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Inadequacies of the Present Resource in Education for Nursing and a Proposed Program Solution

Virginia Mae Kraemer
University of Tennessee - Knoxville

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To the Graduate Council:

I am submitting herewith a thesis written by Virginia Mae Kraemer entitled "Inadequacies of the Present Resource in Education for Nursing and a Proposed Program Solution." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Public Health.

Harold H. Walker, Major Professor

We have read this thesis and recommend its acceptance:

Margaret S. Milliken, Robert O. Norwood

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

May 25, 1963

To the Graduate Council:

I am submitting herewith a thesis written by Virginia Mae Kraemer entitled "Inadequacies of the Present Resource in Education for Nursing and a Proposed Program Solution." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Public Health Education.

Harold H. Walker
Major Professor

We have read this thesis
and recommend its acceptance:

Margaret S. Miller

Robert C. Mendenhall

Accepted for the Council:

Hilton A. Smith
Dean of the Graduate School

**INADEQUACIES OF THE PRESENT RESOURCE IN EDUCATION
FOR NURSING AND A PROPOSED PROGRAM SOLUTION**

**A Thesis
Presented to
the Graduate Council of
The University of Tennessee**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

**by
Virginia Mae Kraemer**

June 1963

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CHAPTER I

THE PROBLEM

It has been said that nursing always faces some crisis. These crises have been inherent in a society in which rapid change of economic, social, and ideological bases are constantly at play. The emergencies of war and disaster have throughout the history of our country strained the resources of nurse service and education. Critics and supporters alike are generous in crediting the organizations and systems for having met these situations with dispatch and depth of responsibility.

Many facts make the incipient crisis of 1963, the crisis of personnel shortage, appear equal and even greater than those of earlier eras. The increased demands and present inadequacies if projected will produce an alarming dilution in the quantity and quality of service. Professional advisory groups are recommending that by 1970 the United States should have 850,000 professional nurses. This represents an increase of 300,000 over the 550,000 in professional practice in 1962. All this must come from schools of nursing that graduate approximately 30,000 students each year. This figure of graduates is far from representing a 100 per cent contribution in that only

one-third of these will be active in the profession within two years' time.

If this crisis is to be averted in any measure, the educational system of nursing must be carefully examined and studied and a determination made how best an integrated system, ordered and standardized, can be implemented. An examination of the present and future requires both a negative and a positive attitude. The negative expression must be advanced in a respective revelation and exposure of the present system and its products. The positive attitude is in the proposal of a pattern of educational programs and progressions with substantial evidence supporting the proposal.

I. STATEMENT OF THE PROBLEM

In this study, (1) the presentation of the programs of nursing education in operation today, (2) assessment of the value of these programs in providing general nursing service, (3) appraisal and evaluation of certain factors which are influencing the nursing service are presented as evidence of need of (4) a proposal of a more efficient program of nursing education. The projection of recruitment possibilities of the proposed program by questionnaire directed to senior high school girls, and a canvass of attitudes and degree of acceptance of the program determined

by interview with directors of nursing schools and administrators of Knoxville's four hospitals reflect the area image and opinion.

II. IMPORTANCE OF THE STUDY

The success of schools of nursing in increasing both the quantity and the quality of nursing service is of vital importance to the American people. The mounting demands for nursing service created by rapid population increases and the greatly expanded interest in community health have resulted in the building of more hospitals, more clinics, more industrial dispensaries and more community health centers. Available nursing personnel are inadequate to meet the increasing demand which, moreover, has no delimiting factors and can be expected to persist indefinitely.

A nationwide spot check of current hospital employment conditions just released by the American Nurses' Association reveals that twenty per cent of the budgeted positions for full-time professional nurses in non-federal hospitals are vacant. This represents an increase of almost 100 per cent over the vacancy rate in January, 1958, which was 11 per cent. The greatest need for nurses is found on the general duty level and the shortest supply of nurses exists in the Northeastern and Southwestern parts of the country.¹

This void in manpower availability, without which an integration of health service is impossible, has forced a

¹The American Nurses' Association, News Release (New York: The American Nurses' Association, December 12, 1961).

review and evaluation of existing policies and programs in nursing education.

Hospital schools reveal that one-third of students admitted fail to graduate; in the collegiate program the attrition is one-half to two-thirds. Only 38 out of every 100 nurses remain active in the profession after graduation, and 29 after five years. Of the 112,136 nurses registered in New York, there is an inactive file of at least 25 per cent and possibly close to 50 per cent.

In its investigation of nursing demand, the report determined that 75 per cent of the vacancies are for general duty R. N.s. It estimated that the public is in need of 25 to 30 per cent more nurses.²

Questions of essential import to the public and those active in the nursing profession are inherent in these facts.

III. LIMITATIONS OF THE STUDY

The treatment of the various facets of the problem of the present education programs in nursing and their value and influences on the supply-demand equation was limited in scope to include only the basic facts and philosophies which point toward a problem area and the need for a solution.

In proposing a solution to this problem, a three-level basic nursing education program was advocated. Of

²Shirley Hope Alperin, "Nursing As Others See It," Nursing World, CXXXIV (April, 1960), 8.

these three levels, only the Associate Degree programs was presented in detail and that only to the extent in which it is currently in practice.

The content of the questionnaire and interviews was also limited to this sphere of interest.

IV. DEFINITION OF TERMS

Little agreement can be found in the body of reference material on definition of terms used in nursing. Indeed, this may well be one of the problems in communication between various authorities the solution to which constitutes a facet of responsibility of this report. The definitions given are those which obtain in the body of this report. The study itself is relied upon for further treatment and significance.

NURSING (General Nursing, General Duty Nursing, Bed-side Nursing):

That body of services to the ailing individual involving personal attendance upon him including direct ministrations to his comfort and physical and mental support under the direction of, and by cooperation with, his physician and directed toward the restoration of his good health or the relief of his suffering.

SPECIALTY NURSING:

That body of services to certain ailing individuals based upon, and often including, those defined under NURSING but amplified by special knowledge and techniques applicable to the specialty involved (See SPECIALTY NURSE).

PRACTICAL NURSING: (In the State of California this term is synonymous with Vocational Nursing):

That body of limited services to the ailing individual of less direct significance and performed under the supervision of a Registered Nurse.

REGISTERED NURSE (R. N., Registered Professional Nurse, Professional Nurse):

An individual licensed by the State to practice nursing.

NURSE (General Nurse, General Duty Nurse, Bedside Nurse):

A Registered Nurse practicing nursing.

SPECIALTY NURSE:

A Registered Nurse engaged in the practice of one of the branches of Specialty Nursing (e.g. Surgical, Pediatric, Obstetrical, Psychiatric, Industrial, Public Health).

SUPERVISORY NURSE:

A Registered Nurse engaged in coordinating and overseeing a group of nurses.

EDUCATION NURSE (Nursing Educator):

A Registered Nurse engaged in teaching prospective Registered Nurses or other Registered Nurses.

PRACTICAL NURSE (Licensed Practical Nurse, L.P.N.; in the State of California, Vocational Nurse, L.V.N.):

An individual licensed by the state to do practical nursing.

V. SOURCES OF DATA

Much of the material for this study was derived from library research of the current literature. Inter-library loan service provided articles of special interest. Literature and publications from several professional organizations were consulted. Survey materials were obtained from the United States Government Printing Office. Interviews with Directors of Nursing Education and with Hospital Administrators in each of the major hospitals in Knoxville were held. Information from each of seventy-seven schools throughout the United States which now operate Associate Degree programs was sought through personal communication.

A questionnaire to all Knoxville high school senior girls was presented with the cooperation of the individual guidance counselor at each school.

VI. ORGANIZATION OF THE STUDY

This study is divided among six chapters. Chapter I has presented a statement of the problem, justification of the study, limitation of the problem, definition of terms, and a summary of the sources of data. Chapter II describes the structure of nursing resources, listing nursing organizations and levels of preparation for nursing today. Chapter III is an evaluation of the current demand-supply relationship in nursing service, the present distribution of nurse personnel throughout the demand spectrum, the cost of nursing education, the relationship of accepted nursing duties to the nurse image and the motivation of prospective nurses, an appraisal of individual present programs, and the outlook for the future. Chapter IV describes a proposed program of basic nursing education. Chapter V presents attitudes toward and degree of acceptance of the proposed program in the Knoxville area both by prospective nursing students and by nursing educators and hospital administrators. Chapter VI, the last chapter, is one of summary and conclusion.

CHAPTER II

STRUCTURE OF THE NURSING RESOURCE

I. NURSING ORGANIZATIONS

The evolution of nursing, as with other professions, was marked by a variety of loosely structured groups representing centers of early opinion. Two predominate societies, the American Nurses' Association, Inc. (ANA) and the National League for Nursing (NLN) have emerged from the gradual change in structure of organized nursing as the primary professional organizations.

The ANA functions as a federation of fifty-four associations of professional nurses for the purpose of fostering high standards of nurse education and practice and promoting the welfare of professional nurses. It concerns itself with state licensure practices, legislative action on all levels, research and statistics relating to educational programs, economic welfare of nurses, professional counseling and placement, and public relations among allied groups. The American Journal of Nursing, a monthly publication, is the official magazine of the association.

The NLN, composed of individual members or member agencies organized as local leagues of nursing, concerns itself with raising standards of all programs of nurse

education and the improvement of all nursing service. To implement this program, it utilizes the techniques of research and surveys; state, regional, and national meetings; and conferences and institutes. It offers an evaluation and testing service for use in selection and guidance of new students and is the parent organization of the National Nursing Accrediting Service which offers consultation to all institutions. Nursing Outlook and Nursing Research are both published by the NLN.

II. LEVELS OF PREPARATION FOR NURSING TODAY

The evolution of the nursing education process has arrived at a state in which four general categories of programs can be defined as representing the types of educational programs now prevalent. Together they present a picture of the current stage of development of policy and practice.

- I. Basic programs which provide initial preparation for a diploma and qualifications for licensure as a practical nurse.
- II. Basic programs which provide initial preparation for a diploma and qualifications for licensure as a registered professional nurse.
- III. Basic baccalaureate programs which provide either:

- a. Preparation for a baccalaureate degree and and qualification for licensure as a registered professional nurse, or
- b. Additional education for registered professional nurses without baccalaureate degrees who desire to obtain such degrees.

IV. Graduate programs which prepare for deeper and broader aspects of the field such as administration, supervision, teaching, curriculum development and improvement, consultation, and research.¹

Of these four programs numbers I, II, and IIIa are basic and provide preparation for licensure to practice. Those graduating from the first program are eligible for licensure testing for vocational or practical nursing. Those graduating from programs II and IIIa are eligible for licensure testing for professional nursing. Those groups leading to licensure may be further classified into four types characterized by increasing periods of study:

1. Vocational School or Hospital programs in practical nursing leading to a certificate or diploma, usually one year in length.

¹ National League for Nursing, Nursing Education Programs Today (New York: National League for Nursing, 1961), pp. 6-7.

2. Junior-Community College programs leading to an Associate Degree, usually two years in length.
3. Hospital school programs leading to a diploma, usually three years in length.
4. College or university programs leading to a baccalaureate degree, usually four years in length.²

The Practical Nurse Program

The practical nurse program, usually one year in length, constitutes preparation for sharing certain limited aspects of direct care to patients. In one form or another it is an old and well-established concept designed for those persons who wish to practice patient care within a limited range requiring a short term preparation. It is not a part or segment of any other program but is complete and satisfactory for its purpose. The program may be administered through the public school system, the hospital, the university, or the community agency. Educational and age requirements for this program vary but the trend is toward high school graduation or its equivalent determined by pre-testing and toward age ranges of between eighteen and fifty. In a recent preliminary review of applicants to this program

²Ibid., p. 7.

in an area hospital, the average age of forty-seven candidates was forty-three years.

Graduates of programs in practical nursing are prepared for two roles:

1. Under the supervision of a registered nurse or physician, they give nursing care to patients in situations relatively free of scientific complexity.
2. In a close working relationship, they assist registered nurses in giving nursing care to patients in more complex situations.³

The Associate Degree Program

The Associate Degree Program, two years in length, integrates the necessities and policies of a nursing education with general education. It is a new concept designed for high school graduates who wish to study for nursing in a shorter time through fewer, broader courses and elimination of needless repetition in clinical practice. Although offered to a limited extent throughout the United States, both as a source of nurses and as an opportunity for efficient, practical, basic education, it has not met with universal acceptance by professional nursing organizations.

³Ibid., p. 10.

Applicants to this program must meet the requirements of the specific college and its nursing program to which they wish admission. Graduates are awarded an associate degree and are eligible for state examinations as registered professional nurses. They are then prepared to give care as beginning general duty nurses.

The ratio of general education and nursing education is developed in accordance with college policy and the regulation of the state licensing authority. Learning experiences in each appropriate clinical situation are planned as integral parts of the nursing course. Credit, within the policy of the institution, is granted for these laboratory experiences. Focusing on helping students gain desired objectives, the nursing faculty reduces repetitive practice to a desired minimum.⁴

The Diploma Program

The diploma program, excepting the original informal preceptor arrangement, is chronologically the oldest program of nursing education and is still the backbone of the nursing resource. It is designed for high school graduates and is an integrated plan of clinical theory and practice in a hospital situation. Students are admitted directly to the nursing program upon recommendation of the nurse faculty.

Diploma program graduates understand basic scientific principles. They are prepared to use these principles in giving nursing care, recognizing

⁴Ibid., p. 11.

indications of disease, disabilities, and the needs of their patients.⁵

Graduates of this program are eligible for state licensure as registered professional nurses and are qualified for positions as general duty, medical, surgical, obstetrical, pediatric, and psychiatric nurses.

The Baccalaureate Program

The baccalaureate program, for high school graduates, is organized as a part of a college or university. Students are selected under the general policies of the institution and may be required to have one or more years of liberal arts studies followed by three to four years of clinical theory and practice.

Graduates of baccalaureate degree programs are broadly prepared as practitioners of professional nursing to give nursing care to people in various settings, and to interpret and demonstrate such care to others. They have beginning competence in planning, directing, and evaluating the outcome of nursing care given by associated nursing personnel working with them.⁶

Graduates of this program are eligible for state licensure as registered professional nurses. This program is encouraged by nursing associations. A committee on current and long term goals of the ANA presented, at the 1960 convention, the following goal:

⁵Ibid., p. 12.

⁶Ibid., p. 14.

To insure that, within the next 20-30 years, the education basic to the professional practice of nursing, for those who enter the profession, shall be secured in a program that provides the intellectual, technical, and cultural components of both a professional and liberal education. Toward this end, the ANA shall promote the baccalaureate program so that in due course it becomes the basic educational foundation of professional nursing.⁷

Graduate education of nurses, including programs on the master's degree and doctor's degree level are offered on the broad base foundation of education in a baccalaureate degree program.

Graduate education in nursing embodies:

1. The characteristics of graduate education in general which include specialization, independent study, critical understanding and a research orientation; and
2. The specific characteristic of professional education in which knowledge is essentially directed toward use and practice in the service of society.⁸

From the graduates of degree programs, come the administrative body, supervisory and teaching personnel, and consultants who are the focus and intent of educational institutions.

⁷Gretchen Gerds, "Committee Without Precedent," The American Journal of Nursing, LXII (March, 1962), 82.

⁸National League for Nursing, op. cit., p. 15.

CHAPTER III

APPRAISAL OF NURSING PHILOSOPHY, POLICY, AND PROCEDURES TODAY

I. AREAS OF CONCERN

Existing programs in nursing education and service, in spite of apparent inclusiveness, leave unanswered and unsolved two areas of great public concern. Not only is the actual number of nurses unavailable to supply the vacancies which exist but the quality of care that patients receive has resulted in this typical statement, "Patients are receiving the poorest nursing care in the recent history of hospitals."¹ Deficiencies in both the quantity and the quality of nursing service are becoming of increasing concern to the general public and to those in positions of responsibility for public health services. Significant terms such as "catastrophic," "dilemma," and "failure" are currently being applied to the present circumstance. A broad lack of agreement exists between professional nursing organizations on the one hand and those individuals concerned with supplying health services on the other hand as

¹Edith Aynes, "Wanted, Nurses Who Carry Their Own Lamps," The Modern Hospital, XC (March, 1958), 58.

to the status, purpose, and function of the nurse and the need for nursing service. An extensive amount of literature has resulted from an attempt to reconcile an understandable quest for professional status on the part of the nurse with the character of the demand for nursing service. The basic questions, however, remain unanswered. Are the programs and policies of present-day nursing education preparing individuals to function in the area of greatest need, the general duty nurse? Are the satisfactions of the practice of nursing so diminished as to discourage eligible young women from entering this field of study? Is the position taken by nursing organizations and of governmental regulatory agencies tending to create a definition of "nurse" for which there is comparatively little demand, thus leaving a relative vacuum in the supply of those services traditionally the province of the nurse?

