

## Transcript of Interview with Sheila Rankin Zerr – Adjunct Professor at the UBC School of Nursing.

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This interview was conducted as part of a Professional Experience Project in the UBC iSchool by M.L.I.S. candidate Allison D. Sullivan. It is intended to draw attention to a collection of oral histories collected regarding early nursing history in the province of British Columbia.

Interviewer: Great, so my first question is sort of, can you describe the oral history collection little bit?

Sheila: Right, well, the oral history collection was started in the 1980s, 1985 probably the original ideas were brought forward and by 1987, it was well underway. We were celebrating the 75<sup>th</sup> anniversary of the Registered Nurses Association of BC. So the powers that be wanted to have some memorial type of significant milestone to show that, you know, this was the 75<sup>th</sup> anniversary. So that's when they started the oral history collection.

I: Perfect. And how did you decide that oral histories were the item that you wanted to collect?

S: Well, I think, you know, the original committee focused in oral histories because there was many nurses and they were quite aged at the time, and they knew that that was the one thing they could cope with. That they could go out and talk to them and pick up their voice and pick up their experiences by oral history. I think really that was the basis of capturing these stories, just to make sure that the stories lived on.

I: So it was an accessibility issue as well?

S: Absolutely, right. Again, somewhat of a time constraint because they wanted to catch a lot of these people before they died and that's exactly what they did.

I: And how did they decide on interview subjects?

S: On interview subjects, and again, I've got this material here for you, so I will leave it with you, but what was B.C., so they decided that a nurse whose basic nursing education took place in B.C. Or a nurse who graduated elsewhere, but had nursing experience in B.C., or the other criteria: a nurse who was a significant, who has significant and interesting topics to relate about nursing in Canada. So, you know, they broadened it a little bit to Canada, but really the main focus was B.C. Nurses. That had made a significant contribution to the history of nursing.

I: And so the project contacted those nurses?

S: Yeah, a letter went out and it went out from the president of the Registered Nurses Association to say they were initiating this project and to ask for suggestions or for anyone that was interested. And then the committee would take that and then they sent out a letter to say that we are interested in recording your history. So that's the way they selected the subjects.

I: When the interviews were collected, what was the process behind interview collection? What kind of technology was used?

S: Well, we did oral histories, of course, and most of us, the only technology available was tape recorder at that time. They also called out for people who'd be interested in doing the interviews. So many of us that were here and interested, then we signed up. And in signing up, then you had to go and take a course; some orientation courses. I think it was two or three days we had to get oriented. This is the book that we used and it is called *Voices: A Guide to Oral History* and it's from the Province of British Columbia. It was the Archives of British Columbia. One of the archivists came over and explained it all to us and taught us what the best procedures were. So we all took this orientation course. So that's kind of how we were prepared. There was a lot of documentation, though. Nurses have to have procedures and you have to have documentation. So there was a lot of that involved. So that's what we had. We had our criteria. First of all, what the committee would do and what their role was, and what the interviewer would do and what their role was and exactly what forms they had to fill out. So it was quite an intense orientation system to get us on board.

I: Did they teach you to use the technology in that orientation as well?

S: Yes. And some of them were better than others and sadly some of the interviews were lost because they didn't master the technology that well. We had tape recorders and we had to use mics because many of the older, the really elderly ladies, their voices had become very soft and so we actually used mic-ing into the tape recorder. Some of us maybe were better at it than others because our interviews became a lot more clear. But some of them unfortunately, even some of the tapes had to be discarded because the mastery of the technology wasn't that great.

I: And analog technology can be difficult to do.

S: I guess, well, now a days, compared to... We thought the tape recorder was difficult, well, look what you're using!

I: How did you secure permissions and rights for the interviews in the documentation?

S: That was a very important part of it. We had to... the letter would be sent out to them that they had been chosen and then what we would do is tell them that they'd been assigned to the interviewer. And the interviewer would then call the interviewee and establish a bit of a relationship with them. They would go out for an initial visit. And we also used a history form so that we had some historical pertinent facts that we were looking for. Again, this documentation shows you the type of subject areas we were really interested in and wanted to gather stories around those particular areas. So we would set up the interview with the person, have them fill out the history form which I found very, very helpful when you got into the interview. So the next time we would visit, we would go and tape the actual interview. But by that time, they had filled out the history form and they knew what we were interested in. And so that was very helpful. I have used that format a lot in all my oral history recordings that I have been doing since then; making sure that they fill out that kind of profile and history form because for some of them, they could just speak it off the top of their head. Nurses are very reluctant to come forward or to push themselves forward and they'd often say 'Oh, well, what I've done is not important at all.' But we get them to fill out this history form and then we'd just say to them 'Come on, now, look at what you have done.' And then, that would be a wonderful way to get them to enlarge on that. So that was the way.

