

COMMUNITY NURSING COUNCIL - DISTRICT #1

OREGON STATE GRADUATE NURSES' ASSOCIATION

I

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Portland, Oregon
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PREFACE

In presenting this paper a word or two of explanation is necessary. In the first place no claim to originality is made. The idea of a Community Nursing Council and the outlined plan for a Council came from the Committee on the Distribution of Nursing Service of the three National Nursing Organizations. It was merely my task to select the members and groups in the community, who, I felt, might be interested and of service on the Council.

Secondly, I want to make some explanation about the questionnaire that was used to gather the material for this study. It was the result of my first experience with questionnaires, and now that the study is completed I can see many flaws in it. At the beginning of this study, the plan was to work out a "Divisional Nursing Service" and a "General Duty Nursing Service" for the hospitals in addition to adjusting the Community Nursing plan to District # 1, and for this reason many of the questions proved irrelevant to the subject. I personally accompanied the questionnaires to the hospitals, and in most instances both the superintendents of the hospitals and the superintendents of nurses were interviewed. After my visit I decided that the hospitals were not yet prepared to undertake either a "Divisional Nursing Service" or a "General Duty Nursing Service". After the Council is organized these two services must automatically be a part of the study for the elimination of large student classes in the hospitals.

There is a genuine need for more statistical work on the nursing situation in Oregon, Particularly in regard to nursing service in hospitals and the special duty groups. When making a study of this kind, you have a feeling that you are prying into private business affairs; and it is certain that the statistical material you gather requires both originality and ingenuity on your part. The hospital officials are generally co-operative. It is the nurses

themselves, the ones who are most interested in improving nursing conditions, that are the hardest to reach. Your point is not understood, or it is a foolish undertaking; consequently you are delayed in the finishing of your task.

The synopsis (appendix, Page 24) was presented to the Oregon State Graduate Nurses' Association to get the approval of the nurses assembled in Annual meeting to present the study to District # 1, for acceptance. The report was then presented in full, except for the detailed discussion on the survey, to District # 1, at its Annual Meeting, June, 1932. In one or two instances I was asked by the superintendents not to publish the detailed information because of the misunderstandings that might occur, if the report was read before the district. I felt that they were justified in making the request, so the graph- -"Nursing Service in Hospitals"- -was simply designated I, II, III, etc., without giving the names of the hospitals. The numbers correspond to the numbers in this copy of the study. The outlined Survey Analysis was omitted in the District report, and no copy was made of the Good Samaritan "Student Nurse Cost Study".

I feel greatly indebted to Mr. Kletzer of the Boys Benson Polytechnic School for suggestions for the making of the graphs, and to my friend, Mr. Harry Campion, for checking-up my arithmetic. Then Miss Thomson and the members of the class in Advanced Nursing Principles were all very helpful with suggestions, and I appreciate their advice.

Margaret A. Tynan
Margaret A. Tynan. R.N.

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INTRODUCTORY NOTE

The present report is the result of a class study in Advanced Nursing Procedures (414), Department of Nursing, School of Applied Social Science, University of Oregon. An attempt has been made to present a workable plan for a Community Nursing Council for District # 1, Oregon State Graduate Nurses' Association. District # 1, has been chosen for the experimental field, because the subject does not lend itself to the State as a whole. Modifications to fit local needs will be necessary, if Community Nursing Councils are to be established in the other districts of the Oregon State Graduate Nurses' Association.

The studies (1) made by the Committee on the Distribution of Nursing Service of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing have been used as the basis for the study; then in March, 1932, a survey was made of the nursing service given in the following hospitals in Portland: St. Vincent's, Good Samaritan, Emanuel, Multnomah, Portland Sanitarium, and Doernbecker Hospital for Children. After much thought and discussion, the survey was confined to the hospitals having schools of nursing, for the present unemployment situation has been mainly attributed to an oversupply of graduate nurses.

Elnora E. Thomson, R.N.,
Director of Nursing Education,
University of Oregon, and
Director of Study.

Oregon State Graduate Nurses' Association

District # 1,

Community Nursing Council

In adapting the suggestive by-laws (2) of the National Committee on the Distribution of Nursing Service to District # 1, it was necessary to make certain changes and to enlarge the Committee. The geographical area of District # 1, complicates the selection of groups and organizations, and it would seem necessary that sub-committees be appointed in the counties of Yamhill, Washington, Clackamas, and Columbia to work in co-operation with the Community Nursing Council located in Portland, Multnomah County, Oregon. Suitable location in each of the counties should be selected for sub-registry bureaus. Columbia, Washington, and Clackamas Counties will probably continue to be a part of District # 1, because of their close proximity to Portland and the relatively few nurses residing in these counties.

In many of the larger towns of the above-mentioned counties there are many practical nurses employed. The public generally does not recognize the difference between the graduate nurse and the practical nurse, or if they do know the difference, they do not consider the distinction to be important. In many instances practical nurses are superintendents of hospitals. The

following table shows the distribution of nurses in the counties. It is quite evident that Portland registeries furnish the counties with considerable graduate nurse service

TABLE 1

Distribution of Registered Nurses

(U.S. Census 1930; Nurse Registration 1931)

Counties	Population	Nurses
Multnomah	338,241	941
Clackamas	46,205	36
Washington	30,275	22
Columbia	20,047	12
Yamhill	22,036	16
Totals	456,804	1027

At the beginning of this study, we suggested that Yamhill County become a part of District # 3, with Salem as the headquarters. We believe that this has been put into effect by the Oregon State Graduate Nurses' Association, and that Polk and Linn Counties were added. District # 3, then becomes the second largest district in the State. District # 5, follows as the third in size. This is based on the number of registered nurses in the districts for this study.

From the standpoint of the distribution of nursing service, the following table will be interesting. It definitely shows the urban attitude of nurses, when compared with table 1. Multnomah County shows the largest number of nurses, and we know that most of these are in Portland.

TABLE 11

District # 3**

Distribution of Nursing Service

Counties	Population	Nurses
Yamhill	22, 036	16
Marion	60,541	87
Polk	16,858	4
Linn	24,493	20
Totals	123,928	127

No attempt has been made to refine these figures into type of nursing work, such as public health, private duty, etc.

The suggested plan for District # 1, has been outlined with the complicating situation of the five counties that make up the district. The concentration of the schools of Nursing in Portland, and the concentration of hospitals in Portland also tend to complicate the selection of groups and organizations for the council. District # 1, has functioned solely in Portland, because of the large number of graduate nurses in Portland. It

.....

** District # 3, formerly comprised only Marion County.

SUGGESTIVE PLAN
COMMUNITY NURSING COUNCIL
DISTRICT # 1, O.S.G.N.A.

ARTICLE 1. NAME
Community Nursing Council, District # 1, Oregon State
Graduate Nurses' Association.

ARTICLE 11. PURPOSE (Fig. 1)
(a) To study the nursing needs of the community.
(b) To promote those measures that shall meet these needs.
(c) To help prepare nurses adequately for the service.

