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DEVELOPMENTS IN
NURSING EDUCATION SINCE 1918

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DEVELOPMENTS IN NURSING EDUCATION SINCE 1918.

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THE SITUATION IN NURSING BEFORE 1918.

In order to understand the problems in nursing education to-day it is necessary to go back to the conditions immediately preceding the war and to see how these conditions have been affected by the radical changes taking place in our social and economic structure.

The outstanding feature of nursing work in the past decade has been the enormous expansion which has taken place within a very few years, not only an increase in the bulk of work to be done but in the range of opportunity and responsibility and in the widely varied demands which have to be met.

Part of this has been due to the rapid multiplication of hospitals and to the highly specialized departments which have been opened up within these institutions. Every advance in medical science or in hospital administration or nursing education has created a demand for new varieties of experts, such as the nurse anesthetist, the hospital technician, and the trained instructor of nurses. Private nursing has also undergone some expansion, but the greatest development has been found in the field of public health work. Where 10 years ago a few hundred nurses only were to be found in visiting nursing or social welfare work, there were in 1918 approximately 8,000 employed in this country by public schools, State and city boards of health, industrial establishments, child welfare organizations, and other civic and social agencies. This number is now increased to over 10,000. Most of this work is not solely or even

mainly for the relief of sickness; it is quite as much for the prevention of sickness. During the past 10 years the nurse has established herself as one of the mainstays of the public health movement in this country, and the movement itself is going ahead by leaps and bounds.

This changing emphasis in nursing and the remarkable extension of the nursing field inevitably created a demand not only for more nurses but for nurses with different preparation. It was not surprising that there should have been a shortage of highly qualified women for the new positions. Although good organizers and executives have always been found in hospital work, the rapid increase of these institutions alone more than exhausted the available supply, and the new educational needs of over 1,500 nursing schools found few leaders prepared to grapple with them. It was evident, therefore, that the best effort of nursing schools should be directed toward recruiting and training able women for these executive and educational positions in hospitals and in the new branches of public health work, as well as for the needs of the private family.

The more farsighted schools of nursing throughout the country realized this need and made some effort to meet it by steadily raising their admission standards, by endeavoring to broaden and strengthen their curricula, and by introducing some, at least, of the newer subjects required by the changing demands of the field. The students coming into these more progressive schools were on the whole an earnest and capable body of young women, a number of them graduates from colleges, normal schools, or other of the higher educational institutions.

A few universities had organized departments or courses for nurses needing advanced training, and were sending out a growing body of superintendents of nursing schools, teachers, and public-health nurses. Such women were making their influence felt throughout the country, but the number was never anything like equal to the demand. Institutions training such workers were usually besieged by requests for their graduates, and never supplied more than about a tenth of the positions they were asked to fill.

The constantly repeated requests for nurses of the highest personal qualifications, combined with advanced education and specialized training, made it perfectly evident that the older standards for judging "a good nurse" were giving place to a newer and much more exacting set of standards. Unless nursing schools could recruit and train a sufficiently large body of women with these higher standards of intelligence, initiative, knowledge, and professional skill, the whole program of nursing and much of the health work in the country would undoubtedly suffer seriously.

This question of the quality and the numbers of nurses coming into the field was the big problem, even before the war. While

nursing schools with established reputations and good resources had little difficulty in satisfying their own needs for students, the great majority of the hospitals in the country were complaining that they could not secure the numbers or the kind of applicants necessary to carry on their nursing service satisfactorily. In most hospitals the suggestion of paying graduate nurses or helpers to supplement the work of pupil nurses was not even considered. If students with acceptable qualifications did not present themselves, they could see no other way than by further reducing the standards of admission. The result was that a good many of the young women who were admitted and graduated from hospitals were educationally and personally unqualified for even the minor positions in the profession, and the higher ranks were left very inadequately supplied to meet the new and heavy responsibilities which were confronting the profession as a whole.

The number of nurses in the country at large was roughly estimated at the beginning of the war at about 200,000. About 115,000 (98,000 registered and 17,000 unregistered) graduate nurses were engaged in all branches of nursing service. Untrained and partially trained "practical" nurses made up the remainder. The only field which was reasonably well supplied with nurses was that of private nursing, which absorbed at that time probably 75 per cent of the total number. In addition there were about 45,000 student nurses in training.