I: So the interviews, were they structured in a series of set questions or did you just kind of have a conversational style, letting people go.

S: Other than to have these topics that kind of guided you, but no, they were mostly just free and easy. Again, as I say, I tended to use the biographical historical form because it did give a certain structure and you didn't wander all over the place. Then there was some semblance of order to the interview. Didn't always happen, you know. Couldn't always control the interviewee, but we tried. You were asking about the consent, yes?

I: Yes.

S: And I have a copy of the consent for you. So you can see the consent that we used. This was for the original project and after the original project was completed, the history of nursing group – we'd already formed, there's a history of nursing group - we formed an oral history committee and we picked up on the work that the CRNBC had done and we then started doing our own interviews and adding to the collection. So a lot of the added collections, not nearly as many as were done on the early project, but certainly we added to it. And we did revise the forms, so you can see some of the revisions are here. Sadly, we did not, couldn't look far enough ahead to look at digitization, so the consent forms are very basic about that. But releasing all rights to CRNBC. So they have released all rights to CRNBC to use the materials.

I: Oh, okay, then digitization shouldn't be too much of an issue.

S: I hope not. I just hope not, because the way they stand now, hopefully that's won't be an issue.

I: And are there any memorable characters you interviewed or challenges you can remember facing?

S: Oh heavens, probably one of my biggest challenges was with a doctor – Helen Mussallem – she has just passed away in this past year. But she was an incredible leader, an international leader, and she ended up being the president of the Canadian Nurses Association and really putting nursing on the map internationally. So I was assigned to do her interviews and I actually had to do seven tapes with her. So there was a huge wealth of information in those tapes. And it was most enjoyable – as a matter of fact, for one, she would come out here for the summers so I could get some of the taping done here, but I actually had to go to Ottawa, she lived in Ottawa, and had to do some of the taping in her apartment in Ottawa. But I formed a wonderful relationship with her, so it was very very interesting to have the honor of taping these outstanding leaders that we've had. And some of the stories that came out, some of them were very humble. The stories that really fascinated me were the stories of nursing in the north, and I realized what a frontier and what an incredible history, Canadian history, that is for people that went up north and served in the north. Didn't help that I was married to a mounted policeman and I knew that many of the mounted policeman went up there. And often the mounted policemen were the ones who pushed the way and the nurses' stations would follow the RCMP detachments. But those were incredible stories. And that's why, to this day, I'm still doing oral interviews on nurses, especially nurse/Mountie relationships and what they did in the north. The stories are just amazing. Probably the most amazing that I've been able to record in my career.

I: That sounds fascinating. I'm a daughter of mining people, so I know about the north.

S: You must, and you know how unique that history is.

I: It's fascinating for sure.

S: And I don't think Canada pays enough attention to it. I really don't. As I say, I keep chipping away at it, but it is an incredible story of the people who went north.

I: Leanne has noted that nursing as a profession has a lot of people that are very passionate about the history of nursing. This passion is sometimes not present in other professions – can you talk a little bit to why nurses – is this something you've noticed as well?

S: Oh, definitely. As a matter of fact, I have written and published in this area mainly because I was one of the nurses that went to the three-year hospital program and of course that's where you get the passion and the sisterhood. Those of us that did train in those hospital programs, we survived with each other. We couldn't have survived without each other. It was hard, it was tough, we were young 18-year-old naïve girls who got thrown into these heavy responsibilities. And not always the nicest people that were overseeing us. Some of the old, we called them 'war horses, the head nurses and whatnot, they didn't make our life easy. There were good ones too, there were wonderful ones. Same with the doctors. The doctors could be very hard on us, but there were always those two balanced the scale. But because of the hardships that we faced in those three years, we provided the labour force for the hospitals. You took responsibility as a second year and a third year student that are incredible. You were in charge of the wards, there was no intensive care, so we had very very acute to our patients that we were responsible for. So as a result, I know that is the reason why we formed that very tight sisterhood. What I call the sisterhood. To this day, we still have lunch together – my class that graduated in September 1957 – we still get together for lunch every year. And those relationships were so incredible. So I have done a little bit of study on that and I did publish a paper on that sisterhood that was formed. That's why that very passionate relationship – and no other, even the teachers and whatnot. The mounted police, maybe, I mean, I've seen that with the mounted police and my husband has very very closely associated with his classmates. They suffered a lot together too and they had to survive a really rigorous, tough, and difficult training program. So that formed the relationship and the passion, and I really believe that. The paper that I published in was a Canadian medical journal of history. One of my historian friends – and she's a historian at Vancouver Island University – uses that paper in her history course as a study on that passionate sisterhood that was developed. So to me, that's the basis of that very very deep relationship. I don't see it happening anymore. To a degree, it is, but not to the same degree with the education system being in the college or university systems. They don't have that, they didn't live together. We had to live together! We had to live in those nurses residences. When we went out on dates, the director of nursing or the matron, she lived in the residence with us and if we got caught coming in the drive way and kissing our boyfriends goodnight in the driveway, we had to go directly to the matrons office and explain to her our disreputable behaviour! So you can understand that living together for three years and surviving together for three years, it formed a very deep, deep bond.