ARTICLE 111. MEMBERSHIP (two classes) -3members

1. District # 1, O.S.G.N.A.
 - (a) President of organization
 - (b) Member appointed by Board of Directors
 - (c) Member elected at Annual Meeting of Organization
2. Registry Nursing Bureau -2 members
 - (a) Member of Registry Committee
 - (b) Registrar of Registry Bureau
3. Oregon League of Nursing Education -3 members
 - (a) President of League
 - (b) Member appointed by Board of Directors
 - (c) Member elected at Annual Meeting of League
4. Hospitals Conducting Schools of Nursing -6 members
 - (a) Supt. of School of Nursing, St. Vincent's
 - (b) " " " " " Good Samaritan
 - (c) " " " " " Emanuel
 - (d) " " " " " Multnomah
 - (e) " " " " " Portland Sanitarium
 - (f) " " " " " Doernbecker

5. Oregon State Board of Health -2 members
 - (a) State Health Officer
 - (b) State Advisory Nurse
6. Oregon Organization of Public Health Nursing-3members
 - (a) President of Organization
 - (b) Member appointed by Board of Directors
 - (c) Member elected at Annual Meeting of Organization
7. State Medical Society -1 member
 City and County Medical Society -2 members
8. University of Oregon -1 member
 (Appointed by President)
9. Community Chest -2 members
10. MEMBERS AT LARGE -12 members
 - (1) Oregon Tuberculosis Association
 - (2) American Red Cross, Portland Chapter
 - (3) City Club representative
 - (4) League of Women Voters
 - (5) State Grange President
 - (6) Labor Organization representative
 - (7) Council of Social Agencies
 - (8) City Federation of Women's Clubs
 - (9) Council of Protestant Churches representative
 - (10) Jewish Church representative
 - (11) Catholic Diocese of Oregon Representative
 - (12) Member of Multnomah County Commissioners.

11. Attorney- -Oregon State Graduate Nurses' Association.

ARTICLE IV. OFFICERS(Two officers shall be nurses)

President, Vice-President, Secretary, Treasurer.

ARTICLE V. COMMITTEES:

1. Executive Committee: 4 officers and 3 other members.
 - (a) Two members from local nursing association;
 - (b) two members from local Medical Society;
 - (3) one member, supt. of nurses.
2. Education. In connection with graduate and under-graduate work.
3. Distribution of Nursing Service:
 - (a) Home
 - (b) Hospital
 - (c) Miscellaneous
4. Public Information
5. Finance
6. Legislative Committee
7. Program Committee
8. Nominating Committee
9. Research Committee

ARTICLE VI. MEETINGS:

Meetings shall be held:
 Full Council- -Quarterly and on Call
 Standing and Special Committees- -at least monthly
 and as necessary.
 Reports given at Council Meetings.

NOTES:- Financial Support -
 Grant from Community Fund or from Organization
 dues and contributions.

PURPOSE OF A COMMUNITY NURSING COUNCIL

As stated in Article 2, of the By-Laws the purpose of the Council is three-fold: (1) To study the nursing needs of the community; (2) to promote these measures that shall meet these needs; (3) to help prepare nurses adequately for the service (Fig .1).

The Council should study the needs of the community and measure the nursing service now available to the community in the light of its needs. Public health nursing, institutional nursing, and special duty nursing should each receive its share of commendation and criticism and be used as the basis for creating new services to act as connecting links between the three services. The hourly nursing service sponsored by the Oregon State Graduate Nurses' Association for a middle class public could easily be extended in its service thru the advice and help of county and visiting nurse organizations. The end result is nursing service for every individual in the community, and there should be a co-operative connection between the hospitals, the various socio-nursing organizations and the nursing bureau of District # 1.

Many of the problems of unemployment confronting the nursing profession require the advice of the "onlooker". We are

more or less weighted down by tradition in nursing, and we have let this tradition interfere with our judgment in adapting nursing to the changes that have taken place in the community. The important problem for Council study is the education of nurses. Nursing education is in a transition stage at present, for we are changing from the apprenticeship type of education to University education. The number of students must be diminished (fig. 2), but a radical elimination must not be considered. We must remember that there are in all two thousand schools of nursing in the United States, and an emergency might throw the surplus of poorly prepared nurses on us. If the hospitals schools reduce the number of students, it should be done after discussion and on a percentage basis of the needs of the community. The laboratory facilities of our schools are of a high quality, and we need but to re-arrange our system to better use these facilities. The theoretical side of nursing is on a sound basis, if we continue our affiliation with the University of Oregon.

Since the District has not power to legislate, the plans suggested by the Council for the betterment of nursing conditions, both for the nurse and the citizen in the community, must come to the Board of Directors of the Oregon State Graduate Nurses' Association for ratification.

SURVEY OF SCHOOLS OF NURSING

The survey of the schools of nursing in Portland - - St. Vincent's, Good Samaritan, Emanuel, Multnomah, Portland Sanitarium, and Doernbecker- -brings out the fact that studies have been made, or are being made, on the cost of educating the student, and the schools generally agree that the student is as expensive as a graduate floor duty nurse. It was only possible to secure one study (5) on this subject- -that prepared by Miss Bertha Wilson, Superintendent of Nurses at Good Samaritan Hospital. Miss Grace Phelps, Superintendent of Doernbecker Hospital is working on a study, which she hopes to complete soon. Sister Genervieve, Superintendent of Nurses at St. Vincent's has either completed a study, or is working on the study, but due to her absence in Seattle, it was not possible to secure this or any definite information about it. Miss Bergquist, Superintendent of nurses at Emanuel Hospital, stated that a study has been made, but a copy was not sent with the returned questionnaire. At Multnomah Hospital our impression was that a study had not been made. Portland Sanitarium has a definite schedule which has been

worked out by Mr. Wilson, Superintendent of the Hospital. A copy has been sent to the State Board of Examination and Registration for Graduate Nurses', and he has also discussed it before the Western Hospital Association meeting, January, 1932. A mere outline of the plan is presented here:

The student pays an entrance fee of \$75 to cover books, uniforms, and cape. During her freshman year she works only four hours a day, and she is paid 19cents an hour for the time she works. During her junior year she works from six to eight hours a day, and receives a salary of 22 cents an hour. Then in her senior year she averages from forty-four to forty-eight hours. She receives 23 cents an hour for her work during her senior year. The hospital charges the student for the following items:

Cafeteria meal ticket.....	\$4.00	per week		
Room rent.....	1.75	"	"	
Tuition.....	1.75	"	"	
Hospital sick fee.....	.15	"	"	
Total	\$7.65	"	"	

Then in addition to this she is charged 55 cents a month to cover thermometer breakage, drugs during illness, and other incidentals.

Beginning January, 1932, four of the five schools have attempted to diminish the number of applicants accepted. The affiliated school has taken no initiative in this, because it accepts the number of students sent by the hospitals.

The number of graduate floor duty nurses could be increased to advantage in all of the hospitals. Figure 2, is self-explanatory. In all of the hospitals the students make up

the largest percentage of the nursing service, and it becomes even larger, when we consider that the graduate service includes all three levels (3) of nursing service in the hospital. At the time the survey was made (March, 1932), it was only possible to get the figures on graduate service as a whole. There was evidence of misunderstanding in regard to the three levels of nursing service. A graduate nurse was considered a graduate nurse employee of the hospital, whether she was a general duty nurse or a superintendent of the hospital. Figure 3, which is an outline analysis of the information secured by questionnaire from the superintendents of hospitals and the superintendents of nurses, this question (# 13) is answered "yes". At one hospital it included surgical nurses as general duty nurses; at another hospital supervising nurses who were not teaching theoretical subjects were designated as general duty nurses. Where male graduate nurses are employed, they are referred to as general duty nurses.

