Annual Report
of the
National League
of Nursing Education
and Record of Proceedings
of the Fifty-fourth Convention

1950

NATIONAL LEAGUE OF NURSING EDUCATION
1790 Broadway, New York 19, New York
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(Continued on next page)

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The executive secretaries of the six national nursing organizations are ex officio members of the National Committee for the Improvement of Nursing Services.
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(Continued on next page)

*Committee of the six national professional nursing organizations and the National Association for Practical Nurse Education
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The presidents and executive directors of the NLNE and NOPHN are
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PAST OFFICERS OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

The American Society of Superintendents of Training Schools for Nurses was organized in Chicago, June, 1893. The officers of the preliminary organization were:

ANNA L. ALSTON, President
LOUISE DARCHE, Secretary
SOPHIA PALMER, Second Vice President
LUCY L. DROWN, Treasurer

Officers elected* in the years following have been:

1894 New York, N. Y., January 10-11.
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President, M. E. P. Davis; Vice President, Mary Agnes Snively; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.

President, M. Adelaide Nutting; Vice President, M. E. P. Davis; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1897 Baltimore, Md., February 10-12.
President, Mary Agnes Snively; Vice President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1898 Toronto, Ont., Canada, February 10-12.
President, Isabel McIsaac; Vice President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1899 New York, N. Y., May 5-6.
President, Isabel Merritt; Vice President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1900 New York, N. Y., April 30-May 2.
President, Emma J. Keating; First Vice President, Isabel Merritt; Second Vice President, Sophia Palmer; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1901 Buffalo, N. Y., September 16-17.
President, Mrs. Lystra E. Grettet; First Vice President, Lucy L. Drown; Second Vice President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

President, Ida F. Giles; First Vice President, Mrs. Lystra E. Grettet; Second Vice President, Jane A. Delano; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1903 Pittsburgh, Pa., October 7-9.
President, Georgia M. Nevins; First Vice President, Ida F. Giles; Second Vice President, Jennie Cottle; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

*This list was corrected in 1913 giving officers elected at each convention in accordance with the proceedings printed in the Annual Reports.
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     Treasurer, Anna L. Alline.

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     Robb; Second Vice President, Lauder Sutherland; Secretary, M. Helena
     McMillan; Treasurer, Anna L. Alline.

1910  New York, N. Y., May 16-17.
     President, Mary M. Riddle; First Vice President, Annie W. Goodrich;
     Second Vice President, Francina Freese; Secretary, M. Helena McMillan;
     Treasurer, Mary W. McKechnie.

     President, Mary C. Wheeler; First Vice President, Mary M. Riddle; Second
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1912  Chicago, Ill., June 3-5.
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In June, 1912, the name of the Society was changed to the NATIONAL LEAGUE OF
NURSING EDUCATION.

1913  Atlantic City, N. J., June 23-25.
     President, Clara D. Noyes; First Vice President, Louise M. Powell; Second
     Vice President, Helen Scott Hay; Secretary, Sara E. Parsons; Treasurer,
     Mary W. McKechnie.

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     President, Ellen Stewart; Secretary, Sara E. Parsons; Treasurer, Mary W.
     McKechnie.

     President, Clara D. Noyes; First Vice President, Sara E. Parsons; Second
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   Vice President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer,
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   President, S. Lillian Clayton; First Vice President, Sara E. Parsons; Second
   Vice President, Grace Allison; Secretary, Effie J. Taylor; Treasurer,
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1918 Cleveland, Ohio, May 7-11.
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   President, S. Lillian Clayton; First Vice President, Anna C. Jammé; Second
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   Vice President, Isabel M. Stewart; Secretary, Mrs. Alice H. Flash; Treas-
   urer, Bena M. Henderson.

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   urer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

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   urer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.
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    Marian Rottman; Executive Secretary, Claribel A. Wheeler.

    President, Effie J. Taylor; First Vice President, Nellie X. Hawkinson;
    Second Vice President, Julie C. Tebo; Secretary, Stella Goosrey; Treasurer,
    Marian Rottman Fleming; Executive Secretary, Claribel A. Wheeler.

    President, Effie J. Taylor; Vice President, Nellie X. Hawkinson; Secretary,
    Stella Goosrey; Treasurer, Marian R. Fleming; Executive Secretary, Claribel
    A. Wheeler.

    President, Nellie X. Hawkinson; Vice President, Elsie M. Lawler; Secretary,
    Stella Goosrey; Treasurer, Marian R. Fleming; Executive Secretary, Claribel
    A. Wheeler.

    President, Nellie X. Hawkinson; Vice President, C. Ruth Bower; Secretary,
    Stella Goosrey; Treasurer, Marian R. Fleming; Executive Secretary, Claribel
    A. Wheeler.

1938  Kansas City, Mo., April 24-29.
    President, Nellie X. Hawkinson; Vice President, C. Ruth Bower; Secretary,
    Stella Goosrey; Treasurer, Lucile Petry; Executive Secretary, Claribel A.
    Wheeler.

    President, Nellie X. Hawkinson; Vice President, Phoebe M. Kandel; Secretary,
    Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A.
    Wheeler.
1940 Philadelphia, Pa., May 12-17.
President, Stella Goosway; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

President, Stella Goosway; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

President, Stella Goosway; Vice President, Phoebe M. Kandel; Secretary, Irene Murchison; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler; Acting Executive Secretary, Adelaide A. Mayo.

1943 Chicago, Ill., June 15-17.
President, Stella Goosway; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

1944 Buffalo, N. Y., June 5-8.*
President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

1945 New York, N. Y., May 31-June 2.+ 
President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

1946 Atlantic City, N. J., September 23-27.
President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary, Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

President, Ruth Sleeper; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

President, Agnes Gelinas; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Secretary, Adelaide A. Mayo.

1949 Cleveland, Ohio, May 2-6.
President, Agnes Gelinas; Vice President, Mrs. Deborah M. Jensen; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Director, Adelaide A. Mayo.

1950 San Francisco, Calif., May 7-12.
President, Agnes Gelinas; Vice President, Mrs. Deborah M. Jensen; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Director, Adelaide A. Mayo.

*Biennial meeting with ANA and NOPHN; League not officially in convention; elections by mail.
+No convention; election by mail.
ORGANIZATIONS WITH WHICH THE NLNE HAS ASSOCIATIONS

American Association of Industrial Nurses, 654 Madison Avenue, New York 21, N. Y.
American Association of Medical Social Workers, 1129 Vermont Avenue, N.W.,
Washington 5, D. C.
American College of Surgeons, 40 East Erie Street, Chicago 11, Ill.
American Committee for Nursing Scholarships, 1807 De Lancey Place, Philadelphia 3,
Pa.
American Dietetic Association, 620 North Michigan Avenue, Chicago 11, Ill.
American Hospital Association, 18 East Division Street, Chicago 10, Ill.
American Journal of Nursing Company, 1790 Broadway, New York 19, N. Y.
American Library Association, 50 East Huron Street, Chicago 11, Ill.
American Medical Association, 333 North Dearborn Street, Chicago 10, Ill.
American Nurses' Association, 1790 Broadway, New York 19, N. Y.
American Red Cross Nursing Service, Washington 13, D. C.
American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
Association of Collegiate Schools of Nursing, 2063 Adelbert Road, Cleveland 6, Ohio
Harmon Association for the Advancement of Nursing, 140 Nassau Street, New York 7,
N. Y.

Inter-Association Committee on Health, c/o American Nurses’ Association, 1790
Broadway, New York 19, N. Y.

International Council of Nurses, 19 Queens Gate, London S.W. 7, England
Maternity Center Association, 654 Madison Avenue, New York 21, N. Y.
National Association of Colored Graduate Nurses, 1790 Broadway, New York 19, N. Y.
National Association for Mental Health, 1790 Broadway, New York 19, N. Y.
National Association for Nursery Education, 2050 East 96th Street, Cleveland 6, Ohio
National Association for Practical Nurse Education, 654 Madison Avenue, New
York 21, N. Y.

National Council on Rehabilitation, 1790 Broadway, New York 19, N. Y.
National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N. Y.
National Health Council, 1790 Broadway, New York 19, N. Y.
National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.
National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
Special Libraries Association, 31 East 10th Street, New York 3, N. Y.

Federal services

Army Nurse Corps, Office of the Surgeon General, United States Army, Washing-
ton 25, D. C.
Navy Nurse Corps, Bureau of Medicine and Surgery, United States Navy Depart-
ment, Washington 25, D. C.
United States Civil Service Commission, Eighth and F Streets, Washington 25, D. C.
Veterans Administration, Washington 25, D. C.

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Organizations in which the NLNE holds membership

American Council on Education, 744 Jackson Place, Washington 6, D. C.
National Education Association of the United States, 1201 16th Street, Washington 6, D. C.
National Society for Medical Research, 25 East Washington Street, Chicago 2, Ill.
World Federation for Mental Health, 19 Manchester Street, London W1, England; c/o World Affairs Division, National Association for Mental Health, 1790 Broadway, New York 19, N. Y.

Organizations in which the NLNE has appointed representatives

American Association of Junior Colleges, 1201 Nineteenth Street, N.W., Washington 6, D. C.
American Cancer Society, 47 Beaver Street, New York, N. Y.
American Psychiatric Association, 9 Rockefeller Plaza, New York 20, N. Y.
Joint Commission for the Improvement of the Care of the Patient, 18 East Division Street, Chicago 10, Ill.
PROCEEDINGS OF THE
FIFTY-FOURTH CONVENTION OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
San Francisco, California
May 7–12, 1950

MEETING OF THE COUNCIL OF STATE LEAGUES
Sunday, May 7—9:00 a.m.—4:00 p.m.

An open session of the Council of State Leagues was held in Room 404 of the Civic Auditorium, San Francisco, California, on Sunday, May 7, 1950. The chairman, Agnes Gelinas, called the meeting to order at 9:00 a.m. The secretary, Henrietta A. Loughran, called the roll* to which presidents or representatives of twenty-two state leagues responded. The presidents or representatives of sixteen other state leagues arrived after the roll call, making a total of thirty-eight state leagues represented at the meeting. Also present were the president, secretary, and treasurer, who are officer-members of the Council, as well as other members of the League.

The president and the executive director spoke a few words of welcome and introduced members of the Board of Directors and Headquarters staff to the Council.

MEASUREMENT AND GUIDANCE

Elinor V. Fuerst, test editor of the Department of Measurement and Guidance, pointed out the need for the Department to maintain a current list of persons to assist in test construction, and requested the membership to continue nominating persons qualified to render such assistance. She also requested participation from the membership in contributing suggestions as to the content of the 1951 state board test examinations.

NLNE STATEMENT OF PRINCIPLES

Discussion of the "Statement of Principles Relating to Organization, Control, and Administration of Nursing Education"† was led by Ruth Sleeper,

*Bylaws—Article IX, Sec. 3. A quorum of the Council of State Leagues shall be ten members other than the officers.
†For the tentative "Statement of Principles," under discussion at this meeting, see page 97.
chairman of the committee of the Board of Directors (consisting of Miss Sleeper, Ruth Harrington, and Lulu K. Wolf) which had been appointed to prepare a tentative revision of the statement formulated in 1947.

The secretary read a letter from the Reverend John J. Flanagan, S.J., educational adviser to the Conference of Catholic Schools of Nursing, in which Father Flanagan expressed concern over the language used in paragraphs 1, 4, and 8 of the tentative revision of the statement. The president suggested that because of the guidance and help which Father Flanagan had given the nursing profession during the past year, it would be wise to consider his letter in reviewing the statement.

The presidents of state leagues then reported on the reactions of their boards of directors and membership. All were in agreement as to the acceptability of the fundamental ideas expressed in the statement, as long as they were adopted as principles, but several suggestions for changes were made.

The presidents of the Tennessee and Oklahoma leagues reported on the concern expressed by their members that application of the principles at too early a date would lead to a limitation in the number of professional nurses and, therefore, to inadequate nursing care. In this connection, the Georgia league president read the following statement by the president of the Georgia State Nurses’ Association (an ex officio member of the Georgia league’s Board of Directors): "In view of the fact that there is a shortage of qualified teaching personnel to develop this program at present, I am in favor of deferring action." The president of the Maryland league then read a suggested preface to the statement of principles, prepared by her Board of Directors, which would counteract such misconceptions.

The main concern of the Ohio and Georgia leagues, as expressed by their presidents, was that the statement would lead to hasty and loose connections between hospital schools and colleges. This, it was pointed out, was also Father Flanagan’s chief fear. The Illinois league president suggested that, in accordance with a recommendation from her Board of Directors, more emphasis be given in the statement to the slowness with which any transition should take place, during which time the three-year programs would improve, and also to the effort and contributions made by the hospital schools.

With regard to the section on practical nurse education, the president of the New York state league reported that her Board had disapproved any statement which would permit practical nurse education to be carried on as part of a high school course; it should be placed under adult education programs. The president of the Ohio league, on the other hand, stated that a good practical nurse program was being conducted in a vocational school in Ohio and that her league approved the placement of such a program in the twelfth year of school. The president of the Georgia league raised the question as to whether general education could, at this time, be expected to assume responsibility for practical nurse education, particularly since professional nursing education had not yet been fully integrated with general
education. The Tennessee league president stated that members in her state questioned the advisability of having practical nurses and professional nurses educated in the same institution because of the confusion which might result.

The president of the Maryland league questioned the appropriateness of any reference to in-service education in a statement pertaining to formal programs of education. She also reported on several recommendations for changes of an editorial nature suggested by her Board—(1) one which would make it clear that general education should be included in the preparation for professional nursing but not necessarily in the nursing curriculum per se; (2) the elimination of definite titles for the administrative officer of programs for professional nursing; and (3) the replacement of the phrase "on a par with" by "on a coordinate basis with" in the statement, "All programs . . . should be established on a par with other professional programs." The president of the Arizona league suggested the need for editorial revision which would indicate that the "two years of general education" included in the preparation of a professional nurse are on the post-high school level.

Miss Gelinas stated that these suggestions would be referred to a committee which would prepare a second draft of the statement for consideration at a later meeting.

In the discussion of ways in which the principles might be implemented, the president of the Ohio league suggested that there might be a series of state or regional conferences of nurse educators and representatives from colleges. In this connection, Miss Sleeper mentioned the conference of nurse educators and representatives from colleges and universities on "The Role of Higher Education in Nursing Education" to be held in the fall under the auspices of the American Council on Education with assistance from the League's Department of Services to Schools of Nursing.

The president of the Massachusetts league suggested meetings with hospital groups also, in order to reassure these groups that the League's intention is to help hospital schools improve, not to eliminate them. The representative of the Pennsylvania league stressed the important role which the public, as a consumer of nursing education, should play in making any plans for implementing the principles. Miss Sleeper added that efforts at interpretation should include discussions with medical groups, also, in order that they would understand that nursing needs will continue to be met but that the League is trying to arrange for the preparation of personnel who will better meet these needs.

**NATIONAL NURSING ACCREDITING SERVICE**

Julia M. Miller, acting director of the National Nursing Accrediting Service, reported on the activities of the Service since its establishment, in January 1949, by the Joint Board of Directors of the Six National Nursing
Organizations, stressing the fact that the Service is an activity of all six organizations and not of the League alone. She reported that the groundwork of a sound, unified, accrediting program had been laid in 1949; the *Manual on Accrediting Educational Programs in Nursing* had been published and four workshops had been held in different regions of the country.

Accreditation surveys were begun on February 20, 1950, and from that date until May 1, 1950, twenty-six visits had been made. From four to six days are allowed per visit. To date, there had been two persons per visiting team, although in the future it might be necessary to have more in cases where three or four nursing programs are conducted by one institution. Miss Miller pointed out that a continuation of the accrediting program at this rate would result in approximately 160 visits a year, and emphasized the fact that accreditation is a slow process.

Currently, Miss Miller reported, she and Hazel A. Goff were the only full-time professional members on the staff of the Accrediting Service; shortly Helen Nahm would assume the directorship. Qualified persons whose names had been suggested by state leagues and other state nursing organizations were assisting the full-time staff as accrediting representatives and on the boards of review. Another request would soon be sent to the states for additional names, Miss Miller stated, and she asked the members of the Council of State Leagues to submit names even prior to receiving this request.

Miss Miller then asked that consideration be given to a possible change in the financial policy of the Service. Hitherto, the annual fee paid by accredited schools had been a relatively small one—$50 for schools with one program, $75 for those with two, and $100 for those with three or more—and the visitation fee much larger. In contrast, several other professions charge their accredited institutions a large annual fee and make no charge for visits—a financial policy which seems to be more understandable to fiscal authorities who must approve such payments. The point had therefore been raised as to whether a change in policy on the part of the National Nursing Accrediting Service, whereby larger annual fees and no visitation fees would be charged, would make it less difficult financially for schools of nursing to become accredited.

Alliene Tiley (District of Columbia) expressed the opinion that the lowering of the visitation fee would be desirable in that more schools would be able to apply for accreditation, but that some charge for visits should be made because of the tendency not to appreciate a service that is offered free of charge. Another member asked if any adjustment would be made for schools which have already borne the expense of an accreditation visit. Miss Miller explained that the discussion was merely an exploratory one; no definite plans had been made for any immediate change in the fiscal policies of the Accrediting Service.
SECOND SURVEY OF SCHOOLS

Miss Miller then asked for consideration as to the advisability of having the second survey of schools, which had been promised at the time that the first survey (School Data Analysis) was undertaken, include a brief visit and be conducted by the National Nursing Accrediting Service rather than by the National Committee for the Improvement of Nursing Services, under whose auspices the first survey had been carried out.

In the discussion, considerable emphasis was placed on the need to interpret to hospital administrators the difference between the interim classification of schools (which resulted from the School Data Analysis) and accreditation. Alma E. Gault (Tennessee) and Marjorie Bartholf (Texas) pointed out that there was a tendency to think that schools which were placed in the upper groupings in the classification need make no further effort toward receiving professional recognition of their excellence; the hospital administrator frequently said, "Our school is in Group I; why bother to apply for accreditation?" Anna D. Wolf (Maryland) pointed out that until the accredited list is a longer list, the classified list will necessarily be used to a considerable extent for recruitment purposes and should therefore be made more meaningful.

Further discussion as to the ways in which a second survey of schools might be carried out by the National Nursing Accrediting Service took place during the afternoon session of the Council of State Leagues meeting and at the first business meeting. A summary of these discussions will be found on pages 183-187.

DEPARTMENT OF SERVICES TO SCHOOLS OF NURSING

Miss Sleeper, as chairman of the Advisory Committee to the Board on Services to Schools of Nursing, reported on the activities with which the department, under the acting directorship of Mary Schmitt, had been engaged since its organization in September 1949, and presented, for consideration, plans for its future program.

Among the department's current and continuing activities, she mentioned (1) the cooperation with the American Association of Junior Colleges in order that the rapidly expanding role of the junior college in nursing education might have the guidance of nurse educators; (2) the projected conference on "The Role of Higher Education in Nursing Education" with which the Department was assisting the American Council on Education; (3) the need to explore the possibility of decreasing the length of the three-year program—an exploration which was being undertaken by the League at the request of the Joint Commission for the Improvement of the Care of the Patient (composed of representatives from hospital administration, medicine, and nursing); (4) the large Nursing Organization Curriculum
Conference which the Department had conducted in December 1949 and the second conference on this subject which it was planning for the coming fall.

Miss Sleeper pointed out that similar "special projects" would constantly be arising which would require the appointment of special committees of League members to work with the Department. In addition, however, there was need for the Council of State Leagues to advise the Board with regard to the over-all program of the Department.

This over-all program, Miss Sleeper stated, should, in the Board's opinion, be focused upon the work that must be done in curriculum development. Because of the fact that no small department with a single professional worker could hope to produce all the materials needed in this area, and, furthermore, because of the Board's opinion that curriculum development can only really take place within schools and programs of nursing education, the Board was proposing that the Department undertake to facilitate the development of curricula in nursing.

To carry out this function, the Board had visualized that the Department would: (1) stimulate interest in curricula in regions, states, groups of states, and institutions; (2) locate existing foci of interest and leaders in areas of interest; (3) recommend names of these leaders to the Board for appointment to a coordinating committee on curriculum; (4) set up, with this committee, an over-all plan of action and directive steps which the groups working on curricula throughout the country could use so that the outcomes of their work would be comparable; (5) furnish source materials and other assistance to the groups working on curricula; (6) formulate a plan, with the coordinating committee, for the collection, review, and evaluation of materials produced in the field; and (7) arrange for the presentation of these materials at meetings or for their publication.

Miss Sleeper further pointed out that it was the thought of the Board that groups working on a project in one area of the curriculum would undoubtedly prepare bibliographies and lists of visual aids in connection with their work. Therefore, in an effort to coordinate curricular activities, the Board had asked League committees dealing with the nursing school library and audio-visual aids, along with other committees whose interests lay mostly in the curriculum area, to complete their work by May 1, 1950 in order that they might be discontinued and their functions absorbed by the Department, the Coordinating Committee on Curriculum, and such special committees for special projects as might be needed.

Miss Sleeper stressed the desire of the Board to have the Council's reaction to this plan which would, in essence, decentralize the production of curriculum materials but would, at the same time, facilitate such production.

Lucia Allyn (Arizona) expressed the opinion that such a plan would be of immense assistance to nurse educators who are removed from large educational centers, stating that such groups would derive considerable encour-
agement from source materials from a central committee. She further suggested the possibility of regional conferences on curriculum development.

Anna D. Wolf (Maryland) mentioned the desirability of bringing state board representatives into the state and local curriculum development groups. She also pointed out the important relationship between curriculum development and the organization, control, and administration of nursing education, stating that the plans relative to curriculum were related very definitely to those for implementing the "statement of principles."

**JOINT ORTHOPEDIC NURSING ADVISORY SERVICE**

Teresa Fallon, consultant in orthopedic nursing, spoke of the activities carried out by the Joint Orthopedic Nursing Advisory Service, mentioning particularly those associated with the preparation of nurses to care for poliomyelitis patients. In an attempt to make this part of its program more effective, JONAS was trying to secure the cooperation of state leagues and state organizations for public health nursing, but had thus far received most help from the state nurses' associations. She appealed to the Council members to have their state leagues co-sponsor the programs for poliomyelitis nursing which JONAS was conducting in states and regions.

**LEAGUE FUNCTIONS UNDER A NEW STRUCTURE**

Ruth Harrington, chairman of a committee which had studied how the functions of the League would be continued under the proposed new structures of national nursing organizations, presented the committee's report and led the discussion of it. This report was later presented and discussed at a business meeting, and a summary of all discussions may be found on pages 193-201.

The meeting adjourned for lunch at 12:00 m. and reconvened at 1:30 p.m.

**CONVENTIONS**

Adelaide A. Mayo, the executive director, outlined some of the problems in connection with planning for conventions. The biennial convention of the American Nurses' Association, National League of Nursing Education, and National Organization for Public Health Nursing, she pointed out, poses a particular problem because of the very few cities which can accommodate large numbers of people and provide several large meeting rooms. It is necessary to plan for such conventions several years in advance. Miss Mayo requested that members of the Council of State Leagues give advice concerning the best time for conventions.

