

NURSING EDUCATION IN THE UNITED STATES

VI.

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A little over sixty years ago the first modern training schools for nurses in the United States opened their doors to prospective students. As a result better nursing service was provided for patients in hospitals, since the students replaced women with no training, many of whom had been taken from almshouses and prisons to wait on the sick. Since that time the quality of nursing has steadily improved, though the improvement has been somewhat slower in some places than in others. Caring for the sick is a profession as old as civilization, but it was not until the scientific advances of the nineteenth century had given us a little insight into the cause of disease that it was felt necessary for nurses to obtain certain knowledge and acquire certain skills in order to practice their art.

Before 1850 the Fleidners had established a hospital at Kaiserswerth in Germany where they gave some instruction to students. The students, known as Deaconesses, received theoretical and bedside teaching from the attending physicians, ethics from Pastor Fleidner, and practical nursing from his wife, Fredericke. This remarkable woman acted not only as superintendent of the school, helped in caring for the poor of the parish, and reared her own family of nine, but also found time to record and evaluate her experiences, and from them to formulate methods and principles for the training of the Deaconesses. The key note of these principles may be found on the title page of her journal which says, "The soul of service must never be

sacrificed to the technique." The training of the Deaconesses, however, was aimed at making them social workers and teachers as well as nurses.

In 1860 Saint Thomas's Training School for Nurses in London was started under the influence of Florence Nightingale, who is well known as the founder of modern nursing. The four main features which characterized Saint Thomas's were:

(1) The matron should be supreme; she should have charge of the nursing service in the hospital, the training school, the kitchen, the laundry etc., and she should be responsible only to the hospital board.

(2) The nurses should "live in" both for their educational and moral good.

(3) The nurses should receive theoretical teaching including instruction in the basic sciences.

(4) A "ward sister" under the matron's direction should be responsible for the practical teaching.

Before this time the entire discipline and education of nurses had been entirely controlled by the hospital directors and medical staff, and it was Florence Nightingale's plan to change all this by putting the school under the control of a woman who should herself be a trained nurse. Unlike Kaiserswerth, Saint Thomas's was established for the purpose of training women to be teachers and administrators of hospitals so that nursing all over the world would benefit. In addition the Saint Thomas nurses were to be self supporting, while the Deaconesses were supposed to give their services in return for living accommodations and a small amount of pocket money to be supplied them by

the institution.

The influence of the Nightingale system was wide, but as few schools enjoyed the financial independence that Saint Thomas's did, some changes and adaptations were necessary in most countries. Our early schools were patterned after these European schools, though the Nightingale system, or at least a modified form of it, more often prevailed.

The Civil War, occurring at this time in the United States, retarded the development of schools by about ten years. The use of vast numbers of nurses during this time, however, did serve to focus attention on the weakness of the volunteer system in times of war and disaster. True, some volunteers were given a brief, hurried apprenticeship in a hospital before they entered the camps and war hospitals and all were imbued with the spirit of devoted service; yet many lives were lost which, it was recognized, could have been saved had up-to-date medical and sanitary knowledge been competently applied. Among the early leaders in the movement to provide trained women to care for the sick was Dr. Elizabeth Blackwell, noted as the first woman to graduate from an American medical school. She had visited Florence Nightingale and learned much about the ideals and methods of training nurses in England. She had planned to open a training school in New York based on Miss Nightingale's system, but the outbreak of the war prevented this and instead she set her efforts toward organizing women war workers.

However, at the close of the war, many of these women war workers, having gained considerable experience and a broadened viewpoint, went home to take up some form of public service. A group of these women in New York investigated nursing conditions

in the hospitals and, finding them deplorable, set about to remedy the condition. Dr. Gill Wylie, who was in sympathy with their plan, was sent to England to observe English nursing and to secure Miss Nightingale's support and advice. Then an appeal was made to the public for funds to establish a training school for nurses. By the first of May, 1873, everything was in readiness for the opening of the Bellevue Training School for Nurses under a leader, who, though not herself trained at Saint Thomas's, was familiar with its principles and thoroughly in sympathy with them.

Another of the early schools was started in the New England Hospital for Women and Children. There, as early as 1860, Dr. Marie Zakrzewska, recognizing the need for a better nursing service, began to give some practical instruction to the nurses. Later the course was graded and modeled after Kaiserswerth by Dr. Susan Dimrock, who had visited the Kaiserswerth school and had been much impressed by it. The first student to enter this school, which opened in its new form in 1872, was Linda Richards, well known as the first trained nurse in America. Subsequently she studied the Nightingale methods at Saint Thomas's and, after her return, was influential in reorganizing the New England school on the Nightingale pattern with a nurse at the head.

