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## Developing Nursing Scholarship and Research: The Innovative Leadership of Margaret Scott

Wright, 1946 - 1985

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### ABSTRACT

Life history is a powerful methodology and framework to analyze and interpret events and changes in nursing's past. The life history and innovative leadership of Margaret Scott Wright, nurse leader first in the United Kingdom and then in Canada, illustrates how in the 1970s and 1980s nursing scholarship and research grew in importance. Through her personal recollections and supportive documentary evidence we can learn how nurses in the post-World War Two era pioneered new roles in clinical nursing, education, and research. In the process they linked the three into new scholarly endeavors and academic nursing pursuits. The need for more and better educated nurses in post-war health care forged a stronger link between nursing and the university, generating new leaders in nursing scholarship and research. Margaret Scott Wright was one of the first among them.

Keywords: Life history, biography, nursing research, nursing scholarship, leadership

### RESUMO

A história de vida é uma poderosa metodologia e um quadro para analisar e interpretar os acontecimentos e as mudanças no passado da enfermagem. A história de vida e liderança inovadora de Margaret Scott Wright, primeira chefe de enfermagem no Reino Unido e no Canadá, mostra como na década de 1970 e 1980 os financiamentos e pesquisa de enfermagem cresceram em importância. Através de suas lembranças pessoais e as provas documentais de apoio, podemos aprender como as enfermeiras Pós-Segunda Guerra Mundial foram pioneiras nos novos papéis na enfermagem clínica, educação e pesquisa. Neste processo, elas agregaram novos desafios acadêmicos e atividades acadêmicas de enfermagem. A necessidade de mais e melhores enfermeiras na saúde pós guerra forjou uma forte ligação entre a enfermagem e a universidade,

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gerando novos líderes de enfermagem com financiamentos e investigações. Margaret Scott Wright foi uma dos primeiros entre eles.

Palavras Chave: história de vida, biografia, pesquisa em enfermagem, liderança, financiamento

#### RESUMEN

La historia de la vida es una poderosa metodología y un marco para analizar e interpretar los acontecimientos y los cambios en lo pasado de la enfermería. La historia de vida y liderazgo innovador de Margaret Scott Wright, primer jefe de la enfermería en el Reino Unido y Canadá, muestra cómo en los años 1970 y 1980, las finanzas y la investigación en enfermería han crecido en importancia. A través de sus recuerdos personales y las pruebas documentales de apoyo, podemos aprender cómo las enfermeras después de la Segunda Guerra Mundial fueron pioneros en nuevos roles en enfermería clínica, la educación y la investigación. En el proceso, añadieron nuevos retos académicos y actividades académicas de la enfermería. La necesidad de enfermeras de salud más y mejor en la posguerra forjado una estrecha relación entre la enfermería y la universidad, la generación de nuevos líderes de enfermería con la financiación y la investigación. Margaret Scott Wright fue uno de los primeros entre ellos.

Palabras clave: historia de vida, La biografia, La investigación en enfermería, El liderazgo

## Introduction

Life history, personal recollections, memory, stories we tell, and the language we share situates us. Stories, shared in oral history, are important because they reflect how an individual is socially situated, bound by time, location, and circumstances. Simultaneously, they provide a glimpse into the unique way individuals live their life and respond to their circumstances (1-2). Social scholars have used the theatrical metaphors of life as a (social) script to describe this relationship (3-4). Although born into a certain social script, people develop their role and form their identity in a dynamic relationship to it, neither independently from it, nor totally determined by it. Margaret Scott Wright's career and life history is such a story, a unique personal response to a social script unfolding in nursing at the time she engaged with it.<sup>2</sup> The dynamic dialectic between the social and cultural "script" of social relations into which we are born, and the unique ways we interpret, accommodate to, and perhaps resist that script, forms the core focus of narrative analysis and interpretation and "storied" history (5-6).

As I have argued elsewhere, a nurse leader is able to envision something new, often as a result of conflicting personal experiences and introspective capacity (7-8). It was her personal experience as a woman and as a nurse that gave Scott Wright a deep understanding of the changes needed in nursing and provided her with the commitment and creativity to act upon that understanding when the opportunity presented itself to her. Using narrative analysis, my interest here is in examining and interpreting the relationship between language, power, and social reality in Scott Wright's personal stories (9). Language and narratives are both social and individual, mediating the relational network that binds an individual to larger social trends and circumstances. Therefore, oral history and personal recollection form key sources of historical evidence through which larger social trends can be understood. Over the last few decades, oral history and biography have obtained an important place in nursing history (10-11).