THE DEMANDS OF THE WAR AND HOW THEY WERE MET.

The war made a very heavy draft on these nursing resources. In addition to Red Cross detachments which were already in Europe, in 1917 the Army and Navy called for, first, 10,000 and later 30,000 graduate nurses. Meanwhile the volume of work in hospitals and public health organizations at home increased rather than diminished.

The first impulse was to throw in a large body of untrained volunteers to dilute the trained personnel. Fortunately the committee on nursing of the Council of National Defense¹ had seen the demoralizing effect of this policy in other countries, not only on the efficiency of the military nursing service but on the civilian nursing system as well. Looking to the future as well as to the immediate needs, they determined to meet the emergency by increasing as rapidly as possible the numbers of pupil nurses in hospitals, pushing them forward and if necessary graduating them earlier, so that there would be a steady and increasing supply of trained women for the more responsible and difficult work overseas and at home. The results amply

¹ Report of the committee on nursing of the general medical board of the Council of National Health.

justified the wisdom of this policy, for not only were the demands of the Army met (the deficiencies were due to lack of transportation, not lack of nurses) but the hospitals at home had probably never been so well supplied with students.

By means of widespread publicity the number of young women entering nursing schools during 1917 and 1918 was increased by 25 per cent. (at least 7,000 over previous years). Every effort was made to attract the more serious and better educated group of war volunteers for this service, and as a result the average of education among student nurses increased noticeably. In spite of the unusual strain due to the war and epidemic and the disorganization of teaching and supervisory staffs in hospitals the educational status of nursing schools was in certain ways better at the end of the war than at the beginning. The spirit of all the workers, students, and graduates during that trying time was exceptional. Many of the old barriers of precedent and tradition were broken down, and there was a greater willingness to try new methods and to combine forces with others in an effort to conserve limited strength and other resources. Some of these war experiments, which will be described later, have been incorporated in our present system and promise to be of permanent value.

Probably the greatest contribution of the war experience to nursing lies in the fact that the whole system of nursing education was shaken for a little while out of its well-worn ruts and brought out of its comparative seclusion into the light of public discussion and criticism. When so many lives hung on the supply of nurses, people were aroused to a new sense of their dependence on the products of nursing schools, and many of them learned for the first time of the hopelessly limited resources which nursing educators have had to work with in the training of these indispensable public servants. Whatever the future may bring it is unlikely that nursing schools will willingly sink back again into their old isolation, or that they will accept unquestionably the financial status which the older system imposed on them.

DECLINE IN APPLICANTS FOLLOWING THE WAR.

After the armistice and the end of the influenza epidemic a kind of reaction began to set in. A number of those who had enlisted "for the duration of the war" dropped out, and applications began to fall off noticeably. This condition was, of course, not peculiar to nursing. As everyone knows, there has also been a shortage of physicians, trained clerical workers, engineers, librarians, clergymen, and notably of teachers. It had been hoped, however, that the almost universal interest in nursing which the war developed might con-

tinue and that the newly aroused passion for patriotic work might find a congenial outlet in this permanent form of national service. These hopes have been disappointed. While it is true that the type of applicant in many schools has continued to improve, and that several of the best schools in the country report no shortage of students, the scarcity of nursing applicants in the large majority of hospitals throughout the country has probably been more acute than at any previous time.

This shortage is usually attributed to the war, and doubtless it was precipitated by the war, but it is obvious that the causes go much further back, and that they are to be found in certain social and economic conditions which have long been recognized and which were bound sooner or later to bring these results. Since these conditions are inherent in the present system, it is necessary to discuss them briefly and to show what progress is being made toward their removal.

THE WORK OF STUDENT NURSES IN HOSPITALS.

The system of training which was introduced over 50 years ago, when nursing schools were first established, is practically a system of apprenticeship. It has been modified somewhat to include a certain amount of systematic theoretical instruction, but the very fact that hospitals depend on student nurses for such a large share of their work makes it inevitable that the educational element in the training will be frequently, indeed generally, sacrificed to the practical needs of the hospital.

