

THE DEVELOPMENT OF NURSING EDUCATION  
IN THE UNITED STATES

by  
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IV

## INTRODUCTION

To write of the past, present, and future of nursing education must be to speak eloquently and reverently of those who carried on and built up their profession through all the ages; to describe the existing situation with due commendation for all that has been accomplished, but with greater emphasis on the deficiencies of the system; and to discuss at length the future--for one must feel that we are entering on a greater day in its development. Just as our civilization has changed more radically in the last century than in all the ages before, so has nursing, after centuries of struggle for bare existence, developed within this last one hundred years into one of the largest and most important professions for women.

Phenomenal has been the increasing number of women graduated from schools of nursing each year. Hospitals developed from institutions whose purpose was to care for paupers and serve in times of plague, places to be feared; to large, modern structures whose service to the communities in the care of their sick is indispensable. With this change came the innovation of student nurses. As the number of hospitals increased, so did the demand for students increase. Between 1910 and 1920, the number entering the profession increased 87.8%. In 1920, trained nurses ranked thirteenth in the number of women following this profession, of all occupations for women in the United States.<sup>1</sup> In 1926, there were approximately 300,000 practical and undergraduate nurses in addition to the group of graduate nurses.

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1. Census Monograph IX, 1920. By Joseph A. Hill.



The role played by nurses and the profession as a whole in the United States is gigantic. To trace each of its activities or fields would be to literally make a cross-section of our modern society. We find private duty nurses in homes and in hospitals, public health nurses in the heart of New York City and in the remote Kentucky mountains; industrial nurses in factories and department stores; school nurses in high schools and kindergartens; nurses as superintendents of great hospitals, as professors in universities--one could go on indefinitely, so varied is their service. Most noteworthy is the change of emphasis from curative medicine to preventive medicine.

Because schools of nursing developed through the need of hospitals for personnel, standards of education have been raised with unusual difficulty--more than in almost any other profession. The student has been considered first as an employee of the hospital and secondly as a student of nursing. Today, on the whole, nursing ranks on a level with schools of higher education, and its standards are rapidly meeting those of other professions.

#### HISTORICAL BACKGROUND

The history of the nursing profession is an epic, rich in human suffering, kindness, and sacrifice. It is the active expression of one of the most noble of human sentiments--maternal care. Women have established themselves forever in the hall of fame, as a result of their unselfish service.

Women of Greece and women of Rome have built the foundation of the traditions--with the three daughters of Askelopius; Hygiea, the goddess of health, Panacea, the restorer of health, and Meditrina, the preserver of Health, as patron saints. Out of the dusk of the middle ages emerged



Vincent de Paul and the French women, who together created the Sisters of Charity.

In the nineteenth century came the first step toward organization. Pastor Fliedner and his wife opened a tiny hospital in Kaiserswerth on the Rhine. Here young women learned a bit more of the profession, acquired an elementary education, and then went out with a uniform background for their work. Together with the Sisters of Charity in Paris, an important step was made in education.

These movements proved to be the preface to a great chapter. Florence Nightingale returned from the Crimea to establish the first real school of nursing at St. Thomas' Hospital in London in 1860--an endowed school. The first school of nursing was open<sup>ed</sup> in the United States in 1861, and others developed gradually. Miss Nightingale's influence was strongly felt in the establishment of schools after 1860.

A memorable event in Nursing Education in the United States was the organization of the National League of Nursing Education in 1912, whose purpose was to "advance professional education and training."<sup>1</sup> It is through this organization that the continuous effort for rising standards of education has been maintained.

It is obvious, then, that in spite of the antiquity of nursing itself; a professional consciousness, an awareness of the possibilities of development, is new, and the rapid growth in numbers is more revealing. In 1880 there were fifteen schools; in 1900, 432 schools; in 1920, 1,775 schools; and in 1926, 2,155 schools.

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1. Nutting and Dock, History of Nursing. P. 171.



## STANDARDIZATION

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Coincident with the growth of schools of nursing and of training schools, the Society of Superintendents, later the National League of Nursing Education, have made continuous efforts to preserve existing standards, and raise them as rapidly as possible. One of the first reports was that of Miss M. Adelaide Nutting, published in 1912, "Educational Status of Nursing." It is remarkable in its foresight, recognizing problems which exist even today.