She further pointed out that because of the increasing amount of time being allotted to meetings of the ANA House of Delegates, during which the League holds no meetings, very little time is left for League business
and program meetings at biennial conventions. Miss Mayo, therefore, suggested that consideration be given to three possible alternatives: (1) continuing to "squeeze in" a few program meetings at biennial conventions; (2) discontinuing any attempts at program meetings during biennial conventions; or (3) holding pre-convention or post-convention educational institutes.

A third problem had been raised by the president of the Minnesota league who asked that state leagues be reminded of their responsibility to have representation at League conventions and to assume the expense of sending their presidents.

It was suggested that members of the Council give further thought to these problems.

**ANNUAL REPORT**

Miss Mayo then presented some of the problems in relation to the Annual Report of the League. She stated that the growth in the number of state leagues, in the League’s program, and in the number of members had so increased the size of the Annual Report, particularly during non-biennial years when there are many League program meetings at the convention, that it was becoming difficult to keep its weight under one pound and thus avoid charges for excess postage. The margins of some Annual Reports have had to be pared down for this reason. Miss Mayo suggested that consideration might be given to the possibility of eliminating the membership list, which now runs into over a hundred pages, and possibly printing a separate membership list for those who use it. Miss Mayo also referred to the problem caused by frequent changes of address on the part of members, pointing out that such changes may occur between the time the list is sent to the printer and the time the Annual Report is actually ready for mailing. The Annual Report is therefore frequently sent to an "old" address and returned to Headquarters as unclaimed.

The president of the Tennessee league reported that her Board of Directors had suggested that the membership list be printed separately with one copy being furnished to each state league and one to each League member requesting it free of charge.

The members of the Council were asked to give further thought to these suggestions.

**LEAGUE FINANCES**

Miss Gelinas stated that because of the League’s expanding program, as well as increasing costs, the financing of League activities was becoming a matter of concern to the Board, and that a discussion of the various financial problems with the Council of State Leagues seemed pertinent.
Increase in Expenditures

The treasurer, Henrietta Doltz, outlined some of the areas in which increases in expenditures had occurred between 1945 and 1949, calling attention to the added staff required for the administration of joint activities and for the expanding programs of League departments. The number of staff members in the general office had increased from 16 to 24 and the item for their salaries had risen 106 per cent; travel for the Board of Directors, because of wide geographic distribution, had increased 201 per cent; for appointed representatives, 350 per cent; the cost of convention meeting rooms had risen 41 per cent; express and postage, 69 per cent; office supplies and stationery, 464 per cent; the Annual Report, 78 per cent; committee expenses, 55 per cent. In addition, there were new items of expense, such as the League Letter. Thus, the total expenses for the general office increased 97 per cent between 1945 and 1949, as against an 8 per cent increase in membership during this period and a 22 per cent increase in income.

Suggestions for Increasing Income

Mildred Lorentz, chairman of a special committee of the Board to review League finances, outlined suggestions for increasing the League’s income, stressing the fact that these were suggestions only and that the reaction of the League membership and the Council of State Leagues to them would largely determine whether or not they should be considered seriously. Among these suggestions were: (1) Increasing the membership of the League through membership drives, perhaps assigning a quota to each state on the basis of its school and health agency population; (2) providing for school membership in the League; (3) increasing membership dues; (4) charging for the Annual Report as many organizations do; (5) promoting the sale of League publications and possibly raising the price of these publications in line with increasing costs of distribution and printing; (6) developing new test services; (7) securing grants for some curriculum projects; and (8) charging both League departments and joint projects for administrative overhead costs.

Miss Lorentz stated that not only would the Board of Directors like to have the reactions of the members of the Council of State Leagues to these suggestions, additional suggestions would be welcome. Moreover, the Board would like members of the Council to indicate those League programs which they considered most helpful in order that, should a curtailment of program become necessary, it would be undertaken in those areas where it would be least serious.

An increase in dues was considered inadvisable by several members, Alliene Tilley (District of Columbia) questioning the practicability of such a change in view of the possible imminent change in structure, and Louise Carlson (Pennsylvania) and Beatrice Kinney (New York) pointing out that a rise
in dues might very well result in a decrease in the number of members and therefore no gain in income. Louise Taylor (Colorado) suggested that any consideration of a change in dues should be preceded by an evaluation by members as to the services which the League renders its members.

With regard to the possibility of having a membership drive, Mrs. Loughran suggested the 1949 Inventory of Professional Registered Nurses, published by the ANA, as a source for determining, very approximately, the number of nurse members who might be recruited in a given area. She also pointed out that the change in the Bylaws in 1949 had broadened the base of eligibility for nurse membership in the League, and urged that the opportunity for joining the League be made known to all nurses who participate in teaching student nurses not only in schools of nursing but in other institutions as well.

Miss Lorentz suggested that perhaps there was a need for interpreting the term “sustaining member” in order to encourage this type of membership. Marjorie Bartholf (Texas) stated that the decrease in published materials supplied to sustaining members had caused considerable comment; members are less likely to become sustaining members unless they believe that there is some direct advantage in such membership to themselves. Dorthea Glasoe (Minnesota) suggested that schools might take out sustaining memberships in order to receive published materials of the League. Miss Lorentz stated that, although the possibility of providing a membership category for schools had been discussed, this would not be a sustaining membership. Ruth Sleeper suggested that, in view of the great contribution which the League makes to schools of nursing, alumnae associations might be encouraged to make gifts to the League as expression of their appreciation.

Alma E. Gault (Tennessee) and Anna D. Wolf (Maryland) urged that no charge be made for the Annual Report, pointing out that this might limit its use, particularly among younger members who are unable to attend League conventions.

Alliene Tilley (District of Columbia) suggested that an increase in the cost of printed materials, based upon a study of their cost, would be a justifiable way of increasing income.

**Funds for Publication of Early Nursing Source Materials**

Miss Lorentz then stated that the Committee on Early Nursing Source Materials needed considerable funds in order to arrange for the publication of materials that are of great historical interest to the nursing profession, and inquired whether any state leagues might be in a position to contribute to a fund for this purpose. The presidents of the New Jersey and Massachusetts leagues stated that their leagues would probably be glad to make donations to a project of such value to the profession.
LEAGUE PROGRAM FOR 1950

Lulu K. Wolf, chairman of a committee of the Board which had drafted a list of items which might be included in a planned program for 1950 for the National League of Nursing Education, presented this list, explaining that an effort had been made, in item 6, to counteract the frequent criticism that the League is too engrossed with long-term goals. The list was as follows:

1. Promote unified structure of nursing and move toward more unity of action.
2. Continue to work with the Joint Commission on the Improvement of the Care of the Patient.
3. Examine publication policies critically and develop broad policies that are editorially and financially sound.
4. Develop and publicize statements of philosophy and objectives in nursing education which are needed by groups such as nurse educators, accreditation services, and regional and local curriculum planners.
5. Continue to promote and develop the work of the departments of the League.
6. Take leadership in developing a concerted plan of action for nursing education; establish immediate goals for 1951-52 and set 5- and 10-year goals.
7. Spell out and publicize steps needed to reach these goals.

MEMBERSHIP RECRUITMENT

Anna D. Wolf reported on the success which the Maryland league had had during the previous year in securing new League members. Contributing to this success, Miss Wolf stated, was the sound and stimulating program which the league had offered; three all-day meetings on curriculum structure and aspects of the curriculum had been held since January and two more were being planned for the fall. As for the mechanics of membership recruitment, Miss Wolf stated that a large membership committee had been appointed with representatives from different groups—schools, service agencies, and so on—and also a smaller committee to review credentials. She stressed the importance of providing for rapid acknowledgment to the member that she has been accepted; if a membership card cannot be secured immediately, a temporary card is sent the member.

Miss Wolf also pointed out that social activities, intended primarily for fund-raising, had had important by-products in bringing the members together as a group.

FINANCING STATE AND LOCAL LEAGUES

Alma E. Gault presented some of the problems which had confronted state and local leagues in Tennessee with regard to raising funds for their
activities. She stated that the state league had questioned the advisability of any fund-raising attempts, outside of dues, because such attempts might have an adverse effect on public relations and because they might conflict with money-raising plans of alumnae associations. One local league, however, raised more than $300 through charges for attendance at an institute. This brought forward the question as to what percentage of such income should be given to the state league.

Miss Gault further stated that she would like to have the benefit of the experience of other state leagues with regard to any correlation between successful fund-raising and increase in membership; in other words, are people more likely to join a successful, financially sound organization? Miss Gault stated that this argument had been used with regard to money-raising activities in Tennessee.

In connection with this presentation, Miss Mayo asked the members of the Council to communicate to the treasurers of their state leagues the thanks of the Headquarters staff for the splendid work they had done in forwarding dues to Headquarters so promptly.

SECOND SURVEY OF SCHOOLS

Julia M. Miller and Helen C. Goodale then presented ideas in connection with the proposed second survey of schools of nursing. A similar presentation occurred at the opening business meeting, and a summary of both may be found on pages 183-187.

STATE LEAGUE LETTER

Elizabeth V. Cunningham, assistant to the executive director, suggested that, in addition to the League Letter which is designed to keep League members, through their state and local leagues, informed of their national program, state and local leagues might also like to interchange ideas and information among themselves through the medium of another news letter. She suggested that any league president who believed that the activities of her league might be of interest to other leagues might meet with her during the week for the drafting of such a letter.

SOUTHERN REGIONAL CONFERENCE OF STATE LEAGUES

Alma E. Gault reported on the satisfactory meeting held by the Southern Regional Conference of State Leagues on January 7, 1950 at the headquarters of the Board of Control of the Southern Regional Council for Education. She stated that copies of the report that emerged from this meeting would be available to any state league desiring them. She further announced that a Commission on Nursing Education was being established under the auspices of the Board of Control—an occurrence which undoubtedly would be extremely helpful to nursing education in the region.
NEW STATE LEAGUES

At the conclusion of the meeting, the chairman welcomed the presidents of the three new state leagues of nursing education—Lucia Allyn, president of the Arizona league; Hazel Rosecrans, president of the Idaho league; and Eva Davis, president of the Oregon league. She stated that there were now forty-eight state leagues of nursing education.

The meeting adjourned at 4:00 p.m.

REPORTS OF STATE LEAGUES

Inasmuch as the time was insufficient for supplementary reports of state leagues, written supplements were submitted for addition to the reports published in the preprints. The original reports, with supplementary information included, are printed here.

ALABAMA

New members in 1949: 14

Local leagues: Birmingham—Nina Mae Basham, President
Mobile—Sister Martina, President

Committees: Committee on Curriculum—Frances Hammett, Chairman
Committee on Measurement and Guidance—Frances Whitten, Chairman
Committee on Membership and Eligibility—Avis Brown, Chairman
Committee on Nominations—Ida V. Moffett, Chairman
Committee on Mental Hygiene and Psychiatry—Bertha McElderry, Chairman
Committee on Pediatrics—Charlotte Barney, Chairman
Committee on Program and Arrangements—Thyra Denison, Chairman
Committee on Publicity—Nina Mae Basham, Chairman
Committee on Revision—Gertrude Hoerig, Chairman

The Alabama league functions as the department of education of the State Nurses' Association.

Activities: The Alabama league has held nine regular meetings and four Board meetings.

The Committee on Measurement and Guidance was instrumental in getting some of the schools of nursing to use the NLNE Pre-Nursing and Guidance tests this year for the first time since 1945. A course in tests and measurement was offered by the Extension Service of the University of Alabama upon request of a group of nurses in Birmingham. Sixteen nurses took the course.

At the annual league meeting in Gadsden in November Elinor V. Fuerst, test editor, NLNE Department of Measurement and Guidance, discussed the test services, some major principles in test construction, and how the tests serviced by the department can be used to best advantage by the schools of nursing. Plans are being made for a regional workshop on evaluation.

The league worked with the State Nurses' Association in sponsoring legislation for an appropriation of state funds for the establishment of a collegiate school of nursing and a bill for an appropriation for scholarships for graduate nurses to be used for advanced nursing education. The scholarship bill was lost. The bill enabling the establishment of a collegiate school of nursing at the University of Alabama passed.
Margaret Bridgman, consultant in collegiate nursing education, will visit the University of Alabama, January 18, 1950. Plans will be discussed regarding the development of a collegiate school of nursing at the University.

The league voted at the annual convention to admit colored nurses.

The league is participating in the activities of the Southern Regional Conference of State Leagues of Nursing Education.

A total of $375 was contributed in 1949 to the nursing education program of the league by voluntary contributions from graduate nurses. A voluntary contribution is again requested for 1950.

Gladys S. Benz, Director, Department of Advisory Service to State Leagues, will visit the Alabama league to discuss the over-all general program of the League.

Projects planned for next year are: (1) group guidance; (2) developing a centralized teaching program; (3) what is an adequate pediatric affiliation; (4) problems involved in making the clinical experience of the student nurse a true laboratory experience.

ARKANSAS

New members in 1949: 14

No local leagues.

Committees: Committee on Arrangements—Sarah Barnes, Chairman
Committee on Eligibility and Membership—Carmelita Cravens, Chairman
Committee on Nominations—Louise James, Chairman
Committee on Program—Mary Emma Smith, Chairman
Committee on Revision—Catherine Boozman, Chairman
Committee on Tests and Measurements—Marian Carpenter, Chairman
Joint Committee on the Improvement of Nursing Care—Ila Steinkamp, Chairman

The Arkansas league functions as the department of education of the State Nurses' Association.

Activities: The Arkansas league held a workshop in April on the Implications of the Brown Report in regard to the Arkansas schools of nursing. Recommendations were made to the league for action, to be implemented by a Joint Committee on the Improvement of Nursing Service, in conjunction with the Arkansas State Nurses' Association.

The league was designated as the educational department of the Arkansas State Nurses' Association at the joint convention in November at Texarkana. Helen Nahm from Duke University was the guest of the league and spoke on "The Importance of Clinical Teaching in the Improvement of Patient Care." She also spoke on "Satisfaction in Nursing" at the breakfast sponsored by the league and the State Organization for Public Health Nursing.

Gladys S. Benz spent two days in early January with the Board, committee chairmen, and the membership. A most helpful and stimulating discussion preceded plans for a state-wide workshop to be held in the fall of 1950.

The Membership Committee's project is to double the membership this year, to stimulate lay membership, and to obtain full membership participation in all of the league's activities.

CALIFORNIA

New members in 1949: 85

Local leagues: Northern Valley Section (Sacramento)—Mary Somogyi, President
Northern Section (San Francisco)—Mildred Newton, President
Southern Section (Los Angeles)—Margaret M. Bonen, President
Committees: Committee on Careers in Nursing—Ruth Jorgenson, Chairman
Committee on Curriculum—Pearl Castile, Chairman
Committee on Finance—Lydia DuQuaine, Chairman
Committee on Improvement for Nursing Service—Lillian Vosloh, Chairman
Committee on Measurement and Guidance—Harriet Smith, Chairman
Committee on Membership—Mary Cameron, Chairman
Committee on Practical Nurse Education—Nina B. Craft, Chairman
Committee on Program and Institutes—Maxine Atteberry, Chairman
Committee on Psychiatric Nursing—Eleanor Lewis, Chairman
Committee on Revision—Sister Mary Baptist, Chairman
Committee on Structure Study—Marion Alford, Chairman; Dorrit D. Sledge, Co-chairman
Joint Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum—Rena Haig, Chairman

The California league functions as the department of education of the State Nurses' Association.

Activities: The various standing and special committees of the California league have been active during the year. The committee chairmen worked in cooperation with the local chairmen to promote the activities of the league, keeping in mind that, although activities were initiated on a local level, the league program was developed on a state-wide basis. The Committee on Finance reported that funds are available only for the routine business of the league.

The Committee on Psychiatric Nursing continued the projects it had started the year before and added new ones. The new goals included: (1) to stimulate affiliate programs in psychiatric nursing; (2) to suggest that a symposium be held on mental hygiene at the annual meeting; (3) to compile a list of films for teaching psychiatric nursing; and (4) to outline minimum requirements for psychiatric nursing affiliation in California.

The Committee on Consideration of Practical Nurse Education reviewed and re-emphasized the importance of the general policies adopted by the California league on practical nurse education. These policies were again approved by the Board of Directors as they were deemed of major importance during the session of the Legislature.

The Careers in Nursing Committee, following the national pattern, assumed the responsibility for state planning for the recruitment of nurses. In organizing this committee, the pattern followed was that recruitment be considered a cooperative venture with representation from interested groups with administrative responsibility resting with the league.

The two new committees created by the league were the Committee to Study the Brown Report and the Structure Study Committee. The Brown Report Committee was to study the duties and the qualifications of the various levels of nurses in the care of the sick with the hope that such study would help nurses to understand better what lies ahead in nursing.

The Joint Committee of the league and the State Organization for Public Health Nursing on the Integration of the Social and Health Aspects in the Basic Curriculum deserves much credit for paving the way for more joint activity between the two organizations. Last year's highly successful joint annual program sponsored by this committee led to more extensive joint planning for the annual convention this year.

Cooperative effort was also seen on a larger scale. The boards of directors of the three nursing organizations, the State Nurses' Association, the league, and the State Organization for Public Health Nursing, met together on two occasions during the year to study the nursing structure. From this joint effort it was possible to submit
a report on the structure of nursing which represented the majority of opinion of a
cross section of the nurses of California.
The evaluation of the results of the joint program and dinner meetings of the
league and the State Organization for Public Health Nursing at the 1949 convention
was very heartening. It was estimated that some 800 people were in attendance at
the afternoon program session to hear the two outstanding speakers. Lucile Petry,
Assistant Surgeon General of the U. S. Public Health Service, spoke on "Preparing
Nurses to Meet Community Needs," and Marion Sheahan, director of the National
Committee for the Improvement of Nursing Services, spoke on "The Road Ahead in
Nursing." The joint banquet held by the two organizations at the Fairmont Hotel
was well attended. The address was given by Dr. Milton Cherrin, dean of the School
of Social Welfare of the University of California. The success of this joint venture
speaks for itself and carries with it implications for future planning.

"Student Day" was held for the first time last year. A "Student Day" program was
again planned by the Program and Arrangements Committees of the league for the
convention this year. A student luncheon was held at the Fairmont Hotel and was
well attended. The students were invited to attend the afternoon joint program session
and the dinner meeting of the league and the State Organization for Public Health
Nursing. From all reports this too was a successful and worth-while part of the
convention.

The membership of the California league is also appreciative of the generosity of
the California Organization for Public Health Nursing in sharing with the league
its facilities and personnel in promoting the publicity for the league during the
convention.

COLORADO

New members in 1949: 32
No local leagues.

Committees: Committee on Arrangements and Program—Nelva M. Errickson, Chairman
Committee on Curriculum—Marjorie Snyder, Chairman
Committee on Eligibility and Membership—Zelma Fluharty, Chairman
Committee on Finance—Dorothy Day, Chairman
Committee for the Improvement of Nursing Service—Stella Ackley, Chairman
Committee on Measurement and Guidance—Kathryn Kelly, Chairman
Committee on Nominations—Myrtle Peterson, Chairman
Committee on Obstetrical Nursing and Premature Care—Carrington Owen, Chairman
Committee for Student Recruitment—

The Colorado league functions as the department of education of the State Nurses' Association.

Activities: The Colorado league has held regular monthly meetings. During the
year 1948-49, six Board meetings were held.
In August, 1949, we were hostesses for a three-day work conference for the National
Nursing Accrediting Service held in Denver.
We have participated in a Vocational Education Conference held for the purpose
of developing minimum standards for a state-wide program for practical nurses.
The Colorado league was asked to participate in a study of the defects in the state
school health services and education, as now being practiced in Colorado. This was
an active study and a program was planned for the state which will be evaluated and
revised in the coming year.
A committee of the league assisted the Private Duty Nurse Section of the Colorado State Nurses' Association in planning and presenting a series of refresher classes for graduate nurses. A series of ten classes was given, which met with overwhelming success, both in numbers in attendance and in interest shown. Plans for additional classes are under way for the spring.

The Committee on Measurement and Guidance presented a one-day institute in September on the testing service of the National League of Nursing Education, conducted by Elizabeth L. Kemble, director of the NLNE Department of Measurement and Guidance.

The Committee on Curriculum completed its study of the use of practical nurses in hospitals.

The Committee on Obstetrical Nursing and Premature Care has been revising and rewriting the "Manual on Obstetrical Nursing and Care of the Infant." This should be ready for publication early in 1950.

The Colorado league hopes this year:
1. To participate in a very active recruitment program for student nurses
2. To continue our participation in the Colorado Committee for Improvement of School Health and Health Education in Public Schools
3. To plan a regional workshop on evaluation
4. To revise the constitution and bylaws
5. To make our meetings a real forum for the interchange of ideas and an attempt to meet the needs of our members.

**Connecticut**

*New members in 1949: 0*

*No local leagues.*

**Committees:**
- Committee on Administrators—Ida Meier, Chairman
- Committee on Curriculum—Frances Gladden, Chairman
- Committee on Eligibility—Mildred Richardson, Chairman
- Committee on Finance—Louise Cady, Chairman
- Committee on Measurement and Guidance—Marion Blake, Chairman
- Committee on Nominations—Janet Nusinoff, Chairman
- Committee on Nursing Education Costs—Ona Wilcox, Chairman
- Committee on Nursing Information—Helen Cullen, Chairman
- Committee on Recruitment—Anna Burns, Chairman
- Committee on Revision—Elise Shields, Chairman
- Committee on Personnel Policies—Adelma Mooth, Chairman
- Committee on Program and Arrangements—Dorothy Kane, Chairman
- Committee on State Board Liaison—Lillian Reilly, Chairman

The Connecticut league functions as the department of education of the State Nurses' Association.

**Activities:** The Connecticut league has had an active year through its committees, whose work is largely a continuing program. Thus the report of the year's activities of the various committees includes plans for the future.

The activities of the Committee on Curriculum were concerned with study of the basic curriculum with special emphasis on the manner in which basic sciences, public health, and other foundational subjects could be strengthened throughout the entire course. In addition to regular members of the committee, teachers from Connecticut's nursing schools participated in this study. Such a large project could not be completed but was a source of faculty stimulation for further work in this subject. The plan for the coming year is to combine the work of the Committees on Curriculum and Measurement and Guidance to consider goals and plans for curriculum development.
A subcommittee of the Committee on Curriculum studied the use of audio-visual aids. This group compiled an annotated list of films which might be used in nursing schools. A copy of this listing was sent to each school of nursing in the state.

The Committee on Nursing Information tried to keep the aims, activities, and needs of nursing education before the public and nurses through the cooperation of the press and the monthly publication of the Connecticut State Nurses' Association.

