

DOCUMENT RESUME

ED 042 994

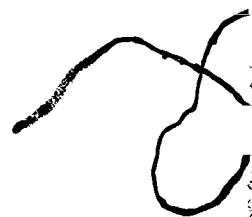
AC 008 617

AUTHOR Woods, Barbara
TITLE Professional Nursing in State Service: Needs and Recommendations. A Skills Inventory of Registered Nurses Employed by the Commonwealth of Massachusetts.
PUB DATE Feb 70
NOTE 72p.

EDRS PRICE MF-\$0.50 HC-\$3.70
DESCRIPTORS Bibliographies, Educational Background, *Educational Needs, Educational Opportunities, Federal Programs, Government Employees, Grants, Inservice Education, *Nurses, *Personnel Needs, Professional Education, *Recruitment, *Salaries, State Government, State Legislation, Teacher Experience
IDENTIFIERS Massachusetts

ABSTRACT

This study analyzed factors in attracting and recruiting professional nurses into Massachusetts state service. Although Massachusetts had relatively many registered nurses (RN), 45% were inactive. Resulting shortages were great, especially in state hospitals. All agencies had high turnover, with impending staffing crises in some agencies because many experienced nurses were nearing retirement age. A majority of nurses surveyed expressed interest in inservice training programs (especially in psychiatric nursing) which build on previous education. Of all state service nurses, 12% had baccalaureate degrees, 7% had graduate degrees, and 81% had diplomas or associate degrees only. There were new nursing programs in state institutions, but many did not meet RN needs because of lack of accreditation and other problems. Because Federal, state, and private sources of financial aid were readily available, educational costs were no great obstacle. Citing inadequate salaries (much below private hospital levels) as the Chief handicap in recruitment and retention, the Governor's Standing Committee on Nursing recommended higher salaries, together with improvements affecting patient care, recruitment, administration, and education. Increases of 11% and 5%, respectively, were urged in the proportion of baccalaureate and graduate degree holders. (LY)



PROFESSIONAL NURSING IN STATE SERVICE NEEDS AND RECOMMENDATIONS

EDO 42994

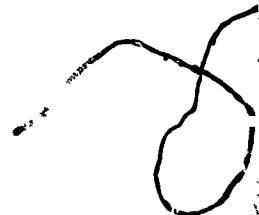
U.S. DEPARTMENT OF HEALTH, EDUCATION
& WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED
EXACTLY AS RECEIVED FROM THE PERSON OR
ORGANIZATION ORIGINATING IT. POINTS OF
VIEW OR OPINIONS STATED DO NOT NECES-
SARILY REPRESENT OFFICIAL OFFICE OF EDU-
CATION POSITION OR POLICY.



AC 008617

EMPLOYEE TRAINING SECTION:
BUREAU OF PERSONNEL AND STANDARDIZATION
EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

JULIEN V. WESTON
DIRECTOR OF PERSONNEL AND STANDARDIZATION
DONALD F. REILLY
SUPERVISING TRAINING TECHNICIAN



ED042994

**PROFESSIONAL NURSING
IN
STATE SERVICE:
NEEDS AND RECOMMENDATIONS**

**A Skills Inventory of Registered Nurses
Employed by the Commonwealth of Massachusetts**

February 1970

Prepared

by

**Barbara Woods
Employee Training Section**

ACKNOWLEDGEMENTS

The Employee Training Section would like to express its appreciation for the cooperation of the supervisory staff and nursing personnel of the Departments of Mental Health, Public Health, Correction and the Soldiers Homes who took time to fill out the Skills Inventory questionnaire. Without their assistance and support this project could not have been completed.

The Training Section is also grateful for the technical assistance provided by the Research and Development Division of the Department of Education. This office made it possible for the Inventory data to be tabulated by the Department's computer facilities.

Appreciation is also expressed to those at the schools of nursing and institutions of higher education in the Boston area who took time to answer questions and to provide information and materials useful in understanding the status and problems of nursing education.

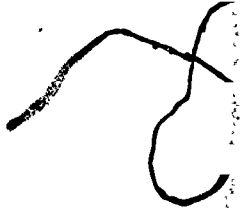


TABLE OF CONTENTS

INTRODUCTION	1
I. National Character of the Nursing Shortage	2
II. Special Problems of Nursing Manpower in State Service	3
III. Length of State Service and Years of Experience	4
IV. In-Service Training	8
V. Educational Levels and Additional Degrees Desired	10
VI. Nursing Degree Programs in Massachusetts	15
VII. Nursing Education: Costs and Financial Assistance	17
VIII. Bureau of Personnel - Employee Training Section	18
IX. Conclusion	23
APPENDIX	26
I. Recommendations of 1967 New York State Manpower Study	27
II. Recommendations of Governor's Standing Committee on Nursing	29
III. In-Service Training by Department, Areas of Specialization and Number of Registered Nurses Wanting Training	34
IV. Areas of Teaching Experience, Registered Nurses with Bachelor's or Graduate Degrees in State Service	35
V. Schools of Nursing in Massachusetts: Baccalaureate Programs which accept Registered Nurses; Graduate Programs	36
VI. Federal Programs providing financial assistance to nursing students	39
VII. State Financial Aid Programs available to Massachusetts residents	54
VIII. Recommendations of Presidential Task Force on Career Advancement	56
IX. General Laws, Chapter 611, Acts of 1968: Scholarship and Loan Program of the Division of Water Pollution Control	60
X. Educational Leave Policy (No. 131-68), Bureau of Personnel	62
BIBLIOGRAPHY	66

INTRODUCTION

Early in 1969 the Bureau of Personnel initiated a Skills Inventory of Registered Nurses employed by the Commonwealth of Massachusetts. The study was undertaken on behalf of the Governor's Standing Committee on Nursing which was established in 1967 with the aim of analyzing factors relating to attracting and recruiting professional nurses into state service. After completing its general survey in March 1969, the Committee recommended to Governor Francis W. Sargent several steps aimed at making professional nursing in state service more attractive.¹ One recommendation proposed the establishment of educational programs for state nursing personnel. Before formulating meaningful education programs, it is necessary to develop accurate data on the nursing population. Since studies previously conducted by the State failed to provide this vital information, the Skills Inventory was designed to fill this gap.

I. National Character of the Nursing Shortage

A severe shortage of nurses exists in the United States today. It is both quantitative and qualitative. Quantitatively, the shortage makes it impossible to supply hospitals and other health facilities and organizations with sufficient numbers of adequately prepared nurses. Qualitatively, it impairs the effectiveness of nursing care. Although the number of nurses in practice has increased substantially, demands for nursing services have increased even faster.²

Rising rates of hospitalization, growth of public and voluntary health agencies, rapid advances in medical science and increased employment of nurses in doctors' offices are major factors contributing to a nationwide shortage of nurses. To meet this demand, the Surgeon General has suggested a national goal of 850,000 active professional nurses by 1970, representing an increase of 250,000 over the 1966 level.³ The gap is closing, but at the present rate of increase in registered nurses (about 19,000 each year), the nation is probably short of this 1970 goal by over 150,000 nurses.⁴ In fact, in the fall of 1969, Robert H. Finch, Secretary of Health, Education, and Welfare, stated in an article on national health goals that, "it is estimated that right now we need . . . 145,000 additional registered nurses."⁵

In theory there are already enough trained professional nurses (909,000 in 1966) to meet this target. The difficulty is that 35 percent or about 300,000 nurses were inactive in nursing.⁶ The National Advisory Commission on Health Manpower estimated in 1967 that between 500,000 and 600,000 qualified nurses were currently inactive in the nursing profession.⁷

There seems to be general agreement that luring nurses back to active service depends on making nursing a more attractive profession. The Surgeon General's Report recommended reforms, involving: (1) higher salaries and fringe benefits, (2) improved potential for advancement,

(3) better utilization of nursing skills, (4) increased levels of professional responsibilities, (7) improved recruitment programs, and (8) establishment of in-service training programs and other educational opportunities.

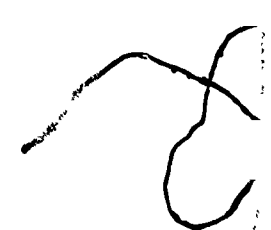
A special committee studying nurse manpower needs in New York in 1967 made similar recommendations, including: "higher salaries, improved personnel policies and working conditions, and opportunities for career satisfaction and also an environment in which the nurse can practice nursing at a level that is satisfying to her and her patients."⁹

These recommendations are consistent with the report of the National Advisory Commission on Health Manpower which declared that: "Nursing should be made a more attractive profession by such measures as appropriate utilization of nursing skills, increased levels of professional responsibilities, improved salaries, more flexible hours for married women, and better retirement provisions."¹⁰

Clearly, authorities agree that only a total personnel program which gives adequate attention to all aspects of the nursing shortage can successfully attract and retain nurses in the profession and improve the quality of nursing care service.

II. Special Problems of Nursing Manpower in State Service

The number of professional nurses registered in Massachusetts increased from 45,731 in 1966 to 70,083 in 1968.¹¹ However, for reasons not completely understood, in 1966, 20,000 nurses, or 45 percent of the nurses registered, were inactive in nursing.¹² This represents an inactivity rate higher than the national average and far greater than the inactivity rate estimated for New York State.¹³ Although current data is not available, there are no grounds for assuming that the percentage of inactive nurses has decreased since 1966.