Miss Nutting emphasized the need for standardization in the close relationship between training schools and hospitals. Training schools were "established as integral parts of hospitals and are conducted in all their functions under the control and general direction of hospital authorities." The dangers of limited training, and of exploitation of the students were imminent. She quoted from Dr. Lewellys Barker, physician in chief at Johns Hopkins Hospital: "If we expect to draw the best women into trained nursing, we must do what we can to make the rewards what they should be.....Now that nursing is offering ever new incentives, the position of the trained nurse has become more elevated, the educational standards are higher, the time of nursing has become long enough to permit of thoroughness without overtaxing, the material position of nurses is being improved, the opportunities for higher careers in nursing are multiplied, we find the profession appealing more and more to the best class of women." She recognizes progress in development of small libraries, the replacing of unrelated courses with systematic instruction, and the introduction of specially trained teachers in a few schools. Her recommendations are entirely up to date: regulation of the size and the type of hospital



establishing a training school, standardized admission requirements, development of university schools of nursing, and the advocacy of more comprehensive state registration.

In 1922, the Committee for the Study of Nursing Education published a report entitled "Nursing and Nursing Education in the United States." As a basis for its report, twenty-three of the finest schools of nursing in the United States were studied. Although practically all of the deficiencies found by Miss Nutting in 1912 still existed, even in these schools, it must always be remembered that the exorbitant growth of the number of schools made standardization and regulation extremely difficult for this comparatively small group of farsighted nurses. Again the report emphasizes the importance of maintaining the integrity of the school apart from the hospital, and recommends the establishment of a training school committee whose function would be to "lay down the educational policies, advise with the head of the school, and represent the school on the board of trustees." Entrance requirements are the same as those for which some states are still working to-day--high-school graduation, a minimum of eighteen years of age, and so forth. Here too, we find the seed of personnel work, making living conditions more ideal, and emphasizing the importance of social life and recreation for the student.

From Teacher's College at Columbia came a potent influence, in the education of specially trained superintendents and instructors. Here too was sponsored the first publication of the Standard Curriculum in 1917.

As a codification of these standards, a "hand-book" of problems and recommendations, the National League of Nursing Education published their first edition of the Standard Curriculum in 1917. Since that time there have been five editions. A study of the sixth edition--1927, revised, has been made. The function of the curriculum is to raise the general standards



of teaching, to secure greater uniformity in the curriculum, and to influence other countries. This edition recommends the addition of public health nursing and social service in the basic course, as well as psychology and mental hygiene and case studies. Miss Nutting, as honorary chairman of the committee on education, has in a preface, suggested some essential conditions in the education of nurses. First is the standard which hospitals must meet to establish training schools. The importance of adequate financial resources is stressed--a problem which is outstanding today. As in the two preceeding reports, it is recommended that tuition fees be paid, and allowances be abolished. High school education for admittance should be required, and college work increases the desirability of the applicant. Twenty years of age is suggested rather than eighteen as a requirement. As far as the Course of Study itself is concerned, the length of the course is set at three years or twenty-eight months, with one month for vacations each year. The class year is eight months, divided into two terms. The six-day week is advocated, with two half days or preferably one full day off duty. Time in professional work is to be divided into practical experience, lecture, class, and laboratory work, and study; all of which is not to exceed ten hours a day. Evening hours should be left open, and night duty should not last for more than four months, --never more than two months at a time. A definite course of study is prepared, with the corresponding time in practical work.

The curriculum has been invaluable, not only in raising standards in the United States, but also in establishing schools in Europe and elsewhere. It is regrettable that in several cases, the standards have been more completely adopted in some foreign schools than in our own country.

Nevertheless, with the publication of the curricular



In spite of establishing the Standard Curriculum, in spite of numerous studies of nursing education, the quantity of nursing schools continued to increase, the quality was left far behind. Two separate movements developed--one among members of the medical profession to study the employment and education of nurses in order to arrive at methods for improving the nursing service available to members of the medical profession; the other, begun earlier, on the part of the nursing profession itself, which contemplated the study of nursing education and the importance of grading the schools. Out of these movements evolved the Committee on the Grading of Nursing Schools. Its purpose was formulated as "the study of ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed for adequate care of the patient, at a price within his reach."<sup>1</sup> Its membership included two representatives each from the American Nurses Association, the National League of Nursing Education, and the National Organization of Public Health Nurses; one representative each from the American Medical Association, the American College of Surgeons, and the American Hospital Association, and the American Public Health Association; and seven members at large, representing professional educators, the general practitioner, the Catholic nursing sisterhoods, and the general public. In 1926, a five-year program was adopted, covering three types of studies: an inquiry into the supply of and demand for graduate nurses; a "job-analysis" of what nurses do; and of how they may be taught; and the actual grading of nursing schools.