I: And you equate the bond to wanting to know the history behind it and keeping that alive?

S: Yes, and also keeping the history alive. I think that's why most of us are so passionate about keeping that era of our history alive. The uniforms, you know, like I go out now and do historical lectures on professionalization in nursing. And what the uniform did to establish the professional image. And the student love to dress up in the caps and the aprons and the capes

and all that sort of thing. They just love it. But for us, that was a very important part of our history that we're very, very proud of. The image of the nurse was something that was really very important to us. To me, that's the passion.

I: That's fantastic. My last questions sort of surround the collection as it currently exists. The oral history collection is an absolutely fascinating wealth of knowledge, it seems. I think that these stories are so important to be kept, to be shared, especially. So where is the collection currently held?

S: The collection is currently housed at what we call the CRNBC because the Registered Nurses Association, because of legislation, ended up having to be a college and looking after standards of practice. So the scope was narrowed down. But they were the ones, they are the keepers of that early collection. Now the collection after the change in legislation in 2005 meant that the history of nursing, those collections that we were doing, the continuation of the oral histories, that's now in their jurisdiction. But up until 2005, all those tapes belonged to the College of Nurses. So they're of the keepers of the collection and I agree with you. It's a wealth of knowledge. And because I was in on the first part of the collection, because I did many of the interviews and I continued many of the interviews through the years, I consider it an absolutely invaluable source of historical data on early BC medical history, nursing history, healthcare history, school history, public health, hospital administrators, and every branch of the nursing profession. Those early tapes have many of the early foundings and programmes and the role of the nurse and how it's changed. It's changed considerably since those days. But that's why that is so important and people like Helen Mussallem and our leaders, Beverly Dugone, they're gone now. But their immense contribution to the advancement of nursing as a profession, that's what's captured in those tapes and that's to me why they are so very, very important. But as I say, it's CRNBC that has the jurisdiction of most of the tapes. And I have a listing of the tapes here for you if you want to take a look at that. And you can see that a lot of the early tapes were done up until the history of nursing took over. It was right around 130 – 150 tapes that were done in the original collection and then the collection from there on, there's probably another perhaps 50 tapes that we have done since then. The real push was they had paid help – they hired someone to manage the project. So it had a lot of weight and finances behind it. So that's to me why the major part of the collection is those tapes up to 2005 that are the jurisdiction of the CRNBC. And they're the ones that now were very, very anxious that they fall into the right hands because what's happening with the CRNBC library – it's being downsized. So those tapes are now... Joan Andrews of the CRNBC library, she's very aware of the value of these tapes and she's going to make sure that whatever happens to them – they fall into the best possible hands. I certainly hope that we will be able to work with UBC and make sure that they're into the collection here and digitized into your collection. If we can cover some of the hurdles and consent things that are an issue that have to be dealt with.

I: So that's your ideal future for the collection? To see it used for what purposes?

S: For graduate studies. Now, at the School of Nursing, we have a very active History of Nursing faculty member and members. So the History of Nursing, the graduate students are doing Masters, they're doing PhDs in history under Dr. Geertje Boschma's wonderful leadership. To me, that's where our future lies. In the technology – we have to acknowledge that the technology has given us this. So I only hope and pray to God that's where it ends up.

I: Well, thank you so much for taking the time to talk to me today.

S: Well, Allison, thank you for your interest! I am just so delighted to share this with you. And like I say, hopefully we'll work together and eventually we'll be successful in getting these oral histories into the hands of researchers with your help.