In the matter of student dismissals, which you will see in Figure 3, # 8, runs from no dismissals to 66% for a given year, is interesting when interpreted. The hospitals having University affiliation show the largest number of dismissals, and the majority of the dismissals are for failure in theoretical and practical subjects; generally the dismissal is due to failure in both subjects, for there seems to be a correlation between the two.

Other reasons given were disciplinary and illness. Among those who left of their own free will (included in the dismissals) two were married and one felt she was financially unable to continue. Then one student died of pneumonia at Good Samaritan Hospital.

In the matter of salaries for graduate nurses (Fig. 3, # 16) an explanation is necessary. January, 1932, the ward teaching supervisors at St. Vincent's were given board and room and their salaries were reduced from \$ 125 to \$90 a month. Before this time the nurses lived outside of the hospital but were boarded by the hospital. Nurses who have homes in the city are not required to live at the hospital, if they do not wish to do so, and a small money allowance is made for this. Surgical nurses and other departmental nurses are entitled to the same choice of residence. No laundry allowance is given. At Good Samaritan and Emanuel Hospitals the graduate nurse employee is given room, board, and laundry. Good Samaritan allows \$6 a month for laundry, but no definite money allowance was obtained from Emanuel Hospital. Multnomah Hospital gives board and a \$2 laundry allowance in addition to the salary, while Doernbecker Hospital includes only board in addition to the salary. Portland Sanitarium made no provision for room, board, and laundry for the graduate nurse employee.

All of the hospitals except St. Vincent's give vacations with pay, and all of the hospitals allow sick time with pay, except

St. Vincent's. Still in each case the time allowance was a matter of individual case study by the hospital authorities, and the case study was made from the hospital budget point of view, not from the nurse's particular needs. Good Samaritan Hospital was the only one that had a definite rule on this point. After six months of service the hospital grants the graduate nurse employee two weeks sick leave without loss of salary. St. Vincent's grants no sick time with pay, but has a professional courtesy discount system that is extended to every member of the nursing profession, married or single. The hospital bill of the graduate nurse employed by the hospital, whether or not she is a graduate of the school, is discounted 50%; the graduates of St. Vincent's School of Nurses, not employed by the hospital, are entitled to a 25% discount; and the nurse from other hospitals than St. Vincent's who happen to be patients at St. Vincent's are allowed a 10% discount, providing the hospital authorities know that the patient is a member of the nursing profession.

Emanuel Hospital answered the question on insurance (Fig. 3, # 18) "yes", but failed to state the type of insurance; Doernbecker Hospital carries the State Accident Insurance for its nurse employees, as well as other employees. The other hospitals answered the question in the negative, except Portland Sanatarium which has its own system of insurance for its graduate nurses.

In the outline (Fig. 3) we have designated this as intra-hospital insurance, for it has no connection with an insurance company. The graduates employed in the hospital pay 25 cents a month to the hospital as a sick insurance. This covers the private room, or private ward, and the medicines. When needed a special nurse is furnished by the hospital. The doctors on the staff donate their services to both the student and the graduate nurse during illness.

Only St. Vincent's Hospital is giving post-graduate courses: a four months course in both anaesthetics and X-ray work. A certificate is given by the hospital for each course taken. No charge is made for either course, if the student works at the hospital during the afternoon in the surgical or X-ray departments. If the student takes only the morning instruction in Anaesthetics, then a fee of \$75 is required. Dr. Robinson, head of the Clinical Laboratory and Pathology Department, is giving a course in laboratory work, which has recently been extended from six months to one year's work. College students rather than nurses have taken the course so far, so it is merely noted here.

The superintendents of the hospitals in general prefer to employ nurses who graduated from their schools. The reason given was that the nurse was already familiar with her surroundings and knew the hospital technique; then she was generally loyal to

the hospital. Where special training is required for the position, the nurse is selected regardless of the school from which she graduated. Emanuel hospital is the only one that showed a higher number of graduates from other schools than Emanuel, but no explanation was given for this.

It is quite evident that the number of special nurses employed in the hospitals decreased in 1931. We have no figures to present, for none of the hospitals have kept an accurate account of the specials employed; but the general estimate is that the daily average of special duty nurses employed is about one-half that of former years. Figure 2, gives the percentage of specials compared to the students and graduates employed by the hospitals. Hospital officials are anxious to co-operate in a constructive plan for the betterment of conditions for the graduate nurse.

There are a few other items on the questionnaire (6) that was presented to the hospitals for a working basis of this study, but they were either not answered definitely- -due more to a misunderstanding of what was wanted than to any desire to be unco-operative- -or were found to be irrelevant to the study.

CONCLUSION

The conclusion to this study must be that a Community Nursing Council be established in District # 1, Oregon State Graduate Nurses' Association; a thorough study of nursing conditions and community nursing needs must be made before any constructive change can be undertaken.

Further conclusive is the fact that the nurses themselves must initiate and carry on most of the actual research work to better their educational and working conditions. The Council can only lend an attentive ear and give sound advice.

APPENDICES

COMMITTEE ON DISTRIBUTION OF NURSING SERVICE

AMERICAN NURSES' ASSOCIATION

NATIONAL LEAGUE OF NURSING EDUCATION

NATIONAL ORGANIZATION FOR PUBLIC HEALTH-NURSING

ANNE L. HANSEN, CHAIRMAN
181 FRANKLIN STREET, BUFFALO, N. Y.

ALMA C. HAUPT, SECRETARY
370 SEVENTH AVENUE, NEW YORK

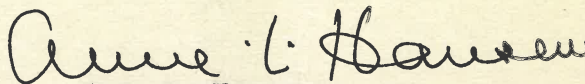
June 1, 1931.

Chairman of the State Committee
on Distribution of Nursing Service:

Enclosed is a copy of suggested By-laws for Community Nursing Councils which have been approved by the Joint Committee on Distribution of Nursing Service and the Boards of the three National Nursing Organizations. This material, together with an "Introduction", will appear in the July numbers of the American Journal of Nursing and the Public Health Nurse Magazine. It will be possible to get reprints for your State if you want them. In case you decide to have reprints, please notify either the American Journal of Nursing or the Public Health Nurse before the middle of June. The cost is not very great and upon request the price will be furnished.

The National Joint Committee on Distribution of Nursing Service trusts that you will organize Councils on Nursing in your State with very great care. The importance of the work of the Councils cannot be overestimated and for this reason it would seem advisable to experiment with one or two before organizing all through the various communities. The National Committee will be happy to help you in any way they possibly can.

Yours sincerely,



Anne L. Hansen
Chairman

ALH:RKC

Appendix 1.

SUGGESTIVE BY-LAWS FOR

COMMUNITY NURSING COUNCILS

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The following outline is suggested for city organizations, or city and county. The form of organization will vary according to local conception and adaptation. However, any community nursing council should provide for representation from all branches of nursing, from allied professional groups and from the lay public. The State Committee on Distribution of Nursing Service will direct the efforts of nurses in small communities and rural sections to find ways of solving their nursing needs.

ARTICLE I. NAME

Community Nursing Council

ARTICLE II. PURPOSE

- (a) To study the nursing needs of the community.
- (b) To promote those measures that shall meet these needs.
- (c) To help prepare nurses adequately for the service.