The first eighteen months were spent in an analysis of existing conditions--economics, supply, demand, etc. This was published in the book--"Nurses, Patients, and Pocketbooks."

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1. The Second Grading of Nursing Schools. Page 3.



The results of the study were, to quote from the test "startling and profoundly significant." Compared to the growth of medical schools, the nursing schools had developed from fifteen in 1880 to 2,155 in 1926; medical schools numbered 100 in 1880 and 79 in 1926. Supply and demand had been carefully observed by members of the medical profession, nursing had grown at will. In commencing the study, the committee had expected to find an under-supply of nurses, studies of the returned questionnaires showed that, on the contrary, unemployment was a very grave factor already. What this may have grown to in the years since 1926, may be readily imagined in view of the existing conditions in all professions, and the steadily increasing number of students graduated yearly.

Studies of the nurse herself revealed that one-tenth of all nurses had never been beyond the eighth grade, one-fourth had not been beyond the first year of high school, one-half had had four years of high school; and fifteen per cent had had at least one year of college. Of R. N. superintendents of hospitals, who have graduated within the last ten years, twenty-three per cent have never been beyond the first year of high school. One-half of superintendents of nurses have had no special work in institutional management nor in educational methods. "Most hospitals with training schools expect and require the student nurse to carry the entire nursing load of the hospital. Sixty-seven per cent of the schools conducted by Superintendents of Nurses and eighty-three per cent of those conducted by Superintendents of both services, report that not a single general duty graduate nurse is employed in their hospitals. About one-half of the schools conducted by Superintendents of Nurses, and two-thirds of those conducted by Superintendents of Hospitals and Nurses have either no R. N. teachers or only one.

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These are only a few of the revealing figures published in the report. The need for grading, for a systemization of nursing education is certainly very great.

The first compiled results of the Grading Committee were published in 1929, and the second in the early part of this year for 1932. On the whole, the results of each study show an improvement over the results in the first report. 1885 schools participated in 1929, and 1620 in 1932.

Specific studies are as follows:

The total number of accredited schools have decreased since the first report, although the total number of students has increased and the average size of the student-body has increased. Some states have succeeded in cutting down the number of students: Oregon and Iowa heading the list with 89 students in 1932 for every 100 in 1929. Maine and Washington, on the other hand, have 146 and 148 respectively for each 100 in 1929. 48% of the students graduated from 25% of the schools, these being the large schools with student bodies of seventy-two to four hundred and fifty-six. This shows that the large schools are responsible for the oversupply. The report states that "It seems probable that very nearly all hospitals with less than fifty patients, many hospitals with less than 100 patients, and at least a good many hospitals with more than one hundred patients could save money by closing their schools of nursing. At the same time, they could stop the wholesale over-production of new graduates; they could open their doors to graduate nurses, now unemployed, who are trained and eager to do bedside nursing, and they could actually improve the quality of nursing care which they are able to provide for the patients in their institutions." This seems the essence of what must be sold to hospital boards to relieve the present situation. Students must

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1. The Second Grading of Nursing Schools. Page 10.



be emancipated from the old notion of their economic necessity to the administration of the hospital.

Very much more encouraging is the comparison of educational background of the students for the two years. In 1929, 1% of the students had only completed the eighth grade; while in 1932 there were no students who had not had some high school work. 65% of all students had completed four years of high school in 1929, compared to 84% in 1932. Those students having college work, remained about the same--7% in 1929, 5% in 1932 for those with one to three years of college, and 1%, for both studies, had completed four years of college work. Every state has improved the educational record for students. Over 90% of those now in training in many of the states now have high school diplomas.

The degree of education attained by the faculties also shows improvement. 42% of the faculties had four years of high school in 1929, 51% in 1932; 41% had less than four years of high school in 1929, 29% in 1932; 17% had had some college work in 1929, 20% in 1932. Of all the divisions of the faculty, instructors have the highest educational qualifications, even more than superintendents and directors of the schools. If I may quote again from the report--"One of the inevitable changes to which nursing can look forward in the coming decade is the virtual disappearance of nurse faculty members who have never finished high school; marked decrease in the number who have never gone beyond high school; and a steady increase in the number who have secured full college training. Membership on the faculty of the school of nursing should imply educational qualifications which compare favorably with the requirements for faculties in other professional schools."<sup>1</sup>

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1. The Second Grading of Nursing Schools. Page 25.