. . . We are experiencing what has been termed an evolution in nursing. If nursing education continues to push frontiers of knowledge beyond the point of practicability and the potential of nursing service, we may no longer look forward to nurses doing nursing.²

Since the systems of professional education have become popular, nurses have faced this dichotomy of purpose. Satisfactions in the relationship among the doctor,

²Sister Marian Catherine, "Accreditation, Nursing, Education, and Patient Care," Hospitals, JAHA, XXXIV (January, 1962), 64.

hospital, patient, and the nurse herself have suffered. The graduate of any of the professional levels of registered nurse preparation finds herself in the uncompromising position of having spent too much time and money in preparation to serve in the area of greatest need and greatest satisfaction, patient care. The statement "All we want are good bedside nurses; we don't want these highly educated women."³, has become almost a refrain.

Here we have a deep and fundamental problem which is not often discussed, but is nevertheless causing anxious thought in hospital circles. This is the general question as to the optimum academic level of nursing, usually answered by the thought that nursing is already tending to become too academic. This, of course, is very much a matter of opinion, but it should certainly not be dismissed in the facile belief that it is impossible to have too much education. This is by no means the case. Education and high academic standards are of inestimable worth, but their application to practical subjects needs to be kept within reasonable bounds.⁴

II. THE DEMAND FOR NURSES

The demand for nurses is one not easily measured or assessed.

The conventional method (formerly accurate) was the number and percent of vacancies in each hospital or employing agency. So measured, the national vacancies

³Edith Aynes, op. cit., p. 59.

⁴Hospitals and Health Management, "Degrees for Nurses" (England: Hospitals and Health Management, March, 1962), p. 212.

are between 15% and 29%, most of them in general duty nurses. But demand has outstripped the supply for so long that the pattern and standards of nursing care have changed.⁵

Any determination of the demand for nurses is distorted by the employment of practical nurses, nurses aides, and other auxiliary workers employed to alleviate the shortage of professional nursing personnel. A simple count of staff vacancies, therefore, is not a measure of the demand for nurses. The significant demand must be based on the actual and potential patient need for nursing care which would necessarily include that work, formerly in the full province of nursing, which is done by auxiliary forces today. Such a projection becomes a nebulous figure impossible to convert to firm statistics.

Even with this reservation, the figures of the American Nurses' Association merit concern.

A nationwide spot check of current hospital employment conditions released last December by the American Nurses' Association showed that the vacancy rate of budgeted positions for full-time professional nurses in non-federal general hospitals jumped from 11% to 20% between the years 1958 and 1961. In other words, there are almost twice as many vacancies in hospitals now as in 1958. A shortage exists in other areas, too--more

⁵New York Medicine, Nursing Care for Patients-Dilemma-1959, A Report Prepared by the Sub-Committee on Nursing Problems for the Medical Society of the County of New York (New York: New York Medicine, November 1959), p. 886.

professional nurses are needed in schools, factories, public health agencies and offices.⁶

The demand for nurses has no delimiting factor. Not even having met the needs of the public today, those of the future with more hospitals, more clinics, more community health services, and more private and public hospitalization insurance, pose problems almost beyond solution.

The most recent crisis in which nursing is deeply involved can be summed up in one word - shortage - on national, state, and local levels. Just how short we are today is difficult to measure; the need is way beyond the point where it can be measured in terms of open staff positions as it was in the first post-war years. But the shortage is so profound and so prolonged that it can be called both chronic timewise and acute depthwise. It is so marked that it is not only threatening but actually changing the fundamental policies and practices of hospital care that are known to be good and sound.⁷

III. THE SUPPLY OF NURSES

The only source of supply available to fill the pyramiding demands for nurses must be found in graduates from the educational facilities presently extant. Basic professional nursing education is obtainable from 1,123 schools in forty-nine states, the District of Columbia, and Puerto Rico.

⁶American Nurses' Association, 1962 Convention, Detroit (New York: The American Nurses' Association, May 18, 1962), p. 1.

⁷New York Medicine, op. cit., p. 890.

. . . Enrollment in and admission to basic programs of professional nursing education in the academic year 1959-1960 are the highest recorded since the Cadet Nurse Program had its impact in 1946. Despite this gain, nursing is not attracting the same proportion of potential students that it had been even in the early 1950's.⁸

Table I presents the total enrollment of the programs of professional nursing in the years 1953 through 1960. Of special interest is the demonstration that in spite of population increases during this period, there are actually fewer programs offered in 1960 than in 1953. The greatest contribution to the numerical increase in the number of actual enrollees is attributable to the degree programs in which the length of study, prior to practice, is the longest and in which the attrition is the highest.

Table II presents the total student enrollment in basic professional programs of the three types by states as of October 15, 1960. It is apparent that, as of that date, there were no nursing education facilities whatever in the State of Alaska. The Associate Degree program has reached its greatest acceptance in the State of California where the enrollees in this type of program approximate 20% of the total.

Table III shows the total number of graduates from

⁸ American Nurses' Association, Facts About Nursing, A Statistical Summary prepared by American Nurses' Association (New York: American Nurses' Association, 1961), p. 80.

TABLE I
ENROLLMENT IN BASIC PROGRAMS OF PROFESSIONAL
NURSING IN THE UNITED STATES AND
PUERTO RICO, 1953-1960^a

Year ^b	Number of Programs	Enrollment			
		Total	Diploma	Associate	Degree
1960					
October 15	1,137	118,849	94,812	3,254	20,783 ^c
1959					
October 15	1,137	115,057	92,899	2,345	19,813 ^c
1958					
October 15	1,145	113,518	92,419	1,904	19,195 ^c
1957					
October 15	1,118	112,989	92,989	1,360	18,640
1956					
October 15	1,115	114,674	94,920	1,132	18,622
1955					
October 14	1,125	114,423	95,902	1,084	17,437
1954					
	1,141	103,019	88,009	356	14,654
1953					
	1,148	102,019	89,308 ^d	--	12,711

^aAmerican Nurses' Association, Facts About Nursing, A Statistical Summary (New York: American Nurses' Association, 1961), p. 80.

^bPrior to 1955, the information was collected as of January 1.

^cThere are no students enrolled in master's programs. The last basic master's program closed in June, 1958.

^dIncludes students enrolled in associate programs.

TABLE II

STUDENT ENROLLMENT IN BASIC PROFESSIONAL PROGRAMS
IN THE UNITED STATES AND PUERTO RICO,
OCTOBER 15, 1960^a

State or territory	Enrollment by type of program			
	Total	Diploma	Associate degree	Baccalaureate
Totals^b	118,849	94,812	3,254	20,783
Alabama	1,165	912	...	253
Alaska .....	...	...	...	...
Arizona	732	424	54	254
Arkansas	653	566	...	87
California	4,918	2,450	1,016	1,452
Colorado	990	520	...	470
Connecticut	2,644	2,211	...	433
Delaware	407	407	...	...
District of Columbia	810	499	...	311
Florida	1,587	923	267	397
Georgia	2,028	1,814	114	100
Hawaii	362	238	...	124
Idaho	241	62	123	56
Illinois	7,638	7,007	55	576
Indiana	3,141	2,564	98	479
Iowa	2,393	2,098	...	295
Kansas	1,519	1,394	...	125
Kentucky	1,343	1,144	...	199
Louisiana	1,485	820	...	665
Maine	695	632	...	63
Maryland	2,402	1,827	...	575
Massachusetts	6,500	5,723	67	710
Michigan	4,321	3,089	202	1,030
Minnesota	3,689	2,719	...	970
Mississippi	525	415	65	45
Missouri	3,266	2,812	35	419
Montana	549	303	196	50
Nebraska	1,378	1,104	...	274
Nevada	43	...	...	43
New Hampshire	652	596	...	56
New Jersey	3,758	3,474	123	161
New Mexico	119	65	...	54
New York	13,175	9,965	416	2,794
North Carolina	2,756	2,034	50	672
North Dakota	752	616	...	136
Ohio	7,816	6,731	...	1,085
Oklahoma	891	806	...	85
Oregon	935	586	...	349
Pennsylvania	12,865	12,273	34	558
Puerto Rico	686	651	...	35
Rhode Island	858	664	...	194
South Carolina	1,200	1,069	45	86
South Dakota	824	646	...	178
Tennessee	2,026	1,621	...	405
Texas	2,702	1,595	42	1,065
Utah	646	254	68	324
Vermont	388	236	...	152
Virginia	2,280	1,833	131	316
Washington	1,753	927	25	801
West Virginia	1,208	1,061	28	119
Wisconsin	3,048	2,432	...	616
Wyoming	87	...	...	87

^aAmerican Nurses' Association, Facts About Nursing, A Statistical Summary (New York: American Nurses' Association, 1961), p. 83.

^bBased on information from 1,123 schools.

TABLE III

**STUDENTS GRADUATED FROM BASIC PROFESSIONAL PROGRAMS
IN THE UNITED STATES AND PUERTO RICO,
ACADEMIC YEAR, 1959-1960 ^a**

State or territory	Graduations by type of program			
	Total	Diploma	Associate degree	Baccalaureate
Totals^b	30,113	25,188	789	4,136
Alabama	256	212	...	44
Alaska .....	...	...	...	...
Arizona	65	65	...	...
Arkansas	140	123	...	17
California	1,234	639	292	283
Colorado	235	114	...	121
Connecticut	690	621	...	69
Delaware	79	79	...	...
District of Columbia	187	110	...	77
Florida	337	220	37	80
Georgia	439	414	17	28
Hawaii	102	74	...	28
Idaho	53	13	33	7
Illinois	1,932	1,879	...	53
Indiana	787	647	18	122
Iowa	695	609	...	86
Kansas	428	377	...	51
Kentucky	327	291	...	36
Louisiana	321	214	...	107
Maine	176	176	...	...
Maryland	573	471	...	102
Massachusetts	1,716	1,579	7	130
Michigan	1,186	918	44	224
Minnesota	1,027	771	...	256
Mississippi	114	99	4	11
Missouri	855	780	7	68
Montana	224	85	100	39
Nebraska	316	277	...	39
Nevada .....	...	...	...	...
New Hampshire	152	145	...	7
New Jersey	923	871	37	15
New Mexico	31	16	...	15
New York	3,405	2,722	86	597
North Carolina	677	545	8	124
North Dakota	199	174	...	25
Ohio	1,905	1,657	...	248
Oklahoma	237	208	...	29
Oregon	255	175	...	80
Pennsylvania	3,327	3,193	3	131
Puerto Rico	218	214	...	4
Rhode Island	209	187	...	22
South Carolina	317	294	15	8
South Dakota	244	205	...	39
Tennessee	496	404	...	92
Texas	659	486	...	173
Utah	156	76	36	44
Vermont	84	58	...	26
Virginia	604	479	45	80
Washington	426	251	...	175
West Virginia	293	282	...	11
Wisconsin	772	669	...	103
Wyoming	10	...	...	10

^aAmerican Nurses Association, Facts About Nursing, A Statistical Summary (New York: American Nurses' Association, 1961), P. 83.

^bBased on information from 1,138 schools, 15 of which have since closed.

professional programs of the three types by states for the academic year 1959-1960. The low percentage of graduates from Associate Degree programs as compared with the number of enrollees in the same program is explainable by the greater percentage increase in this type of program, many of which are too new to have students eligible for graduation.

. . . In projecting the supply of graduate nurses from the current programs, attrition rates must be considered. In the hospital schools, about one-third of those admitted fail to graduate, an attrition of about 33 percent. This attrition has been said to be one-half to two-thirds in the collegiate school programs.⁹

In nurses' and midwives' schools in English and Welch National Health Service Hospitals the percentage is even higher and is referred to as "the constant and continual wastage of 40 percent."¹⁰

Even the fact of graduation from a basic program of nursing cannot be construed as a contribution to the source of supply when another pertinent statistic is considered. "Out of 100 girls who enter nursing school only 38 will be active in the profession two years after graduation, and

⁹New York Medicine, op. cit., p. 886.

¹⁰Nursing Times, A Nurses' View, Part Seven of the Series, Crisis in Nursing (London: Nursing Times, October 16, 1961), p. 1324.

only 29 five years thereafter.¹¹ The inference is clear that existing nursing education facilities are producing practicing nurses at a numerical efficiency of less than 33 per cent of enrollments.

IV. THE DISTRIBUTION OF NURSES

The number of active professional nurses in the United States must provide service for a variety of activities in the health field. Table IV presents an estimate of the number of professional nurses employed, either full or part time, in the principal fields of nursing as of the years 1958 and 1960. Securing strictly accurate information for such a tabulation is a complex problem. Licensing statistics are subject to dispute for nurses frequently hold licenses in more than one state. The increase of nurses evidenced by Table IV is deceptive. "For example, we know at least 90,000 professional nurses today are working only part time."¹²

From the 1960 estimate, however, approximately 64 per cent of the nurses are employed by hospitals and

¹¹New York Medicine, op. cit., p. 886.

¹²American Nurses' Association, "What's Happening in Nursing Today? Why Aren't There More Nurses at the Bed-side?", News Release (New York: American Nurses' Association, December, 1962).

TABLE IV

**ESTIMATES OF PROFESSIONAL NURSES EMPLOYED FULL AND
PART-TIME IN THE UNITED STATES, BY FIELD OF
NURSING, AS OF JANUARY, 1958 AND 1960^a**

Field of Nursing	1958	1960 ^b
Totals	460,000	504,000
Hospital and related institutions	291,500	325,000
Private duty	70,000	70,200
Office nurses	37,000	40,000
Public health	28,700	32,400
Occupational health	18,400	18,500
Nursing education ^c	12,400	14,200
Other	2,000	3,700

^aAmerican Nurses' Association, Facts About Nursing. A Statistical Summary (New York: American Nurses' Association, 1961), p. 8.

^bIncludes Alaska and Hawaii.

^cIncludes in-service education personnel.

related institutions, and another 14 per cent are employed in private duty work. If two-thirds of the nurses employed by hospitals are doing general duty, then only 56 per cent of all professional nurses are engaged in direct patient care, the area of the greatest need.

V. THE COST OF NURSING EDUCATION

Little authoritative, searching work has been reported regarding estimations of the cost of nursing education. The true picture, in hospitals, has long been obscured by the practice of allocating credit for services performed by students in the course of their study. The higher salaried levels required for premium teaching personnel, cost of attrition, and the non-measureable effect of limited supply, are not considered in most cost estimates.

Everyone connected with hospital practice knows that hospital functions are limited by the shortage of nursing service. Hospital rooms or even floors are closed, operating schedules are curtailed, patients have to wait for beds and operating room time, the use of costly clinical facilities is limited - because of the nursing shortage. What this costs in dollars can only be estimated. But this we know, unequivocally: It adds greatly to the cost of medical care, and it is a non-productive addition.¹³

For the three-year course leading to a diploma the

¹³New York Medicine, op. cit., p. 887.

base estimate generally accepted by nurse educators includes the figure of \$1,000 a year borne by the hospitals plus \$1,000 cost for the student herself for the three-year period in tuition and other charges or a total of \$4,000 for the three-year course. A study done in Wilmington, Delaware diploma schools, reported in Table V, points up the fact that rarely are indirect costs affixed to the direct costs of nursing education. If an adjusted expense figure from the fourth school had been included in Table V, the annual direct cost would have risen to over \$300,000. Total cost analysis information from one study in 1960 indicated that the initial direct expense figure was inflated four times when all expenses were included. Within this study, applying this ratio to the institutions polled, the true cost of the programs would have been in excess of one million dollars a year. If this cost were then applied to the average number of graduates of these schools, the average cost for a hospital to produce one graduate approaches \$13,500. This prodigious figure is, of necessity, reflected in higher hospital bills, increased taxes, and expanded pleas for gifts. A pertinent question is whether the public is willing or would be wise to accept this obligation.