As a leader in medicine, Massachusetts has a proportion of professional nurses to population greater than the nation as a whole: In 1966, Massachusetts had 532 active professional nurses per 100,000 population, while nationwide there were only 313 active professional nurses per 100,000 population.¹⁴ Only Connecticut had a higher ratio. Nevertheless, many private hospitals are inadequately staffed and in state hospitals the shortage is so acute that wards have been closed and patients turned away not for lack of beds but for lack of nurses.¹⁵

Massachusetts state agencies employ about 2000 nurses, approximately one out of every 18 professional nurses active in the state. All of the problems facing the nursing profession nationally exist to an even more critical degree in the state service. The causes are not hard to find. The Governor's Standing Committee on Nursing reported that the inadequate salary structure was the primary cause of the state's poor record in recruitment and retention of professional nurses. "Without a restructuring of our nursing salaries and personnel policies the Commonwealth of Massachusetts has little hope of adding to its nursing staff."¹⁶ Recent salary increases have helped to alleviate the salary problem, but complete equalization with the salaries in private institutions has yet to be achieved. The Committee also recommended improvements in four major areas besides salaries: administration, recruitment, patient care and education.¹⁷

It seems clear that fundamental changes are needed if this critical situation is to be corrected. Action is urgently needed not only in initial recruiting but also to ensure long term retention of good nurses.

III. Length of State Service and Years of Experience

The Skills Inventory has provided data on the years of experience and



length of state service of about 70 percent of the estimated 2000 professional nurses employed by the state. Of the approximately 1400 nurses replying to the questionnaire, 71 percent were from Mental Health, 19 percent from Public Health, 8 percent from the Soldiers Homes and 2 percent from Correction. The data indicate that all agencies are confronted with a high turnover rate and some will soon be confronted with staffing crises because a large proportion of experienced older nurses are nearing retirement age. (See Figures 1 and 2.)

Department of Mental Health. About 50 percent of the nurses surveyed in this department have been employed by the state for 5 years or less, indicating a high turnover rate. Nearly 50 percent of the nurses have less than 15 years experience, while over 100, or 10 percent of those surveyed in this department, are nearing retirement age.

Department of Public Health. As compared to Mental Health, nurses in Public Health are more evenly distributed by experience from one to forty years. As a group, however, the general length of their state service is almost as short: more than 50 percent have less than 10 years of service. The nursing staff is generally older than that of the Department of Mental Health as evidenced by the fact that 50, or 19 percent of the nurses surveyed in this department, are near retirement.

Soldiers Homes. This group is evenly distributed by years of experience, but as is the case in both Mental Health and Public Health, these nurses have not been with the state long: the majority have been in state service for less than 10 years. In addition, nearly 30 nurses, or one-third of the nurses surveyed in this agency, are near retirement.

Department of Correction. Nearly 50 percent of the nurses in this department have been in state service for 5 years or less. However,

FIGURE 1
LENGTH OF STATE SERVICE OF REGISTERED NURSES
SURVEYED BY THE SKILLS INVENTORY

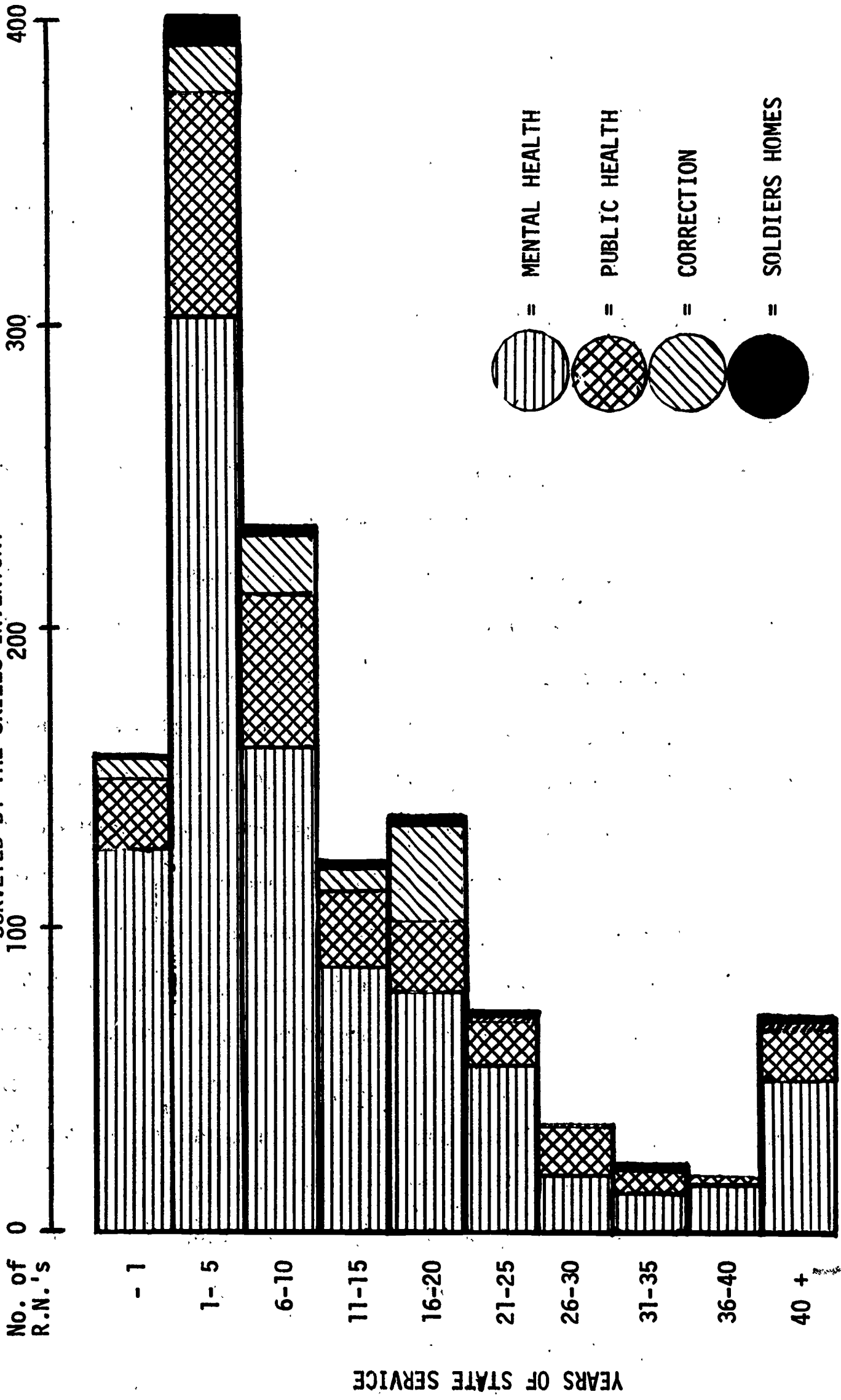
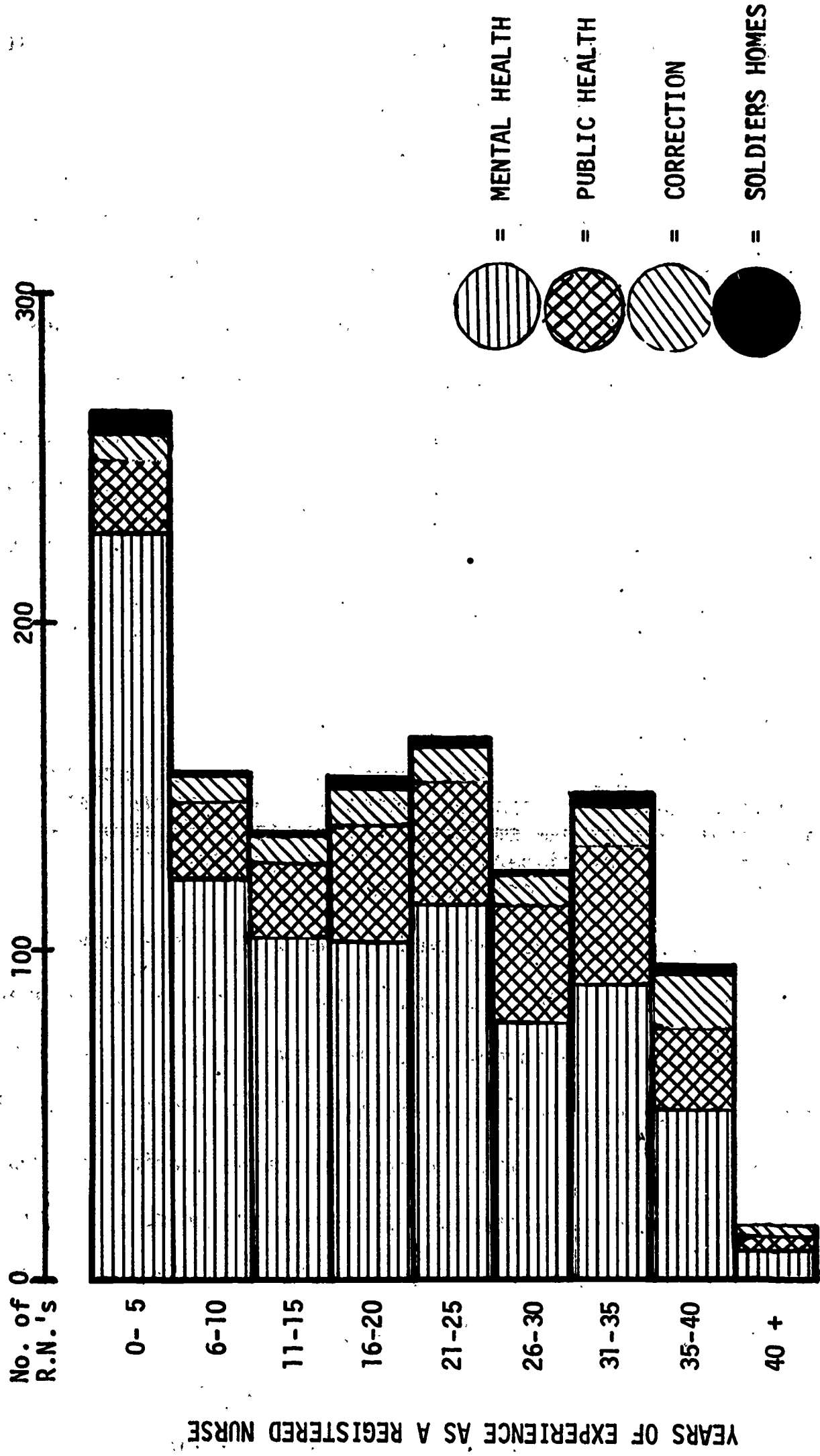


FIGURE 2
YEARS OF EXPERIENCE AS A REGISTERED NURSE
REGISTERED NURSES SURVEYED BY THE SKILLS INVENTORY



this situation is understandable in view of the fact that the department has only recently employed professional nurses in its institutions. The nurses range in experience from one to forty years.