It has been a constant criticism of nursing schools that they require their students to do a great deal of what would ordinarily be called housework, and that they insist on students repeating indefinitely throughout their two or three years of training more or less routine duties which demand little skill and have little or no educational value. The movement to eliminate some of these duties from the training has gone ahead very slowly, so long as the student service was available, but with the recent scarcity of students hospitals have made much greater progress in turning over to paid helpers such routine ward duties as they could safely perform. A further readjustment of the pupil's practical experience to eliminate educational wastage may make it possible to reduce the total length of the training somewhat without in any way weakening the course as a whole. All these improvements will make the training more attractive to intelligent young women who have hesitated to spend so much time and energy in unprofitable routine in order to secure a training in nursing.

HOURS OF DUTY IN HOSPITALS.

Another thing which has made it hard to attract young women into nursing schools has been the very general system of long hours and consequent overwork in hospitals. In the recruiting campaigns conducted during the war these objections were constantly urged by parents and prospective students.

Although a few prominent hospitals have had an 8-hour day for 25 years or more, and although the general movement for shorter hours in other occupations has gone ahead rapidly, hospitals have been as a rule exceedingly slow in reducing the excessive hours of their student nurses. As soon as the war was over a definite movement was set on foot by the National League of Nursing Education to reduce the hours of duty. Pamphlets² and letters were distributed widely to hospital boards and officers, and some publicity was given the movement in the public press. There is every indication that the solid sentiment of the country is back of this very necessary reform, and that hospitals will be impelled by the force of public opinion, if not by actual legislation, to bring their hours in line with enlightened modern standards.

Already a decided improvement has been noted. Approximately 200 schools (out of 1,600) had in April, 1920, adopted the 8-hour day and night, and a number of others stated that they were planning a gradual reduction of hours. It is significant that a large proportion of the hospitals which are clamoring loudly for more student nurses still have a 10-hour day and a 12-hour night, with all class work, study, and recreation carried on *outside* these hours of hospital duty.

HEALTH, RECREATION, AND SOCIAL LIFE IN NURSING SCHOOLS.

It has generally been assumed that the health of student nurses is improved during their training, and this is undoubtedly true where long hours and overwork have not been allowed to sap the students' strength and energy. Recent evidence tends to show, however, that the sickness rate among nurses in hospitals is, as a rule, higher than among young women of the same age in the population at large. It seems to be also true that a fairly large proportion of the elimination of students in nursing schools is due to broken health.

During the influenza epidemic, when hospitals were overcrowded and nurses were working unusually long hours, the sickness rate was exceedingly high. Numbers of pupil nurses died of infection and weakened systems from overwork, and many were compelled to

² "The Case for Shorter Hours in Hospital Schools of Nursing." Secured from National Nursing Headquarters, 370 Seventh Avenue, New York City.

give up their training. This appalling experience, together with the shortage of nurses which followed closely after, and the agitation for shorter hours have all served to call attention to the need of conserving the health of student nurses. Probably also the tremendous efforts which were made during the war to keep up the health and morale of the Army have had their effect in increasing the provisions for recreation and social enjoyment in similar groups of young people everywhere.

Although much remains to be done, there has been a much greater effort recently to make the social life of the student nurse more attractive and to provide for wholesome recreation. In several schools social directors have been employed for this purpose, and there is an encouraging increase in the number of attractive nurses' homes which are being built with provision for recreation and social life. As a general rule, where hours have been reduced to allow some little margin of free time for outdoor life and good times, the improvement in the health and spirit of the student body has been marked.

THE GROWING MOVEMENT TOWARD STUDENT GOVERNMENT.

There has been a steadily growing dissatisfaction among nursing students with the rather arbitrary methods of discipline which hospitals have inherited more or less directly from the military system. For some years experiments have been tried in a few schools with various modified forms of student government, which place in the hands of the students themselves most of the responsibility for making and enforcing the laws governing the student body outside of the hospital wards. All the experiments have not been successful, but it is evident that there is a steady drift toward a more democratic and less rigid system of control. In some cases this takes the form of an "honor" system, in others a liberal form of faculty government has been developed, and in a few schools a student council has been elected, representing the various classes in the school, and working closely in cooperation with the school authorities. The principal positive result, so far, seems to be that the students and officers of these schools have been brought more closely together and understand better each others' problems and point of view.

STANDARDS OF ADMISSION TO NURSING SCHOOLS.