Tendencies, moreover, exist which would further increase these costs. In a recent proposed amendment to

TABLE V
DIRECT DOLLAR COST OF NURSING EDUCATION IN THREE
HOSPITALS IN WILMINGTON, DELAWARE^a

Fiscal Year	Hospital X	Hospital Y	Hospital Z	Total
1958				
Salaries	\$ 75,026	\$41,838	\$68,471	\$185,325
Other	<u>24,259</u>	<u>11,075</u>	<u>10,348</u>	<u>45,682</u>
Total	99,285	52,903	78,819	231,007
1959				
Salaries	75,292	40,976	88,213	204,481
Other	<u>20,725</u>	<u>19,231</u>	<u>9,645</u>	<u>49,601</u>
Total	96,017	60,207	97,858	254,082
1960				
Salaries	85,351	44,188	67,501	197,040
Other	<u>23,565</u>	<u>16,364</u>	<u>8,562</u>	<u>48,491</u>
Total	\$108,916	\$60,552	\$76,063	\$245,531

^aJames Surda, "A Written Report on Diploma Nursing Education," Hospital Topics (February, 1962), p. 36.

Section 63 - 710 of the Tennessee Code dealing with education, examination, and registration of nurses rewording is advocated to prohibit the practice of professional nursing by students if they were used in lieu of registered nurses and without their supervision.¹⁴

VI. THE NURSE AND THE NURSING SERVICE

The problem of what comprises nursing care and by whom it should be given becomes one of deciding which is cause and which effect. Nursing, as defined in Chapter I and as traditionally conceived, remains a commodity in great demand and in short supply. Within the nursing profession and its organizations, however, the tendency is unmistakably toward a concept of the nurse which less and less includes the furnishing of that commodity. If the broad top peopled by multitudes of administrators, coordinators, managers, expeditors, directors, and consultants is to be considered the essence of nursing, then the advocacy of a broad program of basic education for bedside nurses, the commodity in demand, becomes not only tenable but urgent.

Nursing service must answer the question of who shall give direct nursing care to patients. If all nursing care is to be given by auxiliary nursing

¹⁴Tennessee Code Annotated, Chapter 7, Title 63.

personnel, are they not in effect nurses? Is there not a place at the bedside for the highly skilled technician and for the professional nurse as well?

It is not enough to place the blame for the present situation on the so-called shortage of nurses. It is a problem much less easily solved than that. It requires a re-evaluation of what constitutes nursing care and by whom it should be given. At the conclusion of this project, there is no change in the belief that there is a need for the registered nurse at the bedside.¹⁵

They have all been hypnotized by the myth that 'nursing' is increasingly technical and scientific. Basic nursing is the same as ever it was.¹⁶

Figure 1 presents the percentage of registered nurses comprising the nursing staff in forty-seven Tennessee hospitals in a specific twenty-four-hour period subdivided according to various patient care areas.

Figure 2 is a graphic representation of the staffing patterns in fifty-nine Tennessee hospitals in a specific one-week period.

Both Figure 1 and Figure 2 show how great a reliance, for patient care, must be placed on personnel other than registered nurses.

These figures lend credence to the host of critics who contend nursing education and nursing service are failing both in quality and quantity.

¹⁵ Mildred L. Montag, Community College Education for Nursing (New York: McGraw-Hill Book Company, 1959), p. 360.

¹⁶ Nursing Times, op. cit., 1325.

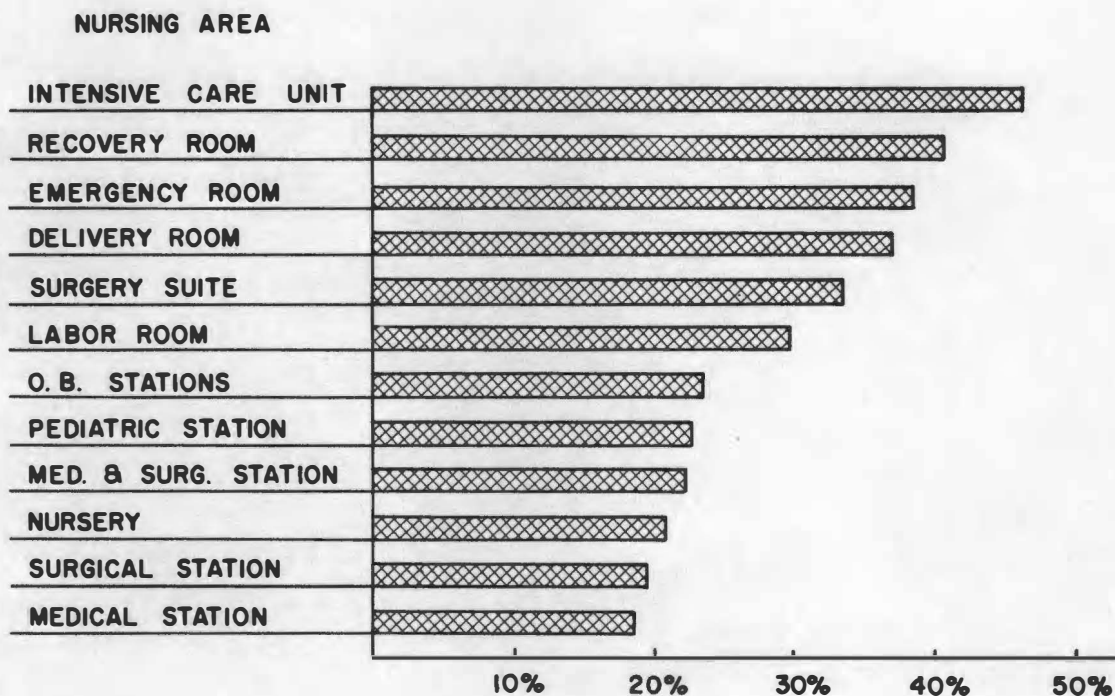


FIGURE 1

REGISTERED NURSES
PROPORTION OF NURSING STAFF
TWENTY-FOUR HOUR PERIOD
JULY 23, 1962
(47 TENNESSEE HOSPITALS)^a

^aHospital Research and Education, Report (Lincoln, Nebraska: Hospital Research and Education, October, 1962).

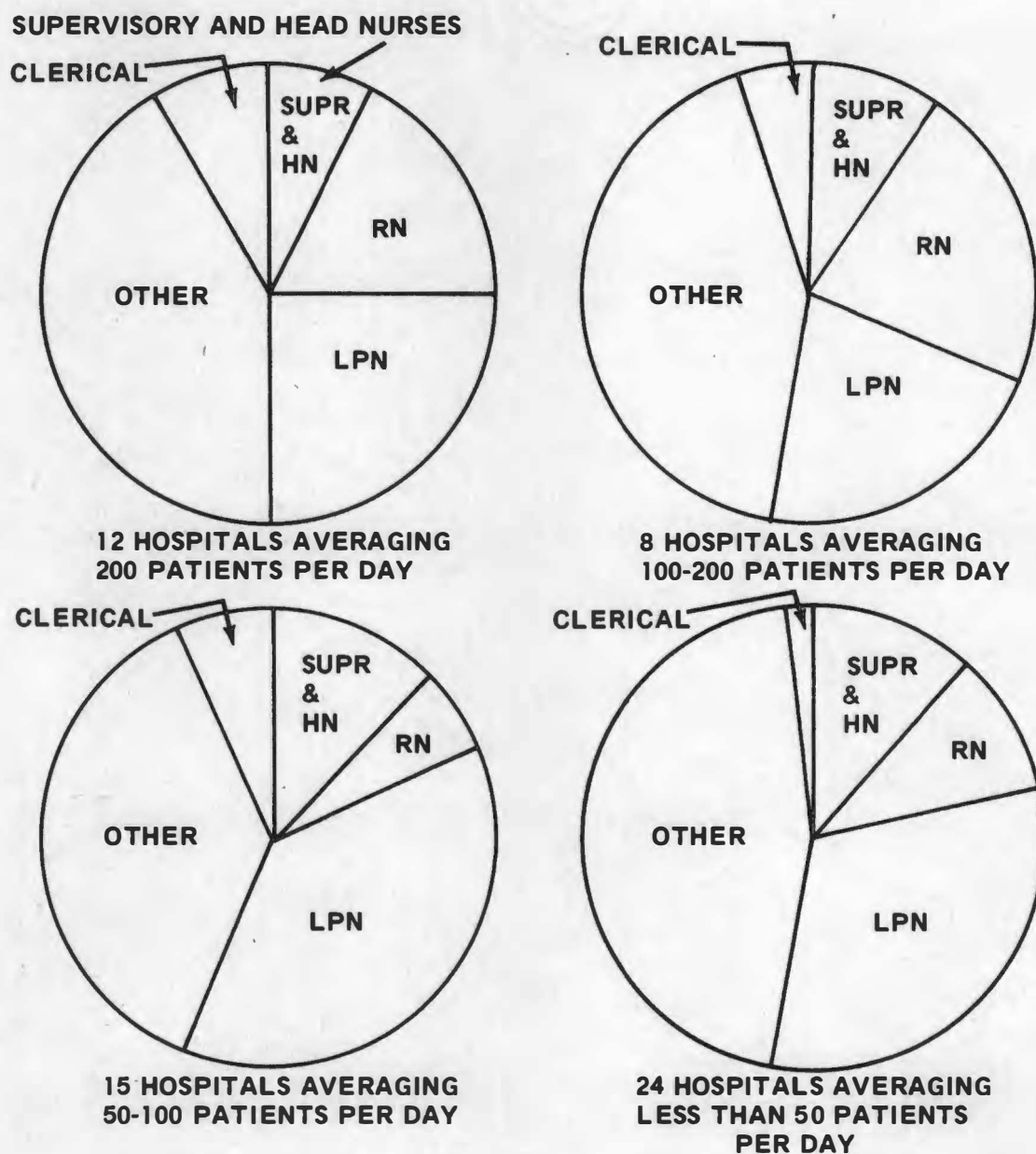


FIGURE 2

**STAFFING PATTERNS IN FIFTY-NINE TENNESSEE HOSPITALS
MARCH 11-18, 1962^a**

^aHospital Research and Education, Report (Lincoln, Nebraska: Hospital Research and Education, October, 1962).

Patients are being cared for by the least well prepared staff member, the nursing aide, to a greater extent than seems desirable. Although this has reference primarily to the physical care, the aide also spends more time with the patient, talking with him and observing his need for care, than does any other category of nursing staff.¹⁷

Estimates made from independent studies show a similarity of pattern in the distribution of time spent in any sphere of activity. Generally, one-fourth to one-half of the time of the nursing staff is spent on non-nursing activities. Of the time allotted for providing nursing care, only half is spent in actual patient care. Clerical work ranked first in time consumed with non-nursing duties.

. . . Trained nurses should be used for the work for which they have been trained. On the whole, nurses are not competent clerical workers and to use them as such in administrative posts in matron's offices is wasteful. Others could do their work better.¹⁸

The nursing service of any health facility is dependent for its personnel supply upon the education program. This dependency is not only with numbers but with the type and philosophy of preparation the nurses have received. Dictates to this philosophy by the national organizations are increasingly evident. Mounting testimony of philosophical imperiousness is rampant.

¹⁷Jessie M. Scott, "Seeing Nursing Activities as They Are," The American Journal of Nursing, LXII (November, 1962), 71.

¹⁸Nursing Times, op. cit., p. 1325.

It is disturbing to find graduates of all kinds of nursing programs identifying the time they either were head nurses or relieved the head nurse as the time they assumed full nursing responsibility. It is apparently the common belief that direct care of patients lies outside the scope of the functions of the registered nurse. That the nursing service has prompted this idea, or at least condones it, seems obvious.¹⁹

Further evidence from an actual experiment is tantamount to proof that faulty philosophy is a factor in this present conflict. In this experiment, more than enough staff nurses were assigned to an actual situation than were needed to give complete nursing care. Evaluation showed that even when the time was available, the nurses chose other things to do.

A number of nurses who received training recently see themselves primarily as highly professional nurses. Professionalism to them is defined in terms of highly technical skills and assumption of administrative, educational and supervisory responsibility.

We expected that when we introduced more staff nurses on the floors, they would spend more time with the patients. Although this occurred with some of the nurses, most of them chose to do other things. This has serious implications.²⁰

Still the war rages. The strong push for formal education and professional status continues.

. . . For many years, nurses have held that they are independent practitioners. I doubt this. One of the social phenomena since the late 1930's is the increase

¹⁹Mildred L. Montag, op. cit., p. 359.

²⁰Peter KongMing New; Gladys Nite; Josephine Callahan, "Too Many Nurses May Be Worse Than Too Few," Modern Hospital, XMIII (October, 1959), 105.

in the population of salaried professional workers. Technological advances, the rise of specialization, and the establishment of large-scale social institutions have resulted in organized group effort aimed at meeting the needs for expanded services to larger numbers of people. To me, nurses were and are employees in the full sense.²¹

Ready assurance is manifest that all the elements of professionalism and status are possible to nursing and the nurse as an individual when the demands of society and self are fulfilled.

. . . Once said, all this will probably be recognized as the restraints society must impose upon the rate of rise in status accorded functionally advancing groups in society. But it is useful to have it periodically reaffirmed. Both professional nurses and licensed practical nurses can earn the right to growing public recognition of their growing capabilities. But to be authentic rather than spurious, this rise in status must be earned.²²

VII. APPRAISAL OF SCHOOL TYPES

The Three-Year Diploma Hospital Schools

The continuance and development of nursing education in these schools is a pertinent subject and question to hospital trustees, administrators, and professional nursing representatives. Even for those hospitals not maintaining

²¹Sister Charles Marie Frank, "Satisfactions in Nursing Practice," Nursing Outlook (May, 1960), 302.

²²Robert K. Merton, "Relations Between Registered Nurses and Licensed Practical Nurses," The American Journal of Nursing, LXII (October, 1962), 73.

programs, the subject is vital for from these programs they must draw their service personnel. The burden to supply trained faculty members and an adequate financing base falls unfairly upon 1,100 of 7,000 hospitals. The minimal tuition and student services make the schools dependent upon financial subsidization from the hospital operation. This operation is directly reflected in the cost of medical care and places any operation in the public domain of opinion and support.

Nursing programs have traditionally been introduced by hospitals to obtain service. At the same time objectionable abuses arose in the exploitation of the students. This misuse is said to have been the impetus for nursing organizations to impose their zealous and restrictive edifice of standardization.

From the viewpoint of the individual nurse this program does not offer the prestige of a college education. It, at the same time, is limited in offering advancement leading to degrees for those interested in becoming nursing educators.

. . . Today, the picture is changing and colleges are becoming more and more reluctant to grant credit either for non-nursing or nursing courses offered as part of a diploma program. This change is primarily attributable to two factors; one, the ever-increasing volume of entering students; and, two, the development of more

soundly conceived baccalaureate programs for beginning nurse students.²³

Assessment of the advantages and liabilities of this program must conclude, though today it accounts for 90 per cent of hospital nurses, that it has failed to meet the needs of the public.

The Baccalaureate Degree Schools

Collegiate education for nurses today is in a vulnerable position. It faces the necessity of justifying its existence to the nurses themselves and to all the recipients of their services. This is the program which, as a part of the present education arrangement, produces the Bachelor of Science, R. N. No inclusion is made of that collegiate education that has long been available to the bedside nurse through post-R. N. training.

The ANA has made its position clear in presenting for study to the House of Delegates in 1960, "Goal Three" prepared by the ANA Committee on Current and Long-Term Goals.

To insure that, within the next 20-30 years, the education basic to the practice of nursing on a professional level, for those who then enter the profession, shall be secured in a program that provides the intellectual, technical, and cultural components of both the professional and liberal education. Toward this end, the ANA shall promote the baccalaureate

²³Rena E. Boyle; Frances K. Bererson, "The Registered Nurse Seeks a College," Nursing Outlook, X (October 1962), 653.

program so that in due course it becomes the basic educational foundation for professional nursing.²⁴

The connotations of this presentation should be of deep concern to any person connected with the field of health. It may be interpreted to mean that in the future there may be only one preparation for nursing and one level of practice.

There can be no quarrel with the theory that at the apex of every educational endeavor enlightened, intelligent leadership is necessary. The figure, often advanced, that 10 per cent of available nurses qualified on this level seems adequate. This would place nursing educators and administrators within the accepted faculty-student ratio of one to ten. The lofty ambitions of the hierarchy of nursing organizations and liabilities of the collegiate program, as a basic training for all nurses, must be realistically reviewed.

. . . It is the most costly method; the attrition is greatest; it is wasteful of educational facilities because bedside nurses do not need full collegiate education to nurse; and (most important) it is the method least likely to produce a bedside nurse.²⁵

²⁴American Nurses' Association, Goal Three, A Report Prepared by the American Nurses' Association Committee on Current and Long-Term Goals (New York: American Nurses' Association, May, 1960).

²⁵New York Medicine, op. cit., p. 8.