One of the most important conclusions to be drawn from this data is that across the agency spectrum there is a high turnover in nurses: 45 percent of the nurses surveyed have been with the state less than 5 years and 64 percent less than 10 years. The data suggest that even if nurses can be attracted to state service they apparently cannot be persuaded to remain.

The Inventory also shows that a large number of older nurses can be expected to retire in the near future. Thus the state is faced with the urgent problem of replacing senior nursing personnel who play key roles in administration and training as well as clinical specializations.

IV. In-Service Training

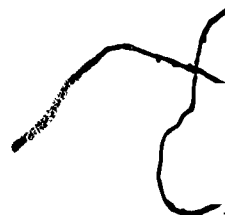
In nursing, as in other fields, rapid changes in science and technology require constant education of staff, as well as good orientation of new employees. Such staff education is needed by all practitioners regardless of the completeness or excellence of their original training.¹⁸

A majority of the nurses surveyed by the Skills Inventory expressed an interest in in-service training programs which build upon their previous education and keep them up to date with new developments in nursing service. As might be anticipated, there were significant interdepartmental differences with respect to the areas in which nurses indicated special interest.¹⁹ However, as the following table shows, the overwhelming number of nurses desire training in psychiatric nursing. This is influenced largely by the nurses in Mental Health, who represent 71 percent of the nurses surveyed and 87 percent of those who want training in psychiatric nursing. It is worth noting that many nurses are interested in in-service education, administration and

TABLE 1

TYPE OF IN-SERVICE TRAINING WANTED BY REGISTERED NURSES SURVEYED BY SKILLS INVENTORY

<u>Area of Specialization</u>	<u>No. of R.N.'s</u>
Psychiatry	460
Rehabilitation	270
In-Service Education	217
Mental Retardation	207
Geriatrics	192
Medical & Surgical	187
Administration/Nursing Service	153
Intensive Care	150
Kidney Dialysis	115
Chronic Disease	111
Public Health Nursing	98
Teaching/School of Nursing	97
Pediatrics	84
Recovery Room	57
Operating Room	55
Obstetrics	33
Administration/School of Nursing	28



teaching. If their educational goals can be met, these nurses could provide a qualified resource which the state could draw upon to fill its teaching and administrative positions.

Interviews with specialists in nursing training and education revealed that there are insufficient teaching resources in the schools of nursing and in the state hospitals available to conduct greatly expanded education and training programs.²⁰ The faculty in the nursing schools is too small and too committed to present responsibilities to assume extensive new teaching assignments. The hospitals face similar problems: they are short of teaching staff which in turn tends to exacerbate the problem of developing training programs aimed at filling vacancies in nursing and administrative positions.

The Skills Inventory indicated that Massachusetts can draw upon considerable resources of teaching experience among the nurses with baccalaureate and graduate* degrees staffing state institutions.²¹ Some of these nurses are already fully engaged in teaching and training activities, but it may be possible to allocate a larger proportion of these nurses with teaching experience to teaching on the grounds that this deserves critical priority in maintaining the quality of nursing service. In any event, mobilizing and coordinating this potential resource is by no means a simple task. A special effort must be made to solve personnel problems -- such as providing patient care replacement nurses -- to enable these potential teachers to participate in enlarged hospital in-service training programs.

V. Educational Levels and Additional Degrees Desired

The Skills Inventory has provided information on the educational levels

*Throughout this report, the word graduate refers to master's and doctoral degree programs or nurses who are participating in or have completed programs at this level.

of 70 percent of the professional nurses in state service.* Figure 3 displays this data for each department and Figure 4(B) summarizes the survey data. It is noteworthy that: (1) the staff of the Department of Public Health has the highest percentage of baccalaureate degrees, (2) the Department of Mental Health has the largest number of nurses with bachelor's degrees and the only department with graduate degree nurses, and (3) the vast majority of nurses in the Soldiers Homes and the Department of Correction have only diplomas or associate degrees.

As a means of planning for a balanced nursing staff, the Surgeon General's Report has suggested an ideal 'mix' of diploma, baccalaureate and graduate degree nurses.²² (See Figure 4(A). As shown in Table 2, the Report recommends that nurses in leadership positions should have bachelor's or graduate degrees. Assuming this is a reasonable model for providing quality nursing care, Massachusetts should increase the proportion of bachelor degree nurses by 11 percent and the proportion of graduate degree nurses by 5 percent. If the graduate nurses are drawn from the present supply of nurses holding bachelor's degrees, the proportion of baccalaureate nurses should be increased by 16 percent to compensate for losses from this upgrading.

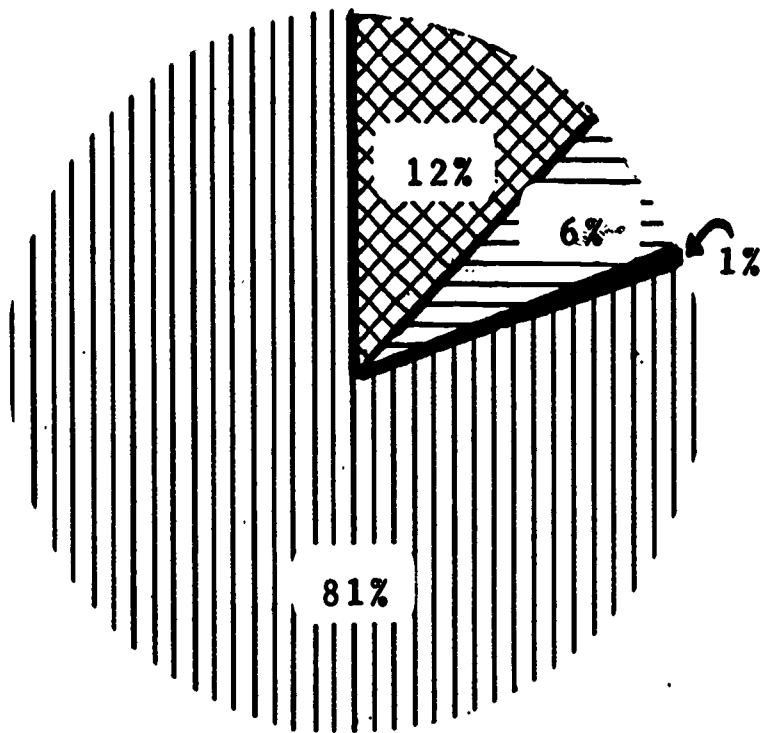
The nurses presently in state service appear to provide a useful, potential resource to meet the need for nurses with advanced degrees. Of the nurses surveyed, 63 percent indicate an interest in participating in degree programs. However, due to age limitations and other considerations, many of these nurses would probably be unable to gain admission to degree programs.

It is not reasonable, however, to propose that the nursing shortage can be met simply by upgrading nurses currently employed by the state. There is

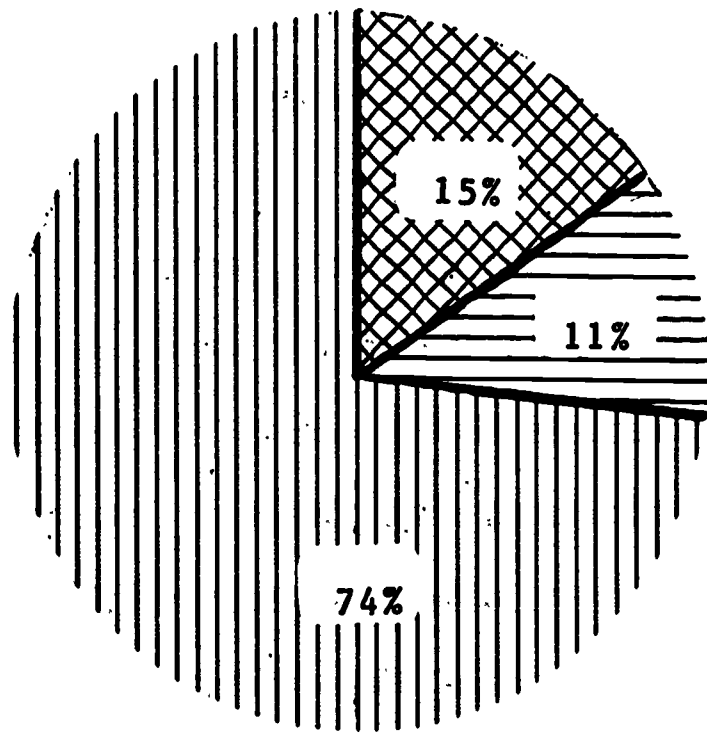
*Although the Skills Inventory was designed to gather information on all professional nurses in state service, it must be remembered that only 70 percent of the nurses responded to the questionnaire and it is not known if this group can be considered representative of the statistical universe. It is possible that the results and conclusions would be somewhat altered if comprehensive data were available for the remaining 30 percent.