History is the discipline of context and meaning (12). Personal recollections are one possible source of evidence to be analyzed and interpreted. Margaret Scott Wright's life history and career is an example of one such powerful story. She was born and raised in the United Kingdom, choosing to pursue a career in nursing at age twenty-six. She took up her "script," accommodating to it, and resisting it in a unique way. She became a distinguished, internationally known nursing scholar, first in the United Kingdom and then in Canada. The information on Scott

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<sup>2</sup> A full discussion of the career of Margaret Scott Wright first appeared in Boschma, G. (2005), *Faculty of Nursing on the Move: Nursing at the University of Calgary, 1969-2004*. University of Calgary Press. This paper is drawn from this book and reproduced with permission from University of Calgary Press.

Wright's career is largely drawn from a videotaped interview with her in 1984 at the end of her career at the University of Calgary, done by student nurse Rosalie Starzomski, and a telephone conversation with the author (13-14). A detailed discussion of her career, based on oral history and personal recollection, forms a remarkable illustration of larger nursing trends and alterations in nursing and women's work relationships in the post-war era.

The start of Scott Wright's nursing career, in London in 1950, coincided with the expansion of health care and the increased governmental involvement with health services in the second half of the twentieth century. The demand for more and better qualified nurses was enormous when hospital construction and care expanded and became more specialized following the Second World War. New scientific knowledge and technology held enormous promise for successful solutions to problems created by disease. Better living conditions as well as the advent of antibiotics and new vaccines brought relief from the devastating impact of infectious disease. Improvement of surgical procedures and the introduction of iron lungs for the treatment of polio patients, for example, reflected not only improved and expanding technology but these and many other changes also generated the need for more skilled and experienced nurses (15-17).

Health care had a high priority in the evolving post-war welfare state, boosted by a strong optimism that health and access to good health care could be made available to all. In 1948, the World Health Organization declared that "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (18:472). State, community, and personal responsibility for reaching such a broad, and perhaps idealized goal was soon emphasized, reflected in more focused policies around health for all and primary health care. The public swiftly picked up on the message that health was a right to which all felt entitled. In many countries social and political pressure to improve people's health led to increased government involvement with health and social welfare. In the expanding hospital-based health care system that arose, the continuously turning over of a largely nursing student workforce generated through an apprenticeship-based model of nursing education became a problem and proved inadequate in meeting post-war demands for nursing expertise. Postwar health care was also characterized by a continued shortage of nurses and the question how to provide adequately prepared nurses for a new expert-based, professional health care service generated continued debate and research on the nursing workforce. The traditional feminine ideal of nursing, steeped in bourgeois gentility, that had grown so powerful during the beginning of the twentieth century, began to crumble. Nurses became more vocal, more clearly articulating nursing problems in terms of inadequate working conditions and the need for better pay (17:10-13). More married women

entered the workforce and gradually a more diverse nursing workforce evolved. It was in this turbulent context of change that Margaret Scott Wright began her career in nursing.

### **Margaret Scott Wright**

Originally from Scotland, Margaret Scott Wright earned her credentials and demonstrated her nursing leadership during the post-war transformation of British health care. In 1976, she came to Canada, taking up a position as director of the Dalhousie School of Nursing in Halifax, Nova Scotia for three years. Thereafter she became dean of the Faculty of Nursing in Calgary, where she spent the remainder of her career until 1985, profoundly influencing the direction of graduate nursing education and expanding nursing research opportunities. As outlined above, hospital expansion, rapid changes in medical therapeutics, and new demands of health promotion required a profound revision of nurses' traditional place in the health care system. Gaining access to institutions of higher education to facilitate some of these changes was a strenuous process for nurses, as it was for women more widely.