In Connecticut The New Haven Hospital started a training school in 1873 at the suggestion of a committee of medical men who had been asked to make a report on the training of nurses. In their report they advised the creation of a training school as an adjunct of the hospital and suggested that it be placed under the supervision of the reporting committee. Their advice was followed,

and the school has enjoyed a long-continued progress, becoming in 1923 the Yale University School of Nursing. The New Haven Manual of Nursing, prepared by this group of men, to whose efforts the school owes its origin, was published in 1879. It was the first text book for the use of pupils in training and has been widely used.

The last school to claim the distinction of being a "first training school" for nurses was established in Boston on November 1, 1873. Here, as at Bellevue, the impetus was furnished by women war workers, although their interest was directed toward finding a means whereby women could be educated and eventually self-supporting rather than toward making any major reforms in the hospital service. Hearing of the excellent school for nurses in New York, one of the women made a trip there to visit this school. Her report of it was received enthusiastically by the group, and they immediately started to make plans. The Massachusetts General Hospital was selected as the most suitable place in which to try out their scheme, and a delegation was sent to discuss the subject with the trustees. The trustees were at first reluctant to change their old methods which had always enjoyed considerable prestige. Indeed the hospital was superior in many respects to other hospitals of that time. According to Miss Dock's description of it in the second volume of her A History of Nursing, the rooms were "clean, bright, and pleasant, and the comforts of the patients were considered in every way....The women who worked there as nurses were of a highly estimable type, good, conscientious, and faithful." Quite a different picture this, from the we have of Bellevue just a few years previous, with its filthy rooms and linen, its drunken and dissolute attendants, and its unkempt sick,

poor, and insane, all herded together in the same building. However, after some adjustments were made as to the relation of the new school to the staff at the Massachusetts General Hospital, a few wards were given over to the experiment. The first year was not one of promise but at the end of this time Linda Richards was secured as superintendent, and from that time the work of training the new students and satisfying the medical staff progressed more smoothly.

These early schools were a distinct improvement over anything which had preceded them, yet compared with our present day schools the facilities for training students were certainly meager. For instance, in 1874 Miss Seymour tells us in her book A General History of Nursing that the equipment considered desirable for a training school consisted of:

- (1) A mechanical dummy
- (2) Models of legs and arms for bandaging practice
- (3) A jointed skeleton
- (4) A black drawing board
- (5) Drawings, books, and models

Another illuminating account of this early training is given by Linda Richards, who wrote of her experiences at Roxburg:

"The course was only for one year, and embraced training in medical, surgical and obstetrical nursing, but the kind and amount of instruction was very limited. 12 lectures were given by the visiting staff of physicians and the only bedside or practical instruction we received was from the young women internes who taught us to read and register temperatures, to count pulse and respiration, and the methods of performing the various duties as they were assigned....WE had no text books, nor did we have entrance

or final exams."

At present our better schools have well-equipped classrooms for demonstration and practice, laboratories for use in connection with the various science courses, texts covering every aspect of nursing, and libraries well-stocked with reference materials. The training has been enriched and lengthened, and after graduation the students are encouraged to keep up with modern advances through "refresher courses" or to prepare for special types of work through post graduate courses.

By 1890 the first experimental stage was over. The schools had demonstrated their ability to provide competent nurses to the hospital administrators, to the medical profession, and to the public. The period from 1890 to 1900 was one of rapid expansion of schools. Since the system had served to provide better nursing service it is no wonder that hospital administrators, wishing to improve the quality of their nursing service, should establish training schools. From the 35 schools in existence in 1890 the number increased in the ten years following to 432, while the 1552 students of 1890 swelled to 11,164 during the same period.

This excessive growth was unfortunate in several respects. Though the early leaders were a splendid and intelligent group of women who were able to attract a better class of students, the expansion of schools was too rapid for this to continue. There was an insufficient number of such leaders; there was no place where training for leadership could be secured, and the high ideals which had stimulated the beginnings of the early schools were submerged under a desire to provide nursing service at a low cost. Schools were opened as economic ventures with a lack of sufficient funds and a lack of planning. Where costs of major importance the training of students is naturally considered as secondary to the

nursing service. As Miss Dock so well expressed it, "As hospitals took over control of nursing schools, the system became frankly an apprenticeship system and the educational side of the work tended to be obscured in the practical demands of the nursing service." This resulted in a general lowering of the level of nursing education.