ARTICLE III. MEMBERSHIP (two classes)ORGANIZATION REPRESENTATIVES

- 1. State District Nurses' Association - 3 members.
- 2. The Registry Nursing Bureau - 2 members. (If Nursing Bureau is not a separate organization there should be 5 members from the District Assoc., 2 of whom should represent the Registry.)
- 3. Local League of Nursing Education - 3 members.
- 4. Hospitals - 2 members. (Those meeting American Medical Association standards) (Executive & Trustee Representatives appointed by local Hospital Association if there is one.
- 5. Official Health Agency - 2 members. Health Officer & Director of Nurses.
- 6. Private Public Health Nursing Assoc. - 2 members. Board Member & Executive.
- 7. Local Medical Association - 3 members.
- 8. Local University or College - 1 member.
- 9. Community Chest or Fund - 2 members. Board Member & Executive.

MEMBERS AT LARGE: (Should be one-third of total Council)

Helpful people as: Representatives of publicity and educational groups; League of Women Voters; Parent - Teachers' Association; Red Cross: etc.

Where a rural area is included in Council field of operation representation from local Grange and other purely rural organizations should be secured.

ARTICLE IV. OFFICERS (Two officers should be nurses)

President, Vice-President, Secretary, Treasurer.

-2-

ARTICLE V. COMMITTEES:

1. Executive Committee: 4 officers and 3 other members.
(2 members - local nursing Associations
(1 member - local Medical Society
(Maintain a majority of nurses on this
Committee)
2. Education - In connection with graduate & undergraduate work.
3. Distribution of Nursing Service:
 - (a) Home
 - (b) Hospital
 - (c) Miscellaneous
4. Public Information
5. Finance
6. Legislative Committee
7. Program Committee
8. Nominating Committee
9. Research Committee

ARTICLE VI. MEETINGS:

Meetings shall be held:

Full Council - Quarterly and on call.

Standing & Special Committee - at least monthly & as necessary.

Reports given at Council Meetings.

NOTES:-

Financial Support -

Grant from Community Fund or from Organization dues & contributions.

NURSING SERVICE IN HOSPITALS

1. FIRST LEVEL NURSING (Actual Care of the Patient).

(a) Special Duty Nursing

(b) General Staff Nursing (1. Student service
2. General Graduate Nursing Service.
3. Divisional Nursing Service (Graduate)

II. SECOND LEVEL NURSING (Indirect Care of the Patient).

(a) Head Nurse

(b) Supervisor (1. Teaching
2. General

(c) Patient's Physician

(d) Chairman of Medical Staff (1. Technicians
2. Anaesthetists
3. Dieticians

III. THIRD LEVEL NURSING (Educational and Administrative)

(a) Teachers in School of Nursing

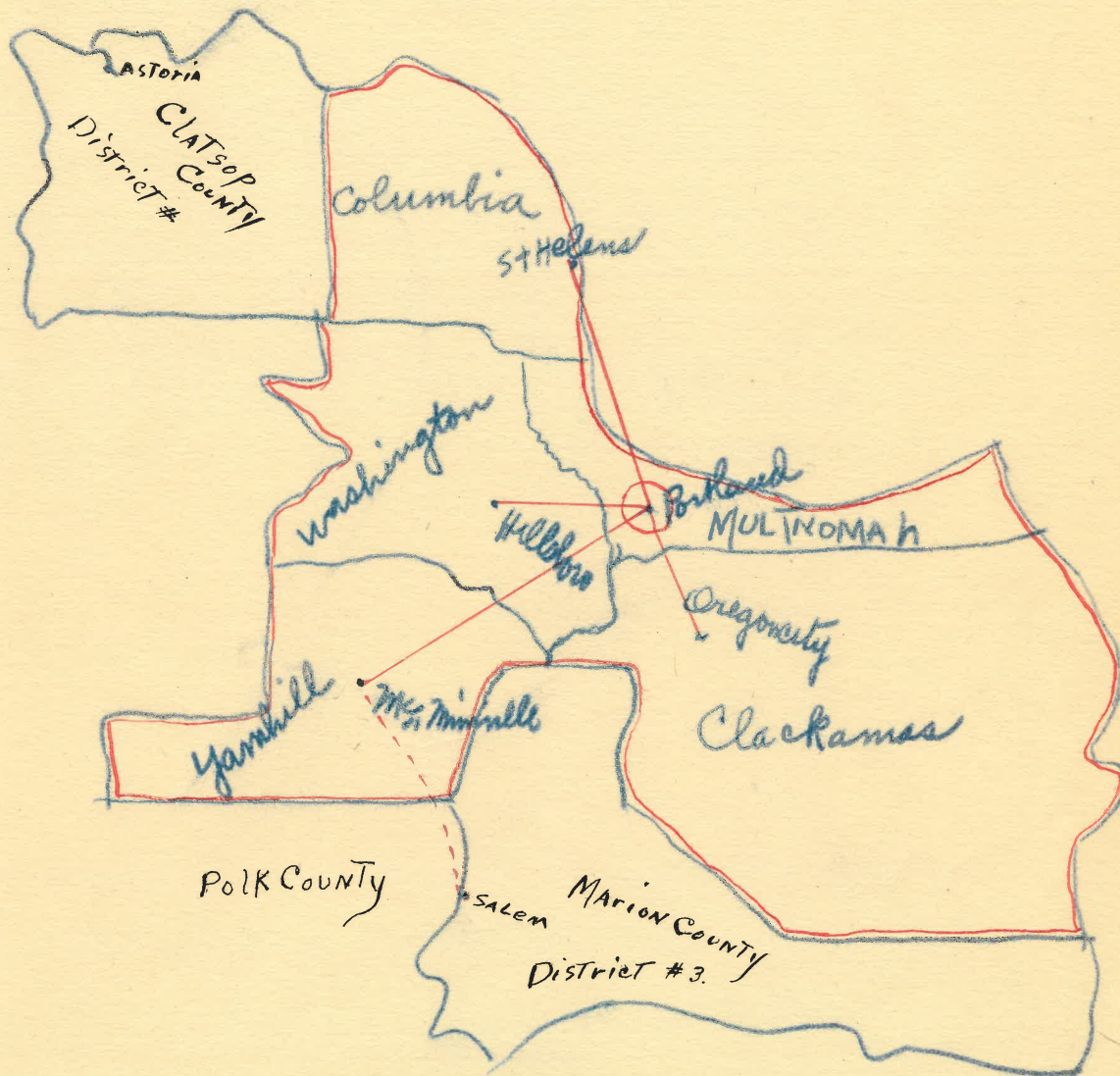
(b) Superintendent of Nurses

(c) Assistant Superintendent of Nurses

(d) Superintendent of Hospital

(e) Assistant Superintendent of Hospital

(f) President of Board of Governors.



○ Portland (Headquarters, Dist. #1).

— District No. 1.

--- Proposed change (Yamhill and Marion Counties combine)

IV Map of District 1.

Appendix 4.

February 17, 1932

-1-

Comparative Cost of Student and Graduate Nursing-

Note- Assuming first that a graduate floor duty nurse will work 52 hours per week. Capped students now work an average of 49 hours per week, plus an average of 6 class hours per week.

Second; that three graduate nurses can do the same amount of work that four students can do.