The league worked jointly with the committees of the State Nurses' Association in planning the joint annual meeting of the two associations, and in socio-economic and recruitment programs. In the latter, assistance is given by the Women's Auxiliary of the Connecticut Medical Society. While much time and effort has gone into the study of socio-economic programs, recommended minimum personnel policies and practices for faculty of schools of nursing have not been satisfactorily formulated.

The Committee on Revision has a large assignment before it in order to incorporate voting by mail (a change voted at the last annual meeting) and changes in line with those made in the Bylaws of the National League of Nursing Education.

The work of the Committees on Nominations, Eligibility, and Finance is continuous and basic to effective functioning of the organization.

The State Board Liaison Committee is a new committee. Two active programs have been in progress. One, concerned with basic nursing education, is a cooperative study with the Committee of Administrators of the Nursing Schools. The results of the State Board Test Pool examinations were analyzed and studied by each school faculty which later submitted suggestions toward general improvement in Connecticut nursing schools through state planning, local reorganization, and administration, as well as faculty improvement. The Liaison Committee made a summary of these suggestions and submitted them to school representatives at the annual meeting. Discussion at this time resulted in suggesting definite steps toward such improvement, which are being activated.

The second program of the State Board Liaison Committee is concerned with graduate nurse education. Many graduate nurses are seeking courses in the colleges of Connecticut. Representatives of colleges and the chairman of the Division of Higher Education in the State Department of Education were asked to meet with the committee to discuss opportunities and goals of the graduate nurse working toward a college degree. This group became very active and set as its first objective the preparation of a brochure to guide the graduate nurse and the college in planning educational programs through available facilities. This is about ready for distribution. The next step will be to analyze the special educational needs of the graduate nurse and to consider regional planning to meet these through sound courses in nursing if this seems indicated.

The Committee on Nursing Education Costs has recently been formed at the request of the Connecticut Hospital Association, which is starting a study on nursing education costs. The methods and activities of this committee are not yet clearly defined but are being developed.

The help of the National League of Nursing Education and from other state leagues has been appreciated throughout the year and has been of real assistance in the progress that has been achieved.

DELAWARE

New members in 1949: 18
No local leagues.
Committees: Committee on Bylaws—Anna Quay, Chairman
    Committee on Curriculum—Alberta Trunck, Chairman
    Committee on Membership—Anne Gladding Stern, Chairman
    Committee on Mental Hygiene—Wilda Walker, Chairman
Committee on Nominations—Sister Herman-Joseph, Chairman
Committee on Program—Jane Smith, Chairman
Committee on Public Health—Mary M. Klaes, Chairman
Committee on Publicity—Ethel Jean Myers, Chairman
Committee on Ways and Means—Eleanor P. Jester, Chairman

The Delaware league functions as the department of education of the State Nurses’ Association.

Activities: The Delaware league has had a busy and prosperous year. At the February, 1949 meeting, Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues of Nursing Education, met with us to present a descriptive account of the Advisory Service. Many league problems were discussed with Miss Benz, and her time here proved most beneficial to our Delaware league.

During the year, two meetings, of a panel-discussion type, were conducted on the Structure Study. Opinionnaires were distributed, and a vote was taken at the October meeting to determine which of the two plans the Delaware nurses were in favor of adopting. The results indicated that 17 favor the one-organization plan and 23 favor the two-organization plan.

The Educational Committee of the Delaware league has worked very closely with the committee from the University of Delaware on plans for a nursing education program. The matter was presented for study to the Committee on Educational Theory and Practice of the University of Delaware and was considered by this committee in October, 1949. The Committee of the University of Delaware did not think it advisable to recommend the establishment of a school of nursing education at the present time because: (1) Other needs of the University are currently more urgent; (2) The University does not have a medical school; (3) the hospitals of the state are decentralized in organization and location; (4) Philadelphia, Baltimore, Washington, and New York offer facilities with which the University could not readily compete.

It seemed advisable for the league committee to continue to study the problem and work together with the University of Delaware.

At the meeting of the league’s committee in December it was decided that a plan of courses should be worked out that could be presented to graduate nurses. This plan would include courses that would be acceptable for those preparing for head nurse level positions. A conference was held with the University of Pennsylvania to determine if it would accept these courses for a degree in nursing education, and also to find out what courses could be offered through the University of Pennsylvania and the University of Delaware. This plan was given approval by the University of Pennsylvania and the University of Delaware is willing to set up any course that is requested, provided there are at least ten registrants for the course. The committee feels that this is a real accomplishment. So frequently nurses have taken courses without much planning as to the sequence. Now, with the program that is offered, they know exactly what they take and in what order they are to be given.

Plans are being made for a large card party to be held February 2, 1950 for the purpose of assisting in the expenses of our representative to the Biennial Convention.

DISTRICT OF COLUMBIA

New members in 1949: 21
No local leagues.

Committees: Committee on Curriculum—Ethel Odegard, Chairman
Committee on Eligibility—Gladys Jorgensen, Chairman
Committee on Program—Gertrude Justison, Chairman
Committee on Nominations—Frieda Axen, Chairman
Committee on Revision—S. Kathryn Witmer, Chairman
The District of Columbia league functions as the department of education of the State Nurses' Association.

Activities: One of the noteworthy activities of the District of Columbia league in the past year was the publication of a revision of Requirements and Standards for the Accredited Schools of Nursing in the District of Columbia. While, to be sure, this was chiefly accomplished through the efforts of the executive secretary and members of the Nurses Examining Board, assistance was given by and approval sought from the District of Columbia league.

A second activity was the institute on Guidance sponsored by the league at its annual meeting in November, 1949. This institute was handled as a round table discussion in the afternoon and a symposium in the evening. It was well attended, instructive, and interesting. The topic for the round table was "Promoting Maximum Student Development Through a Guidance Program." Participants were: Esther L. Moyer, assistant director of nursing, Gallinger Municipal Hospital; Sister Bernadette, director of nursing education, Providence Hospital; Mildred Percy, head, Department of Guidance and Placement, Washington Public Schools; Katherine Torrence, assistant director of nursing, Garfield Hospital; and Elaine Williams, student, Freedmen's Hospital. The symposium in the evening was participated in by Bertha Byrne, associate executive secretary, American Nurses' Association, whose topic was "Counseling and Placement of the Graduate Nurse"; Edith Haydon, director of nursing, St. Elizabeth's Hospital, who spoke on "Professional Counseling in the Nursing Situation"; and Dr. Eugenie Leonard, associate professor, Graduate School, Catholic University, who discussed "Social and Personal Development of the Graduate Nurse."

Members of the District of Columbia league have attended the national convention and national workshops. Ten representatives were participants in the workshop on Accreditation in New York, August, 1949.

Two forward-looking programs of the league have been "The Role of the Graduate and the Student Nurse in the Emphasis on Normal Growth and Development in Child Care," discussed by Dr. Henry Work, Mental Health Consultant of the Children's Bureau, and "A Discussion and Demonstration of the Use of Psychodrama in Nursing Education," given by Mr. James Mills Ennis, Psychodramatist at St. Elizabeth's Hospital.

While the program for the year has not yet been released by the Committee on Program the members are looking forward to another year of successful and worthwhile activities.

FLORIDA

New members in 1949: 22

Local league: Jacksonville—Vesta MacLean, President

Committees: Committee on Arrangements—Florence Jones, Chairman
Committee on Curriculum—Annette Jadrievic, Chairman
Committee on Eligibility—Lucina Reep, Chairman
Committee on Finance—Mae Meiks, Chairman
Committee on Nominations—Ruth Mettinger, Chairman
Committee on Program—Delcie C. Inglis, Chairman
Committee on Revision—Euradean Stafford, Chairman
Committee on Special Sub-Membership and Extension—Florence Brodwick, Chairman

The Florida league functions as the department of education of the State Nurses' Association.

Activities: The Florida league is planning to organize local leagues during 1950. One local league has started its organization in Jacksonville. This will include about
eight counties. Plans are also being made to start local leagues in other areas of the state.

One major program sponsored by the state league will be a two-day institute on tests and measurements which will be held in Jacksonville April 13-14, 1950. No definite program has been planned for the annual meeting of the Florida league, but we are anticipating a full-day meeting.

GEORGIA

New members in 1949: 60

Local league: Fifth District League (Atlanta)—Frances Sanchez, President

Committees: Committee on Affiliations—Elizabeth Fulcher, Chairman
Committee on Curriculum—Glady’s Currin, Chairman
Committee on Educational Administration—Annie Lou Overton, Chairman
Committee on Eligibility—Durice Hanson, Chairman
Committee on Finance—Leila Johnson, Chairman
Committee on Graduate Courses—Mary Frances Ward, Chairman
Committee on Measurement and Educational Guidance—Ruth Henley, Chairman
Committee on Membership—Ira Brackett, Chairman
Committee on Nominations—Sister Bonaventure, Chairman
Committee on Pediatric Nursing—Mary Reiter, Chairman
Committee on Practical Nurse Education—Myra Thomas, Chairman
Committee on Program—Lillian Bischoff, Chairman
Committee on Psychiatric Nursing—Martha Bradley, Chairman
Committee on Public Relations—Jane Van de Vrede, Chairman
Committee on Revision—Jane Van de Vrede, Chairman
Committee on School Study—Lucy Denham, Chairman
Committee on State Board Problems—Sister Cornile, Chairman

The Georgia league functions as the department of education of the State Nurses’ Association.

Activities: The Georgia league held its annual meeting November 8, 1949 in conjunction with the meeting of the Georgia State Nurses’ Association. The topic was “Practical Nurse Education,” with Hilda Torrop, Executive Secretary of the National Association for Practical Nurse Education, the principal speaker. Myra Thomas, chairman of the Committee on Aide Training in Vocational Schools, gave an illuminating report of her survey on the present status of licensure and educational programs for practical nurses throughout the United States.

The State Organization for Public Health Nursing and the league had three joint meetings with the State Nurses’ Association. Two were business meetings and the third was a program meeting. We, as members of the Georgia league, are proud of the results of these meetings, which were as follows:

1. Majority vote in favor of Federal Aid to Nursing Education for both graduate and undergraduate student nurses (only one dissenting vote). This was presented to the general assembly of the State Nurses’ Association and was passed by a very small majority.

2. Majority vote in favor of approval of one of the two organizations as recommended by the Committee on Structure of the National Nursing Organizations. This was lost when presented to the general assembly.

3. Majority vote in favor of National Accreditation. This was a tie when presented to the general assembly.
Following the annual meeting, the league held a two-day institute on Practical Nursing which was very ably conducted by Miss Torrop. Participants included institutional and public health nurses, practical nurses, vocational education executives, home economics supervisors, and vocational teachers. During the institute a State Organization for Practical Nurses was set up with the officers elected and the constitution and bylaws adopted. Also as a result of this institute, the State Vocational Education Department called together an advisory group composed of the presidents of the league, Georgia State Nurses' Association, the State Hospital Association, Practical Nursing Association, and State Medical Association. Two committees were appointed from this group to work on two specific topics: (1) to draw up legislation in relation to the licensure of practical nurses; and (2) a curriculum committee to advise the Vocational Education Department in relation to curriculum for schools of practical nursing. It is possible that legislation for the licensure of practical nurses may be the outcome of this advisory group.

The Georgia league sponsored and carried out a two-day forum discussion on March 21 and 22, 1949, a report of which was made at the 1949 meeting of the Council of State Leagues, incorporated in the 1949 NLNE Annual Report. Also to be found in the transactions of the 1949 Council of State Leagues meeting is the account of the nursing education workshop conducted by the University of Georgia Department of Nursing Education, which was conducted at Athens, Georgia, March 31 and April 1, 1949, and the recommendations which came out of this workshop. The recommendations of the forum discussions and the nursing education workshop were widely disseminated throughout the state by the Georgia league.

The Committee on Measurement and Educational Guidance has made every effort to secure foundation funds for scholarships for nurses to help prepare them to carry on their activities as teachers and supervisors in schools of nursing. However, it was not possible to secure these funds.

Ten members of the Georgia league attended the work conference on National Accreditation in New Orleans. Following the conference names were circularized to all district presidents throughout the state with an offer to talk at district meetings on this topic. We have had invitations to speak at four of the twelve districts. The institute was well conducted and much good should come from the work which was done in New Orleans.

Georgia has participated in meetings of the Southern Regional Conference of State Leagues of Nursing Education. Since the problems in the Southern states in relation to nursing education are comparable, it would seem that much good could come from the type of regional planning which is expected to be the outcome of this group.

The Georgia league contributed to the expenses of the regional nurses who attended the Workshop on Evaluation which was held in New York, November 6, 1949 through November 11, 1949. It is our hope to have an institute on evaluation in Georgia and that we will have the assistance of the nurse who attended the workshop in New York.

The Board of Directors of the Georgia league had numerous requests for information in relation to the National Organization of Hospital Schools of Nursing in response to which a letter was sent to all state leagues of nursing education, all state boards of nurse examiners, and all schools of nursing in Georgia giving what information we were able to accumulate about the new organization.

The Boards of Directors of the league and the State Organization for Public Health Nursing met jointly to discuss the possibility of holding joint programs. As a result of recommendations, the Fifth District local league and the local organization for public health nursing conduct joint programs on alternate months. Much satisfaction has been expressed at the outcome of these meetings.

On April 28, 1950 the Committee on Pediatric Nursing sponsored a one-day forum on Pediatric Content in the Nursing Curriculum which was conducted by Jean
Rebentisch, instructor in the Division of Nursing Education, Teachers College, Columbia University. Directors of schools of nursing and pediatric supervisors and instructors were invited.

The Committee on Curriculum is planning a three-day institute on Mental Hygiene for the last three days in May 1950.

**TERRITORY OF HAWAII**

**New members in 1949: 18**

**No local leagues.**

**Committees:** Committee on Arrangements, Programs and Publications—Elsie Ho, Chairman
Committee on Careers in Nursing—Mary Cheek, Chairman
Committee on Curriculum—Sister Mary Albert, Chairman
Committee on Finance—Virginia Null, Chairman
Committee on Membership and Eligibility—Alice Hulton, Chairman
Committee on Nominations—Myrna Campbell, Chairman
Committee on Revision—Laura Draper, Chairman

The Territory of Hawaii league functions as the department of education of the Territory of Hawaii Nurses' Association.

**Activities:** The annual meeting of the Territory of Hawaii league was held in Honolulu on September 15, 1949, following the annual meeting of the Territory of Hawaii Nurses’ Association. During one session of the annual meeting, the league presented a program in which group techniques were demonstrated.

The league is assisting each county nurses’ association in developing programs to study the Structure Study.

The University of Hawaii is considering the establishment of a university school of nursing. The league sent a letter to the president of the University expressing its interest in such a school and its desire to be of assistance in the development of such a school.

An institute on Cancer is being sponsored jointly by the Cancer Society and the league. Institutes will be held during the month of July in Honolulu and on each of the neighbor islands.

The league collected data regarding audio-visual aids available in the Territory and supplied this data to the schools of nursing.

A study was made of the evaluation forms and their use in the schools of nursing of Honolulu.

**ILLINOIS**

**New members in 1949: 113**

**Local leagues:** South Central Illinois (Springfield)—Amalia Metzker, President
Eastern Illinois (Urbana)—Gertrude Stier, President
Western Illinois (Peoria)—Mary Frey, President
Chicago—Bernice Chapman, President

**Committees:** Committee on Curriculum—Clare L. Smith, Chairman
Committee on Eligibility—
Committee on Finance—Grace Maushak, Chairman
Committee for Improving Nursing Services—Nellie X. Hawkinson, Chairman
Committee on Mental Hygiene—
Committee on Nominations—Edna S. Newman, Chairman
Committee on Nursing Information—Adelaide Fritz, Chairman
Committee on Program—Pearl Zemlicka, Chairman
Committee on Revision—Mona Jackson, Chairman
Committee on State Board Problems—Gladys Kiniery, Chairman

The Illinois league functions as the department of education of the State Nurses' Association.

Activities: The Illinois league held its annual meeting at Peoria in October, 1949. The meeting was preceded by an all-day institute on "Personality Development and the Implications for Nursing Education." Speakers at the annual meeting included Genevieve Bixler, Louise Knapp, and Loretta Heidgerken.

The major activity of the league this year has been the organization of a Committee on the Improvement of Nursing Services in Illinois, with broad representation from allied professional and lay groups. This committee decided on a survey of nursing needs and resources as a necessary first activity. Services of a consultant have been secured and the survey will begin in February, 1950. It is hoped that the results of this survey will offer us a blueprint for action in this and the coming years.

The Illinois league participated as one of the leagues in the East North Central Area and was hostess for a regional workshop on Accreditation in August.

The state league is offering financial assistance to local leagues for institutes on the local level and to an area which has no local league for the organization of a local league of nursing education.

The league participates with the State Department of Registration and Education in the formulation of rules and regulations for schools of nursing.

INDIANA

New members in 1949: 34

Local league: Indianapolis—Ethel R. Jacobs, President

Committees: Committee on Arrangements—Marie Kolter, Chairman
Committee on Curriculum—Nellie Van Dyke, Chairman
Committee on Eligibility—Mary Ellen Lutz, Chairman
Executive Committee—Mabel C. McCracken, Chairman
Committee on Finance—Thelma Jordan, Chairman
Committee to Formulate Personnel Policies—Sister Amadeo, Chairman
Committee on Nominations—Ann Poorman, Chairman
Committee on Program—Marie Kolter, Chairman
Committee on Public Relations—Helen Weber, Chairman
Committee on Revision—Ann Dugan, Chairman
Joint Committee on Recruitment—Helen Weber, Chairman

The Indiana league does not function as the department of education of the State Nurses' Association.

Activities: The Indiana league held its annual meeting in Indianapolis in April 1949. Different phases of the subject "Mental Hygiene in Schools of Nursing" were presented by psychiatrists and clinical psychologists.

The league was co-sponsor of an institute on "Planning for Nursing of Tuberculosis Patients" given by Katharine G. Amberson of the Joint Tuberculosis Nursing Advisory Service.

This year the league is working cooperatively with the Committee on the Future of Nursing in Indiana. This Committee was formed as a result of the workshop on "What Should Indiana Plan in Relation to Recommendations on Nursing for the Future (the Brown Report)" held at Indiana University under the sponsorship of the
Division of Nursing Education of Indiana University, the Indiana State Nurses' Association and the Indiana State League of Nursing Education in January 1949.

Other league activities include working with the Indiana State Nurses' Association on the recruitment of student nurses and with the Indiana State Board of Nurses' Registration and Nursing Education and other organizations in planning the practical nurse program in Indiana.

The league sent a representative to the Chicago Conference of the National Nursing Accrediting Service in August 1949.

In January 1950 an institute on Accreditation was given in Indianapolis by Mary Schmitt, acting director of the NLNE Department of Services to Schools of Nursing. About 120 members and educators attended, and two important projects have been planned:

1. A joint committee of the Indiana league and the Indiana State Board of Nurses' Registration and Nursing Education is to set up criteria for evaluating basic programs in schools of nursing.

2. A joint committee of the Indiana State Nurses' Association, the Indiana State Board of Nurses' Registration and Nursing Education, and the Indiana league is to study ways and means of improving nursing in Indiana.

IOWA

New members in 1949: 24

Local leagues: Des Moines—Alice C. Coppess, President
                  Sioux City—Augusta Heiner, President

Committees: Committee on Arrangements—Amanda Anderson, Chairman
            Committee on Curriculum—Amy Frances Brown, Chairman
            Subcommittee on Pediatrics—Margaret Wilson, Chairman
            Committee on Eligibility—Alice C. Coppess, Chairman
            Committee on Finance—Alice C. Coppess, Chairman
            Committee on Program—Winifred Goswiler, Chairman
            Committee on Revision—Wave Arnold, Chairman
            Committee on Nominations—Julia Cholvin, Chairman
            Committee on State Board Problems—Vera Sage, Chairman

The Iowa league functions as the department of education of the State Nurses' Association.

Activities: The annual meeting of the Iowa league was held in Cedar Rapids, Iowa on October 17, 1949. The speaker for the day was Hazel A. Goff, director of the Study on Unification of Accrediting Activities, who gave a graphic presentation of the program of the National Nursing Accrediting Service.

A series of three regional institutes on Social and Health Concepts in Nursing was presented by Mary J. Dunn, senior nurse officer, U. S. Public Health Service. These institutes, which were jointly sponsored by the Iowa league and the State Board of Nurse Examiners, were held in Cedar Rapids on May 16, 1949, Des Moines on May 18, 1949, and Sioux City on May 20, 1949. A total of 117 league members and guests attended these meetings.

A one-day conference on Measurement and Guidance was held in Des Moines on November 16, 1949. At this meeting, Elizabeth L. Kemble, director, NLNE Department of Measurement and Guidance, discussed evaluation procedures. Registration for this meeting was 85.

The Iowa league was represented at the conferences of the National Nursing Accrediting Service which were held in Chicago, Illinois and Denver, Colorado during August of this year.

The state league proposes to assist the state organizations in plans for making a
survey of the nursing power available in Iowa with a view toward determining the need for practical nurses in the state.

League members have participated in the revision of the pamphlet Requirements, Recommendations and Policies Governing Iowa Accredited Schools of Nursing for Registered Nurses. The Iowa state nursing organizations successfully lobbied for the passage of a new Nurse Practice Act which provides for permissive licensure of the practical nurse.

On November 8, 1949 the Iowa league was represented at a meeting of representatives of the Iowa State Nurses’ Association, the State Organization for Public Health Nursing, the Iowa Department of Public Health and Hospital Service Division, and the State Board of Nurse Examiners to plan for the presentation of institutes throughout the state.

The tentative program of conferences and institutes for the winter and spring of 1950 is as follows:

January 17, 18—Evaluation of Students’ Clinical Experience, sponsored by the Des Moines Committee on Curriculum of the state league
February 1, 2, 3—The Learning Process, sponsored by the State University of Iowa

Iowa City
March 2, 3—The Teaching of Medical and Surgical Nursing, sponsored by the Iowa City State University of Iowa
March 23, 24—The Teaching of Pediatric Nursing, sponsored by the Des Moines
Des Moines league
April 13, 14—Counseling and Guidance in Schools of Nursing, sponsored by the State University of Iowa
April ——The Teaching of Operating Room Nursing, sponsored by the Committee on Curriculum of the state league

Cedar Rapids

KANSAS

New members in 1949: 21

No local leagues.

Committees: Committee on Careers in Nursing—Viola Unruh, Chairman
Committee on Convention Arrangements—Maybelle Ruse, Chairman
Committee on Curriculum and Education—Elda Hartung, Chairman
Committee on Eligibility and Finance—Sister M. Carmel, Chairman
Committee on Nominations—Sister Valeria, Chairman
Committee on Program—Orah McCormick, Chairman
Committee on Revision—Sister Alphonse Conway, Chairman

The Kansas league functions as the department of education of the State Nurses’ Association.

Activities: The annual meeting of the Kansas league was held in Hutchinson, October 13, 1949 in conjunction with the meeting of the Kansas State Nurses’ Association. A symposium on “The Nurse as a Teacher” was presented.

