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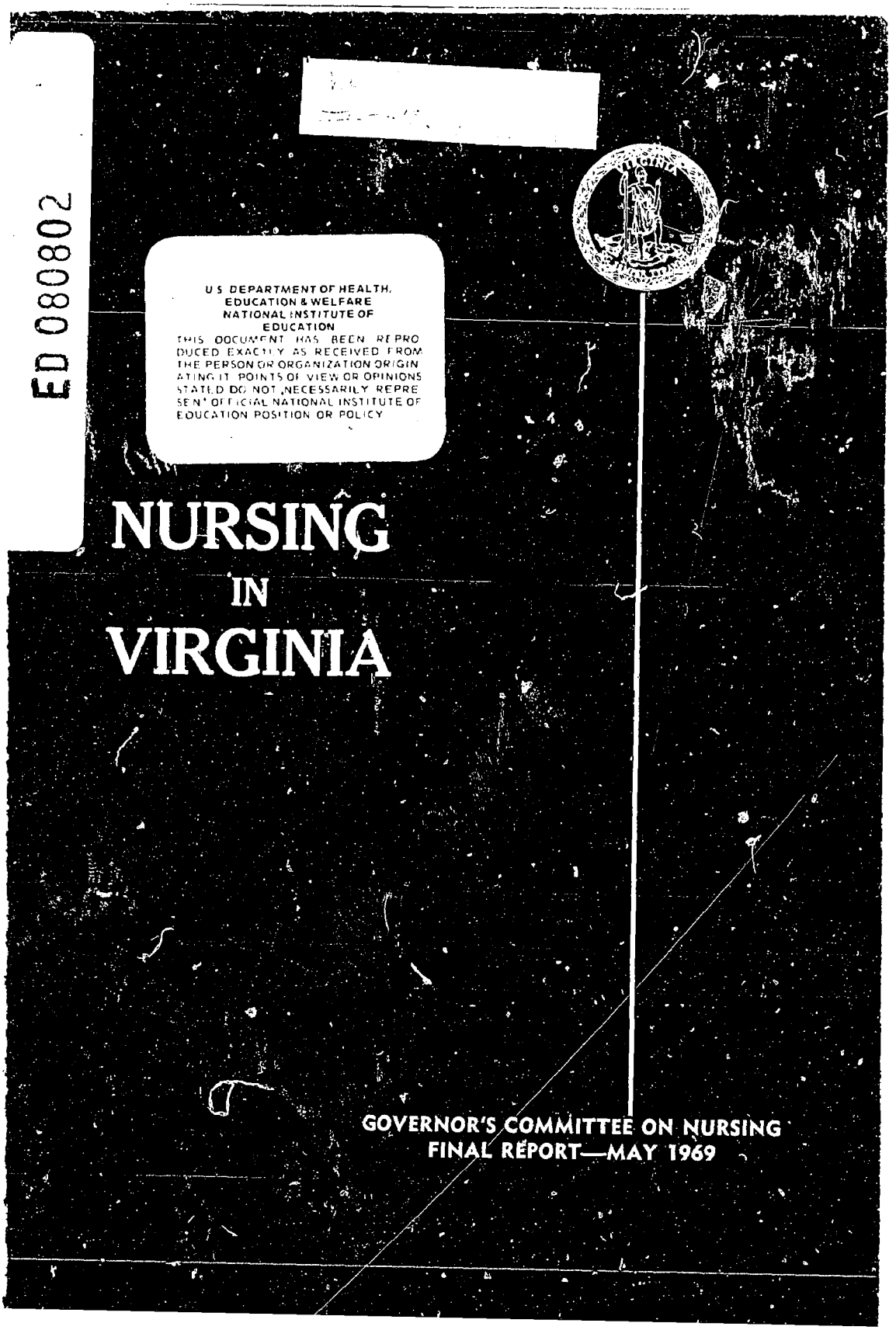
ABSTRACT

Prefacing its comments with an explanatory note concerning the reason for its organization, purpose, and procedure, the Committee utilizes half its report statistically documenting various factors in nursing practice and nursing education in Virginia. The statistics are based on a study, "Nursing and Health Care in Virginia", by Thomas C. Barker and Benjamin T. Cullen and reveal a nursing shortage in that state. The second half of the report consists of the recommendations suggested by the Committee in the areas of practice in nursing, working environment of nurses, recruitment, selection and retention of nursing students, education of nurses, cooperation and coordination in planning and delivery of health services, and financial support for nursing education and nursing practice. Two appendixes geographically locating Virginia cities and counties by region completes the report. For previous studies see "A Report of Progress, Dec., 1967" and "Future Patterns of Health Care with Emphasis on Utilization of Nursing Personnel", 1968. (AG)



NURSING
IN
VIRGINIA

Submitted by:

Governor's Committee on Nursing

To His Excellency, Mills E. Godwin, Jr.
Governor of the Commonwealth of Virginia

COMMONWEALTH OF VIRGINIA

GOVERNOR'S COMMITTEE ON NURSING

May 1969

The Honorable Mills E. Godwin, Jr.
Governor of Virginia

Dear Governor Godwin:

It is my pleasure to present this final report on behalf of the Governor's Committee on Nursing. The facts identified by the Committee, regarding the practice of nursing and the insufficient supply of nurses, verify the need for the study which you authorized.

At the present time, the schools of nursing which are educating diploma, associate-degree and baccalaureate-degree nurses are not graduating a sufficient number to meet the needs of the State. In fact, in 1967 these schools graduated a tatal of 649 nurses in the same year in which 1,264 nurses from other states were endorsed in Virginia and in which 755 from Virginia were endorsed to practice elsewhere.

The number of active registered nurses in the Commonwealth, whether educated in Virginia or in other states, is considerably below the current needs of our hospitals, extended care facilities, public health services, and the many other services in which nurses are required. As provisions for medicare and medicaid are expanded and as the expectations for more health care on the part of the growing population increase, we predict that the strains from an insufficient supply will become even more intense.

In the following report, your Committee has endeavored to face these issues. Placing much emphasis on planning and cooperation in recruitment, in education, and in the delivery of health care, the Committee has formulated specific recommendations in each of these areas of concern.

Although the implementation of some of these proposals will be dependent on the enactment of legislation by the General Assembly, most of the recommended changes will depend directly upon a wide realization of the gravity of the situation and the response of the members of the nursing and other health professions, administrators, members of governing boards, state officials, and the public.

The members of the Committee have enjoyed their assignment and trust that their recommendations will lead to further improvements in the provision of health care to the citizens of the Commonwealth of Virginia.

Respectfully submitted,

S. W. Rawls, Jr.
Chairman

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CHAPTER I

INTRODUCTION

The Committee, appointed by The Honorable Mills E. Godwin, Jr. in the latter part of 1966 and known as the Governor's Committee on Nursing, is pleased to present this final report.

CHARGE TO THE COMMITTEE

In Governor Godwin's letter of appointment to the members of the Committee, he stated that "the recent report of the Virginia Commission on Higher Education re-emphasized the need for a coordinated effort to solve the nurse shortage in the State and recommended further study of the factors contributing to the shortage and means of alleviating it." He further stated that a "representative committee should be established to conduct such a study."

The Committee was charged to look at the following factors:

1. The needs for nurses in the State, with projections for the next ten years;
2. A determination of the types of educational programs and the auspices under which each type of program should be offered in order to provide an adequate and highly qualified supply of the several classifications of nurses essential to meet future needs of the Commonwealth;
3. Plans and procedures for attracting persons into nursing education programs in sufficient numbers to meet State needs; and
4. Means of returning to the profession qualified nurses who are not now practicing and whose skills could help relieve existing shortages.

ISSUES IN NURSING

Soon after the Committee began its investigations, it became apparent to the members that the issues in nursing are manifold and are intimately related to the rapidly changing patterns of health care. In *A Report of Progress* in December 1967, the Committee noted that the large increase in population, the growing expectations of the public for health care, the needs for additional medical facilities and personnel to meet growing demands, wider health insurance coverage, and the enlarging involvement of government in planning and in imple-

menting Federal health care programs, as well as in financial support, are some of the social factors exerting a direct influence on nursing.

The expansion of medical knowledge for the diagnosis and treatment of disease and assignments of more responsibilities by physicians to professional nurses are forcing the latter to perform highly specialized tasks and to use more independent judgment in meeting these responsibilities. The results have been a transformation in the profession of nursing from a simple pattern of bedside care in which the nurse largely learned her profession in the setting of a hospital and worked singly and closely with the physician or surgeon. Although the hospital-based schools continue to produce the largest percentage of nurses, an increasing number are now being educated in colleges and universities and are practicing their profession in a multiplicity of various settings.

In recent years the Commonwealth of Virginia has experienced the development of additional baccalaureate-degree programs, the initiation of a master's degree program, and the development of an increasing number of two-year associate-degree programs in the community colleges. Concurrently, the diploma programs in the hospital schools have been confronted with financial pressures and other difficulties at a time when the needs for nursing personnel have been rapidly expanding both in the state and throughout the nation.

Today nurses may serve in a variety of roles important to the health care delivery system. For example, she (there are still only a few male nurses) may be employed as a general duty nurse, a private duty nurse, a supervisor or administrator of nurses in a large, medium, or small hospital, or she may serve in a nursing home or other specialized health care institution. She may be engaged in public health nursing, or in occupational (industrial) health work, or she may assist a physician in his office. She may be employed by one of the state or national nursing organizations or may serve as a nurse educator in a school of practical nursing, a hospital-diploma program, a junior college associate-degree program, or a bachelor's, master's, or doctoral program in a college or university. Further, she may be retired from nursing, either temporarily or permanently. The turnover in nursing practice seems to be among the highest of any vocation—more than three times as high as that of female teachers.

Furthermore, this wide diversity of nursing responsibilities and the multiplicity of types of educational programs preparing nurses are complicated by the dynamic force of social change. The patterns of health care are being transformed so rapidly that it is difficult for the physicians, the nurses, the administrators of health services, and the

myriad of other related personnel to be assured of their respective places and responsibilities as members of the expanding health team.

The Committee recognized early in its investigations the intimate relationship that nursing bears to each of the health professions. Accordingly, in its conduct of the study and in its deliberations, the Committee gave serious consideration to the views of other professions involved in health care and to the views of the general public, state officials, and representatives of governing boards of health care facilities, as well as those of nurses.

ACTIVITIES OF THE COMMITTEE

Prior to the appointment in May 1967 of William K. Selden as the Director of the study, the Committee had sought advice and information from a number of different sources both within the Commonwealth of Virginia and in other parts of the country. Among the organizations outside of the state which have been of assistance are the American Nurses' Association, National League for Nursing, American Hospital Association, American Medical Association, Kellogg Foundation, Old Dominion Foundation, Southern Regional Education Board, Western Interstate Compact for Higher Education, United States Public Health Service, and the National Commission for the Study of Nursing and Nursing Education.

Following the appointment of the Director, and subsequent to the appointment of Thomas C. Barker as Associate Director for Research, and Benjamin T. Cullen, Jr., as the special consultant, the activities of the Committee were divided into four main phases. These were: (1) the conference on future patterns of health care; (2) the compilation into a separate report of factual and statistical information about nursing in the Commonwealth of Virginia; (3) the public hearings held in the fall of 1968; and (4) the meetings of the Committee and of the Executive Committee to consider, discuss, and resolve its final recommendations, which are contained in this report.

Conference on Future Patterns of Health Care

On March 24-26, 1968, the Governor's Committee on Nursing, The Medical Society of Virginia, the Virginia Hospital Association, and the Virginia Nurses' Association co-sponsored a conference at Williamsburg on the subject of "future patterns of health care, with emphasis on utilization of nursing personnel." More than one hundred individuals from different regions in Virginia were invited to participate. They included representatives of different fields, including

nursing, medicine, hospital administration, dentistry, pharmacy, law, business, communications, education, as well as state and federal government officials, members of the General Assembly, hospital trustees, and members of other health professions and social organizations. Furthermore, the conference had the benefit of resource persons, whose professional knowledge in the subject of the conference had been gained outside the Commonwealth of Virginia.

The intangible benefits of the conference were demonstrated by the enthusiasm with which the participants, many of whom for the first time, discussed issues related to health care with members of other professional groups and jointly endeavored to develop constructive answers to the questions prepared in advance of the conference. The tangible benefits were represented by the printed report, *Future Patterns of Health Care with Emphasis on Utilization of Nursing Personnel,* copies of which were widely distributed throughout the State and also mailed in response to many requests from other parts of the country.

The observations presented by the participants at this conference have been of direct benefit to the Committee as it prepared its final recommendations. These observations emphasized the point that *the adequacy of health care depends as much on the manner in which it is organized as upon the numbers of nurses available.*

Report of Factual and Statistical Information

Following several months of analysis and preparation, *Nursing and Health Care in Virginia* was issued by the Committee in August 1968. This report contained statistical information with respect to the practice of nursing and to the education of nurses and stated facts about other allied health professions in Virginia with which nursing practice is closely associated.

Dr. Barker and Dr. Cullen were responsible for the compilation of this material on which most of the statistical information contained in this final report is based. They were assisted by students in the School of Hospital Administration of Virginia Commonwealth University. The value of the report was enhanced by the cooperative manner in which the hospitals and other health care institutions throughout the state provided information to the analysts.

Public Hearings

In order to obtain the benefits of observations and suggestions from various individuals experienced in and concerned with health care, the

Committee conducted public hearings in Roanoke on October 10 and in Richmond on October 17, 1968. Announcements of these hearings were mailed to approximately two hundred individuals and organizations and were also carried in many newspapers.

At the hearings, statements were presented by 23 individuals representing various professional health organizations and state government agencies. In addition, on December 3, 1968, five directors of nursing services from different sections of the state appeared before the Committee. All of these statements provided helpful information and many contained suggestions which were given serious consideration by the Committee as it prepared its final recommendations.

Committee Meetings

During its two and one-half years of existence, the Committee met 17 times in either one-day or two-day meetings. In addition, the Executive Committee met on other occasions as did the various subcommittees. In some of these sessions John P. Lynch, M.D. of Richmond served as a consultant.

Throughout its deliberations the members of the Committee were aware of the implications of the following statements contained in the *Report of the National Advisory Commission on Health Manpower* (Volume 1, November 1967, U. S. Government Printing Office).

> The adequacy of health services depends as much upon the organization of health personnel and their combination with other resources as it does upon their numbers alone . . .
>
> But the organization of health services has not kept pace with advances in medical science or with changes in society itself. Medical care in the United States is more a collection of bits and pieces (with overlapping, duplication, great gaps, high costs, and wasted effort), than an integrated system in which needs and efforts are closely related . . .
>
> Because the present system channels manpower into inefficient and inappropriate activities, added numbers by themselves cannot be expected to bring improvements. Furthermore, the additional numbers for which plans must be made can be soundly determined only after we reshape our system of health care.

The Committee has endeavored to provide information in Chapter II as a response to its first charge; namely, to determine "the needs for nurses in the state, with projections for the next ten years." It realized, however, that our system of health care will be rapidly under-

going further changes within the coming few years, and these changes will influence the demands for health personnel of different categories and their deployment. Consequently, attempts at definite predictions as to numbers of nurses to be needed ten years hence and in what categories will be no more than gross estimates.

Because of these anticipated changes in the patterns of delivery of health care, the Committee wishes to call special attention to its recommendations, numbered E-1 through E-9 in Chapter VII, relating to cooperation and coordination. In his speech at the Williamsburg Conference on this subject of future patterns of health care, Boisfeuillet Jones, president of the Emily and Ernest Woodruff Foundation noted:

> As a nation we are at a point of choosing one of two alternatives. Either we develop a system of delivering health services to all of the American people in a comprehensive way, relying on our traditional patterns of autonomy and diversity of local control with partnership among levels of government and the private sectors; or we will be confronted with the necessity, through public demand for services, of relying on a national system of health care operated according to uniform patterns. Unless we do much better in the years immediately ahead than we have done in the past, the pressures of demand for health services will lead to some kind of national system.

Not only does the Committee agree with this observation, but also it believes that successful long-range planning for the delivery of health care is dependent to a great extent on a pervasive spirit of cooperation among the various segments of the health care industry, among the professions providing health care, and among the state agencies which share responsibility for the planning and for the supervision of much of the care of the citizens of the Commonwealth of Virginia.

For a number of years public attention has been called to the regional and national needs for more nurses. As has been the case with the many other state studies of nursing, this one in Virginia was prompted primarily by an insufficient supply relative to demand. The Committee is not convinced that the total needs for nurses will ever be met. However, it is convinced that greater cooperation and coordination will significantly reduce the magnitude of the present "shortage." Concurrently, other measures should be adopted to stimulate the increase in supply.

The measures are identified in Chapter III (recommendations A-1 through A-5), Chapter IV (recommendations B-1 through B-4), Chapter V (recommendations C-1 through C-8), Chapter VI (recommen-

dations D-1 through D-8), and Chapter VIII (recommendations F-1 through F-5). These chapters and recommendations are concerned with the actual practice of nursing and the working environment for nursing practitioners, their recruitment, selection, education, and retention. Chapter VIII, with its recommendations F-1 through F-5, indicates proposed financial costs for strengthening of nursing education and for eventual and further improvements in nursing service. In all of these chapters there are specific recommendations for implementation w' 'ch are summarized in the concluding Chapter IX.

CHAPTER II

NURSING IN VIRGINIA

On the invitation of the Governor's Committee on Nursing, the School of Hospital Administration of the Medical College of Virginia, Health Sciences Division of the Virginia Commonwealth University, prepared a source document entitled *Nursing and Health Care in Virginia.* This document included areas of inquiry essential for the investigation based on Governor Godwin's charges to the Committee. The information in the document provided certain quantitative data relating to nursing in Virginia for the period 1957 through 1967.

This chapter offers a summary of the major findings in *Nursing and Health Care in Virginia*, plus some other available information. The summary initially served as a point of reference for the deliberations and discussions of the members of the Committee as it developed its recommendations for the improvement of nursing practice and nursing education in the Commonwealth. The summary has also been prepared to assist interested persons to recognize the past and current status of the practice of nursing and the education of nurses in the Commonwealth.

The following section on practice of nursing includes summary information on the number of nurses, their fields of employment, educational attainment, migration, geographical distribution, age, marital status, licensure, salaries, working conditions, and nursing personnel functions. The latter section in this chapter on nursing education includes information on types of programs, numbers of schools, location of programs, student statistical data, and faculties of nursing education programs.