FIGURE 3

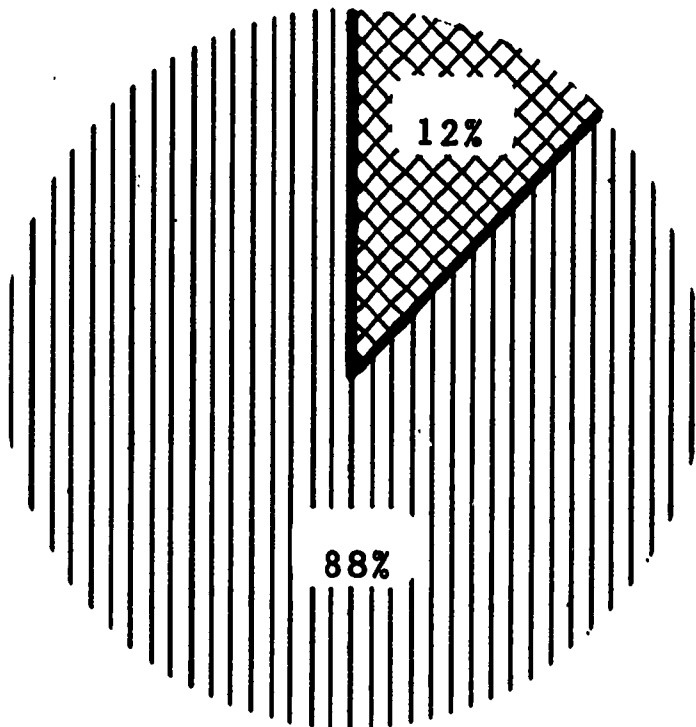
PRESENT EDUCATIONAL LEVEL
REGISTERED NURSES SURVEYED BY SKILLS INVENTORY



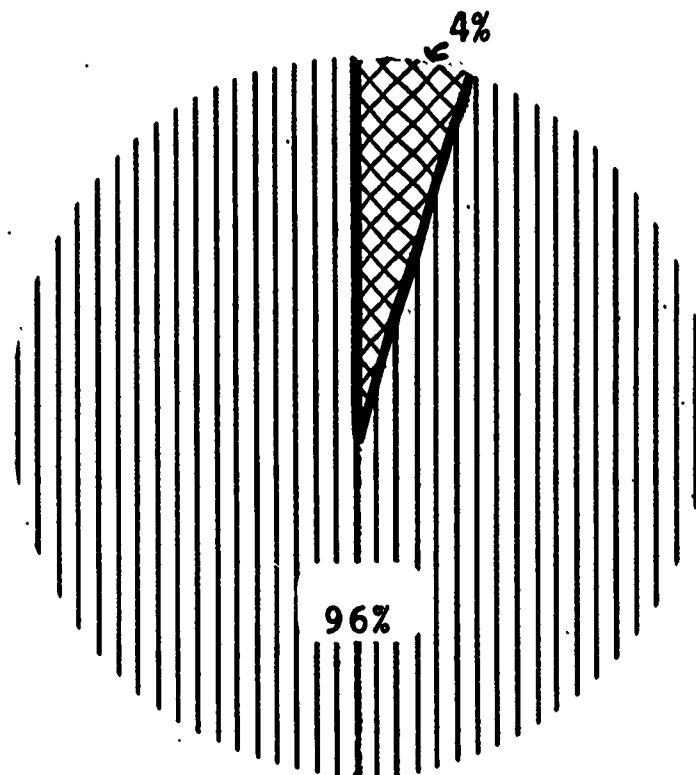
DEPARTMENT OF MENTAL HEALTH




DEPARTMENT OF PUBLIC HEALTH



SOLDIERS HOMES



DEPARTMENT OF CORRECTION

Diploma & Associated Degree = 
Bachelor's Degree = 



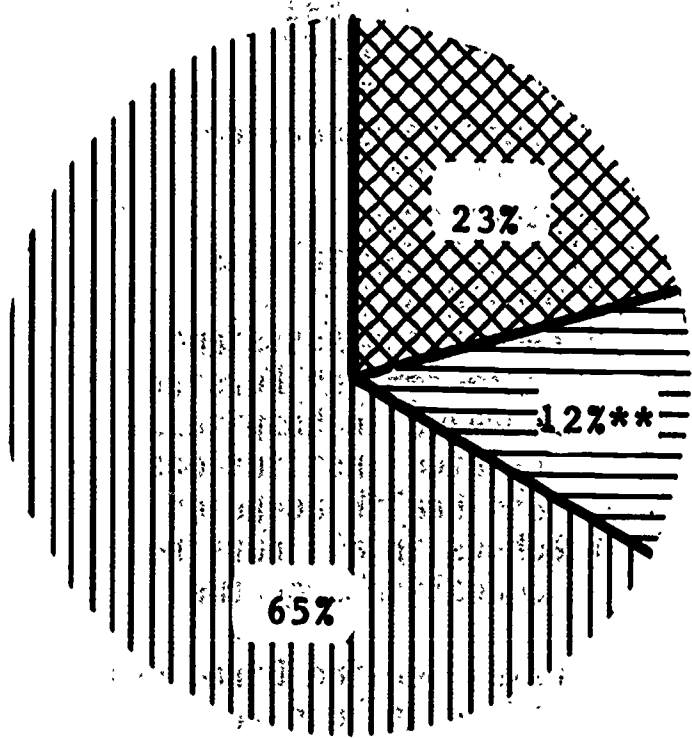
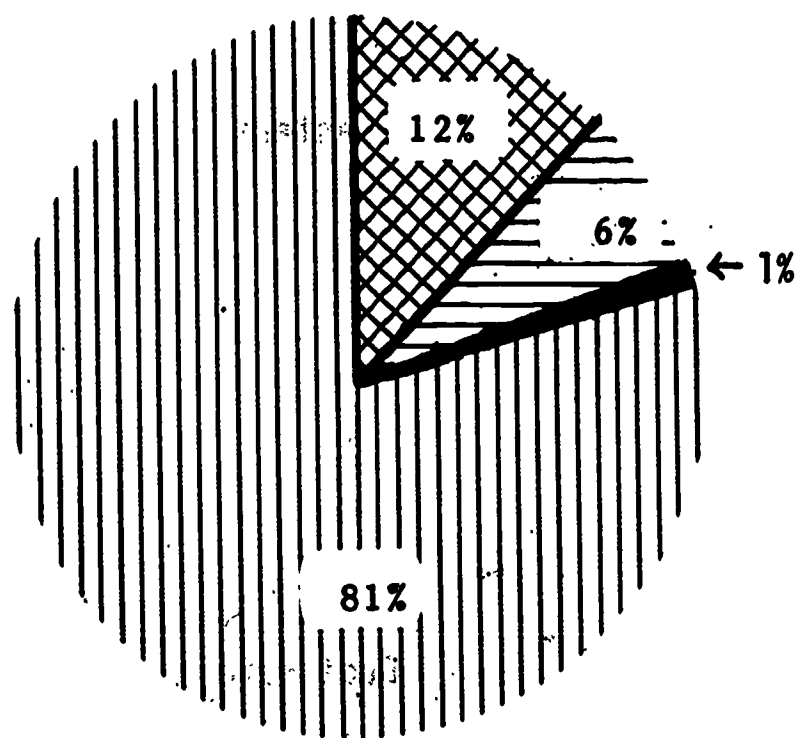
Master's Degree = 
Doctorate Degree = 

FIGURE 4



A

Proposed Ideal Mix
Surgeon General's Report*



B

Present Education Level
All R.N.'s Surveyed
by
Skills Inventory
Commonwealth of Massachusetts

* Surgeon General's Report, op. cit., p. 19.
**Includes Masters and Doctoral Degrees

TABLE 2
RECOMMENDED EDUCATIONAL LEVELS
FOR LEADERSHIP POSITIONS IN NURSING

<u>Recommended Degree</u>	<u>Position</u>
Baccalaureate	Head Nurse Public Health Nurse Team Leaders Occupational Health Nurse - Staff
Masters	In-Service Education Director Supervisors Clinical Specialists Consultants Director and Assistant Directors of Nursing Service in hospitals, related institutions and health agencies Teachers in all nursing education programs
Doctorate	Nursing Service Directors of large hospital systems or health agency systems

SOURCE: Surgeon General's Report, op. cit., p. 19.

a general shortage of nurses and an approach which concentrates on upgrading present staff through advanced education may intensify the drain on diploma and associate degree nurses. Clearly, such a plan will not in itself produce a desirable quality of nursing service. The problem facing the state is still basically one of recruitment and retention at all levels as well as education and training. Professional nursing in state service must be made more attractive and programs aimed at expanding educational opportunities for all nurses to help them upgrade their skills are one of a number of critical elements in achieving a high quality of nursing care. Education and training programs should therefore be viewed as part of a broad effort aimed at recruiting and retaining high quality nurses.

