

IV. TO TRACE THE PROGRESS OF NURSING EDUCATION
IN THE UNITED STATES WITH CONSIDERATION
OF THE INFLUENCE OF UNIVERSITY AFFILIATION

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The evolution and history of nursing as an art and a science has followed closely upon the rise and development of the medical profession in this country. Nursing is a comparatively recent offshoot of the Hippocratic tree, but our guild sprang into existence in response to the same social and humanitarian instincts, impulses, and necessities that gave birth to the Healing Art. We must consider not only the numerical expansion but the changed attitude of the community, in the recognition of the educated nurse as a necessary and indispensable element in the social welfare. From an elementary beginning, in which mere physical aptitude and moral ability of a nurse to become a trained attendant upon the sick --- whose place in the educational program gave her vocation a mere occupational position --- to the present standards of her education and prerequisites for admission to the best schools of nursing, we must realize that she has been lifted to the rank of a highly differentiated profession. As long as the conservation and welfare of human life were the main considerations -- the direct ministrations to the sick -- in its primitive form, it was possible for women with the most elemental instruction to discharge the nursing function acceptably. This concept of the nurse is fast vanishing and, we hope, will soon remain only as a relic of history and tradition. Today it is admitted that the interests of society are conserved and advanced by a much higher type of woman, one who acts as a scientifically educated assistant to, not the servant of, the

physician, one who is fitted to lead in certain important branches of social work. The distinction in the aim of the older methods of a nurse's education and that of the present is fundamental: it is the difference between a training for a more or less skilled handicraft and the education for a profession.

When schools of nursing were first established they were mere training schools and were started purely from the hospital utilitarian point of view, not from the nurse's point of view, and for the purpose of realizing urgent necessities. Nursing and medical work were not encouraged by the Puritan spirit, which regarded disease as punishment for sin. The Dutch traders of Manhattan opened a shelter in 1658 which later grew into Bellevue. For a while the city poor-house was combined with it. The Philadelphia Hospital, long known as Blockely, was opened in 1731 and resembled a mediaeval hospice with its conglomeration of poor, insane, sick, and orphans. The hospitals were of a dreary barracks type where filth and squalor abounded, and attendants of the roughest type had charge of the sick. In some of the early hospitals men patients who were well enough to be up and around were used as orderlies-nurses, and had complete charge of wards of other men patients at night. Their fitness, or rather, their unfitness, is shown by their morning reports, some of which consisted solely of, "Everything quiet," or "All patients slept good most part of night; nothing extra to report". And these wards were made up of patients ranging from the most critical pneumonic patients to ambulatory patients!

The New York Hospital in 1771 made the first attempt to instruct its nurse-attendants. This distinction came through the effort of Dr. Valentine Seaman. He gave lectures on anatomy,

physiology, and the care of children, but his courses were chiefly in connection with the obstetrical service. In 1839 the Friends in Philadelphia organized a service which they had begun to plan in 1828 and which was much like Elizabeth Fry's Nursing Institute in England. Dr. Joseph Warrington was in charge of the obstetrical service and instruction. In 1855 a leaflet was published by this society making an earnest appeal to young women to enter the nurses' calling. The Women's Hospital in Philadelphia opened a school for nurses in 1861. The medical staff was composed of women and both the hospital and school had a difficult existence until after the Civil War. The teaching of the nurses was for a long time only elementary but it ultimately became a well established institution. The most important and successful demonstration made by women in the training of nurses was the school opened in 1860 in the New England Hospital for Women and Children. The nurses were taught in a good practical way until 1872 when a systematic, graded course, with instruction carried through one year, was begun.