In spite of this rapid growth of schools under indifferent leadership, many advances were made, one of the most important being the organization of nurse superintendents. At the Chicago World's Fair in 1893 a Congress of Hospitals and Dispensaries was held under the direction of Dr. John S. Billings. He gave over one section of it to nursing and appointed Isabel Hampton, then head of the Johns Hopkins School of Nursing, as chairman. Miss Hampton was a woman of rare ability with high educational ideals. She gathered together the leading nurses of the United States and Canada at this meeting, and together they organized the American Society of Superintendents for Nurses. From the beginning the organization was very progressive. Among the many improvements they sought to effect were minimum entrance requirements for students, shorter hours, better living conditions, and better teaching. Recognizing the need of further training for nurse leaders, they appointed a committee to work out plans for such a course. Most of the post graduate courses and college and university affiliations which are now available to students of nursing have been the result of the efforts of this organization. In 1912 it became the National League of Nursing Education, a name more descriptive of the nature of its work than the previous one had been. The membership, too, which was originally limited to superintendents of hospitals in good standing, has been extended in recent

years to all who are interested in nursing education.

Another important step forward was the introduction of the preliminary course, for the purpose of giving the student training in the basic sciences and nursing practices and procedures before she was given the responsibility of caring for patients. The first preliminary course in this country was introduced at Johns Hopkins in 1901 by Adelaide Nutting, who had succeeded Isabel Hampton as director of the school. Other schools were slow to follow, not because the course was considered unnecessary but because of the additional expense it required. By 1912 there were 114 schools which gave preliminary instruction, but there was little uniformity in either the content or length of the course. Today a four month's preliminary course is given in most schools, although there is still some diversity as to its content and quality.

Post-graduate courses had their beginning at Teachers College, Columbia University in 1899. The committee which had been appointed by the Superintendent's Society made arrangements with Dean James A. Russell to establish a course in hospital economics under the domestic science department of the school. The first years were difficult; classes were small, and the course was heavy with technical subjects in the household arts. In 1907, however, a separate department was organized, and Miss Adelaide Nutting, who was called to direct it, was given the position of professor on the faculty. A substantial endowment, given the department in 1910 by Helen Hartley Jenkins, helped to place the school on a firm financial basis and made possible the addition of a public health course. This educational center soon became well known and attracted many nurses from both here and abroad.

The development of university affiliations for student nurses was anticipated as early as 1901. At that time Mrs. Bedford Fenwick of Great Britain gave a report at the International Council of Nurses in which she said, "Is it too much to hope that the wealthy will come forward and found colleges of nursing in which the power of the profession will be focussed and centered?" The early efforts to connect schools of nursing with the university were only partially successful, because there was no attempt made to put the educational work of these schools on a university basis or to consider the nurses as university students. To Dr. Richard Olding Beard, who was much interested in the education of nurses, must go the credit for the first five-year course which led to a bachelor of science degree and a diploma in nursing. This course was established in connection with the University of Minnesota in 1910. At present approximately thirty universities recognize nursing education, either by giving post-graduate courses in special fields or by giving the preliminary science courses to entering students. About twenty universities recognize the school of nursing as a part of the university system.

The public health movement, which had started shortly after the beginning of the new century, with its emphasis first on care of the sick poor and later on prevention and teaching the principles of healthful living to the general public, received a great impetus from the World War. A nation that had complacently regarded its young men as being fine specimens of physical health and vigor were shocked by the draft figures which revealed the health status of our soldiers as falling far short of ideal. An urgent demand was made for someone to carry the message of healthful living to the homes of the country so that future generations would be more physi-

cally sound. As there were not enough nurses trained in public health methods to fill this demand, it was hoped that a shorter term of training could be arranged for providing the necessary workers.

As a result the Rockefeller Foundation made a grant for a study of the training of public health nurses. Under the direction of Josephine Goldmark the study was begun in 1918. Before long it was decided that the training of public health nurses, to be satisfactory, must be built upon the basic hospital training, and the original purpose of the study was then broadened to include all nursing and nursing education. This study, Nursing and Nursing Education in the United States, which was published in 1923, disclosed the fact that there were more graduate nurses already than could be kept employed, in spite of the shortage many of the profession had felt existed. Recommendations were made by the committee, stressing the importance of university affiliations and independent endowment of nursing schools. The wastefulness of much of the time spent in the hospital by students was pointed out and a more intensified course of twenty-eight months in the hospital was suggested, with the remaining eight months to be devoted to specialized preparation. The report stimulated much thinking about the education of nurses and the need for higher standards, but it did not receive as wide publicity as could have been desired. Although a short method for training public health nurses was not found, there was one, immediate, desirable outcome of this study. Two schools, the Western Reserve University School of Nursing and the Yale University School of Nursing received endowments to carry out an experiment in university nursing education, the first from

Mrs. Chester Bolton of Cleveland and the latter from the Rockefeller Foundation.