A special notation at this point in the presentation must be offered. There is in operation at this time no program which maintains a comprehensive state or national health manpower inventory. Thus, different sources often provide dissimilar statistics and much of the data in this report must be recognized as projections and estimates.

NURSING PRACTICE IN VIRGINIA

Number of Nurses

The number of professional nurses registered in Virginia increased 60 per cent from 1957 through 1968. Between these dates the total

number of registered nurses rose from 12,490 to 20,922—a net increase of 8,432 persons.

Unfortunately, migration and attrition in the nursing profession, occasioned by relocation, death, and more particularly, by those persons temporarily or permanently changing to an inactive status, presents a less attractive picture of the professional nurse supply for the Commonwealth. Therefore, the active nurse population rose from 7,719 in 1957 to 14,248 in 1968, for a net increase of 6,529 in comparison to the total increase of 8,432 professional nurses during this same period.

TABLE 1

Number and Percentage of Registered Professional Nurses, Active and Inactive, in Virginia: Selected Years 1957-1968

Year	Total Registered Nurses	Per Cent	Active Registered Nurses	Per Cent	Inactive Registered Nurses*	Per Cent
1957	12,490	100	7,719	61.8	4,771	38.2
1960	14,568	100	9,836	67.5	4,732	32.5
1962	15,095	100	10,350	68.6	4,745	31.4
1964	16,694	100	11,346	68.0	5,348	32.0
1966	18,845	100	12,693	67.4	6,152	32.6
1967	19,506	100	13,191	67.6	6,315	32.4
1968	20,922	100	14,248	68.1	6,674	31.9

*Includes nurses residing in other states; in 1968 they totalled 2,224.

NOTE: Active nurses include those renewing registrations, new examinees, and transfers in by endorsement. Inactive includes those who stipulated they are not actively employed and those who renewed certificates while residing in a different state from Virginia.

It can be noted from Table 2 that the increase from 4,372 in 1960 to 7,537 in 1968 represents a net growth of 3,165, or an increase of 72.4 per cent during the period. The gain of active licensed practical nurses represents a total of 2,461 during the same period.

Instead of presenting a numerical comparison of the supply of active registered and licensed practical nurses in Virginia with similar statistics

for the entire United States, estimated ratios of active nurses to 100,000 population is provided in Table 3.

TABLE 2

Number and Percentage of Licensed Practical Nurses, Active and Inactive, in Virginia: Selected Years 1960-1968

Year	Licensed Practical Nurses	Per Cent	Active Licensed Practical Nurses	Per Cent	Inactive Licensed Practical Nurses*	Per Cent
1960	4,372	100	3,165	72.4	1,207	27.6
1962	4,612	100	3,215	69.7	1,397	30.3
1964	5,476	100	4,117	75.2	1,359	24.8
1966	6,279	100	4,823	76.8	1,456	23.2
1967	6,840	100	5,314	77.7	1,526	22.3
1968	7,537	100	5,626	74.6	1,911	25.4

*Includes nurses residing in other states; in 1968 they totalled 896.

NOTE: Active practical nurses include those renewing registrations, new examinees, and transfers in by endorsement. Inactive includes those who stipulated they are not actively employed and those who renewed certificates while residing in a different state from Virginia.

The following table offers only a comparison between the national average and the Commonwealth average. It can be observed that since 1957 the state ratios have consistently been below the national figures. However, in terms of a proposed ratio to meet the demands of health delivery, the Report of the Surgeon General's Consultant Group on Nursing, *Toward Quality in Nursing–Needs and Goals* (1963), recommended a ratio of 400 or more nurses for each 100,000 population by 1970. The publication of the Southern Regional Education Board, *Statewide Planning for Nursing Education* (1967), offers further projection of needs as approximately 450 registered nurses per 100,000 persons in the population by 1975. Therefore, in terms of projected ratios of 400 or 450, it is evident that a severe undersupply of registered nurses will occur throughout the United States, and even more especially in the Commonwealth of Virginia.

TABLE 3

Estimated Ratio of Nurses to 100,000 Population
in the United States and in Virginia:
Selected Years 1957-1968

	Registered Nurses			Licensed Practical Nurses		
Year	United States	Virginia	Difference	United States	Virginia	Difference
1957	271	199	72	*	*	*
1960	282	248	34	115	80	35
1962	298	251	47	122	78	45
1964	306	263	43	131	96	35
1966	319	280	39	145	107	38
1967	325	287	38	152	116	36
1968	331	303	28	161	120	41

*Information not available.

The Committee was aware of the dangers inherent in relying on the ratio of nurses to population as an effective guide in anticipating present and future needs. Obviously such projections deal with many intangibles, including forces which affect nursing functions, such as advances in medical technology, nursing specialization, and the functions of emerging health care professions which tend to relieve nurses of many of their traditional activities. Being mindful of these limitations, the Committee concluded that more realistic measures are not available.

Table 4 relates estimates of the population of Virginia projected through 1980 with estimates of future numbers of active professional nurses available to the Commonwealth. The projections for active registered nurses are based on the time-series analysis technique, which employs real figures from the base years 1957 through 1968. This technique incorporates the assumption that factors affecting the supply of active professional nurses for the period 1957 to 1968 will be present through 1980. According to this projection, by 1980 Virginia may anticipate a supply of about 20,500 active nurses. Assuming a desirable ratio of 400 nurses for each 100,000 population in 1980, and further assuming all factors affecting supply are equal and will remain the

same, by 1980 the Commonwealth of Virginia will have an undersupply of approximately 3,630 professional nurses.

The current and necessary practice of utilizing practical nurses to "replace" professional nurses prohibits any mathematical projections solely of licensed practical nurses. If the proposals of the Surgeon General's Consultant Group are deemed applicable, a ratio of one practical nurse to two registered nurses is indicated for 1975. The proposed relationship of licensed practical nurses to registered nurses would require a more substantial increase of active practical nurses both nationally and in Virginia. If the proposed relationship is accepted and a ratio of 400 professional nurses per 100,000 population is valid, approximately 12,000 active practical nurses would be required in Virginia by 1980.

TABLE 4

Estimated Number of Active Registered Nurses and Proposed Requirements to Meet Selected Nurse-Population Ratios in Relation to Population Projections in Virginia: 1968-1980

Year	Population	Estimated Active Registered Nurses	Selected Nurse-Population Ratio Per 100,000				
			303	325	350	400	450
1968	4,699	14,248	14,248*	15,270	16,445	18,780	21,145
1969	4,797	14,600	14,535	15,590	16,790	19,190	21,585
1970	4,898	15,200	14,840	15,920	17,145	19,590	22,040
1971	5,001	15,700	15,155	16,255	17,505	20,005	22,505
1972	5,106	16,200	15,470	16,595	17,870	20,425	22,975
1973	5,213	16,700	15,795	16,945	18,245	20,855	23,460
1974	5,323	17,200	16,130	17,300	18,630	21,290	23,955
1975	5,435	17,700	16,470	17,660	19,020	21,740	24,495
1980	6,035	20,500	18,280	19,605	21,115	24,130	27,150

*Reported figures for 1968.

NOTE: Figures in columns rounded off.

Fields of Employment

While gross statistics are meaningful with respect to the supply of nurse practitioners, the employment status of these individuals is also of major importance in the operation of an acceptable health delivery system for the citizens of the nation and of Virginia.

Hospitals and other health care institutions continue to employ from 50 to 65 per cent of the active professional nurses. A review of national statistics on fields of employment of registered nurses indicates a slight increase each year in employment in hospitals and other institutions with a corresponding decrease in private duty practice. The percentage of employment in most other nursing areas—public health and school nursing, industrial nursing, schools of nursing, office nursing, and other miscellaneous fields—have not materially changed from 1957 through 1966. The employment pattern in Virginia corresponds very closely with the national picture in most areas with the exception of those registered nurses working in hospitals and other institutions and as private duty practitioners. Employment has been eight to ten per cent less than national figures in the former group and five to six per cent above the averages in the latter group.

TABLE 5

Percentage Distribution of Registered Nurses Renewing Licensure by Field of Employment in Virginia: Selected Years 1957-1968

Field of Employment	1957	1962	1966	1968
Hospitals and Other Institutions..	53.7	53.9	57.9	62.4
Public Health and School Nursing.	7.6	7.7	8.3	9.3
Industrial Nursing.....	3.3	2.9	2.9	2.8
Schools of Nursing.....	3.7	3.4	3.4	3.5
Private Duty.....	20.3	18.4	14.0	8.2
Office Nursing.....	8.6	8.2	8.5	11.1
Other Specified Fields.....	0.5	3.0	3.3	2.6
Fields Not Reported.....	2.2	2.4	1.7	0.1

National figures on the distribution of licensed practical nurses are not available. However, the members of the Surgeon General's Consultant Group on Nursing in 1963 estimated that 75 per cent of the recent graduates of practical nurse programs were employed in general hospitals, with 10 to 15 per cent engaged in private practice in hospitals and patients' homes. This estimate relates closely to the employment of licensed practical nurses in Virginia with the private duty and general duty employment relating similarly to the differences for the national averages in the professional nurse distribution data.

TABLE 6

Percentage Distribution of Licensed Practical Nurses Renewing Licensure by Field of Employment in Virginia: Selected Years 1960-1968

Field of Employment	1960	1964	1966	1968
General Duty	59.6	63.8	66.7	66.3
Private Duty	30.5	24.6	21.4	17.2
Office Nursing	6.0	5.7	5.7	6.0
Public Health	0.3	0.3	0.5	0.8
Other Specified Fields	2.6	3.6	3.1	9.0
Fields Not Reported	1.0	1.9	2.5	0.7

Educational Attainment

Statistics presented in the preceding section of this chapter have been focused on quantitative totals only. No designations of the educational preparation of active professional nurses have been considered. Again, the Surgeon General's Consultant Group on Nursing in 1963 proposed that by 1970 the population of professional nurses should comprise 3.7

TABLE 7

Educational Preparation by Percentage Distribution of Employed Professional Nurses in the United States and in Virginia: 1966

Educational Preparation	Master's and Above	Baccalaureate Degree	Associate Degree	No Degree
United States	2.5	10.4	1.3	85.8
Virginia	2.0	10.0	1.6	86.4

per cent with master's and higher degrees, 14 per cent with baccalaureate degrees, and 82.3 per cent with diplomas or associate degrees.

If the proposal of the Surgeon General's Consultant Group is considered an acceptable one, a significant increase in the employment in Virginia of degree graduates at the baccalaureate level and above will be required over the coming years.

Migration

Information necessary for a comprehensive analysis of the migration of professional nurses over the period 1957 through 1968 is not available. It was noted that Virginia continues to be a "debtor" state by receiving in by endorsement more registered nurses than it endorses out. Professional nurses licensed by endorsement since 1966 have exceeded 1,000 each year—1,092 in 1966, 1,264 in 1967, 1,300 in 1968—while those endorsed to other states have been reported as 655, 755, and 728 respectively.

In contrast to the migration of professional nurses, the general migration of licensed practical nurses during the period 1960 through 1968 presents a different picture. For each year of the period since 1962, the net loss has been decreasing, and the statistics for 1968 indicate 221 received by endorsement from other states and 236 endorsed to other states.

Geographical Distribution

Survey data have previously been presented in the form of numbers of active nurses, ratio of active nurses to population, and distribution of nurses by field of employment. An additional factor that may provide a standard for comparison is the geographical distribution of registered nurses in the Commonwealth. Information was not available for individual counties and cities in the state, but a regional designation is presented in the succeeding tables. The regional designation was adopted from a city/county region and district reporting plan, provided by the Governor's Office, Division of Industrial Development and Planning. The composition of these regions is presented in Appendix A; the designation of the regions is shown on the map in Appendix B.

The estimated population of the regions, their respective per cent of the state population, and the percentage of employed registered nurses in each region is shown below. While the ratio of professional nurses to 100,000 population in the state in 1967 was determined as 287, it is noted that the majority of the regions were below the state figure and the ratios range from a low of 153 in Region 12 to 551 in Region 10. It should be noted that these gross data do not necessarily indicate

a greater proportional need for more nurses in some regions. Since the majority of nurses are employed in hospitals and other institutions, an expected direct relationship between the geographical distribution of hospitals and the geographical distribution of nurses should be found.

The ratio of licensed practical nurses to the general population in 1967 was described as 116. It is observed that the ratios of practical nurses to regional population range from 22 per 100,000 population to a high of 160. The ratios in eight of the twelve regions were estimated to be below 100.

TABLE 8

Ratios of Employed Registered and Licensed Practical Nurses to Estimated Population by Regions in Virginia: 1967

Region	Estimated Population	Estimated Per Cent Population in Virginia	Ratio of Registered Nurses to Population	Ratio of Licensed Practical Nurses to Population
1	632,700	14.6	254	99
2	281,100	6.5	271	148
3	292,000	6.7	233	143
4	144,000	3.3	327	160
5	534,100	12.3		
6	359,230	8.3	279	68
7	392,800	9.0	188	22
8	105,500	2.4	222	30
9	249,200	5.7		
10	360,400	8.3	551	22
11	591,400	13.6	167	60
12	398,700	9.2	153	95

NOTE: Separate figures for regions 4-5 and 8-9 are not available.

Age

The fields of employment by age groups of Virginia professional nurses renewing certificates in 1966 were provided by the Research and Statistics Department of the American Nurses' Association. The

report showed that approximately 75 per cent of those renewing their certificates were between the ages of 20 years to 49 years. Renewals are fairly evenly divided for persons in their 20's, 30's, and 40's with 28.3 per cent, 22.9 per cent, and 23.0 per cent of the total renewal group in these respective age divisions. A review of statistics indicates that as nurses progress in age, their employment in hospitals and other institutions decreased markedly while employment in school nursing, industrial nursing, nursing homes, and private duty fields increased.

Marital Status

The estimated percentage of married registered nurses in practice from 1957 through 1967 in the nation has increased over 10 per cent during the period. The percentage distribution of professional nurses renewing licenses in Virginia in 1966 included 16.7 per cent single persons, 70.5 per cent married, 6.8 per cent widowed, and 5.3 per cent in the divorced or separated status. In comparison, in 1957 it was estimated that three out of five nurses were married. It can be seen that employment practices in health care institutions should be making adjustments to the reality that approximately three out of four nurses in the manpower supply in Virginia are married.

Licensure

Although licensure statistics are useful in presenting gross manpower data information, caution must be exercised to refrain from indicating a total state nurse supply from licensure figures. Many nurses hold licensure in different states and duplication of registrations may inflate the data on supply as much as 25 or 30 per cent. The table below exhibits the licensure activities relating to registered nurses for selected years during the period 1957 to 1967. Through specific licensure requirements, an individual may be included in the "first exam" column and also in the "endorsement in" column, and the total of the columns will necessarily be larger by varying amounts than the total registered nurses for any specific year.

It can be noted that certificate renewals accounted for 90 to 92 per cent of the total registrations for each of the years. The percentage of persons successfully passing the first examination have, in all but one year, dropped successively since 1957. Endorsements in have materially increased over this same period and in 1967 represented 6.5 per cent of the licensure activity total. It should also be noted that the total percentage of persons endorsed from other states has been

greater in each of the selected years than those being licensed for the first time by examination.

TABLE 9

Percentage Distribution of Licensure Activities of Registered Nurses in Virginia: Selected Years 1957-1967

Year	Total	Certificate Renewed	1st Exam	Re-Exam	Endorsement In	Other Endorsement In
1957	100	92.0	3.6	.4	4.0	1.0
1960	100	90.8	3.2	.7	4.3	1.0
1964	100	91.2	3.5	.8	4.5	..
1966	100	90.7	2.8	.8	5.6	..
1967	100	90.4	2.7	.5	6.5	..

The following table for licensure attainment of practical nurses presents a contrasting picture.

TABLE 10

Percentage Distribution of Licensure Activities of Practical Nurses in Virginia: Selected Years 1957-1967

Year	Total	Certificate Renewed	Examination	Endorsement In
1957	100	89.2	9.4	1.4
1960	100	86.7	11.4	1.9
1964	100	89.1	8.7	2.2
1966	100	88.2	9.3	2.5
1967	100	88.0	9.0	3.0

While certificate renewals represented over 90 per cent in the professional nurse statistics, renewal percentages for practical nurses have ranged from 86 to 89 per cent. First examination figures constituted

from eight to eleven per cent of the yearly activity totals for this group, while the professional nurse examination percentages have not exceeded four per cent during any reporting period. Endorsements in for practical nurses, while showing a steady increase, have not exceeded three per cent of the total in comparison to a high of 6.5 per cent in the professional nurse activities.

Salaries

Salary compensation for registered nurses has increased materially during the period since 1957. This increase has been caused by economic competition and further stimulated by the more forceful stand

TABLE 11

Salary Ranges in Selected Hospitals in Virginia for General Duty Staff Nurses, Head Nurses, and Licensed Practical Nurses: Selected Years 1964-1969

	1964	1966	1967	1969
General Duty Staff Nurse				
Minimum				
Lowest	$3000	$3000	$4560	$5460
Highest	5702	5702	6000	7350
Maximum				
Lowest	3300	3360	4980	5820
Highest	8205	7430	7649	9078
Head Nurse				
Minimum				
Lowest	3600	3900	4920	5760
Highest	7220	7479	6972	8572
Maximum				
Lowest	4000	4440	5280	6120
Highest	9425	9765	8088	13,263
Licensed Practical Nurse				
Minimum				
Lowest		2250	2940	3960
Highest		4149	4269	5146
Maximum				
Lowest		2520	3660	4365
Highest		6045	6216	6684

in recent years of the American Nurses' Association at the national level and of nurses' associations at the local levels.

National surveys of selected hospitals in 1967 indicated that since July 1966, increases in starting salaries for nurses ranged from 2.4 per cent to 26.7 per cent with a median increase of approximately 13 per cent. In the latest Virginia survey, conducted in 1967 by the Virginia Hospital Association, the results were similar to, although in many cases higher than, the national averages.

At the time the Governor's Committee was preparing this report, many hospitals in the Commonwealth were projecting increased salaries and consequently no comprehensive salary results could be prepared with any validity. Past practices have demonstrated considerable variation in both the minimum and maximum steps of the evolving ranges for registered and licensed practical nurses. Concern is continually expressed that salaries for nurses, although increasing, still are not adequate in comparison to the compensation offered to professional workers with similar education outside of the health care field.

A comparative salary study of selected hospitals in Virginia for the years 1964-1969 indicates the changes in minimum and maximum salaries for general duty and head nurses over this period.