Sisterhoods of the Protestant Episcopal Church had some part in early nursing steps. Dr. Muhlenberg had visited Kaisersworth and advocated the founding of nursing orders within the church. The Sisterhood of the Holy Communion in New York was formed in 1845 and the Sisters carried on the nursing in St. Luke's Hospital from 1859 to 1888. There was also in Baltimore a branch of the English All Saints Sisters who carried on some nursing activities. The earliest organized nursing in our country was carried on by Catholic Sisters and many historical names of the old world are found in their American annals. The first convent in the United States was formed in Louisiana in 1727

by Ursuline Nuns and their chief activities were teaching, nursing and building hospitals. The various orders of Sisters of Charity and Sisters of Mercy now have charge of many large hospitals and have organized secular schools for nurses.

The Civil War gave great impetus to nursing and general organization among women. There were practically no educated nurses in 1861. Ward-workers, volunteers, and nurses after a short intensive course were used to fill the need.

The New England Hospital for Women and Children at Roxbury, Mass., opened a nurses' training school but it was not on the Florence Nightengale plan as they did not have a Superentendant of Nurses until 1882. Linda Richards, one of the first graduate nurses from the New England Hospital for "omen and Children, and since known as "America's first trained nurse" says in her Reminiscences (1911): "The course was for only one year and embraced training in Medical, Surgical, and Obstetrical nursing, but the kind and amount of instruction was very limited. Twelve 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 pulses and respirations, and the methods of performing the various duties as they were assigned. We had no text books, nor did we have Entrance or Final examinations. A probationers training for a nurse should last one year but lady probationers who are training for the duties of superentendant should have in addition to the first year in nursing duties, a second year in the duties of superintendence and household management includeing the care of the linen."

When Bellevue opened a training school in 1873, only five wards were placed under the care of the training school. From 1816 to 1873 Bellevue had combined the function of almshouse, hospital, and penitentiary, and the nurses were "ten day" women detailed from the penitentiary for this work. The wretched nurses themselves were victims of bad housing, long hours, and misreable pay. It would be unfair to assume that all these nurses were bad for some seem to have risen above the handicaps of ignorance and overwork to become experienced and devoted nurses. Some of them possessed at least one trait that is admirable in a nurse, and that was a sense of cleanliness which they carried to the extreme of washing surgical wounds with rags and soap. Dr. Osler and other chiefs-of-staffs had to adopt severe measures to stop these over-ambitious and misguided "aseptic consciences".

The second school in this country was the Conneticut Training School at New Haven which was initiated through the efforts of a special committee of the General Hospital Society of Conneticut. The third school was at the Massachusetts General Hospital in Boston which opened November 1st, 1873, with a Superintendent of Nurses, two head nurses, and four students. Johns Hopkins training school opened in 1889 under Miss Isabel Hampton (Rebb).

By 1890 training schools had established the position of educated nursing, and had proved its worth to the Medical profession, to the directors of hospitals, and above all, to the general public.

Theoretical instruction for nurses dates from Dr. Valentine Seaman's first lectures to nursing classes at the New York Hospital. Till then, such instruction would have been

difficult to impart for two reasons: the majority of nurses were recruited from the illiterate class, and the few who came from the better class could not have met high educational requirements because the education of all women was on a generally low level.

The International Council of Nurses which was formed in 1899 adopted as one of their projects the establishing of the three year course of study in nursing schools. By 1900 the three year course was found in one-hundred-thirty-seven schools out of the four-hundred-thirty-three schools in the United States. Progress in this direction was even more rapid in the following years and by 1912 three years was the accepted course of study, and by then one-hundred-fourteen schools were giving "pre-clinical" courses to nursing students. Johns Hopkins was the first school to require a preliminary course which was for six months and was first initiated in 1901. Other schools to follow this example early were Children's Hospital in Boston which sent its preliminary students to Simmons College for four months, Presbyterian Hospital in Chicago, Lakeside Hospital in Cleveland, and Presbyterian and St. Luke's Hospitals in New York.

As early as 1841 physicians and leaders in the nursing field in England were recognizing the need for better nursing education. Dr. A.T. Thomas in a treatise "Domestic Management of the Sickroom" said, "It may appear a refinement to speak of the education of a nurse, but there is not a greater difference between noonday and midnight than between an educated and an ignorant nurse. The old and ignorant nurse appeals to her experience, but this experience is often of little value. The educated nurse on the contrary acquires a capacity for observing changes in the progress of the disease which calls her judgment

into requisition. The need for education and intelligence in the sickroom cannot be doubted."