The primary difficulty would seem to be a deep and fundamental one, rarely discussed.

. . . This is the general question as to the optimum academic level of nursing, usually expressed by the thought that nursing is already tending to become too academic..

Undoubtedly, there is a body of opinion which already feels that the present tendency is to produce trained nurses who are pale shadows of junior doctors rather than good, practical nurses.²⁶

In suggesting direction for action, the conclusion that the sound, satisfactory approach to executive, administrative, and educational nursing is through the ranks of a good and effective system of post-graduate training is one that must be considered. The present great emphasis on theoretical and abstract aspects advocated by a relatively small group could be replaced by a practical orientation toward the fundamental problem of caring for the sick.

. . . No useful purpose is served if active practical nursing work and personal attention is permitted to slide increasingly down the professional scale, while nurses of all grades reach upwards toward academic heights which are only remotely related to the type of practical service which the patient needs.

It does not alter the fact that the service given by that profession must in the ultimate be what the patient needs.²⁷

²⁶Hospitals and Health Management, op. cit., p. 212.

²⁷Ibid.

The Practical Nursing Schools

The importance of this aspect of nursing education is observable in the amount of patient care that is provided by those licensed as Practical Nurses. In the period of shortage, "they have provided the finger in the dike that has prevented a complete collapse of hospital nursing service."²⁸ General agreement is evidenced in the need for improved status, heightened public and professional approval, and distinction of the role in this branch of service. One administrator is staunch in his belief that the role of the practical nurse is firm in that this group takes advantage of persons who could not qualify under professional requirements. The appeal is to an older group of women. Often those whose formal schooling took place years ago feel that they can make a contribution without further systematic schooling. Many authorities in the health field feel that the practical nurse of the future may be found primarily in nursing homes, home care units, and chronic disease facilities.

. . . To the informed, there is a clear distinction, on the one hand, between the professional nurse and the practical nurse who alone engages in the practice of nursing, and the rest of the varied and indispensable crew. But to the patients, all these constitute a vast assemblage among whom it is difficult to distinguish.²⁹

²⁸New York Medicine, op. cit., p. 889.

²⁹Morton, op. cit., p. 73.

For the present, the acceptance and assurance of inclusion in the national organizations of this group must be welcomed and defined.

. . . It is perfectly clear that to the extent the professional schools fail to provide nurses, the practical nurses will become the nurses of tomorrow; for the hospitals must have nursing service to serve the public and if it is not to be had under one name it will be had under another.³⁰

The Associate Degree Schools

This area of the educational system will be discussed fully in the subsequent chapter.

VIII. OUTLOOK FOR THE FUTURE

The outlook for the future of nursing is a tower of uncertain foundation swayed by the currents of a society manifest with change in socio-economic and technical stature. Any prediction becomes inscrutable with realization that the present day inadequacy in nursing service remains unsolved. If it were possible to discount the present shortage, there have been estimates that by 1970, 122 per cent more nurses will be needed.

Other indeterminable factors make paramount the need for workable patterns to be developed. As editorialized recently in *The American Journal of Nursing*:

³⁰Montag, op. cit., p. 368.

Few nurses realize that the recently passed Man-power Development and Training Act can have a major impact on nursing and health care in their own communities. The planning under this and other legislation relative to the unemployed has already begun. Local employment services are conducting surveys of employment opportunities in their areas; they are screening the unemployed for their potential; local training programs are being set up to prepare these people for new occupations. And, in the search for these new occupations, the planners' eyes cannot help but fall on the notoriously understaffed hospitals and other health agencies that exist in practically every community.³¹

Increased enrollment in high schools and colleges offers a challenge to recruitment possibilities. Satisfaction must be increased within and without the profession to encourage new enrollment and maintain those presently participating.

. . . It is an exciting time to be in nursing. It is a discouraging time to be in nursing. Changes are needed so badly and they seem so obvious and so possible. Yet changes seem to be discouraged - or at least not encouraged - by so many in the field of nursing. The decision as to how the profession will move is in the hands of the nurses themselves.³²

³¹The American Journal of Nursing, Editorial (New York: The American Journal of Nursing, May, 1962), 57.

³²Montag, op. cit., p. 368.

CHAPTER IV

A PROPOSED PROGRAM OF NURSING EDUCATION

The growth of the Associate Degree concept into a nationwide reality has occurred in the short span of ten years. Seldom in so short a time has such a new concept in the preparation for any vocation reached such a state of practical implementation. Following the successful experimental program, the National League for Nursing conducted several national conferences which culminated in the 1961 Report on Associate Degree Programs in Nursing, from which much of the statistical material of this chapter has been extracted.

In spite, however, of the conceded wide acceptance of this program, it has been delegated only a minor role consciously subjugated to more traditional nursing education philosophy. Therefore, the author of this study proposes that in an orderly, inter-related total system the Associate Degree program be established as the single base preparation of professional nurse education. From this base should come the enlarged supply of basic nursing service and upon it should rest a firmly conceived structure of specialty nursing education.

I. COMPONENTS OF THE PROPOSED PROGRAM

The total program envisioned has two elements of basic education:

- I. The Licensed Practical Nurse Program and,
- II. The Associate Degree Program.

In this program design the substantial contribution of the practical nurse in service competence is reaffirmed. Utilizing the abilities of those persons who would not be attracted to a professional program, the continuation of this form of education is eminently desirable.

The Associate Degree Program forms the wide, inclusive base for professional preparation. From this program would be realized a vast assemblage of registered nurses to anticipate and meet the increasing needs of society. This level may be viewed as terminal for specific job preparation or may serve as a foundational and recognized credit base for further education.

Progression to successive degrees would be provided in additional programs of higher education specifically designed as administrative, educational, and specialized clinical areas integrated within a comprehensive program using the Associate Degree program as the first step in preparation for succeeding degrees. This provides further academic levels of scholarship, those of:

III. Advanced Degrees in Nursing Disciplines.

Degrees of baccalaureate, master, and doctor must be available in the framework of higher education orientated to specific area of interest.

Within this new comprehensive design only one program, that of the Associate Degree, has been developed in detail in the present study. The others, as subjects of depth studies, must be subjected to intensive investigation to maintain their respective roles in this dynamic, evolutionary process. It must be suggested that the nursing profession as a whole exert every effort toward the sustaining goal of excellence through support of earnest investigation.

II. HISTORY OF THE ASSOCIATE DEGREE NURSING PROGRAM

Many proposals have been made to alleviate the shortage in nursing personnel: the activation of graduates in retirement or on inactive status; additional uses of auxiliary persons to relieve nurses of non-nursing duties; shortened educational programs. But before the 1950's no serious attention had been given to evaluating the educational process with a view to establishing a new type in a new environment. Prior to this time, educational institutions had contributed to the nursing students through the provision of general education courses only. Eighty such

arrangements were reported in a compilation in 1947. There was, however, no program oriented within and administered by the colleges themselves. Some observant and perceptive nurse educators were awakened through this report to the implications for nursing education in the utilization of community colleges. Research proposals and designs for study were made by Mildred L. Montag, Professor of Nursing Education at Teachers College, Columbia University, New York.

With the receipt of a grant of \$110,000 from an anonymous donor in 1952, the Cooperative Research Project was formed using this design as a platform of study.

The Associate Degree Program in nursing was not long in coming into being. Unlike other educational programs in nursing, it did not grow up in a Topsy-like fashion but was the result of a thoughtfully planned and carefully executed experiment - the Cooperative Research Project in Junior and Community College Education for Nursing, conducted at Teachers College, Columbia University, under the direction of Mildred L. Montag.¹

As a proving ground, seven associate degree programs resulted.

In the five years between 1952 and 1956, eight schools participated - five two-year junior colleges, two

¹ National League for Nursing, Report on Associate Degree Programs in Nursing, A report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 1.

four-year institutions of higher education, and one hospital school of nursing (no degree was offered here) were assisted in development of programs of this type.

. . . As a group they have certain unique characteristics; they are not diploma programs transplanted into college settings, nor are they truncated or diluted baccalaureate degree programs in nursing.²

Great interest throughout the country ensued from the establishment of these experiments. Some misunderstanding of the responsibilities and administration in the operation were encountered. In 1954, the NLN-AAJC (American Association of Junior Colleges) formulated a statement of Guiding Principles for Junior Colleges Participating in Nursing Education. The statement clarifies and directs participation of member organizations.

The statement also made it clear that a nursing degree program conducted by a junior college should be organized, administered, and financed according to the same policies that are in operation for other associate degree programs conducted by the institution. Thus, almost from the onset, nurse educators in junior colleges have had a tool for establishing the idea that associate degree programs in nursing are different from other kinds of educational programs leading to associate degrees and for preventing the problems that arise from this misconception.³

The original experimental project closed in July, 1957. The report of this experiment, its development,

²Ibid., p. 2.

³Ibid., p. 2.

evaluation, and conclusions are now available.⁴ The foreword states:

This publication which is the final report on the cooperative project should prove a useful addition to the literature. Seldom has there been a more fortuitous juxtaposition of (1) "an idea whose time has come," a well-thought-out philosophy, plan and proposal for research and experimentation; (2) the availability of a competent researcher, eager to undertake the project, (3) the offer of financial support from an anonymous donor who was eager to help assure better nursing services for America through improving education for nurses, and (4) a milieu in which the policies of the College permitted its resources and the experiences of its faculty to be brought to bear upon the fullest accomplishment of the purposes of the research.⁵

The testing and development of the new program has been completed and each program is now continuing at an accelerated pace.

. . . The growth of associate degree education for nursing has been a rapid one. Even during the experimental phase, when the Cooperative Research Project was in operation, associate degree programs in nursing were springing up all over the country.⁶

In 1956, there were twenty associate degree programs; in 1963 there were seventy-six such institutions listed in a published compilation of College-Controlled Programs in Nurse Education leading to an Associate Degree supplied by the National League of Nursing.

⁴Mildred L. Montag, Community College Education for Nursing (New York: McGraw-Hill Book Company, 1959).

⁵Ibid., p. vi.

⁶National League for Nursing, op. cit., p. 8.

. . . The first conclusion to be drawn from this record is that the associate degree program in nursing has achieved a permanent place in nursing education. A few years ago it was looked upon as an experiment; it is now a recognized type of program for the preparation of registered nurses.⁷

In 1955, through funds from the Doris Duke Foundation and the Grant Foundation, consultation services to community colleges and to nursing facilities were inaugurated. In 1957, the NLN established a specific board of review for accrediting associate degree programs. The momentum of interest from the pilot experimental program provides a continuing stimulus for extension of the program. All programs now function under the Institute of Research and Service in Nursing Education.

III. GENERAL PLAN AND PRINCIPLES

Few were able to anticipate the great increase in numbers of junior colleges. The trend seems to indicate their even greater extension in the next few years. "Some estimates have put the enrollment at two million by 1970-75."⁸ These institutions are well fitted for the assimilation of nursing education for several reasons; their innovation is recent enough to be unhampered by

⁷ Ibid., p. 4.

⁸ Montag, op. cit., p. 18.

tradition; their flexibility of programming allows ready introduction of new subject material; they have great community support, for their proximity allows cognizance of community needs; they provide terminal education and programs for students who wish to qualify as semi-professional workers in chosen fields.

Each college determines its own objectives and varies its curricula and offerings as its contribution to the community it serves. Common characteristics of the Associate Degree programs are set forth by the Henry Ford Community College, Dearborn, Michigan, as:

1. The program is college centered and college controlled. The faculty of the college is responsible for planning all aspects of the program and for all teaching within the curriculum. This means the college faculty teaches in the classrooms and accompanies the students into the clinical area (hospital) and does all of the supervision and teaching. The Nursing Program is an integral part of the total college program.
2. It is a two-year curriculum in nursing combining both general education and technical training. General education accounts for approximately one-third of the total curriculum and nursing about two-thirds of the curriculum. Students in nursing share the courses in general education with other students.
3. The curriculum offers fewer courses with broad groupings of subject matter. Learning experiences are carefully organized but with flexibility to provide meaningful learning without unnecessary repetition.
4. Facilities of the community, including hospitals, clinics, and visiting nurse association, are utilized to provide a variety of learning

experiences. No part of the program is hospital controlled.

5. The students enjoy the same status as all other students in the college. They are eligible for all activities of the college and are held to the same standards of admission, graduation, etc., as all other students. Students majoring in nursing at Henry Ford Community College qualify for the Associate in Science diploma.
6. The faculty for the courses in nursing are selected in the same way as other college faculty members. They enjoy the same privileges and assume the same responsibilities. (At the Henry Ford Community College this means they must have a master's degree in nursing education. They must be eligible for a permanent junior college teaching certificate.)
7. The program is supported from the same sources and in the same way as are the other programs at the college. The same tuition fees are paid by all students.
8. Students live at home or make their own living arrangements. Most junior and community colleges do not provide dormitories. If they did, students in nursing would be eligible to live in them. No special housing for nursing students is provided.
9. Students are eligible for the licensing examination of the state in which the college is located.

Another characteristic frequently stated concerns the students' responsibility for providing transportation to clinical affiliations.

This characteristic statement of principle coupled with those proffered in the NLN statement form the philosophy of these schools whose purpose is the preparation of

young men and women to function in the province of beginning professional nurses.

Guiding principles in the development of programs are provided by the National League for Nursing.

Organization, Administration and Control

1. It is desirable that only junior colleges that are accredited by the appropriate regional educational associations establish associate degree programs in nursing.
2. The junior college assumes the same responsibility for the nursing program as it does for other programs; that is, it has complete control of the program and is wholly responsible for its quality.
3. The structure and organization of the junior colleges are such as to make possible the effective performance of its total function and to permit inclusion of nursing education as part of that function.
4. The administration leadership in the junior college fosters a democratic environment throughout the entire institution, providing opportunities for the faculty and student of the nursing department to participate in the affairs and life of the college in the same way as do members of other departments.
5. The junior college provides competent leadership for the nursing program, selecting a qualified nurse educator as head of the nursing department and a qualified faculty in nursing.
6. The administration of the junior college takes the initiative in the organization of such lay advisory committees as may be deemed essential to assist the nursing department to achieve a quality program.
7. The junior college provides appropriate resources and facilities for the nursing program.

8. When a junior college makes arrangements with a hospital or other cooperating agencies for the use of facilities in which the college provides instruction for its students, there is an established formal relationship.
 - A. This relationship is entered into only after the groups involved have thoroughly studied and reached agreement on the ways in which the facilities are to be used and the conditions governing their use.
 - B. This relationship is clearly defined in a written statement approved by the appropriate boards of control.
 - C. The junior college sees to it that the policies established and the mutual obligations specified in the formal agreement are implemented.
9. The junior college assumes full financial responsibility for providing a quality educational program in nursing and has the financial resources to meet such commitments.
 - A. The student in nursing is not expected to bear any greater portion of the direct and indirect cost of the program than is required of any other student in the college.
 - B. The junior college has a sound budgetary procedure for its nursing program as well as for all other programs.
 - C. There is opportunity for the nursing faculty and administrative staff to participate with others in the preparation of the budget and in other financial matters.⁹

Much skepticism and many questions have arisen

⁹ National League for Nursing, Guiding Principles for Junior College Participation in Education for Nursing, A Report Prepared by the Department of Diploma and Associate Degree Program (New York: National League for Nursing, 1961), pp. 2-4.

during the inception of the program and still remain as deterrents to full acceptance. If this program, without service obligation, should succeed, would this sound the death knell for diploma schools? What would be the relative status of R. N.'s with different types of basic preparation? Are graduates of this program successful in practice? Most of these have been answered in the evidence of the pilot studies. Others are answered by implication in the unqualified success of these students and the great increase in the number of programs.

IV. INSTITUTIONS NOW PARTICIPATING

In September, 1962, the National League for Nursing published this list of College-Controlled Programs in Nurse Education Leading to an Associate Degree:

ARIZONA	*Phoenix College, Phoenix
CALIFORNIA	Bakersfield College, Bakersfield
	Chaffey College, Alta Loma
	City College of San Francisco,
	San Francisco
	*Centra Costa College, Los Angeles
	East Los Angeles College, Los
	Angeles
	*El Camino Junior College, El
	Camino
	Foothill College, Los Altos Hills
	Fresno City College, Fresno
	*Fullerton Junior College,
	Fullerton
	Hartnell College, Salinas
	Long Beach City College, Long
	Beach

*Institutions responding to personal correspondence.