For many years it has been the practice to relate salaries for practical nurses to those of registered nurses. The 1967 survey of the Virginia Hospital Association and more recent reports of salary adjustments for licensed practical nurses seemingly indicate a percentage increase since 1966 corresponding to the increase in salaries for registered nurses.

Working Conditions

In June 1968, questionnaires were submitted to directors of nursing in the Virginia hospitals requesting specific data concerning working conditions and employee benefits in their institutions. Responses were received from 95 directors of nursing for a return of 74 per cent Similar forms were sent to administrators of nursing homes in Virginia, but the replies received were insufficient for inclusion in this report. Information solicited in these questionnaires related to the following areas: conditions allowable for the employment of registered and licensed practical nurses assigned in units requiring 24-hour coverage; pay differentials; benefit programs; normal work schedules for registered and licensed practical nurses prior to days off; number of weekends off allowable for employees during a four-week period; and observations relating to employee recruitment and retention.

According to the survey there are no uniform conditions of employment for either registered or licensed practical nurses regarding assignment to day, evening, or night tours. Additional payment for evening or night tours, according to the survey response, was offered by approximately 75 to 80 per cent of the hospitals. Licensed practical nurses receive such additional compensation in about 70 per cent of the hospitals. An inquiry on pay differential in special units (operating, delivery, emergency, intensive care, etc.) was included in the questionnaire, but the responses indicated no uniformity in payment in these special units.

From the responses concerning certain elements in the hospital benefit program for salaried nursing personnel, it was noted that with the exception of sick leave, vacation, and paid holiday provisions little similarity was found in any of the hospital benefit programs. Health insurance, life insurance, and professional liability insurance were included as benefits in less than half the reported programs. Reimbursement for education was found in less than 20 per cent of the hospitals. Only a little more than half of the replies indicated that a retirement plan exclusive of social security was available to nursing employees. Day nursery care facilities for children of nurses were found in only 8 of 95 hospitals reporting.

An opportunity was offered for the directors of nursing to comment on any other phases of employment, working conditions, and utilization of nursing personnel in their hospitals. The responses were quite numerous, and they reflected many concerns of the directors of nursing. A large part of the replies related to the need for improved personnel policies and working conditions. Mention was made of the installation of retirement plans, more realistic shift differentials, improved salaries, and other employee benefits.

Several comments were offered regarding the inauguration or improvement of refresher and in-service programs for staff and supervisory personnel. Problems concerning the location of hospitals in rural areas, the competition for nurses on a national basis, shift employment, and the attractiveness of public health and other non-hospital employment were offered as factors in the recruitment and retention of personnel. Better utilization of professional nurses and other nursing personnel, was stressed as a major problem in patient care. Several respondents, however, indicated that the problems in nursing service were minimal and attributed this situation to refresher courses, active in-service training programs, progressive personnel policies and salary ranges, retirement programs, and a real concern for employees as individuals.

In summary, responses represented problems that have been present in the hospitals for a number of years and still continue to be present. Improvements in many of the areas represented by these comments call for more realistic appraisals than those evidenced in past practices.

Concern for the functions of nursing personnel as members of the health team was expressed. Many persons have deplored the continued assignment of clerical and other non-professional duties to registered nurses; others have stressed the assumption by licensed practical nurses of many patient care duties that are beyond their technical skills and understanding. An effort was made through the questionnaire to ascertain which category or categories of nursing personnel generally performed selected activities. A list of 30 functional activities was submitted, and the results indicated that only a few of these activities were primarily the sole responsibility for any nurse—registered or licensed practical. No attempt was made in this study to specify the "rightness" or "wrongness" of the returns. It seems evident, however, that a comprehensive review of these activities and other functions in patient care may assist in the better utilization of personnel in the hospital setting. A classification of these responses according to sizes of hospitals was conducted, and it was found that many activities of nursing personnel were determined to a great extent by the size of the hospital rather than by the preparation of the nursing personnel.

The final specific question submitted to the respondents requested an observation regarding the recruitment and retention of employees in comparison to their personnel needs in July 1967 and July 1968. The responses indicated that there were no appreciable changes in the recruitment and retention of registered nurses, and that there was some increase in attracting and retaining licensed practical nurses and some improvement in the employment of hospital aides and orderlies.

Information has been provided in the previous sections of this chapter relating to selected factors in the practice of nursing in Virginia. It was observed that a substantial number of professional nurses continued their annual registration status although they were not engaged in any professional field of employment. Statistical information concerning educational attainment, migration, age, marital status, salaries, working conditions, and nursing functions have portrayed the effects of these factors on the practice of nursing both in Virginia and in the United States.

It seems appropriate and useful to include in this chapter on Nursing in Virginia excerpts from a study of the responses obtained from registered nurses in an inactive status in Virginia in 1965. In *An Investigation of Professionally Inactive Registered Nurses in Virginia* (1965)

the author, W. M. Loving, reports his investigation to identify and analyze the reasons given by these nurses for their then current professional inactivity. The purposes of his investigation were to: (1) identify reasons for the inactivity of licensed professional nurses in Virginia who were not practicing their profession, and (2) attempt to discover the true nursing manpower potential available within this licensed inactive group in Virginia. The findings reported were as follows:

1. The highest number of reasons given for current professional inactivity concerns employment policies of health facilities, specifically hospitals.
2. Reasons pertaining to family and domestic responsibilities numbered only slightly less and constituted a second priority for inactivity.
3. Feelings of insecurity related to changes in nursing practice has less influence as a reason for inactivity but numerically is a substantial factor.
4. Although employment policies of health facilities which govern salary, schedules, and continuing education are major concerns to the nurse who considers a return to nursing, educational and environmental factors within hospital administration control hold greater influence than financial considerations. Much has been written about salary being the most important factor in a decision to remain inactive, but this investigation has not supported this assumption.
5. Family and domestic responsibilities, principally the care of young children, will prevent a substantial number of inactive nurses in Virginia from seeking employment within the next several years, even if other deterrents are removed.
6. While approximately 550 inactive registered nurses represent an apparently permanent retirement group, there is a reservoir of approximately 500 inactive nurses who would be available for employment within a foreseeable future if specified deterrents were removed in their respective communities. This estimate does not eliminate the possibility that, with reasonably constructive changes, some of the nearly 800 nurses who did not respond to the question concerning future availability could become active practitioners.
7. Analysis of the findings on the basis of geographical distribution within five major areas of the state revealed a distribution of reasons for inactivity related to family and domestic

responsibilities that was proportionate to that in the state as a whole.

8. There are substantial geographical differences, however, concerning other factors within hospital administration control. The number of inactive nurses within each of the five areas of the state who might anticipate a return to employment within a foreseeable future appears to have a direct correlation with the amount of job satisfaction which would be associated with nursing practices in a given area.

It appeared obvious to Mr. Loving that one source of nurse supply in Virginia was the more than 3,000 nurses who were then registered but professionally inactive. He noted that these data had considerable implications for the problems of job turnover, effective utilization of personnel, and quality of patient care; and he concluded that proper application of these data and other data obtained from further investigation could lead to results that would be beneficial to hospitals, to patients, and to nurses throughout the Commonwealth of Virginia.

NURSING EDUCATION IN VIRGINIA

A general description of nursing education in the Commonwealth from 1957 through 1968 is presented in the concluding part of this chapter. Information is provided relating to the types of educational programs; the number and location of these programs; admission, enrollment, and graduation statistics; student attrition and licensing examination attainment; and nursing education faculties of registered and practical nurse programs. When statistics are applicable, comparisons with national figures are provided.

Types of Programs

Practical Nursing Education. Practical nursing programs are usually one year in length and are generally operated jointly by the public school system and a cooperating hospital. These programs either are straight twelve-month adult programs or are offered during the senior year of high school followed by an eight-month period of clinical instruction and practice. Graduates of these programs in practical nursing are eligible to become licensed by examination and to use the title "Licensed Practical Nurse." Two basic roles are defined for practical nurse graduates. The first role involves the provision of direct nursing care under minimal supervision from registered nurses or physicians to patients whose conditions are relatively stable. In the second role, the practical nurse assists the professional nurse in

providing nursing care to patients whose conditions and needs are unstable and complex.

Any institution desiring to conduct an educational program for practical nurses must show evidence to the Virginia State Board of Examiners of Nurses that it is prepared to offer a prescribed curriculum combining both theoretical instruction and practical training and experience. Following a survey of the institution to ascertain if these requirements are met, the Board may approve the program as an accredited school for the training of practical nurses.

Examinations for a certificate to practice practical nursing are offered by the Board at least twice each year. The examinations, which are employed on a nationwide basis, are designed to determine the fitness of the applicant to practice nursing.

Professional Nursing Education. Three types of basic educational programs for professional nursing are presently available in the Commonwealth of Virginia; the hospital-diploma program, the associate-degree program, and the baccalaureate-degree program. These programs are established to enable graduates to qualify for licensure as registered nurses.

Of these, the hospital-controlled programs are the oldest and most numerous in the state. While the traditional length of these programs has been 36 months, recent changes have reduced the length in a number of Virginia schools to between 27 and 33 months. A primary objective of diploma programs is the preparation of persons to provide direct care to patients under supervision in hospitals and similar health agencies.

Associate-degree nursing programs are relatively new and have been established primarily in community or junior colleges. The purpose of these programs is to assist in meeting the increasing needs for nurses by preparing persons for these functions of nursing usually assumed by graduates of the diploma program. Associate-degree programs are integral parts of the total college curricula. Instructors are college faculty members and provide both general and technical educational experiences to the students. Nursing practice is offered by cooperating health care institutions that provide access to their facilities and patients. Graduates of such programs are prepared as beginning practitioners capable of performing the technical functions of nursing at the registered nurse level. The chief objective of these programs is the preparation of persons with a well-defined vocational goal of providing direct care to patients under supervision in hospitals and similar health agencies.

Baccalaureate programs are also integral parts of the total college

curricula and provide general educational courses that serve as better foundations for professional practice. The primary objectives of these programs are to develop nurses who can give and direct patient care in all types of health agencies, who may quickly develop the ability to assume managerial functions, and who have an educational foundation for further academic preparation. Student experiences in these programs, which extend to many health agencies, are more varied than those in the diploma and associate-degree programs. Furthermore, the baccalaureate is the only basic program that prepares for public health nursing practice.

The procedure for state accreditation of basic professional schools of nursing is similar to that described in the section on practical nursing education. The Virginia State Board of Examiners of Nurses may, however, at its discretion approve any school for only a part of the prescribed curriculum and require that its student nurses obtain some of their courses from one or more of the other schools approved by the Board.

Graduates who desire to practice professional nursing must meet certain qualifications, which include a minimum age of 20 years, good moral character, preliminary educational requirements, graduation from a school maintaining standards established by the Board, and the completion of the State Board Test Pool Examination, which is given nationally. Although those examined may be graduates of diploma, associate-degree, or baccalaureate-degree programs, only one standard examination is administered. This examination is intended to ascertain that the applicant has attained the minimum knowledge and skill required for the safe practice of nursing.

Graduate Nursing Education. Graduate programs leading to master's or doctoral degrees are offered in university settings. One- or two-year programs leading to the master's degree have been developed to provide concentration in one clinical field or preparation for teaching, administration, or research functions. The degree of doctor of science in nursing is currently offered in a few universities located in different sections of the country, but none is being offered at the present time in Virginia. Until these recent offerings, doctoral degrees were available only in such fields as education, physiology, psychology, and sociology. The doctoral preparation has been considered necessary for positions of leadership or research in the profession of nursing.

Number of Schools

The total number of basic professional educational programs in the Commonwealth has been substantially the same from 1957 through

1968. However, during this period the classification of these total programs has undergone change. The closing of six and the merging of two diploma programs, the establishment of six associate-degree programs with the termination of two others, and the founding of two baccalaureate-degree programs represent a decrease from 33 to 32 programs in the decade to 1968. This pattern of change observed in Virginia is similar to what has been happening throughout the nation. While diploma schools continue to dominate the total picture, the growth of associate-degree and baccalaureate-degree programs and the likely eventual demise of the traditional diploma school seems to be the trends for the future.

The status of educational programs in Virginia and in the United States, accredited by the National League for Nursing, was reviewed for the period 1961 through 1967. The percentage of national programs accredited in 1967 was recorded as 61 per cent. These 1967 figures indicated that 72.4 per cent of the diploma programs, 8.7 per cent of the associate-degree programs, and 70 per cent of the baccalaureate programs were in an accredited status. Comparable figures for Virginia in 1967 showed that only 41 per cent of the diploma programs and 40 per cent of the baccalaureate programs were accredited by the National League for Nursing; no associate-degree programs were as yet accredited. In several cases accreditation has not been possible because the programs have been in operation for too short a time.

Educational programs for practical nurses have increased 250 per cent in Virginia during the 1957-1968 period. While 12 programs were in operation in 1957, students were admitted to 42 programs in 1968. Nearly one-third of the additional programs have been established since 1964. Standards for accreditation have been established within recent years by both the National Association of Practical Nurse Education and Service and by the National League for Nursing. However, no programs of practical nursing education in Virginia are accredited at this time by either association.

Prior to 1968, no programs at the master's level were available in the Commonwealth. Nurses desiring graduate education were previously required to attend universities outside of the state for these offerings. In 1968, following the approval by the State Council of Higher Education, a program offering the master of science in nursing was established in the School of Nursing, Medical College of Virginia. Currently, graduate programs in medical-surgical nursing and public health nursing are available. Two additional programs, maternal-

child nursing and psychiatric nursing, are scheduled to begin in September, 1969.

Location of Programs

Professional nursing educational programs—diploma, associate-degree, and baccalaureate-degree—were located in 11 of the 12 regions in Virginia in 1968.

TABLE 12

Nursing Education Programs, Professional and Practical by Geographical Regions in Virginia: 1968

Region	Total	Professional				Practical
		Diploma	Associate Degree	Baccalaureate Degree	Master's Degree	
1	6	2	1	1	0	2
2	10	3	0	1	0	6
3	9	2	1	0	0	6
4	1	0	0	0	0	1
5	8	5	0	1	1	1
6	7	1	1	1	0	4
7	2	0	1	0	0	1
8	1	1	0	0	0	0
9	1	0	1	0	0	0
10	14	3	0	1	0	10
11	8	3	0	0	0	5
12	8	1	1	0	0	6
Total	75	21	6	5	1	42

The number of practical nursing programs has increased quite materially over the past years, although two of the 12 regions had no practical nurse programs within their boundaries in 1968. Three regions (10, 11, and 12) maintain fifty per cent of the established programs.

Other Statistical Information

Admissions. An increase in admissions of 389 students (44 per cent) to basic professional programs in Virginia took place between the years of 1957 and 1968. This increase has not been steady, and fluctuations in admissions have occurred during the period. In Table 13 it can be

TABLE 13

Admissions to Initial Professional Nursing Programs in Virginia: 1957-1968

Year	Diploma		Associate Degree		Baccalaureate Degree		Total	
	No.	%	No.	%	No.	%	No.	%
1957	739	84.5	47	5.4	89	10.2	875	100.0
1958	864	84.2	84	8.2	78	7.6	1026	100.0
1959	772	79.7	81	8.4	116	12.0	969	100.0
1960	811	79.4	79	7.7	132	12.9	1022	100.0
1961	868	82.0	76	7.2	115	10.9	1059	100.0
1962	777	77.0	70	6.9	162	16.1	1009	100.0
1963	722	75.4	83	8.7	153	16.0	958	100.0
1964	814	75.5	39	3.6	225	20.9	1078	100.0
1965	807	72.1	44	3.9	269	24.0	1120	100.0
1966	708	59.7	104	8.8	374	31.5	1186	100.0
1967	619	55.3	167	14.9	334	29.8	1120	100.0
1968	701	55.5	199	15.7	364	28.8	1264	100.0

observed that the 1968 admissions in diploma programs have decreased by 38 students from the 1957 figures. During the same period admissions to associate-degree programs have increased by 152 students, or 323 per cent, and baccalaureate-degree admissions by 275 or 309 per cent.

A study of the comparative percentages in admissions of the United States and Virginia for selected years is also instructive.

TABLE 14

Percentage Distribution of Admissions to Basic Professional Nursing Programs in the United States and in Virginia: Selected Years 1957-1966

Year	Area	Diploma	Associate Degree	Baccalaureate Degree
1957	U. S.	83.0	1.3	15.7
	Virginia	84.5	5.4	10.2
1969	U. S.	81.4	3.2	15.4
	Virginia	79.4	7.7	12.9
1964	U. S.	72.0	8.5	19.5
	Virginia	75.5	3.6	20.9
1966	U. S.	64.1	14.2	21.7
	Virginia	59.7	8.8	31.5

TABLE 15

Number of Admissions to Individuals Schools of Professional Nursing in Virginia: 1968

Number	Diploma	Associate Degree	Baccalaureate Degree
1–15	2	2	0
16–30	9	1	2
31–45	6	1	1
46–60	3	1	0
61–75	0	1	0
76–90	0	0	0
91–105	1	0	0
106–120	0	0	1
121–135	0	0	0
136–150	0	0	1
Total	21	6	5

The number of students admitted to practical nursing programs in 1968 (814) has increased by 439 since 1957 (375). Admissions to these

programs have approximated 1,000 each year during the period 1964-1967.

Applications to graduate programs are limited at this time. Five full-time students were enrolled in the medical-surgical nursing program and three part-time students in the public health program.

Enrollment.. While enrollments are predicated on and related to admissions, unfortunately the sum total of admissions does not equal the enrollment figures. Annual enrollments in basic professional nurse programs have also reflected the changes in the educational preparation of registered nurses. The enrollment statistics in professional nursing programs in Virginia from 1957 through 1968 exhibit these changes.