Scott Wright skilfully pioneered in negotiating such change in nursing practice and education. Her career did not start out in nursing. At the age of nineteen, it was her dream to study for a degree in history, which—after a brief secretarial career—she did fulfill. She obtained an honours degree in history from the University of Edinburgh around 1945, at the end of a devastating period of wartime. She took up a research position at a large industrial organization, where she worked for a political scientist who was the company's advisor on international affairs and post-war reestablishment of their interests around the world. Among other things, Scott Wright worked on an historical analysis of the causes of war and human reliance. Yet, her career ambitions were quashed when she realized that despite the availability of plenty of senior international and management positions in the organization, women were not eligible for them. Men could take management courses to prepare themselves for such promotions, not women. Extremely aware of the barriers gender established for her, Scott Wright began to rethink her career and turned to a traditionally powerful route for women to make themselves socially useful. Her sister, then a staff nurse and graduate of one of the London teaching hospitals, provided an influential role model:

*I knew the conditions she had faced, the tremendous [...] pressures on the student nurses and the old probation of the traditional system of nursing. I knew what problems she and her friends had confronted and how they were, but I was ..., I think I was mainly interested in that wonderful role of the staff nurse. The way they*

*were able to assume responsibility, they were able to use all of themselves and I began to think about nursing as a career that offered tremendous opportunities, even thirty years ago to women ... (13:2).*

At age twenty-six, in 1950, Scott Wright entered the School of Nursing at St. George Hospital, London, and endured the traditional student nurse system. St. George Hospital had a good reputation and the “*very young, very vital, very dynamic Matron,*” as Scott Wright recalled, was a great resource for her (13). The Matron was one of the forerunners in establishing a linkage between the regular nurse training system and Surrey University. After working some time as a staff nurse, she moved on to become a certified midwife, a usual part of the British nursing career pattern at the time. This added a grounding in public health work to her hospital experience. But the British National Health Service system, just established in 1948, soon prompted changes in practice and nursing education.

### **A new role in specialized clinical nursing**

In the mid-1950s, Scott Wright was invited to become a ward sister (head nurse) at St. George Hospital, at a new “*medical professorial unit,*” just established at the time, “*with a lot of developmental research work being done*” (13:14). The evolution of specialized, intensive care units paralleled the emergence of new diagnostic opportunities and medical therapeutics. Care demands rapidly changed as the number of acutely ill patients in oncology, coronary and critical care increased. Nurses had to know more, improve their assessment skills and make more independent decisions, yet such knowledge had to be learned on the job, usually from the doctors and in close collaboration with them, as traditional nurse training fell short of providing such preparation (15:28-29). The change formed the basis for the emergence of clinically-oriented graduate education in the sixties and seventies.

Scott Wright was at the heart of that transformation of health care while creating her new role in clinical specialization, renegotiating the traditional nurse-doctor relationship even before a new title such as that of “clinical nurse specialist” existed. She and her colleagues continuously encountered dangerous situations with patients who had life threatening illnesses:

*“I mean, deaths were common you see in that public ward. There was no cardiac. I was doing all of this before the, ... just before the cardiac resuscitation technology arrived. In fact I believe I’m right in saying that we had about the first pace maker patients in [that] little medical ward”(14).*

Her experience gave her clear insight into just how much nursing education would have to

change to assure an advanced skill and knowledge base, sufficient clinical training, and confidence in independent decision-making to meet new nursing demands. Moreover, she envisioned that the undertaking of research was another way of strengthening nurses' clinical expertise. Intermittently, Scott Wright would come back to nursing administration and practice, drawn back into the hospital practice environment in which she liked to work. In 1962, she became deputy matron at St. George Hospital and, about a year later, she became the Director of Nursing at the Middlesex Hospital, another large teaching hospital in the heart of London, supporting the evolution of clinical nurse specialist roles and linking the hospital school, including 600 nursing students, with some of the University of London colleges. She actively participated in national nursing politics and in international work within the International Council of Nurses (ICN), electing her vice-president in the seventies.