Los Angeles City College,
 Los Angeles
 *Los Angeles Valley College,
 Los Angeles
 *Mount San Antonia College, Walnut
 Oakland City College, Oakland
 *Orange Coast College, Costa Mesa
 *Pacific Union College, Angwin
 *Pasadena City College, Pasadena
 *Riverside City College, Riverside
 *Sacramento City College,
 Sacramento
 *San Bernardino Valley College,
 San Bernardino
 San Jose City College, San Jose
 *Santa Rosa Junior College,
 Santa Rosa
 *Ventura College, Ventura
 COLORADO *Mesa College, Grand Junction
 FLORIDA *Dade County Junior College, Miami
 *Daytona Beach Junior College,
 Daytona
 *Manatee Junior College, Bradenton
 *Palm Beach Junior College,
 Lake Worth
 *Pensacola Junior College,
 Pensacola
 *St. Petersburg Junior College,
 St. Petersburg
 GEORGIA *Georgia Southwestern College,
 Americus
 *Norman College, Vereen Memorial
 Hospital, Norman Park
 IDAHO *Boise Junior College, Boise
 *Ricks College, Rexburg
 ILLINOIS *Belleville Junior College,
 Belleville
 INDIANA *Indiana Central College,
 Indianapolis
 *Vincennes University, Vincennes
 IOWA *Fort Dodge Community College,
 Fort Dodge
 MASSACHUSETTS . . Lasell Junior College, Auburndale
 Newton Junior College, Newtonville
 MICHIGAN *Flint Community Junior College,
 Flint
 *Henry Ford Community College,
 Dearborn

*Kellogg Community College,
 Traverse City
 Port Huron Junior College,
 Port Huron
 MISSISSIPPI . . . *Northeast Mississippi Junior
 College, Booneville
 Perkinson Junior College,
 Perkinson
 MISSOURI *Southeast Missouri State College,
 Cape Girardeau
 NEW JERSEY . . . *Fairleigh Dickinson University,
 Rutherford
 Rutgers University, Newark
 NEW YORK Bronx Community College, Bronx
 *Brooklyn College, Brooklyn
 Corning Community College,
 Corning
 *Dutchess Community College,
 Poughkeepsie
 *Nassau Community College, Mineola
 *New York City Community College,
 Brooklyn
 *New York State University Agri-
 cultural and Technical Insti-
 tute, Farmingdale
 *Orange County Community College,
 Middleton
 Queens College, Flushing
 *Rockland Community College,
 Suffern
 *University of the State of New
 York, Upstate Medical Center,
 Syracuse
 NORTH CAROLINA . *University of North Carolina
 Women's College, Greensboro
 PENNSYLVANIA . . *Gwynedd Mercy Junior College,
 Gwynedd Valley
 SOUTH CAROLINA . *Lander College, Greenwood
 TEXAS *Odessa College, Odessa
 *Texarkana College, Texarkana
 UTAH *Weber College, Ogden
 VERMONT *Vermont College, Montpelier
 VIRGINIA Medical College of Virginia,
 Richmond
 Virginia Intermont College,
 Bristol
 *Virginia State College, Norfolk
 Division, Norfolk

WASHINGTON . . . Clark College, Vancouver
 *Columbia Basin College, Pasco
 *Yakima Valley Junior College,
 Yakima
 WEST VIRGINIA . . Marshall University, Huntington¹⁰

Too recent in innovation to have been included in this listing is a provisional program at Union University, Jackson, Tennessee. It has recently received approval by the Tennessee Board of Nursing.

Those colleges identified in the list by asterisks are those which responded to a personal communication requesting printed material, college catalogue, and statistics regarding enrollments and graduations. The volume of literature received, accompanied by letters expressing a contagious enthusiasm for their programs, attest the surge of vigor behind this proposal.

The distribution of these college programs show wide contrast in state development. There is little correlation between the number of junior colleges in a specific state and the number which incorporate nursing divisions. Texas, which is second in number of these institutions has only two such affiliations; California, on the other hand, presently has twenty-four. A contributing factor may be

¹⁰ National League for Nursing, College-Controlled Programs in Nurse Education Leading to an Associate Degree, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1962), pp. 1-2.

that of public fund support. A much greater percentage is supported in this manner in the western section of the country than in the East or South. This has made the offering of such education more frequent by four-year institutions in some sections of the United States. These facts are presented in Table VI for the academic year 1958-1959.

V. CHARACTERISTICS OF THE STUDENTS

A basis for the prediction that associate degree programs will add substantial numbers to the supply of registered nurses is that the program will attract (1) many who could not, and (2) many who would not seek admission to any other type of program of nursing education.

Among those who could not apply for other programs are those who are over the age restrictions for admission to schools of nursing. A questionnaire return from thirty-nine schools indicates that 11 per cent of the students are over the age thirty-five. This is the upper age limit almost universally set by other types of programs. These data are presented in Table VII.

A large number of our students are over the usual age for admission to a school of nursing. This substantiates one of the findings of the President's Commission on Higher Education for Women--that probably in the case of women, provision needs to be made for two periods, one immediately post-high school and one post-family at about the age 35 or 40. With the long

TABLE VI
TYPE AND CONTROL OF INSTITUTIONS CONDUCTING
ASSOCIATE DEGREE PROGRAMS IN NURSING BY
NLN REGION ACADEMIC YEAR 1958-1959a

	Total	Public	Private
United States	<u>48</u>	<u>39</u>	<u>9</u>
Junior College	<u>36</u>	<u>32</u>	<u>4</u>
4-year Institution	12	7	5
Region IA (New England)	<u>2</u>	<u>1</u>	<u>1</u>
Junior College	<u>2</u>	<u>1</u>	<u>1</u>
4-year Institution	0	0	0
Region IB (Middle Atlantic)	<u>7</u>	<u>5</u>	<u>2</u>
Junior College	<u>1</u>	<u>1</u>	<u>0</u>
4-year Institution	6	4	2
Region II (Midwest)	<u>7</u>	<u>6</u>	<u>1</u>
Junior College	<u>5</u>	<u>5</u>	<u>0</u>
4-year Institution	2	1	1
Region III (South)	<u>13</u>	<u>10</u>	<u>3</u>
Junior College	<u>10</u>	<u>8</u>	<u>2</u>
4-year Institution	3	2	1 ^b
Region IV (Far West)	<u>19</u>	<u>17</u>	<u>2</u>
Junior College	<u>18</u>	<u>17</u>	<u>1</u>
4-year Institution	1	0	1

^aNational League for Nursing, Report on Associate Degree Programs in Nursing, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 1.

TABLE VII

**AGE DISTRIBUTION OF ENROLLED STUDENTS IN THIRTY-NINE
ASSOCIATE DEGREE PROGRAMS, FALL 1959^a**

Age	Students	
	Number	Percent
16 - 19	1,025	51.4
20 - 23	414	20.8
24 - 27	121	6.1
28 - 31	109	5.4
32 - 35	105	5.3
36 - 39	83	4.2
40 - 43	62	3.1
44 - 47	42	2.1
48 and over	<u>32</u>	<u>1.6</u>
Total	1,993	100.0

^aNational League for Nursing, Report on Associate Degree Programs in Nursing, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 10.

life-span of women and with their families coming earlier, a period of from 30 to 35 years of productive employment would follow this second period. It is believed that if we are to solve the shortage of personnel problems (I am not speaking now only of nursing) this group of women must be helped to make their contribution.¹¹

Women in this category may avail themselves of terminal, professional education and still carry on a normal homelife by living at home. The demands on time and energy would be proportionate with those of any other academic pursuit.

The absence of restrictions concerning marital status provides another and ever growing group of prospects. The same group of thirty-nine associate degree schools, mentioned in Table VII, indicated that 23 per cent of their students were married and another 4½ per cent had been married. These data are presented in Table VIII.

. . . One school gave the following picture of the family responsibilities carried by its students: "Of 86 students enrolled, 24 have children at home; 10 have 1 child; 3 have 2 children; 5 have 3 children; 5 have 4 children, and 1 has 5 children.¹²

These data refer to enrolled students. A large group may be considered potential graduates of this program when one considers those who have previously become

¹¹Mildred Montag, "Five Years of Experimentation: Some Lessons We've Learned," Second National Conference on Junior-Community College Education for Nursing (New York: National League for Nursing, 1957), p. 40.

¹²National League for Nursing, Report on Associate Degree Programs in Nursing, op. cit., p. 9.

TABLE VIII

**MARITAL STATUS OF ENROLLED STUDENTS IN THIRTY-NINE
ASSOCIATE DEGREE PROGRAMS, FALL 1959^a**

Marital Status	Students	
	Number	Percent
Single	1,437	72.1
Married	467	23.4
Widowed, divorced, or separated	89	4.5
Total	1,993	100.0

^aNational League for Nursing, Report on Associate Degree Programs in Nursing, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 10.

attrition figures upon being married but who would continue within this educational program where there are no such restrictions.

Lack of requirement for on-campus or any sort of institutional residence is among the appeals. This departure from the traditional requirement of dormitory residence adjacent to the hospital is a prominent characteristic of the community college programs.

These features as a whole or in separate parts are not unique with associate degree programs. There have been some other basic programs that have admitted married students or allowed enrollment of day students or waived age restrictions. On the other hand there are associate degree programs that cannot offer this philosophy within commuting range of all the students who wish to participate. There are some students who must live away from home during part of the program and there are many who prefer to do so and consequently apply to colleges away from their home vicinity. By and large, however, associate degree programs are the only ones that offer this combination of possibilities to potential candidates.

Of those who would not seek admission to any other type of program are those who did not like the character of the nursing program and wished to enter college as their contemporaries were doing. The opportunity to enter the

activities of college life without the enforced segregation and isolation so long typical of hospital education has influenced many students.

The general intellectual level of students of this program must conform to the general admission policies of the specific college in question. Of the applicants for the pilot programs, the medians for five such programs were found to be at a higher percentile level as measured by The American Council on Education Psychological Examination for College Freshman than those of the typical applicant to nursing schools; three of the pilot programs were below.

The socio-economic background of those interested in becoming nurses has been the subject of several studies. In general, data through the years suggest that the majority of nursing students are drawn from the top of the upper lower-class or the bottom of the lower-middle class. Using the father's occupation as an indicator of the socio-economic status, these are found in the class of skilled workers. Little has been compiled in this regard for the Associate Degree students. Analysis of the relatively few numbers participating in the pilot program indicates that the background of the student bodies in that instance conform to that variety found in the general student body. This shows also wide variation between programs and between states.

From the point of view of the student, the college program seems to be more palatable and associated with fewer problems of adjustment than the traditional school of nursing. This is probably answerable by the dilution of direct patient care subjects with academic subjects in the early phases of the development.

From the Director of the Santa Rosa Junior College School of Nursing, Santa Rosa, California, comes this statement: "This school has been very well accepted in the community and these students are the 'darlings of the campus' as far as the Junior College is concerned."¹³

VI. THE COST TO STUDENTS

The immediate cash outlay by the entering student is determined by the tuition policy of the specific college in question. There is no differential in reporting schools in the cost of this degree program when compared with other associate degree programs in the offering institution. Developing trends in national and community participation in and support of collegiate educational levels will affect this program equally with the others of the institution.

Dollar investment places the degree program somewhere

¹³Personal Correspondence of the Author, Letter from Margretta N. Fortuin, February 18, 1963.

between the current diploma and baccalaureate programs. This, however, does not consider the money value of the time differential inherent in the longer periods of preparation.

Among students who are considering career studies in a specific institution, the cost of the associate degree program in nursing is not likely to be an advantageous or disadvantageous feature.

VII. THE FACULTY

The procurement of faculty for collegiate nursing education was and remains as one of the critical problems. No concessions have been asked of the participating colleges nor should any be made in requirements for appointment. Staff of this program must meet the requirements of similar programs within each specific college, e.g., the vocational engineering program. This instructor must accept many roles. She must be a professional nurse, a teacher, an ambassador for the college, and communicator between the cooperating agencies and institutions. Accepted on the same basis as other faculty members, she must be willing to take responsibility for committee and special assignment work inherent within the academic environment.

The inherited and continuing shortage of teaching

personnel has been compounded in the securing of faculty for collegiate nursing, for rigid specifics of academic degrees and experience are required. Table IX presents the academic preparation of nurse faculty members in forty-one reporting programs in 1961. Interest within the profession and great willingness on the part of those already involved in teaching to prepare themselves as teachers under this program may ultimately serve to increase the supply.

Present data provide little concrete material for estimating the number of nurse faculty any specific program will require. In most present instances, the non-nursing courses are taught by faculty members of other departments and the nursing faculty is responsible for those areas of clinical orientation only. Previously overlapping responsibility in these fields has given no foundation for computation.

VIII. THE CURRICULUM

Differences within the curriculum content are commensurate with the differences from one college to another. Common characteristics in all the institutions are those formulated at the beginning of the pilot program as acceptable to both cooperating institutions and the nursing faculty. Characteristics which are common to all programs out-weigh those which are different.

TABLE IX
ACADEMIC PREPARATION OF NURSE FACULTY MEMBERS IN
FORTY-ONE ASSOCIATE DEGREE PROGRAMS^{ab}

Highest Degree Held	Nurse Administrator	Other Nurse Faculty Members	
	Number	Number	Percent
Doctoral	3	0	0.0
Masters	29	96	45.1
Baccalaureate	9	98	46.0
Associate or No degree	0	9	4.2
Not reported	0	10	4.7
Total	41	213	100.0

^aNational League for Nursing, Report on Associate Degree Programs in Nursing, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 15.

^bData not included from three institutions in which the nurse faculty members are responsible for a baccalaureate degree program in nursing as well as the associate degree program in nursing.

The first common characteristic of the new curriculum is that it includes both general and specialized education. This division varies from one-third to one-half of time investment in each category. Within the classification of general education are biological, physical, natural, and social sciences, communication skills; and the humanities. For this portion, the nursing students take the regularly constituted courses of the college. No course is designed exclusively for them or is limited to their use. The curriculum plan is generally that of having the student carry some general education classes throughout all the academic quarters. This allows maintenance of participation and interest in campus activity. The design is usually progression from emphasis on general education in the first year to participation in more specialized subjects in the second year.

Secondly, common to most programs, the specialized nursing courses have been reorganized with different sequence and groupings. The fractionalization of subject matter in traditional programs has not been maintained. Central themes of content and learning experiences have resulted in from four to six courses in the generalized area. These broad groupings have allowed the clustering of like experiences within several services and eliminated repetitive practice.

We have tended to put less emphasis on the specialization, thinking that the actual and fundamental differences in skills needed by the nurse are far fewer than are the differences in skills needed by the physician and the surgeon.¹⁴

The third common characteristic is the use of allied health services and institutions of the community. This facet of the program must be adequate in number of services and quantity of patients for study. Community cooperation, inclusion, and acceptance through previously arranged lines of communication are requisite to adequate experience. This is considered planned laboratory time and is allotted credit in accordance with college policy according to a formula of from two to six clock-hours of laboratory experience equivalent to one credit.

The fourth common feature concerns the duration of the course of study. The term, two-year program, has been variously interpreted but consummation is accomplished somewhere between two calendar years and two academic years. In most instances, four semesters, or six quarters, plus one or two summer sessions are necessary. Credit requirements range from 64 to 126 and this is accomplished by 16 to 16½ credits a semester or equivalent in quarter figures. Academic degrees awarded by forty-four reporting institutions in 1961 were distributed in this manner:

¹⁴Montag, op. cit., p. 37.

Associate in Arts, 22; Associate in Science, 13; Associate in Applied Science, 6; Associate in Nursing, 1; Associate, 1; Associate in Arts after 2 years--diploma in nursing after 3 years, 1.¹⁵

Figure 3 presents the amount of education (in credits) and the length of the programs or equivalents of forty-four reporting programs in 1961.

IX. THE GRADUATES

Performance on state licensing examination can be held as one measure of evaluation of the collegiate programs. Table X presents data of performance of graduates of this program on state board examinations in 1958. This shows these graduates to be equal and in most cases slightly superior to the total group. Limitation of a paper-and-pencil test in judging performance abilities is understood. However, the same judgment is relevant to all programs whose nurses are being tested and other methods of evaluating practitioner performance lack any control or means of standardization.

The only other means of overview tabulation is by consideration of the positions now held by practicing

¹⁵ National League for Nursing, Report on Associate Degree Programs in Nursing, op. cit., p. 19.