VI. Nursing Degree Programs in Massachusetts

At present, the Commonwealth relies heavily on private institutions of higher education to provide trained and educated nurses, although public institutions are beginning to play a more important role in this field. There are new associate degree nursing programs at the community colleges and baccalaureate degree nursing programs at Lowell and Fitchburg State Colleges and the University of Massachusetts. In addition, the University has a master's degree program in medical-surgical nursing.²³

In 1967, the Board of Higher Education conducted a study of nursing education in Massachusetts under the direction of Professor Mary F. Malone. This report indicated a clear need for improved coordination between the new public nursing degree programs and already existing private programs. Professor Malone concluded on a potentially encouraging note: At present, she suggests, the major nursing education problem is not primarily a shortage of educational facilities but inefficient use of existing resources.²⁴

Although many new nursing programs are now offered in state institutions, most do not meet the educational needs of registered nurses. There are two major reasons for this. First, most of the new community college nursing programs are at the associate degree level and registered nurses who are interested in obtaining bachelor's or graduate degrees would not further their careers by enrolling in this type of program. Second, registered nurses can enroll in only one of the three baccalaureate programs offered in state institutions. This is due in part to the fact that only fully accredited degree programs can accept registered nurses and the nursing program at Lowell State College is not yet accredited. In addition, once a program has received accreditation, it must establish procedures for admitting registered nurses. This primarily involves determining which credits can be accepted in transfer and developing proficiency examinations which provide an opportunity for registered nurses to receive exemption from certain nursing courses through testing -- the nursing program at Fitchburg State College, although accredited, has not yet completed its plans for admitting registered nurses.

The University of Massachusetts program -- the only public baccalaureate program accepting registered nurses -- is currently (1969-70) enrolling 23 registered nursing students. Therefore, until present state college programs accept registered nurses and new baccalaureate programs are established at other state colleges, the state must rely on nursing programs in private institutions of higher education for the resources necessary to educate its registered nurses.

Baccalaureate Programs . Programs offered at Boston College, Boston University, Simmons College and the University of Massachusetts -- all but the latter located in Boston -- enrolled an estimated 232 registered nursing students in 1967.²⁵ There are 23 registered nurses at

the University of Massachusetts in the 1969-70 academic year. Registered nurses must enroll full time in the daytime program, working not more than 15 to 20 hours per week. Most of the institutions offer proficiency examinations in nursing courses which if passed allow the registered nurse to be exempt from a year or so of course work. At least one school limits the number of registered nurses it accepts and all schools are reluctant to enroll students who have been out of school for more than 10 years. This makes it particularly difficult for the mature, employed nurse with a diploma or associate degree to take advanced education in order to be promoted to teaching and administrative positions.

Graduate Programs Full-time masters programs of 1-1/2 to 4 years are offered in a number of specialized areas at Boston College, Boston University and the University of Massachusetts. In addition, Boston University offers a 3 to 5 year doctoral program. The registered nurse does not face special problems enrolling in these programs because all students must be registered nurses. Most of these programs are new. Enrollments during the 1969-70 academic year total 391 full-time students and 56 part-time students, of whom only 7 are enrolled at the University of Massachusetts.

VII. Nursing Education: Costs and Financial Assistance

Private higher education is expensive and nursing education is no exception. A survey of the schools of nursing in private Massachusetts higher education institutions accepting registered nursing students shows that tuition in undergraduate and graduate programs ranges from \$1,750 to \$2,000 annually. (In contrast, tuition at the University of Massachusetts is only

\$200 a year.) To assist the nursing student in meeting these heavy expenses financial aid is available from federal, state and private sources. It appears that these expenses do not constitute a major obstacle to nursing education, especially on the graduate level, because a nurse who needs financial aid can obtain assistance from some source.

Federal Programs Federal programs provide loans, scholarships and grants for undergraduate and graduate degree nursing programs as well as short-term courses.²⁶ Funds appropriated under various acts are available for several types of health profession training including nursing education, but the Nurse Training Act of 1964 is the only program exclusively reserved for nurses.

State Programs The State Board of Higher Education provides three major sources of financial aid for Massachusetts residents studying in the health fields: (1) scholarships for medical, dental and nursing students amounted to \$250,000 in the last fiscal year of which \$80,000 went to nursing students; (2) the University of Massachusetts provides scholarships and loans for undergraduate students in financial need and graduate students may participate in the loan program: (3) the Massachusetts Higher Education Loan Plan (H.E.L.P.) is available to full- and part-time students in any accredited institution in Massachusetts.²⁷

Private Programs There are a number of private, nonprofit funds providing scholarships and loans to special groups or individuals wishing to participate in educational programs. This information has been collected and published by the United Community Services.²⁸

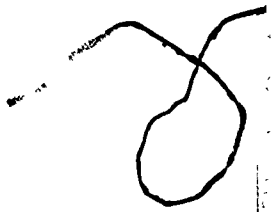
VIII. Bureau of Personnel - Employee Training Section

Chapter 7, section 28a, of the General Laws, requires the Director of

Personnel and Standardization with the advice and assistance of the Director of Civil Service and the principal appointing authorities of the Commonwealth, to "organize or further develop, and generally direct, in every agency of the commonwealth so far as in his judgment feasible, programs for training, encouragement and advancement of officers and employees" in the state's classified service. Although the law authorizes the Bureau to organize and develop agency as well as inter-agency training programs, the emphasis has been on training offerings which cut across agency lines and which are useful to more than one agency. In this context, it is appropriate that the Bureau of Personnel should concern itself with the training needs of nurses employed in the Departments of Mental Health, Public Health, Correction and the Soldiers Homes. However, because of limited educational resources, staff shortages in hospitals, high educational costs and other factors, the question arises as to what steps the Bureau of Personnel should take to make nursing in the state service more attractive.

To help establish an appropriate policy, the Bureau of Personnel might be guided by proposals of the Presidential Task Force on Career Advancement, as well as other considerations.

In 1967, the Presidential Task Force on Career Advancement undertook a study of the Federal Government's activities and responsibilities in meeting the education and training needs of its employees. Its report, entitled Investment for Tomorrow,²⁹ offered three key recommendations:

1. Need for Policies: clarify policies to determine what education and training should be government conducted and to make certain that such training and education is in support of the agency's mission and its management needs.
 2. Undergraduate Education: establish a policy that, except in special
- 

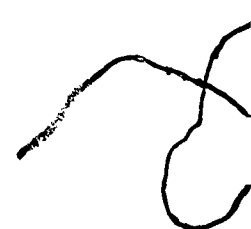
cases, employees are to obtain undergraduate education at their own expense or by competing for scholarships and loans on equal terms with other citizens.

3. Graduate Education: give priority to graduate education over undergraduate education in the expenditure of scarce government training funds; agencies should also establish a policy of sharing education costs with the employee.

In approaching the special problems of nursing education needs relating to Massachusetts state agencies, the Bureau should be guided by the following criteria:

1. The shortage of nurses at one level must not be decreased by policies which increase the shortage of nurses at other levels.
2. Quality nursing care service must be provided at all times.
3. Nursing in state service must be made more attractive if skilled nurses are to be attracted and retained in state service. This should include attracting part-time as well as full-time nurses.

The Bureau of Personnel's policy to alleviate the nursing shortage might include the following specific actions:

1. encouraging individual departments to develop and support training programs for their employees which meet specialized department training needs;
 2. encouraging use of the Educational Leave Policy and the necessary expenditure of funds giving priority to graduate, job-related degree programs where it is determined that this will be a worthwhile investment of government funds and will further the agency's mission. In this context, the Bureau should give special attention to changing the policy which requires that the position of an employee on leave cannot be
- 

filled temporarily to provide for continuity of service during the employee's absence;

3. supporting the Employee Training Section in establishing those in-service training programs which meet inter-agency training needs;
4. establishing standards for all nursing personnel positions which include education and experience qualifications in keeping with the highest standards followed in private institutions and developing salary levels, benefits, etc., commensurate with those requirements;
5. considering the establishment of a scholarship or loan program for graduate study similar to that authorized for the Division of Water Pollution Control including the provision that an employee benefitting from such an opportunity would remain in state service for a certain period of time following completion of the program.³⁰

Until such time as these proposals can be acted upon, the Employee Training Section can begin to establish a basis for improvement in this area by taking the following steps:

1. conducting exploratory talks with the Massachusetts League for Nursing and the Massachusetts Nurses Association, all state departments employing professional nurses, public and private institutions of higher education, and other public and professional groups concerned with the nursing profession. The League, for example, provides counselling services to professional nurses in Massachusetts who want information and assistance on admission to degree programs, short-term educational opportunities, financial aid for educational expenses and employment opportunities. To prevent duplication of effort, the Bureau of Personnel should attempt to utilize all available public and private resources taking independent action only where the special needs and unique

characteristics of nursing in state service make such action appropriate.

2. continue to develop educational policies which allow nurses time off from their jobs to attend school on a full- or part-time basis, while receiving pay and maintaining full employee status and benefits. The present Educational Leave Policy (No. 131-68) assists nurses who wish to pursue degree programs by enabling them to be freed from their work for full-time study for one year at full pay or half-time study for two years at half pay.³¹ Only a handful of nurses have taken advantage of this program: In 1969 only 16 nurses, 3 from Public Health and 13 from Mental Health, were enrolled in undergraduate and graduate degree programs under this policy. The present shortage of staff places a severe limitation on the number of nurses who can be released from their jobs to take advantage of this policy. The situation is made even more difficult by the inability of the hospitals to fill temporarily the positions of staff on educational leave.
3. coordinate educational activities involving nurses employed by the Departments of Mental Health, Public Health, Correction and the Soldiers Homes. This role might include: (a) providing information on degree and short-term educational programs available and appropriate to the needs of professional nurses in state institutions, (b) providing information on financial aid for nurses who wish to participate in educational programs, and (c) where existing hospital, department and other educational programs fail to meet the needs of nurses for short-term job-related courses, the Employee Training Section is in a strategic position to coordinate the educational resources of the state's institutions of higher education to develop short-term continuing education programs available to all nurses in state service.

4. develop a procedure for gathering information on nursing personnel and educational programs. As earlier studies of nursing in Massachusetts have pointed out, basic information on state nursing personnel is necessary if plans and programs are to be developed to meet nursing needs effectively and utilize nursing resources appropriately.³² The present Inventory represents an initial step in this direction, but this information must be updated at regular intervals if it is to continue to serve as a basis for planning and program development.