### **A new role in nursing research**

Scott Wright experienced the most challenging moments in her career through her innovative role in the evolution of nursing research in British academia. Like North America, Britain had to face the fact that the difficulty of recruiting and retaining a capable nursing staff seriously hampered post-war hospital expansion and implementation of the National Health Service (19:2). Despite repeated documentation of serious flaws in basic nurse training, political commitment and resources to drastically reform nursing education were lacking. Already before the war, in 1939, Gladys B. Carter, an economist and nurse from Britain, published "A New Deal for Nurses," advocating for reform of British nursing education, in similar ways to the Goldmark Report (1923) in the US and the Weir Report (1932) in Canada. Carter became a key leader in the establishment of Britain's first academic nursing unit, the Nurse Teaching Unit, eventually renamed Department of Nursing Studies, at the University of Edinburgh, in 1956, with funding from the Rockefeller Foundation. Just three years before, in 1953, Carter became the first recipient of a new Research Fellowship in Nursing, made available *for a nurse* through collaboration between the Royal College of Nursing, Scottish Branch, and the University of Edinburgh Faculty of Medicine's Department of Public Health and Social Medicine, funded by the Boots Fine Drug Company. For her research, Carter reviewed the Royal College of Nursing's Nurse Tutors' Course, leading to a certificate for nurse educators from the University of Edinburgh. In many ways, the British situation paralleled developments in North America, where early nursing research initiatives focussed on the study of nursing's staffing and educational problems (19-21).

Around 1956, however, Carter experienced ill health and problems of aging and had to give up the fellowship. With few nurses around with the sufficient credentials, Scott Wright, an honours graduate from the University of Edinburgh, was approached for the position. It was a difficult decision and only with great reluctance did she give up the clinical leadership position she tremendously enjoyed. She joined the Faculty of Medicine in Edinburgh, since the fellowship belonged to the Department of Public Health and Social Medicine. A distinguished medical professor, *"a brilliant researcher,"* Scott Wright recalls, became her chief, *"And there I was [...] I was told, I wasn't asked, [that] I should study the subject of characteristics of successful and unsuccessful student nurses in Scotland, you know, [of] whom there were five or six thousand, and to get a study going"* (13:16). Profound doubt and uncertainty plagued Scott Wright, as she had to face such a seemingly insurmountable task: *"I'd had no research training, I didn't know one end of a question after another, and I, the loneliness, can you imagine [...]"* (13:16). Her previous role provided her with status and prestige, *"my role there had been demonstrating nursing care, managing nursing care, [...] working with all of these doctors, coping with nursing education, you know and there I was, [these medical professors] had never had a nurse in their midst and I didn't know anything [...] I nearly didn't succeed"* (13:17). Her medical colleagues were not particularly receptive to the idea of a nurse researcher. The medical faculty bluntly refused to take in the new nursing studies unit, which was then placed in the School of Arts, with the Department of Education considered an appropriate resource for nurse tutors (19:10-11). Eventually, Scott Wright networked with a research team of medical sociologists and epidemiologists engaged in medical sociological studies, who helped her to develop her methodology. Her experience confirmed the broader picture of the challenges of nursing's socialization into academia. Both as a woman and as a nurse Scott Wright embarked on new, unfamiliar terrain. Linkages with social science proved an important resource for nurses in establishing their identity as nurse scientists, while simultaneously disentangling themselves from traditional medical control (22).

### **Obtaining a doctoral degree**

Within a year of her arrival, Scott Wright had launched a cohort study with about two thousand beginning nurses from across Scotland. The experience made Scott Wright keenly aware of the importance of interdisciplinary linkages for nursing. While she did this work, one of the prestigious hospital nursing schools in Scotland started an experimental nursing education program, modelled after a similar example of one of the first Canadian experiments with college education for nurses - the Metropolitan Demonstration Training School for Nurses in Windsor,



Ontario, which the Canadian Nurses Association maintained from 1948 to 1952. The British Nuffield Foundation funded the Scottish experiment. These experimental schools formed part of the broader lobby to move nursing education into the regular education system. Scott Wright became part of the government committee to evaluate the project and combined the two data bases, her own and the one of the evaluative study (17:21-22, 19).

Scott Wright was one of the first nurses in Britain to earn a doctoral degree. Yet she first had to carve out that permission from university officials dealing with graduate studies, once she found that, based on her previous degree, and her engagement in the study she was undertaking, the university regulations allowed her to register as a doctoral student. Having successfully convinced the officers at the University of Edinburgh to allow her to do a doctorate, she obtained a PhD degree in 1961. The next year, she went back to London, to become deputy matron at St. George Hospital and, as indicated above, about a year later, she became the Director of Nursing at the Middlesex Hospital, a large London teaching hospital. Scott Wright profoundly enjoyed the clinical work and contribution she could make to the innovation of nursing education in that role. However, when Elsie Stevenson, the first director of the nursing studies unit in Edinburgh, died unexpectedly in 1967, Scott Wright succeeded her in 1968. Again, reluctantly, almost sadly, she gave up her position as Matron of the Middlesex Hospital for a pioneering role in academics (13-14).