CREDITS	NUMBER OF SEMESTERS (Or equivalent periods of time) ^b									
	Total	<u>4</u>	<u>4 1/3</u>	<u>4 1/2</u>	<u>4 2/3</u>	<u>5</u>	<u>5 1/2</u>	<u>6</u>	<u>7</u>	<u>8</u>
Total	44	3	4	6	12	9	2	3	2	3
<u>64</u>	3	• • •								
<u>66-70</u>	6		• •	• •	•			•		
<u>71-75</u>	10		•	• • •	• •	• • •	•			
<u>76-80</u>	13		•	•	• • • • •	• •	•	•		
<u>81-85</u>	7				• •	• • •		•		•
<u>86-90</u>	2					•			•	
<u>108-126</u>	3								•	• •

FIGURE 3

AMOUNT OF EDUCATION (IN CREDITS) AND LENGTH OF
PROGRAM (IN SEMESTER EQUIVALENT) OF FORTY-FOUR
ASSOCIATE DEGREE PROGRAMS IN 1962^a

^a National League for Nurses, Report on Associate Degree Programs in Nursing, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for nursing, 1961), p. 23.

^b Data have been converted to semester credits and semesters: 3 quarter-credits = 2 semester credits; 3 quarters = 2 semesters.

TABLE X

**PERFORMANCE OF GRADUATES OF ASSOCIATE DEGREE PROGRAMS
ON THE STATE BOARD TEST POOL EXAMINATION, 1958^a**

	All Candidates (31,714 graduates from diploma, associate degree, and baccalaureate programs)	All (361) Candidates Graduated from Associate Degree Programs
Percent of candidates who, on every test in the examination, met or exceeded scores of:		
300	96%	97%
350	90%	91%
400	77%	78%
<u>Mean Scores</u>		
Medical nursing	536	531
Surgical nursing	519	522
Obstetric nursing	519	520
Nursing of children	513	521
Psychiatric nursing	535	561

^aNational League for Nursing, Report on Associate Degree Programs in Nursing, A report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 30.

graduates. Table XI itemizes employment status of the graduates of twenty-one reporting associate degree programs.

One administrator in viewing the graduate says:

. . . She is an eager learner and adapts to situations with ease. She has a remarkable "You" attitude and is vitally interested in people and especially in patients. The graduates of junior college programs seem to have this "You" attitude in especially large doses. A fact which Mr. Knapp attributed to the "cure-iculum" of the junior college nursing program in which the students learn the "humanics" as well as the "mechanics" of nursing.¹⁶

X. COMMUNITY ACCEPTANCE

Evaluation of the products of this program can, in part, be appraised by the acceptance accorded them by the communities which are now receiving their services.

From many correspondents, all directors of associate degree programs, representing twenty-four states come these remarks extracted as typical of all:

From California:

We accepted our first class of 40 students in September of 1962 and the total group is still enrolled in the program. In view of this, I cannot, of course, send any graduation statistics. As far as community acceptance is concerned, our particular community has accepted our program very well and the health agencies of the community are actually anxious to make their institutions available for laboratory experience for

¹⁶Kenneth E. Knapp, "The Hospital Administrator Views the Program," Second National Conference on Junior-Community College Education for Nursing (New York: National League for Nursing, 1957), p. 21.

TABLE XI
EMPLOYMENT STATUS OF GRADUATES OF TWENTY-ONE
REPORTING ASSOCIATE DEGREE PROGRAMS, 1961^a

Position or Activity	Graduates	
General duty nurse	662	63.4%
Private duty nurse	28	5.8%
Nurse in physician's office	33	
Head nurse, team leader	38	5.7%
Public health nurse	12	
Occupational health nurse	6	
School nurse	4	
Supervisor	4	1.2%
Instructor	9	
Full-time student ^b --baccalaureate program	52	5.3%
--clinical courses	3	
In, or preparing for, non-nursing positions	10	1.0%
Neither working nor continuing education	130	12.4%
Unknown	54	5.2%
Total	1,045	100.0%

^aNational League for Nursing, Report on Associate Degree Programs in Nursing, A Report Prepared by the Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1961), p. 31.

^bEmployed nurses who were studying part-time have been included in the category of the position in which they were employed.

student nurses. You should, however, understand that this would be peculiar to each community in direct relationship to their enlightenment regarding the various types and levels of nursing education.¹⁷

The nursing program is well accepted in the community of Sacramento. We plan to start the next fall semester with an enrollment of about one hundred and ten students. Our graduates are practicing effectively in the community and elsewhere in California.¹⁸

From Arizona:

The community now accepts our program respectfully and graciously. We have always had the backing of the Arizona Nurse Registration and Education personnel. The University programs in the state have supported us. Since our graduate nurses are accepted as excellent by the doctors and hospital staffs in the community, our stature has grown. It is my belief that the two-year Associate Degree Nursing Program will become a real power in the education of nurses in the years to come.¹⁹

From Florida:

. . . There has been apparently a great need for a program of this type in Dade County. Last year, our first year, we received 125 applications and from this number we had to limit selection to 35 students due to lack of facilities.²⁰

From Michigan:

. . . In regard to community acceptance, I would like

¹⁷Personal Correspondence of the Author, Letter from Cynthia G. Barnes, February 20, 1963.

¹⁸Personal Correspondence of the Author, Letter from Barbara Lafferty, February 18, 1963.

¹⁹Personal Correspondence of the Author, Letter from J. Lee Thompson, February 22, 1963.

²⁰Personal Correspondence of the Author, Letter from Chloe K. Trammell, February 19, 1963.

to comment that citizens in the community promoted the development of this program and worked for several years to bring this about. Contributions from various citizens financed the planning year, which is necessary before students are admitted.²¹

From North Carolina:

Community acceptance has been slow. Naturally, the most difficult groups to educate as to the advantages of an associate degree program were the physicians and nurses. Any change is difficult for them to accept. An apprentice system of nurse education has prevailed since 1892 and unless the girl was "trained" for eight hours a day, she could not possibly know how to observe, record, report, or physically care for a patient. As far as the community itself is concerned, they aren't too much interested in nurses or nursing until they are in need of the service. There is beginning to be evidence that the community is becoming aware of the program, and the results of the State Board Test Pool Examinations have been good. Our graduates have been licensed and are working as nurses in the state.²²

From New York:

Concerning community acceptance of the program, I can say from experience with this particular program at Orange County Community College, it was rather difficult in the beginning, but then it was the first program in all the United States, and, of course, under experimentation. At this time, the community does accept the program and graduates much better.²³

From Texas:

. . . The community has supported this program in nursing from the beginning and is still very much

²¹Personal Correspondence of the Author, Letter from Janice F. Olson, February 20, 1963.

²²Personal Correspondence of the Author, Letter from Alice C. Boehret, February 18, 1963.

²³Personal Correspondence of the Author, Letter from M. Jund Simpson, February 21, 1963.

interested in its progress and welfare. The graduates have been accepted very well, not without a few problems of transition, but this is to be expected of any new program.²⁴

From Washington:

. . . The community acceptance has been excellent. We feel that the greatest resistance came from the nurses in this area. However, we feel the students working in the hospital laboratory have done much to modify the resistance.²⁵

The recurrent theme of optimism and rewarding sense of worth and accomplishment pervade all communications received. All correspondents caution that periods of adjustment and resentment cannot be altogether avoided. Each one stresses that a period of education and introduction is necessary for the community and those currently engaged in the health services.

XI. SAMPLE PROGRAM

The program chosen for study as a sample is that of Lander College, Greenwood, South Carolina. Problems encountered in the development of this program at Lander College could be anticipated in a similar program endeavor at the University of Tennessee, Knoxville, Tennessee.

²⁴Personal Correspondence of the Author, Letter from Lillian K. Keith, February 19, 1963.

²⁵Personal Correspondence of the Author, Letter from Gerry J. White, February 20, 1963.

Areas of similarity in the two situations encompass a wide range of geographic and social influence.

1. The areas are in close geographic proximity.
2. Social and ethnic groupings are close.
3. Economic capacity is comparable.
4. Educational facilities corresponding in type.

. . . You will see from the college catalog that Lander is primarily a four-year college, the nursing program being the only associate degree program offered. This presents some problems that one does not normally have in the junior college setting since the college is geared to the four year program. There is not a junior college in this area, however, so that this is the logical place for the program to be.²⁶

The Lander College Associate Degree Program in Nursing opened in 1957. Enrollment is limited to 30 students who are enrolled in the fall. During the years, to 1962, 73 nurses have graduated from the program and are employed in sixteen states ranging from Maryland to California. The nursing students are college students first. The orientation of the program is learning centered rather than work centered. The department, the Self Memorial Department of Nursing, is financed by the Self Foundation of Greenwood. The nursing courses, involving learning through care to patients, are operated through the Self Memorial Hospital and the South Carolina State Hospital in Columbia.

²⁶Personal Correspondence of the Author, Letter from Dora D. McNeill, February 25, 1963.

The Self Foundation has enabled the college to construct classroom and laboratories for use in instruction.

The program in nursing requires four semesters and two summer sessions and is completed within two calendar years. Graduates of the program are eligible to take the licensure examination for registration in South Carolina.

The expense for a boarding student attending Lander College is \$900.00 per year which includes tuition, fees charged all students, room and board. Day students are charged \$400.00 per year for the same facilities. Students must provide their own uniforms and textbooks, which are available through the college.

The Self Foundation makes available to suitable applicants scholarships of \$250.00 with the qualification that upon graduation the recipient must make himself available for employment by Self Memorial Hospital for the year following graduation.

Academic requirements comply with the college standard of maintenance of a "C" average for all general education courses. Students must make a minimum grade of "C" on all courses carrying nursing titles. Students must complete all academic work before enrolling in the final nursing course. Candidates for the Associate Degree must qualify as to character, personality, and health, in addition to fulfillment of academic requirements.

The college offers a full range of extra-curricular activity. Sports include volleyball, hockey, baseball, basketball, softball, ping-pong, bowling, tennis, and swimming. College clubs of specialized interest are: Art Club, Dramatic Club, Library Club, French Club, Music Club, Physical Education Club. Student activity is governed by a student council assisted by the dean of students. Social programs operate throughout the year. Formal dances, dinners, banquets, teas, receptions, and trips are all a part of the social calendar.

The Lander College Christian Association reaches the entire student body with formal and informal religious activity which contributes an important part of the life on the campus.

The faculty and nursing students are integral members of the college as a whole.

. . . We believe that we have been quite well accepted as regular members of the faculty. We participate in college faculty functions, serve on various committees of the college, and our students are definitely full-time college students, being admitted through the regular college admissions program, housed with other students, and included in all student activities.²⁷

The program of studies for nursing students is designed to provide a broad base of culture and a deep understanding of the factors involved in becoming an

²⁷ McNeill, Ibid.

efficient nurse. Within the curriculum, the nursing courses are designated by number in the college bulletin.

Program of Studies²⁸

Department of Nursing
Lander College

Course Number and Title	Lect. Hrs.	Lab. Hrs.	Total Hrs. Wkly.	Sem. Hrs. Credit
First Semester:				
Eng. 101-Composition	3	0	3	3
Phys. Sci. 115-Intro.	3	2	5	4
Home Ec. 107-Nutrition	2	2	4	3
Nrsg. 101-Fundamentals	4	6	10	6
Physical Education	0	2	2	$\frac{1}{2}$
	<u>12</u>	<u>12</u>	<u>24</u>	<u>16$\frac{1}{2}$</u>
Second Semester:				
Eng. 102-Composition	3	0	3	3
Psych. 210-Child Dev.	3	0	3	3
Biol. 116-Anat. & Phys.	3	2	5	4
Nrsg. 115-Mat. & Ch. Health	4	9	13	7
Physical Education	0	2	2	$\frac{1}{2}$
	<u>14</u>	<u>13</u>	<u>26</u>	<u>17$\frac{1}{2}$</u>
First Summer Session: (8 weeks)				
Nrsg. 215-Mental health and Psychiatric Nursing	6	18	24	6
Third Semester:				
Eng. 251-Literature	3	0	3	3
Biol. 115-Microbiology	2	2	4	3
Nrsg. 201-Clin. Nrsg. Sci.	5	12	17	9
Physical Education	0	2	2	$\frac{1}{2}$
Social Guidance 301	1	0	1	$\frac{1}{2}$
	<u>11</u>	<u>16</u>	<u>27</u>	<u>16$\frac{1}{2}$</u>
Fourth Semester:				
Eng. 252-Literature	3	0	3	3
Soc. 101-Intro. to Socio.	3	0	3	3
Nrsg. 202-Clin. Nrsg. Sci.	5	12	17	9
Nrsg. 204-Nrsg. in society	2	0	2	2
Physical Education	0	2	2	$\frac{1}{2}$
	<u>13</u>	<u>14</u>	<u>27</u>	<u>17$\frac{1}{2}$</u>

Course Number and Title	Lect. Hrs.	Lab. Hrs.	Total Hrs. Wkly.	Sem. Hrs. Credit
Second Summer (10 weeks)				
Nrsg. 203-Clinical Nrsg.	2	24	26	6

Resume of Requirements

<u>Division</u>	<u>Semester Hours</u>
Humanities	12
Social Studies	7
Sciences	16
General Education	<u>35</u>
Nursing	45
Total Semester Hours	<u>80</u>

Nursing 101. Fundamentals of Nursing Care.

This course offers the student basic information about the profession of nursing, health essentials of daily living, and basic skills in nursing which will enable the practitioners of nursing to meet the needs of individuals in health and in illness. Lecture and laboratory. Six semester hours.

Nursing 115. Maternal and Child Health.

A study of human reproduction, the health needs of the family in pregnancy and of the well child with guided experience in the nursery school, the hospital, the clinic, and the home. Lecture and laboratory. Prerequisite: Nursing 101. Seven semester hours.

Nursing 201-202. Clinical Nursing Field Experience.

Designed to assist the student in acquiring understandings of the scientific, social and nursing principles underlying the care of all age groups in acute and chronic illness and to develop the ability to plan, give and evaluate nursing care for the patients. Integrated throughout are drug and diet therapy. Surgery is discussed as a

²⁸Lander College, Lander College Bulletin, XXIV
(Greenwood, South Carolina: Lander College, July, 1961),
p. 44.

method of treatment. Lecture and laboratory.
Prerequisite: Nursing 101-102. Eighteen semester hours.

Nursing 203. Clinical Nursing Science.
Six semester hours.

Nursing 204. Nursing in Society.
A study of the opportunities and responsibilities of the nurse in modern society. Includes a study of professional organizations, legislation, accreditation, current trends and problems in nursing and career opportunities. Lecture. Two semester hours.

Nursing 215. Mental Health Field Experience.
An orientation to major concepts of mental health nursing, utilizing guided experiences in the psychiatric setting which contribute to an understanding of the role of the bedside nurse in the maintenance of mental health. Lecture and laboratory. Six semester hours.²⁹

²⁹ Ibid., p. 73.

CHAPTER V

ATTITUDES TOWARD AND DEGREE OF ACCEPTANCE OF PROPOSED PROGRAM IN THE KNOXVILLE, TENNESSEE, AREA

I. THE QUESTIONNAIRE

The technique of the questionnaire was employed to determine from the population of one specific and particular group data which would contribute to the knowledge and understanding of the existing situation and supply implications regarding the proposed program in nursing education.

The group chosen for survey comprised the senior girls in Knoxville, Tennessee high schools. This group was chosen because it constitutes, for all practical purposes, the potential resource out of which tomorrow's nurses could be fashioned and whose attitudes and decisions are pertinent to the problem. Authorization was asked for and received from the Knoxville City Schools' Department of Guidance to enlist the aid and assistance of the guidance departments in each of the public high schools. Those participating in the study were East High School, West High School, South High School, Rule High School, Fulton High School, and Austin High School. The students in these schools represent the population of an incorporated city

which numbered 111,827 in the 1960 census. All levels of socio-economic posture characterized by urban communities were present. No attempt was made, however, to evaluate this parameter in the interpretation of the data for this study. Acceptance of this group as a representative cross section is assumed. Reference to studies relative to social and economic structure as pertinent to nursing as a career choice will be made later in the body of the thesis.