The discussion of the scarcity of applicants has already brought out the relationship of supply to admission standards in nursing schools. The unfortunate thing is that most hospitals have not yet discovered what other educational institutions have proven re-

peatedly—that students of the right type are not attracted by low but by reasonably high educational standards, and that the lower these standards are allowed to go, the less chance there is of drawing recruits from the better educated group, which every profession wishes to attract. There is every evidence to show that the nursing schools which have maintained the higher standards of admission (full high school) have, as a rule, little difficulty in keeping up the number and the quality of their applicants, while those which have kept down their standards to the minimum, hoping to attract applicants, are the ones which are suffering most acutely from the present shortage.

It is this group of hospitals which is now making every effort to further reduce the standards set by the State laws governing the training of nurses and the practice of nursing. Their main contention is that these minimum educational requirements are excessive and that they are responsible for the decline in applicants to nursing schools. The following figures giving the educational requirements of accredited nursing schools in 41 States will show how much basis there is for these statements:

No educational requirement at all, or none stated.....	349
Grammar-school standing.....	46
One year of high school.....	488
Two years of high school.....	272
Three years of high school.....	10
Four years of high school.....	201

This means that 60 per cent of the accredited nursing schools of this country do not require more than one year of high-school work for admission, and it is very well known that doubtful "equivalents" are often accepted for even this modicum of higher education.

The panic over the shortage of pupil nurses has led to a number of attacks on existing laws, with the idea of still further reducing these meager educational safeguards, or at any rate preventing any advance in standards. In New York State, for instance, a reactionary clause was forced into the recent nurses' bill (1920) forbidding any advancement in the present admission standards (one year of high school) for a period of 10 years. No efforts which nurses' organizations can make, and no arguments on the educational or professional side, seem to have weight enough at present to offset the pressure of short-sighted and often impoverished hospitals, supported by influential trustees and often by members of the medical profession as well, on this question of low admission requirements.

In spite of such legislative reverses, however, it is encouraging to find among individual schools a growing appreciation of sound preliminary education and a steady effort to bring in better prepared women. The most decided step in this direction was taken in the first

year of the war, when a number of prominent nursing schools were induced to allow credit of one academic year to college graduates bringing a certain specified amount of training in the fundamental sciences. At least 600 college women from all sections of the country entered on that basis, and probably there were many more. Though there have been differences of opinion as to the wisdom of reducing the regular three-year course for this special group of students, the plan seems to have been justified by the fact that most of the schools which have tried it are continuing it. The shorter period of training undoubtedly makes it possible for more college women to take the course, and although not all of these will show marked superiority in the professional field, the average is quite evidently somewhat higher than among those of less education.

THE NONRESIDENT STUDENT NURSE.

Another war experiment, which has continued in at least a few schools, is the plan of having some of the student nurses live in their own or in approved homes outside the hospital, during part or most of their training. The Presbyterian Hospital of Chicago had at one time during the war as many as 30 students living outside. Most of these preferred to come into the nurses' home as soon as rooms were available, but a few have continued as nonresidents through most of their course. They have an eight-hour day (9 to 6 p. m.), and do not come to the hospital Saturday or Sunday at all.

Although there are some evident disadvantages about this plan, it has proved to be possible for part of the course at least and is recommended as an economical and practical way of increasing a nursing staff, especially where accommodations for students are limited.

IMPROVEMENTS IN COURSES OF STUDY.

In spite of all the dislocations due to the war and the epidemic, there has been steady improvement in nursing schools during the last two years along the line of standardization of courses and improvement of teaching methods.

The Standard Curriculum^a which was prepared by the National League for Nursing Education a few years ago is being widely used in nursing schools, and although there is still a great diversity in the courses of study of different schools and different parts of the country, they are gradually approaching more uniformity and a better organized program of work.

The number of full-time instructors employed in nursing schools has increased appreciably, and there is a much larger demand for

^a Secured from National Nursing Headquarters, 370 Seventh Avenue, New York City.

trained instructors than can at present be met. Two or three large schools have recently appointed experienced instructors as *educational directors*, making them responsible for organizing and developing all the teaching work of the school. There is also a gratifying improvement in the equipment of classrooms and laboratories, and in the building up of nursing libraries, etc., though nursing schools have still a long way to go in this direction before they begin to compare with most professional schools.

THE ARMY SCHOOL OF NURSING.

This school, which was started in 1918 to help in meeting the need for Army nurses, is being continued as a part of the Regular Army Nursing Corps, with headquarters in Washington. In spite of considerable depletion, the student body still numbers about 500.