### **Leading the development of nursing scholarship**

By 1968, the nursing unit at Edinburgh had evolved into a small baccalaureate program in the Social Sciences Faculty, including an international nursing program connected to the World Health Organization. Based on her clinical experience, Scott Wright considered clinical research a key resource for the evolution of clinical nursing expertise and the exchange of ideas and information between academic and service nursing personnel. In 1970 she secured funds from the Nuffield Provincial Hospitals Trust for a broad experimental project, involving four nurse research associates. Initially the researchers held clinical responsibilities for patient care, although expanding teaching duties limited such initiatives over time (19). Among other goals, the project intended to examine and evaluate patient care in the hospital and community, and to facilitate information exchange between academic and nursing staff. The researchers did not find it easy to obtain support for these initiatives within a National Health System that underwent perpetual restructuring and management reform to meet continuously expanding service demands, which limited the project's success to some degree. Yet, as Rosemary Weir, in her history of the

Department of Nursing Studies observed, the project: “enhanced relationships between academic and service personnel. The ‘ivory tower’ image [of academia] was dispelled; [students] appreciated the support of joint-appointment lecturers and it had been possible to monitor their performance. [...] useful insights had been gained about the application of research in clinical settings” (19:32). It was in the midst of these transformations that Scott Wright formulated many of her ideas about how graduate studies in nursing should evolve, which she eventually employed in the development of graduate nursing education during her tenure, first as Director and then as a Dean of nursing in the two Canadian universities.

In 1971 Scott Wright received a seven year government grant to initiate the Nursing Research Unit, the first of its kind in an academic setting in Europe. Lisbeth Hockey, its first director, who also had obtained a doctoral degree, developed a strong program in clinically-based and service-oriented studies. Soon, Master’s courses would be implemented, replacing the traditional certificate courses. By 1971, Scott Wright became the incumbent of the first Chair in Nursing Studies in Europe (19:30). Economic recession dogged the political climate in which Scott Wright had to operate in the early seventies and securing funds for a much needed increase of faculty was a nagging problem (13:27). It can easily be imagined that securing the necessary trust and support from outside parties for nursing’s new academic endeavours as well as overcoming mixed responses from within the profession made her work arduous and complex. Continuously working in the midst of limited resources may have been a key factor in motivating Scott Wright to seriously consider an international move.

### **International leadership**

In 1975 Dalhousie University in Halifax, Nova Scotia, Canada, approached Scott Wright to consider a post as Director of the Dalhousie School of Nursing. Immediately, she was quite tempted. Through her work in the ICN, Scott Wright knew many Canadian nursing leaders, such as Helen Carpenter, faculty at the University of Toronto, Helen Mussallem, the executive director of the Canadian Nurses Association, and Shirley Stinson from the Faculty of Nursing at the University of Alberta. Carpenter had invited her to give a lecture and vice versa (13:26-27). Scott Wright had been offered an international post once before. In 1961, she toured places of nursing excellence in the United States, working with the Division of Nursing of the Department of Health Education and Welfare in Washington, DC, on a Rockefeller Foundation fellowship. The rapid expansion of academic nursing in the United States and the ample federal funding available for nursing in the US at that time impressed her profoundly. While there, the University of Washington School of