TABLE 16

Enrollment in Initial Nursing Programs in Virginia: 1957-1968

Year	Total	Diploma		Associate Degree		Baccalaureate Degree	
		No.	%	No.	%	No.	%
1957	2123	1782	83.9	73	3.4	268	12.6
1958	2141	1724	80.5	107	5.0	310	14.5
1959	2145	1724	80.4	121	5.6	300	14.0
1960	2229	1790	80.3	129	5.9	310	13.9
1961	2290	1860	81.2	123	5.4	307	13.4
1962	2351	1882	80.1	120	5.1	349	14.8
1963	2367	1875	79.2	116	4.9	376	15.9
1964	2319	1790	77.2	93	4.0	436	18.8
1965	2413	1776	73.6	66	2.7	571	23.7
1966	2580	1704	66.0	125	4.8	751	29.1
1967	2675	1596	59.7	215	8.0	864	32.3
1968	2665	1543	57.9	293	11.0	829	31.1

TABLE 17

Enrollment in Programs of Practical Nursing in Virginia: Selected Years 1957-1967

Year	1957	1960	1962	1964	1966	1967
Enrollment.....	385	572	725	833	1031	1188

TABLE 18

Enrollment in Individual Schools of Professional and Practical Nursing in Virginia: 1968

Number	Professional			Practical
	Diploma	Associate Degree	Baccalaureate Degree	
1–15	..	..	..	7
16–30	2	2	..	11
31–45	1	1	..	13
46–60	5	..	..	7
61–75	3	2	..	2
76–90	4	..	..	1
91–105	5	1	2	..
106–120	0	..	..	..
121–135	0	..	1	..
136–150	0	..	..	1
151–165	1	..	..	..
216	..	..	1	..
394	..	..	1	..
Total	21	6	5	42

Graduations. It must be reiterated that admission to the professional and practical nurse ranks can only be reached through graduation from approved nursing programs. While admission and enrollment figures present the potential nurse supply, graduation data provide the actual maximum supply. Thus, in order to maintain any source of qualified nursing personnel, a primary consideration factor is the number of graduates from the educational programs.

It is interesting to observe that in 1957 the number of practical nurse graduates was equivalent to 30 per cent of the number of registered nurse graduates, while the practical nurse students graduated in 1968 were equal to 93 per cent of the number of registered nurse graduates.

TABLE 19

Graduates from Initial Professional Nursing Programs in Virginia: 1957-1968

Year	Diploma		Associate Degree		Baccalaureate Degree		Total	
	No.	%	No.	%	No.	%	No.	%
1957	502	84.6	20	3.4	71	12.0	593	100.0
1958	451	81.4	36	6.5	67	12.1	554	100.0
1959	475	77.2	23	3.7	117	19.1	615	100.0
1960	453	78.1	46	7.9	81	14.0	580	100.0
1961	516	79.7	45	7.0	86	13.3	647	100.0
1962	464	78.8	45	7.6	80	13.6	589	100.0
1963	485	76.0	56	8.8	97	15.2	638	100.0
1964	587	80.5	32	4.4	110	15.1	729	100.0
1965	518	78.5	46	7.0	96	14.5	660	100.0
1966	484	76.9	29	4.6	116	18.5	629	100.0
1967	486	74.9	26	4.0	137	21.1	649	100.0
1968	484	62.8	62	8.0	225	29.2	771	100.0

TABLE 20

Number of Graduates from Individual Schools of Professional and Practical Nursing in Virginia: 1968

Number	Professional			Practical
	Diploma	Associate Degree	Baccalaureate Degree	
0	..	2	1	5
1–15	5	2	2	17
16–30	14	2	..	14
31–45	2	..	..	4
46–60	..	..	..	..
61–75	..	..	1	..
76–90	..	..	..	1
91–105	..	..	1	..
Total	21	6	5	41

TABLE 21

Graduates from Practical and Professional Nursing Programs in Virginia: Selected Years 1957-1968

Year	1957	1960	1962	1964	1966	1967	1968
Practical Nurse Graduates	179	309	391	460	627	647	720
Professional Nurse Graduates	593	580	589	729	629	649	771

Attrition. Attrition in professional and practical nursing programs represents a significantly high number of students who did not complete their program of studies.

TABLE 22

Student Attrition in Professional and Practical Nursing Programs in Virginia: 1957-1968

	Professional							Practical
		Diploma		Associate Degree		Baccalaureate Degree		
Year	Total No.	No.	%	No.	%	No.	%	Total No.
1957	353	295	83.6	18	5.1	40	11.3	94
1958	335	276	82.4	14	4.2	45	13.4	125
1959	388	294	75.8	46	11.9	48	12.4	119
1960	354	296	83.6	17	4.8	41	11.6	149
1961	363	299	82.4	20	5.5	44	12.1	147
1962	368	311	84.5	13	3.5	44	12.0	193
1963	348	271	77.9	32	9.2	45	12.9	199
1964	347	266	76.7	27	7.8	54	15.6	202
1965	418	320	76.6	21	5.0	77	18.4	223
1966	406	297	73.2	21	5.2	88	21.7	239
1967	420	249	59.3	46	11.0	125	29.8	289
1968	365	182	49.9	62	17.0	121	33.2	231*

*Attrition results from one program not included.

Candidate Attainment on Professional and Practical Licensing Examination

Licensure to practice requires not only graduation from an approved program but also the successful completion of a licensure examination. Graduates from all professional nursing programs take the same examination—the State Board Test Pool Examination. Rates of satisfactory completion of Virginia first-time candidate performance for professional nurse licensure for the years 1960 through 1967 indicate a range from 42.9 per cent for associate-degree graduates in 1966 to 100 per cent by baccalaureate-degree graduates in 1961. It can be noted that a successive improvement rate has occurred over the past five years in the total percentage of successful candidates.

Comparisons of performance for first-time candidates in the United States and Virginia for the years 1960 through 1965 indicate that the

overall performance of Virginia graduates has neither exceeded nor equaled the national average during these years.

Candidate performance on examination for practical nurse licensure is observed to be proportionately higher both in Virginia and the nation than the performance of professional graduates.

Comparable percentages for the United States and Virginia indicate

TABLE 23

Performances of Virginia Candidates by Percentage Distribution on Examinations for Professional Nurse Licensure (First Time Candidates) by Type of Program: 1960-1967

Year	Total	Diploma	Associate Degree	Baccalaureate Degree
1960	78.8	77.0	76.0	90.9
1961	88.0	73.9	85.7	100.0
1962	78.1	74.2	86.4	97.5
1963	76.5	74.2	67.3	92.7
1964	80.6	79.9	80.0	91.5
1965	81.0	81.0	52.0	99.0
1966	83.2	82.5	42.9	98.9
1967	84.1	82.5	61.1	94.3

TABLE 24

Performances of Candidates by Percentage Distribution on Examinations for Practical Nurse Licensure (First Time Candidates) in the United States and in Virginia: 1960-1967

Year	1960	1961	1962	1963	1964	1965	1966	1967
United States	92.9	90.5	93.0	91.4	92.2	91.2	*	*
Virginia	87.4	92.4	98.5	87.9	92.3	92.6	91.4	93.8

*Information not available.

that a higher proportion of graduates from Virginia programs successfully completed the examinations in four of the six reported years.

Faculties of Nursing Education Program

The State Board of Examiners of Nurses reported that 300 full-time and 62 part-time persons were employed as faculty members in professional schools of nursing in Virginia in September, 1968.

TABLE 25

Educational Attainment of Full-Time Faculty Members in Professional Programs of Nursing in Virginia: 1968

Type of Program	Total No.	Diploma or Associate Degree		Baccalaureate Degree		Master's Degree		Doctoral Degree	
		No.	%	No.	%	No.	%	No.	%
Diploma	185	70	37.8	100	54.1	15	8.1	0	0.0
Associate Degree	29	0	0.0	12	41.4	17	58.6	0	0.0
Baccalaureate Degree	86	0	0.0	22	25.6	58	67.4	6	7.0
Total[1]	300	70		134		90		6	

TABLE 26

Highest Earned Credential of Full-Time Faculty Members in Professional Nursing Programs by Percentage Distribution in the United States and in Virginia: 1968

Type of Program	Area	Diploma or Associate Degree	Baccalaureate Degree	Master's Degree	Doctoral Degree
Diploma	U. S.	26.3	54.1	19.4	0.2
	Virginia	37.8	54.1	8.1	0.0
Associate Degree	U. S.	2.4	34.9	62.0	0.7
	Virginia	0.0	41.4	58.6	0.0
Baccalaureate Degree	U. S.	0.2	14.1	80.1	5.6
	Virginia	0.0	25.6	67.4	7.0
Total	U. S.	15.8	40.5	41.4	1.7
	Virginia	23.2	44.6	30.0	0.2

TABLE 27

Highest Earned Credential of Full-Time Faculty Members in Practical Nursing Programs by Percentage Distribution in the United States and in Virginia: 1968

Area	Licensed Practical Nurse Diploma		Diploma or Associate Degree		Baccalaureate Degree		Master's Degree		Doctoral Degree	
	No.	%	No.	%	No.	%	No.	%	No.	%
U. S.....	0	0.0	383	51.1	310	40.5	71	9.3	1	0.1
Virginia....	1	1.1	49	54.4	39	43.3	1	1.1	0	0.0

Ninety full-time and 15 part-time faculty members provided instruction in September, 1968 for practical nurse students. Again, observations of the educational preparation of the full-time members in relation to the national average presents a situation not too unlike the professional school faculty representation.

The statistical data contained in this chapter on Nursing in Virginia provided necessary background information for the Committee and assisted it in reaching its conclusion and recommendations, which are presented in the following chapters.

CHAPTER III

PRACTICE OF NURSING

The Committee is in agreement that the nursing profession today has the unenviable distinction, to a degree not recognized in any other profession, of a lack of consensus of what constitutes the practice of its members. Probably no other group has performed, or has been expected to perform, such myriad tasks and responsibilities described as nursing care functions. Nursing is hard pressed, as are other related professions, to keep pace with the continuing developments in the health care field. With these reported advances in medical knowledge it is remarkable that nursing, with many of its practices based on traditional concepts, principles, and methodology, has been able at least in part to adjust and adapt to the ever-increasing demands for service.

It is obvious from the continuing medical advances that what nursing is today and what it will become tomorrow relates to many factors in our society. The practice of nursing is rapidly becoming more complex as changes and trends in health education and health care develop. Nursing practice of the future will result from the cumulative pace of scientific knowledge, technological advances, the increasing numbers of youth and aged, urbanization and other demographic changes, and rising health expectations and demands by individuals, groups and governments at all levels.

The traditional role and status of those engaged in the practice of nursing as "all things to all persons" constitute an identity that is not consistent with the needs of health care in this latter third of the twentieth century. The oft-described role of the nurse as the physician's assistant, the records clerk, the interim pharmacist, the food service worker, the housekeeper, and the provider of other varied health care functions cannot be accepted in view of the current and future demands for improved nursing care.

There is a critical demand to revise nursing practices to meet the challenges of today. Nursing practices of a new progressive and imaginative nature need to adjust to the everchanging concepts in the health care and management of patients, to implement the effective utilization of levels of nursing service personnel, and to establish bold and innovative mechanisms whereby the increased responsibilities in the delivery of health care services are met. Unfortunately, few comprehensive research and investigatory programs in the area of nursing practices have been undertaken. The absence of collaboration, the lack

of joint planning, the unavailability of a sufficient number of qualified researchers, and a deficiency of financial resources have been deterrents in these programs. Often institutional, medical, and local factors have adversely influenced the practice of nursing, and too frequently these practices have been found to be based on expediency rather than on any well-rationalized concept.

It is mandatory that an examination of the nature and scope of nursing practices and the means for improving these nursing practices of professional, technical, and other health occupation workers be conducted. However, it becomes extremely difficult for any one segment of the health delivery service—nurse, physician, or any other—to move independently in the examination of its role. Consequently, a comprehensive analysis of nursing practice is impossible without the consideration of the roles of the other providers of care as they relate to the health delivery system. Major focus upon the effects of the delivery system on the recipients—whether they be inpatients in a general or special hospital or extended care facility, or the receivers of varied ambulatory health services—is required.

The practice of nursing, as well as all other practices relating to the needs of health care, must be investigated by determining the actual functions of personnel who serve the needs of these patients. Also of primary importance are the ways in which these multiple services are provided. In no other manner can the practice of nursing be adequately evaluated or analyzed in the total health delivery system.

Developments in medical and health care, which are both dramatic and growing in frequency, require an understanding among the members of the various health professions and a recognition of the changing responsibilities they should assume. Concerns were expressed by many authorities in the health field and have been fully recognized by the members of this Committee that the lack of an awareness of interdependence and the necessity of active collaboration by members of the health team constitute a major obstacle today. This situation retards materially the achievement of the ultimate aim of health care—improved patient care.

The deliberations of the Committee have been concentrated towards improvement in nursing care to *all* citizens of the Commonwealth of Virginia. While it is understood that such improvement is dependent upon a number of factors, one important factor is the manner in which nursing, medicine, and other health professions are practiced in each locality in the State.

Demands for increased numbers of health care personnel and more effective utilization of this personnel portray the reported critical

times throughout our nation. A comparison of the numbers of health personnel in Virginia to national personnel statistics indicates that the Commonwealth of Virginia is plagued by the same problems of inadequate numbers of personnel. Various research studies have indicated that physicians, nurses, and other health personnel, continue to perform many tasks that could be done as well, and in some instances better, by other personnel, both professional and subsidiary. It is likewise noted that many functions formerly considered solely as those of the physician have been abandoned by this group and are now being performed by professional nurses. Similarly, activities that were traditionally duties of professional nurses are often routinely assigned to licensed practical nurses and other health personnel. A waste or misutilization of professional nurses occurs if the assignment to or performance of tasks is below the level for which training has been provided.

Reports to the Committee regarding current activities of professional and practical nurses in Virginia vividly demonstrated examples of both effective and ineffective nurse practices. As noted elsewhere in this report, functions now performed by registered nurses involving housekeeping chores, filling water pitchers, handling the clerical tasks in admitting patients, answering the phone, and providing messenger service indicate merely a sample of duties that could be assumed quite adequately by other hospital workers. Concurrently, it is also dangerous for any personnel to perform tasks beyond their respective sphere of competence and comprehension. Functions reportedly performed by nursing personnel below the level of the registered nurse and in violation of the medical practice act included such acts as inserting Levine tubes, starting intravenous fluids, and giving intravenous medications.

Continuing experimentation and research is needed in Virginia to determine more adequate and appropriate functions of nursing and nursing responsibilities. All members of the health professions must participate in a concerted effort in extensive analyses of current practices and concepts, in developing data, and in initiating and evaluating experimental programs. In recognition of the great need for continuing research to ascertain that every resource be used to the best advantage in the development of the health care system, the following recommendation is offered.

A-1. ***It is recommended***

(a) ***that*** *the Virginia Nurses' Association, the Virginia League for Nursing, the Virginia Hospital Association, the Virginia*

Nursing Home Association, The Medical Society of Virginia, and the Old Dominion Medical Society, jointly stimulate interest among their members in the implementation of well-planned and coordinated programs of investigation to determine the proper functions of nursing and nursing responsibilities in the various settings of nursing service;

(b) ***that*** *such programs of investigation be conducted in collaboration with other health professions, organizations, institutions, and agencies to attain required cooperation and interest and to avoid duplication or unnecessary overlapping of research efforts;*

(c) ***that*** *the State Department of Health and other appropriate State agencies be staffed with qualified research consultants to assist with the development, coordination, and maintenance of programs of research in nursing practices and utilization of health personnel; (See Recommendation F-1(a).)*

(d) ***that*** *the Commonwealth of Virginia encourage development of research in nursing practice and the effective utilization of nursing personnel through direct subsidization of programs which are appropriately planned, staffed, and directed; and, further,* ***that*** *through the State Department of Health or other appropriate agency of the State subsidization be provided, where required, to supplement or to obtain funding by other sources, such as foundations or the Federal government, for these programs; (See Recommendation F-1(b).) and*

(e) ***that*** *pertinent findings of the research programs be disseminated through the State Department of Health or other designated agency of the State on a regular and current basis to the appropriate health organizations, agencies, institutions, and facilities in the State. (See Recommendation E-7.)*

It is recognized that multiple research and experimentation and the regular dissemination of the findings of these programs may not necessarily guarantee improved nursing practices in Virginia. Therefore, the following recommendation places special emphasis on the necessity for periodic reviews and evaluations of nursing practices in all health care organizations.

A-2. ***It is recommended***

(a) ***that*** *health care organizations periodically review their respective nursing practices and revise them to meet changing conditions and requirements;*

(b) ***that*** *the process of evaluation include active participation by representatives of nursing and the various health professions directly involved or affected; and*

(c) ***that*** *in the periodic review of nursing practices, the functions performed by the various personnel be delineated and responsibilities be assigned to utilize professional and auxiliary personnel most effectively. (See Recommendation B-1.)*

The report of the Williamsburg Conference and statements presented at the open hearings of the Committee indicate that in some health care facilities many of the decisions relating to the practice of nursing do not involve nurse representation and participation.

A-3. ***It is recommended***

(a) ***that*** *health care organizations involve nursing representation in the planning of facilities, selection of equipment and supplies, development of organizational structure, establishment of training programs, staffing patterns, and in all other matters which may have direct or indirect influence on the practice of nursing; and*

(b) ***that*** *organizational mechanisms be established through which nursing may maintain active, appropriate, and effective communication with institutional managements, as well as with the medical and other allied health professions with respect to matters which may affect the practice of nursing.*

Important findings from past and current research programs in health care services, which have resulted in more efficient and effective patterns of utilization, are available. Efforts to institute new concepts of patient care and service, including organizational changes, redesign of physical facilities, purchase of sophisticated equipment, and the introduction of special patient care units have been found in some localities in the Commonwealth. As a result of such changes and innovations, revised patterns of nursing practices are evidenced in these localities. However, it is urged that the findings be incorporated in more health care facilities.

A-4. ***It is recommended***

(a) ***that*** *health care organizations institute systems of patient care and service, such as those based on the progressive patient care concept, which will facilitate efficient and effective utilization of nursing personnel and resources;*

(b) ***that*** *health care structures and equipment be designed to facilitate effective and efficient practice of nursing and proper utilization of health care personnel; (See Recommendation E-1 and E-2.) and*

(c) ***that*** *health care organizations institute systems of health care and service which recognize the proper role of each professional and non-professional worker, and properly assign functions and responsibilities on the basis of education, training, licensure, and other qualifications.*

New jobs and classifications have often accompanied the impact of increased scientific knowledge in the health field. Professional and support workers have been developed and trained to meet many of these demands. The introduction in the health team of such personnel as clinical nurse specialists, operating room technicians, ward clerks, nursing unit managers, inhalation therapists, and others has been necessitated to implement nursing practices.

Special attention to the training and utilization of these personnel must also be stressed. It is imperative that appropriate training programs for personnel be provided. Without major emphasis on this important responsibility, the concept of improved nursing practice is unattainable.

The members of the Committee recognized that the everchanging requirements in health care will undoubtedly necessitate types of personnel currently not envisaged in the delivery system. The introduction of new classifications over the years and their current acceptance as integral parts of today's system emphasize the needed continuance of the evaluation and analysis of the practice of nursing. The Committee urges that all segments of the health team exhibit a boldness and innovativeness not previously evidenced in the Commonwealth.