In June a three-day work conference on Cost Analysis was conducted by Amy Viglione, consultant, U. S. Public Health Service, at the University of Kansas Medical Center, Kansas City, Kansas.

The constitution and bylaws were revised.

The state league continues to work cooperatively with the Kansas State Board of Nurse Examiners to improve the standards for professional and practical nurse education. The league is interested in working with State Nurses’ Association, the State Board, public health nursing groups, and individual institutions in planning for educational programs.
A tentative program of conferences and institutes for the spring and summer of 1950 is as follows:

January — Work conference on Cost Analysis, sponsored by the State Board of Nurse Examiners at Wichita, Kansas.

February — Refresher course on Selected Aspects of Nursing sponsored by the Department of Nursing and the Division of Graduate Education, School of Medicine, University of Kansas, Kansas City, Kansas.

June — Work conference for head nurses and supervisors on Nursing Care of Patients with Poliomyelitis sponsored by the Kansas league, June 5-10, at the University of Kansas Medical Center, Kansas City, Kansas.

Projects are as follows:

1. Committee on Careers in Nursing: Planning for more active community participation in recruitment of student nurses.
2. Membership Committee: Planning to launch an active and continuous membership drive.
3. Curriculum Committee: Planning to formulate guidance kits for all officers and committee chairmen to aid them in carrying out their responsibilities.

In conjunction with its annual meeting in the fall, the league is planning a one-day institute on Measurement and Guidance.

**Kentucky**

*New members in 1949: 29*

*No local leagues.*

**Committees:**

- Committee on Arrangements — Jessie Greathouse, Chairman
- Committee on Finance — Margaret Gamble, Chairman
- Committee on Measurement and Guidance — Sister M. Evarista, Chairman
- Committee on Membership and Eligibility — M. Jeannette Stroube, Chairman
- Committee on Nominations — Beatrice Lusby, Chairman
- Committee on Program — Sister M. Evarista, Chairman
- Committee on Revisions — Mary Bisig, Chairman

The Kentucky league functions as the department of education of the State Nurses’ Association.

**Activities:** Efforts are being made to bring the league membership up to 120 this year.

Meetings of the Kentucky league are held monthly. There are no local leagues, hence the meetings are held in various places throughout the state. Despite the distance that is required to travel to these there is an average attendance of about 28. Programs are usually of a general nature, of interest to all those interested in schools of nursing or nursing education.

Members of the state league were represented at all important meetings in the past year and many significant items were thus brought home to Kentucky which have been of real help and value.

The Kentucky league feels that it was especially honored to have had Katharine Amberson, NLNE consultant in tuberculosis nursing, visit the state and appraise the tuberculosis situation and give recommendations. An effort is being made to secure tuberculosis nursing experience for all students in Kentucky.

In 1949 Kentucky participated in the Test Pool for the first time. This is believed by educators to be the greatest significant step that has been taken in nursing education in Kentucky for years past since it gives the educators an objective tool with which
to measure the progress of the schools and a tangible check toward the upgrading of nursing education in the state. All schools in the state are looking forward to the time when they will receive the rating of Kentucky schools with those of the country.

Active participation with the National League on matters of legislation was carried out by the president through mimeographed material sent to all League members on five separate occasions. A member of the Kentucky league participated in the special program on guidance and evaluation conducted by the NLNE in New York in November, 1949. Also a Kentucky league member participated in item writing with the League members at Headquarters in January.

The goals of the Kentucky league for 1949-1950 are:

1. National accreditation for every school in Kentucky
2. Enrichment of the basic curricula of schools with particular emphasis on the Social and Health Aspects and on Mental Hygiene and Tuberculosis
3. Cooperation with the State Board in the use of the School Data Analysis and with the Committee on the Improvement of Nursing Service in Kentucky
4. Promoting the education and advancement of qualified nurses in Kentucky to enable the schools here to have the best qualified teachers among its schools' personnel
5. Promoting state-wide recruitment effort to bring the best candidates to the schools of nursing in Kentucky
6. Cooperating with the State Association in the training and educating of the practical nurse.

LOUISIANA

New members in 1949: 33
Local leagues: New Orleans—Rose Lindauer, President
Shreveport—Lennie V. McGinty, President

Committees: Committee on Clinical Records—Saide Nash, Chairman
Committee on Curriculum—Sister Henrietta Guyot, Chairman
Committee on Eligibility and Membership—Anne Nichols, Chairman
Committee on Finance—Melba Carter, Chairman
Committee on Measurement and Guidance—Mary Shields, Chairman
Committee on Membership—Lillian Arthur, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Sister Mary John, Chairman
Committee on Nominations—Una Collins, Chairman
Committee on Practical Nurse Education—
Committee on Program—Sister Aloysius Williams, Chairman
Committee on Revision—Rose Landry, Chairman
Joint Committee on Careers in Nursing—Marion Fox, Chairman
Joint Committee for the Improvement of Nursing Service—Winnie Doyle, Chairman

The Louisiana league functions as the department of education of the State Nurses' Association.

Activities: The subcommittees of the Committee on Curriculum have been busy with projects. The clinical instructors in medical and surgical nursing have had several meetings demonstrating the various methods of teaching. Two of these meetings were programs for the New Orleans league. Instructors in each school of nursing in New Orleans were responsible for each program.

The operating room supervisors and instructors have been active in their meetings, having had very interesting programs and large attendances.
The subject of the program of the annual meeting was "The Place of the Practical Nurse in the Community." This meeting was held in conjunction with the State Nurses' Association.

To assist in increasing the membership, the league voted to give a citation to every hospital and school of nursing having 100 per cent membership.

The Louisiana State Nurses' Association held an all-day meeting of its various committees which was attended by many league members who are on the joint committees of the State Nurses' Association, the league, and the State Organization for Public Health Nursing.

The joint committees, the Committee for the Improvement of Nursing Services, the Committee on Careers in Nursing, and the Committee on Practical Nurse Education, are actively engaged in their planning. The Committee for the Improvement of Nursing Services has completed a survey of the nursing resources and needs in Louisiana, but the data have not been compiled. The Committee on Careers in Nursing held a workshop at which committee chairmen of each district were present, and this stimulated much interest.

The state Committee on Tests and Measurements selected as its objective for the year the encouragement of test improvement in medical and surgical nursing and nursing arts. Questionnaires were sent to each instructor in the state requesting information about the testing program, the instructor's own problems in test construction, and her willingness to assist in a study by sending course examinations to the committee. A report was compiled which included a summary of the questionnaire findings, an analysis of some of the common faults in tests submitted, and suggestions as to how tests and the testing program in the individual schools might be improved. These reports were sent to instructors who had participated and to all directors of schools.

The visit of Gladys S. Benz, director of the Department of Advisory Service to State Leagues of Nursing Education, in New Orleans and Shreveport, stimulated further committee activity.

MAINE

New members in 1949: 6

MARYLAND

New members in 1949: 39

No local leagues.

Committees: Committee on Catholic Sisters—Sister M. Agnesine, Chairman

Committee on Curriculum—Irene Coleman, Chairman

Committee on Finance—Josephine O'Connor, Chairman

Committee on Measurement and Educational Guidance—Emma Pike, Chairman

Committee on Membership and Eligibility—Trude Aufhauser, Chairman

Committee on Nominations—Freda Creutzburg, Chairman

Committee on Program—Florence Caplan, Chairman

Committee on Revision—Irene Perry, Chairman

The Maryland league does not function as the department of education of the State Nurses' Association.

Activities: Since the meetings of the National League of Nursing Education held in Cleveland, Ohio, in May, 1949, the Maryland league has held two meetings, one on June 20 at which time Nursing Education and Nursing Service from the hospital administrator's point of view was discussed by Dr. Edwin L. Crosby, director of The
Johns Hopkins Hospital, and the annual meeting that was held November 2 and 3, 1949. Governor Lane spoke before the joint meeting of the three nursing organizations at the opening meeting, November 2, at which time he indicated his interest in the support of a study of nursing resources and needs of Maryland, and asked the state organizations to present a plan for such a study to him. This has been done and we are very hopeful that this study may proceed at an early date.

Mary Brackett, secretary of the Subcommittee on School Data Analysis of the National Committee for the Improvement of Nursing Services, was the speaker at our meeting November 3, at which time she interpreted the work of the subcommittee, and discussed the procedures used and the results of the study of school data which led to the interim classification of schools of nursing. The annual business meeting of the Maryland league was held also on November 3, at which time the new officers assumed their respective duties.

The appointment of committees for the coming year has been made and active work by these committees has begun, some aspects of which follow.

The Maryland league feels that its responsibilities and activities should coordinate with the work of the Maryland State Board of Nurse Examiners in the interest of promoting better education for better nursing service. The league Committee on Program is therefore working on plans in cooperation with the State Board of Nurse Examiners as well as other committees of the Maryland league, which may further these common interests. It has been decided that, because of the needs in the schools, our program this year will be centered upon various aspects of curriculum construction and administration. An all-day institute will be held in February and another is planned for April. The topics to be discussed will be in relation to the requests of members.

The Committee on Curriculum is also working closely with the Maryland State Board of Nurse Examiners in its plans for the revision of the minimum curriculum to be required for schools in the state. Special committees will be set up for study of the various aspects of the program which will be coordinated through a general steering committee.

The Committee on Membership is working directly in each school and with nursing agencies where members may be eligible, to increase our membership.

The Committee on Measurement and Guidance anticipates coordinating its work with the Committee on Program. As a member of the Southern Regional Conference of State Leagues of Nursing Education the Maryland league carried its share of expense in having three representatives at the workshop on Measurement and Guidance held in New York in November under the NLNE Department of Measurement and Guidance.

The Maryland league members have been encouraged to study pending legislation, both local and federal, which might affect nursing and nursing education, with particular reference to S-1453.

The Maryland State League of Nursing Education has a very close relationship with the Maryland State Nurses’ Association which has referred to us matters in relation to education, and has also carried many clerical services for us.

Supplementary Report

The two institutes on Curriculum Planning were very well attended. The first, held on February 28, was devoted to General Objectives of the Basic Nursing Curriculum, with a discussion of the teaching of nursing arts and of the sciences necessary in nursing. The league was particularly fortunate in having Eleanor Hall, chairman of the Curriculum Committee of the National League of Nursing Education, as a speaker and participant in the discussion. At the second institute, held April 20-21, Clinical Instruction, Students’ Achievement, and Planning the Program of Study, were the topics of discussion.

The exchequer of the league has been increased considerably as the result of a suc-
cessful benefit bridge and canasta party held on March 30. Another method of raising funds has been to charge a fee of 50 cents per day to non-members of the league attending institutes.

A business meeting of the Maryland league is scheduled for June 9, at which time a report will be given on the Biennial. Another full-day institute on Orthopedic Nursing has been planned for October. The central theme of the annual meeting, to be held November 9, will be Mental Hygiene.

MASSACHUSETTS

New members in 1949: 119

Local leagues: Eastern Massachusetts (Boston)—Mary E. Gilmore, President
Western Massachusetts (Springfield)—Margaret Busche, President
Worcester—Madeline J. Army, President

Committees: Committee on Curriculum—Sylvia Perkins, Chairman
Committee on Finance—Marguerite Hastings, Chairman
Committee on Membership—Neva Cross, Chairman
Committee on Nominations—Mary Shepard, Chairman
Committee on Program—Katherine Hardeman, Chairman
Committee on Revision—
Committee on Ways and Means—Eleanor K. Gill, Chairman

The Massachusetts league functions as the department of education of the State Nurses' Association.

Activities: After the League Convention in Cleveland, May 1949, our interests were increased to promote activities of the League. A one-day institute was held May 20, 1949 at Boston University Medical School Auditorium at which Elizabeth L. Kemble, director of the NLNE Department of Measurement and Guidance, gave a most informative talk to directors and instructors in schools of nursing in the state. One of the most notable results of this meeting was the fact that the Board of Registration in Nursing has now gone on record as approving the use of the State Board Test Pool examinations.

On this same evening, a block of tickets was purchased by the three state organizations for "Pops" night at Symphony Hall in order to raise funds for our treasury.

Early in the fall, Gladys Benz, director of the NLNE Department of Advisory Service to State Leagues, visited Boston on her field trip to the New England states to aid the leagues in their work. We had a one-day meeting at the Massachusetts General Hospital with the Board of Directors and committee chairmen. As a result of Miss Benz's visit more specific plans of action have been outlined.

On October 26, 1949, Ruth Sleeper, alternate chairman of the Subcommittee on School Data Analysis, gave a most interesting review of the work of this committee, so that all League members might be informed of the progress of this committee and each member could have detailed information concerning her own school's classification in this initial survey.

State leagues in New England sent two representatives to the workshop on Evaluation conducted in New York, November 6-11, by the NLNE Department of Measurement and Guidance. These representatives were Sister Madelaine Clémence of Massachusetts and Florence Weigner of Rhode Island. We anticipate that state and local leagues in the New England area will hold similar workshops under the direction of these two representatives.

At the Annual Convention of the three organizations of the state, the league presented four programs. Bernice Sinclair, chief of nursing service, Veterans Administration Hospital, Framingham, presented a panel discussion on "Staff Education"; Eleanor Page Bowen, professor of nursing education at Boston University, presented
a symposium on "How Can We Teach The Social Sciences"; Effie Jane Taylor, dean emeritus of Yale University School of Nursing, gave a stimulating talk entitled "Nursing Hither and Yon"; Agnes Gelines, president, National League of Nursing Education, spoke on "Basic Collegiate Nursing Programs."

The league, with the Massachusetts State Nurses' Association, has sponsored the organization of the Massachusetts State Council of Student Nurses, and in its first year of existence we are proud of its growing achievements.

**Michigan**

*New members in 1949: 117*

*Local leagues: Northeastern Michigan (Bay City-Flint)—Sister Mary David, President
Northwestern Michigan (Muskegon-Grand Rapids)—Elizabeth Buckley, President
South Central Michigan (Ann Arbor)—Edith Morgan, President
Southeastern Michigan (Detroit)—Harriet Russell, President
Southwestern Michigan (Kalamazoo-Lansing)—Sister Mary Leonard, President*

*Committees: Committee on Curriculum—Jane Rogers, Chairman
Subcommittee on Community Nursing Experience—Elizabeth Hibborn, Chairman
Subcommittee on Pediatric Student Affiliations—Agnete Fenger, Chairman
Subcommittee on Audio-Visual Aid Teaching—Margaret Heyes, Chairman
Committee on Finance—Esther Hedegard, Chairman
Committee on Membership and Eligibility—Mary Anderson, Chairman
Committee on Revision—Gertrude Spaulding, Chairman*

The Michigan league functions as the department of education of the State Nurses' Association.

*Activities: A new local league has been formed at Ann Arbor.*

Representatives of the Michigan league held several meetings with representatives of colleges, universities, and the Michigan Nursing Center Association. The future of nursing education in Michigan was discussed with the purpose of giving information to college presidents on what constitutes a good collegiate program in nursing, hereby aiming to prevent the establishment of many loosely connected college school of nursing degree-granting programs. One of the colleges has requested the Michigan Nursing Center Association to appoint an advisory committee of nurse educators to assist it in planning its program.

The league assisted in planning and conducting a laymen's conference on Nursing which was sponsored by Michigan Nursing Center Association and Michigan State College at Lansing. The theme was "Better Nursing for Michigan and What We Can Do About It." There was an attendance of 200, including representative laymen from boards of visiting nurse associations, hospitals, schools of nursing, and practical nurse training committees.

The Education Committee worked with the Education Committee of the Michigan Hospital Association in planning a working conference on Nursing Service and Education. A two-day conference was sponsored by the Michigan Hospital Association to which were invited directors of nursing service and nursing education.

The Subcommittee on Community Nursing Experience of the Committee on Curriculum prepared a manual on *Community Nursing Experiences for the Basic Nursing Student*. The tentative manual was discussed at a workshop held in Detroit. Representa-
tives from public health agencies and schools of nursing participated in the discussions. The manual includes the objectives for health integration in the home school, suggestions for integration of social and health aspects in the basic nursing curriculum and specific objectives for the community health affiliation in a rural hospital experience.

The Southeastern league (Detroit) planned and gave courses in psychiatry, chemistry, and materia medica for foreign nurses to prepare them for state board examinations. Seventy-five nurses from Canada, England, Iceland, and Austria took advantage of this program. Courses given several times were (1) three courses in chemistry, (2) two courses in pharmacology, (3) four courses in psychiatry, (4) one course in communicable disease nursing, and (5) one course in social foundations. Two-hour classes were held twice weekly for four weeks, making a total of sixteen hours of instruction, and generous outlines were given with each course. The operating cost was $100 per course, with the sliding cost to the individual ranging from $7.50 to $14.50. These courses were geared to meet the needs of the group, and another program is planned for the fall.

An in-service staff education program is being offered at Wayne University College of Nursing in Detroit. Credit and non-credit courses in ward administration, job analysis, teaching principles, and clinical instruction in specialized areas are provided in the form of institutes to satisfy the demand for better prepared nursing personnel in schools of nursing. The programs were planned on the request of the local leagues and the state league.

The Committee on Measurement and Guidance held a conference at Ann Arbor on "The Use of Tests in Selecting Students for Schools of Nursing." The conference was sponsored by the Michigan league and the University of Michigan School of Nursing, assisted by the University of Michigan Extension Service. The Michigan league shared the expenses of three representatives of the east-north central area, including one from Michigan, to the workshop on Evaluation conducted by the NLNE Department of Measurement and Guidance held in New York November 6-11, 1949. The league Committee on Measurement and Guidance is planning a series of workshops to keep others informed in relation to evaluation procedures.

The subcommittees of the Committee on Curriculum are doing extensive work in analyzing course content and length of experience. The Michigan league requests that the NLNE make and promote studies of the time needed to prepare the student nurse in the various clinical areas.

An institute on Medical-Surgical Nursing at Lansing in November was sponsored by the Sisters Committee of the Michigan league.

**MINNESOTA**

*New members in 1949: 65*

**Local league: Rochester—Sister M. Ancina, President**

**Committees:** Committee on Affiliations—Henrietta Davis, Chairman  
Committee on Curriculum—Eleanor Sheldon, Chairman  
Committee on Headquarters—Ruth Kenta, Chairman  
Committee on Measurement and Guidance—Irene McKean, Chairman  
Committee on Membership and Eligibility—Muriel Severson, Chairman  
Committee on Nominations—Adeline Haase, Chairman  
Committee on Practical Nursing—Ruth Smith, Chairman  
Committee on Program—Lenore Collatz, Chairman  
Committee on Revision—Georgiana Nobels, Chairman

The Minnesota league functions as the department of education of the State Nurses' Association.
Activities: Special projects of the league during the year include:

The Committee on Curriculum is concentrating on the revisions of the State Curriculum Minimum Standards. A workshop on this subject was held February 11-13, 1950 with Henrietta Loughran, secretary of the National League, as the principal speaker.

The Committee on Measurement and Guidance is working with the University of Minnesota Testing Bureau on a project to set up new norms for the “Minnesota Battery.” It is hoped that a prediction formula will be worked out. The committee sponsored a workshop on Evaluation April 12-14, 1950 at the YMCA in St. Paul with 89 participants from 5 states (South Dakota, Nebraska, Kansas, Iowa, Minnesota), 26 schools of nursing, and 12 cities. The faculty included personnel from various schools in Minnesota and faculty members from the University of Minnesota Bureau of Institutional Research.

The Subcommittee on Pediatric Nursing of the Committee on Curriculum sponsored an institute on Play Nursing in October of 1949.

The Joint Committee on Structure Study of the Minnesota Nurses’ Association and Minnesota league held an institute in June of 1949.

All institutes have been self-financed, which is most encouraging. However, the Minnesota league underwrites expenses so that supplemental funds will be available if total expenses are not cleared.

The Minnesota league has formed a special committee on Practical Nursing to plan curriculum suggestions and clinical experience for schools of practical nursing.

The Minnesota league had representatives present at the work conference sponsored by the National Accrediting Service held in Chicago in August of 1949. This year the league has worked hard to have representatives attend national meetings in order to keep better informed of responsibilities and activities necessary for a good league. It was possible to send Ruth Johnston (a lay member) to the workshop on Evaluation held in New York last November, with all expenses paid. The league also sent Lena Paskewitz to the meeting sponsored by the National Committee on Structure Study in May 1949, and it is sending the president to this Biennial.

The league is aware that money must be earned so that the treasury has adequate funds to send representatives to important meetings, and to function effectively in other matters which concern the league. This next year, the league will again plan ways and means for raising money, either by increasing dues or through other projects. The schools of nursing in the state voted to put on individual projects and make contributions to the league treasury in addition to dues for this year. To date 6 of the 25 schools in Minnesota have contributed $403. It is hoped that by fall, all of the schools will have made contributions. This should enable the league to operate more effectively and more efficiently on a more businesslike basis.

Joint meetings of the board members and the committee chairmen are to be held again during 1950.

Each month the various committees bring back reports to the general assembly on their activities. The league has more space for publicity in the Minnesota Registered Nurse to which the Committee on Publicity contributes. Reports are also made of any special activities carried on at the board meetings. This is in an effort to keep all the members informed.

The annual meeting of the Minnesota league was held jointly with the Minnesota Nurses’ Association and the State Organization for Public Health Nursing in Hibbing, Minnesota in October of 1949. Mimeographed reports of the year’s activities were given to each member. The programs which the Minnesota league sponsored were a luncheon and business meeting. Helen C. Goodale presented a paper on “Improvement of Nursing Service,” and Dorothy Titt presented a paper on “Practical Nursing.” This annual meeting was well attended.
Programs which were carried out:

1949

May—A program by the Committee on Measurement and Guidance. Special reports of the NINE Convention
June—Special meeting of joint committee chairmen and league Board members.
September—Report on the work conference sponsored by the National Nursing Accrediting Service
October—Annual meeting
November—Report on "President Truman's Commission on Higher Education"
December—Resources for public health nursing experience in Minnesota

1950

February—Workshop on Revisions of the State Curriculum Minimum Standards
April—Workshop on Evaluation

The Rochester league has spent the year making a special study of the Brown Report.

MISSISSIPPI

New members in 1949: 18

No local leagues.

Committees: Committee on Convention Arrangements—Marion Wood, Chairman
Committee on Curriculum—Christine Oglevee, Chairman
Committee on Eligibility—Nyleene Shepheard, Chairman
Committee on Legislation—Juliet P. Moullé, Chairman
Committee on Nominations—Phoebe Kandel, Chairman
Committee on Program—Dovie Adams, Chairman

The Mississippi league functions as the department of education of the State Nurses' Association.

Activities: The purpose of the Mississippi league is to attain better nursing service for the public, mainly by assisting in the promotion of an improved and well-qualified nurse education system throughout the state. One to two-day meetings are held bi-monthly. Membership has doubled since the organization of the league in 1946.