Nursing offered her an assistant professorship. Although tempted, family obligations and a sense of commitment to British nursing made her decide to return to her country of origin (13:21). Yet, when the call from Dalhousie University came, Scott Wright's personal situation had changed. Moreover, the limited financial support in post-war Britain for academic nursing initiatives, as well as the hard struggle to establish an academic nursing unit in what was at times an unreceptive, gender-biased environment, probably had affected her. This time she made the move; a decision which provoked disappointment among of her British colleagues. Although the move instilled ambivalence and, at points, feelings of guilt in her, she greatly enjoyed Canada and the opportunities in Canadian nursing, where a slow increase in political support and funding for academic nursing just began to show some results (23). It seems likely that Scott Wright's connections with the international community of nurses were of crucial importance to her decision. Since its beginning in 1899, the ICN constituted an enduring resource for nurses around the globe. Despite political upheaval, war and economic depression, it persisted as the first professional organization founded by women. For nurses prompted to take leadership roles, international nursing contacts undeniably served to transcend the often hassling day-to-day reality of nursing politics. For decades, international friendship, collegial support, shared experiences, enthusiasm for each other and for "the international idea of nursing" formed the "glue" that created and sustained the ICN (24: xiv). What seemed at points a daunting and discordant task at home—establishing nursing standards, reforming nursing education, defining the meaning and nature of professional nursing and education, securing state protection, and finding common ground and identity in improving public health—was seemingly surpassed in a common cause and uniting force if shared in the spirit of internationalism. The international community was a significant source of professional acknowledgement for nurses fighting many battles for professional authority within their national contexts (24). Scott Wright likely felt such recognition when she moved to Canada; it was also a valuable opportunity to spend some time with her international nursing friends.

Yet, Scott Wright may have given up a lot by coming to Canada. Her desire to move academic nursing forward may have been challenged at Dalhousie University. Although opportunities for expansion of nursing research—which was so close to her heart—were promising with a graduate program starting in 1975, other promises, such as providing a long overdue new building, did not come through. Moreover, the nursing faculty at Dalhousie had been struggling to come to a unified focus for some time and links with service agencies to facilitate clinical-focused research were not readily available (25). These factors may have contributed to her decision, in

1979, to accept a post as Dean of the Faculty of Nursing at the University of Calgary. It also allowed her to closely work with her friend and colleague Shirley Stinson. Cooperation between the two would prove pivotal in advancing the nursing research agenda in Alberta. Yet, seemingly the most attractive factor in accepting her new post was *“to finally have some money to do something”* (14). The University of Calgary had money available to develop graduate studies in nursing and further nursing research, objectives that Scott Wright saw as crucial for the future of nursing education.

### **A new post in Calgary**

In the seventies, Alberta was the wealthiest province in the country, resulting from enormous oil revenues. The rising oil prices that constituted an economic crisis in Europe in the early seventies meant a boost for Alberta’s economy. Educational and health care institutions greatly expanded their services in those years, because of increased government funding. Before agreeing to take up her new post, however, Scott Wright carefully used her negotiating power as an incoming Dean and clearly outlined to the President her perspective on the need for further investment in nursing education. Coming to Calgary would only make sense for her if the university established a graduate program in nursing. Based on her previous experience, she had very specific ideas about the future direction of nursing education, research, and its link to practice. Graduate studies were urgently needed for expanded roles in practice, she believed, and essential in nursing’s continued academic development.<sup>3</sup> Being assured of the university administration’s support, Scott Wright took up her position in September of 1979.

She immediately set to work to expand the Faculty’s academic effort. The approval of a graduate program was the first major task ahead. A Faculty of Nursing Master’s program planning committee had already submitted a revised draft for the program to the University’s Faculty of Graduate Studies in April 1979, but still, numerous comments from that Faculty’s Ad Hoc Committee had to be addressed. There likely was some hesitance in the wider university to support a graduate program in nursing. In straightforward terms, Scott Wright encouraged faculty to meet the challenge and staffed the planning committee with some new members and joined herself as well. A year later, the General Faculties Council approved the program, which the Board of Governors confirmed. The Alberta Department of Advanced Education and Manpower decided favourably about funding. As a result, the first eight Master’s students enrolled in the new course-

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<sup>3</sup> Faculty Council Minutes, 17 October 1979, University Archives, University of Calgary (here after cited UARC), 93.054, file 6.03.

based program in September of 1980, which had a strong emphasis on preparing nursing for advanced practice roles. Many new faculty members also joined, and connections with other university nursing programs expanded.<sup>4</sup> Strong links between research, clinical practice and advanced education were highly valued and encouraged by Scott Wright.