A-5. ***It is recommended***

(a) ***that*** *health care organizations make budgetary provisions for the types and appropriate numbers of support workers required to achieve optimal utilization of nursing personnel;*

(b) ***that*** *programs be established and maintained within each health care facility, when feasible, to train support personnel, such as intensive care technicians, operating room technicians, home care personnel, and others needed to implement effective nursing practices; (See Recommendation D-4.)*

(c) ***that*** *health care organizations subsidize the training of required support personnel at other institutions in which pro-*

grams are conducted when it is not feasible for them to maintain their own training programs; (See Recommendation D-4) and

(d) ***that*** *support be given to continued exploration of new types of health care personnel needed to meet everchanging requirements in medical and related fields and to implement necessary updating in the practice of nursing.*

Throughout this chapter the theme has been accentuated that changes in health education and health care have altered and will continue to alter the practice of nursing. The patterns of nursing practice are changing, and it must be emphasized these changes should be directed toward an effective and efficient health care delivery system. The roles of the nurses of tomorrow must be envisioned quite differently from those of today. Both the nurse practitioners now serving in institutional or private duty roles or engaged in other areas of employment and the citizenry must expect and accept these changing patterns of nursing practice.

CHAPTER IV

WORKING ENVIRONMENT OF NURSES

A consideration of the working environment of nursing practitioners must pertain to all of the surrounding conditions and influences that affect the development of an individual in his employment as he performs his particular task, job, or undertaking. Accordingly, the working environment refers to many important variables in the working organization. These variables may be depicted as the resultant of the quality and quantity of work in terms of the mission of the organization; the extent to which employment develops and utilizes the highest aptitudes, talents, and skills of workers; the degree of satisfaction developed by the employees in their performance on the job; and the level of discomfort, irksomeness, and dissatisfaction occasioned by the work. These variables are not mutually independent. One factor may influence or be influenced by others, and often there is a persistent relationship among them.

Historical changes in the philosophy on employee relationships throughout our nation have justified the conclusion that modern manpower policies are truly tripartite and are influenced by employees and government, as well as management. Recognition is basically universal that personnel programs and conditions of employment can be no more effective than the policies on which they are based. However, a major problem in many health care facilities is found to be that policy often is not made, but evolves and emerges randomly rather than according to any well-rationalized plan. Well-defined personnel policies concerned with the organization of the institution; initial and routine employment phases, including employee benefits, safety programs, and conduct of employees; and the severance phase have an important relationship to working environment and to those often undefinable but tangible factors of employee morale and job satisfaction.

Discussions relating to the working environment of nursing practitioners were considered of principal consequence in the general deliberations of the members of the Governor's Committee. One specific charge to the Committee by the Governor included the determination of means for returning to the profession qualified nurses who are not practicing and whose skills could help relieve existing shortages. One contributing force in the return of qualified personnel, as well as in

the retention of current employees, includes provision for adequate salaries, employee benefits, and desirable working conditions.

A reflection of proposals offered over three decades ago advocating a better working environment for hospital employees was found to be uncomfortably similar to expressions by many individuals and groups at this time. It would appear from these continuing propositions that action is long overdue to modify certain inequities found in the health care system, more especially hospitals. The conception continues that because those who serve hospitals occupy a position different from workers in business and industry and closer to volunteers working out of devotional motives, they should make sacrifices in their working environment because of the charitable nature of the enterprise. A widespread impression continues that nursing personnel can be paid noticeably less and work under less favorable conditions than those in other comparable employment situations.

Studies at both national and state levels have confirmed that reported nurse dissatisfactions relating to working environments are increasing. Further, these dissatisfactions are of a magnitude that requires concerted actions to alleviate or reduce these grievances.

It is not the intention of the members of the Committee to imply that working conditions in all health care facilities in the Commonwealth are substandard in terms of recognized organizational patterns and practices. In fact, there are reports of considerable instances of employment practices and conditions in these facilities that provide for job satisfaction of nursing personnel. However, there are still many outmoded practices in hospitals and health care facilities in Virginia, and attempts must be made to correct and improve these practices in order to assure that there will be qualified personnel to meet the tasks of improved health care. Grievances based on real or imagined information, illustrating inequitable wages and salaries, distribution of duties, irregular hours, poor staffing policies, inadequate benefit programs, and objectionable nursing and overall administrative practices were reported often in the open hearings and through letters and testimonies from individuals and groups of registered and licensed practical nurses.

It is understood that personnel policies, depending upon a number of factors, will vary among hospitals and health care facilities. Significantly, the basic standards of general applicability to all employees, the systematic coverage of all major areas of employee relations, consistency, and the general distribution of this information should serve as criteria for these policies, practices, and procedures. The Committee believes that in an endeavor to increase one major area of satisfaction that implementation of the following recommendation is imperative.

B-1. ***It is recommended***

(a) ***that*** *each health care facility in the Commonwealth of Virginia, which has not otherwise made such provision, develop a written statement of personnel policies, practices, and procedures for its nursing staff and other employees;*

(b) ***that*** *each statement of personnel policies, practices, and procedures be reviewed periodically, and in the process of review nurses of that health care facility, including general duty nurses, and representatives of other health professions and services of that health care facility be involved; and*

(c) ***that*** *copies of the officially approved statement of personnel policies, practices, and procedures be available for all current and prospective employees of the respective health care facility. (See Recommendation A-2).*

A singular emphasis on compensation policies is proposed in the succeeding endorsement. There is sufficient evidence that compensation for nursing practitioners has increased in many Virginia health care facilities from fifty to seventy-five per cent, and in some instances one hundred per cent or more, over the past ten years. However, until the economic status of health care personnel is improved to a level where these economic rewards compare favorably with other career opportunities requiring equivalent capabilities and education, this factor will continue to be a cause of major dissatisfaction. Federal regulations covering minimum standards for salaries and wages have recently affected compensation programs in hospitals and other health facilities.

B-2. ***It is recommended***

(a) ***that*** *periodically, at least once a year, each health care facility in the Commonwealth of Virginia review its salary administrative program for its staff of nurses;*

(b) ***that*** *such review be conducted in consultation with representatives of the nursing staff of the health care facility;*

(c) ***that,*** *as part of the review and for comparative purposes, attention be given to the salary scales of vocations requiring comparable abilities, education, and experience as those required for nursing; and*

(d) ***that,*** *in the development of compensation policies for nurses, recognition be given to differentials in pay for*

(1) degree of individual responsibility,

(2) length of service,

(3) proficiency, and

(4) length of tours of duty, as well as night, weekend and holiday duty.

Further requests for the provision of definitely scheduled work periods, rest periods, and adequate facilities for the physical needs of nursing personnel were expressed during the investigations of the Committee. The problems associated with the employment of part-time personnel and the accompanying issues of morale to both full and part-time employees were also introduced. Questionnaire responses, received from many directors of nursing in Virginia hospitals and reported in *Nursing and Health Care in Virginia*, stressed an imperative need for the inauguration or improvement of refresher, in-service, and post-graduate programs for staff and supervisory personnel in their hospitals.

Other issues of varying priorities must be faced in improving the working environments of nurse practitioners. The latest reliable statistics indicate that in 1966 three out of four registered nurses in the Virginia manpower supply were married. Many of these nurses with young children have reported that even with the current salary adjustments for the profession these increases do not compensate economically for necessary child care expenses. Child care facilities (i.e., nurseries and kindergartens) for children of employees and other considerations relating to employment of married nurses should also be studied.

B-3. ***It is recommended***

that *each health care facility in the Commonwealth of Virginia periodically review the working conditions for nurses, appropriate to the individual facility, including such factors as:*

(1) assignment of responsibilities consistent with the education, experience, and ability of the individual nurse;

(2) financial compensation which is adequate in relation to the education, experience, responsibilities, and performance of the individual nurse;

(3) insofar as they are consonant with personnel policies, flexible working hours for nurses who are available to work part-time;

(4) regular provisions for continuing education and refresher courses for both practicing and inactive nurses;

(5) provisions for leave of absence with remuneration for practicing nurses to enroll in regular and formal study;

(6) retirement and other benefits, comparable with other employment opportunities; and

(7) other factors, such as nurseries and kindergartens for children of nurses, adequate lounge and dressing room space for members of the professional staffs, and availability of protected car parking space and transportation, especially during evening and night hours.

In 1903 the Commonwealth of Virginia became one of the first states in the nation to enact a nursing practice act for professional nurses. This early act provided for the permissive licensure of nurses who desired the privileges granted by the law, and it served as a measure of protection to the public. In recent years, beginning in 1938 but more particularly since 1947, legislation was introduced in some states further to safeguard the life and health of the citizenry by providing for the mandatory licensure of all persons engaged in the practice of professional nursing. Currently, 43 states and territories have enacted these mandatory nursing acts. Virginia remains as one of nine states still with only a permissive nurse act.

Beginning in 1919, a second major category of nurses, the practical nurse, was legally recognized through the introduction of permissive nurse practice laws; Virginia's law was enacted in 1946. Again, through the establishment of more stringent laws 29 states, excluding Virginia, have now provided mandatory laws for this category of nurses.

Statements from proponents and opponents of a mandatory act have been considered by the members of the Committee, and it is recommended that the practice of professional and practical nursing require mandatory licensure. The contention against this enactment, purporting to the loss of a number of persons now providing nursing care, can be negated through proper safeguards of this proposed law. In view of the deliberations reported in Chapter III regarding the increasing complexities and demands placed upon nursing practitioners, it is considered that licensure should be mandatory to insure that these practitioners are qualified to provide safe nursing care.

B-4. ***It is recommended***

(a) ***that*** *the General Assembly adopt a mandatory licensure law for both professional nursing and practical nursing for the purpose of promoting the safety and welfare of those requiring nursing care and assisting in the desirable regulation of those who hold themselves out to the public as having special educa-*

tion, training, or skill in nursing care; (See Recommendation D-2.)

(b) ***that,*** *in order to make clear its intent, the licensure law be drafted so as expressly to provide that it does not in any way prohibit or limit the performance by any person of acts in the physical care of a patient when such acts do not require the knowledge and skill required of a professional or licensed practical nurse, or when such acts are performed under order or direction of a licensed physician, licensed dentist, or professional nurse;*

(c) ***that*** *the law be drafted so as also to provide that persons performing such acts should not be allowed to designate themselves or be designated by the word "nurse," but may use the term "nursing" in connection with a word to distinguish their occupation, including but not limited to "nursing attendant," "nursing assistant," or "nursing aide"; (See Recommendation A-1 (a).) and*

(d) ***that*** *the law provide that nursing students in accredited education programs may be employed for compensation in off-duty time in a "nursing assistant" capacity.*

Further consideration of the proposal for a mandatory licensure law for both professional and practical nurses included a review of the present licensure renewal procedures. As a supplemental safeguard both for the deliverer and the recipient of nursing practices, the Committee urged that consideration be given by the State Board of Examiners of Nurses to the adoption of changes in its current renewal procedures, particularly in the continued licensure of inactive nurses. Appropriate standards for qualification, including attendance at educational or in-service programs and assessment of continued competency in nursing skills, should be taken under advisement by the State Board.

CHAPTER V

RECRUITMENT, SELECTION AND RETENTION OF NURSING STUDENTS

The members of the Committee recognize the truism that one important means of increasing the supply of registered nurses and allied health personnel in the health delivery system is to increase the number of graduates from nursing and allied health educational programs. Concurrently, the selection and retention of students in these programs is also of chief concern in this endeavor.

A review of earlier employment opportunities indicates that nursing and teaching were among the few major vocations for women, but over the past few decades career opportunities have been provided to women in many formerly predominantly male occupations and through the introduction of an abundant number of new occupations and professions. Therefore, with the increased competition for women, the nursing profession no longer can expect prospective recruits without a comprehensive and continuing promotional campaign.

Projected national and state health manpower demands for the future were presented in the publication *Nursing and Health Care in Virginia* and are summarized in Chapter II of this report. Even a cursory review of this information reveals that national recruitment efforts of a magnitude not previously attempted must be undertaken if a supply of health personnel is to approach these projected demands. These statistics also underscore the requirement that recruitment ventures be markedly strengthened in the Commonwealth.

Haphazard practices of recruitment cannot fulfill the current demands for personnel in Virginia's health delivery system. The findings of the Committee disclose that no fully coordinated recruitment efforts for nurses and other health personnel now exist in the state. Those necessary factors of cooperation, coordination, and adequate financial support required for a comprehensive effort were found to be deficient among the professions, educational institutions, health care facilities, and the general public.

It is noted that Virginia has the resources to institute a comprehensive recruitment effort, but the apparent apathy or lack of coordination evidenced over the years must be eliminated if a maximum effort is to be introduced. A number of recommendations are provided throughout the following pages relating to improving and stimulating nurse and health manpower recruitment in the Commonwealth.

The Virginia Council on Health and Medical Care is recognized as being the primary agency for career guidance for health manpower in the state. This Council, known as one of the pioneer agencies of its kind and recognized nationally for its accomplishments, has effected placement of dentists, physicians, and other health professionals in many of our communities. The arrangement and sponsorship of many state and regional health conferences have also been a major function of the agency.

Two programs originating from the Council have constituted the statewide career guidance efforts for health manpower. In cooperation with 20 major health professions and many health-related groups, the Virginia Council organized the Health Careers Program in 1958. Through scheduled appointments in high schools, colleges, and civic clubs throughout the state, assembly programs on careers in health are being presented. Follow-up activities relating to information on specific professions is also included in the program. A new program, "Partners in Health Careers," was begun by the Virginia Council in 1965. This program, conducted with the cooperation of individual hospitals and the Virginia Hospital Association, is designed to promote health careers on the local level by cultivating and encouraging local leadership. In addition to these programs, activities such as distributing television and radio spot announcements and providing printed materials to secondary school counselors have been undertaken.

Increased recruitment efforts require increased financial assistance, and in order to provide impetus for these efforts, financial resources must be enlarged. During the deliberations of the Committee, several proposals were introduced by interested individuals and professional groups urging that a recruitment center be established under the supervision of a state agency, specifically for nurse and allied health manpower recruitment. It was the consensus of the members that efforts can best be accomplished through a voluntary rather than a state or federal agency, and that the recruitment for health personnel is at this time not primarily a governmental responsibility. Acceptance of this concept and recognition of the accompanying responsibility for sufficient financial support must be recognized by individuals, health professions, hospitals, business, and industry if recruitment efforts are to be successful.

A specific recommendation is also offered to coordinate efforts in recruiting discharged or retired men and women in the Armed Services and other governmental agencies. Many individuals in the Armed Services and the Veterans' Administration have performed health care functions that may lead to careers in nursing and other health services,

either through further educational opportunities or immediate employment in Virginia health care facilities. Through the following recommendation, it is proposed that the Virginia Council on Health and Medical Care assume the responsibility of this task.

C-1. ***It is recommended***

(a) ***that*** *the Virginia Council on Health and Medical Care be recognized as the statewide coordinating agency for career guidance of personnel for the various health professions; and*

(b) ***that*** *in order more adequately to fulfill this function with respect to nursing:*

(1) the Virginia Council on Health and Medical Care should serve as the central clearinghouse for current information about the various types of nursing programs available in the state and the schools of nursing offering these programs, and the availability of scholarships and other financial assistance for prospective nursing students;

(2) the Virginia Council on Health and Medical Care should seek and encourage financial support from hospitals, the health professions, business concerns organizations, foundations, individuals, and others to help finance the publication and distribution of literature, tapes, films, and other material to be used in the career guidance and recruitment of persons for careers in nursing and other health fields; and, further, ***that*** *the health professions and hospitals provide all appropriate assistance to the Council in its fund raising activities;*

(3) the Virginia Council on Health and Medical Care should expand and strengthen its Partner's Program in all localities of the state as one effective means of exposing high school students to opportunities in the health fields, and in so doing the Council should seek the active cooperation and support of all associations and organizations in the state concerned with education for the health professions and services; and

(4) the Virginia Council on Health and Medical Care should seek the cooperation of each branch of the Armed Services and the Veterans' Administration in obtaining the names of service men and women who are to be discharged or retired and who may possess qualifications to enter the nursing profession, as well as other health services, and the

Council should circulate information to these individuals about opportunities for education and employment in nursing and other health services in the State of Virginia.

Suggestions were received by the members of the Committee that professional and licensed practical nurse associations in the state could participate more actively in the recruitment of nursing students. In an effort to encourage nurses throughout the state to assume a more active role in the recruitment to their profession, the following proposal is offered.

C-2. ***It is recommended***

that *the Virginia Nurses' Association, the Virginia League for Nursing, the Licensed Practical Nurse Association of Virginia, Inc., and the Virginia State Association for Licensed Practical Nurses, Inc.:*

(1) make every effort to keep their members informed of the nursing education programs in the state and to stimulate their active participation in recruitment for nursing education programs of all types; and

(2) develop and operate a prompt and systematic method of follow-up when names and addresses of persons interested in nursing are received by their representatives from the Virginia Council on Health and Medical Care.

Many junior and senior high school students in the Commonwealth are concerned about their future educational and employment opportunities. It is deemed imperative that these students receive information concerning health careers and that counselors in all high schools be cognizant of the enlarged and expanded opportunities in the health professions. This subsequent recommendation emphasizes the importance of the role of the State Department of Education and school advisors or counselors in the comprehensive recruitment pattern.

C-3. ***It is recommended***

that *the Virginia State Department of Education distribute information to the counselors in all high schools in the state describing the needs for health personnel and the enlarged and expanded opportunities in the health professions.*

Controversies have been aired over the past years regarding the lack of a "career ladder" pattern in nursing education. Difficulties faced

by nursing practitioners in their pursuance of advanced educational opportunities were recounted by some graduates from diploma and associate-degree programs. Similarly, licensed practical nurses reported like experiences in pursuing professional nurse status. These individuals have claimed that the practices found in the system of nursing education do not take full cognizance of their previous educational qualifications or their experience. In order to provide maximum opportunities for the upward mobility of nurse practitioners at all levels of preparation, the following proposal is submitted.

C-4. ***It is recommended***

that *all schools of nursing in the Commonwealth of Virginia grant credit toward completion of requirements for graduation to their students for previously acquired competency and knowledge on the basis of equivalency examinations. (See Recommendation D-7 (5).)*

One requirement considered essential to the success of any comprehensive recruitment effort is the availability of scholarship and loan funds to prospective and currently active licensed practical and registered nurses. Post-high school educational costs are often beyond the means of many families and are limiting factors in a student's choice of vocations. Present student assistance in terms of scholarship and vocational loans was found to be basically non-existent in a majority of the licensed practical nurse programs, and scholarships and loans for professional nurse students were considered to be insufficient in relation to the number and adequacy of available awards.