Third; that all students are taking certain classes with the Extension Department of the University of Oregon.

Fourth; That we can secure good floor duty nurses for \$50.00 a month, plus maintenance- (which is cheap nursing cost).

Since over one fourth of the students drop out, and these are young expensive nurses, add at least one-fourth to cost of each nurse.

A proportion of the students could be replaced by maids or attendants at \$40.00 a month, plus maintenance, which would effect a greater saving.

COMPARATIVE COST--

<u>GRADUATE</u>	<u>PER MONTH</u>	<u>STUDENT</u>
\$20.00	Board	\$20.00
6.00	Room	3.00
6.00	Laundry	6.00
1.50	Illness)	7.00
0.00		
0.00	Health examination)	
	Instruction	5.00
	Tuition)	4.55
	Bus fare)	
	Graduation)	1.50
	Music Etc.)	
	Breakage	? ??
	Salary	0.00
<u>50.00</u>		<u>47.55</u> -- plus
\$83.50		

<u>NURSE</u>	<u>COST PER WEEK</u>	<u>PER HOUR</u>
Graduate floor duty (Work 52 hours per wk.)	\$20.93	.40
Student (Work 49 hours = 25¢ + $\frac{1}{4}$ due to "student mortality")	12.00	.31
Cost of attendant--48 hours per week		<u>.36</u>
Cost of 3 graduate nurses per hour		\$1.20
Cost of 4 student nurses per hour		1.24

EXPLANATION OF FIGURES

Illness-- Mr. Morrill charges students \$83.70 per year- \$7.00 per month.

Instruction Cost--

Instruction full time	Per month
(Salary & Maintenance) - - -	\$158.50
6 Supervisors $\frac{1}{2}$ time - - -	198.00
Assistant Director - - -	79.25
Director - - - - -	80.00
Dietitians - - - - -	50.00
Night matron $\frac{1}{2}$ time - - -	35.00
	<u>\$600.75</u>

Apportioned among 130 students= \$4.62 each.

Tuition at University per year- \$33.00
 Bus fare 36 weeks (60¢ per week) 21.00
\$54.60

Average per month - - - - - \$4.55

Cost of attendant

Salary - - - \$40.00
 Board - - - 20.00
 Room - - - 3.00
 Laundry - - 5.00
 Illness - - 1.00
Per month- \$69.00
 Per week- 17.25
 Per hour- .36

Saving through University affiliation, and assuming that students would be working same number of hours-

Prior to University affiliation probationers were given:

(Capes
 (Caps
 (Hypo syringe
 (Scissors -----Total- \$21.00

Salary (3 months) - - -0
 \$7.00 for 15 months- \$105.00
 \$10.00 for 18 " 180.00
 Total - - - - - \$285.00
 Plus outfit - - - 21.00

Total received by student for 3 years- \$306.00

Cost Now: University expenses per student

for three years - - - - Tuition- \$99.00
 Bus fare- 81.00
 Total- \$180.00

Saved on each during 3 years- - \$126.00
 For one year- \$42.00 saved on each student
 130 students x \$42.00 would be \$5460.00

Tentative reduction in personnel on floor of main building
as estimated for February 19, 1932--
(Wilcox Memorial and operating rooms omitted)

134 patients on general care
97 nurses including 13 preliminary students.
41 students could be dropped and replaced by 22 graduates and
6 attendants.

Saving in cost per month-

41 students @ \$47.55 =	\$3,149.55
(This does not add cost of those leaving)	
22 graduates @ \$83.50 =	\$1,837.00
6 attendants @ \$69.00 =	\$414.00
	<u>\$2,251.00</u>
Saved per month-	<u>\$398.55</u>

Gain better nursing and satisfied doctors.

Bertha S. Wilson

This, of course, is just an estimate.

Bertha S. Wilson

QUESTIONNAIRE (Student)

1. Name of School-----
2. Date School was established-----
3. Number of students in school at present date-----
4. Number of students graduated in 1932-----
5. Number of students graduated since school was opened-----
6. Has an effort been made to cut down the number of students entering the school in last two years-----
7. Cost of educating student-----
8. Method by which cost is met-----
9. Student's salary, first year-----second ----third-----
10. Have you made a study of the cost of student to school-----
11. Have you made a study of the financial return from student's work performed for hospital-?-----
12. Result of study, if made-----
13. Do students have head nurse duty?-----
14. Do you have a student specialization course in senior year?-
In what departments is specialization allowed?-----
Time allowed for special work-----
15. Are you affiliated with the University of Oregon-----
16. Number of students entered in 1930-----1931----1932-----
17. Number of students dismissed in 1930---1931---1932-----
18. Causes for dismissals-----

19. Bed capacity of hospital-----Daily admittance-----
20. Remarks:

Date:

QUESTIONNAIRE (Graduate)

1. Do you employ graduate nurses for head nurse duty?-----
When was the service first inaugurated?-----
Has it been a continuous service since that date?-----
2. Salary for head nurse duty-----Room-----board-----
laundry-----
3. Do you employ teaching ward supervisors?-----number?-----
4. Salary of supervisor-----room-----board-----laundry-----
5. Do you employ general duty nurses?-----When was the
service first inaugurated?-----continuous service-----
In what departments-----
6. Salary of general duty nurse?-----room?-----board-----
Laundry-----
7. No of graduates employed in hospital-----
8. Types of graduate service-----
Salaries-----
Continuous service or intermittent service?-----
Remarks on services-----
9. Do you give post-graduate courses?-----certificate?-----
Name types of post-graduate courses-----
Do you charge for the course?-----Length of course-----
Residence in hospital or out-of-hospital?-----
10. How many graduates employed from your own school?-----
11. How many graduates employed from other schools?-----
12. Names of schools & dates of graduation-----
13. Comments on service rendered by graduates in general-----

14. Points of differences between the attitudes, etc., of own
graduates and others regularly employed in hospital-----

15. Do you feel that your own graduates understand the hospital situation better and work to the better advantage of hospital?-----Do you prefer graduate employees from other hospitals with idea of injecting other modes of technique inot your service?-----Does the hospital have its own standardized technique, or does the technique change somewhat according to those in charge of the department?-----
16. Do you have a registry in your hospital for private duty nurses?-----Do you use the Official Registry?-----
17. Average number of nurses daily in hospital on special duty----
18. Remarks on the service of the Official Registry-----

19. Do you prefer to have your graduate employees live at the Nurses Home?-----
20. Do you make use of the graduate for minor duties when at the Nurses Home? Answering telephone, etc.,-----
21. Does the hospital graduate employee carry health and accident insurance?-----
22. Does the hospital carry health and accident insurance for the graduate nurse employee?-----student employee?-----
Type of insurance-----
Contributory-----non-contributory-----
23. Vacation time allowed the graduate nurse with pay-----
Vacation time without pay-----
24. Does the hospital grant sick leave to graduate nurse employees?-----How much time?-----with pay?-----without pay?-----
25. Suggestions for better Official Registry Bureau-----

26. Remarks on Special duty nurses' work in hospital-----

Name of Hospital:

Date:

Appendix 6.