If in Nursing Education we had one of those clear, unified, coherent movements which advances all-in-a-piece, it would be a comparatively easy job to chart its course and to say where it is likely to lead in the next few years. But there has been no such solidarity or certainty about the movement with which we are identified. While the head of the column may be stepping out briskly and keeping fairly well in touch with the general educational procession, the tail may be straggling along somewhere about the middle of the nineteenth century so far as its educational orientation is concerned; indeed it may be so far off the path that it would scarcely be recognized as belonging to the same educational body at all. This wide divergence in aims and practices makes it hard to visualize the nursing education movement as a whole. It is best probably to watch the vanguard of the movement, represented by those schools which have really struggled to maintain an educational standard and to meet the changing challenge of our social order. No one can readily understand the halting and laborious advances of the nursing professional education movement without keeping in mind the picture of the huge, lethargic, slow-moving mass which has been literally dragged along by the forward ranks and is still the main incubus to be reckoned with in making any plans for future progress. Not until we can disband or eliminate the schools of nursing that have very low entrance requirements and poorly organized curricula, and which were instituted primarily for financial profit for some hospital, not until we can establish nation-wide standard requirements for graduation, can we hope to find that solidarity and unity in the field of nursing education that is found in

other professions. Nursing is no longer a mere vocation but a highly differentiated profession and the lay public accepts us as such. The evolution of professions has always been direct results of public needs or public demands, and the responsibility of the public to nursing education and nursing service is to provide ways and encourage the profession to educate each of its members in such a way as to enable each nurse to give the best service in her power in answer to these needs of the public.

Nothing less than the preparation offered in the best nursing schools today is sufficient to meet the requirements of modern service to the sick at the bedside, whether in homes or in hospitals. The best technical training is needed by every nurse, no matter what her special field may be. Even many of the best hospitals, faced usually with rigid economy administration are not prepared to offer courses of a quality which measures up to modern educational standards. The educational needs and the health and strength of the student are frequently sacrificed to practical hospital exigencies. Such shortcomings are primarily due to the lack of independent endowments for nursing education. The lack of sufficient recruits of a high type, to meet the need for high grade nurses to care for serious illness or for service in fields of Public Health, lies in the fact that the average hospital nursing school does not offer a sufficiently attractive inducement to the girl of high intelligence, nor does it offer adequate educational opportunity. The hospital school preparation has been a training rather than an education. Some people advocate lowering our standards even more and throwing open the doors to an inferior type of girl in an attempt to fill the ranks with adequate numbers to meet the demand for

nursing service. Nothing could be more shortsighted! Nursing must make its appeal to the finest type of woman as an opportunity to serve mankind and as an opportunity for education that requires a keen intelligence and a fine character. It is the responsibility of the hospitals to convert their training schools into real schools of nursing. The establishing of University schools of nursing would prepare a type of nurse whose services would be in great demand as teachers and leaders. The charge that a system of university training for nurses would result in nurses "knowing too much" and being inclined to usurp the prerogatives of the physician is a charge born of selfishness and ignorance. It is unthinkable that even the intelligent, educated nurse is qualified to render the service of the physician. The better educated and the more intelligent she is, the more she will realize her own limitations. That an educated nurse may be able to distinguish between good medical service and bad medical service is no ground for assuming that she "knows too much". That many individuals have not the capacity for education is not to be gainsaid, but the student nurse, whether she be educated in a hospital school or in a university school, who has not the capacity for education should be saved the mistake of entering a profession for which she is not qualified and in which she would become a public menace rather than a public asset. To avoid giving the distinction of "graduate nurse" to one who would become a public menace we must require a better educational and emotional background of our students than is required of those who attend a university merely for formal education. Since it is readily admitted that many have not the capacity for education, how much more important it is that we be very sure of our nursing students' capacity

for education and real emotional restraint when she will hold in her hands the responsibility of influencing human lives. It is only reasonable to expect that the student of nursing should be of higher intelligence than the average university student. Universities as public institutions have been slow to recognize their responsibilities to nursing education, but the university school is now a fact accomplished and we must not relax our efforts in continuing the work begun with such shining courage by our leaders of Nursing Education such as Isabel Hampton Robb and Anna Goodrich. They have, indeed, brought about a "New Epoch in Nursing"!