IX. Conclusion

As this report has pointed out, there are enough trained nurses to meet the demand, but a shortage exists because many nurses are not active in nursing. The manpower situation is particularly serious in state agencies where salary levels tend to be relatively low and ancillary attractions are less evident as compared to private institutions. This report lends support to the Surgeon General's Consultant Group on Nursing, the National Advisory Commission on Health Manpower and the Governor's Standing Committee on Nursing, all of whom agree that the gap between supply and demand will continue until nursing can be made a more attractive profession.

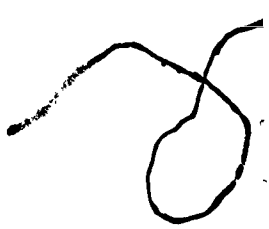
The Bureau of Personnel's responsibilities suggest that it is the most appropriate agency to promote the changes which would make it possible to attract and retain qualified nursing staff in state service. The Bureau should give immediate attention to a wide range of improvements in personnel policies. As part of this effort, the Employee Training Section should play an active role in stimulating and coordinating educational programs which meet the needs of professional nurses employed by the state. Such efforts should go far in making professional nursing in the Massachusetts state service a more rewarding career.

NOTES

1. Massachusetts, Governor's Standing Committee on Nursing, Report of the Committee, March 21, 1969, pp. 4-7. (Typewritten.)
2. U.S., Department of Health, Education, and Welfare, Public Health Service, Toward Quality in Nursing - Needs and Goals, prepared by the Surgeon General's Consultant Group on Nursing, Public Health Service Publication No. 992 (Washington, D.C.: Government Printing Office, 1963), p. 3.
3. Ibid., p. 15.
4. U.S., Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration, Health Resources Statistics, reported from the National Center for Health Statistics, Public Health Service Publication No. 1509, 1968 Edition (Washington, D.C.: Government Printing Office, 1968), Table 85, p. 138.
5. U.S., Congress, Senate, Article by Secretary of Health, Education, and Welfare, Robert H. Finch, on National Health Goals, 91st cong., 1st. sess., Oct. 14, 1969, Congressional Record, 12515.
6. Health Resources Statistics, op. cit., Table 87, p. 139.
7. U.S., Report of the National Advisory Commission on Health Manpower, Vol. I (Washington, D.C.: Government Printing Office, 1967), p. 22.
8. Surgeon General's Report, op. cit., pp. 31-32.
9. New York, Manpower: Steps to Relieve an Acute Shortage, A Report of a Special Committee to Governor Nelson A. Rockefeller (Albany, N.Y.: The University of the State of New York, 1967), p. 13. See Appendix I for a complete list of the recommendations in the report relating to nursing personnel.
10. Advisory Commission on Health Manpower, op. cit., p.23.
11. Massachusetts, Board of Registration in Nursing, Annual Report, Fiscal 1968, March 1969, p. 3. Massachusetts residency is not required for registration, but most nurses who maintain their registration in Massachusetts are residents.
12. Health Resources Statistics, op. cit., Table 87, p. 139.
13. New York State Manpower Report, op. cit., p. 95a.
14. U.S., Department of Health, Education, and Welfare, Public Health Service, Bureau of Health Professions Education and Manpower Training, Health Manpower Source Book, Section 20: Manpower Supply and Educational Statistics for Selected Health Occupations (Washington, D.C.: Government Printing Office, 1969), Table 98, p. 124.
15. See Appendix II for a complete list of these recommendations.

16. Surgeon General's Report, op. cit., Appendix Table 2, p. 59.
17. Governor's Standing Committee, op. cit., pp. 1-2.
18. Surgeon General's Report, op. cit., p. 48.
19. See Appendix III for detailed data on in-service training interests in each of the four state departments surveyed by the Skills Inventory.
20. During the summer and fall of 1969, personal interviews were conducted with staff members of the following institutions: Boston College (Admissions Office), Boston University (Admissions Office and School of Nursing), Northeastern University (Admissions Office and School of Nursing), Simmons College (Admissions Office).
21. See Appendix IV for a complete list of these teaching resources by department.
22. Surgeon General's Report, op. cit., p. 19.
23. See Appendix V for detailed information on nursing degree programs which accept registered nurses.
24. Mary F. Malone, Educational Horizons for Nursing in Massachusetts: A Report on Nursing Education in the Commonwealth of Massachusetts, prepared under contract to the Massachusetts Higher Education Facilities Commission for the Commonwealth of Massachusetts Board of Higher Education (Boston: Board of Higher Education, 1968), pp. 50-51.
25. Op. cit., p. 28.
26. See Appendix VI for a complete description of the federal programs which provide financial aid for nursing education.
27. See Appendix VII for a description of financial aid programs available to Massachusetts residents.
28. United Community Services, Nursing Council, Financial Aid for Students of Nursing, prepared by Careers in Nursing Program, 1968.
29. U.S., Civil Service Commission, Investment for Tomorrow, A Report of the Presidential Task Force on Career Advancement (Washington, D.C.: Government Printing Office, 1967), pp. 45-52. See Appendix VIII for the full text of these recommendations.
30. See Appendix IX for text of legislation (Chapter 611, Acts of 1968) authorizing the scholarship and loan program in the Division of Water Pollution Control.
31. See Appendix X for full text of the Educational Leave Policy.
32. Massachusetts, House, Report of the Special Commission Established to Study the Shortage of Nurses in Massachusetts, House Document No. 3126, May 1957, p. 21.

APPENDIX



APPENDIX I

A Special Commission in 1967 studied the manpower problems facing New York State in several areas including nursing personnel. Following are some of the findings and recommendations of this Commission. It is noteworthy that these recommendations are very similar to those of the report of the Governor's Standing Committee on Nursing.

Recommendations

- I. We need to find ways and means of inducing inactive licensed nurses to return to active practice.
- II. We need to recognize the need for refresher or reorientation courses for nurses who want to become active after varying years of inactivity.
- III. Employment patterns and policies should be developed by employing agencies that will accommodate the inactive nurses who can return to nursing only on a part-time basis. These agencies should also develop creative and imaginative ways to accommodate the married nurses who cannot fit into the usual full-time employment pattern. There is a need also for colleges and universities to expand their programs of continuing education to help nurses keep abreast of the explosion of scientific knowledge even though the nurses may not at present be actively involved in nursing.
- IV. A career in nursing must be made more attractive. The prospective student must have some assurance that her investment in time and education will be worthwhile both in respect to the service she is to perform and with respect to the recognition she can anticipate and obviously an important part of this recognition is demonstrated by the compensation she receives.

V. The availability of financial assistance for students studying nursing will also influence numbers. There are now 600 Regents Nursing Scholarships for basic professional nursing programs and 30 state scholarships for advanced education in teaching or administration. These are the only State scholarships set aside for nursing. The Board of Regents has underway a complete analysis and review of all financial aid programs available for students in New York State.

APPENDIX VI

The Governor's Standing Committee on Nursing has made recommendations in five major areas affecting the professional nursing personnel in state institutions. These recommendations constitute a balanced personnel program attempting to make nursing in state service more attractive and thereby encouraging nurses to make a career of nursing in state service. As this report on the Skills Inventory has stressed at several points, only a total program which gives attention to all the areas included by the Governor's Committee can effectively reduce the nursing shortage.

Some improvement has already taken place, for example, with the recent salary increases and the staff development plan for nurses. But this is only a beginning and efforts to improve the nursing situation must continue.

The recommendations of the Governor's Committee are printed in full below in order to reemphasize their importance.

I. SALARY

- a. All sub-committees agree that the number one priority in Nursing is a restructuring of the salary schedule. At this time the nurse in State service receives a salary from \$23 to \$32 a week less than her counterpart in the voluntary hospitals in this area. The salary must be competitive and a mechanism should be included to allow for frequent review of salary and benefits provided by the State to assure their being competitive with the voluntary hospitals.
- b. It is recommended that a schedule similar to that in use by the Veterans Administration be adopted, e.g., Job Group XII, Staff Nurse I, Staff Nurse II. Job Group XV, Nurse Supervisor I, Nurse Supervisor II. This type of schedule, widely in use in this area

would keep us competitive and also provide for in-grade promotions. We must create within State service a climate of growth so that those recruited will remain and develop their abilities to the maximum to meet the job demands of the years ahead.

- c. Additional compensation should be provided for educational achievement and also for the nurse who chooses to remain in the bedside care role. These are not special fringe benefits. They are in effect in virtually every voluntary hospital in Massachusetts.

II. ADMINISTRATION

- a. In this area many of the nursing problems can be eradicated by up to date personnel policies. Procedures for approval of something that should be considered routine are too often turned into major problems. Better lines of communication must be established within facilities and between agencies. Our Recommendations:
- b. Implement realistic rates for night and weekend differentials. This is an important fringe benefit and the state is consistently lower than other hospitals in the area.
- c. The policy on Annual Leave must be revised. We cannot hope to compete under the present system. Our system provides 2 weeks after 1 year, 3 weeks after five, and four weeks after ten years. The voluntary hospitals provide at least 3 weeks for the first five years and four weeks after five years of service. Some are offering a flat four weeks per year regardless of length of service. The whole gamut of fringe benefits must be studied. The State can no longer point with pride to their "recruitment and benefits package" as being something special.

- d. Our present job descriptions must be updated. We understand that work is being done in this area and it is our hope that it will continue until the entire system is revised.
- e. Provide for periodic evaluation of nursing services. Nursing is in a constant state of change and we must be prepared to keep pace with the changes to provide better patient care and to best utilize our nursing staff.
- f. Automation of Hospital Services. Install modern up to date equipment for processing records, patient data, etc.
- g. Better organization of nursing services within facilities and between agencies.
- h. Release from Nursing Service responsibility for all non-nursing activities. Nursing service currently is responsible for such services as Barber, Beautician and Housekeeper.
- i. Nurses in leadership roles should be allowed to participate in decision making relating to nursing department.