The Committee on Legislation cooperated with the Legislative Committee of the Mississippi State Nurses' Association and the University of Mississippi Department of Nursing in securing funds for graduate nurse scholarships for 1950-1952. House Bill No. 535 was passed in March 1950, an act making an appropriation to the board of trustees of state institutions of higher learning to be expended for scholarships in nursing education as provided by law. The same scholarship program has been in effect for the past two years (1948-1950) for the purpose of giving graduate nurses an opportunity for advanced study and for securing a degree in nursing, or in nursing education. The total sum of $85,000 was appropriated for 1948-1950, and $96,000 for 1950-1952. At present there are 33 graduate nurses, residents of Mississippi, who have taken advantage of this offer. They are all obligated to return to Mississippi for the same length of time which they spend on their advanced work. This scholarship is sponsored by the University of Mississippi, Department of Nursing, University, Mississippi.

Another bill passed by this Legislature was House Bill No. 531, an act appropriating the sum of $115,000 to the board of state institutions of higher learning for buildings, equipment, personnel, and other expenses of a school of nursing for the fiscal years 1950 and 1951. The league cooperated with the University in securing this appropriation and will continue to assist it in recruiting basic student nurses and graduate student nurses. The Department of Nursing of the University has been functioning
for the past two years and the first basic students were enrolled in the fall of 1949. This summer, courses leading toward a Bachelor of Science degree in nursing will be offered to graduate nurses. In addition to the basic nursing program, arrangements have been made to offer to registered nurses a course in Ward Management and Clinical Teaching, through the University's Extension Division. This course has already been in effect in two cities in Mississippi. A total of 60 registered nurses have completed the course.

The annual league convention was held jointly with that of the State Nurses' Association in November 1949. The league contributed to a joint program for the meeting. Ella Best, executive secretary of the American Nurses' Association, and Jeanette White, staff member of the American Journal of Nursing, were the two outstanding guests.

The Mississippi Commission on Hospital Care, which is the state agency responsible for carrying out the provisions of the Hill-Burton Act, organized a Nursing Committee in March, 1947, to be concerned primarily with nursing education. The league has worked with this committee in the past and continues to do so at the present. There are fifteen persons on this committee, including the league president and eight league members. All nursing, hospital, and medical groups in the state are represented. The league has the privilege of requesting a committee meeting at any time to help in any phase of nursing education. During the year 1949-1950 two important programs were discussed—a Professional Counseling and Placement Service in Mississippi, and the Possibilities of a Practical Nurse Program in the State. Much work is being done with regard to these programs. Recently the Practical Nurse Committee of the Mississippi State Nurses' Association met with the Nursing Committee and a representative from the Vocational Education Department to make further plans for setting up a pilot school for practical nursing. The league is also represented on the Practical Nurse Committee.

The Mississippi league sent a delegate to the Regional Workshop on National Accreditation, held in New Orleans, Louisiana in August 1949. Reports of the different sections of the workshop were given at the next league meeting. The president represented the league at the Southern Regional Conference of State Leagues of Nursing Education which was held in January 1950 at Atlanta, Georgia. The league contributed $10.00 toward the workings of this Conference.

The president was chosen to attend the Biennial Convention, May 7-12, 1950 at San Francisco, California. The secretary was appointed alternate. Ten other league members planning to attend the Biennial were chosen to form a Program Committee to be responsible for reporting on the different sections in session during the Convention. These reports will be the theme of the next league meeting on May 27, 1950. Ruth R. Gillan, nurse consultant, Federal Security Agency, Public Health Service, Washington, D. C., will be the guest of honor.

At each league meeting the programs, and all information given to the members present, are mimeographed. After each meeting the secretary mimeographs the minutes and materials used and mails them to each current league member. Mimeograph and ditto machines are at the secretary's disposal at all times. Additional copies of all materials used at the meetings are filed in the secretary's office. The league has adopted a letterhead which is to be used for correspondence. The secretary will mimeograph all stationery to be used.

In place of its regular meeting on February 17-18, the league sponsored an institute on the controversial subject, "The Monetary Value of the Student Nurse to the Hospital." Mabel Korsell, director of nursing of the Columbus City Hospital, Columbus, Georgia, was guest speaker and reported on the hospital's monthly studies begun on March 1, 1949. Forms were provided for the group work, using actual hours of nursing service for one week, and results confirmed what Miss Korsell had stated in her discussion—that computation of 70 per cent efficiency of the student nurse to
the graduate staff-nurses' service equalized the costs of her instruction. This shows that the student is of economic value to the hospital. Ninety-five persons attended the institute, 40 of whom were carrying class work in Ward Management and Clinical Teaching.

A second institute was sponsored by the league March 24-25, on the theme: "Some Newer Concepts of Nursing." There were 65 in attendance.

The guest speaker was Gladys S. Benz, director, Department of Advisory Service to State Leagues of Nursing Education from NLNE Headquarters in New York. Her speech centered around the organization and functioning of the NLNE. Copies of her speech were sent to all league members along with the minutes of the meeting.

The institutes proved to be most popular and requests were made for more in the future.

A fifteen-minute skit was presented over Station WBQC at Vicksburg, Mississippi on the subject: "Recruitment Program Interview."

The league, in cooperation with the State Nurses' Association, publishes "The Mississippi R.N.," the official quarterly bulletin containing nursing news from the entire state, National Headquarters, and other sources.

A recent development in Mississippi schools of nursing is the integration of some of the diploma schools with junior colleges. The Mississippi State Board of Nurse Examiners has aided three of the hospital schools of nursing in establishing affiliations for either one semester or two quarters of class work at the beginning of the diploma programs in September 1950. Affiliations are as follows:

**Hospital School**
- Methodist Hospital
- School of Nursing
- Hattiesburg, Mississippi
- South Mississippi Charity School of Nursing
- Laurel, Mississippi
- The McComb Infirmary
- School of Nursing
- McComb, Mississippi

**Junior College**
- Mississippi Southern College
- Hattiesburg, Mississippi
  *(Two quarters)*
- State Junior College
- Ellisville, Mississippi
  *(One semester)*
- Southwestern College
- Summit, Mississippi
  *(One semester)*

By 1950 it was found that the hospital construction program in Mississippi had advanced to a point where the state was assured of adequate hospital resources. Of the 55 hospital projects planned, 2 are already in operation and 28 are near completion or under construction; 8 of these hospitals, 4 of which are under construction, will have total bed capacities of 100 to 200 beds. These projects are eligible for funds for dormitories and teaching facilities for schools of nursing, to be separate buildings from the hospitals, provided certain specifications are met and a request is made for such facilities. This would help greatly in overcoming any inadequacies in nursing education. Of the 39 health department projects planned, 13 are complete and in operation and 10 are under construction.

The most outstanding accomplishment during the 1950 session of the Mississippi Legislature was the passage of the Senate Bill No. 14 which was an act to create a four-year medical school as a department of the University of Mississippi and to provide for the construction of a teaching hospital to be operated as part of such school. The total bed capacity will be 350 beds. A school of nursing is included in the plan. This will make an ideal situation for a central teaching unit and for clinical experience for basic student nurses. The teaching unit will be under the jurisdiction of the University of Mississippi.

Additional progress in nursing education was the establishment of the two-day
institutes at the Mississippi State Tuberculosis Sanatorium, Sanatorium, Mississippi. Basic student nurses from different hospital schools have the advantage of attending these institutes, during which time they receive orientation in tuberculosis and tuberculosis nursing in a 495-bed hospital which includes all types of cases in all stages. During the institutes medical and nursing specialists give informative lectures.

MISSOURI

New members in 1949: 54

Local leagues: St. Louis—Elizabeth McIntosh, President Kansas City—M. Alicia Sayre, President Central Missouri (Jefferson City)—Virginia H. Harrison, President

Committees: Committee on Constitution and Bylaws, Bertha Hochuli, Chairman Committee on Curriculum and Guidance—Ruby Potter, Chairman Committee on Finance—Vida Butterworth, Chairman Committee on Membership—Anne G. McKee, Chairman Committee on Nominations—Grace Lieberstein, Chairman Committee on Psychiatric Nursing—Dorris O. Stewart, Chairman Committee on Tests and Measurements—Irene Heilman, Chairman Joint Committee on Practical Nurses and Auxiliary Workers—Vesta Bolliger, Chairman Joint Committee on Structure Study—Clara M. Miller, Chairman

The Missouri league functions as the department of education of the State Nurses’ Association.

Activities: The Missouri league has continued to be active in the many League activities which we feel are so necessary today.

The Study on Nursing Needs and Resources in Missouri, conducted by a joint committee of the Missouri State Nurses’ Association, the University of Missouri, and the state league was published this year as one of the publications of the State University.

The Committee on Curriculum has continued to sponsor institutes and workshops in different parts of the state; one on Geriatrics was held in three centers last spring and this fall one on the Accrediting Program was held in the two schools of nursing centers, Kansas City and St. Louis.

The Committee on Constitution and Bylaws is working hard on the re-writing of the constitution in line with recent national changes and hopes to have it complete so that action may be taken at the next annual meeting.

A joint committee of the league and the State Nurses’ Association on the improvement of Nursing Service has recently been formed. Another joint committee with the Missouri State Nurses’ Association, namely, on Practical Nurses and Auxiliary Workers, has been working very hard in drafting legislation for the practical nurse. A new course for the practical nurse has recently been started under the supervision of the University of Missouri. The areas in which our members seem to want greatest help is in accrediting and curriculum.

Following a workshop on Evaluation sponsored by the Missouri state league, a Committee on Measurement and Guidance became activated in March, 1950. The chairman is from the St. Louis league, and it is anticipated that the committee will be able to promote a program representative of the excellent cooperation already in evidence on a state level.

The second in a series of Clinical Conferences was held in St. Louis following the workshop on Evaluation. The series is being sponsored by the state league, under the supervision of the Committee on Curriculum. The third Conference will be held in the fall of 1950 prior to our state meeting.
MONTANA

New members in 1949: 5
No local leagues.

Committees: Committee on Curriculum—Meral Loewes, Chairman
Committee on Eligibility—O’Connor George, Chairman
Committee on Finance—O’Connor George, Chairman
Committee on Measurement and Guidance—Mathilda Haga, Chairman
Committee on Membership—H. Mullan, Chairman
Committee on Nominations—Helen Haegle, Chairman
Committee on Program—Anna T. Beckwith, Chairman
Committee on Psychiatric Nursing—Edith Lamb, Chairman
Committee on Revision—Eugenia T. Livingston, Chairman
Committee on Sisters—Sister Mary Thomasine, Chairman

The Montana league functions as the department of education of the State Nurses’ Association.

Activities: In October, 1949 the league, in cooperation with the Montana State Board of Nurse Examiners held an institute on the Group Process. Participants in this meeting included members of the teaching and service staffs of hospitals and schools of nursing, members of the college faculty, and representatives of various divisions of the State Board of Health, Department of Public Welfare and Department of Rehabilitation. The Division of Health Education of the State Board of Health and the health education consultant for the U. S. Public Health Service contributed a great deal to this meeting.

Four members of the Montana league attended the workshop on Accreditation which was held in Denver, Colorado in August, 1949.

The Montana league also participated in electing and sharing the expenses of a representative from the Mountain states area to the workshop on Evaluation held in New York in November, 1949.

NEBRASKA

New members in 1949: 35

Local leagues: Grand Island-Hastings—Ruth Thomas, President
Lincoln—Florence Keegan, President
Omaha—Sister M. Kevin, President

Committees: Committee on Constitution and Bylaws—Blanche Graves, Chairman
Committee on Curriculum and State Board—Blanche Graves, Chairman
Committee on Finance—Rose Baker, Chairman
Committee on Integration of Social and Health Aspects in the Basic Curriculum—Sister Mary Louis, Chairman
Committee on Membership and Eligibility—Lola E. Williams, Chairman
Committee on Nominations—Lillian Holmes, Chairman
Committee on Nursing Information—Mercedes M. Breen, Chairman

The Nebraska league functions as the department of education of the State Nurses’ Association.

NO REPORT

NEW HAMPSHIRE

New members in 1949: 6
No local leagues.
Committees: Committee on Curriculum—Sister Marie Rose Larivee, Chairman
Committee on Finance—Nora Zick, Chairman
Committee on In-Staff Education—Dorothy M. Breene, Chairman
Committee on Legislation—Marie V. Dowler, Chairman
Committee on Membership—Sister Mary Virginia, Chairman
Committee on Personnel Practices—Ruth Bagley, Chairman
Committee on Program—Germaine Fontaine, Chairman
Committee on Revision—Anne Shepard, Chairman

The New Hampshire league functions as the department of education of the State Nurses’ Association.

Activities: In order to promote and develop the general objectives of the New Hampshire league, four projects were adopted at the beginning of the year.

The first of these was to strengthen our organization by increasing the membership and arousing interest in the league’s activities. The Committee on Membership and Credentials has been very active, for we feel that the league will need the thinking of all eligible nurses in order to meet the current problems of reorganizing nursing education and the new structure of professional nursing.

The second objective was to revise the constitution and bylaws. The chief changes were to allow for lay membership and to make provision for the establishment of local leagues.

The third project was to promote educational opportunities for graduate nurses through college extension courses. Ninety-six nurses took extension courses for college credit. Courses are being offered again this term by five colleges.

The fourth project was the drawing up and passing of personnel policies for faculty members of schools of nursing.

Programs have included a panel discussion on “The Responsibility of the New Hampshire League of Nursing Education for the Improvement of Nursing and Nursing Education in the State”; Gladys S. Benz participated in this panel.

Plans are being made to have a two-day workshop in problems of ward management preceding the annual meeting.

New Jersey

New members in 1949: 133
No local leagues.

Committees: Committee on Administration—Elizabeth McCue, Chairman
Committee on Curriculum—Grace Marie Howard, Chairman
Committee on Educational Funds—Ella Stongsby, Chairman
Committee on Educational Planning—Catherine Conboy, Chairman
Committee on Educational Planning for Bedside Nurses—Edna Salter, Chairman
Committee on Eligibility—Jean F. Hogg, Chairman
Committee on Finance—Mabel M. Keller, Chairman
Committee on Measurement and Guidance—Frances Billings, Chairman
Committee on Nominations—Rose Coyle, Chairman
Committee on Nursing Information—Elizabeth Fenlason, Chairman
Committee on Program and Arrangements—Edith Schmitt, Chairman
Committee on Revision—Verna M. Halbasch, Chairman
Committee on Student Personnel Program—

The New Jersey league functions as the department of education of the State Nurses’ Association.
Activities: Three general membership meetings were planned during the past year, but the first of these had to be cancelled because of a storm. At the second meeting a panel discussion on the relationship of the school of nursing to the community was given. Participants in the panel included representation from the general public, Bureau of Family Service, local visiting nurse agency, hospital social service department, hospital nursing staff, and the coordinator of nursing and health service in the family of the hospital's school of nursing. At the final membership meeting preceding the annual meeting, a discussion of the Structure Study was held.

The Committee on Ways and Means again sponsored the beautiful spring music festival. Seventeen schools of nursing sent trained groups of students to participate in the choral singing and crowning of the May Queen. While in the past, one of the purposes of the Spring Festival was to help in raising funds to finance the league's projects, the Board of Directors now feels that the festivals may proceed as annual events of the league with the sole purpose being to contribute to the cultural and recreational advantages of nursing students in New Jersey. The Committee on Ways and Means also served the league very effectively in a vigorous fund-raising campaign that made it possible to implement the program and work of the organization throughout the year.

The Committee on Curriculum continues to be one of the most active committees of the New Jersey league. Twenty-five institutes were held throughout the state last year by the committee: 9 in Medicine and Surgery; 8 in Obstetrics; 5 in Pediatrics; 2 in Psychiatry, and 1 in Clinical Instruction. In addition to these institutes an obstetric institute was held at the Jefferson Hospital in Philadelphia, Pennsylvania, to discuss the rooming-in plan, and an institute in Pediatrics was held at the Arthur Brisbane Child Health Center at Allaire, New Jersey. In addition to participation by the medical and nursing personnel of the local hospitals, speakers were obtained from the Columbia-Presbyterian Medical Center, New York City, Monmouth Junior College, Long Branch, New Jersey, Kessler Institute, West Orange, New Jersey, and the Veterans Administration.

Among the highlights of the year in the league's programs was a forum on Esther Lucile Brown's report, Nursing for the Future. This forum was held in the auditorium of radio station WNJR in Newark with excellent participants and was broadcast by that station for 30 minutes. Preliminary to the forum, 50,000 copies of a small, attractive flier, announcing the forum and stating its purposes, were prepared for distribution throughout the state. Another outstanding program was an all-day institute for lay persons conducted on the group dynamics plan, in which the philosophies of the Brown Report and closely related topics were discussed in fifteen different discussion groups by approximately 170 participants, many of whom were lay persons interested in nursing and its problems. Both of these programs were conducted by the Committee on Educational Planning. An interesting feature of this committee during the past year has been its enlargement to include participation from other nursing organizations, so that all nursing interests might have an opportunity to help in educational planning, thus working toward a better understanding of what we are trying to do in nursing education. It is hoped by such widened participation to avoid some of the misunderstandings that have occurred in other areas. Nursing students also participate in this committee's work.

The Committee on Measurement and Guidance undertook the first steps of a study of methods of grading in use in the nursing schools of the state preparatory to a further study of ways and means of helping the schools to arrive at a more uniform system of evaluating student achievement. The Subcommittee on Affiliate Programs of the Committee on Administration worked out three excellent record forms for use in the affiliate schools of the state. These records are now being used by the 42 schools in New Jersey.

The Committee on Administration of Accredited Schools of Nursing has held a
number of informative and effective programs during the year. Among these was a helpful meeting with high school guidance counselors, a talk from a federal narcotic agent on the handling of narcotics in hospitals, a panel discussion on the use of clerical help on hospital floors, duties of the practical nurse and aide in the hospital, the use of audio-visual aids in teaching nursing students, and a panel discussion on educational planning on the clinical services.

The New Jersey league again sent a scholarship student, Mrs. Anne Patterson, R.N., of Passaic General Hospital, Passaic, New Jersey, to the Workshop in Human Relations at Rutgers University last summer.

The New Jersey league acknowledges with sincere appreciation the interest and help always received from National Headquarters whenever occasion arises, and also wishes to express appreciation for the loyal support of its membership that has made the work of the past year possible.

**New York**

*New members in 1949: 112*

**Local leagues:** New York City—Dorothy McLaughlin, President
Hudson Valley (Albany)—Beatrice C. Kinney, President
Central New York (Syracuse)—Catherine MacLay, President
Genesee Valley (Rochester)—Catherine C. Brophy, President
Linda Richards (Watertown)—Bessie Merrill, President
Western New York (Buffalo)—Stella L. Brodie, President

**Committees:** Committee on Convention—Anna Dowd and Mildred Boeke, Chairmen
Committee on Coordination—Anne Sengbusch, Chairman
Committee on Curriculum—Hazel Keeler, Chairman
Committee on Eligibility—G. Harriet Mantel, Chairman
Committee on Finance—Marguerite Holmes, Chairman
Committee on Nominations—Mildred Boeke, Chairman
Committee on Revision—Ruth Miller, Chairman

The New York state league functions as the department of education of the State Nurses' Association.

**Activities:** The annual meeting of the New York state league was held in conjunction with the New York State Nurses' Association in Buffalo, New York, October 16-19, 1949. The theme of the convention was "Nursing Care: Its Present and Its Future." The league program sessions consisted of a panel discussion, demonstration and group conference on Team Concepts and a symposium on Trends in Nursing and Nursing Education presented by representatives from the fields of general education, nursing education, and nursing service. The president of the Michigan league described "The Michigan Plan." At the luncheon meeting the people present learned "How to Radiate Happiness" from a psychologist who was an exceedingly capable speaker.

The president, in her report to the membership at the annual meeting, recommended a reorganization of state league activities and a doubling of state league dues. The recommendations were unanimously adopted. The first step in reorganization of activities was the temporary dissolution of the ten special committees. A planning committee was appointed and charged with the responsibility of reorganization. In each of the four areas—management, schools, public relations and research—a coordinator has been or will be appointed whose responsibility it will be to activate the group or groups within her area. The area of management absorbed all present standing committees, which must exist until the constitution and bylaws are revised, except the Committee on Curriculum which fits very well into the area of schools. Each group will elect its leader and any other personnel. Recommendations made by the groups will be cleared through the coordinator who will present them to the Board of Directors.
for action. The four coordinators, along with the planning committee, will form the Coordinating Committee.

Early in 1949, at the request of the local leagues, the Board of Directors created a Council of Local Leagues. The Council met for the first time in June, held pre- and post-convention meetings, and met again in November. All six local leagues have been officially represented at all of the meetings. The members of the boards of directors of the local leagues may attend. It is felt that through the discussions occurring at Council meetings many valuable suggestions have been exchanged, greater interest in increasing membership has resulted, the activities of all local leagues are better coordinated, and there is much less duplication of activities.

The New York state league assumed the responsibility for planning the work conference on Accrediting sponsored by the National Nursing Accrediting Service and held in New York City August 23-25, 1949. Approximately 220 people attended the conference from 20 different states and from Canada.

The three state leagues, New Jersey, Pennsylvania and New York, chose two representatives from their census area to attend the work conference on Evaluation held in New York City November 6-11, 1949. The expenses for these two representatives were shared equally by the three leagues. Plans are now being developed for a similar work conference to be held on a regional basis.

On December 8, 1949 the boards of directors of the New York State Nurses' Association, the New York state league, and the Practical Nurses of New York, Inc., and the Board of Examiners of Nurses and the supervisors of nursing education of the State Education Department, met in joint session for the purpose of discussing the major problems confronting nursing in New York State. A Committee for the Improvement of Nursing Care for the People of New York State was appointed by the conference with representation from all groups. The committee posed three questions to indicate the major problems to be solved: (1) What are the actual facts about the so-called critical shortage of nurses? (2) How adequate is the preparation of practicing nurses for their functioning at the present time? (3) What types of courses are needed to meet the total nursing needs in the state and where can they best be given?

To answer these questions a plan of action was proposed and unanimously adopted by all groups. It consists of:

1. State-wide job analysis through institutes and consultation service
2. Development of nursing care centers for centralization of nursing resources
3. Quick analysis of inadequacies of past preparation
4. Organization of supplementary courses according to needs, content, and place
5. Removal of barrier of high school deficiencies through use of high school equivalency test
6. Organization of advanced courses according to kinds, content, and availability needs
7. Certification of individual nurses for jobs needing particular preparation
8. Organization of basic courses for nurses in content, number, and kind needed and in proper placement (geographic and institutional)

The activities of this committee as outlined should have far-reaching effects on nursing in this state.

It is hoped that at the time of the 1950 Biennial, the New York state league will be able to report definite progress under its new plan of organization.

Supplementary Report

The New York state league has been functioning under its revised plan of organization for approximately six months. Up to the present time there has been very limited activity in the areas of research and public relations. All groups in the area of man-
agement—convention, eligibility, finance, nominations, and revisions—and in four of the six groups in the area of schools—educational patterns, curriculum, evaluation and careers—are engaged in numerous projects. The groups for educational methods and faculty in the area of schools have not been organized. It is believed that there may be need for re-grouping within this area because of overlapping activities. While it is not possible to evaluate progress under the new plan because of the limited time of operation, the Board of Directors is of the opinion that activities will become much more effective as the plan is developed.

