, I am asking that you allow me to tape-record some of our telephone conversations.

- b) Interviews will be taped, transcribed to text and given to you to examine for accuracy. At that time, you will have the opportunity to change, delete or add any part of the transcript. Upon reading the transcribed interviews, you may remember something not already included, which can then be added.

Confidentiality: *Because of the nature of this project, your name will appear in the final report and any publications that may come from this study. However, you will have the opportunity to read and comment on any and all contributions before publication.*

Participant Initials: _____ Witness Initials: _____

APPENDIX VI b: Consent Form for Interview(s) with Sister M. Simone Roach



Title of Research Study: Biography of Sister M. Simone Roach, CSM, Ph.D., Theorist and Philosopher in the Area of Human Caring

Graduate Student: Margaret Elizabeth Myers, R.N., Ed.D.
707 James Street, Wallaceburg, Ontario, N8A 2P4
(519) 627-7655; (519) 627-3927

Co-Supervisors:

Pauline Paul, PhD, RN
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Joanne Olson, PhD, RN
Professor & Associate Dean,
Faculty of Nursing, 3-134, Clinical
Sciences Building
University of Alberta, Edmonton, AB,
T6G 2G3
joanne.olson@ualberta.ca
(780) 492-6252

Part 2 (to be completed by the research subject)	Yes	No
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Letter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits/risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that we will tape your telephone interview?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who has access to the information you provide?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study at any time, without having to give a reason?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to have the audio-tape and typed version of your interview(s) archived at the Archives of the Bethany Mother House?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to have your name used in the thesis and other publications and presentations that may come from this research project?	<input type="checkbox"/>	<input type="checkbox"/>
Who explained this study to you? <hr/>		

I agree to take part in this study: Yes No

Signature of Research Subject:

(Printed Name): _____

Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate _____

Signature of Investigator or Designee: _____ Date: _____

**THE INFORMATION SHEET MUST BE ATTACHED TO THIS
CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT**

APPENDIX VII: Interview guide for Interview(s) with Sister Roach

1. Can you tell me about what it was like growing up in your hometown? In your family?
2. Did your family/school/others impact your decision to become a nurse?
3. Can you tell me about your nursing training? Why did you choose that particular school?
4. Did your family/school/others impact your decision to become a woman religious?
5. Why did you choose the community of St. Martha?
6. Can you tell me about your early nursing years?
7. You returned to school several times, to complete undergrad, masters and doctoral studies. I would like to hear about your experiences and your commitment to continuing education.
8. Can you tell me about your teaching years? Your research? What was influencing your thoughts and ideas?
9. I have been interested in your caring model since I first heard about it more than a decade ago. Can you speak about how the model relational ethics? How it informs nursing ethics/ how it informs spiritual care giving?

10. What are your views on spiritual assessment? Have you used your own model to do spiritual assessment? Can you see the development of a spiritual assessment tool coming from your model?

11. You were involved with developing the first Code of Ethics for nursing in Canada. Can you tell me about that process?

12. I believe your model informs whole person care. You were writing at a time when there really wasn't much being said in the profession of nursing on whole person care? What people, writings, philosophy informed your concepts?

13. You have spoken about your relationship to the International Center for Human Caring. How would you say your own philosophy fits with the philosophy of the Center?

14. How did you become involved with the Center? How did the Center influence your thinking? Your work? (I understand that your theory was already developed at the time you became involved with the Center)

15. You have mentioned others who write and research in the area of human caring. However, much of this is new to nursing—in the past few decades. Why is there a focus on human caring in nursing NOW, do you suppose, rather than earlier in the development of the profession?

16. In writing this biography, I am also looking at the history of St. FX and the history of the community of St. Martha (in Canada and in Nova Scotia). Were you

especially influenced by the philosophy of the Martha's? By the philosophy of St. FX?

17. I am also looking at what else was happening in Canada and in Nova Scotia at the time you were conceptualizing your theory. What do you see as national, provincial or local happenings that impacted on your thinking?

18. In terms of scholarly writing in Canada in the 60s, 70s and 80s, can you think of anything that impacted your own thinking?