"We often hear discussed, sometimes acrimoniously, sometimes encouragingly, the question of a college education. What do we mean by a "college education"? We are simply summarizing the fact that today there is a body of knowledge that bears distinctly upon human life, that any such body of knowledge has a direct relationship to our profession, and that every day in the great laboratories of Science, that knowledge is changing. We must require in the future two languages -- the language of the people and the language of science. If we are truly concerned with our field of work we must speak the language of science." ¹

Miss Goodrich, Dr. Lafayette Mendel, Dr. Park and other leaders in Nursing Education have urged, and are still urging, as rapidly as possible the preparation of instructors in

Goodrich, Anna, "A New Epoch in Nursing", Proceedings of the Annual Meeting, N.L.N.E., 1930

teaching the sciences of anatomy, physiology, chemistry and bacteriology to nurses, and instructors who are qualified to determine the content demanded for nurses. It is impossible for any one person to extract, to keep in touch with the changes, and adapt to the needs of a given field, two or more of these subjects. But that is exactly what the aloofness of the schools of nursing from science and education has forced upon us. Yale first took steps in preparing teachers in nursing courses in the sciences. The school appointed as assistant instructor a graduate of Mount Holyoke who had majored in physiology and who was also a graduate in nursing. There is a basic content of science common to all health workers, and such study is called for particularly in the case of creative nursing --- in the creation of healthy human beings.

Educators are increasingly aware that the most important factors in producing socially and economically valuable individuals are Health and Education. As a result there is an increasing tendency to turn the light of science upon Man himself, the evidence of which is found in the universal Health Movement. The inter-relation of the physical and the mental is increasingly appreciated; also the inter-relation of the various sciences such as hygiene, physiology, psychology, psychiatry, nutrition, and chemistry. For instance, mental hygiene has an important relation to tuberculosis.

Under existing conditions, the professional nurse provides an agent who should be preëminently qualified to undertake health education. The nurse's value lies in her knowledge of the relation of the fundamental sciences to the simple problems of life. She should therefore be informed as

to the sources of knowledge relating to cause and effect as expressed in disease, its cause, its cure, and its prevention. These conclusions call for a system of education that will ensure close association with scientific minds, methods, and terminology; developing the habit of close observation, relating cause and effect, concise and accurate reporting; recognizing the inter-relation of all branches of health and welfare.

The community tradition which binds the hospital in relation to paying for its nursing service is one type of problem the Nurse Educators find difficult. We must expect to pay for everything, including the nursing service! The remuneration called for is not any greater than that which is generally paid for types of work which do not demand the education and experience that nursing demands. Not until the hospital faces squarely the fact that the care of the sick is a business, and that it is the community's business!, and that a budget must be provided that will meet all the costs, shall we solve the problem of nursing education.

In the University School of Nursing lies our hope of attaining the finest nurses. The curriculum of the university school and its interpretation is of outstanding importance. For the University School of Nursing to be of greatest value to the nursing profession, there are adjustments that must be made between the hospital giving the clinical experience and the university. If members of the faculty hold office in both the hospital and the university, a closer relationship is insured with the practical problems, and brings about a quicker adjustment through which our goal must be reached.

It seems to me that we must develop a plan of

nursing education that will insure instruction through the best and latest methods evolved in education, a direct and constant relation to scientific development and discoveries in relation to man and his environment, the opportunity for first hand observation and experience in every and all situations through which a knowledge of health and deviations from health can be obtained, and the establishment of an inter-relationship between all health and social workers. We must put into effect the gifts of science and industry ---- the coöperative spirit and method, the vision, the experimental method of searching for the truth, and trying to bring about the desired result -- a nurse habituated to thinking while learning by doing and whose nursing function is remedial and curative.