Pressure to expand the undergraduate program also preoccupied the nursing faculty. Applicants always outnumbered eventual admissions to the programs. The demand for baccalaureate nursing education in the province was substantially larger than the Faculty could possibly accommodate. In the country at large various nursing groups lobbied for the baccalaureate degree as the minimal entry to practice, but this would remain a source of continuous political controversy over nursing education. Eventually, Scott Wright and a small group of faculty joined in the preparation of a plan for an articulation pilot project, in which non-degree (diploma) programs in colleges and hospitals could articulate, that is, be connected to degree programs in universities, in such a way that all students would have access to the baccalaureate degree and be able to obtain that degree in about four years of education. Having been Director of Nursing of a large teaching hospital herself, Scott Wright had an informed insight into the complexity of university-hospital relationships, especially regarding nursing matters. This project formed the beginning of a long term strategy to negotiate an articulation agreement for baccalaureate education in Calgary.

### **Furthering a research agenda**

Scott Wright strongly supported expansion of nursing research activity at the University of Calgary. Such expansion added a new dimension of competition to the academic experience which was in many ways new for a largely female faculty that had started out with a primary focus on educational program development and teaching.<sup>5</sup> While in many university faculties and academic departments, new female faculty struggled to overcome gender barriers and exclusion in fields that traditionally had been dominated by masculine culture (26-32), the challenges nursing faculty members experienced had more affinity with women's academic role in traditionally female dominated fields such as teaching, home economics, and nursing itself (28, 33-35). The gendered nature of the larger institutions in which academic nurses had to build research capacity shaped and structured their experiences. Like home economics or household science, nursing was not

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<sup>4</sup> "Research and Development Annual Report," Attachment III to the Faculty Council Minutes, 18 May 1983, UARC 93.054, file 6.03.

<sup>5</sup> I thank faculty member Sandra Tenove for furthering this perspective for me.

necessarily or easily granted the status of a science of “sufficient merit” and gaining access to funding sources was an extremely difficult task. Resources for nursing research capacity had to be created and funding had to be lobbied for. Both University of Alberta and University of Calgary nursing faculty members provided key leadership in gaining public support for nursing research in Alberta. Most influential in securing provincial funding for nursing research was nurse leader Shirley Stinson, then Associate Dean of Graduate Education and Research at the University of Alberta. She “moved into action” when she learned that the provincial government was about to allocate substantial funding for medical research (36:4). In late 1979, Alberta Premier Peter Lougheed had moved the second reading of Bill 62, the establishment of a \$300 million Alberta Heritage Foundation for Medical Research (AHFMR). Nurses immediately questioned the exclusive focus on medical research to ensure the quality of health services. Stinson urged the government to include nursing and health services administration research in the mandate of the Alberta Heritage Foundation of Medical Research, established in 1980.

Scott Wright also encouraged the government to rethink this Bill. In a letter to Premier Lougheed, Scott Wright proposed her far-reaching view that successful medical care and nursing care were mutually dependent. She explained to the Premier that it was too restrictive to narrow health research down to medical research alone and stated that “the effectiveness of major advances in medical science will be greatly diminished” if nursing was excluded. Employing her experience in establishing the Nursing Research Unit at Edinburgh University in Scotland, Scott Wright emphasized how modest government funding for nursing research had favourably influenced the growth of nursing research in Britain. She wrote that a \$250,000 grant had “expanded the scientific base of nursing knowledge and [...] also brought about the development of multi-disciplinary research of benefit to patient care.” She strongly urged Lougheed to allocate part of the \$300 million, even only a small sum of perhaps one million dollars, for nursing research.<sup>6</sup>

When the government disappointed these wishes, nurses continued to lobby the government for an initial infrastructure for nursing research. June Kukuchi, nursing faculty member at the University of Alberta and chairperson of the Alberta Association of Registered Nurses research committee joined Stinson in her lobbying effort as well as numerous others. In Calgary, Margaret Scott Wright, with colleagues Janet Ross Kerr and Colleen Stainton boosted Stinson’s initiative. Jointly they gathered substantial political support for proposing a provincial

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<sup>6</sup> Scott Wright to Lougheed, 3 January 1980, UARC 93.054, file 10.03.

Alberta Nursing Research Institute.<sup>7</sup> In March 1981, the provincial government responded positively to the nursing lobby, and established a nursing research fund of one million dollars for a five year period. The government clearly saw it as an attempt to also address longstanding nursing workforce issues, and emphasized the opportunity to investigate: practices of nursing care delivery; innovative nursing education systems; the retention of nurses in the nursing work force, and the changing role of nursing in Alberta's health care system. The themes reflected long standing issues within the nursing profession, which the government sought to ease. The late seventies was "a period of turmoil and unrest in the profession. There had been a number of strikes in Alberta and the government needed to show that it was dealing with the problem," Ross Kerr remembered (36:2). Yet, the academic nursing community, eager to enhance graduate studies and much needed research in nursing, received this new research fund with great enthusiasm and excitement. The new funding meant an enormous boost for Alberta nurses' research efforts.