That such a detailed study has been carried out, in addition to the actual improvement found, is highly significant of the development of interest in standardizing nursing education. It is to be hoped that measures will be relentlessly carried out until a sufficient adjustment has been made between the supply of and demand for graduate nurses.

Miss Mary N. Roberts writes of visiting schools of nursing in Poland, which country has patterned its schools after our own. There are three schools, each having the definite purpose of producing certain types of nurses. The schools are supported in part by country, in part by the state, and in part by student fees. Each school is a self-contained educational institution, utilizing hospital wards and health centers for experience for their students. Beautiful cooperation exists with the medical schools, selected cases in the wards being used. There are enough teachers, and an adequate staff of graduate nurses. "Where did Poland learn these things?" says Miss Roberts. "From American nurses, but what school in this country is doing all of them?"

Simultaneous with the study by the Committee on the Grading of Nursing Schools, has been the study carried on by the Committee on the Cost of Medical Care, under the leadership of Dr. Ray Lyman Wilbur. This study included nursing and nursing education in its report--"Medical Care for the American People." The importance of this report cannot be overemphasized. Any study with so profound an influence on the Medical Profession will necessarily be vital to the Nursing Profession. The report includes much that has already been expressed, as well as some new and perhaps prophetic suggestions. The general statement as regards nursing education is "The rearrangement of curriculum and a revision of the fundamental purposes of many nursing schools, so that they will produce socially-minded nurses with a preparation basic to all



types of nursing service." Specific improvements suggested are as follows:

1. Improvement in the basic education of registered nurses.
  - a. Basic science instruction of collegiate grade.
  - b. Diversified clinical experience in hospitals.
  - c. Instruction in the principles of public health.
  - d. Adequate funds and competent direction to insure good quality teaching.
    1. Place on a tuitional rather than a "worker" basis.
    2. Obtain public support on the same basis as it has been obtained for other types of professional education.
2. Provision of special instruction, both theoretical and practical, for public health nurses.
3. Provision of post-graduate training in clinical nursing, teaching, administration, and public health nursing.

That this program might possibly increase the cost of graduate care is balanced by the proposal to include nursing service among benefits provided by industrial and university medical services, community medical centers, and other organized group payment plans. It also mentions the provision of less thoroughly trained nursing attendants, glorified practical nurses, as it were. The latter suggestion is at once rejected by the nursing profession. "The picture they draw seems impracticable. It calls either for women above the servant level to accept, without special reason, conditions which servants will not tolerate; or for women at or below the servant level voluntarily to forego opportunities for personal advancement."<sup>1</sup> With the rapid increase of socialized medicine, the first

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seems the most probable solution.

The possibility of state or socialized medicine, and its effect on nursing and nursing education, is a growing factor and must be included in any study of the present or future of the profession..

Lastly, we have the report of the Committee of the Association of American Medical Colleges, presented at the 1932 convention. The report is concerned with University schools of nursing, and holds that in all such schools there should be:

1. A sound form of administrative organization on a university level.
2. One of many forms of faculty organizations which have proven satisfactory in other schools of the University.
3. Independence of budget of any control, as with other schools or colleges of the same university.
4. Curricular control of both theoretical and practical courses, coordinated with the curricular control in other divisions of the same institution.

In addition they recommend that:

1. Accords its interest and belief in the importance of adequate nursing education.
2. That it would do well to accept directive guidance of medical education.
3. That nursing schools should be brought up to general level of other colleges.
4. Emphasis should be placed on curricula leading to a Bachelor's degree.<sup>1</sup>

It is indeed encouraging that the continuous, untiring efforts of the original small group of Superintendents of Schools of Nursing are apparently fructifying in a broadened interest in their problems. Allied professions and educational groups are becoming aware of the importance of nursing education and are lending their support. Half the battle is

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1. Journal of the American Nurses Association., January, 1933. P. 45.



won when recognition is gained.

### UNIVERSITY SCHOOLS OF NURSING

The first real university course for nurses was established in Teacher's College, Columbia University in 1898. In 1907, Miss Nutting was called from Johns Hopkins to become a professor of Hospital Economics in the University. The course has grown, sending out yearly a group of well-trained instructors and superintendents. Students work for the Bachelor, Master, and even Doctor degrees.

A growing demand for some type of university course for student nurses resulted in the preparatory course offered in Johns Hopkins Hospital in 1901, where university credit was not given, but the university faculty was available. Various schools offered preparatory courses to prospective students, but the first real school of nursing was established at the University of Minnesota in 1909, through the efforts of Dr. Richard Olding Beard of the Medical School Faculty. Since that time, numerous University schools have developed.