Advanced education is considered to be one of the most critical needs in the nursing profession today. Therefore, a major effort should also be undertaken to establish available scholarship programs for professional nurse graduates who desire to prepare for special or advanced graduate degrees.

C-5. ***It is recommended***

that *the General Assembly enact legislation to provide increased funds for scholarship and loan assistance to students in schools educating practical or professional nurses in the Commonwealth of Virginia. (See Recommendation F-4 and F-5.)*

Although the attraction of candidates for nursing education programs is of leading consideration, concern was registered by numerous nursing educators and supported by the members of this Committee

that many potential candidates are unable to meet the educational requirements for admission to the various educational programs. While some persons advocated the reduction of admission standards and requirements, anxiety is currently being expressed by members of the profession concerning the minimum qualifications now accepted by some programs.

It was reported that a lack of competency in the basic skills of reading, writing, and arithmetic by interested candidates currently denies career opportunities to a number of high school graduates in the Commonwealth. The members of the Committee recommend that efforts be constantly extended to improve public school instruction and that the total educational program be strengthened to overcome many of these reported deficiencies.

C-6. ***It is recommended***

that *elementary, secondary, and post-high schools in the Commonwealth of Virginia continue their efforts to establish and operate programs of education to enable individuals, including potential candidates in nursing, to overcome educational deficiencies, especially in the fields of reading, writing, and arithmetic.*

It is further urged that schools of nursing assure that all qualified candidates are accepted. A review of admission practices indicates that artificial and restrictive criteria have been established by some schools within the state. In view of the critical need for professional and licensed practical nurses, every effort to insure nondiscriminatory practices, without regard to age, marital status, race, religion, or sex, must be pursued.

C-7. ***It is recommended***

that *without impairing their educational standards all schools of nursing in the Commonwealth of Virginia implement admission policies and practices which do not exclude candidates on the basis of age, marital status, race, religion or sex.*

A review of national and state data on the attrition rates in schools of nursing indicates that many students are lost from the potenial supply of nurses prior to their graduation. Attrition in nursing programs, and more particularly in professional programs, represents a significantly high percentage of students who did not complete their program of studies. Nationally, student attrition rates range from 30

to 40 per cent of student enrollment, and the attrition in Virginia in some types of programs appears even greater. Student attrition statistics recorded in Chapter II indicate a marked increase from 1965 through 1967, and over four hundred students each year have become inactive.

C-8. ***It is recommended***

that *the Virginia League for Nursing, cooperatively with the schools of nursing in the state and with the assistance of the Virginia Nurses' Association and the Virginia State Board of Examiners of Nurses, study and evaluate the recent and current attrition rates in schools of nursing and identify those factors which will promote the retention of more students to graduation and into the practice of nursing.*

CHAPTER VI

EDUCATION OF NURSES

There is ample evidence to indicate that even with optimal utilization of nurses a severe under-supply of professional nurses exists; furthermore, statistical analyses indicate that the number of nursing education programs and student admission, enrollment, and graduation figures do not show the necessary increases to meet the demand. While it is recognized that many factors determine the number of practicing professional nurses (specific factors have been discussed in earlier chapters of this report), one principal factor in the equation is the number of graduates the various programs in nursing education are able to produce each year.

A review of basic programs in nursing education in the Commonwealth reveals a materially different distribution over the years 1957 through 1968. In 1957, there were 33 schools represented by 28 diploma, two associate-degree, and three baccalaureate-degree programs. By 1968, there were 32 schools, of which 21 were diploma programs, six associate-degree, and five baccalaureate. Prior to World War II, nearly all professional nursing education was furnished in diploma schools. As late as 1957, of the 33 schools in Virginia, 85 per cent were hospital controlled; by 1968, this had decreased to 66 per cent of the 32 programs.

Admission data for the years 1957 through 1968 were reported in Chapter II and provided figures relative to numbers and percentages by types of programs. From these it can be observed that 739 of the 875 admissions in 1957 were to diploma schools, whereas only 619 of the 1,120 entering students in 1968 were to hospital-based programs. In both the baccalaureate and associate-degree programs, admissions increased over 300 per cent during this period, and together these admissions represent nearly 50 per cent of the total admissions in 1968.

A further study of the information provided in Chapter II presents an enrollment pattern for 1968 very similar to that of admissions and portrays further the development of programs based in junior, community and four-year colleges. Enrollments during the 1957-1968 period show a drop from 1,782 to 1,543 in diploma schools, an increase of 220 (from 73 to 293) in associate-degree programs, and an expansion in baccalaureate schools from 268 to 829. The number of graduates in 1968 from all types of programs was an increase of 178 over the number of graduates in 1957. The largest total of graduations (771)

since 1957 occurred in 1968, and this was the only year except 1964 in which graduations exceeded 700. Similar to admissions, diploma graduations have decreased from 502, or 84.6 per cent in 1957, to 484, or 62.8 per cent of the total in 1968.

The above statistics and those provided in more detail in Chapter II depict the continuing changes in professional nurse preparation, both nationally and within the Commonwealth of Virginia. The recent efforts of the Virginia State Board of Community Colleges and the State Council of Higher Education for Virginia to establish and develop health career programs, including nursing, in many of the current and proposed institutions throughout the state will further these changes. The proposed enlargement of the community college system to include 16 institutions in Virginia by 1970 and a total of 22 by 1975 will provide the facilities for increased nursing educational opportunities not envisaged earlier.

Recognition must be undertaken not only of the quantity of programs but also of the quality of those programs that prepare professional nurses. Information reported in Chapter II relating to the class sizes of some programs, the adequacies of clinical facilities, the educational preparation of faculties, and the results from initial licensing examinations reflect the quality of education. The conditions of some schools in reference to the above areas have been a concern of the Committee.

The majority of associate-degree programs, the baccalaureate programs and the newly established master's program are in state-supported institutions and are a part of the state system of higher education, subject to the policies of the State Council of Higher Education. The hospital schools, which provided 62.8 per cent of the professional nurses in 1968, are not directly coordinated by any educational arm of the Commonwealth of Virginia. All programs, however, are subject to the regulations of the State Board of Examiners of Nurses.

Nursing education programs are not now providing sufficient graduates to meet the needs in the health delivery system in Virginia. Thus, immediate action to provide a greater supply of graduates must be undertaken, and comprehensive planning for nursing education, as indeed for all allied health professions and occupations, must become an immediate reality. In recognition of the national and state trend—that nursing education is increasingly becoming located in institutions of higher education—it is proposed that this planning should be statewide in scope and should take place in conjunction with the total higher educational planning of both public and non-public institutions of the state. In addition, because of the existing complexity and projected

major changes in the patterns of nursing education and the delivery of health care, continuous planning by a designated body with an expert staff must be maintained to insure adequate nursing personnel and services for the citizenry of the Commonwealth in the years ahead.

D-1. ***It is recommended***

that *during its 1970 session, the General Assembly enact legislation which:*

(1) designates the State Council of Higher Education for Virginia as the planning and coordinating agency at the state level for all post-high school educational programs for nursing and the other health professions and occupations, and directs the Council to present to the Governor and the General Assembly, at least biennially, recommendations, including those related to financing, whereby adequate and coordinated educational programs may be provided to produce an appropriate supply of properly trained personnel; (See Recommendation E-5.)

(2) authorizes the Governor to appoint a Committee on Education for the Health Professions and Occupations: (a) which will be composed of representatives of the general public, nurses, including a representative of the State Board of Examiners of Nurses, and other individuals knowledgeable of and engaged in various health professions and occupations, as well as educators from various levels and types of educational programs; (b) which will be advisory and responsible to the State Council of Higher Education; and (c) which will be expected to provide continuous in-depth study of educational needs of nursing and of the allied health professions and occupations, to develop proposals for meeting the changing needs, and to offer such recommendations to the Council as are deemed appropriate;

(3) authorizes the State Council of Higher Education to appoint a Coordinator of Education for the Health Professions and Occupations to serve as the specialist on health education porgrams for the Council; and

(4) provides adequate financing for salaries of the Coordinator of Education for the Health Professions and Occupations and of a secretarial staff, as well as for operating expenses for the Coordinator and the activities of the Committee. (See Recommendation F-2.)

The current role of the State Board of Examiners of Nurses was reviewed in detail, and there was agreement that the duties of this Board are not now reflected through its official designation. Although the responsibilities of licensure for those persons seeking to perform professional and practical nursing functions in the Commonwealth are a part of its charge, it also serves as the official accrediting body for all types of nursing education programs leading to licensure. In order to recognize more appropriately the broader functions of this Board, the following proposal is offered:

D-2. ***It is recommended***

that *during its 1970 legislative session, the General Assembly enact a new nurse practice act, which, among other provisions, changes the name of the State Board of Examiners of Nurses to the Virginia State Board of Nursing and delineates its role as the official licensure board for those seeking to perform nursing duties and as the state accrediting body for all types of nursing education programs leading to licensure. (See Recommendation B-4.)*

The previous proposal (D-1) calling for a planning and coordinating agency at the state level to further nursing education in the Commonwealth is not intended to displace or limit any major responsibilities of the State Board of Examiners of Nurses. It is recognized, however, that a close relationship between the State Council of Higher Education and the State Board of Examiners of Nurses must be maintained. The following recommendation is offered to emphasize the important and complementary roles of these agencies.

D-3. ***It is recommended***

that *the State Council of Higher Education for Virginia and the State Board of Examiners of Nurses act in a cooperative and coordinated manner in the fulfillment of the respective responsibilities herein recommended. (See Recommendations D-1, D-2, and E-7.)*

The present and future patterns of health care delivery now include and will involve to an even greater extent the services of a multiplicity of nurse supportive personnel. Better utilization of registered nurses and other health professionals will result only through the increased use of properly prepared ancillary workers. With the view that such personnel will be essential to meet the contemplated demands for health

care, steps must be undertaken to assure effectiveness of the programs in providing the necessary skills and understandings to these personnel in order that they may fulfill their roles in the health delivery system.

D-4. ***It is recommended***

> ***that*** *programs for the education of nursing attendants, nursing aides, volunteers, and other personnel supportive to nursing be encouraged and expanded in hospitals and other health care facilities, provided they have adequate educational and clinical facilities and competent staff and supervision. (See Recommendations A-5 (b) and A-5 (c).)*

A survey of the growth of practical nurse programs in the Commonwealth indicates an increase from 12 programs in 1957 to 42 programs in 1968. The 1968 graduates of these programs (720) now approximate 90 per cent of the number of professional nurse graduates (771) for the same year; in 1957 the number of practical nurses was equal to 30 per cent of the total of professional nurse graduates. The increasing role that the graduates of these schools have assumed over the years is acknowledged, and the continuation of these important educational programs is encouraged. The financing of all programs, with the exception of one hospital-controlled program, is from public funds. It is noted that in addition to being subject to supervision by the State Department of Education, several programs are also now funded by the Office of Economic Opportunity and the Manpower Development and Training Act. All programs are reviewed and accredited by the State Board of Examiners of Nurses. However, concern, similar to that expressed in relation to professional nursing programs, is advanced that these schools be administered in terms of acceptable criteria related to enrollments, clinical facilities, and the preparation of the faculties.

D-5. ***It is recommended***

> ***that*** *the State Board of Examiners of Nurses, the State Department of Education, the State Department of Community Colleges, and the State Council of Higher Education for Virginia encourage the continuation of educational programs for practical nurses, where adequate educational and clinical facilities and sufficient financial support and student enrollment are available.*

The position of the American Nurses' Association regarding the preparation of registered nurses and the controversies over the relative merits of each type of nursing education program have been reviewed

by the Committee. Yet, even with the changing trends in nursing education in the state and the nation, 62.8 per cent of the graduates of professional nursing programs in Virginia during 1968 were graduates from hospital-based programs. Therefore, every attempt must be made to maintain satisfactory educational offerings in these programs. Finances, faculties, and qualified applicants are among the many problems that confront these programs. Some attempts to find a means of reducing such problems have been made, including the reduction in the length of diploma programs, consolidation of small schools, and the utilization of cooperative arrangements with institutions of higher education for academic and non-clinical instruction.

One means of assuring the earlier employment of diploma school graduates and thus providing for the addition of more qualified nurses could include the reduction in the length of diploma programs. Traditional programs have been three calendar years in duration although several in Virginia have been reduced below this 36-month figure. It is suggested that the curricula of schools in the Commonwealth be modified and the period of attendance further reduced to 24 months. Since diploma programs in other sections of the nation have been successfully shortened, consideration of this proposed change should be studied by all schools in Virginia.

A study of graduation figures from hospital-controlled schools in 1968 indicates that the outputs of 19 of the 21 schools in Virginia did not exceed 30 students. Enrollment and admission data also substantiate the existence of too many small schools, and in some locations of the state several programs in the same geographical area are being conducted with limited enrollments. It is deemed that the consolidation of these small programs may increase educational offerings to the students.

Cooperative arrangements with colleges and universities for academic and non-clinical instruction have been undertaken by nearly all of the diploma programs in the Commonwealth. Such instruction is offered either through the assignment of diploma students to regularly scheduled courses in the institutions of higher education or the presentation of special courses by faculty members in the institutions. Through this means of instruction, educational opportunities complemented by adequate library facilities and more adequately equipped laboratories can often be better provided. It is urged that attention by the directors of these programs be given to these and other means of maintaining and continuing educational programs of good quality.

The findings of this Committee have continually pointed to the critical status of nursing practice and education in Virginia. Many

recommendations relating to an expanded role for educators, nurses, employers, businesses, voluntary and state agencies, and the public at large have been offered. Some recommendations have involved needed financial support. There is an awareness of the increasing, and in some cases nearly unattainable, demands of meeting the necessary operating costs in many hospital-based programs. To maintain and improve the necessary quantity and quality of professional nurse graduates at this point in the nursing crisis in Virginia, special financial assistance to these schools is urgently needed. This proposed assistance would, to some degree, help to decrease the annual costs to these hospitals for the continued maintenance of their programs.

D-6. ***It is recommended***

(a) ***that*** *existing hospital-diploma schools of nursing:*

(1) reduce the length of their programs to two calendar years;

(2) consolidate their programs, where several with small enrollments are located near each other; and

(3) continue cooperative arrangements with nearby two-year and four-year colleges, which could assist in providing instruction in general education and other non-clinical subjects of study; and

(b) ***that*** *the General Assembly provide sufficient funds for state-supported institutions of higher education to offer academic and non-clinical instruction without charge for students of diploma schools of nursing which are fully accredited by the State Board of Examiners of Nurses. (See Recommendation F-3.)*

Even though no attempt has been made to develop a "master plan" for nursing education in Virginia, certain realities from the study of nursing have re-emphasized consistent areas of concern pertaining to nursing education. The goals of additional nursing education programs, more qualified graduates, and an increased number of nurses with advanced degrees to assume more adequately the teaching and administrative roles in the Commonwealth are difficult but realistic aspirations. The development of plans to provide additional opportunities throughout the state by the introduction of associate-degree and four-year baccalaureate programs is necessary to produce more qualified graduates. The staffing of present nursing facilities and of those planned for the future throughout the state has been and will continue to be badly handicapped because of a lack of candidates with graduate de-

grees in nursing. Thus, major emphasis on the establishment and continued development of these programs, including doctoral programs, must be made.

Learning for the active practitioner in any profession is recognized as a never-ending process. Basic preparation for entry into practice is not intended to provide the continuing competence of practitioners. It has been stressed that the practices of nursing in the health delivery system are not static in nature and that major changes will continue to occur. The efforts to meet the continuing educational demands of professional nurses in the Commonwealth are found to be inadequate at this time. Immediate attention for the design of a comprehensive program is necessary if the practice of nursing is to be strengthened in the Commonwealth. It is urged that this program be designed to meet the needs of all levels of employment and also include, where practical, refresher courses designed to assist inactive nurses in their attempt to re-enter the practice of nursing.

D-7. ***It is recommended***

that, *in developing plans for adequate and coordinated educational programs for nurses in Virginia, the Committee on Education for the Health Professions and Occupations of the State Council of Higher Education:*

(1) formulate policies consistent with the trend for an increasing proportion of nursing students to be educated in two-year associate-degree programs in community colleges;

(2) proceed on the policy of recommending the establishment of two-year associate-degree nursing education programs and/or four-year baccalaureate-degree nursing education programs in each of the various regions of the State, provided adequate clinical facilities, faculty, student enrollment, and financial support are assured;

(3) proceed on the policy of recommending the establishment of additional graduate level nursing education programs among the institutions of higher education in the State to include the fields of management, supervision, and teaching, as well as clinical areas of study, provided adequate clinical facilities, faculty, student enrollment, and financial support are assured;

(4) initiate the design of a statewide coordinated program of continuing education for nurses, including clinical courses and courses for nurse educators, administrators, and super-

visors, as well as refresher courses for inactive nurses; such programs to utilize the technology of television and programmed learning devices, as well as extension courses, workshops, and other methods of instruction; and

(5) give immediate attention to the formulation of a policy whereby challenge or equivalency examinations will be used in the various nursing education programs throughout the Commonwealth of Virginia as a means for nursing students to receive credit for specific courses in which they may prove competent without the necessity of their actually being enrolled in each course in the curriculum. (See Recommendations C-4 and E-8.)

Throughout this report the relationship of nurses and other health care personnel has been stressed. With the continued emphasis that no educational program in the health field can be reviewed in isolation, this final proposal concerned with education of health personnel is provided.

D-8. ***It is recommended***

that, *in view of the increasing demands for health care and in view of the increasing numbers of persons providing such care, a study be made of the possible need for more adequate supervision of the educational programs preparing allied health personnel and of their authorization to provide health services.*

CHAPTER VII

COOPERATION AND COORDINATION IN PLANNING AND DELIVERY OF HEALTH SERVICES

In the Commonwealth of Virginia as in other states, there are different types of organizations which have, either by legal statute or their own declared purposes, assumed responsibilities for the delivery of health care services. These include voluntary and governmental organizations and agencies, and associations of professional persons and institutions. Among the large number of associations of professionals are the Virginia Nurses' Association and the Virginia League for Nursing. Both have concern for the delivery of health care. Naturally both are primarily concerned for the practice of nursing and for the welfare of their individual members.