III. RECRUITMENT

- a. An improved information program concerning career opportunities in State service is essential. Working for the State can be challenging, satisfying, and inspiring. Our story is valid, worth telling, but one that many individuals do not know. The information is available it just has to be spread around. The voluntary hospitals have professional recruiting programs.
- b. Establishment of a professional public relations program to improve the image of nursing in State service and to focus attention on careers in State service. This could be handled without a great

deal of difficulty by the Division of Personnel. We have the materials, we have the staff, we just are not doing anything in the area of recruitment. Each institution has a small budget for advertising locally but for the most part this is not very effective. A budget must be allocated for this purpose and a continuing program developed. This cannot be a one shot affair. If Massachusetts intends to get her share of professional nurses she has to go out and get them. They will not have any success without a concentrated continuing recruiting program. This would include preparation of a recruiting kit to be sent out to college placement offices and to be forwarded to anyone who inquires about a career in Massachusetts State service.

- c. We do not have much of a problem attracting students to our LPN programs. Our problem is retaining graduates upon completion of the program. The Committee feels that the State should be getting more return for its investment and recommends the adoption of a work contract for student nurses in our facilities.

IV. PATIENT CARE

- a. Types of services to be provided in each institution need to be more clearly defined with definite lines of authority and responsibility.
- b. Staffing patterns for all services need to be determined in line with objectives and standards of patient care in each institution.
- c. Provision needs to be made within institutions and between departments for interdisciplinary (Doctor-Nurse-Administrator) communication in order to improve and coordinate patient care.

- d. The quality of patient care in State service can be improved only through an active recruitment program.
- e. Opportunity for experimentation with new methods of providing patient care are needed - possibly endowed by research grants.
- f. Where it is practical, forms and procedures should be standardized in order to provide significant patient care data which can be used for evaluating and improving State Health facilities.
- g. Preparation of patient for discharge through a teaching program, and continuity of patient care after discharge should be emphasized as integral parts of patient care plan.

V. EDUCATION

- a. Education must be considered not merely in terms of a single, initial point of entry into State service but also in terms of in-service training for the advancement of present employees. The activities of the Committee have already brought about a number of advances in this area but more must be done. A Skills Inventory of Registered Nurses in State service is being conducted at this time and the results of this inventory will set the groundwork for advances in continuing education for our employees.
- b. Implementation of findings developed through the Skills Inventory.
- c. Establishment of a positive in-service training program.
- d. Improved basic education for Registered Nurses.
- e. Provide for more research programs in Nursing.
- f. Establish guidelines for training ancillary personnel.
- g. Standardize means of assessing nursing capabilities.

APPENDIX III

In-Service Training By Department
Areas of Specialization and Number of R.N.'s Wanting Training

Department of Mental Health

Psychiatry	400
Rehabilitation	175
Mental Retardation	173
In-Service Education	120
Geriatrics	107
Admin/Nursing Service	104
Medical & Surgical	90
Intensive Care	67
Teach/School of Nursing	63
Public Health Nursing	61
Pediatrics	46
Chronic Disease	41
Kidney Dialysis	34
Operating Room	31
Admin/School of Nursing	17
Recovery Room	17
Obstetrics	15

Department of Public Health

In-Service Education	83
Geriatrics	72
Rehabilitation	66
Medical & Surgical	62
Kidney Dialysis	61
Intensive Care	60
Chronic Disease	58
Psychiatry	39
Admin/Nursing Service	35
Pediatrics	33
Public Health Nursing	31
Mental Retardation	26
Recovery Room	23
Teach/School of Nursing	23
Operating Room	21
Obstetrics	14
Admin/School of Nursing	7

Department of Correction

Psychiatry	9
Rehabilitation	6
In-Service Education	5
Teach/School of Nursing	4
Medical & Surgical	3
Admin/Nursing Service	3
Mental Retardation	3
Geriatrics	1
Pediatrics	1
Obstetrics	1

Soldiers Homes

Medical & Surgical	32
Rehabilitation	23
Intensive Care	23
Kidney Dialysis	20
Recovery Room	17
Geriatrics	12
Chronic Disease	12
Psychiatry	12
Admin/Nursing Service	11
In-Service Education	9
Teach/School of Nursing	7
Public Health Nursing	6
Mental Retardation	5
Pediatrics	4
Admin/School of Nursing	4
Operating Room	3
Obstetrics	3

APPENDIX IV

Areas of Teaching Experience
Registered Nurses with Bachelor's or Graduate Degrees
in State Service

Area of Teaching Experience	Department			TOTAL
	Correction	Mental Health	Public Health Soldiers Homes	
Psychiatric Nursing		66	1	67
Medical & Surgical		18	11	31
In-Service Education		20	4	27
Public Health Nursing		8	10 2	18
Basic Nursing		14	3	17
Practical Nursing		3	12 1	16
Mental Retardation		13	1	14
Maternal and Child Health		6	3	9
Orthopedic Nursing		4	4	8
General Nursing		1	7	8
Pediatrics		4	4	8
L.P.N. Classes	1	3	1 1	6
Pharmacology		2	4	6
Sciences		3	3	6
Anatomy and Physiology		2	3	5
Rehabilitation		1	4	5
Management Training		1	2 1	4
Neurological Nursing		3		3
History of Nursing		1	2	3
Microbiology		2	1	3
Operating Room Techniques		2		1 3
Geriatrics		2		1 3
Tuberculosis Nursing		1	2	3

APPENDIX V

Schools of Nursing in Massachusetts*
 (1) Accept R.N.'s in Baccalaureate Programs
 (2) Have Graduate Programs

<u>College/University</u>	<u>School or Department</u>	<u>Degree Program</u>	<u>Area of Specialization</u>	<u>General Description</u>
Boston College Chestnut Hill, Mass. Tel. 969-0100	School of Nursing	B.S. - Nursing	None	4-year program plus one intercession in an affiliating public health situation; proficiency examinations available.
	Graduate School of Arts & Sciences, Dept. of Nursing	M.S. - Nursing	1. Maternal-Child Health 2. Psychiatric Mental Health	2-year program; advanced study for clinical specialization, teaching and administrative roles.
			3. Community Health 4. Medical-Surgical	1-1/2 year program; prepares for teaching and administrative roles.
Boston University Commonwealth Avenue Boston, Mass. Tel. 353-2000	School of Nursing	B.S. - Nursing	None	4 year program; proficiency examinations available.

SOURCE: College catalogues and Massachusetts Health Manpower Training, Part II, in 4-Year Colleges and Universities, 1968 Inventory, (Jamaica Plain, Mass.: Training Center for Comprehensive Care, 170 Morton Street, 1968), pp. 38-39.



<u>College/University</u>	<u>School or Department</u>	<u>Degree Program</u>	<u>Area of Specialization</u>	<u>General Description</u>
Boston University (continued)	School of Nursing	M.S. - Nursing	1. Medical-Surgical	2-year program.
			2. Maternal and Child Health	2-year program.
		3. Rehabilitation	2-year program, including a clinical rehabilitation period.	
		4. Public Health Nursing	2-year program.	
		C.A.G.S.	1. Rehabilitation 2. Juvenile Delinquency 3. Advanced Maternal and Child Health	After the M.S., one semester.
	Graduate School	Doctor of Nursing Science	Psychiatric Nursing	3-5 years; supervision of hospital nursing service, admin. of hospital nursing services, coord. on in-service education, psychiatric nursing.

Simmons College
300 The Fenway
Boston, Mass.

Dept. of Nursing

B.A. - Nursing

None

4-year program; no proficiency examinations given.

Tel. 738-2000

<u>College/University</u>	<u>School or Department</u>	<u>Degree Program</u>	<u>Area of Specialization</u>	<u>General Description</u>
University of Massachusetts Amherst, Mass.	School of Nursing	B.S. - Nursing	None	4-year program, proficiency examinations available.
Te1. 413-545-0111	Graduate School	M.S. - Nursing	Medical-Surgical	To prepare for clinical specialization, supervision and administration of nursing, and teaching of nursing.

APPENDIX VI

Following is a summary of various federal programs which provide financial assistance to students in degree and short-term nursing education and training programs. Each program is outlined under the following topics: purpose, eligibility, allocation, amount/duration, comments and information.

- I. Allied Health Professions Personnel Training Act
 - A. Educational Opportunity Grants
 - B. Contracts to Encourage Full Utilization of Nursing Education Talent
- II. Economic Opportunity Act
 - Work-Study Program
- III. Mental Health
 - Hospital In-Service Training Program
- IV. National Defense Education Act
 - Student Loan Program
- V. Nurse Training Act
 - A. Traineeships
 - B. Student Loans
- VI. Public Health Act
 - A. Traineeship Grants
 - B. Short-Term Training Grants
 - C. Research Training Grants

I. ALLIED HEALTH PROFESSIONS PERSONNEL TRAINING ACT of 1966

(P.L. 89-751) Part D, Title VIII, of the Public Health Service Act as amended, 42 U.S.C. 298c-1, c-7.

A. Educational Opportunity Grants

- Purpose** - The purpose of this program is (1) identify qualified youths of exceptional financial need and encourage them to complete secondary school and undertake post-secondary educational training in the field of nursing, or (2) publicize existing forms of financial aid for nursing students including aid furnished under this section.
- Eligibility** - Undergraduate programs in public and nonprofit private schools of nursing that meet criteria established by the Secretary of Health, Education, and Welfare.
- Allocation** - Grants are made to schools. Recipients are selected by the schools. Students must be full time, show academic promise, and be of exceptional financial need.
- Amount/Duration** - Scholarships can amount to \$1,500 per school year. If this is not sufficient to meet need, recipient is eligible to participate in other aid programs. Duration of the grant shall be the period required to complete program.
- Comments** - 1967 Appropriation = \$500,000.