The Director of the guidance department of each high school was interviewed and familiarized with the instrument which is presented below:

**QUESTIONNAIRE DIRECTED TO SENIOR HIGH SCHOOL
GIRLS IN KNOXVILLE**

Age _____

Date _____

School _____

1. Have you considered studying to be a nurse?
Yes _____ No _____
2. If you answered "yes" to question number 1, number the following in the order of their importance in influencing your decision: (1 to 6)
 - () Status and prestige of nurses
 - () Opportunity to serve people
 - () Salary levels of nurses
 - () Opportunity to obtain college degrees
 - () Close relationship to members of medical profession
 - () Wearing a white uniform
 - Other reasons not listed _____

3. If you answered "no" to question number 1, number the following in order of their importance in influencing your decision: (1 to 7)
- () Status and prestige of nurses
 - () Salary levels of nurses
 - () Necessity of assuming responsibility for care of sick
 - () Close relationship to persons who are ill
 - () Length of time required for nursing education
 - () Requirements for admission to school of nursing
 - () Financial requirements of nursing education
 - Other reasons not listed _____
4. If you answered "no" to question number 1, would a two year combined college and hospital course leading to the title of Registered Nurse have changed your mind?
- Yes _____ No _____ Maybe _____
5. From what you know of nursing, what is your idea of the function of nursing? Check and number one or any number
- _____ Bathing, feeding, caring for patients
 - _____ Taking temperatures, pulse, blood pressure, giving medicine
 - _____ Assisting the doctor
 - _____ Observing the patient
 - _____ Supervising hospital personnel
 - _____ Teaching the students
6. Number these occupations in the order which, in your opinion, have status in the community: (1-highest to 9)
- () Factory worker
 - () Beautician
 - () Housewife
 - () Entertainer
 - () Secretary
 - () Nurse
 - () Teacher
 - () Salesperson
 - () Waitress

The intent of the study was clearly defined and suggestions for its distribution were made. Interest in the project was uniformly intense and hearty cooperation was readily assured. The administration of the questionnaire was

committed to the discretion and convenience of the guidance department in each school.

From this study, data concerning four factors were sought:

1. Factors which were influential upon the concept of nursing in the minds of young women.
2. The status of nurses as visualized by this group.
3. A general overview of the lay concept of the functions of nursing.
4. Evidence that a change of orientation and status would alter their present conviction.

Three hundred sixty-two questionnaires were executed and returned. Not all questions were completely answered on each individual effort but the general response was excellent.

II. RESULTS OF THE QUESTIONNAIRE

The ages of those responding were as follows:

Sixteen years of age	10 (2.8 per cent)
Seventeen years of age . . .	284 (80 per cent)
Eighteen years of age . . .	59 (16.6 per cent)
Nineteen years of age . . .	2 (.6 per cent)

Question 1, as stated, requires no definite commitment on the part of the participant but is designed to be conducive

to reflection and general acceptance of the instrument as one to be viewed subjectively and with introspection. The answers to question 1 are as follows:

"yes" 143 (40 per cent)

"no" 219 (60 per cent)

It must be the disheartening conclusion that in spite of intensive recruitment programs in the form of pre-nursing clubs and career day presentations, under the present circumstance 60 per cent of those responding had never even considered nursing as a career. The number of girls ultimately actually entering nursing school may be safely presumed to be far less than the 40 per cent who admit to having considered the possibility.

The results of question 2 have been summarized in Table XIII and are graphically presented in Figure 4. Several significant generalizations can be extracted from the data. Of the six premises offered, upon which a possible positive consideration of nursing as a career could be based, four, i.e. Status and prestige, Salary levels of nurses, Opportunity to obtain degrees, and Close relationship to the medical profession show results which individually demonstrate a general approximation to a probability mean. This indicates that to the group responding, these considerations were of not more than average concern. This neutrality, even by those of positive

ORDER OF RANK	1	2	3	4	5	6
STATUS AND PRESTIGE	14	37	33	27	17	2
OPPORTUNITY TO SERVE	117	20	3	3	13	6
SALARY LEVEL	3	21	32	27	38	6
OPPORTUNITY FOR DEGREE	3	30	31	40	21	7
CLOSE RELATIONSHIP TO MEDICAL PROFESSION	6	22	24	18	40	6
WEARING A WHITE UNIFORM	0	4	0	8	11	92

OTHER REASONS:

1. This is an opportunity to serve others
2. I want to help those in need
3. Help the patient feel he is wanted and be cheerful
4. Wish to serve others
5. Because there is a great need for nurses today
6. I will be able to give care to any family I may have
7. I want to work with formula and medicine
8. I think nursing has been my calling from God
9. I like to keep records
10. I do not feel qualified in this field
11. I do not have emotional stability
12. I like to stay in hospitals
13. You can obtain positions when jobs are hard to get
14. Being associated with people of all races and nationalities

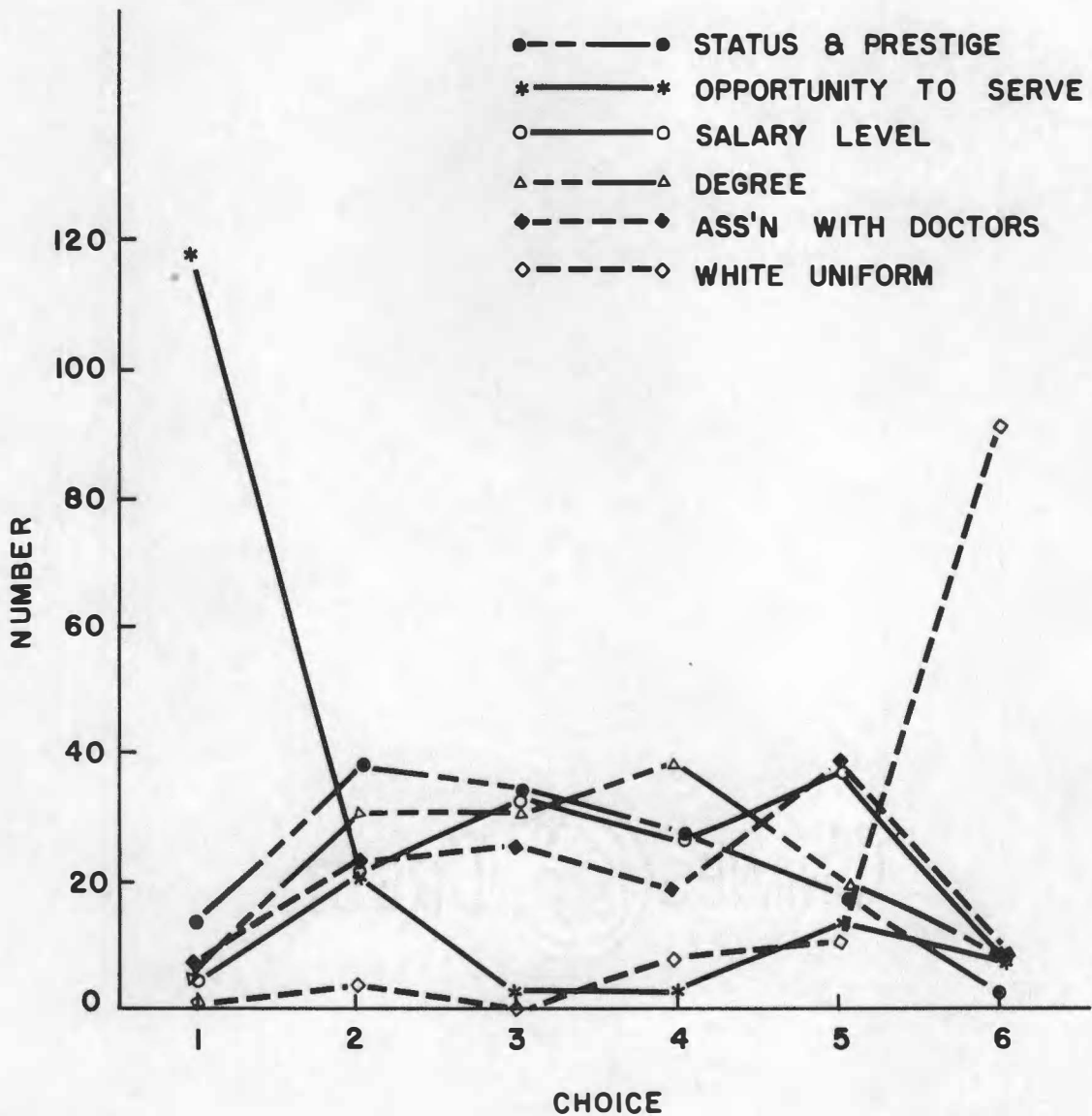


FIGURE 4

ANSWERS TO QUESTION 2 OF
QUESTIONNAIRE DIRECTED TO SENIOR GIRLS IN SIX
KNOXVILLE HIGH SCHOOLS

inclination, in part negates the extensive campaign currently in process by nursing organizations for elevating salaries of nurses as the main deterrent to good nursing service.

. . . The economic position of the nursing profession is extremely poor. Until this is changed, recruitment for nursing cannot hope to compete successfully with other professions. Perhaps, even more important, good employment conditions and a reasonable degree of security are essential to top performance by practicing nurses.¹

Regardless of the concept of the status and prestige of the nurse, which is evaluated in question 6, this consideration was not important in attracting the respondents to nursing. It is apparent that the association of a college degree with the profession of nursing does not have a significant positive correlation.

That premise of stereotype and status represented by the wearing of a white uniform and cap was overwhelmingly rejected, however, by this group as a value worth consideration. Some insight into the reaction is gained by viewing the apparent shallowness of this factor in relation to the others and it is a cause for congratulation that this reproof seemed judicious to the participants.

The commanding revelation of the data is the response

¹American Nurses' Association, "What's Happening in Nursing Today? Why Aren't There More Nurses at the Bed-side?" News Release (December, 1962).

to the concept of the opportunity to serve people. Out of the sixteen independent comments, one-third also stressed this same desire for service. This must, consequently, be regarded as the primary motivational drive of girls considering nursing as a career. Reason demands a review of the image projected by current practice to see if this ideal has been encouraged. Return to the presently scorned service concept would apparently meet with greater acceptance. The rejection of elevated stimuli and the return to the simpler drive of service would not only support the need of the patient for the bedside nurse, but would also supply the incentive for the prospective student to supply that need.

Question 3 was answered by those participants who had not considered nursing as a career. The results are summarized in Table XIII. Status, prestige, and salary levels are again of only neutral value and show no indication of being determining considerations. Of interesting significance is the suggestion that those factors intrinsic in nursing, e.g., the necessity of assuming responsibility for the care of the sick and the close relationship to persons who are ill, are of somewhat more than average importance in the rejection of this career. Two elements may be prominent in this reaction. First is the embodiment of the age-old depiction of offensiveness and repugnance as

TABLE XIII

**ANSWERS TO QUESTION 3 OF
QUESTIONNAIRE DIRECTED TO SENIOR GIRLS
IN SIX KNOXVILLE HIGH SCHOOLS**

ORDER OF RANK	1	2	3	4	5	6	7
STATUS AND PRESTIGE	12	15	14	23	17	27	39
SALARY LEVEL	7	12	17	26	29	34	21
NECESSITY OF ASSUMING RESPONSIBILITY	31	25	21	20	22	23	7
CLOSE RELATIONSHIP TO ILL	28	31	21	23	16	12	18
LENGTH OF TIME REQUIRED	25	23	35	19	31	8	3
ADMISSION REQUIREMENTS	28	28	20	12	15	22	14
FINANCIAL REQUIREMENTS	29	15	18	15	11	17	33

OTHER REASONS:

1. More interested in other fields
2. I have a weak stomach
3. Not interested in nursing
4. Can't stand the sight of blood
5. Not interested
6. No desire whatsoever to be a nurse
7. Do not care for that type of work
8. Have other interests
9. Not satisfactory for me
10. I do not comprehend that field
11. Type of work fails to interest me
12. Just not interested
13. No desire
14. I am not strong enough mentally to be of any help
15. I am interested in other work
16. Prefer something else
17. Just not interested

the substance of nursing. Second may be the element of fear and dread of the unknown which current organizations and recruiting efforts have done little to allay.

Within this same question, the length of time required for nursing education was considered by about 60 per cent to be either first, second, or third reason for rejection. This lends strong support and stimulus to any concept by means of which efficient nursing education might be shortened. Admission and financial requirements were considered less important. Of those making independent notations more than half claimed clearly the lack of interest. This challenge could be accepted by nurse recruitment personnel as a lack of image and the indifference countered with increased appeal.

Question 4 was designed to assess the instinctive response without lengthy explanation or the implication of prize grasping by those cooperating in the study. Compiled answers were:

"yes"	12 (7 per cent)
"no"	126 (65 per cent)
"maybe"	54 (28 per cent)

Slightly more than one-third of those answering assert that they would, or might be, interested in the program mentioned. It seems obvious that this group provides a fertile field for the introduction of the Associate in Arts program.

Question 5 used the simple mechanics of check listing to establish by means of a number of specific functions the representation of the nurse to these young women.

Compiled answers were:

Bathing, feeding, caring for patients	240
Taking temperature, pulse, blood pressure, giving medicine	249
Assisting the doctor	285
Observing the patient	204
Supervising hospital personnel	84
Teaching the student	63

Again the vast majority of answers show recognition and support of the patient care area. Supervisory and teaching functions are impressively abrogated from consideration as an element of fundamental nursing in these young minds. Affirmation, consequently, continues to mount in the advocacy and aspiration of the bedside nurse as the approved and desired aim of young women contemplating nursing as a career choice.

Question 6 is summarized in Table XIV. The fourth column represents the combined totals of the first three columns or choices. The nine choices were those professional and work areas in which women are the predominant work force. Of those summarized as first, second, third, or fourth choice, i.e. the highest four, the order of rank

TABLE XIV

**ANSWERS TO QUESTION 6 OF
QUESTIONNAIRE DIRECTED TO SENIOR GIRLS
IN SIX KNOXVILLE HIGH SCHOOLS**

ORDER OF RANK	1	2	3	1+2+3	4	5	6	7	8	9
FACTORY WORKER	7	19	15	41	41	37	44	57	71	50
BEAUTICIAN	20	29	42	91	48	60	57	40	40	11
HOUSEWIFE	91	41	49	181	44	35	30	17	14	20
ENTERTAINER	13	5	14	32	24	41	44	47	50	103
SECRETARY	37	45	90	172	87	34	14	19	8	2
NURSE	76	82	54	212	28	28	22	17	15	8
TEACHER	86	92	53	231	24	20	22	18	12	5
SALESPERSON	7	12	17	36	31	72	70	68	40	10
WAITRESS	2	5	10	17	23	18	27	45	91	116

was teacher, nurse, housewife and secretary. Of the nine possibilities listed, only the teacher and the nurse fall in the realm of having rigid requirements of formal post-high school education. On this basis, college and university training maintain the honor of highest status. Of all careers, professions remain the most highly respected and sought after. The rewards of prestige, glamor, and security are most often received through the professions. The fact that the largest of all professions, teaching, was accorded the most esteem from the respondents may be in part explained by the unique phenomenon of built-in familiarity. It is virtually the single profession that each individual has the chance to observe and assess at close range.

III. DISCUSSION OF FINDINGS FROM THE QUESTIONNAIRE

Elements which are the most influential in forming the concept of nursing to young women today are essentially those which have always directed the seeking of personal satisfaction in the sphere of service to others. This personification and emotional fulfillment are the benefaction in nursing as in no other undertaking. All other justifications of positive or negative response are of only select and minor relevance to the innate desire for the opportunity to serve people.

The symbolization and status plane of nursing fall short of that of the teaching profession and approach the spheres of secretary and housewife. This points up the discrepancy between these choices of careers, the only two requiring higher education, and confirm the urgency of elevating the "mind picture" of the present day nurse.

The image of the nurse as portrayed by the concept of the functions of nursing is reflected in the field of direct patient care by these potential nursing students. Nursing has not changed in the public mind as it has in the minds of nursing educators. Repudiation of administration and teaching functions as the responsibility of basic nursing attests to the fact that the traditional bedside nurse is the visionary choice of young potential recruits.

Affirmative answers of approximately one-third that they would be receptive to a program providing basic education in a collegiate orientation gave ample evidence that such a proposal, following prudent study and adaptive measures, should have a ready market in the Knoxville area.

IV. INTERVIEWS WITH ADMINISTRATORS OF HOSPITALS IN KNOXVILLE

Interviews were obtained with administrators of three of the four hospitals in Knoxville, Tennessee. Each of the hospitals represented currently conduct a nursing

school of the diploma graduate type. The interviews were conducted in the manner of depth procedure using questions extracted from a lead question sheet.

Each interview was opened with a direct, frank approach enlisting the aid of the respondent in the execution of the task project. An outline of the endeavor and a summation of prevailing thought and evidence was employed to motivate an interaction process.