A few years later another important study was undertaken by the Grading Committee, which was composed of members from the nursing, the medical, the hospital, and the public health fields as well as some additional members representing the public at large. Its purpose was defined as being, "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." Three projects for study were outlined by the committee in order to fulfill this purpose. They were:

1. The supply and demand of nursing service
2. What nurses need to know and how they may be taught.
3. The grading of nursing schools

The first project was completed and the report published in 1928 under the title of Nurses, Patients, and Pocketbooks. Its findings did not differ essentially from those of the previous study, but probably because it was a co-operative venture in which nurses, hospital administrators, doctors, and patients all over the country and because it was written up in an entertaining style, it received more publicity and was more widely read than the previous report had been.

The second report of the Grading Committee, An Activity Analysis of Nursing, was, as the name implies, an analytical study of nursing procedures. This was done in order to discover what good nursing consists of as a basis for determining how it should be taught.

The third and final report, Nursing Schools Today and Tomorrow, published in 1934, while it proved disappointing to many because it did not publish a classification of schools, did make specifications as to what facilities a training school should have and strongly advised those unable to meet the specifications to close their schools and staff their hospitals with graduate nurses.

Other studies, among them the Survey of Public Health Nursing conducted by the National Organization for Public Health Nursing and Clinical Education in Nursing conducted by the National League of Nursing Education, have evaluated nursing and nursing education in special fields. Consequently there is a fairly impressive accumulation of facts about nursing upon which to build a future program of nursing education.

Two important faults, resulting from our present system, have become evident, namely, that there is an overproduction of nurses, and that many of them are inadequately prepared to fulfill society's present nursing requirements. Training schools have been graduating nurses at the rate of about 25,000 a year. Few of these graduates have been employed by hospitals, except for teaching or supervisory positions or for private duty cases. Since most people who are seriously ill go to hospitals and since relatively few of them need or can afford special nursing, much of the actual work for which nurses are prepared is done by students. In order to correct this situation the Grading Committee has recommended that hospitals unable to meet certain specifications within a reasonably short time close their schools and employ graduate nurses to replace their students. Hospitals which have done this have reported an improvement in the nursing service with little

or no increase in cost. Another recommendation made was that classes be limited to the number which can be given sufficient experience on the smallest service the hospital maintains and supplemented by a regular graduate staff. This will, in time, reduce the number of nurses graduated annually as well as provide employment for many who are already in the field.

There are many different ways being tried for improving the quality of nursing education. Detailed investigations have been made in order to determine what knowledge the nurse should possess and what skills she should have mastered in order to be well trained. The following outline is a summary of the one suggested by the Grading Committee as comprising the basic things a nurse should be able to do irrespective of the special field she chooses:

1. She should be able to give expert bedside care
2. She should be able to observe and interpret physical manifestations of the patient's condition, and environmental factors which may hasten or delay his recovery.
3. She should possess special knowledge and skill necessary to deal effectively with certain types of common illness.
4. She should be able to apply the principles of mental hygiene in caring for her patients.
5. She should be able to co-operate with the family, the hospital, and all agencies in the interest of the patient and the community.
6. She should be able to provide for her own declining years and should conserve her own physical resources by living in accordance with the precepts she teaches. She should seek mental stimulus and follow the way of life in which she finds the spiritual and cultural values which enrich and liberate human personality.

Many new subjects have been added to the course of study, but probably more effective results have been obtained by the induction of different methods of teaching, which are more closely allied to the actual experiences of the student. One such method is the "Block Method," which has been tried in some places. It consists of a block of lectures, clinics, and classes in nursing methods centering about a certain division such as pediatrics or obstetrics. This block is given just before or during the time the student is getting her experience in that service. The disadvantages of this method is that it requires a repetition of the block with each shift of students and that it interferes to some extent with the nursing service. With education of the student as the primary aim of a school, however, the nursing service should not be dependent on the students.