Three year courses are offered at many university schools. Although students are not definitely preparing for a degree, they receive training and instruction of a university calibre.

Varieties of five year courses are offered, all prescribing a two or three year preliminary period of preparation in the university, before entering training. The usual course is two years in the university, followed by a two year period of training. The fifth year is spent at the university, rounding out the course with emphasis on the special interest of the student.

One of the first schools offering this course was the Stanford School of Nursing--a department of the Stanford School of Medicine in San



Francisco. Both diploma and degree courses are offered. Students from Stanford university and other nearby universities affiliated, who have completed the pre-nursing course are admitted. It is easily seen what a high type of instruction may be given, with the medical school faculty available.

The advantages of the five-year course are manifold. Students entering college are required to meet the usual college entrance requirements, and to pass the intelligence and aptitude tests. They enjoy the cultural and social life of the university, and their foundation for the period of training is far more broad and adequate. Western Reserve university, as well as several other university schools, requires all students, whether entering the three or the five-year course, to pass these entrance examinations.

A third type of university course which has developed rapidly in recent years, is in Junior College affiliations. They have been evolved in an effort to secure the teaching of basic sciences under more favorable conditions as to lab facilities and teaching personnel. Miss Alice Ringheim, R.N., made a study of nursing education in twenty-five junior colleges in California. Her conclusions were as follows:

1. Junior colleges offer a strategic point for radical changes.
  - a. Higher type of executives are found.
  - b. Courses are organized to a high standard.
  - c. Disinterested leaders should advise in the organization of the course.
2. Junior College administrators must be made to look on nursing as a profession, not a semi-profession.
3. A certificate or a university credit course must be demanded.
4. There should be a correlation of theory and practice, supervision of the nursing courses is needed.



5. In formulating the curriculum, the future needs of nurses must be looked to.
6. Cultural subjects are important.
7. There must be a change of emphasis to providing of educational opportunities, rather than of skilled labor in the hospital.
8. Better selection of students is needed.<sup>1</sup>

It would seem, that with adequate supervision, Junior Colleges offer an excellent opportunity for affiliation for theoretical work.

Department of Nursing Education, University of Oregon.

The Department of Nursing Education in the University of Oregon is an integral part of the University of Oregon Medical School, and its headquarters are in that institution in Portland. Affiliated with the University of Oregon are four hospitals in Portland, three general hospitals and the Doernbecher Memorial Hospital for children.

The three year course has been worked out so that all students completing the course in one of these three hospitals (Doernbecher offers affiliation for pediatrics) will have Junior standing in the University. In other words, they earn altogether, 96 hours credit, including class and practical work. Before entering any hospital, the students take a three months preliminary course at the Medical school, including the following subjects: Anatomy and Physiology, Elementary Chemistry, Drugs and Solutions and Personal Hygiene.

Five year students may spend their first two years either at the University of Oregon or at Oregon State College. These students, too, are required to pass the three months preliminary course in Portland, earning a "C" average before being admitted to the training schools. The fifth year

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1. Journal of the American Nurses Association. September, 1932.



is spent either in Portland, in the Public Health Course, or on the University Campus. Either a Bachelor of Arts or of Science may be earned.

The medical center in Portland offers an unusual field for schools of nursing. The three hospitals are all 250 bed hospitals or larger. Three months affiliation in Pediatrics at Doernbecher provides an excellent service. The Portland Free Dispensary has recently been moved into a beautifully equiped building near the Medical School--an out-patient clinic which provides every type of clinical service, and handles many thousands of patients. It will be available to student nurses in the very near future; for fifth year students it is already in use.

It is to be hoped that the field of University Schools of Nursing will one day be synonymous with the field of Nursing Education. Graduation from high school is the accepted educational requirement for admittance all over the United States today. Oregon is already planning to make two years of college the entrance requirement for all schools of nursing in the state. (In May, 1933, the Wesley Memorial Hospital School of Nursing in Chicago definitely announced the discontinuance of the three year course with the completion of the course by the present group of students. Hereafter only five-year or graduate students will be admitted. It seems symbolical of the growing trend toward the establishment of this policy, that this school, one of the most progressive since its affiliation with Northwestern University in 1906, should be taking this step.)<sup>1</sup>

#### LOOKING INTO THE FUTURE

It is with a decided feeling of optimism that we turn our thoughts to the future of Nursing Education. Because of the growing interest, not only in the profession, but in associated professions as well; because of

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the changing attitude among directors of schools and the individual nurses; and because of the few progressive measures already widely accepted, we feel that advancement will come with increasing rapidity and enthusiasm.