Throughout this final report the Committee has placed stress on the need for cooperation, coordination, and planning in order that the social goals of improved health care for all citizens of the Commonwealth may be adequately met. Although the recommendations of the Committee may specify in some instances some organizations and government agencies, it is not intended that others not specifically identified should be excluded either by their own volition or by the planning coordinators. Cooperation, coordination, and planning for the delivery of health care services depend upon the genuine involvement of a wide spectrum of organizations, agencies, and individuals.

The spectrum includes the preparation and employment of all the various allied health occupations and professions—not just nursing, with which this study is primarily identified. However, the Committee is not prepared to make specific recommendations about these other health groups, except as they relate to planning and coordination as providers of services. Despite these omissions it is important to recognize the need for the development of cooperative programs of education in the best utilization of all allied health personnel, such programs to include both nurses and other allied health personnel.

One of the propelling forces for greater coordination and planning is the rapidly rising cost of health care. In fiscal year 1968 all United States citizens spent $53.1 billion for health care, an increase of about 26 per cent, or $10.8 billion more than was spent in the fiscal year only two years earlier. According to the National Advisory Commission on Health Facilities, the national investment in providing health

care is increasing at a rate of 8.6 per cent annually. As of 1968 all expenditures for health care constituted 6.5 per cent of the Gross National Product, and some analysts predict that the percentage of the GNP spent on health care will increase in the coming few years to between 8 and 10 per cent.

Reports issued by the United States Public Health Service indicate that expenditures for hospital care, the most costly element of all health care expenditures, rose from $14.2 billion in fiscal year 1966 to $19.1 billion in fiscal year 1968, an increase of about 35 per cent. According to the Secretary of Health, Education, and Welfare's Advisory Committee on Hospital Effectiveness, the national average per diem hospital cost in 1968 totaled $65. The Secretary's Committee anticipates that this rate may well increase by 1972 to $100.

The reasons for rising hospital costs are easy to identify. Patients suffering from accidents, illnesses, or diseases, which may have been fatal in years past, are now being effectively treated as a consequence of new and dramatic medical technology. Modern medicine has created the image of the hospital as the best place to go for medical care. To perform these new medical tasks, hospitals today must employ a vast array of nurses and other allied health personnel—personnel which is better prepared and better paid than ever before. While many other organizations must employ nurses and allied health personnel, hospitals are their principal employers. Furthermore, the number of hospitals in operation has increased significantly during the past twenty years. In 1947 there were 6,173 hospitals registered by the American Hospital Association. By 1967 the number had increased to 7,172. Although this growth in the number of hospitals in itself is an important factor, the most striking change affecting hospital costs has been the number of people which must now be employed in them.

Twenty years ago there were roughly .9 million people employed in all the hospitals in the country; this included residents, interns, and other students. By 1967 this figure had almost tripled, exceeding 2.2 million and not including students. The average number of employees per occupied bed in the typical community hospital has increased from 1.7 to 2.6 during this period. At the turn of the century, one supportive person for each physician was considered reasonable and adequate. Now the ratio is 13 supportive people for each physician, and projections have been made that by 1975 there should be a ratio of 20, or even more, to one.

The 1966 amendments to the Fair Labor Standards Act, which for the first time included hospitals under the minimum wage provisions of the Act, have made their impact. Some insurance companies and

other third-party organizations, which insure hospital benefits on a prepaid basis, have contributed to the acceleration of costs by the manner in which their subscriber contracts are written. For example, certain contracts for hospital benefits require that the subscriber be hospitalized before benefits will be provided. As a consequence, some attending physicians, sensitive to their patients' financial welfare, admit patients to hospitals in order that they may be eligible for insurance coverage, when these patients could be treated just as adequately in an extended care or other less expensive facility which is not presently covered for insurance benefits. The effects on rising costs of these combinations of circumstances can be easily recognized when we are reminded that the per diem cost in an acute hospital bed may exceed $65 per day while the cost in an extended care facility may be only $30 per day. Furthermore, the patient may be as well treated for his particular ailment in an outpatient clinic or in the physician's office.

An additional factor contributing to increasing costs is the philosophy that the finest available health care is the right of all our citizens regardless of their ability to pay. Widespread acceptance of this philosophy has intensified the demand for hospital care.

While the Committee acknowledges legitimate explanations of rising costs, it notes with genuine alarm the absence of coordination among the many elements involved in the delivery of health care and the apparent lack of communication among the providers of services. Selected groups have made and are continuing to make valiant efforts in attempts to encourage cooperation among providers, professionals and agencies—efforts which are only beginning to take form and which should be accelerated.

Individual hospitals, their governing boards, medical staffs, and administrators have generally been conscientious in regulating their own institutional affairs. Nevertheless, more efficient utilization of facilities and more effective deployment of people would help to resolve many of the shortages of trained personnel and incidentally might mitigate the pressures of rising costs. Even the most efficiently operated hospitals usually function independently of each other with little regard for duplication and overlapping of services in the community. Insurance and prepayment programs have removed for millions of people economic barriers to hospitalization and have made significant contributions to the nation's health. However, the emphasis on hospitalization in order to qualify for coverage has lessened the incentives for efficiency and has encouraged extravagances when a patient could be served as effectively in a less costly setting than a hospital.

The concept of comprehensive health planning, as a means by which

society may more adequately provide for community health care needs, is irrefutably sound. In addition, better utilization of health care facilities, of equipment, and of all allied health professionals will improve patient care. The concept of progressive patient care is an example.

Progressive patient care provides for the classification of patients by their need for care and nursing attention. Patients who are convalescing or who are chronically ill need not be admitted to acute general hospitals where expenses are much higher. Patients who do not require the attention of skilled nurses on a twenty-four hour basis, as provided in the extended care facilities, would be treated in residential facilities or in nursing homes. Patients who do not require the protective environment of extended care facilities or nursing homes would be provided care in homes for the aged where services are oriented and staffed to meet their particular needs. Conversely, patients with critical needs would be placed in acute hospitals, and within certain of those hospitals with the appropriate services, in selective care units, which provide intensive supervision, such as in coronary, surgical, or general intensive care units. The public hearings held by the Committee elicited the information that in the cases of patients who are not custodial this form of care encourages patients to become more self-sufficient and accelerates their recovery for return to normal life. All hospital utilization review committees should continually and actively review their institutions' provisions for patients requiring nursing care.

In many instances certain duplications in hospital services, in equipment, and indeed, even in the existence of certain hospitals in geographic areas where there is minimum demand, amount to extravagances and a misappropriation of scarce financial resources. As an example, there is little justification for all or even several hospitals in a single community to install cobalt radiation treatment units. Such units are expensive both to purchase and to operate. It is particularly wasteful when the individual units function at considerably less than capacity, as is apparently the case in several of the communities in the state. The location of hospitals is likewise a factor of importance. When situated either in too close proximity to each other or in areas outside of normal population expansion, they cannot adequately serve community needs. Under such conditions they tend to be operated at high economic cost and in a manner inefficiently employing scarce professional personnel.

Orderly planning and coordination of health care facilities will usually result in more efficient use of nursing and other health manpower. Likewise, orderly planning and coordination of nursing and allied

health manpower within institutions will improve the utilization of highly skilled professionals, who are in short supply.

A review of nursing functions in most institutions discloses that many nurses are performing routine duties that could well be delegated to less prepared or to specially prepared people. Testimony presented at the open hearings revealed that many nurses are currently performing such routine tasks as transcribing physician's orders, doing clerical work in the admission of patients, giving baths, feeding patients, making beds, and fulfilling functions which could be performed by others with less training. (See Chapter III.) In order to relieve nurses of routine administrative clerical tasks, some hospitals are creating new staff positions, such as unit managers and ward clerks, to be filled by persons specially trained for these responsibilities.

E-1. ***It is recommended***

(a) ***that*** *increased attention be given to the assignment and referral of patients to appropriate facilities;*

(b) ***that*** *one method in the pursuance of this objective be greater use of utilization committees;*

(c) ***that*** *representatives of the nursing profession be included on such utilization committees; and*

(d) ***that*** *provision be made for more adequate information on referral of patients, in order to provide proper continuity of care in various types of health care facilities. (See Recommendation A-4 (b).)*

E-2. ***It is recommended***

that *all health care facilities actively seek the benefits in efficient nursing personnel utilization by:*

(1) mutually planning by geographical areas for the location and installation of expensive and specialized equipment for joint use; and

(2) the development of regionally organized centralized services for laboratories, blood banks, x-ray, group purchasing, laundries, computer, and other services. (See Recommendation A-4 (b).)

This past year the Commonwealth of Virginia took a major step toward more effective planning by establishing the Office of Comprehensive Health Planning within the State Department of Health. With an advisory committee composed of individuals with varying interests

and from different sections of the state, this Office was created to encourage planning and coordination at both the state, regional, and local levels. To be effective, the Office will need a competent professional staff and must be accorded full support by the state, the various professional associations, and health care organizations. Since no professional association or health care organization is dedicated to overall health care planning and coordination, it is incumbent on the Office of Comprehensive Health Planning to fill this void.

Nursing usually constitutes the largest of all the departments in health care institutions, and because of their direct contacts with patients, nurses usually have the most influence on patient care. In order to encourage greater attention to orderly utilization of health care institutions, nursing should be involved in planning and coordination at all levels. Unfortunately in many cases, nurses may wish not to be involved. In the open hearings, examples were cited of situations in which representatives from nursing were invited to participate in such deliberations and planning but declined the opportunities. Despite such resistance, nursing must be involved in planning to avoid the cited examples of gross oversights in design of buildings and in deployment of trained personnel for appropriate assignments.

E-3. ***It is recommended***

that *representatives of the nursing profession be included on all state, regional, and local committees responsible for comprehensive health planning. (See Recommendation A-4 (b).)*

Throughout the Committee's deliberations, its members became painfully aware of the inaccessability of clear, timely, and concise information about the numbers of health care facilities, nursing personnel, and other health care persons who work in the various facilities. A representative of the Virginia Regional Medical Program observed that adequate planning and coordination is impossible without knowledge of the availability of health care resources of all kinds. Planners must have access to current and accurate information.

To meet this need, the Committee proposes the assignment to an already created office—likely the Office of Comprehensive Health Planning—of the function of centrally collecting and maintaining data on health resources within the state. A centralized activity of this nature could also function to relieve many other state agencies and professional groups, which are currently collecting limited data in a somewhat unrelated manner. The information collected in the "data bank" should be accessible to all planners and other interested groups.

In addition to the state operated data bank, various regional health planning groups will need to be engaged in the collection and dissemination of data. It is logical to rely on the State for broad demographic statistics and information about facilities; it is equally logical to expect various regional groups to collect for their own mutual use information about hospital employment practices, wage and salary programs for nurses, and other related facts. The following recommendation is presented to complement the information assembled by the regional groups.

E-4. ***It is recommended***

that *the State Department of Health, or other appropriate agency, establish and operate a health manpower and resources data bank for the Commonwealth of Virginia.*

Comparable to the Office of Comprehensive Health Planning with its responsibilities relative to the location and operation of health care facilities, there should be an agency in the state responsible for planning for and requiring cooperation and coordination among the schools providing nursing education. In fact, such responsibilities should include education of the post-secondary school level for all health personnel.

Among its responsibilities the State Council of Higher Education for Virginia has been directed by statute to serve as the coordinating agency for the state-supported institutions of higher education. It is the logical agency, therefore, to serve as the state-level planning and coordinating body for nursing education programs; in so doing it would be expected to cooperate closely with the State Board of Examiners of Nurses and the Office of Comprehensive Health Planning.

E-5. ***It is recommended***

that *the State Council of Higher Education for Virginia be designated as the planning and coordinating agency at the state level for all post-high school nursing education programs, and* ***that*** *the State Council cooperate in this undertaking with the State Board of Examiners of Nurses. (See Recommendation D-1.)*

E-6. ***It is recommended***

(a) ***that*** *in cooperation with the State Board of Examiners of Nurses, the Office of Comprehensive Health Planning and the*

State Council of Higher Education for Virginia jointly assume leadership in the state in sponsoring coordinated discussions between representatives of nursing services and nursing education; and

(b) ***that*** *each school preparing practical nurses or registered nurses individually create an advisory committee comprising representatives of nursing services and other groups concerned with the delivery of health care.*

Various groups, both individually and cooperatively, are working in the state to improve the delivery and operational efficiency of health care. One such organization is the Virginia Hospital Association, which has established a management engineering program for those members who wish to participate. By this program the Association is assisting its member hospitals to analyze and subsequently to improve the utilization of nursing and other health care personnel. With the assistance of professional industrial engineers on the staff of the Association, various individuals at the participating hospitals are being trained how, on a continuing basis, to make better use of the expanding health personnel for the purpose of providing more efficient and more effective health care.

Not only would all hospitals in the state gain from participation in this program, but also other types of patient care facilities should study this program in order that they might establish similar programs for their own purposes through their respective organizations.

E-7. ***It is recommended***

that *the health care facilities and the health care organizations in the Commonwealth of Virginia cooperate with the industrial engineering program initiated and being sponsored by the Virginia Hospital Association and make every appropriate effort to implement the findings and recommendations of this program, especially as it relates to nursing service and nursing education. (See Recommendation A-1.)*

Central to our system of providing health care to the sick and impaired are our hospitals. When there are insufficient numbers of nurses or other crucial health personnel, hospitals are the first institutions to feel the impact. Consequently, when the operations of the hospitals are hampered and when their effectiveness and efficiency may be impaired, our entire system of health care is adversely influenced.

The Virginia Hospital Association, as an association of hospitals in

the state, is in a strategic position to coordinate programs for the improvement in the operations of its member hospitals. Its present service in this direction could be extended if the VHA maintained a current list of individuals professionally competent in the various phases of health care and capable of serving as consultants. The Commonwealth of Virginia is fortunately blessed by the presence of a number of such professionally able individuals, whose expert advice could be employed for brief periods at a time by various hospitals and other health care facilities if the availability of these individuals were known. Nursing, medical services, and hospital management in general could be improved through such additional consulting assistance.

E-8. ***It is recommended***

that *the Virginia Hospital Association, with the assistance of organizations in the Commonwealth of Virginia representing medicine, nursing, pharmacy, and other appropriate health professions, establish and maintain a consulting service directory through which health care facilities may seek and obtain the benefits of consultants for the improvement of nursing services.*

Both subsequent to and during the conference held in Williamsburg in March 1968, on the subject of "future patterns of health care with emphasis on utilization of nursing personnel," numerous individuals have urged that similar conferences be sponsored from time to time in various parts of the state. Those who were present and many who were not able to be included have indicated their appreciation of the benefits to be gained when individuals with different backgrounds and different responsibilities for health care are brought together in a setting which is conducive to reflective thought and serious discussion of issues of common interest.

E-9. ***It is recommended***

(a) ***that*** *periodic conferences be held in the Commonwealth of Virginia on topics related to changing patterns of health care, and* ***that*** *such conferences include nurses, physicians, administrators, other health personnel, members of governing boards, trustees, and the general public as participants;*

(b) ***that*** *the Virginia Council on Health and Medical Care assume the initiative for the arrangement of such conferences; and*

(c) ***that*** *appropriate state agencies be expected to cooperate and assist in such undertakings.*

CHAPTER VIII

FINANCIAL SUPPORT FOR NURSING EDUCATION AND NURSING PRACTICE

Throughout the previous chapters, recommendations have been offered regarding the practice of nursing and the education of nursing personnel designed toward the furtherance of an improved health delivery system for all citizens in the Commonwealth of Virginia. A review of the status of nursing practice and nursing education indicates that the present period is a most critical one in Virginia. While it is recognized that earlier action to meet more adequately the demands of health care would have been most advisable, the continued lack of a coordinated program at this time will indeed be a major deterrent to needed improvements and strengthening of the health delivery system.

The Commonwealth of Virginia has recognized an obligation for the health of its citizens and expends millions of dollars each year to support federal, state, and local health programs. However, there have been matters of concern throughout the deliberations of the Committee that merit several extraordinary financial considerations because of the dependence upon nursing by so many other health professions and programs.

This chapter presents recommendations which should be accorded priority through total or partial financial support of the Commonwealth. It is anticipated that private and other funds may be utilized where applicable. Some recommendations include definite fund outlays; others cannot at this time be reinforced with specific monetary estimates.

In Chapter III attention was directed to the necessity for new and progressive nursing practices to be developed, for the examination of the nature and scope of nursing practices, and for the means of improving these practices. The unavailability of sufficient numbers of qualified researchers and the deficiency of financial resources have been considered as major hindrances in the development of these programs. As a means of reducing these barriers, the following recommendation is proposed:

F-1. ***It is recommended***

(a) ***that*** *the State Department of Health include in its budget request and that sufficient funds be appropriated to provide*

qualified research consultants to assist with the development, coordination, and maintenance of programs of research in nursing practices and utilization of health personnel; (See Recommendation A-1 (c).) and

(b) ***that*** *the State Department of Health include in its budget request for the 1970-72 Biennium and that the sum of $40,000 be appropriated for this Biennium to provide subsidization for research programs in nursing practice and utilization, and* ***that*** *such funds be allocated by the State Department of Health on a matching basis with private and other governmental funds whenever practical. (See Recommendation A-1 (d).)*

Observations and a subsequent recommendation relating to the critical need of comprehensive planning for the education of nursing and other health personnel throughout the Commonwealth was recorded in Chapter VI. To accomplish this planning and to initiate action to improve and expand such education, it was proposed that a Committee on Education for the Health Professions and Occupations, with the appropriate supporting staff, be created under the auspices of the State Council of Higher Education for Virginia. In order to assure the overall effectiveness of this proposed committee, a commitment for financial support is requested.

F-2. ***It is recommended***

that *the State Council of Higher Education for Virginia include in its budget request for the 1970-72 Biennium, and that there be appropriated for this Biennium, a sum sufficient for the activities of the proposed Committee on Education for the Health Professions and Occupations, the employment of a Coordinator of Education for the Health Professions and Occupations, his staff, and operating expenses. (See Recommendation D-1 (3).)*

Concern was expressed that during the present nursing crisis, with its need for an expanded supply of nurse graduates, hospitals not discontinue their diploma programs. A review of the current output of graduates in Virginia indicates that any decrease in graduates would indeed be a further limiting factor in the already limited manpower supply. The results of a recent study of hospital-diploma schools in Virginia revealed that the annual cost of operation in these schools exceeds the student revenue. Currently the deficit is being met by patient charges. It was further disclosed that the majority of these schools purchase academic and non-clinical instruction for their students through tuition costs from private and state colleges. As a means

of reducing the operating costs of these programs, it was proposed that state-supported institutions of higher education provide, without charge, these instructional courses.