19. How did you perceive yourself, ie, as a theorist, over the years? (I am thinking about myself as a nurse and Anglican priest, and there is that voice inside the head that says, 'do not promote yourself ... be humble, etc.) Can you relate to this at all, and how would it have influenced your thoughts of yourself as a theorist?

20. I have heard lots of people say, 'Roach is a well kept Canadian secret—you hear about Roach from American nursing leaders before you hear about her here in Canada'. In fact, just about everyone I know who has learned about the Roach theory has learned about it from someone in the US. Why is this? What are your thoughts on this?

21. As nurses, we are aware of the predominance of US nursing theorists. I realize the implication of publishing, however there really does not seem to be much happening to celebrate the work of Canadian nurses. Would you agree with that statement? Why or why not?

22. I know that others have used your model in education and research. What is your vision for the model/theory?

Appendix VIII: Interview Guide for Interview (s) with other Study

Participants

Before the interview, it would be useful if you could spend some time reflecting on Sister Roach and what you best remember about her. During the time of the interview, I do not expect to be asking a lot of questions. Rather, I would like to listen, and allow you to express your thoughts. I may ask a few occasions for clarity, or ask you to expand on something you have said. Here are some questions that may help you in reflecting about Sister Roach before our interview.

1. When did you know Sister? What else was going on at that time in the organization? In the province or state? In the nursing profession? In health care, or in the church?
2. If Sister was your leader (or teacher) when you knew her best, what thoughts come to mind about her leadership? About her teaching?
3. When did you first learn about Sister's caring model? How would you describe this approach to patient care? to people in relationships?
4. Did Sister influence any decisions you've made in your professional or personal life?
5. If you have been mentored by Sister Roach, can you describe this mentorship process?
6. If you worked with Sister Roach, how was your work relationship? How did Sister Roach present her views? What kind of colleague was she?
7. Has your nursing care been impacted by Sister's model/theory? How?
8. In your opinion, how does Sister's work inform nursing ethics/ how does it inform spiritual care giving?
9. What are your views on spiritual assessment. Do you (or have you in the past) conducted spiritual assessment on your patients? Can you see the development of a spiritual assessment tool coming from Sister's work?
10. Sister was involved with developing the first Code of Ethics for nursing in Canada. Were you a nurse in Canada at that time? What do you know or remember about the reaction to her work?

11. Sister talks about whole person care. She was writing at a time when there really wasn't much being said in the profession of nursing on whole person care. What are your thoughts on that?

12. How do you perceive Sister Roach, ie, as a theorist?

13. I have heard lots of people say, 'Roach is a well kept Canadian secret—you hear about Roach from American nursing leaders before you hear about her here in Canada'. In fact, just about everyone I know who has learned about the Roach theory has learned about it from someone in the US. Why is this? What are your thoughts on this?

14. As nurses, we are aware of the predominance of US nursing theorists. I realize the implication of publishing, however there really does not seem to be much happening to celebrate the work of Canadian nurses. Would you agree with that statement? Why or why not?

15. What do you think has been the most important contribution of Sister Roach?

16. Tell me about 'Sister Roach, the person'. How would you best describe Sister's personality?

Appendix IX: Estimated Expenses for Research Project

Note that figures are estimates only.

Approximate Date	Activity	Estimated Cost
Winter/Spring 2011	Travel to Nova Scotia (at least 3 more times) St. Francis Xavier University Archives College of Registered Nurses of Nova Scotia The 'Casket', Antigonish Newspaper Meet with James Cameron, Historian Interview Sisters at St. Martha's Motherhouse Nova Scotia Nurses Union Flight to Halifax Bus from Halifax to Antigonish Accommodations	1,800.00 180.00 800.00
Winter/Spring 2011	Travel to at least 5 Canadian/American locations to interview participants/searches Flights Accommodation	4,000.00 1,850.00
Winter/Spring 2011	Cost of Transcription of Interviews	1,500.00
Throughout	Books, photocopying, other materials/expenses	800.00
Throughout	Telephone costs	500.00
		11,430.00

ⁱ Presentism is the philosophical doctrine that only events and entities that occur in the present exist. According to presentism, events and entities that are wholly past or wholly future do not exist at all.