Through affiliations which have been arranged with a large number of general and special hospitals and with public health organizations, the students are having a wide and varied experience both in civilian and military institutions, and it is believed that they will be well qualified not only for Army work but for other fields of nursing service which they may wish to enter. The Army school is on the eight-hour basis and has developed an excellent course of study. It has unusual opportunities for experimentation along educational lines and it is hoped may be able to contribute something of distinct value to the system of professional training.

The Army Nurse Corps is also planning to provide opportunities for postgraduate training for its permanent staff of nurses, 2 per cent of the force to be allowed leave of absence, with full pay, for the purpose of securing advanced training along some of the special lines required in the Army service.

AFFILIATIONS BETWEEN NURSING SCHOOLS AND OTHER EDUCATIONAL INSTITUTIONS.

Because of the difficulty of securing trained teachers and proper scientific equipment, a number of nursing schools are turning over some of their preliminary science teaching to technical schools or colleges. In Kansas City, Rochester, N. Y., and a few other centers two or three schools have combined their classes and have made arrangements for a regularly organized preparatory course connected, as a rule, with some educational institution of this type. This movement toward centralization in nursing education is evidently a growing one.

In California prospective students of nursing are encouraged to include certain of the preliminary sciences in their regular high-school course, and some credit is given for these on admission. With

the strengthening of high-school science, it is believed that nursing schools would be quite justified in requiring some of these subjects, such as elementary biology, chemistry, and household science, for admission instead of attempting to crowd them all into the professional course of training: This is quite different from the suggestion sometimes urged that high schools should introduce professional courses in nursing into their regular curriculum. Such a policy would be injurious to the student herself and to the nursing profession and would be a backward rather than a forward step.

NURSING COURSES IN COLLEGES AND UNIVERSITIES.

The prenursing or preparatory course which was given in Vassar College and in a number of university centers during the summer of 1918 showed what might be done on a rather large scale in the way of combining with these higher educational institutions for a part at least of the nurses' training. The standard of teaching was unquestionably higher than could be obtained under existing conditions in the great majority of nursing schools. It seemed to most of those who saw the large and enthusiastic bodies of students who took those summer courses (430 at Vassar College alone) that even if the special incentives of the war period were eliminated there would still be a decided advantage in having this work conducted under the auspices of a recognized college or university. The great weakness in such detached courses lies in the fact that there is no organic connection with the hospital in which the practical experience and subsequent training of the student is to be carried on. The hospital misses the early contact with the student, and the educational institution which sponsors her in the beginning of her course has no means of assuring her a complete and well-balanced system of training throughout. The university nursing school of the type which has been so successfully developed in the universities of Minnesota and Cincinnati is undoubtedly more satisfactory, in that it is able to carry its students through from the beginning to the end of their professional course.

A recent development in several universities is the combined academic and professional course of from four to five years, leading to the nursing diploma and the bachelor of science degree. The usual arrangement is to admit the student, on the completion of her high-school course, for two years of preliminary work in the university, then to give her two years of professional training, and finally a period in the university during which she may specialize in some particular branch of nursing work. Several universities have introduced this type of course within the past two or three years, among them Cincinnati, Minnesota, Columbia, Michigan, California, Colo-

rado, Northwestern, Indiana, and Washington, and Simmons College. It is understood that only a moderate proportion of students in the nursing school would probably take the longer course leading to the degree, but that it would be open to any who could meet the necessary requirements. A pamphlet has been prepared by the Education Committee of the National League of Nursing Education,² describing in some detail this type of university course.

During the past year (1921) a further step has been taken in the University School of Nursing in Minneapolis by which an amalgamation has been made of three or more nursing schools under the university. A similar plan of centralization is being developed in Cleveland under the auspices of Western Reserve University. There are obviously many advantages in such an arrangement, and it is believed that nursing schools, like medical and other professional schools, will more and more tend to consolidate their educational work in a few strong schools rather than in many small or weak ones.

Probably the most encouraging feature of the whole situation in nursing education is the growing demand from graduate nurses for advanced courses of study and training. During the past two years most of the centers of higher education for nurses have been crowded to overflowing. In the largest of these (Teachers College, Columbia University) 295 nurses were registered during the past college year, and 196 more in the summer session; 15 of these were working for their master's degree and 55 for the bachelor's degree, while most of the others were qualifying for professional certificates and diplomas.