At the last meeting of the Council of Local Leagues on April 14, 1950 it was agreed that the Council had "become of age." As in the case of the first four meetings, this meeting was attended by representatives of the six local leagues, and proved to be most beneficial to all concerned. The Council has requested that in the future it meet only once a year, during the time planned for the annual meeting of the state league.

The local leagues have offered interesting and timely programs, many of which have been presented in all six local areas. Topics included have been:

1. Legal Aspects of Nursing
2. Improvement of Nursing Care
3. Accrediting Procedure (a dramatization)
4. Evaluation of Student Performance
5. Student Organization

In one of the local league areas a student association originally sponsored by the local league has become an independent organization, with two graduate nurses as honorary members who serve as advisers. Within a period of two months these students raised funds sufficient to send the president and secretary of their association to the Biennial Convention.

In February 1950 the Committee for Improvement of Nursing Care for the People of New York State sponsored a successful all-day conference attended by representatives of the medical profession, hospital administration, higher education, the community, and the nursing profession. At the suggestion of the committee two such conferences have been held in other areas of the state, and two more are being planned.

The third in a series of conferences planned by the Public Health Nurse Coordinators Planning Committee was held in Albany with 110 people in attendance representing administrators, instructors, supervisors, head nurses, staff nurses, and students from schools of nursing and public health agencies. The group discussed ways and means of planning for comprehensive community care.

Since very little use has been made of the Lydia E. Anderson Loan Fund, its existence was publicized recently and several applications are now being evaluated by the administrative committee for the fund.

At the March meeting of the Board of Directors of the league it was voted to experiment with a new plan for state conventions. At the time of the State Nurses' Association Biennial, the league will hold a general business meeting attended by board members, Council of Local Leagues, committee chairmen and any other league members wishing to attend. This meeting will occur in the same location and at the same time as the Biennial of the State Nurses' Association. On alternate years the league will hold a biennial meeting. The Advisory Council of the State Nurses' Association will meet at the time of the league biennial.

NORTH CAROLINA

New members in 1949: 57

Local leagues: Eastern Division—Bessie P. Burgess, Chairman of Programs
Western Division—Sadye T. Whitley, Chairman of Programs
Committees: Committee on Curriculum—Mildred D. Harrison, Chairman
Committee on Eligibility—Effie Parker, Chairman
Committee on Finance—Eleanor Stephens, Chairman
Committee on Information, Publicity and Public Relations—Margaret
M. Cheek, Chairman
Committee on Membership and Lay Participation—Jeanne Riddle,
Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Louise Moser,
Chairman
Committee on Program—Edna Heinzerling, Chairman
Committee on Recruitment—Mildred Crawley, Chairman
Committee on Revision—Mary Belle May, Chairman
Committee on State Board Problems—Miriam Daughtry, Chairman
Committee on Tests and Measurements—Helen Peeler, Chairman
Joint Orthopedic Advisory Committee—Ruth Council, Chairman

The North Carolina league functions as the department of education of the State
Nurses' Association.

Activities: During the summer about ten members of the North Carolina league
attended the workshop on Accreditation during the month of August. The president
of the North Carolina league acted as chairman for the South Atlantic Census Area
for the committee appointed to select the participants in the workshop on Measure-
ment and Guidance held by the National League in New York.

Previous to the annual meeting of the North Carolina league, a North Carolina
league letter was sent out to each member of the league giving the recommendations
from each of the committees as presented in its annual report. This gave the member-
ship an opportunity to study these recommendations before voting on them at the
annual meeting. These recommendations were accepted and will form the basis for
action this year.

Committee on Program

That the North Carolina league have several one-day meetings during the year, and
that the discussions be designed to help the directors, supervisors, head nurses,
and general staff nurses with such current problems as student government for
those of us who do not have it, clinical teaching program, ward teaching program,
clinical teaching for supervisors, the duties of head nurses including ward adminis-
tration, orientation for new students, proper orientation of affiliates from one school
to another, etc.

Committee on Tests and Measurements

1. Results of the State Board Test Pool examination should be studied to compare
the mean scores of the candidates of the North Carolina schools of nursing. These
should also be compared with the all-state mean scores. The interpretation of
these results could be of benefit to the educational program in the school.
2. Suggestions should be made as to ways to correct the deficiencies, in the basic
nursing school course, of applicants for registration by reciprocity in North
Carolina. For example, North Carolina requires 84 days of Pediatric Nursing
Practice for registration. Applicants from some states do not meet this requirement.
There are also other deficiencies to be considered.

Joint Orthopedic Nursing Advisory Committee

1. That the North Carolina League of Nursing Education sponsor two institutes on
orthopedics, one in the western part of the state and one in the eastern part;
that the institutes be conducted by Miss Jessie Stevenson in the spring of 1950, the dates to be set by Miss Stevenson and approved by the president of the league
2. That more functional anatomy be included in the curriculum
3. That key nurses and physical therapists be selected by this committee and approved by the league president. These nurses would be called on for assistance during a polio epidemic, if needed.

Committee on Curriculum
To study the recommendations of the Joint Board for the curriculum in schools of nursing and make suggestions for changes.

Committee on Revision
Recommends a careful study of our standing and special committees for next year with the idea in mind of reducing the number of committees if that is possible.

At the annual meeting in High Point on October 24-27, 1949, Elizabeth L. Kemble, director of the NLNE Department of Measurement and Guidance, spoke to us on the subject of "Guidance in Schools of Nursing" and attended the annual meeting of the league. At the following meeting of the Board of Directors she gave valuable assistance to the officers of the North Carolina league. In addition to the business transacted at the annual meeting a dramatization of accreditation was given under the direction of Elizabeth White, director of the School of Nursing at Charlotte Memorial Hospital.

In accordance with the recommendations made at the annual meeting, the Committee on Program is planning two meetings of the Eastern Division and two meetings of the Western Division during this year. The first of these meetings was held at Wilson, North Carolina on December 10 at which time the Brown Report was discussed and studied in small groups. The afternoon was spent on the subject "How Can We Improve Nursing Care Now?" A similar meeting of the Western Division was held in Winston-Salem on February 28.

The league is a member of the Southern Regional Conference of State Leagues of Nursing Education which met in Atlanta, Georgia on January 6, 1950. This conference is proving to be a very stimulating experience which we hope will aid the leagues in this area.

An institute on Relationships in the Hospital and School of Nursing was held at Chapel Hill, March 16-17, with over 120 nurses in attendance during the one and a half day program. Members of the faculty of the School of Nursing at Duke University planned and conducted the institute for the league, using group dynamic techniques.

The following Saturday the Eastern Division presented a program on Cancer Nursing at Rex Hospital in Raleigh which was planned by Thelma Inglis, who had attended the workshop on Cancer Nursing at the University of Minnesota.

The Western Division held a meeting at the Veterans Hospital in Oteen, and a program planned by the hospital staff was presented on Nursing in Tuberculosis and Orientation of the Graduate Nurse.

The North Carolina league and State Nurses' Association have two joint committees: Education and Recruitment. The Education Committee is giving advice to the authorities at the University of North Carolina in regard to the structure and function of the school of nursing being started in connection with the 400-bed teaching hospital at the University. It has four subcommittees: In-Service Education, Graduate Nurse Education, Basic Nursing Education, Practical Nurse Education.

The joint recruitment committee will plan the recruitment of students in North Carolina.
NORTH DAKOTA

New members in 1949: 12
No local leagues.

Committees: Committee on Curriculum—Lydia Hepperle, Chairman
Committee on Finance—Clara G. Lewis, Chairman
Committee on Measurement and Guidance—Ruth Hugelan, Chairman
Committee on Membership and Eligibility—Leona Baumler, Chairman
Committee on Nominations—Florence Sweeney, Chairman
Committee on Program—Clara G. Lewis, Chairman
Committee on Revision—Florence Kindig, Chairman
Committee on Studies—Lucille Paulson, Chairman
Subcommittee on Brown Report—Sister Scholastica, Chairman
Subcommittee on Legislation—Clara G. Lewis, Chairman
Subcommittee on Structure Study—Lucille Paulson, Chairman

The North Dakota league does not function as the department of education of the State Nurses’ Association.

Activities: At the time of our last annual meeting an opportunity was given to members to volunteer to serve on various committees. The results were gratifying.

As our league is desperately in need of funds to sponsor institutes, the Committee on Finance asked each geographical area to carry out a fund-raising project. Each area is to raise at least an amount equal to $5.00 per current league member in that area. Various projects have been tried and several areas have raised $100 above their goal. Bingo parties, tag-days and vaudevilles were all successful.

The Committee on Curriculum assigned a project to each geographical area for study. Ward classes, graduate nurse education, and in-service programs are being studied.

The Structure Study Committee has worked closely with the district nurses’ associations. Large charts were used to display the two plans at joint meetings.

In an attempt to increase membership the Committee on Membership and Eligibility has either been in touch with prospective members personally or sent a letter explaining the aims and purposes of the League.

We are organizing a local league in Fargo. We hope to work hand-in-hand with the district nurses’ association. Two organizational meetings have been held, and we are ready to submit our constitution and bylaws for approval.

Our annual meeting was held in Fargo, North Dakota, in March 1950. A two-day institute was held at this time.

The North Dakota league has enjoyed working on joint committees with the North Dakota Nurses’ Association for Nurse Enrollment and Nurses’ Memorial Loan Fund.

OHIO

New members in 1949: 105

Local leagues: Akron—Hazel Hawk, President
Cincinnati—Clara Gestel, President
Cleveland—Margene O. Faddis, President
Columbus—Loree Markley, President
Dayton—Margaret Hoelscher, President
Toledo—Ruth A. Rees, President

Committees: Committee on Arrangements—Jane Torrance, Chairman
Committee on Curriculum—Ruth Smith, Chairman
Committee on Eligibility—Julia B. Fishbaugh, Chairman
Committee on Legislation—Hulda Merkel, Chairman
Committee on Measurement and Guidance—Julia B. Fishbaugh, Chairman
Committee on Nominations—Edna E. Sharrett, Chairman
Committee on Practical Nursing—Frances McKenna, Chairman
Committee on Program—Julia B. Fishbaugh, Chairman
Committee on Revision—

The Ohio league does not function as the department of education of the State Nurses’ Association.

Activities: The annual convention of the Ohio league was held in the Hotel Mayflower, Akron, October 26-28, 1949. The first day was devoted to an institute on the “Care of the Premature.” The morning session included causes and prevention of prematurity and the afternoon session programs for care of the premature.

The highlights of the annual program included a discussion of “Combining Clinical Facilities for Nursing Education” by Lucile Petry and a discussion of the “School Data Analysis and Interim Classification of Schools” by Louise Knapp. The meeting was well attended.

The Committee on Curriculum made a study of the preparation of the professional nurse student to participate in the nursing team and a study of the teaching of Geriatrics. Outlines and bibliographies were developed which should be helpful in organizing a teaching unit on these subjects.

The amendment to the Nurse Practice Act that was introduced into the legislature passed the Senate but was lost in the House Health Committee.

The Committee on Practical Nursing, working with representatives from the Vocational Education Department of the State Board of Education, has prepared a Prospectus for Practical Nurse Training in Ohio. This is now being printed. This material should be used as a guide in setting up some more good programs in practical nursing in Ohio. Several hospitals in towns of 5,000-15,000 population, which have been built with the help of funds from the Hospital Construction Act, will open soon. It is hoped that we will have some prepared practical nurses ready to help staff these hospitals.

The local leagues in Ohio have been very active. The Akron league helped in sponsoring an institute on “The Development of the Handicapped.” The Cleveland league has continued to carry out a very active recruitment program with the assistance of funds from the Cleveland Foundation. Also, the Cleveland league has been very influential in helping with the organization of the Cleveland Council on Community Nursing. The Toledo league, working with Toledo University, secured an instructor for a course in Ward Management.

At a joint meeting of the Board of Trustees of the Ohio State Nurses’ Association, the Board of Directors of the Ohio league, and members of the State Nurses’ Board, a Joint Committee on Improving Nursing Services in Ohio was formed. This committee is now working on a survey of nursing needs in Ohio. It is hoped that through the work of this committee needs in nursing education will be much better understood by allied professional groups and by educational and lay people. Constructive planning for nursing on a state-wide basis should evolve.

The Ohio league is an institutional member of the American Hospital Association.

Oklahoma

New members in 1949: 14

No local leagues.

Committees: Committee on Arrangements—Charlotte Oderkirk, Chairman
Committee on Curriculum—Mary R. Caron, Chairman
Committee on Eligibility—Helene M. Bonneau, Chairman
Committee on Finance—Mary R. Caron, Chairman
Committee on Nominations—Juanita Millsap, Chairman
Committee on Program—Golda Slief, Chairman
Committee on Revision—Golda Slief, Chairman

The Oklahoma league functions as the department of education of the State Nurses' Association.

Activities: The members of the Oklahoma league have been actively participating in the projects of the organization.

In large part, because of the activity of the members of the league in the interests of psychiatric affiliations for the schools of nursing in Oklahoma, an affiliate school of psychiatric nursing was opened September 1, 1949, at the Central State Hospital, Norman, Oklahoma.

For the 1949-1950 year, it is planned to have two institutes in Oklahoma in addition to the annual meeting. The first institute of two days' duration was held at Enid, Oklahoma, on January 6 and 7, 1950. The theme for this meeting was Accreditation. Gladys S. Benz of the NLNE Department of Advisory Service to State Leagues participated in our discussions.

The second institute of one-day duration will be held in Oklahoma City, Oklahoma, in April. The theme of this meeting to be "Nursing Education in Oklahoma for Colored Women."

The annual meeting will be held in the fall at Tulsa, Oklahoma, in conjunction with the Oklahoma State Nurses' Association.

As another project for 1949-1950, the league is working with the president of Langston University in an effort to establish a school of nursing for colored women.

The league has been making an effort to obtain funds for a study of the nursing needs of Oklahoma in order that the nursing educators in Oklahoma may have a guide for the future development of their schools. The Oklahoma State Nurses' Association is working with us on this project.

The recruitment of new members is a major project of the individual members of the league.

There are no local leagues so all activities are on a state-wide basis and non-members are invited to attend the programs.

Pennsylvania

New members in 1949: 215

Local leagues: District No. 1 (Philadelphia)—E. Cleves Rothrock, President
District No. 2 (Allentown)—Adele Miller, President
District No. 3 (Wilkes-Barre)—Sister Cor Marieae, President
District No. 4 (Harrisburg)—Mary E. Spare, President
District No. 5 (Johnstown)—Mary Dunn, President
District No. 6 (Pittsburgh)—Marcella Link, President
Districts No. 7 and 8 (Erie)—Sara Jean Clark, President

Committees: Committee on Curriculum—Louise M. Carlson, Chairman
Committee on Finance—
Committee for the Improvement of Nursing Services—
Committee on Lay Membership—Frances I. Purdy, Chairman
Committee on Measurement and Educational Guidance—Ruth Jesse, Chairman
Committee on Membership and Eligibility—Ethel M. Hyde, Chairman
Committee on Nominations—Geraldine Ellis, Chairman
Committee on the Practical Nurse—
Committee on Program and Arrangement—
Committee on Psychiatric Nursing and Mental Hygiene—
Committee on Revision and Bylaws—
The Pennsylvania league functions as the department of education of the State Nurses' Association.

Activities: The Pennsylvania league has carried on its work of the past year as a department of the Pennsylvania State Nurses' Association, in cooperation with other organizations, utilizing the special abilities of the Pennsylvania Organization for Public Health Nursing and in cooperation with local district associations, as well as an established organization. It will continue in such activity in the coming year.

Many of the activities carried on last year were reported previously as long-term activities. Progress has been indicated but further activity will be necessary.

The former Committee to Study the Brown Report has become the Committee for the Improvement of Nursing Services. Since the state committee, under a state chairman, is composed of the chairmen of the seven local league committees of this nature, we anticipate unified state action when final conclusions are reached as a result of the studies undertaken by the local groups. Local district associations and local leagues have been studying together the recommendations in the Brown Report. One local league and district association, for instance, recently sponsored a one-day institute on nursing service with well-known speakers in the areas of hospital administration, medicine, nursing, and the community contributing their viewpoints on present day problems. This will be followed by four discussion sessions of ten groups employing the group dynamics method in order that joint consideration can be given to Dr. Brown's recommendations with the purpose in mind that definite conclusions as to acceptance, rejection, or modifications will be made and submitted to the state committee. It is hoped that in the near future a state planning committee will be established as was earlier suggested by the league to the state association and that definite action will result and that the conclusions reached by the State Committee for the Improvement of Nursing Services will become a platform for action for the various agencies and schools throughout the state. It is anticipated that the league will have a great deal to do when these conclusions are accepted and that league action for the year will be modified to include such activities.

As a result of national activity in the field of measurement and educational guidance and anticipating need for such activity in greater amount as a result of the expected conclusions referred to above, we have suggested a change in the usual committee work of the state Committee on Measurement and Guidance. The chairman will attempt to organize the state committee on the plan of organization for the Improvement of Nursing Services Committee. The president has requested that local leagues consider creating local committees on measurement and guidance and we hope that qualified members will be found to compose such committees. We have found that state committees made up of chairmen of local league committees have been an excellent force for unified state activity in enrichment of each local league from cooperative activity with other local leagues through the state committee. We believe concurrent action throughout the state in various areas will result in more rapid progressive growth throughout the state as a whole.

Another evidence of cooperative action is shown through the work of the present Committee on Curriculum. This committee has been in correspondence with the State Board of Nurse Examiners to ascertain the curriculum problems most evident through the survey of the many schools in Pennsylvania. The first area to be studied is that of medical and surgical nursing and we hope that some well-founded recommendations will be made as to the distribution of hours of class and length of time to be required in the clinical field in this area.

With the new state requirement of experience in psychiatric nursing for all student nurses in Pennsylvania, there has been a need for a study to determine the availability of sound educational programs for the numbers of students requiring the experience. The past Committee on Psychiatric Nursing and Mental Hygiene has prepared a detailed questionnaire which will be sent to the various psychiatric hospitals to
ascertain resources and consequent needs. It is apparent at this time that much work will need to be done to make possible the requirements for this experience. The findings of this committee will also influence the 1950 course of action for the league.

The league has a representative on the State Health Council and will make every effort to assist in increasing the health activities sponsored by the Council throughout the state.

The league is represented also on the Executive Legislative Committee of the Pennsylvania State Nurses' Association and on the state-wide Legislative Committee.

The league has been asked by the state association to stimulate the creation of extension courses in connection with accredited state teachers colleges and other colleges in order that more facilities will be available for study for a greater number of nurses, many of whom are not living or working in the vicinity of colleges now sponsoring such courses.

The league is always concerned with promoting standards and has already helped to bring about better understanding of national accreditation and will continue to carry on programs which will aid schools in reaching best standards. It has tried to stimulate a greater understanding of the purposes and advantages of faculty organization and participation in the formulating of school policies and in educational undertakings. Student participation has also been given emphasis. Our annual program was devoted to these areas of need. The program of recruitment is well developed in most areas of the state, and this activity will continue. The league continues to cooperate with the state association in the study of the Structure of National Nursing Organizations.

As the picture of nursing and nursing education changes, the league will make every effort to make its expected contribution to the progress of nursing.

**Puerto Rico**

*New members in 1949: 19*

*No local leagues.*

**Committees:**
- Committee on Curriculum—Ana Falcon, Chairman
- Committee on Eligibility—Carmen Reyes, Chairman
- Committee on Nominations—Mary Montalvo, Chairman
- Committee on Program—Eva L. Ramirez, Chairman
- Committee on Tests and Measurement—Celia Guzman, Chairman

The Puerto Rico league functions as the department of education of the Puerto Rico Nurses' Association.

**Activities:** The first activity of the year 1949-1950 was the Annual Meeting held in San Juan on February 5, at which the Honorable Commissioner of Health, and the Director of the Medical Services, San Patricio Hospital, Veterans Administration, were present. A discussion of the Brown Report, *Nursing for the Future*, was presented by three members, followed by a discussion by the whole group. The Commissioner of Health talked very highly of the work done by Dr. Brown, and suggested that a study of the schools in Puerto Rico be made with the purpose of evaluating the educational resources available and on such basis to give the pertinent recommendations. The league appreciated very much the Commissioner's recommendation and hopes that it can be carried out in the near future.

Four meetings were held during the year at which lay people and non-members of the league were present. Two important topics were discussed—one on 'Industrial Nursing and the Contribution of the Industrial Nurse in the Community.' The Director of the Fondo del Seguro del Estado, a participant in the discussion, requested help from the league in planning in-service training for the industrial nurses working in his agency. The other topic discussed was: 'How to Teach Nutrition to our Patients'
by Dr. Esther S. Zayas, Director of Home Demonstration Agents, Agricultural Extension Service, University of Puerto Rico. It was a very interesting talk, and we believe that all of us learned many important points about nutrition.

The Committee on Curriculum continued the work started last year in relation to the nursing curricula of the various schools. Three meetings were held with the directors of the schools and nursing services of Puerto Rico. On the basis of findings the following recommendations were made to the Board of Nurse Examiners to be considered when revising the Rules and Regulations for the Administration of Nursing Schools:

1. To eliminate the four weeks allowed in the curriculum for practice in anesthesia, inasmuch as the knowledge of the principles of this subject required in the basic course are acquired in the practice of the care of surgical patients.

2. To increase the preliminary period to 20 weeks inasmuch as the 16-week period is considered too short to cover the academic and practical work required of the student in the school of nursing.

3. That practice in the laboratory be reduced to 2 weeks.

4. To avoid the confusion created by the different names used in the schools to designate subjects in the curriculum, the Board should follow the terminology used in the final Student Record Form recommended by the National League of Nursing Education.

5. To stipulate minimum numbers of operations and deliveries in which the student nurse assists, the following are suggested: major operations, 15; minor operations, 10; assisting deliveries (2nd nurse), 12; assisting deliveries (1st nurse), 12.

6. To integrate in other courses the following material now given as separate subjects: Hospital Economics (to be included in Nursing Arts); Advanced Nursing (to be included in Medical and Surgical Nursing); Principles of Massage (in Medical and Surgical Nursing); Urology (in Surgical Nursing).

7. To integrate Medicine and Medical Nursing in one subject, and the same with Surgery and Surgical Nursing, allowing a minimum of 60 hours of class to each one.

8. To give the course on First Aid during the second year instead of during the third year.

9. That the following changes be made in the hours of instruction allowed for these subjects:
   - Personal Hygiene, from 10 to 15 hours
   - Nutrition, from 30 to 45 hours
   - Nursing Arts (Elementary Nursing), from 90 to 150 hours
   - Pharmacology and Therapeutics, from 30 to 40 hours
   - Communicable Diseases, from 25 to 40 hours
   - Public Health Nursing, from 15 to 30 hours
   - Diet Therapy, from 45 to 30 hours

10. To prepare a guide to orient the nursing school faculty on the material to be covered in the nursing course.

11. To limit the enrollment of students in the nursing schools according to the learning and teaching facilities available in each school and hospital.