Conclusions, primarily of a subjective nature, were deduced from the responses of these persons who are active in the health field and whose positions qualify them as having expert opinions. The lead questions utilized in eliciting an intercorrelative direction to each interview were as follows:

- 1) Are you having trouble securing nursing personnel?
- 2) What are the duties of nurses in your hospital?
- 3) What do you think they should do?
- 4) What is your ratio of nurses to other ward personnel?
- 5) Do you think that nursing salaries are just and in line with assumption of responsibility? Do you think salary adjustment is the main feature in inability to secure nurses?
- 6) Do you feel that nurses are motivated by a desire for service primarily? Is this desire being satisfied in your hospital?
- 7) Is the educational level of the employees commensurate with their level of function?

- 8) What generalizations of duty responsibility can be safely handled by other than registered nurses?
- 9) How much personal contact do patients have with registered nurses?
- 10) Are nurses legally responsible for nurse aides, ward clerks, and orderlies?
- 11) Is your school of nursing training the type of nurses that you most need?
- 12) Do you feel that a two year basic program with one year of academic work in a university or college and one year of clinical-class experience produce an efficient, satisfactorily trained general nurse?

The administrators were unanimous in their agreement as to the fact of their difficulty in securing nursing service personnel. A large measure of their dependence for such personnel falls upon the graduates of each particular school involved. The inducements of familiarity and loyalty to the institution were relied upon to keep the graduates working within their home situation. Evening and night shifts of work presented the greatest problems of staffing and in each hospital a salary differential has been employed in an attempt to make these hours of work more attractive. Another measure used in varying degree is the policy of hiring new personnel only for other than the prime daytime hours and utilizing a waiting list technique based on competence and seniority for the choice working hours.

In review of the duties of the hospital nurses, reference was made to the survey, the results of which are summarized in Fig. 1, Chapter III, in which these hospitals participated. All felt that there had been in the last few years a greater trend toward bedside nursing within their hospitals but agreed fully that too many duties outside of patient care required the time of the staff nurse. In each instance, the team pattern of care was used with ward clerks performing secretarial duties, Licensed Practical Nurses and Nurse Aides employed as auxiliary support. These vary in ratio to the number of registered nurses with each specific service within the hospital. One respondent, by way of generalizing the overall situation in his jurisdiction, estimated that 80 per cent of the bedside care was furnished by other than nurses. Each expressed the vigorous desire for additional and sufficient registered nurses to meet patient needs.

There was conformity of opinion regarding salary levels and their significant relationship to nurse shortages. All felt that salaries were not generally commensurate with training and responsibility and that there does exist an extent of underpayment, but each was quick to add that this is an "important item but not the most important." Continual review and gradual adjustment of inequities are

being made in a vigorous attempt to eliminate wages as a source of discord.

Questions concerning motivation and desires of girls entering nursing and of graduate nurses revealed some diversity of opinion. One respondent felt that the early student is largely motivated by a desire for service but soon loses this desire. He cited, as confirmation for this opinion, his inability to secure service for other than daytime hours. His contention was that students are taught solely with day-work hours, are not given experience with the overall picture as regards the opportunities and requirements involved in nursing service and are therefore reluctant, through lack of motivation and appreciation, as graduates, to work other than daylight shifts. Another of the respondents estimated that of initiates in his program, only 25 per cent were prompted by a desire for personal service while the other 75 per cent were lured by the prospect of subsidized education and the opportunities for marriage. Each one answering the question felt that he discerned a large measure of frustration in present-day nurses. Conclusive reasons for this feeling could not be given but considered guesses included the fact that nurses know a job has to be done but are taught to feel it beneath their elevated plane to perform that job and that new graduates are thrust into positions of responsibility beyond

their levels of preparation and competence and thereby respond with despair at the product of their labors.

When confronted with this statement:

. . . Registered nurses must supervise and, in most instances, train the increasing numbers of auxiliary workers being hired by U. S. hospitals. These workers do not have the knowledge and training to work without constant supervision and the RN is legally as well as personally responsible for the nursing care administered within her jurisdiction.²

each administrator was emphatic in its denial. They have been advised by competent legal authority that the hospital assumes the legal responsibility for all of its employees.

Questions regarding the institution of the Associate in Arts nursing education program were met with unqualified enthusiasm except in one instance where a prejudice toward his own diploma program was admitted for no other reason than inertia. Each expressed some degree of lack of information and some misinformation but each expressed the desire for data concerning the program and felt that basic nursing education could well be accomplished under such a program.

V. INTERVIEWS WITH DIRECTORS OF NURSING SERVICES IN KNOXVILLE HOSPITALS

In an approach similar to that utilized in

²American Nurses' Association, 1962 Convention, Detroit, May 14-18 (New York: American Nurses' Association, 1961), p. 1.

interviewing hospital administrators, a lead question sheet was devised and used in interviewing the Director of Nursing Education in each of the four major Knoxville hospitals as follows:

- 1) How many students do you have?
- 2) What are the requirements for admission?
- 3) What is the drop-out rate? Reasons?
- 4) What are the duties of the nurses?
- 5) Can you estimate the following in degree of motivation: Prestige - Glamour - Desire for Service - Desire for security - Public need?
- 6) Are there duties now being performed that do not lie within the province of nursing?
- 7) Are the current policies in education filling the service needs or are there other areas more urgent?
- 8) Are the nurses graduated from your school content to stay in general duty nursing? Can you give reasons either way?
- 9) How much contact do patients have with registered nurses?
- 10) Are graduates of your school prepared for immediate specialization?
- 11) How much college credit are your students allowed for their basic nursing education?
- 12) What are the financial responsibilities of your students? How is this handled?
- 13) Do you feel that a two-year basic program with one year of concentrated academic work and one year of clinical-class experience leading to an Associate in Arts degree can produce an efficient, satisfactorily prepared general duty nurse?

- 14) Do you think such a program of basic preparation would lead to a balance of specialization and general duty practice?
- 15) Do you think that transition to such a master plan of nursing education could be effected?

Students enrolled in area hospitals for the current year total as follows:

Baptist Hospital	98
Fort Sanders Hospital	90
St. Mary's Hospital	60
University of Tennessee Hospital	126

Admission requirements meet the standards for certification under the National League for Nursing Requirements for Diploma Schools. Each student is required to have maintained at least a C average through high school and rank in the thirty-fifth percentile or above in the National League for Nursing Entrance Test.

The attrition rate in local schools corresponds to the national figure of 34 per cent or about one-third. The Directors interviewed felt that scholarship failure and marriage were about equally responsible for the attrition. One respondent felt that the quality of applicants was steadily deteriorating and that more scholarship failures could be anticipated. Another felt that marriage was frequently proclaimed the cause of withdrawal in order to cover a multitude of more pertinent reasons ranging from

disillusionment to various disciplinary restraints. All felt the attrition rate sinister, and deplored the paucity of applicants for adequate screening. None had made an intensive study of her particular school in order to be able to make a definitive accounting of cause and effect.

Each of the Directors felt that her particular school was adequately training good bedside nurses. Each felt, also, that the new graduates were being elevated too quickly to positions of great responsibility that only lengthy experience could have qualified them for. The prevailing pattern of promotion within the hospital, that of bedside or staff nurse to head nurse to supervisor to assistant directorship are not provided for in basic nursing training facilities. This promotional pattern leaves little incentive for the aspiring nurse to remain in the patient-care area. One New York hospital has solved the problem of promotions by keeping them within the clinical area in the following manner:

. . . Nurses at New York Medical College, Flower and Fifth Avenue Hospitals, can advance from general staff nursing to clinical staff nurse, to clinical nurse associate and finally, to clinical nurse specialist with the same increases and promotions given to those who go into administration.³

All respondents were confident that the graduates of

³ Ibid., American Nurses' Association, p. 2.

their particular schools were adequately prepared to become beginning nurse practitioners and had a satisfactory base for depth education in fields of specialization.

Little information was obtained regarding college credit allowances given their students for their basic education. Blanket credit, credit by examination, and no credit for clinical work have all been experienced by applicants. Each respondent conceded that a standardization of credit policy as offered by the Associate Degree Program would add great incentive to nurses to obtain higher degrees.

The financial requirements for the basic course on the part of the student ranged from \$595 in one hospital to \$1,200 at the other extreme. The unestimated residual cost of the program is passed on to the hospital patient in the name of operating expenses.

Responding to the question regarding the proposed Associate in Arts Degree program, each, with some reticence, professed lack of knowledge and wished to withhold judgment. Brief explanations of the program, policy, and procedure were received with questioning but enthusiastic interest and in two cases this interest extended to the declaration of intent to become informed quickly by means of the current literature.

No lack of conformity was found among the four

Directors that the problem of nursing service was of great import, that a solution was imperative, and that each would be responsive to responsible research directed toward the development of a new program concept.

CHAPTER VI

SUMMARY AND CONCLUSIONS

I. SUMMARY

The purpose of this study was to examine and present the critical public health issue of provision of nursing service which demands greater insight and understanding from the medical professions as a whole and the public in general which it serves. The shortage of nurses which currently exists, compounded by predictions of vast future need, places an ever increasing responsibility upon the educational programs in nursing. Whether the nursing profession can meet this grave challenge will depend upon the ability of its members to assess the problems with the educational system and determine a pattern that will adequately prepare more and better nurses.

Toward this end, the structure of the nursing resource was studied on the level of the national organizations. The function and philosophy of the two associations, The American Nurses' Association and the National League for Nursing, were presented as factors of influence. Within the current stage of development of policy and practice, the levels of preparation for nursing today were presented.

A careful examination and appraisal of the many facets of nursing philosophy, policy, and procedures were necessary to complete the picture and pose questions requiring explanations. One facet, the demand for nurses, must be relied upon to arbitrate the dispute as to whether the shortage is real or imagined; that there are alarmingly few nurses to fill personnel needs. Demand requires supply. A supply can be defended and advocated only in the degree that its product meets the quality and quantity requirements of its demand. This supply of nurses must be found in graduates of the participating nursing educational institutions. The statistics of graduation figures cannot be considered as a firm and continuing contribution until the formula of one-third wastage is applied. Distribution of those professionally prepared to render service, specified by type and time employed, detail the present circumstance.

A tenet of concern is that of the cost of nursing education. An increasingly health conscious public is beginning to question whether it is in reality getting its money's worth in support of an educational facility that is only one-third effective in actual production of numbers. Reality of expense, unclouded by the disguise of hospital expenses, becomes a figure of anxiety requiring a return to reason.

The elements of demand, supply, distribution, and cost become equivocal unless the product of nursing service meets the great need in the area of patient care. The concern is not only with numbers but with specifics of types of preparation the nursing students have received and the philosophical orientation that increasingly deletes physical care as its primary reference. Toward an explanation and enlightenment of the present educational arrangement, an appraisal of the current programs was offered. Areas of weakness and relative strength in the fundamental problem of caring for the patient were apparent in the trend of theoretical abstraction demonstrated.

The outlook for the future of nursing care for our citizens and the role and function of the individual nurse will depend upon the acceptance by the profession of the responsibility of instituting changes necessary to adequately prepare sufficient numbers of nurses to meet society's needs. Paramount among these changes is the creation of order out of the present confusion of the systems of nursing education. The determination of a pattern with new procedures and concepts has been identified. A program of nursing education based on two rational levels of training and function, the second serving as a base for further study was presented and discussed with one component explained in detail.

This component, the Associate Degree Program, was studied as to its aim and purpose of the closing of the gap between the need for nursing service and the supply of nurses. This program's control, financing, and administration through area colleges as it departs from traditional nursing educational methods in several particulars was investigated. This new curriculum which included both general and specialized education and the areas of specialization which have been reorganized into broad groupings eliminating repetitive practice, was presented. Planned laboratory time, facilitated by health services and institutions of the community, and allotment of college credit in accordance with the particular college policy was discussed and statistics offered. The program that is accomplished within two years and results in a beginning practitioner with academic degree of associate and eligibility to take state licensing tests for Registered Nurse title was presented.

Performance of the graduates and appraisal of the acceptance of communities which they serve were taken as measures of evaluation of the program. Statistics of examination records and employment status of the graduates were presented. Remarks extracted from correspondence with the directors of established schools reflected community attitudes.

A sample program, that of Lander College, Greenwood, South Carolina, was presented as one which might serve as example and guide if such a program could be instituted at the University of Tennessee.

To determine the attitude toward and degree of acceptance of the proposed program within the Knoxville, Tennessee, area techniques of questionnaire and interview were employed.

A questionnaire was directed to senior high school girls in the six public high schools of Knoxville. The data from three hundred and sixty-two responses were sought for (1) factors of influence upon this group, (2) status of nurses as visualized, (3) concepts of the functions of nursing, and (4) evidence that change in the present policy would affect their current convictions.

Interviews were conducted with administrators of three of the four hospitals in Knoxville. Leading questions were offered for opinions and responses in the areas of nursing shortage, duties, personnel ratios, salaries, educational levels, responsibility, and personal reactions to the institution of a new educational program.

Directors of Nursing from the four major hospitals were similarly interviewed. Questions were asked regarding students; numbers, requirements, attrition, duties, and motivations. Concerning the graduates, data were solicited

regarding satisfactions, levels of responsibility, and college credit allowances. Questions regarding the proposed Associate Degree Program were also posed.

Data from these techniques were summarized and proffered as the objective disposition of a group potentially active in the field of nursing and that of two groups whose professional positions qualify them as having expert opinions.

II. CONCLUSIONS

Today, nursing as a profession is at a crossroad of decision. The critical problem of assuring nursing services must be accepted as the responsibility of a group willing to adjudge the present circumstances and be dynamic in its approach to new ideas and concepts. The status of professionalism can be attained only as the needs of the public are met by an adequate quantity and quality of nursing service.

Professional organizations, in a strong push for academic accomplishment, have created goals that are unrealistic in concept and impractical and inefficient in practice. The result has been an organization overbalanced in theory and abstraction and increasingly removed from those services traditionally the province of nursing. Patient care, by default, is increasingly delegated to

inadequately prepared non-professionals. Within this framework, increasing evidences of frustration and dissatisfaction both on the part of the practitioner and of the recipient of the services are being manifested.

The service of any health facility is dependent for its personnel supply upon the educational program. The responsibility for educational progress is clearly that of any organization desiring professional status. Discrepancies between purpose and accomplishment are evident within the current nursing resource. The lack of coherence and order has resulted largely in the overeducation of those who wish to remain in the realm of patient care and under-education of that smaller portion who prefer supervisory, administrative, and specialty positions. Evidence of this is the fact that graduates of all levels of preparation today, baccalaureate, diploma, and associate degree programs are expected to carry the same responsibility and are licensed under an identical testing procedure. This disregard of desire and intent has changed the policies and procedures of hospital practice.

Acceptance of this assessment requires that a reordering of the systems into a coherent, progressive pattern must be advocated. The proposed arrangement has as its base the Associate Degree Program. This level of education, augmented by an increased Licensed Practical Nurse

program, will provide the basic preparation for all registered nurses. From this level, successive degree programs in diverse fields of administration, education, and clinical specialties can be designed.

The Associate Degree Program, a minimal component of the present resource, has been proved effective through an experimental program. The new concept, which takes advantage of a society increasingly college conscious, departs from traditional nurse training in many respects. The program is college centered, college controlled, and college financed. Nursing students are held to the same standards of admission, scholarship, and character requirements as are other students. The curriculum is an integrated program of general and clinical subjects complete in two calendar years. This student is prepared as a beginning practicing nurse and is eligible to take the state licensing board examination. The Associate Degree awarded can be viewed by the student as a terminal preparation for a particular job situation or as a universally accepted base degree for further preparation.

The appeal of this program has been broadened by lack of restriction on age requirements, marital status, institutional residence, and early problems of adjustment to a hospital environment. The college orientation of the

program has appealed to many who previously had not considered nursing as a career.

Graduates of this program have performed equally on licensing examination to those of other programs. These graduates now hold positions in various health services and receive enthusiastic support from employers and associates.

Data regarding attitudes toward and degree of acceptance such a proposed program would receive in the Knoxville, Tennessee, area were obtained by questionnaire and interview. Responses from area high school senior girls substantiated the view that those who are in any measure interested in nursing as a career are motivated by a strong desire for service. They visualize nursing as a profession solely caring for the sick. Interest in a new program was professed by one-third of the respondents and indicated a ready field for its introduction.

Interviews with hospital administrators and directors of nursing in the Knoxville area provided uniform opinions that the problem of nursing service was at a crisis, and that they would each be responsive to the development of a new program concept.

Evidence is conclusive that the problem is real, urgent of solution, and of mounting concern to an alarmed public generally. Nurses, as a part of a profession threatened by default, must assume the responsibility for

working together toward a solution of providing more and better nursing care in the public interest and to assure its position in the future.

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