F-3. ***It is recommended***

> ***that*** *the state-supported institutions of higher education provide, without charge, academic and non-clinical instruction to students of diploma schools of nursing fully accredited by the State Board of Examiners of Nurses and that there be appropriated for the state institutions of higher education a sum sufficient to defray the cost thereof. (See Recommendation D-6 (b).)*

At the present time the General Assembly provides funds for ten scholarships a year in the amount of $1,500 each for registered professional nurses who require financial aid to further their education in preparation to teach or perform administrative functions related to the preparation of students for nursing. The General Assembly also provides funds for 100 scholarships a year in the amount of $300 each for students in basic schools of professional nursing.

Over the past three years the demand for these scholarships has exceeded the authorized number. The statistics reported in Chapter II exhibit the current lack of the quality and quantity of nurse practitioners and educators in Virginia. With emphasis being placed on more adequately prepared nurses for teaching and administrative positions and the current dearth in Virginia of nurses with advanced degrees, there is every reason to believe that the number of applicants will continue to increase. This increase is also evidenced by the planned expansion of the number of baccalaureate and associate-degree programs in nursing and the requirement that the faculty members hold master's degrees.

It is proposed that the existing laws be revised to provide specifically for scholarships for graduate study in the fields of nursing and nursing education. The estimated authorization for the current aid programs is $45,000 per annum, and the new proposal involves an increase in this amount to a total of $90,000 per year.

F-4. ***It is recommended***

> *(a)* ***that*** *the State Department of Health include in its budget request for the 1970-72 Biennium and there be appropriated in that Biennium the sum of $30,000 per annum to be used for scholarships for graduate study in the field of nursing and*

*nursing education, **that** such funds be appropriated in such manner as to permit the allocation thereof to an unspecified number of students in varying amounts as the Department shall by rule determine, with a maximum of $2,000 per student per annum, and **that** priority in scholarship awards shall be given to students who enroll for graduate study in universities in Virginia; and*

*(b) **that** the State Department of Health include in its budget request for the 1970-72 Biennium and there be appropriated in that Biennium the sum of $60,000 per annum to be used for scholarships for basic nursing education, **that** such funds be appropriated in such manner as to permit the allocation thereof to an unspecified number of students in varying amounts as the Department shall by rule determine, with a maximum of $1,000 per student per annum, and **that** priority, when feasible, be provided to applicants for or students enrolled in programs of study in Virginia. (See Recommendation C-5.)*

A recommendation (E-4) is included in Chapter VII proposing the establishment and continuation of a health manpower and resources data bank for the Commonwealth of Virginia. The requirement for the collection, analysis, and distribution of information regarding personnel, services, and facilities is considered necessary for the comprehensive planning of health care in Virginia. It is reported that operation of the data bank can be funded by other moneys and does not require an outlay of additional funds at this time. However, in the event fiscal responsibility is required by the state, it is urged that funding be allotted.

One additional item for consideration relates to the lack of vocational loans for applicants to schools of practical nursing. Many applicants come from the middle and low income group and may find it impossible to survive without an income during the four-month pre-clinical portion or the entire period of their program, difficult to purchase those items such as uniforms, shoes, textbooks, and a watch with a second hand necessary for entrance into the program. Although a few local organizations provide small scholarships for students, applicants in practical nursing schools in Virginia are unable to obtain vocational loans. The requirements for federal loan assistance are based on the accreditation of the school, either by the National League for Nursing or the National Association of Practical Nursing Education and Service and on the earmarking by the state government of certain moneys to match federal funds. At this time no school of practical nursing in Virginia meets either criterion. It is proposed that

a review of the status and eligibility of these programs be studied and that, if feasible, vocational loans and other forms of financial assistance be made available to qualified practical nurse students.

F-5. ***It is recommended***

that, *in cooperation with the hospitals, the State Department of Education take such action as may be feasible to assure the national accreditation of schools of practical nursing in order that the students in these schools become eligible to receive federal vocational funds. (See Recommendation C-5.)*

CHAPTER IX

CONCLUSION

At the conference on the subject of "future patterns of health care with emphasis on utilization of nursing personnel," held in Williamsburg on March 24-26, 1968, Governor Godwin stated:

> The solution of our shortage of nurses cannot be limited to training more nurses, or to higher pay for the nurses that we have, although these, too, are important. Our first concern must be what the industrialists call "the management of human resources."
>
> . . . I ask . . . that you let your ideas flow freely, that you consider every suggestion, no matter how far out it may seem in the light of the past, that you set your minds to the question of how it can be done, and not why it should not be done. Your tools must be imagination and creativity. Yours is not strictly a medical problem. It is fundamentally a problem of people and management.

Although these remarks were not directed specifically to the Governor's Committee on Nursing, they have supported the Committee in its earlier decision not to concentrate solely on the issue of numbers of available nurses but to consider this issue among others related to nursing with primary regard to people and to management.

As described in Chapter II, studies of the nursing situation in the nation indicate the vital need for an increased supply of nursing personnel to fill the growing number of openings in hospitals, nursing homes, and other extended care facilities, as well as in positions in public health, occupational health, and the other fields of health care. Nationally we are not meeting the demand.

In Virginia the situation is even more desperate. The State is forced to import a large percentage of its nurses, who have been educated in other states. If this supply were suddenly to be reduced markedly, many present health services, which are already inadequate for the growing demands, could not be continued.

Early in its deliberations the Committee recognized the fact that nursing is involved more widely in the direct delivery of health care than is any other health profession. On the basis of this fact, the Committee decided that it should look at the issues in nursing within the framework of the health care systems and with respect to functions

performed by other health professionals and not at nursing as an isolated profession.

In addition to this greater breadth in approach, the Committee decided that it should consider nursing from the point of view of its past and its future transformations. As indicated in the previous chapters, the delivery of health care is undergoing so many and such rapid changes —as is most of society—that nursing cannot adequately be considered without according ample recognition to the many adjustments and innovations in the practice of this profession. Unable to predict what these specific adjustments and innovations will be and unable to locate competent authorities who will make such predictions, the Committee concentrated much of its attention on recommendations which will hopefully encourage and allow for change through greater cooperation and coordination among the many diverse elements responsible for the delivery of health care to the citizens of the Commonwealth of Virginia. Many of the recommendations in this final report are predicated on the assumption that, if the means for cooperation and coordination have been created and if there is wide understanding of the needs for cooperation, the inevitable changes in the means of providing nursing services will be more readily devised and implemented.

SUMMARY OF RECOMMENDATIONS

Although much coordination must perforce be conducted at the state and regional levels, its success is largely dependent upon local initiative and responsibility. Consequently, in considering the practice of nursing, the Committee proposes that all health care institutions undertake periodic reviews of nursing practice, and in so doing, that they involve nurses and other health professionals in this collaborative approach leading to further revisions in the patterns of delivering health care. As the numbers and types of supporting health personnel are bound to increase in the future, it is vital that attention be directed to the most effective and efficient ways in which the services of the growing complement of health workers will be employed. The recommendations in Chapter III take this need into account.

In addition to periodic review of nursing practices, the Committee is proposing in Chapter IV that each health care facility, which has not already done so, develop written statements of personnel policies, periodically review them, and involve nurses and other health personnel in the process. Furthermore, the Committee believes that at appropriate intervals similar reviews should be made of the salary programs and the local working conditions for nurses. A satisfactory working en-

vironment not only improves the effectiveness of health care but also helps to attract a larger number of more qualified persons into such professions as nursing. Since there is no likelihood that in the foreseeable future the demand for nurses will abate, it is necessary that all appropriate measures be adopted to assure a continuing increase in the numbers of nurses both entering and re-entering the profession. At the same time there must be assurance to the public that nurses who are practicing are qualified to do so. For this reason, the principle of a mandatory nurse licensure law in Virginia is endorsed by the Committee.

The primary responsibilities for the provision of health care will continue to reside at the local level. On the other hand, there are certain functions which can be performed best at the regional or state levels. It is recommended in Chapter V that the Virginia Council on Health and Medical Care assume further leadership in the coordination of efforts to provide career guidance to potential nursing personnel and that it take other steps which should eventually lead to a larger pool of health workers in these rapidly expanding occupations. Concurrent with these proposed steps, the schools of nursing are urged to make full use of equivalency examinations to grant credit for knowledge acquired by students prior to their entrance into the particular nursing education programs. The schools of nursing are also advised to pursue admission policies which encourage qualified individuals, regardless of age, marital status, race, religion or sex to enter the study of nursing. As a further step to reduce the drop-out rate of nursing students, it is proposed that the state nursing associations undertake a cooperative study of attrition in the schools of nursing.

To foster and insure greater and vitally needed planning and coordination in the education of nurses, the Committee recommends in Chapter VI the creation of a Governor-appointed Committee on Education for the Health Professions and Occupations to be advisory and responsible to the State Council of Higher Education for Virginia. The Committee believes that there needs to be coordination and planning at the state level and recommends that this responsibility be assigned to the State Council, which should operate in mutual cooperation and coordination with the State Board of Nursing, presently called the State Board of Examiners of Nurses. Such cooperation and coordination is especially necessary at the state level as the percentage of nurses educated in the expanding number of community colleges will undoubtedly continue to increase in comparison with the hospital-based diploma schools, presently the largest producers of nurses. The educational programs for supporting nursing personnel will need to be

expanded and refined; stimulation and guidance for this development is also needed at the state level.

The principle of cooperation and coordination is given further support by a series of recommendations in Chapter VII. They include joint planning for and utilization of various services and equipment; jointly sponsored consulting services for the various health care facilities; regional conferences for representatives of different health professions, members of governing boards, government officials, and the public; a state-operated health manpower and resources data bank; and broader planning for and improved referrals of patients to appropriate facilities.

Most of these recommendations will require no additional financing. Their implementation will depend primarily on the awareness of and revised attitudes toward the impending changes in the patterns of health care on the part of health professionals, trustees, government officials, and the public. Nevertheless, a few recommendations do call for increased financing as indicated in Chapter VIII. These funds will, in the long run, prove to be insignificant if the implementation of the recommendations in this final report of the Governor's Committee on Nursing leads to more effective health care for the citizens of the Commonwealth of Virginia.

While it is held that the above financial considerations, when implemented, will improve the supply of nurses in Virginia, the members of the Governor's Committee on Nursing continued to be convinced that *the adequacy of health care depends as much on the manner in which it is organized as upon the number of nurses available.*

APPENDIX A

City/County, Region Codes, Virginia*

County	*Region*	*County*	*Region*	*County*	*Region*
Accomack	2	Grayson	12	Pulaski	12
Albemarle	10	Greene	6	Rappahannock	6
Alleghany	10	Greensville	3	Richmond	4
Amelia	3	Halifax	11	Roanoke	10
Amherst	10	Hanover	4	Rockbridge	10
Appomattox	11	Henrico	4	Rockingham	6
Arlington	9	Henry	11	Russell	12
Augusta	10	Highland	10	Scott	12
Bath	10	Isle of Wight	3	Shenandoah	6
Bedford	11	James City	4	Smyth	12
Bland	12	King George	6	Southampton	3
Botetourt	10	King and Queen	4	Spotsylvania	6
Brunswick	3	King William	4	Stafford	6
Buchanan	12	Lancaster	4	Surry	3
Buckingham	11	Lee	12	Sussex	3
Campbell	11	Loudoun	6	Tazewell	12
Caroline	4	Louisa	4	Warren	6
Carroll	12	Lunenburg	11	Washington	12
Charles City	4	Madison	6	Westmoreland	4
Charlotte	11	Mathews	4	Wise	12
Chesterfield	3	Mecklenburg	3	Wythe	12
Clarke	6	Middlesex	4	York	4
Craig	10	Montgomery	10		
Culpeper	6	Nansemond	3	*City*	*Region*
Cumberland	11	Nelson	10		
Dickenson	12	New Kent	4	Arlington	9
Dinwiddie	3	Northampton	2	Alexandria	8
Essex	4	Northumberland	4	Bristol	12
Fairfax	7	Nottoway	11	Buena Vista	10
Fauquier	6	Orange	6	Charlottesville	10
Floyd	10	Page	6	Clifton Forge	10
Fluvanna	4	Patrick	11	Colonial Heights	3
Franklin	11	Pittsylvania	11	Covington	10
Frederick	6	Powhatan	3	Danville	11
Giles	10	Prince Edward	11	Falls Church	7
Gloucester	4	Prince George	3	Fredericksburg	6
Goochland	4	Prince William	6		

*Virginia Bureau of Vital Records and Health Statistics

Appendix A—(Cont'd)

City	*Region*	*City*	*Region*	*City*	*Region*
Galax	12	Norton	12	Suffolk	3
Hampton	2	Petersburg	3	Virginia Beach	2
Harrisonburg	6	Portsmouth	2	Waynesboro	10
Hopewell	3	Radford	10	Williamsburg	4
Lynchburg	11	Richmond	5	Winchester	6
Martinsville	11	Roanoke	10	Fairfax	7
Newport News	2	South Boston	11	Franklin	3
Norfolk	1	Staunton	10	Chesapeake	2
				Lexington	10

County	*Region*	*County*	*Region*	*County*	*Region*
Accomack	2	King and Queen	4	Spotsylvania	6
Northampton	2	King William	4	Stafford	6
		Lancaster	4	Warren	6
Amelia	3	Louisa	4		
Brunswick	3	Mathews	4	Fairfax	7
Chesterfield	3	Middlesex	4		
Dinwiddie	3	New Kent	4	Albemarle	10
Greensville	3	Northumberland	4	Alleghany	10
Isle of Wight	3	Richmond	4	Amherst	10
Mecklenburg	3	Westmoreland	4	Augusta	10
Nansemond	3	York	4	Bath	10
Powhatan	3			Botetourt	10
Prince George	3	Clarke	6	Craig	10
Southampton	3	Culpeper	6	Floyd	10
Surry	3	Fauquier	6	Giles	10
Sussex	3	Frederick	6	Highland	10
		Greene	6	Montgomery	10
Caroline	4	King George	6	Nelson	10
Charles City	4	Loudoun	6	Roanoke	10
Essex	4	Madison	6	Rockbridge	10
Fluvanna	4	Orange	6		
Gloucester	4	Page	6	Appomattox	11
Goochland	4	Prince William	6	Bedford	11
Hanover	4	Rappahannock	6	Buckingham	11
Henrico	4	Rockingham	6	Campbell	11
James City	4	Shenandoah	6	Charlotte	11
				Cumberland	11

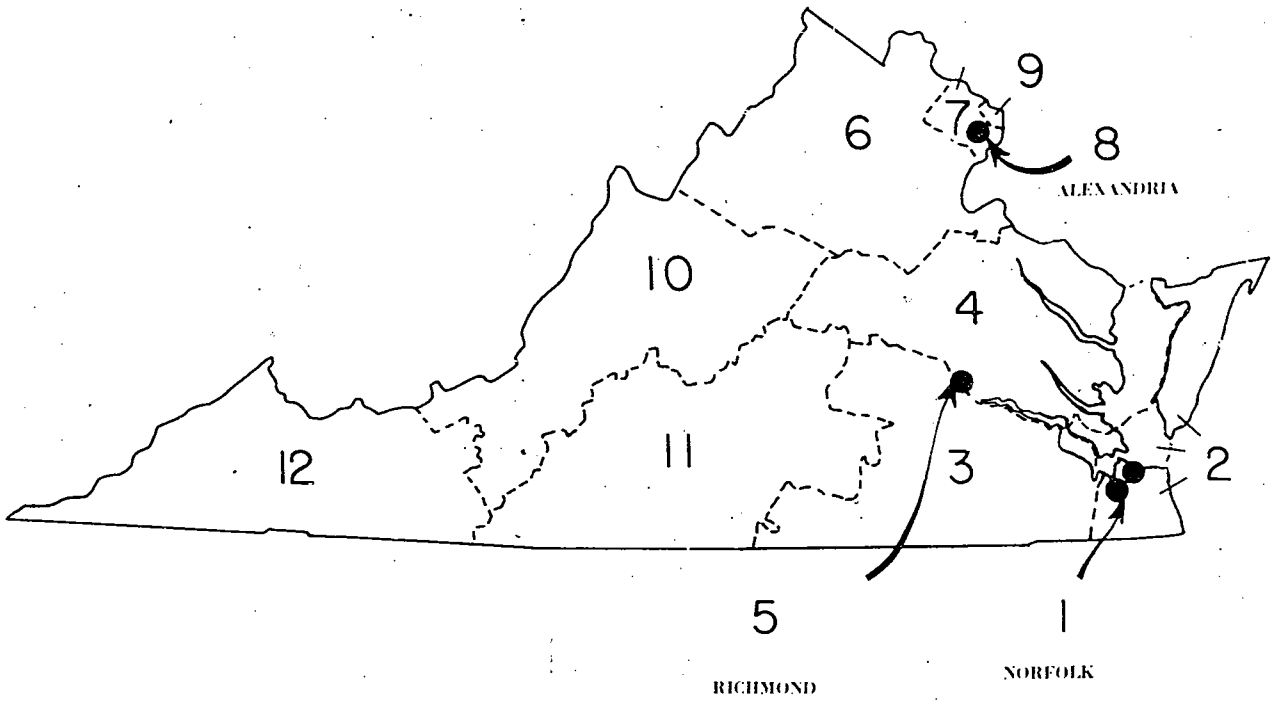
Appendix A—(Cont'd)

County	*Region*
Franklin	11
Halifax	11
Henry	11
Lunenburg	11
Nottoway	11
Patrick	11
Pittsylvania	11
Prince Edward	11
Bland	12
Buchanan	12
Carroll	12
Dickenson	12
Grayson	12
Lee	12
Pulaski	12
Russell	12
Scott	12
Smyth	12
Tazewell	12
Washington	12
Wise	12
Wythe	12

City	*Region*
Norfolk	1
Hampton	2
Newport News	2
Portsmouth	2
Virginia Beach	2
Chesapeake	2
Colonial Heights	3
Hopewell	3
Petersburg	3
Suffolk	3
Franklin	3
Williamsburg	4
Richmond	5
Fredericksburg	6
Harrisonburg	6
Winchester	6
Falls Church	7
Fairfax	7

City	*Region*
Alexandria	8
Arlington	9
Buena Vista	10
Charlottesville	10
Clifton Forge	10
Covington	10
Radford	10
Roanoke	10
Staunton	10
Waynesboro	10
Lexington	10
Danville	11
Lynchburg	11
Martinsville	11
South Boston	11
Bristol	12
Galax	12
Norton	12

Location of Geographic Regions in Virginia: 1967



APPENDIX B