Community Nursing Council

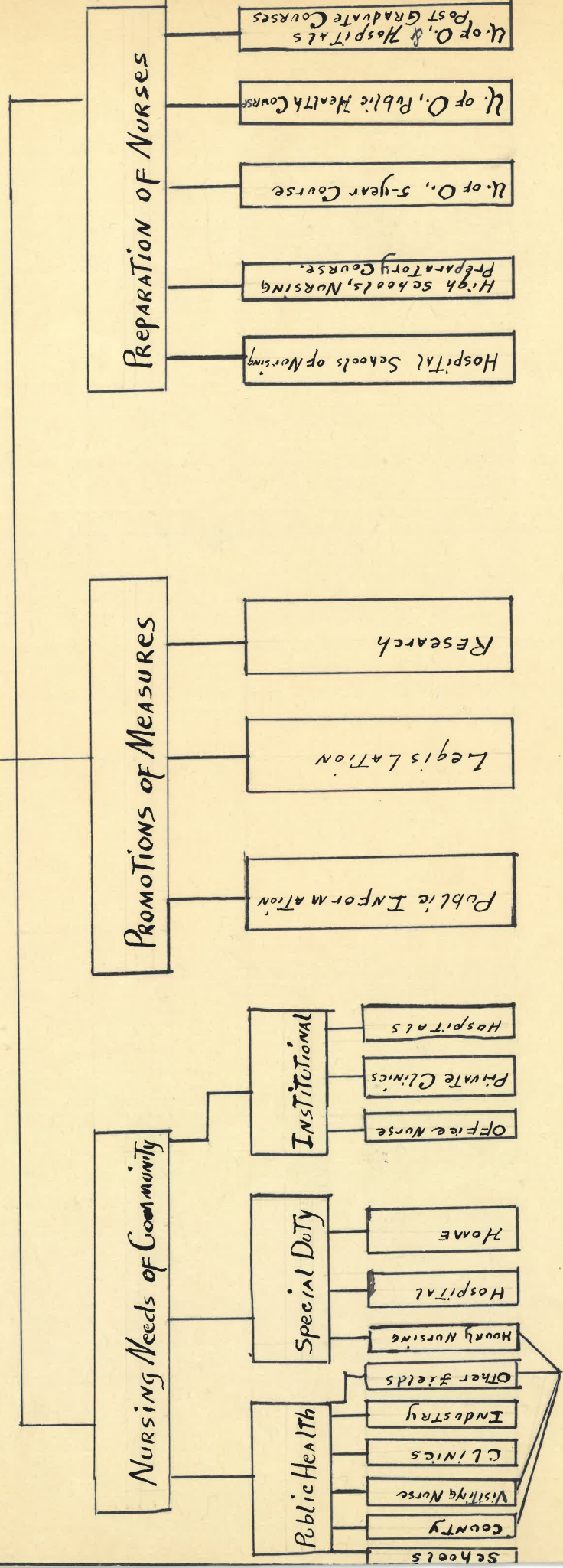
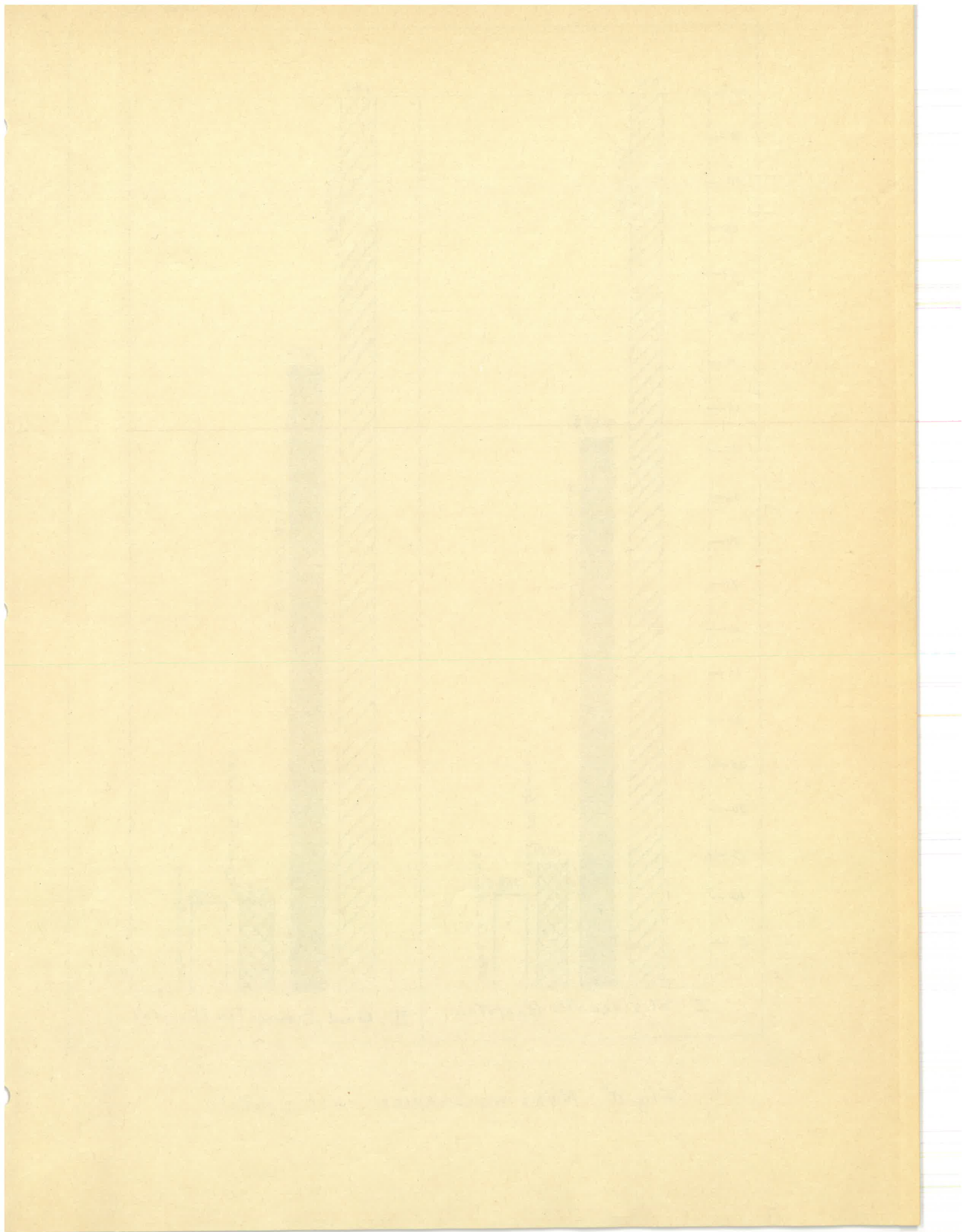