In a brief little article in the Journal, Dr. May Ayres Burgess, Director of the Committee on the Grading of Nursing Schools, has summarized the progress to date and outlined immediate and future goals for schools to attain. Reactions of nurses in charge of schools to the efforts of the grading committee are illuminating. Most nurses are energetically using them to raise their school standards. There is a second small group who are out of touch with the spirit of the measures and cannot understand them. The third group consists of those who are disappointed and bored with the standards set. They are the ones who "have heard too much and done too little." Grading is an old story, but its problems are still basic and must be met before greater achievements may be hoped for.

In order to facilitate improvement in all schools--to make the goal less difficult and remote, the grading committee has set three levels of maximum standards, so as to provide goals for every school, whether it is well advanced or definitely retarded. The standards which most schools have won are: a high school diploma and an age-limit of 18 years as entrance requirements; an 8-hour day, and one health examination. Standards which schools might easily win are: an 8-hour night; 52-hour week, 3 weeks vacation; 2 health examinations, one instructor, a few floor duty graduate nurses. Standards to work towards are: an 8-hour day including classes, 48-hour week, a four weeks vacation, one full day off each week, health supervision, two instructors, instructors with some college education, and enough floor duty graduate nurses.

These standards are, of course, far from ideal. There are many



needing further study, such as: standardization of the size of hospital to which the school is affiliated; and of the number of patients of each sort included; what services should the school offer; what services are really basic, what do graduate nurses need to know and what should schools do to prepare them for it; how many cases, and of what sort should each student care for, not only in obstetric service, but in surgical, medical, pediatrics, etc.; what sort of records should be kept; development of personnel work. In deed, the list could be endless. It is not discouraging, however; it is on the contrary absolutely challenging.

#### Personnel Work.

The necessity for an adequate system of personnel guidance is becoming increasingly apparent. Vocational guidance, aid in adjustment of new students, supervision of activities, all are offered students in other institutions of higher education. Even more are they needed in schools of nursing.

Today we find ourselves on the level of higher education. We are setting the requirement of high school diplomas for admittance. We are becoming a true profession--recognized in education. With this growth has come the demand for a broader conception--a consideration of the student herself. "Is there a place in the school of nursing for an extra-curricular program?...Is nursing education to be considered as a genuine form of professional education or as a mere training in handicraft?...If nursing education is to be thought of, and treated as, a distinct form of professional education--one must, perforce, accept as a corollary that the unit which we will have to consider in this educational process is, as in all other educational processes, the student herself and the general objectives for



other fields of education must necessarily be those of nursing education.<sup>1</sup>

Specifically, the needs for personnel work are in definite situations: establishing adequate entrance requirements and selective measures; adjusting the individual to her new and very different environment; and helping her in her choice of specialization--vocational guidance.

The need for some sort of personnel guidance is generally recognized in schools of nursing, and varying degrees of programs are found. Schools representative of their class have been studied to show the present status and extent of personnel work provided.

The University of Minnesota School of Nursing offers both a three and a five year course. The personnel work done under the University Administration is placed at the disposal of entering nurses as well as all other University students. The affiliated hospitals are on or very near the campus, so that students have the advantage of the social and cultural life of the university. Entrance requirements include a high school diploma or examination including a college aptitude test, test of proficiency in English, and mental placement tests prescribed by the school. Each student also must pass the physical examination given by the University Health Service.

The problems faced at the Yale University School of Nursing are quite dissimilar, owing to the fact that entrance requirements have been raised to two years of approved college work, and over 50% of the students have already earned their Bachelor's degree. Many of the problems of selection and adjustment are eliminated at once. However, the faculty still recognizes the need of orienting the students, by providing classes in orientation; and also of providing recreation. Bulletins are placed in all halls listing the available activities and entertainments for each week.

1. 1927 Annual Report of the National League of Nursing Education, Mrs. Shirley C. Titus.



Stanford Hospital School of Nursing again brings different problems. Because the school is located in San Francisco with the School of Medicine, and forty miles removed from the Stanford Campus, personnel service must be undertaken by the Director of the School. Entrance requirements include graduation from an approved high school for admittance to the diploma course, or completion of a pre-nursing course with any one of several colleges having arrangements with the Stanford School of Nursing. In addition, the student must be 18 years of age or more, and must pass an health examination. Adjustment is facilitated by the combined efforts of the Director, the faculty, and the Student Council. During the Senior year a course in Survey of the Nursing Fields is given, and at the end of twenty-eight months, personal conferences are held between each individual and the Director about her plans, and an effort is made to assist her until she is definitely placed.