Another method of teaching which has much to recommend it is the "case study" method. Students are assigned a certain number of cases to study each term. They assemble information about the social background of the patient, the disease from which he is suffering, the treatments he has been given, the communicable or preventable aspect of the disease, and other such material which will make possible a better plan for the patient's complete recovery. Special time is allotted the student for studying records, reading references and reports, and conferring with the head nurse or doctor about the cases. It is a time-consuming method, but it would seem that the completeness of the picture obtained by the student would fully justify its use. It serves to center the nurse's attention on the patient as an individual, to stimulate her powers of observation, and gives her experience in gathering and organizing material.

Raising the entrance requirements and making a better selection of students will also help to solve the problem of the poorly qualified nurse. Miss Leila Halverson points out, in her article "New Entrance Requirements and Selection of Students" in the American Journal of Nursing for March 1936, that the number of students who are eliminated plus those who fail in their state board examinations is only slightly less than half the number who are originally admitted, and that, since approximately 56% of the classroom work is given during the first four months, it would be a wiser policy to spend some of the money wasted in this way in making a better selection of students. She suggests that those who are responsible for admitting students acquaint the public, and especially high schools and colleges, with hospital entrance requirements and the personal qualities considered desirable in the potential nurse.

There are two trends in nursing education today, according to Miss Shirley C. Titus in her article, "Present Trends in Nursing Education", in the May 1935 issue of the American Journal of Nursing. They are first, a tendency for nursing to take on further academic coloring and second, a growing belief that public health or disease prevention should be introduced into the basic curriculum. The trend toward university affiliation is undoubtedly sound if nursing is to be put on a true professional basis. True professional education begins, says Miss Titus, at the junior-college level. She also raises the question as to whether nursing schools are prepared to reorganize to meet this level, which implies that faculties of nursing schools shall be as well prepared as university instructors and the facilities for instruction shall be equally good. It is doubtful if many nursing schools at present would find it possible to make such a reorganization, and the question is one

which should be taken into consideration by a school before it demands a junior certificate from the entering student. Through affiliations with universities, schools of nursing will benefit not only by having the use of laboratories and reference libraries but also by having well-qualified instructors to teach special subjects.

As regards the induction of public health into the basic curriculum, Miss Titus says that the grafting of post-graduate courses onto the regular hospital training, which develops attitudes and skills for care of the sick, is not too effective. She further points out that no more mature person is needed for preventive work than for care of a critically ill patient, and that there is no reason why the basic course should not prepare the nurse for all first-level positions.

Whether the nurse confines herself to care of the sick or branches off into the special field of public health, it is unquestionably desirable that she have the public health attitude, and this she can obtain more readily if public health principles and practices are a part of all her training. Every illness has its preventive aspect, and it seems absurd to leave this aspect untouched during a study of the disease. Every sick person is, first of all, a member of society, with not only a biological background but a social background as well; and insofar as that social background is not studied, the patient suffers from a lack of understanding as to the causes of his illness, and the chances for his continued well being after he leaves the hospital are lessened.

The nurse of the future, if she is to be successful, must be able to teach. The patient looks to the nurse to interpret to him the findings and instructions of the physician. In order to do

this she must not only have the scientific knowledge but also the ability to explain it in unscientific terms. In addition she must be able to choose from her own detailed knowledge of sickness and nursing the things which are important for the patient to know and be able to explain and demonstrate them to him clearly. Some schools are anticipating this need by instructing the student in personal hygiene with emphasis on methods of teaching it. Others are using a project method, in which the student prepares suitable material, such as, charts, short talks, or booklets, for use in the instruction of lay groups.

The National League of Nursing Education some years ago published a book on the curriculum as a standard to be used by schools of nursing. It has been revised several times, and at present is undergoing another elaborate revision, with an analysis and reorganization of principles, aims, and methods of nursing education.

Recently the Association of Collegiate Schools of Nursing has been formed, which is primarily concerned with the university education of the nurse. Its purpose, which is threefold is first, to develop nursing education on a professional and collegiate level, second, to promote and strengthen relationships between schools of nursing and institutions of higher education, and third, to promote study and experimentation in nursing service and nursing education.

"Education is as good as the educator", says Miss Elnora Thomson, Director of Nursing Education of the University of Oregon, and this seems to be a sound principle for future guidance. Revisions will be made, new subjects will be taught, and methods will be tried and changed, as indeed they should be; but throughout it all, if the educator is well informed about his or her subject and is guided by a sound philosophy of life, he will be able to inspire

students with a desire for knowledge, teach them to analyze and evaluate, and help them to find the true values in life. The future of nursing, then, lies in the hands of teachers of nurses, and it is their selection and preparation which should receive our earnest attention if nursing is to make progress and take its rightful place among the other professions.

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