Our approach to Nursing Education has been distinctly different from the approach to education in any other field. One cannot being impressed with the iron bonds of tradition by which every one of us is held, best evidenced perhaps by what may be expressed as "traditional reactions". When determining the content of a course in which laboratory or field work enters, Education is concerned first with its relation to the student. Nursing education, on the contrary has always asked, "Can the student be of enough assistance in a given situation to justify asking for the opportunity of the experience. The projecting of the student into any new field of experience is considered on the basis of the value of student service to the Hospital, or to Medicine, and lastly on a basis of value to the student herself. The problems of adjustments between the hospitals and the universities were insurmountable when each hospital and each university tried to readjust to the changing

social order in its own way . Central organization was needed. As a result of the rapid growth of combined academic and nursing curricula and their resulting problems, the Association of Collegiate Schools of Nursing was formed, and a systematic study of the needs of the profession were made. The objectives of the recommendations made by the association in regard to the new curricula were to prepare the nurse by giving her a wider scientific, social, and technical background for meeting the needs of the community; and to give the nurse, through education, a satisfaction from her work, security, and the ability to live more fully.

The impetus for starting a university school must come from within the university itself, because unless at least part of the faculty understand and appreciate the aims of a School of Nursing, the school is not likely to succeed. Many times this interest must be stimulated by nurses from the outside, but the organization should be from within the university. It should be developed as an individual school or department. It is essential that the nurse educator in charge have direct access to the administration in order properly to interpret and set out the needs of her school. There should be a clear definition of policy between the university and the hospital regarding their responsibilities in relation to the school. The university should finance the administration and the teaching load in the school of nursing, while the hospital should carry the responsibility and expense for the nursing care of the patients. A general outline of the responsibilities of the two factions might be given thusly:

The Responsibilities of the University:

To appoint a qualified faculty member to take

charge of Nursing Deucation.

To create a school of equal rating with other similar types of work.

To provide necessary classes in basic sciences and arts before entrance to the professional work (such general classes to be taken with other university students).

To direct the professional education in the hospital by appointing a faculty member to administer the professional curriculum in the hospital, and the University should share the salaries of clinical instructors and teaching supervisors.

To restrict hours of student work to forty-four, including classes.

To provide adequate library facilities and teaching materials.

The Responsibilities of the Hospital:

To work with the university in selecting students.

To work with the university in selecting faculty.

To work with the university in building a sound curriculum, viewing the whole as an educational unit.

To plan for the care of the sick in such a way that clinical material will be available, that rotation of service as outlined by the university will not be interrupted, and that hours of work will be limited. The hospital should provide a sufficient staff of graduate nurses to care for the patients.

To permit teaching supervisors time from their duty schedule for their classwork and preparation.

As the leaders in nursing education inspired interest from more lay people and more people from our own profession and its most closely related one, Medicine, interested them in the problems of establishing good schools of nursing, and as more universities began to recognize their responsibilities to nursing education, it was realized that no real progress could be made until we knew exactly what were the needs of the profession. A Committee on the Grading of Nursing Schools was formed in 1930 whose members represented the American Nurses Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the American Medical Association, the American College of Surgeons, and the American Hospital Association. The Committee adopted this resolution: Resolved: That it be the program of the Committee on Grading of Nursing Schools (a) to conduct studies of the fundamental factors determining an efficient nursing education, and (b) to formulate and supply a tentative standard for the grading and classifying of nursing schools, both lines of work to proceed together. The studies of fundamental facts and factors shall cover three distinct fields of inquiry:

1. The need and supply of nurses and other nursing functionaries.
2. The occupational analyses of the nursing service as to knowledge, skills, and traits required.
3. The current status of existing facilities for the training of members of the nursing profession.