The Committee on Measurement and Educational Guidance has been very active working on a special project requested by the Commissioner of Health on "the possible causes of a 2/3 failure rate on the examination for nurse registration given last October." With the consent of the Board of Nurse Examiners, the committee studied the papers in those subjects in which the largest number of students had failed; these were: Anatomy, Physiology, Microbiology, History of Nursing, and Ethics. The committee decided to examine 15 papers of failing students in each subject, to analyze the questions, and to try to determine the reason for students' failure to
answer correctly. The committee studied also the course outlined in these subjects from each school. After a careful analysis of this study and on the basis of the findings, the committee submitted the following recommendations:

That State Board Examinations be made early enough, ahead of the date set for the examinations, so that the following suggestions could be carried out:

1. That each examination be thoroughly discussed in State Board meetings, since the committee could not agree on the meaning of some questions.
2. That each examination be tried out on selected graduates first, and revised in the light of findings.
3. That full and clear instructions be included for each type of question (the matching type of question was especially confusing).
4. That abbreviations be avoided.
5. That examinations be carefully checked for mechanical errors in mimeographing.
6. That locally constructed examinations be written in both Spanish and English.
7. That examinations which cover a whole course include more items (about 150). (Selecting 5 out of 8 questions, each one of which is valued at 20, penalizes the student.)
8. A trial of the National League of Nursing Education State Board Test Pool examinations might indicate their value for Puerto Rico; the use of the Pool would greatly facilitate the registration problems of Puerto Rican nurses on the continent.
9. That the Board of Nurse Examiners have copies of the course outlines currently in use in each school of nursing for each subject, and consult these when discussing and revising examinations.
10. The Committee was of the opinion that closer supervision and guidance of the schools of nursing by the Board of Nurse Examiners is urgently needed. As Board Members are not full-time employees, it recommended legislation enabling the appointment of a full-time salaried educational consultant who could carry on this guidance.
11. The examination of course outlines influenced the committee's opinion that a central school of nursing for the preliminary course would solve many of the problems indicated. The education of the student nurse is a very expensive undertaking, and if financial and other facilities and resources were pooled, it was believed that costs per student could be considerably reduced; at the same time a high quality educational program could be maintained.

The committee pointed out that a study of 15 papers in each subject is a very small sampling on which to base conclusions, but time limitations and difficulties in getting started on the work did not permit more adequate sampling. Suggestions were also made on the basis of a study of the questions themselves, and on an examination of course outlines. It would be desirable to visit the schools and observe some classes in these subjects as they are taught, but lack of funds and time prevents this. The committee recognized that the preparation of the instructor and her teaching methods may greatly influence the success of any written course outline when it is put into practice.

Further reports will follow as course outlines are received from the remaining schools.

During the past year, the Puerto Rico league cooperated with the Vocational Rehabilitation Division of the Department of Education in the revision of the pre-nursing course to be given to high school girls interested in nursing.

Upon request from the Commissioner of Health, Dr. Juan A. Pons, the league prepared a plan for the organization and administration of a school for practical nurses. Recommendations as to educational resources, teaching material, personnel required to carry out the course of instruction, stipends and others were included. The
curriculum for the training of practical nurses recommended by the Board of Nurse Examiners was revised and included in our study.

Chairmen and members of all the committees met with the Board members in December 1949 for an over-all view of the year’s activities and discussed the plan for the coming year 1950. The league hopes to carry on during the next year a membership drive to stimulate head nurses, hospital supervisors, instructors, public health supervisors, and hospital administrators in becoming active members of the League. Plans for the next year also included to arrange for regional institutes to study the Brown Report. We hope that these institutes will bring the study before lay as well as nursing groups.

RHODE ISLAND

New members in 1949: 27
No local leagues.
Committees: Committee on Curriculum—Margaret Kelliher, Chairman
Committee on Eligibility—Matilda Holanetz, Chairman
Committee on Finance—Anna K. McGibbon, Chairman
Committee on Institute—
Committee on Measurement and Guidance—Mrs. Meyer Cooper, Chairman
Committee on Nursing Information—
Committee on Practical Nursing—
Committee on Program—Elsie Anderson, Chairman
Committee on Recruitment—Emily K. Johnson, Chairman
Committee on Revision—Nellie R. Dillon, Chairman

The Rhode Island league functions as the department of education of the State Nurses’ Association.

Activities: The Rhode Island league has had an active year. Our main concerns have been with exploring the use of “group dynamics” in nursing education, sponsoring extension courses valuable to nurses, and counseling graduates and students about their educational needs.

In the spring, through the combined efforts of the league and the Rhode Island Department of Education, a 15-hour course in Techniques of Group Discussion was given by Dr. Mary T. Thorp, principle of Henry Barnard School (a state experimental school). Dr. Thorp is an expert in the field of Group Dynamics, and through her efforts the group became familiar with this newer field in education. Thirty nurse instructors (all League members) took this course with all expenses paid by the State Department of Education. Plans were made at this time for the fall institute. This was held November 3, 1950, at the Henry Barnard School. The theme was “Team Work in Total Patient Care.” Role-playing was used to set the scene for discussion—onset of illness, the team at work in a hospital, and the return of the patient with need for rehabilitation were all portrayed. Following the presentation, the audience of 400 broke up into groups, each one led by a member of the group which had explored Group Dynamics in the spring. Recorders presented their findings at the end of an hour’s discussion.

Ethel A. Brooks, director of nursing service, and principal of the School of Nursing, Hartford Hospital, Hartford, Connecticut spoke on “Team Work in the Hospital Unit” at the evening meeting.

The purpose of the institute was twofold: to help us understand (1) how better cooperation could be gained in giving total patient care, and (2) how to use group discussion for positive results in the field of nursing.

Acting upon a suggestion made in the spring by the Committee on Curriculum,
a plan for counseling senior student and staff nurses was begun on December 19, 1949. On this date qualified counselors visited selected schools of nursing, and upon an appointment basis, conferred with individual nurses concerning their educational plans.

The response was quite gratifying. Questions seemed to fall into five general categories: (1) length of time required to complete work on a Bachelor's level; (2) type of courses required on a Bachelor's level; (3) type of courses that can be taken in the extension division of our local colleges and which universities with programs for the graduate nurses will accept for credit; (4) method of applying for acceptance in a university with programs for the graduate nurses; (5) sources to which graduate nurses may apply for help in financing collegiate work.

A similar plan is being prepared for public health nurses. Several counselors will be at Headquarters at a specific time to interview interested public health nurses. These dates have been circularized among all public health nursing groups in the state.

It was felt for a long time that nurses have needed direction in these areas. Several plans have been suggested, among them having the various college representatives have appointments in selected areas, but this one which is being tried out at present seems to be the most desirable.

Two extension courses were sponsored by the league and were given by the faculty of Boston University in Providence this fall. One was Foundations of Behavior, and the other was Community Resources for Health and Social Planning.

At the beginning of 1950 plans have already been made with the Rhode Island State College to give seven extension courses. The college is to be responsible for publicity. Boston University is also giving two more courses, one in Ward Teaching and the other in Principles of Public Health Nursing.

The annual meeting of the league is to be held at the Roger Williams General Hospital on January 27, 1950. At the beginning of the meeting, coffee and dessert will be served. This will be followed by special music by the School of Nursing Glee Club. Dr. Morris Laufer, a well known psychiatrist in Providence, will talk on "What Good Is a Nurse?"

For the year 1950 the Committee on Curriculum has much broader plans. Among these are investigation of the results of the State Board Examinations and the question of accreditation of schools of nursing in this state, as well as a more intense analysis of the content of Professional Adjustments #1 and #2.

We have been very grateful to the National League of Nursing Education for sending Gladys Benz to us this fall to meet with the Board. She helped clear our thinking about the special responsibilities of a state league of nursing education. It has also been invaluable to be able to write to Miss Mayo about our educational problems as they arise and to receive such adequate help. It is only with the help of others that we can reach the professional heights which are so needed and desired.

**SOUTH CAROLINA**

*New members in 1949: 28.*

*No local leagues.*

**Committees:**

Committee on Arrangements—Allie Green, Chairman
Committee on Eligibility—Mrs. Autumn Ballentine, Chairman
Committee on Finance—Helen DeYoung, Chairman
Committee on Lay Membership—Hettie Rickett, Chairman
Committee on Measurement and Guidance—Isadora Poe, Chairman
Committee on Membership Campaign—Minier Padgette, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Ruth Puehler, Chairman
Committee on Nominations—Wessie Hicks, Chairman
Committee on Nursing Information—Florence Zeigler, Chairman
Committee on Nursing School Library—Virginia Holcombe, Chairman
Committee on Practical Nurse Education—Betty Ficquet, Chairman
Committee on Program—Nellie English, Chairman
Committee on Revision—Nina Graham, Chairman
Joint Committee on Curriculum and State Board Problems—Eunice Medhurst, Chairman

The South Carolina league functions as the department of education of the State Nurses’ Association.

Activities: During the past year four all-day meetings will have been held. A workshop of all committees, in which their functions and their plans for the year were discussed, acquainted all members with the scope of work being done by the league.

The remaining programs were given over to an intensive study of why South Carolina has a reduction of 42 per cent in the number of nursing students during the first year of study. “High-Lighting the Problem” was discussed by a panel in which nursing education, nursing service, hospital administration, public health nursing, general education, and the public were represented. The second consideration was the type of student admitted, the program being in charge of the Committee on Measurement and Guidance. The third consideration—the kind of programs offered to the students—was developed by the combined Committees on Curriculum and State Board Problems. The Committee on Measurement and Guidance sponsored an institute on Evaluation, April 21-22, 1950, which was conducted by Mary Walker Randolph and attended by 101 nurses.

The league has participated in the state-wide survey by the Committee to Measure Nursing Needs and Resources. This was carried on jointly with the State Nurses’ Association, the State Organization for Public Health Nursing, and the State Industrial Nurses’ Association. As a result, the four organizations have formed a Joint Board, and have appointed a Joint Committee for the Improvement of Nursing Services, and a Citizens’ Committee. The first meeting of the joint committee was held on May 20.

The League Letter has been distributed to all league members through the Committee on Nursing Information.

The South Carolina league maintains membership in the Southern Regional Conference.

The league has sponsored the formation of the South Carolina Students Organization of the State Nurses’ Association.

SOUTH DAKOTA

New members in 1949: 17
No local leagues.

Committees: Committee on Affiliations—Sister M. Amabilis, Chairman
Committee on Arrangements—Sister M. Harriet, Chairman
Committee on Curriculum—Sister Marie Therese, Chairman
Committee on Eligibility and Membership—R. Esther Erickson, Chairman
Committee on Exhibits—Sister M. Melania, Chairman
Committee on Finance—Sister M. Harriet, Chairman
Committee for the Improvement of Nursing Service—Sister M. Rosalie, Chairman
Committee on Measurement and Guidance—Sister Marie Therese, Chairman
Committee on Mental Hygiene—Sister M. Desideria, Chairman
Committee on Nominations—Sister M. Rosalie, Chairman
Committee on Program—Sister M. Desideria, Chairman
Committee on Public Relations—Alice B. Olson, Chairman
Committee on Revision—Anna H. Berdahl, Chairman

The South Dakota league functions as the department of education of the State Nurses' Association.

Activities: The Committee on Curriculum worked with the members of the State Board of Nurse Examiners on the revision of Minimum Requirements for Accredited Schools of Nursing in South Dakota.

A questionnaire was sent out to all the schools of nursing within the state and several schools of nursing outside the state in order to determine the existing personnel policies for student nurses. The purpose of this comparative study was to recommend definite personnel policies for student nurses to directors of schools of nursing, thereby establishing uniformity of these policies in the schools of nursing within South Dakota.

The South Dakota league sponsored an institute on Pediatric Nursing in Sioux Falls this past year conducted by Miss D. Daily from the University of Minnesota. Thirty-eight graduate nurses and 28 students attended it.

The Committee on Membership is busily seeking new members. We have our first non-nurse member now. We find stimulating institutes, as the one above, are a good incentive for membership in the League.

The Committee on Program is preparing for the state meeting which is to be held in Yankton, South Dakota, in October, 1950. The exhibits to be presented from various schools of nursing are to stress public relations and recruitment.

Sister M. Desideria, a member of our league, assisted in compiling the new set of State Board Tests in the National Pool, her specialty being Anatomy and Physiology.

Members of the league are serving on the following state committees: Committee on Ethical Standards, Committee on Redistricting of State, Committee on National Planks, Committee for the Improvement of Nursing Service, and on various committees for the survey of nursing resources in South Dakota.

Projects for the coming year are: (1) more institutes; (2) membership drive; (3) more sharing of educational materials from school to school within the state of South Dakota.

TENNESSEE

New members in 1949: 27

Local leagues: Knoxville—Hazel Lee Goff, President
Memphis—Eleanor Parker, President
Nashville—Helen M. Howell, President

Committees: Committee on Arrangements—Grace Johnson, Chairman
Committee on Curriculum—Agatha A. Anderson, Chairman
Committee on Finance—Elizabeth Neubert, Chairman
Committee on Implementation of Barnes Report—Julia Hereford, Chairman
Committee on Institutes and Workshops—Jessie Stevenson, Chairman
Committee on Tests and Measurements—Beatrice Clutch, Chairman
Committee on Membership and Eligibility—Dorothy Hocker, Chairman
Committee on Nominations—Mary Nell Sullivan, Chairman
Committee on Personnel Policies and Practices—Virginia Walker, Chairman
Committee on Program—Hazel Lee Goff, Chairman
Committee on Revision—Sister Bernadette, Chairman
The Tennessee league functions as the department of education of the State Nurses' Association.

Activities: Objectives for the program of activities of the Tennessee league were formulated at a meeting of the Board of Directors, October 14, 1949. Committees were appointed to make the program effective. The objectives, together with recommendations and suggestions from the Board of Directors and the House of Delegates, were given to the committees with their confirmation of appointment. These objectives were:

1. To make progress toward the implementation of the Barnes Report through study of the report in local leagues and district nurses' associations and in community meetings
2. To assist, as may be indicated, in the development of local councils for nursing
3. To make progress toward informing the public regarding the needs for nursing service in Tennessee, with special reference to the strengths and weaknesses of existing resources and facilities
4. To enlist the cooperation of an informed public in strengthening facilities through (a) enlarging and improving the educational plant; (b) recruitment of students; (c) opportunities for strengthening existing faculties; (d) scholarships for students in basic and graduate nurse programs
5. To secure clinical experience in psychiatric and tuberculosis nursing for every student nurse in Tennessee
6. To stimulate interest and participation in league activities on the part of potential nurse and lay members
7. To provide an educational program through institutes and workshops for graduate nurses in the state
8. To encourage the Southern Regional Conference of State Leagues of Nursing Education to formulate a program of regional cooperation in basic professional and graduate professional nursing education and to request the Board of Control of the Southern Regional Council for Education to form a Commission on Nursing Education
9. To secure sufficient funds to carry on an effective program of league activities

Progress of committee action includes plans for (1) a determined effort on the part of the Committee on Finance to raise funds in addition to dues, and (2) development of curricula for psychiatric and tuberculosis nursing affiliations in state hospitals by the Committee on Curriculum.

Institutes on Ward Management and Teaching were given in two cities during November. Vanderbilt University School of Nursing, with the endorsement of the league, provided instruction and direction for the institutes.

A three-day institute on Tuberculosis Nursing was held in each of the three centers in the state with Jean South, consultant, Joint Tuberculosis Nursing Advisory Service, as leader.

The Memphis local league has sponsored institutes on the Nursing Care of Poliomyelitis Patients and on Psychosomatic Nursing.

A workshop on Tests and Measurements, serving the entire state, is planned for the early part of June 1950.

The work of the special committees corresponding to the National Committee for the Improvement of Nursing Services is that of carrying out recommendations made in the Barnes Report (a study of nursing needs, resources and facilities in Tennessee, 1949) and has been given the title of the Committee for the Implementation of the Barnes Report.

Many activities of the league are carried forward jointly with the Tennessee State Nurses' Association and the Tennessee Council for Nursing. With the former, there
is participation on the Committees on Careers in Nursing, Professional Counseling and Placement Service, and Auxiliary Workers.

In the Council, there are committees on which the League members are active participants. These committees at present include a committee to cooperate with the Commissioner of Education to stimulate the development of vocational counseling in the public schools; a committee to cooperate with the Commissioner of Institutions to the end that care of psychiatric patients may be improved and that facilities may be provided for the instruction of students; and a committee to develop an educational plan for the state in order that the educational plan for nursing may be expanded and improved. A Committee on Publications has prepared a popular re-write of the Barnes Report, "Is Nursing Service Available for You and Your Family?" 25,000 copies of which are being distributed to both professional and non-professional groups throughout the state.

The Tennessee league is also participating in the activities of the Southern Regional Conference of State Leagues of Nursing Education.

TEXAS

New members in 1949: 50

Local leagues: Austin—Stella McCullough, President
        Central Texas (Temple and Waco)—Hazel Johnson, President
        Dallas-Fort Worth—Laura Simms, President
        Galveston-Houston—Mrs. Willie Sass, President
        Kasmeyer (Amarillo-Lubbock)—Lillie Deimler, President
        San Antonio—Lois Weimer, President

Committees: Committee on Arrangements—Bernice Johnson, Chairman
        Committee on Curriculum—Dorothy Blair Parker, Chairman
        Committee on Evaluation—Julia Kasmeyer, Chairman
        Governor’s Committee—Merle Mayo, Chairman
        Committee on Library—Sister Catherine Elizabeth, Chairman
        Committee on Measurement and Guidance—Miss Jimmie K. Bratton, Chairman
        Committee on Membership and Eligibility—Frances Brush, Chairman
        Committee on Nominations—Ruth Binder, Chairman
        Committee on Practical Nurse Education—Helen Schreiber, Chairman
        Committee on Program—Edith H. Turner, Chairman
        Committee on Recruitment—Lillie Deimler, Chairman
        Committee on Revision—Gesine Franke, Chairman
        Committee on State Board Problems—Ruth Maxson, Chairman
        Committee on Visual Education—Margaret Ruffing, Chairman
        Joint Committee on Legislation—Maurine Bridwell, Chairman

The Texas league does not function as the department of education of the State Nurses’ Association.

Activities: A good deal of the work of the Texas league is carried on through the local leagues; however, several of the standing committees of the state league have been especially active during the past year. Through joint committees the Texas league and the State Organization for Public Health Nursing have worked cooperatively on several problems.

The Austin local league sponsored a series of two-hour conferences for four consecutive weeks on Public Relations as it Relates to Nursing.

The Galveston-Houston local league, in cooperation with the University of Houston, is planning a five-day workshop on Practical Nurse Education. Hilda Torrop, executive secretary of the National Association for Practical Nurse Education, will be in charge
of the workshop. Ruth Schwarzwaldner, director of the practical nurse training program at the University of Houston, is in charge of arrangements.

The Kasmieer local league has devoted much time and effort to student recruitment during the past year and reports that it has had favorable results. The league also presented a symposium on Mental Health and Student Guidance at a meeting of District No. 18, Texas Graduate Nurses' Association.

The San Antonio local league through its Committee on Psychiatric Affiliation, has been instrumental in the planning and setting up of a course in psychiatric nursing at the San Antonio State Hospital. The league has also, in cooperation with the Veterans Administration, held a one-day institute on Tuberculosis Nursing at Legion, Texas.

The Committee on Evaluation has continued its work through the two subcommittees, Measurement and Guidance, and Curriculum. The Subcommittee on Measurement and Guidance has promoted the use of achievement tests in basic nursing in the schools in the state.

The Texas league and the State Organization for Public Health Nursing held a two-day joint institute in Austin in November. The principal theme was mental hygiene in nursing. The annual meeting of the three state organizations—league, State Organization for Public Health Nursing, and the Texas Graduate Nurses' Association—will be held in April in Corpus Christi. Margaret Arnstein, from U. S. Public Health Service, will discuss surveys of nursing needs and nursing facilities. If her plans can be so arranged, Gladys Benz, director of the Department of Advisory Services to State Leagues, will attend.

In order to meet the expressed needs for preparation for school nursing, the league and the State Organization for Public Health Nursing formed a joint committee with Mrs. Bell Blackwell as chairman. The committee has set up standards and salary requirements, is arranging two-week workshops and one-day institutes over the state, and is giving publicity to approved courses at Incarnate Word College. The committee is working in conjunction with the School Administrators Section of the Texas State Teachers' Association.

The Texas league became a member of the Southern Regional Conference of State Leagues of Nursing Education, in July.

_Utah_

New members in 1949: 17

No local leagues.

Committees: Committee on Convention Arrangements—Mildred Rordame, Chairman Committee on Curriculum—Katherine Brun, Chairman Committee on Eligibility and Membership—Luella Hyatt, Chairman Committee on Finance—Luella Hyatt, Chairman Committee on Measurement and Guidance—Ada Burt, Chairman Committee on Mental Hygiene and Psychiatric Nursing—Cynthia Curtis, Chairman Committee on Nominations—Mildred Rordame, Chairman Committee on Program—Edith Erickson, Chairman Committee on Revision of Constitution and Bylaws—Hazelle B. Macquin, Chairman Committee on Student Nurse Recruitment—Edla Johnson, Chairman

The Utah league functions as the department of education of the State Nurses' Association.

Activities: Following the NLNE Convention in Cleveland one meeting of the Utah league was held to hear convention reports. No further meetings or special activities were held during the summer. In the fall of 1949 the annual meeting of the state
league was held with Gladys S. Benz as guest speaker. Regular monthly meetings were resumed following the annual meeting.

The chief activity in progress and projected for the future is a seminar on accreditation jointly sponsored by the Utah league and the University of Utah. Representatives of all hospitals that conduct schools of nursing or offer affiliations to such students in the state of Utah are participants in this seminar as well as members of public health nursing agencies providing field work for basic nursing students, and one hospital administrator. Group dynamic methods are used, much interest and enthusiasm have been shown, and study groups in the individual hospitals having schools of nursing are headed by the nurse members of the seminar. The league Committee on Curriculum is merging its work with that of the curriculum section of this seminar.

Student recruitment activities are also under way in cooperation with the Women's Auxiliary of the state and county medical associations, the State Hospital Association, the State Nurses' Association, and allied groups. A large number of the league members plan to attend the Biennial Convention in San Francisco in May.

Supplementary Report

The Utah league has continued to sponsor, in cooperation with the University of Utah College of Nursing, a seminar on accrediting educational programs in nursing. About 30 administrators and nurses engaged in teaching have attended the seminar for two college quarters. Two administrators in public health agencies and two hospital administrators also have participated. The group was divided into two sections for discussions, one group considering problems primarily administrative in nature, and the other, matters relating to curriculum and teaching facilities. The thinking together on common problems was felt to be helpful and productive.