Scott Wright also supported her colleague and friend Shirley Stinson to lobby for the establishment of a PhD program, which seemed the logical next step to advance nursing's research agenda. The appointment of Jeanette MacPhail as Dean of the Faculty of Nursing at the University of Alberta in 1982, who had, for ten years, been Dean of Nursing at Case Western University in Cleveland, Ohio, which had a strong graduate program, was a pivotal moment to move this agenda forward. "By their very nature, graduate programs are research programs [...] that should be used to improve nursing practice," Stinson pointed out (37:1).

Keenly aware of the invaluable experience of Scott Wright in this regard, Stinson made a point of having the Faculty of Nursing at the University of Calgary involved as well. Because of her grounding in the British model, Margaret Scott Wright had very creative ideas on how to enhance an agenda for doctoral studies that fit Canadian academic culture and she helped me to shape my ideas, Stinson remembered.<sup>8</sup> Scott Wright strongly supported joint planning towards a PhD in Nursing and a joint Task Force was struck.<sup>9</sup> The joint planning for doctoral studies and the participation in the Alberta Foundation for Nursing Research favourably affected the evolution of graduate studies and research in nursing at the University of Calgary. Scott Wright, however,

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<sup>7</sup> Alberta Association of Registered Nurses. "Toward a Blueprint for the Development of Nursing Research in Alberta." Unpublished document. February 1981. Faculty of Nursing Files. Dean's Office. Alberta Nursing Research Institute file; U of A and U of C, "Two Alternative Models," Faculty of Nursing Files. Dean's Office.

<sup>8</sup> Stinson, Shirley. Personal communication with author, 15 March 2000.

<sup>9</sup> "Notes on Meeting of U of A and U of C Faculty of Nursing Representatives to Discuss Collaborative Nursing Research Development Activities, With Special Reference to PhD Program Development—October 20, 1983," Faculty of Nursing files, Dean's Office, Vol. I and II, U of A and U of C Proposed Doctoral Program, 1983-1984.

retired from her position at the end of her term in 1985. Despite her commitment, she did not have the energy to go for a second term. Having been leader of a nursing faculty for the third time in a row, first in Edinburgh, then in Halifax, and now in Calgary, each time facing major challenges in establishing Master's education and research and encouraging the development of a scholarly climate for nurses that fit with the broader university and clinical community, she felt she just could not continue (14). Although Scott Wright would not stay on to see the fruit of all of the initiatives, her experience and expertise clearly had marked her stamp on these developments.

In 1989, as her successor moved into another university position, the Faculty of Nursing welcomed Margaret Scott Wright back in their midst one more time. She returned for one year in the capacity of Acting Dean. This short second term also marked the twentieth anniversary celebration of the Faculty of Nursing at the University of Calgary. Margaret Scott Wright—having lived through the growth of academic nursing as much as she had helped in establishing it—seemed the right person to sensitively comment on the growth of academic nursing and the Faculty's accomplishments more specifically, never failing to disseminate her excitement and enthusiasm about nursing's important role in health care services and patient care.

### **Conclusion**

The relational network of which Scott Wright was part provided her with unique opportunities to make a difference in nursing. She was a keen leader who could imagine something new, critically aware of the change needed in nursing. Her career and powerful leadership symbolized the larger social changes nursing as a professional and academic field experienced in the dynamic and rapidly changing health care environment of the late twentieth century. The expansion of nursing research and graduate education was closely linked to the need for an expanding role of nursing in clinical practice. Scott Wright accommodated to and also shaped a new avenue of nursing scholarship and research, which was clearly grounded in her pioneering clinical work in a specialized unit, providing care to patients with complex needs. She also experienced the constraints of broader social and gender relationships. Negotiating political support for nursing education and research in a new academic environment was not easy. Scott Wright's career illustrates how lobbying for change and resources required skill, patience, a critical mind, determination, and above all a clear vision and deep commitment to advance nursing for better patient care.



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