The reports of the Committee have been responsible for many good changes in the curricula of our nursing schools in the past few years. We cannot hope that all nursing schools will soon meet the standards and requirements of the finest

schools such as Yale and Western Reserve and Teacher's College at Columbia University, but we can hope that the recommendations of the Committee will help to establish schools which will in some reasonably adequate way meet the varied needs of the many nurses as they are expected to meet the needs of a great number of people. If one would visualize a perfect school, the highest in our work that we can conceive, it would exist solely for the purpose of education nurses and any other ends it might serve would be subsidiary to its main objects. It would have powers and resources enough to carry out its purposes adequately. Its work would be sound and thorough in every particular, broad in range and outlook, and based upon the carefully ascertained needs of society for the work which nurses can do. It would be unhampered by traditions and institutions and would be able to expand in any reasonable direction. The real purpose of the school would be to educate; its whole scheme of work would be planned with that in view. It would not be concerned with the nursing service in any hospital or sanitarium; it would not be created for the purpose of saving expense to any institution or individual. The habitual use of the word "nurse" in speaking of a student by physicians, patients, and the public, is a correct indication of her status, showing that she is little looked upon as a student. In contrast, how scrupulously do we withhold the title "Doctor" from medical students. In the ideal nursing school, nurses would be just as much "students" as the medical students. Among the first conditions to be met in founding a school of nursing is the creation of a governing body, whether it be trustees, directors or whatever it may be called, who will be responsible for the general direction of the work and affairs of the school; who will give

constant and serious attention to its particular problems, aid in securing funds for its maintenance, and will ~~help~~ in every way try to forward its growth and development. At present the entire control of nursing schools is, with few exceptions, vested in hospitals, but the purposes of the two institutions are so divergent that conflict is inevitable. The governing body should be in a position to define and establish proper conditions for work for the students, to maintain equitable relationships, and to make necessary adjustments as needs arise. This point of view is not popular however, because those actively engaged in hospital work feel that the interests of the nursing school should be submerged under the needs of the hospital.

For the ideal control of nursing schools in the future, we shall turn to the University, as have other professional schools, seeking there the educational resources freely available --- teachers, scientific laboratories, libraries, and other equipment. And we would seek there, and find it, that spirit which, loving knowledge, desires to share it. The advantages of a university relationship are obviously great. The whole work of nursing takes on a new status and dignity when it is brought into university interests, but the most important gain is that which comes in freedom and opportunity to develop the intellectual aspects of our work.

Wherever a nursing school may be placed, under whatever control or direction, it is quite certain that it needs funds to carry on its work. Nursing schools were so long entirely dependent upon the hospitals to which they were attached for funds for any purpose. Since hospitals almost universally find difficulty in meeting current expenses, very few of them could supply appropriate funds for the maintenance of a nursing school. At least

no hospital ever attempted to do so. Consequently a tradition has grown up that nursing schools do not need money for their work; that they are a peculiar kind of institution that can be carried on without any expense to anybody. No other kind of school in the world suffers from such traditions, and nursing schools must rid the public mind of such traditions before any substantial progress can be made in nursing education. Hospitals cannot afford the means for conducting schools, since they have had to establish schools for the very purpose of lessening their own expenses. Endowments can probably be as readily built up for our schools as for any other form of education, and the ideal schools for nurses must be properly endowed schools. Further help toward maintenance should come from tuition fees. In addition, the student should pay board and room for the first year and she should not be giving services of any such value to the hospital as would justify its meeting these expenses. The assumption should be that the student is receiving a good grounding in the fundamental sciences, instruction in the principles underlying her work and is gaining some familiarity with the first steps in nursing as a preparation for her further work. Such instruction should be given freely with the idea that the student's subsequent work in the hospital would be of a higher quality than it would be without this basic training. The student's work in the hospital should never be looked upon as a method of payment for previous or current instruction. Every hour of it should be an indispensable part of her education and her work should be looked upon by every one concerned as an invaluable opportunity for observation, study, and education. The finer hospitals are adopting this attitude, and as a result, the nurses graduating from those schools are by far