During the past two years several new courses for graduate nurses were opened in universities, among them courses for public-health nurses in Minnesota, Michigan, California, and North Dakota Universities. Peabody College, Tenn., Cincinnati University, and McGill University, Montreal, Canada, have also announced courses for instructors of nurses.

SCHOLARSHIPS FOR NURSING EDUCATION.

A number of scholarships for nurses are available yearly from such funds as that of the Isabel Hampton Robb scholarship and the Isabel McIsaac loan funds of the national nursing associations. Several hospitals are also giving yearly scholarships to their own graduates for advanced educational work. In 1919 the large sum of \$115,000 was appropriated by the American Red Cross for nursing scholarships, \$100,000 of it to go to those wishing to prepare themselves for public-health work and the rest to those taking special training for teaching in nursing schools. The Red Cross has continued this work during 1920. These scholarships have gone mainly

² Secured from National Nursing Headquarters, 370 Seventh Avenue, New York City.

to nurses who served in the Army, Navy, or Red Cross. The National Organization for Public Health Nursing also appropriated \$10,000 in 1919 for the training of nurses as teachers of public-health nursing.

The Federal Board for Vocational Education has extended to nurses who have some disability as a result of their war service the same opportunities for further training as are provided for men from the Army and Navy. This means usually a year or more of special or advanced training, with fees and all expenses paid. Some of the States are offering similar educational facilities to nurses who have been on active service during the war.

INVESTIGATIONS AND SURVEYS.

Nursing schools have been under criticism for some years because they have not been producing enough qualified nurses to meet the needs of the public health field and because the type of training given has not been of the kind to prepare these workers adequately for their duties. It was being urged by a few physicians in public health work that a new type of worker without nursing training should be developed for this field. This led to a general conference and finally to the suggestion of a thorough investigation of the whole question by the Rockefeller Foundation. Dr. C. E. A. Winslow, professor of public health, of Yale University, was made chairman of the committee, which is composed of prominent nurses, physicians, public health workers, and others representing the public; and Miss Josephine Goldmark was engaged to conduct the investigation. After the first year's work, it was decided to extend the investigation to cover the whole field of nursing education. This survey has not yet been completed, but it promises to be one of the most important contributions which has been made in recent years to nursing education.

In 1919, Miss Goldmark and her staff assisted in a survey of the hospital and public health situation in the city of Cleveland. The reports of this survey, which have just been published,⁴ include a careful study of the system of nursing education in Cleveland, which may be considered as fairly typical of the larger cities of the United States.

A State survey of nursing schools in Missouri has also been made recently under the auspices of the nursing associations of Missouri. Miss Sara Parsons, formerly superintendent of nurses of the Massachusetts General Hospital, has been in charge of this work. Several other States in the South and West are now asking for a

⁴ Cleveland Hospital and Health Survey—Part IX, Nursing. Published by the Cleveland Hospital Council, 806 Adelphi Building, Cleveland, Ohio.

similar study of their educational systems. It is a most encouraging sign to find those responsible for nursing schools asking for help in analyzing their defects, and doubtless the publicity given to such surveys will do much to stimulate improvement.

ORGANIZED PUBLICITY FOR NURSING SCHOOLS.

This is another interesting movement which has come about as a result of the lack of students in nursing schools. Nursing organizations have been carrying on for some years an intermittent campaign of publicity to interest high-school and college women in nursing. The funds available were, however, very small, and no special workers were employed to organize the work and develop it systematically. The war-time publicity campaign for student nurses was the first to be organized on any large scale, and its effectiveness was probably due in large measure to the war appeal. The American Red Cross has given valuable assistance in the recruiting of student nurses and has recently sent out special instructions to its chapters and special literature focusing attention on this as the biggest present issue in the development of the Red Cross peace-time program.

The centennial of Florence Nightingale's birth, which came May 12, 1920, has been used very effectively by nursing schools and by all these other organizations to awaken interest in nursing and to recall some of the foundation principles of nursing education which Miss Nightingale established. Plays, pageants, sermons, articles, books, calendars, and moving pictures have all been prepared with this idea in view.