We find many of the problems, undertaken as a basis for the need of personnel work, recognized in these schools. Entrance requirements are uniformly fairly high. Age limits of eighteen, and personal interviews are also common requirements.

In so far as measurements of ability go, only those schools whose students pass through the two years of pre-nursing are benefited by aptitude and intelligence tests.

Initial orientation is met by all of them, either through "big sisters" or orientation courses. The three-months course in the basic subjects of Anatomy and Physiology, Elementary Chemistry, Drugs and Solutions, and Personal Hygiene offers the longest time for initial adjustment and elimination of scholastically unfit students.

Adjustment to the hospital and to the dormitory life is facilitated



through instructors, housemothers, and older students in the school. Activities are provided through student organization and enterprises. Recreation is provided through available concerts, lectures, ~~gymnasiums~~, etc., through sports, social functions sponsored by the schools, and libraries are open to students.

At least, we can feel that personnel work not only requires a definite place in schools of nursing, but there are being made constructive and heroic attempts to provide it.

A complete personnel program should include entrance requirements, methods of adjustment, and vocational guidance. Studies have been made of the use of mental aptitude and intelligence tests in the selection of candidates. They have been, on the whole, favorable in their result. There is a correlation between high intelligence ratings and successful practice. However, skills required in nursing are so varied that more comprehensive tests are needed. R. Louise Metcalf, Instructor in Nursing Education, Teachers' College, New York, concludes her study of "Achievements of Nurses in Relation to Intelligence Test Ratings" with the following statement: "May it not be that nursing education has arrived at the point where progress will depend to a great extent on our ability to make a better selection of candidates for nursing schools, based not on haphazard guesses or even on the shrewd personal judgments of experienced people, but on actual measurement of the qualities and abilities possessed by the young woman herself."<sup>1</sup>

Adjustment includes certain definite phases, such as vocational or economic, intellectual, social, and spiritual.

The young student must first of all become at ease in her new home--she must feel that she is welcome and is expected to take her place in the organization. She must also become familiar with hospital routine.

1. Annual Report of the National League of Nursing Education. 1930.



Probably the most satisfactory method is through big sisters who can serve as their confidantes and advisers and as a medium between the student and the faculty.

Intellectual adjustment is vital. Results of the mental tests can serve as an aid in advising the student. I would not suggest a study table, but rather assure adequate, comfortable desks in the rooms. Individual difficulties are quickly revealed in class grades and in ward work. Such cases should be investigated at once by the director or instructor. A pre-nursing period seems an ideal method to "ease-up" this change. An opportunity is given them to become familiar with the ethics of the profession, with the medical terminology, and with the material to be studied.

Social adjustment is equally important for "if any girl is to be a success and go with self confidence about any chosen profession, she must feel at ease in her surroundings."<sup>1</sup> This may be achieved through activities within the group, student body and class organization; dances, teas, and parties should be a regular part of the group project. It is imperative to remember that these students come from the free comradeship with boys in high school into a profession where their contacts are largely with girls. Normal contacts must be maintained. The Dormitory should be as home-like as possible under the wise supervision of the housemother or dean. That which the college woman gains through her sorority and dormitory should be equally available to the student nurse.

And lastly--spiritual adjustment, which may be the most vital of all. It involves the development of the individual, and needs supervision in nursing more than in any other profession. The young and impressionable girl is suddenly brought face to face with all the dreariness, the disillusion, the joys and sorrows of life. Further, she is away from home for

1. 1932 Annual Report of the National League of Nursing Education.

Florence K. Root: Student Adjustments.



the first time, and any maladjustments may appear now.

The psychological weaning--"A detachment in the emotional life to such an extent that there shall be no crippling bondage to interfere with legitimate personal choice and achievement of what counts most for adult happiness, vocation, mating, and attitudes toward life and death"<sup>1</sup>—this must be accomplished during these years.

Throughout the period of training, accurate records must be kept of the ability of the student in each division of her service. Conferences should be held regularly with the student to discuss her progress. She should make her choice of specialization on the basis of her interests as well as her aptitudes, with the aid of the personnel worker.