Fig. I, - Purpose of Community Nursing Council



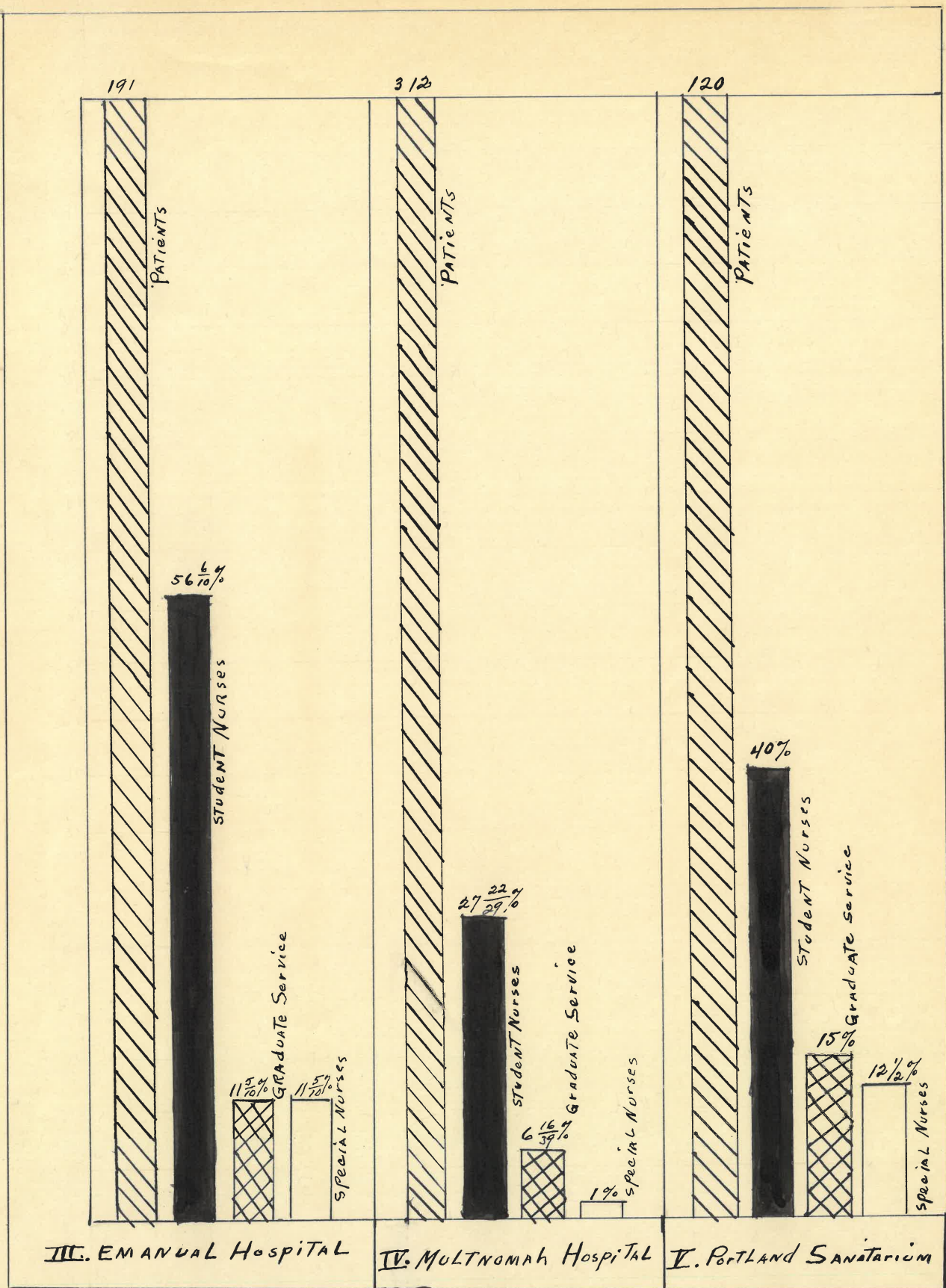


Fig. II^b, Nursing Service in Hospitals

	St. Vincent's	Good Samaritan	Emanuel	Multnomah	Portland San.	Doernbecker
Total	611	874	214	142	270	236
1. Graduates						
Date						
2. School Opened	1892	1890	1912	1910	1895	1927
Affiliated						
3. U. of Oregon	yes	yes	no	yes	no	yes
Affiliation						
4. Doernbecker	yes	yes	no	yes	no	-----
Hospital						
5. Bed Capacity	400	325	280	275	120	75
Daily Average						
6. Patients	300	175 to 180	191	312	90 to 100	45
Students now						
7. in School	190	126	110	86	48	18
Student						
8. Dismissals	1930 62% 1931 66%	1930 ? 1931 47%	1930 15% 1931 10½%	1930 25% 1931 10%	1930 16% 1931 0%	1930 0% 1931 1 student

(# 1). Figure 3. Analysis of Survey of Hospitals, March, 1932.

	St. Vincent's	Good Samaritan	Emanuel	Multnomah	Portland San.	Doernbecker
Student Admission cut	1932 50%	1932 20%	1932 7.4-%	1932 none	1932 2.2%	1932 none
10. Student Salary	1st 2d 3d yr. \$5 \$5 \$5	1st 2d 3d yr. none	1st 2d 3d \$10.50 \$11.50	1st 2d 3d \$10 \$10 \$10	1st 2d 3d Hourly basis	3d year \$10 plus trans
Total graduates (19 Nuns) 42(included)		26	22	20	18	14
11. Teaching Supervisors	11	2	2	9	1	2
General Duty Graduates	yes	yes	no	no	yes	yes
14. School Employed Graduates from other Schools	21(secular)	18	5	11	12	3
15. Salaries	2 over \$125; \$90 to \$125	8	17	9	6	11
16. Vacation with pay, graduates	no	2 over \$100 \$85 to \$100	\$100	6 over \$105 \$100 to \$105	Pay by week, \$25 to \$28	3 oabove \$125 \$115 to \$125
17. Hospital carries Insurance for	no	Yes (4 weeks)	Yes(1 month)	Yes (2 weeks)	Yes (2 weeks)	Yes (2 weeks)
18. Graduate employ	no	no	Yes	no	{Intra-) Yes(Hospital)	State Acciden Yes.

(# 2) Figure 3. Analysis of Survey of Hospitals, March, 1932.

INTRODUCTORY NOTE

The present report is the result of a class study in Advanced Nursing Procedures (441), University of Oregon School of Applied Social Science. An attempt has been made to present a workable plan for a Community Nursing Council for District # 1, Oregon State Graduate Nurses' Association. District # 1, has been chosen for the experimental field, because the subject does not lend itself to the State as a whole. Modifications to fit local needs will be necessary, if Community Nursing Councils are to be established in the other districts of the Oregon State Graduate Nurses' Association

The studies made by the Committee on the Distribution of Nursing Service of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing have been used as the basis for the study; then in December 1931, a survey was made of the nursing service given in the following hospitals in Portland: St. Vincent's, Good Samaritan, Portland Sanitarium, Multnomah, Emanuel, and Doernbecker Memorial Hospital for Children. After much thought and discussion, the survey was confined to the hospitals having schools of nursing, for the present unemployment situation has been mainly attributed to an oversupply of graduate nurses.

Elnora E. Thomson, R.N.,
Director of Nursing Education,
University of Oregon, and
Director of Study.

SYNOPSIS

1.

In adapting the suggestive by-laws of the National Committee on the Distribution of Nursing Service to District # 1, it was necessary to make certain changes and to enlarge the committee. The geographical area of District # 1, complicates the selection of groups and organization, and it would seem necessary that sub-committees be appointed in the counties of Yamhill, Washington, Clackamas, and Columbia to work in co-operation with the Community Nursing Council located in Portland, Multnomah County, Oregon. The hospitals located in the principle towns of the above-mentioned counties would be the logical place for sub-registry bureaus.

In many of the larger towns of the above-mentioned counties there are many practical nurses employed. The public generally do not recognize the difference between the graduate nurse and the practical nurse, or if they do know the difference they do not consider the distinction to be important. In many instances practical nurses are superintendents of hospitals.