Of distinct educational value have also been the organizations of groups of hospitals for the purpose of carrying on a systematic, business-like campaign for student nurses. The largest of these was formed in 1919 by some of the hospitals in Chicago and called the Central Council of Nursing Education. The working forces have been composed mainly of women members of the boards of trustees and nurses, but men and women, students, graduates, physicians, and influential citizens, have all cooperated in the movement. An effort has been made from the beginning to put the campaign on a sound educational basis. Standards of membership were laid down, and hospitals meeting such standards were invited to join, paying a fee of \$500 a year. A secretary was appointed, literature was prepared and distributed widely, addresses were given, and every modern method of publicity was utilized to reach young women of the right type and interest them in nursing. The work has spread from the city of Chicago to the State of Illinois and to several surrounding States, and results have been quite encouraging. Hospitals in New York and surrounding States have recently organized an

Eastern Council of Nursing Education on much the same plan. Somewhat similar campaigns of publicity have been carried on in the State of Michigan, in Connecticut, and in other parts of the country.

FINANCIAL SUPPORT FOR NURSING SCHOOLS.

While all these things are encouraging, they leave the fundamental weaknesses in the educational system untouched. The plain facts are that nursing schools are being starved and always have been starved for lack of funds to build up any kind of substantial educational structure.⁵ As some one has recently said, the nursing school has been literally buried in the hospital, and few people have been aware of its existence. It has fed on the crumbs that fell from the hospital table—a very frugal table, as everyone knows. The educational interests of the school have had no chance whatever against the pressing economic interests of the hospital, and it is probable that even if the hospital recognized its educational obligations, which it has never done, it would find considerable difficulty in meeting them as they should be met.

The inevitable conclusion is that there is no hope for any substantial advancement in nursing education until the nursing school can be lifted out of the hospital and placed on its own feet. This does not mean that pupils should not be trained in hospital wards, but that the nursing school, like the medical school, should have an independent financial status and the power to work out its own system of education, unhampered by the complicated and often crushing demands of the hospital. If this is to be done, some form of endowment must be found for nursing schools, or they must be supported by State or municipal funds. Up to the present time there have been no large gifts or endowments for nursing education in this country, apart from Mrs. Helen Hartley Jenkins's gift to the nursing and health department of Teachers College, Columbia University. It is time that the public should realize the great need in this country for funds to develop nursing education and should give as freely to this as they do to other forms of educational work.

The first step in the direction of endowment for nursing schools has been taken by nurses themselves. The alumnae of Johns Hopkins Training School for Nurses have recently launched a campaign for one million dollars to endow their mother school.⁶ The contribution which such an endowed school can make to nursing education is a great end in itself, but beyond that is the opportunity to drive into

⁵ See pamphlet entitled, "A Sounder Economic Basis for Training Schools for Nurses," by M. Adelaide Nutting. Secured from National Nursing Headquarters, 370 Seventh Avenue, New York City.

⁶ Literature may be obtained from the endowment fund committee, Johns Hopkins Hospital, Baltimore, Md.

the public consciousness the need for adequate financial support for all nursing schools.

REACTIONARY MOVEMENTS.

In spite of poverty and all the difficulties inherent in the system of training, the leaders in nursing education have been driven on in their efforts to better conditions, because they knew just what it meant to expose sick people to the care of ignorant and untrained nurses. Some of them had struggled with the dirt and disorder and the unspeakable moral conditions of the old hospitals as they existed less than 50 years ago, when modern nursing was first introduced into this country. This has made them uncompromising in their fight to uphold such standards as had already been established in nursing education. The progressive element in nursing has always been supported by the more forward-looking members of the medical profession, but there have always been strong reactionary forces at work pulling down what they have built up. Some influential commercial interests have been steady and unscrupulous opponents, and, unfortunately, there have also been a number of medical men working against what they have called the "overtraining of nurses." These physicians are not, as a rule, representative men in their profession, but they are often politically powerful and their opinions carry quite undue weight with the general public. The temporary scarcity of nurses during the influenza epidemic brought this opposition into prominence again. It was claimed that the trained nurse was too expensive, and that what was needed was a domestic type of worker who would do the work of the home and care for the sick patient as well at a small wage. It was urged that such workers needed little preliminary education and a very brief training, a few weeks or months being sufficient to qualify them for the care of the sick. Efforts have been made to compel existing schools to reduce their own standards of admission and training. Finally, a continuous campaign of newspaper publicity has been used to prejudice the public against professional nurses and all existing standards of nursing education.