Under existing conditions, the personality and attitude of the director of the school is the most basic element. Perhaps in no other profession is the influence of the leader so strong. By her examples, by her lofty ideals can she maintain the high spirit of the school. She must know each girl, be always ready to talk over her problems with her. She must be patient. She must be constantly on the watch for maladjustments--social or intellectual, and her guiding star must be the giving of the best that is in her to the complete development of these unfolding personalities intrusted to her care.

#### Summary.

1. Selective entrance requirements under the supervision of a trained executive and with the utilization of intelligence and aptitude tests.
2. Supervision of vocational, intellectual, social, and spiritual adjustment.
3. Adequate vocational guidance program, on the basis of aptitude tests and records of ability while in the service.
4. Employment of a Director who is fitted educationally and in her personality to carry out the program on the highest scale.

1. Hollingsworth: Psychology of the Adolescent.



### Economic Aspect.

Consideration of the future of nursing education must mean a consideration of the financial adjustment of schools of nursing, for herein lies one of the greatest obstacles to the ideal development. The findings of the Grading Committee have already been quoted, as to the true economic value of schools of nursing to hospitals. Equally important is the problem of responsibility for support. The question is summarized in "Nurses, Patients, and Pocketbooks" as follows:

- "1. No hospital should be expected to bear the cost of nursing education out of funds collected for the care of the sick. The education of nurses is as much a public responsibility as is the education of physicians, public school teachers, librarians, ministers, lawyers, and other students planning to engage in professional public service, and the cost of such education should come, not out of the hospital budget, but from private or public funds.
- "2. The fact that a hospital is faced with serious financial difficulties should have no bearing upon whether or not it will conduct a school of nursing. The need of a hospital for cheap labor should not be considered a legitimate argument for maintaining such a school. The decision as to whether or not a school of nursing should be conducted in co-operation with a given hospital should be based solely upon the kinds and amounts of educational experience which that hospital is prepared to offer."

Those schools which are endowed are extremely fortunate. They are able to maintain their autonomy independent of the hospital to which they may be affiliated. However, this offers only a remedial measure, a temporary solution, for several reasons. Few schools will be endowed, regulation from a national or state basis is more difficult, and finally the responsibility actually rests with the public, just as other types of education do at the present time. The state has assumed some responsibility in these University Schools offering the three and five-year courses. These schools, however, have not yet achieved the independence which must ultimately come.



### SUMMARY.

Completion of a study, such as this, of the field of nursing education--of the student, of the developments, and of the future--leads one to certain definite conclusions.

Primarily, in view of existing conditions, is the recognition of need for standardization of schools. To be comprehensive, it must include not only the curriculum, but the requirements for admittance, the number of schools in the country, and the number of students enrolled, and of the hospitals with which the schools are affiliated.

Second, is the importance of university schools of nursing. In recent years, the fields of nursing and medicine have been drawn ever closer together--the dividing line becoming blurred and indistinct. Nurses have been called upon to assume many of the duties formerly left wholly to the physician. With the years, Medicine has required a far more extended knowledge of the field of science, to keep pace with it nursing too must have a more comprehensive background. Thus is the value of university affiliation accentuated. University faculties and laboratories are made available to the students. The carefully worked out basic course is essential for later specialization, just as the routine course in medical school is followed by all students, even through their internships. Specialization is based upon it.

The University also offers much in the development of the personality of the nurse herself. Instead of entering the rather isolated, narrow life common to training schools, when the student has barely graduated from high school, she has the opportunity to broaden and mature in a normal environment, meeting ultimately the problems of nursing with a wider understanding. It is a leavening process indispensable to the finished competent nurse in



this highly complicated life today. As the proportion of maladjusted individuals has increased with modern society, so must the efforts to offer opportunity for complete and normal adjustment be increased.

To visualize the school of tomorrow, on the basis of these studies, is breathtaking in the possibilities which they portend. Some of the features which must ultimately come are--an adjustment in the number of graduates, a balance between the positions to be filled each year and the candidates eligible for them. Schools will become integral parts of universities, supported by state funds or endowments, and possessing an autonomy quite independent of the hospitals to which they are affiliated. All students will have two years of preparatory college work, theory will be balanced with practice, the whole to occupy but eight hours each day. Hospitals will be adequately staffed with graduate nurses, who themselves will be so well trained as to furnish an incentive for intelligent practice to the students on the ward. Student nurses may live in dormitories, with other college students, keeping their perspective broad and free from the continuous hospital atmosphere. And finally, the cost of this education will be balanced by the greater assurance of employment in a system of socialized medicine. A boastful prophecy?--perhaps, but also an entirely plausible one. It may furnish a goal to us in the difficult struggle for its ultimate attainment.



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