better qualified to fill their rightful places in the ranks of our profession. The progress of Nursing Education in this country can be well judged by the large number of hospital schools that now require the student to pay in full, or in part, for her education, and those hospitals that furnish the teaching material and thorough supervision that are conducive to broader education are the hospitals that receive tuition fees to help pay their teaching supervisors. The time is passing when students of nursing are expected to pay for their education in a coin so difficult to evaluate as their work; for some it is excellent, for some it is fair, but for some it is wretchedly poor. Yet it buys the same kind, quality, and amount of instruction, and the student who pays the most appears to need, and therefore gets, much less than the student whose services are least valuable. This is also unfair to the hospital which provides the same opportunities for all, because it must then spend far more time and effort on the incompetent and "slacker" than on the others. Further progress in Nursing Education will come when the uneducated and ill-qualified candidates can no longer lean upon training schools to make good their many deficiencies, without paying for the additional time and instruction they require. Surely a system of education is not intelligently ordered which admits to its schools, on precisely the same basis, a student bringing only a high school diploma and student bringing a college degree, and then requires each of them to take precisely the same course of instruction, covering exactly the same length of time. Such was the condition, and still is the condition in many schools of nursing; but the forward moving and future planning schools are now providing a different scheme and it is one step forward toward our ideal of bringing into our pro-

profession soundly educated nurses. And since no profession can rise above the character of those who practice it, it is certain that the real foundation of all our work lies in the general education and character of our students, and that no superstructure that we may rear will stand unless that foundation is sound.

One of the finest chapters in the progress of nursing education in this country is the founding of the Department of Nursing and Health in Teacher's College, Columbia University. Through the efforts of Mrs. Isabell Hampton Robb and the Society for Superintendents of Training Schools, Dean Russell of Teacher's College was persuaded to open a course in Hospital Economics in the Domestic Science Department. He stipulated however, that the course could only be given if twelve or more students enrolled, or if an endowment was provided. Only two students could be recruited the first year and the Society of Superintendents made itself responsible for the additional expenditures required. The course was based on work already given in the College. This included Psychology, Methods, Household Chemistry, Nutrition, Biology, and a new course in Hospital and Training School Management. The Society of Superintendents was responsible for supplying the lectures for the new professional courses and the administrative work including the passing upon applicants. The lecturers included Miss Robb and Miss Nutting, all of whom were nonresidents and all of whom served gratuitously. Miss Nutting chose to give the lectures in History of Nursing and in this way, on the basis of voluntary contributors from a society totaling less than a hundred members, the first collegiate school for graduate nurses was founded. Miss Anna Alline, one of the first two graduates, continued as supervisor of the course for several years and did much to interpret the needs of the students to the college and

the resources of the college to the students. In 1907 the course was extended to two years. Miss Nutting persuaded Dr. Devine, professor of Social Economy, to open graduate courses to nurse students and she studied other departments to see what they might offer to nurses. She secured speakers on Rural Problems, and Industrial Nursing long before Public Health Nursing was expressed in the terms we now use. In 1910 Helen Hartly Jenkins gave an endowment of one-hundred-fifty-thousand dollars, later adding fifty thousand more, for the reorganization of the department. It now became the Department of Nursing and Health. It was organized in three distinct branches: Training School Administration, Teaching in Training Schools, and Public Health Nursing. The new courses such as Social Science, Sanitary Science, and Hygiene, became popular with the students throughout the college, so the department of nursing has been the means of enriching the whole curriculum, especially with subjects pertaining to health, social, and community problems. The aim of Teacher's Department of Nursing might well be the aim of all schools of nursing: "To send out graduates equipped, not with a rule of thumb" for meeting all emergencies, but with a breadth of view that enables them to hold fast appreciatively and gratefully to the good in the past while they reach forward to the new in a effort to realize the ideal of full professional status, with all which it connotes of service to humanity, for nursing."