While the avowed purpose of the whole agitation has been to supply nurses for people of limited incomes, there is no evidence that this result has been achieved. The semitrained or untrained worker seems to be charging practically the same rates as the trained nurse; so the public is getting a distinctly inferior type of service at little, if any, reduction in cost.

The worst feature of the whole situation is that the women who are being brought into the field and usurping the name of nurses are discouraging better women from entering the profession. They are a menace to the sick, because they assume responsibilities they

are in no way fitted to carry, and they create a false sense of confidence in both doctors and patients, who have learned to rely upon the skill and experience of the trained nurse and do not realize the untrustworthiness of this counterfeit variety. In some cities thousands of these so-called nurses have been foisted upon the public.

SOME NEW EDUCATIONAL MEASURES TO MEET THE PRESENT SITUATION.

While the nursing profession is united in opposing the introduction of short courses for the training of nurses, it has been working out plans for supplementing the services of nurses in several ways.

One of these is through the wide distribution of home nursing classes to help mothers and sisters in the home in caring for mild and chronic conditions of illness that occur in all families. The American Red Cross now employs over 1,800 teachers to carry on this kind of educational work, and efforts are being made to carry such teaching into high schools as well as to all other groups of girls and women in communities.

The extension of visiting nurses' associations and the training of more public-health nurses are probably the most effective means of distributing skilled nursing service over a large population. The price of such service is within the reach of any family, and although it is not a continuous service, it can usually be supplemented by an intelligent member of the family who works under the instruction of the trained nurse. The rapid growth of such associations and the introduction of various forms of sickness insurance seem to give the greatest promise of meeting the needs of those who can not afford the full-time service of the private nurse and can not go to a hospital. Nothing could be more disastrous than to accept the idea that there should be a special kind of cheap nurse for poor people, even if any kind of cheap service of this exacting kind could be found. Where so much depends on health and rapid recovery, the poor nurse or poor doctor is the most expensive and the most dangerous substitute for skilled care, and some other solution must be found for the problem of serious illness in homes of lower incomes.

There seems to be a place, however, for a different type of worker who, though not prepared to care for acutely ill patients, may be intrusted with chronically or mildly ill patients or with convalescents. Such workers have been employed for years as attendants in institutions for incurables and for mental and tuberculosis patients. They have been also used to supplement the work of trained nurses in some visiting nurses' associations. Many people feel that such workers, properly trained for their duties and given a distinguishing name, could be employed more generally for carefully selected cases in private homes and at a smaller fee than the more highly trained and responsible nurse requires and fully earns.

Although former experiments in the training of attendants have not been very encouraging, nurses' organizations are prepared to see what can be done by extending the present courses for attendants somewhat and giving a good practical training of about 9 months in certain selected institutions, limiting the scope of the work strictly to the duties which attendants can safely be intrusted with. Already several States have enacted laws providing for the licensing of this group and giving them a special function and a dignified status among the great variety of workers now required for the care of the sick. This is frankly an experiment, and it is possible that the only result will be to further multiply the numbers of inadequately trained pseudo-nurses who trade on the ignorance and helplessness of the public. In any case it is an honest effort to decrease the cost of sickness to the public without at the same time endangering the lives of those who are acutely ill.

THE FUTURE.

No thoughtful person who studies the situation in nursing education to-day could fail to be deeply concerned by the many difficult and critical questions which are waiting to be solved. To those who have been watching closely the signs of the times there are many evidences that the old apprenticeship system which has served us as a system of nursing education for the past half century is beginning to break down and that fundamental reforms will have to be introduced to enable nursing schools to keep going, still more to keep pace with the rapidly advancing needs of this new day.

The superintendents and teachers of nursing schools who have struggled along all these years with the old system are becoming discouraged and in many cases going into other fields. It is more and more difficult to induce able women to take positions in the average type of hospital where there is so little hope of being able to work out the most reasonable educational standards. Few have ever lost faith, however, in the essential value of the work itself or in certain features of the educational system which are unquestionably strong and sound. With certain basic changes it could be brought in line with the most modern ideas of education and could, indeed, lead the way toward an all-round training such as few other professions could offer to the modern young woman.

The greatest hope of the future lies in the direction of independent endowments and in the closer association of nursing schools with universities or higher technical schools. The next few years will undoubtedly see substantial developments along both these lines and the gradual evolution of nursing schools out of the apprenticeship stage into that of independent, self-governing, professional schools.