The suggested plan for District # 1, has been outlined with the complicating situations of the five counties that make up the district. The concentration of the schools of nursing in Portland, and the concentration of hospitals in Portland also tend to complicate the selection of groups and organizations for the Council. District # 1, has functioned solely in Portland, because

of the concentration of graduate nurses in Portland; but it would seem advisable to branch out its activities to cover its geographical area.

-2-

The survey of the Schools of Nursing in Portland - - St. Vincent's, Good Samaritan, Multnomah, Emanuel, Portland Sanitarium, and Dorenbecker - - brings out the fact that studies have been made, or are being made on the cost of educating the student, and the schools generally agree that the student is as expensive as a graduate floor duty nurse. Beginning January, 1932, four of the five schools have attempted to diminish the number of applicants accepted. The affiliated school, Doernbecker, accepts the number of students sent by the hospitals.

The number of graduate floor duty nurses could be increased to advantage in all of the hospitals. I shall not attempt to give the ratio of graduate nurses to student nurses, for the subject needs more study, if it is to be of value.

It is quite evident that the number of special nurses employed in the hospitals included in the survey decreased in 1931. I have no carefully tabulated figures to present, for none of the hospitals have kept an accurate account of the specials employed; but the general estimate is that the daily average of special duty nurses employed is about one-half that of former years. The hospitals are not able to provide enough

employment to take care of their graduates at present. The hospitals are interested in their graduate nurses, and the officials are anxious to co-operate in a constructive plan for the betterment of conditions for the nurses.

-3-

The functions of a Community Nursing Council would be that of an advisory capacity to District # 1, Oregon State Graduate Nurses' Association. As stated in Article 2, Purpose of the Council is three-fold: "(1) To study the nursing needs of the community; (2) to promote those measures that shall meet these needs; (3) to help prepare nurses adequately for the service."

Many of the problems of unemployment confronting the nursing profession require the advice of the "onlooker". We are more or less weighted down by tradition in nursing, and I feel that we have let this tradition, at times, interfere with our judgment in adapting nursing to the changes that have taken place in the community. Among the many problems that the council might study, I shall mention only the pertinent one before us at present. The council might discuss and advise on how best to diminish the number of students admitted into the schools of nursing in the District. Careful study of the problem must be made, for we should not consider a radical elimination. We must remember that there are in all two thousand schools of nursing in the United

4. Synopsis

States, and an emergency might throw the surplus of poorly prepared nurses on us. This would mean a retracing of the steps of our progress. If the hospital schools reduce the number of students, it should be done after discussion and on a percentage basis of the needs of the community. The laboratory facilities of our schools are of a high quality, and we need but to re-arrange our system to better use these facilities. The theoretical side of nursing education is on a sound basis, if we continue our affiliation with the University of Oregon,

Since the District cannot legislate, the plans suggested by the Council for changes to better nursing conditions, both for the nurse and the citizen in the community, must come to the Board of Directors of the Oregon State Graduate Nurses' Association for ratification.

-4-

The conclusion must be that a Community Nursing Council be created in District # 1, of the Oregon State Graduate Nurses' Association, and that the Oregon State Graduate Nurses' Association undertake to endow in memory of the "Pioneer Nurses of Oregon" a Department of Nursing in the University of Oregon. The authority for undertaking a piece of work as momentous as this may be found in the Articles of Incorporation of the Oregon State Graduate Nurses' Association. The adjective "educational" is written into the Articles of Incorporation as one of the purposes of the Association.

SUGGESTIVE PLAN
COMMUNITY NURSING COUNCIL

ARTICLE 1. NAME

Community Nursing Council, District # 1, Oregon State
Graduate Nurses' Association.

ARTICLE 11. PURPOSE

- (a) To study the nursing needs of the community.
- (b) To promote those measures that shall meet these needs.
- (c) To help prepare nurses adequately for the service.

ARTICLE 111. MEMBERSHIP(two classes)

ORGANIZATION REPRESENTATIVES

1. District # 1, O.S.G.N.A. -3members
 - (a) President of Organization
 - (b) Member appointed by Board of Directors
 - (c) Member elected at Annual Meeting of Organization
2. Registry Nursing Bureau -2 members
 - (a) Member of Registry Committee
 - (b) Registrar of Registry
3. Oregon League of Nursing Education -3 members
 - (a) President of League
 - (b) Member appointed by Board of Directors
 - (c) Member elected at Annual Meeting of League
4. Oregon Organization of Public Health Nursing -3 members
 - (a) President of Organization
 - (b) Member appointed by Board of Directors
 - (c) Member elected at Annual Meeting of Organization
5. Hospitals Conducting Schools of Nursing -6 members
 - (a) Supt. of School of Nursing, St.Vincent's
 - (b) " " " " " Good Samaritan
 - (c) " " " " " Portland Sanitarium
 - (d) " " " " " Emanuel
 - (e) " " " " " Multnomah
 - (f) " " " " " Doernbecker
6. Oregon State Board of Health -2 members
 - (a) State Health Officer
 - (b) State Advisory Nurse

7. State Medical Society -1 member
City and County Medical Society -2 members

8. University of Oregon -1 member
(appointed by President)

9. Community Chest -2 members

10. MEMBERS AT LARGE -12

- (1) Oregon Tuberculosis Association
- (2) American Red Cross, Portland Chapter
- (3) City Club representative
- (4) League of Women Voters
- (5) State Grange president
- (6) Labor Organization representative
- (7) Council of Social Agencies
- (8) City Federation of Women's Clubs
- (9) Representative from Council of Protestant Churches
- (10) " " Jewish Church
- (11) " " Catholic Diocese of Oregon
- (12) Member of Multnomah County Commissioners

12. Attorney- -Oregon State Graduate Nurses' Association.

RECOMMENDATIONS

to

OREGON STATE GRADUATE NURSES' ASSOCIATION

1. WHEREAS, the unemployment of graduate nurses has become a question of importance and discussion in the Oregon State Graduate Nurses' Association meetings,
We Recommend that a copy of this report, "Community Nursing Council for District # 1, O.S.G.N.A." be sent to the President of District # 1, with the recommendation that it be brought up for discussion and acceptance at the 1932 Annual meeting of District # 1, Oregon State Graduate Nurses' Association.
2. WHEREAS, The Oregon State Graduate Nurses' Association is concerned with the raising of nursing standards to meet the needs of the State Of Oregon in an intelligent and honest manner, and
Whereas, the hospitals should not be required to take the full burden of educating nurses to serve the people of Oregon, and
Whereas, the Oregon State Graduate Nurses' Association is incorporated under the laws of the State of Oregon (1911), with the right to undertake work of an educational nature, we
Recommend that a committee be appointed at this meeting of the Oregon State Graduate Nurses' Association held in Portland, Oregon, May 6, 1932, to confer with University authorities, to study and

formulate plans for the raising of necessary money to endow a department of nursing in the University of Oregon, to be dedicated to the Pioneer Nurses of Oregon; and said plans of the committee to be presented at the next Annual meeting of the Association for approval and acceptance. The committee shall be known as the "Department of Nursing Endowment Committee of the Oregon State Graduate Nurses' Association."

Respetfully submitted,

Elnora E. Thomson

Margaret A. Tyhan