B. Contracts to Encourage Full Utilization of Nursing Educational

Talent

- Purpose - (Same as above.)
- Eligibility - State and local educational agencies and other public or nonprofit organizations and institutions.
- Allocation - Department of Health, Education and Welfare can enter into contracts not to exceed \$100,000 per year.
- Comments - 1967 Appropriation = \$3,000,000.

For further information, contact:

Division of Nursing
Bureau of Health Manpower
Public Health Service
U.S. Department of Health, Education, and Welfare
9000 Rockville Pike
Bethesda, Maryland 20014

II. ECONOMIC OPPORTUNITY ACT of 1964

(P.L. 88-452) as amended, 42 U.S.C. 2751-2761.

Work-Study Program

Purpose

- To stimulate and promote the part-time employment of students in institutions of higher education who are from low-income families and are in need of earnings from such employment to pursue courses of study at such institutions.

Eligibility

- Any student who (1) is from a low-income family, (2) is in need of the earnings from such employment in order to pursue a course of study at an institution of higher education, (3) is capable, in the opinion of the institution, of maintaining good standing in such course of study while employed under the program, and (4) has been accepted for enrollment as a full-time student at the institution or, in the case of a student enrolled in and attending the institution, is in good standing and in full-time attendance there either as an undergraduate, graduate, or professional student.

Allocation

- Money appropriated under this section is divided among the states by a formula based upon (1) the number of students in institutions of higher education, (2) the number of high school graduates, and (3) the number of children under 18 years of age living in

families with annual incomes of less than \$3,000. Grants are made to institutions of higher education under contracts entered into by the Director of the Office of Economic Opportunity and the institutions.

- Amount/Duration** - Students are to be employed by the institutions or by a public or private nonprofit organization under an arrangement with the institution. The work is to be related to the student's educational objective or be in the public interest and will not displace employed workers. Students are not to work more than 15 hours in any week in which classes in which he is enrolled are in session.
- Comments** - 1967 Appropriation = \$134,000,000.

For further information, contact:

Division of Student Financial Aid
Bureau of Higher Education
Department of Health, Education, and Welfare
400 Maryland Avenue, S.W.
Washington, D.C. 20202

III. MENTAL HEALTH

42 U.S.C. 242a

Hospital In-Service Training

- | | |
|-----------------|---|
| Purpose | - To increase the effectiveness of staff in mental hospitals and to translate rapidly increasing knowledge into more effective services to people. |
| Eligibility | - Priority support goes to personnel involved in direct patient care; however, applications for in-service training of additional types of personnel will be accepted for consideration. |
| Allocation | - Applications must be submitted by the superintendent or the person administratively responsible for the mental hospital. Attention is given in evaluating the applications to the merit of the proposal and the adequacy of the leadership, faculty and facilities. |
| Amount/Duration | - The maximum grant to a single institution may not exceed \$25,000 in any one year. |
| Comments | - 1967 Appropriation = \$6,850,000. |

For further information, contact:

Division of Manpower and Training Programs
National Institute of Mental Health
Public Health Service
Department of Health, Education, and Welfare
9000 Rockville Pike
Bethesda, Maryland 20014

IV. NATIONAL DEFENSE EDUCATION ACT of 1958

(P.L. 85-864) as amended, 20 U.S.C. 421.

Student Loan Program

- Purpose** - To provide for the establishment of loan funds at colleges and universities to enable college students to obtain low-interest loans to pursue their courses of study.
- Eligibility** - Undergraduate and graduate students attending school full-time or half-time who need money to go to college.
- Allocation** - Funds are allotted to states in the proportion that the full-time college enrollment in the particular state bears to the total of such enrollment. Within each allotment, funds are allocated among public and private institutions on the basis of approved institutional requests.
- Amount/Duration** - Undergraduate students may borrow up to \$1,000 each academic year and graduate students up to \$2,500. Total loans for individual students are limited to \$5,000 for undergraduate and graduate work combined.
- Comments** - Repayment to the lending institution extends over a 10-month period beginning 9 months after the borrower ceases full- or half-time study. Interest at 3 percent starts to accrue at the beginning of the period.

1967 Appropriations = \$193,115,000.

For further information, contact:

Division of Student Financial Aid
Bureau of Higher Education
Office of Education
Department of Health, Education, and Welfare
400 Maryland Avenue, S.W.
Washington, D.C. 20202

V. NURSE TRAINING ACT of 1964

(P.L. 88-581) as amended, 42 U.S.C. 297, 297a-h.

A. Traineeships

Purpose

- To increase the number of graduate nurses with preparation for leadership positions as administrators, supervisors, nurse specialists, and teachers in all fields of professional nursing specialties determined by the Surgeon General to require advanced training.

Eligibility

- Long-term: Available to professional nurses for full-time study. Schools select trainees from applicants who meet admission requirements of the school and are able to qualify in terms of academic standing, personal qualifications and financial need. Available for baccalaureate and post-baccalaureate programs.

Short-term: To provide nurses in leadership positions who are unable to undertake full-time study with opportunities for intensive training to update leadership skills. Includes stipend and tuition.

Allocation

- Long-term: Awards are made to colleges and universities offering academic programs which meet criteria established by the Division of Nursing. Allocations are made on the basis of the schools demonstrated ability to use the funds.

Short-term: Public or nonprofit private educational

institutions, professional organizations, and health agencies may apply for grants.

Payments may be used only for traineeships and shall be limited to such amounts as the Surgeon General finds necessary to cover the costs of tuition and fees, and a stipend and allowances (including travel and subsistence expenses) for the trainees.

- Amount/Duration** - Maximum of 24 months: 12 months of baccalaureate study, 18 months of post-baccalaureate study, 12 months of post-master's study.
- Comments** - 1967 Appropriations = \$10,000,000.

B. Student Loan Program

Purpose - To enable students in need of aid to finance their nursing education through long-term, low-interest loans.

Eligibility - All public and nonprofit private schools of nursing are eligible to participate if accredited by the National League for Nursing. Loans may be made only to students pursuing a full-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree or a diploma in nursing, or to a graduate degree in nursing. A loan may be made only to a student who (A) is in need of the amount of the loan and, (B) is capable, in the opinion of the school, of

maintaining good standing in such course of study. In the granting of such loans, a school shall give preference to licensed practical nurses and to persons who enter as first-year students after September 4, 1964.

Allocation

- Funds are distributed to schools with which the Secretary has entered into student loan fund agreements. Each school is responsible for selecting recipients. Loans are repayable to the school over a 10-year period which begins one year after the student completes or otherwise ceases to pursue the prescribed full-time course of study, at the rate of not less than \$15 per month.

Amount/Duration

- The total of the loans for any academic year may not exceed \$1,500 in the case of any student. The aggregate of the loans for all years from such funds may not exceed \$6,000 in the case of any student.

Comments

- The act specifies that the school may cancel a portion of the loan and interest if after graduation the borrower is employed full-time as a professional nurse (including teaching in any of the fields of nurse training and service as an administrator, supervisor, or consultant in any of the fields of nursing) in a public or private nonprofit institution or agency. Ten percent of the amount of the loan

plus interest which remains unpaid on the first day of employment is cancellable for each complete year of employment, up to a maximum of 50 percent of the total loan.

1967 Appropriation = \$16,800,000.

For further information, contact:

Training Resources Branch
Division of Community Health Services
Public Health Service
Department of Health, Education, and Welfare
9000 Rockville Pike
Bethesda, Maryland 20014

VI. PUBLIC HEALTH SERVICE ACT of 1944

42 U.S.C. 241(d), 242(a)(1), 242d, 282(c), 287a(g), 288a(f), 289c(a)(d)(e)(q)

A. Traineeship Grants

- Purpose** - To increase the number of trained public health personnel and to bring new professional health workers into the field through the opportunities for graduate or specialized public health training.
- Eligibility** - Grants are made to universities and colleges with baccalaureate programs in nursing accredited by the National League for Nursing to which graduates of diploma and associate of arts degree programs are admitted. Traineeship grants may be awarded to graduate registered nurses preparing for first-level positions in public health nursing.
- Allocation** - Traineeships are awarded to individuals by two methods: (1) by schools which received grant funds from the Public Health Service for this purpose, (2) directly by the Public Health Service to individuals who have been accepted by schools which do not have such grants.
- Amount/Duration** - Payments may be made in advance or by way of reimbursement. Such payments to institutions may be used only for traineeships, and payments with respect to any traineeship shall be limited to such amounts as the Surgeon General finds necessary to cover the cost of tuition and fees, and a stipend

and allowance for the trainee.

B. Short-term Training

Purpose - (1) To assist in increasing the competence of professional health personnel by enabling them to engage in intensive, short-term public health training designed to update their knowledge and skills relating to the programs in which they are engaged; and (2) To decrease the time lag between discovery of new knowledge in the field of public health and its effective application in public health practice.

Eligibility - Public and nonprofit private institutions which are prepared to provide graduate or specialized short-term training for professional health personnel may receive grants to support individuals during the training. Not eligible for regular courses usually given for credit, for in-service training courses designed only for employees of a single agency, including counterpart agencies within a single state.

Allocation - Same as above.

Comments - 1967 Appropriation = \$8,000,000 for both programs.

For further information, contact:

Division of Allied Health Manpower
Bureau of Health Manpower
Public Health Service
Department of Health, Education, and Welfare
9000 Rockville Pike
Bethesda, Maryland 20014