Seven-league steps have been taken by the schools that are now affiliated with universities and their work has been heroic in working out plans and curricula for their students. The University of Minnesota, University of Cincinnati, Washington University at St. Louis, and many, many state univer-

sities are establishing schools of nursing that will mean great advances in nursing education.

The new problems arising out of the new relationships between nursing schools and institutions of higher education increased rapidly and several conferences had been held on University schools to discuss these problems before 1932. In 1932 a group of representatives of university schools met informally in San Antonio during the meeting of the American Nurses' Association to discuss ways and means of dealing with these problems. The members of this group were concerned with the casual way which some of the unions between schools of nursing and the universities were entered into and the lack of any kind of direction or control in the movement as a whole. It was felt that the best type of control could be exercised by the schools themselves and the time had come when the purposes and standards which should control the movement had to be clearly defined.

A committee was appointed to arrange a conference which was held at Teacher's College in January, 1933. A provisional organization was formed of twenty-one institutions whose representatives agreed to join together on an informal and temporary basis pending the formulation of standards and setting up machinery for the permanent organization. The next meeting was held at Yale University and was devoted to the discussion and adoption of the constitution and membership standards. These standards were to be applied in admitting the provisional members as well as new members into the association. By May, 1935, the permanent organization was ready with a nucleus of representative institutions united in its support.

The objects as stated in the constitution were:

To develop nursing education on a professional and collegiate level;

To promote and strengthen relationships between schools of nursing and institutions of higher education;

To promote study and experimentation in nursing service and nursing education.

Membership is restricted to schools or departments of nursing that have definitely committed themselves to develop their work on a collegiate and professional level and as a part of a system of higher education. Because of the different types of programs offered by these schools it was necessary to set up different standards. The principle types of programs are those offering a combined academic and basic professional course, and those offering a combined academic and advanced professional course. The latter schools are those designed for graduate nurses who are preparing themselves for specialized work as teachers, supervisors, public health nurses, or administrators. Active membership is open to an accredited school of nursing definitely established as a constituent part of an accredited college or university which offers a combined course of academic and professional work leading to a baccalaureate degree. The organization of the school shall accord with that of other professional schools in the college or university. Association membership is open to an accredited school of nursing whose professional curriculum meets with the standards set by the Association of Collegiate Schools of Nursing providing that: (a) the school is definitely established as a constituent part of an accredited college or university, or (b) maintains a close educational and organizational relationship with an accredited college or uni-

versity which makes its resources available to the school of nursing. The Association encourages full integration of nursing schools with colleges or universities if both are in accordance with the standards sponsored by the Association. Deciding the educational policies and the control of the program must be in the hands of a body which is primarily concerned with education. Such a school must be able to command an adequate income for its needs and in no case should it be operated for profit.

The Association of Collegiate Schools of Nursing has been accepted as a constituent member of the American Council on Education which is composed of a representative group of Co-operating educational institutions interested in encouraging the advancement of American education in all its phases.

Through the efforts of such organizations as the Association for Collegiate Schools of Nursing and the National League of Nursing Education, which was originally the Society of Superintendents of Training Schools, we have indeed made progress in nursing education. More advances will continue rapidly as more schools find their rightful place in university affiliation. Most universities already have a system of entrance requirements and examinations that would be of great help in selecting nursing students as well as the average student. The hospital schools have pleaded the great expense of testing and examining prospective students carefully, but with the machinery already established in the university, this will no longer be so great an item. It will ensure better selection of students and will at the same time help the hospital that provides the clinical experience since the level of its nurses will be raised automatically.

Along with the elevation in educational standards it is evident that nurses have been unceasing in their efforts to elevate their professional standards by intelligent methods of organization. In this upward movement, however, they have met with many difficulties, arising chiefly from their efforts to adjust themselves to the continually growing and changing demands made by modern medicine. They have felt the constantly growing stimulus and importance of the multitudinous specialties into which medicine is being rapidly differentiated. They have been sensitive to and responsive to the growing complexity of social conditions, and to the changing popular concept of the nurses' mission and education.