The Utah league plans to cooperate with the State Nurses' Association, the University of Utah, and the State Department of Public Health in sponsoring a workshop in Orthopedic Nursing during one week of the summer session at the University. About 80 nurses from all fields of nursing are expected to participate. An outstanding visiting faculty has been obtained, and state-wide interest has been shown in the opportunities offered.

Final achievement of the Utah league's program will be reported next year.

Vermont

New members in 1949: 12

No local leagues.

Committees: Committee on Arrangements—Rev. William Crowley, Chairman

Committee on Curriculum—Lena Oakley, Chairman

Committee on Membership and Eligibility—Eleanor M. Dyke, Chairman

Committee on Program—Faye Crabbe, Chairman

Committee on Revision—Sister St. Margaret Mary, Chairman

Committee on Ways and Means—Grace Buttolph, Chairman

The Vermont league functions as the department of education of the State Nurses' Association.

Activities: The annual meeting of the Vermont League of Nursing Education was held at the University of Vermont in Burlington on September 30. This meeting was very well attended and has set the tempo of the future of nursing education in the state. Agnes Gelinas, president of the National League, very graciously made the strenuous trip in one day to speak at the dinner meeting. Her excellent talk on "Modern Trends and Emphasis in Nursing Education" was most stimulating to the group present. The program included a demonstration of clinical teaching wherein
experts in patient care were called in and students from three schools of nursing also participated.

The league is cooperating with the State Nurses' Association in making plans for a survey of nursing needs and resources in the state. We already have an offer of help from the U. S. Public Health Service and hope to have this done in the spring.

The visit of Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues of Nursing Education, in September was a morale "booster" for the few members who were able to be present at the time. We hope that we shall be able to have the benefit of her consultation in the future at a time when more members can be present.

The membership has increased but not to the extent that it should. With the change in eligibility it is very possible that 1950 will show such results.

The Committee on Revision is diligently working on the state constitution in order to bring it in line with that of the national.

The Committee on Curriculum has been studying the ways in which community agencies can be used in the educational program, and we expect a completed report in the fall which will be issued to schools on Board approval.

The Committee on Ways and Means held a very successful turkey raffle at Christmas time and is planning to have a spring concert.

The president of the league was nominated chairman of the State Nurses' Association Legislative Committee and in that capacity will work closely with the Practical Nurse Association in preparing a bill for licensure of practical nurses and increasing nurse members on the Board of Registration. The Vermont Legislature will convene in January, 1951.

Following the NLNE Convention in May a newsletter was sent to all members telling of the highlights of that activity. Since then, we have issued two; one in August, preceding the annual meeting, was concerned with that program, and one in December contained a résumé of material sent to the president from National Headquarters which would be of interest and value to all members. We plan to continue the newsletters as the comments from members lead us to believe that this is one way of gaining cooperation and a feeling of comradeship between members and the Board of Directors.

The Vermont Board of Registration of Nurses, the league, and the State Nurses' Association held a two-day institute in February 1950 on How to Plan for a Central School of Nursing. Mildred Montag, member of the Nursing Education Division at Teachers College, Columbia University, and former director of Adelphi College, New York, was the leader. There was an excellent attendance of citizens, hospital administrators, medical staffs, and all nursing groups. It was agreed that a small steering committee investigate the possibility of such a plan for Vermont. In April the Steering Committee recommended that further action be postponed until the study of nursing needs and resources was completed, so that we might have more definite information for the State Legislature when asking for funds for nursing education.

It was also recommended that all schools have a six-month preclinical program beginning with September classes. At present, four of the six hospital schools have a four-month program.

A meeting was held on April 19 to discuss the Integration of Social and Health Aspects in the Curriculum, and the plan for the six-month preclinical program at the University of Vermont.

Plans are under way for a workshop on the Care of the Poliomyelitis Patient for the last week in June.

Since September 1949 two schools of nursing have closed, due largely to the fact that high school students have been more intelligent in their choice of schools of nursing. The league hopes to have a committee on recruitment next year.

Cooperation between the State Nurses' Association, the Board of Registration of
Nurses, the Vermont Public Health Division of Nursing, and the league has been outstanding this year. The time has arrived when we realize that the health of our people is the responsibility of all and that results will be seen only if such cooperation exists.

The annual league meeting will be held in Burlington in October 1950, the day following the State Nurses' Association meeting.

**Virginia**

New members in 1949: 18

No local leagues.

Committees: Committee on Arrangements—Viola C. Hahn, Chairman
Committee on Curriculum—Sybil MacLean, Chairman
Committee on Eligibility and Membership—Katherine Gary, Chairman
Committee on Finance—Marie Schmidt, Chairman
Committee on Measurement and Educational Guidance—Mary W. Randolph, Chairman
Committee on Nominations—Mae L. Hamner, Chairman
Committee on Program—Hazel Higbee, Chairman
Committee on Revision—Marguerite Nicholson, Chairman

The Virginia league functions as the department of education of the State Nurses' Association.

Activities: The Virginia league has had a fairly active program for the months covered in this report.

In May we were represented by the president at the Council of State Leagues meeting and at the NLNE Convention in Cleveland. Several members of the Virginia league also attended the meeting. A full report of the NLNE Convention was sent to the individual members of the Virginia league in letter form in the summer. This was done so that the report could be given at a more appropriate time than the next annual meeting which was a year away. Two such letters have been sent out to the members during the past year to acquaint them with the activities of the organization and proposed projects. We feel this has been a worth-while activity.

The Virginia league became a member of the Southern Regional Conference of State Leagues of Nursing Education and has been represented at the three meetings which have been held.

In June the league received a request from one of the schools in the state to provide a workshop on Medical and Surgical Nursing. The Committee on Program sent a questionnaire to each school in the state to determine the amount of interest in such a project. The results of the survey justified us in referring the request to The Cabaniss Memorial School of Nursing Education at the University of Virginia, Charlottesville, as many wished the course on a credit basis. The workshop was given through the Extension Division of the University of Virginia, from November 28 to December 10, 1949. There were 30 people in attendance, the full registration permitted.

In August the league sent two representatives to the Accreditation Workshops, paying a part of the expenses of each of the representatives. The president attended the meetings in Chicago, the vice-president attended the workshop in New York.

The Virginia league also submitted the names of two candidates for nomination to attend the workshop on Evaluation being given by the NLNE Department of Measurement and Guidance in New York, November 6 to 11. We expect to have an institute on Evaluation before the annual meeting in May, a project of the Committee on Measurement and Guidance.

A series of four two-day institutes in Richmond, Norfolk, Roanoke, and Charlottesville was held in October on the Application of Orthopedic Principles in All Nursing
Care. We were assisted by Teresa Fallon and Lucy Blair of the Joint Orthopedic Nursing Advisory Service, who conducted the institutes, and by the National Organization for Public Health Nursing. Miss Higbee and her committee deserve much credit for these splendid meetings. In each city the responsibility for the meeting was assigned to the committee member in that community. We had a large attendance at each of the meetings. One of the interesting features of the meeting was a panel discussion "Teaching the Prevention of Orthopedic Conditions and the Promotion of Good Body Mechanics." The participants were head nurses, supervisors, and instructors in nursing arts, medical and surgical nursing, pediatrics, obstetrics, psychiatry, public health, and physical therapy, and the JONAS representatives.

Effort was made to increase the membership this past year. We should like to have every eligible nurse a member. Certainly every one teaching nursing is the minimum goal. Perhaps 1950 will see this realized.

Plans are now being made for the annual meeting to be held in conjunction with the Graduate Nurses' Association of Virginia, May 17-20 in Richmond. We regret that we will be unable to send a delegate to the meeting in California in May.

WASHINGTON

*New members in 1949: 44*

*No local leagues.*

*Committees:* Committee on Finance—Virginia Maclvor, Chairman
  Committee on Membership and Eligibility—Gladys Warren, Chairman
  Committee on Nominations—Evelyn Nieradzik, Chairman
  Committee on Revision of Constitution and Bylaws—Virginia Olcott, Chairman
  Joint Committee on Auxiliary Workers—Sister Mary Justin, Co-Chairman
  Joint Committee on Careers in Nursing—Agnes Lysne, Chairman
  Joint Committee on Curriculum—Helen Anderson, Chairman
  Joint Committee on Improvement of Nursing Service—Harriet Smith, Chairman
  Joint Committee on Legislation—Mother Mary Mildred, Co-Chairman
  Joint Committee on Measurement and Guidance—Ruth Dean, Chairman
  Joint Committee on Programs, Institutes and Workshops—Sister Mary Magdalene and Elizabeth Smith, Co-Chairmen
  Joint Committee on Psychiatry and Mental Hygiene—Helen Leavitt, Chairman
  Joint Committee on Public Relations—Marie Nielson, Co-Chairman
  Joint Committee on Scholarships—Vera Meeker, Co-Chairman
  Joint Committee on State Board Problems—Dorothy Glynn, Chairman
  Joint Committee on Structure Study—Fred Hanson, Co-Chairman
  Joint Committee on Tuberculosis Nursing—Nazlehe Vizetelly, Chairman

The Washington state league functions as the department of education of the State Nurses' Association.

*Activities:* Since the state annual meeting in April, 1949, the eastern branch has had eight meetings and the western branch seven. One meeting of both branches together was held in Wenatchee in the central part of the state.

Membership has been constant with a noticeable increase from the younger head nurse and instructor group who take committee responsibility well. The public health nursing members are continuing their interest.

At the annual meeting it was decided that, since our trial run last year seemed to
be successful with joint committees of the league and State Nurses’ Association for structure, legislation, public relations, and auxiliary workers, we would try having all committees joint in 1949-50. The Washington State Nurses’ Association took similar action, and there was created a Committee on Committees whose duty it was to set up the necessary committees as required by the constitution and bylaws of each organization and, as needed, to carry out the work of both organizations. The chairman of each committee was chosen from the organization that seemed to have the main responsibility for the function of the committee, and a co-chairman was selected from the other organization. It was recognized that four committees must operate separately: namely, those on finance, membership, revision, and nominations.

There have, of course, been obstacles to surmount and smooth operation has not always been possible, but this was not due to anything but our inexperience. Every member has done her part to make joint functioning work. The greatest burden has fallen on the state headquarters staff, but they have made a valiant and successful effort to help work out the details of joint committee membership. This service is appreciated by the league. It is indeed helpful to have the committee chairmen’s correspondence handled through headquarters, as it is the only way both organizations can function jointly.

Following the annual state meeting, the structure study committee members were made available upon request to travel to the districts to help with structure workshops. Many districts availed themselves of this service.

The league did its share in helping to have the new nurse practice act passed by the state legislature in February, and has been requested by the Department of Licenses to make suggestions in various areas to help implement the bill, particularly as it pertains to accreditation. Both state organizations are working on this.

A survey is being conducted by the Committee on Careers in Nursing to determine the high schools and localities most frequently represented by students in the schools of nursing. Their high schools will be spotted on a map of Washington and the surrounding states. This will show the areas in need of emphasis for obtaining students of nursing.

The league was co-sponsor of a two-day workshop on Leadership Techniques for district presidents and other organization officers.

The Public Relations Committee was instrumental in bringing to Washington, Annie Laurie Crawford, assistant executive secretary of the ANA. She made numerous talks and participated in many conferences on nursing as a career. This was a helpful service.

Financial assistance was given one member to attend the workshop on National Accreditation held in Chicago; the Washington league was also represented by several other members at both Denver and Chicago meetings. Very complete reports have been given to both branches of the state league at their regular meetings.

The league and the Washington State Nurses’ Association jointly requested the U. S. Public Health Service to assist in a study of nursing resources and education in Washington State. Following this request, Lucile Petry visited the state in October. She presented to a meeting of both boards the plan for preparation and organization of the survey. Plans were further developed in November at a meeting in Wenatchee of the eastern and western branches of the league and some responsibilities were assigned to various existing committees. The preliminary work is going forward and it is anticipated that before the Annual State Meeting in April, 1950, the survey will be history and the way will be indicated for our future development.

Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues of Nursing Education, has been requested to visit Washington for the week of May 15, 1950. As this is following the Biennial Convention as well as our own survey, we anticipate that she will help us set our sails for the future.
WEST VIRGINIA

New members in 1949: 13  
No local leagues.

Committees: Committee on Eligibility—Miriam O. Berisford, Chairman  
Committee on Program—Elizabeth Gurney, Chairman

The West Virginia league does not function as the department of education of the State Nurses' Association.

Activities: Funds continue to be the hindering factor in achieving our aims and objectives in West Virginia league activities. However, it was possible to send our treasurer to attend the first meeting of the Southern Regional Conference of State Leagues early in the spring of 1949.

Also early in 1949, conferences were held in Charleston and in Clarksburg. Approximately 100 nurses from all fields of activity participated and received helpful instruction through an interesting program which had been arranged.

Perhaps the outstanding achievement of the year was that of securing the chairman of the National Committee for the Improvement of Nursing Services as our speaker for the general session at the annual meeting in White Sulphur Springs in November. In order to disseminate a broader understanding of the Brown Report, the league invited all hospital administrators to attend this meeting. It was rather discouraging that only one administrator accepted our invitation.

An idea suggested early in the year, that we devote the round table portion of our program to ward teaching and clinical conferences, resulted in a profitable program with Sister Mary Frances of St. Mary's Hospital in Huntington as its leader.

Under the aegis of the league, plans are now under way in conjunction with the State Nurses' Association to make a survey of our state to determine its facilities and resources for the care of West Virginia's sick.

In September an enjoyable tea was held honoring both the new secretary of the State Board of Examiners and the retiring secretary.

West Virginia was fortunate in that one of its members was selected as a regional representative to attend the workshop on Evaluation held by the NLNE Department of Measurement and Guidance in New York in November 1949. A state conference is being planned for early in March 1950, to present this subject to the schools and to help interpret higher standards of nursing, student selection, and achievement in our schools today.

Although the league does not serve as the department of education for the State Nurses' Association, it strongly supports the activities of the Education Committee, and the league president is a member of this committee and a member of the State Association Council.

WISCONSIN

New members in 1949: 40  

Local league: Milwaukee—Margaret Averill, President

Committees: Committee on Audio-Visual Aids—Agnes Taylor, Chairman  
Committee on Curriculum—Sister M. Ethelreda, Chairman  
Committee on Finance—Ida Collins, Chairman  
Committee on Measurement and Guidance—Shirley Watson, Chairman  
Committee on Membership and Eligibility—Mary O'Keefe, Chairman  
Committee on Mental Hygiene and Psychiatric Nursing—Violet Witta, Chairman  
Committee on Nominations—Barbara Altrueter, Chairman  
Committee on Revision—Eline Kraabel, Chairman
Committee on Sisters' Problems—Sister M. Adelinda, Chairman
Committee on Student-Faculty Organization—Alice Campbell, Chairman
Committee on Tuberculosis Nursing—Doris Kerwin, Chairman

The Wisconsin league functions as the department of education of the State Nurses' Association.

Activities: One-day institutes on Visual Aids were conducted in La Crosse, Madison, Green Bay and Milwaukee.

The league and the State Nurses' Association conducted joint regional meetings on the Structure Study in Eau Claire, La Crosse, Green Bay, Milwaukee, and Madison and a three-day institute on Nursing in Milwaukee. Helen C. Goodale, secretary of the National Committee for the Improvement of Nursing Services was speaker at the Annual Convention. She spoke on "You and the Future of Nursing."
OPENING BUSINESS SESSION

Monday, May 8—9:00 a.m.—11:30 a.m.

The opening session, held in California Hall Auditorium, San Francisco, California, on Monday, May 8, 1950, was called to order at 9:00 a.m. by Agnes Gelinas, the president. Members from forty state leagues responded to the roll call and a quorum was declared present.*

The president welcomed members and friends of the League to the session before requesting the reports which follow.

REPORT OF THE SECRETARY

The minutes of the Convention and of the Council of State Leagues meeting held in Cleveland May 2-6, 1949, as well as the minutes of all meetings of the Board of Directors and Executive Committee, have been written and filed in the National League of Nursing Education office. Recordings of all Board meetings are indexed and filed for reference and will be kept for five years.

In accordance with the Bylaws, the report of the Committee on Nominations has been received by the secretary and presented to the Board of Directors and arrangement has been made for its publication and for mailing the 1950 ballots to League members.

The Board of Directors of the National League of Nursing Education held business meetings April 28-30, immediately preceding, and May 6, following, the Convention in Cleveland. It met in New York January 23-27, 1950, and also met January 28 as one of the participating groups of the Joint Board of the Six National Nursing Organizations.

The Executive Committee of the National League of Nursing Education Board of Directors has met immediately following Board meetings and as needed in the interim, to perform functions and duties as provided in rules adopted on recommendation of Booz, Allen & Hamilton.

The Board has received and considered reports and recommendations of its officers, of the executive director, directors of the departments of Business Administration, Measurement and Guidance, Advisory Service to State Leagues, and Services to Schools of Nursing, and of special League committees. Committees of the Joint Board of the Six National Nursing Organizations which have been administered by the League are: the Committee on Unification of Accrediting Activities, the Committee on Careers in Nursing, the National Committee for the Improvement of Nursing Services.

Reports of the executive director, department directors, and committees show the details of business carried during the year.

The Board has cooperated with other professional groups in national and

*Bylaws—Article IX, Sec. 4. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
international activities related to nursing education. The League has been represented at the meetings of, and conferences called by, the American Council on Education, the Joint Commission for Improvement of the Care of the Patient, the White House Conference for Children and Youth, the Committee on Psychiatric Nursing of the American Psychiatric Association, the American Association of Junior Colleges, and the World Federation for Mental Health.

Throughout the year attention has been given to the work of the Committee on Structure; both financial and informational help has been allowed as recommended.

The Board circulated a request to its members and to the presidents of state and local leagues of nursing education, inviting them to present items felt to be outstanding issues and trends in nursing education. A considerable portion of time at Board meetings was given to careful discussion of the suggested items, as a guide in determining policies for Board action.

Since it has been several years since the League's statement of the principles relating to the organization, control, and administration of nursing education was adopted, it seemed to the NLNE Board of Directors appropriate at this time for the League membership to review the League's opinion with regard to these principles. Accordingly, the Board is submitting, for consideration by the membership, this tentative revision of the 1947 statement.

Principles Relating to Organization, Control, and Administration of Nursing Education

Nursing education, in common with other types of education, should be the charge of the educational institutions of the country, public and private. Formulation of policies and the administration of programs of nursing education are the prerogative and responsibility of the profession.

Nurses recognize that the most economical service possible must be rendered to the community, provided the health of the community is protected. Nurses also recognize that there is a need for differentiation of service, which requires a differentiation of preparation. Every prospective student in nursing must have assurance that her education will be adequate to give her competence and satisfaction in future service. In like manner, those who are served by nurses should be assured that the type of nursing care needed will be available.

Since nursing service will require varying degrees of knowledge and skill, nursing education must provide preparation for professional nurses and for practical nurses. It is assumed the nursing service departments will provide in-service training programs for all nursing service personnel.

Basic Professional Education

Education of professional nurses should be an integral part of an institution of higher education, either public or private, or should be in a school conducted as an independent institution empowered by the state to grant appropriate degrees. The basic professional nursing curriculum should include at least two years of general education.*

Advanced Professional Nursing Education

Advanced programs in professional nursing should be an integral part of a university, either public or private.

Administration and Control of Educational Programs for Professional Nursing

Programs of nursing education should be administered and controlled by a university or other similar degree-granting educational institution with appropriate contractual arrangements with service agencies and other educational agencies for nursing practice. These programs should be the responsibility of the dean of the school of nursing or the nurse administrator of a comparable administrative unit.

It is recognized that a majority of the schools of nursing in the country are now controlled and administered by hospitals. It is anticipated that this situation will change as those schools with adequate faculty and clinical facilities take steps to enrich their programs, to reorganize them, and to seek university or college support for their administration and control. All programs in nursing within universities should be established on a par with other professional programs.

Practical Nursing Education

Education of practical nurses should be an integral part of an educational institution, public or private. If courses in practical nursing are included in the curriculum of the secondary schools, they should be offered no earlier than the senior year (12th grade).

Administration and Control of Educational Programs for Practical Nursing

Programs for practical nursing education should be administered and controlled by an educational institution with appropriate contractual arrangements with service agencies for nursing practice. These programs should be the responsibility of the professional nurse.

Education of professional nurses and education of practical nurses may be carried on in the same educational institutions. Wherever two such curricula are set up in the same institution, provision for an adequate number and differentiation in function of qualified faculty members should be made. Adequate practice fields for both curricula should also be provided.

Financial Support for Nursing Education

As the education of citizens is a public responsibility, money from public and private sources should support nursing education. Funds should be made available for the development of instructional facilities, scholarships, and research.

Approval

All schools and programs of education in nursing (advanced professional, basic professional, and practical nursing) should be approved by appropriate state, regional, and national approving agencies.

The 10,260 NLNE members form the 1949 body of this organization. Every effort has been made to carry forward the purposes and programs of the League in the best interests of its membership.

It was with sorrow that the Board learned of the death of Elizabeth C. Burgess on July 22, 1949. An outstanding leader in nursing education, Miss Burgess was president of our organization from 1928 to 1932.

The Board of Directors records with deep regret the deaths of members of the NLNE whose names follow:
BARKHORN, DR. HENRY C. .................................................. July 5, 1949
BLISS, MARY E. G. ......................................................... October 22, 1949
BURGESS, ELIZABETH C. .................................................. July 22, 1949
COX, LUCY M. .................................................................
LAYHER, LAURA ............................................................. June 16, 1949
MARTIN, JEAN F. ............................................................. October 29, 1949
NASSE, SOPHIA TEFTA ................................................... March 10, 1949
PAYNE, KATHERINE E. .....................................................
RICHARDSON, MRS. MARJORIE J. ....................................... December 7, 1949
STREET, MRS. CARMEN H. .................................................. October 22, 1949
TICHONCHIK, ANN M. ...................................................... October 7, 1949

Respectfully submitted,

HENRIETTA A. LOUGHRAN, Secretary

IN MEMORIAM

The secretary read the following resolution in memory of four nurse leaders which the membership accepted by rising:

During recent months, through death, the nursing profession has lost four outstanding leaders from the fields of nursing organization, administration, and education.

Miss Bella G. Alexander
Miss Elizabeth C. Burgess
Miss Ida F. Butler
Miss Dora M. Cornelison

Each of these women has left an individual and indelible mark upon the nursing profession in her specific sphere of service, and has made a contribution which will be reflected in the progress of nursing throughout the years to come.

* * * * *

After a life of exceptional devotion to the profession of nursing, Miss Elizabeth C. Burgess succumbed to a long illness in the Roosevelt Hospital, New York, New York, on July 22, 1949. Miss Burgess graduated from the Roosevelt Hospital School of Nursing in 1904. She held many important positions in schools of nursing and was an outstanding leader in nursing education throughout her professional career, contributing to nursing in a number of other fields as well.

Miss Burgess was an Inspector of Nurse Training Schools in the State of New York and later served as Secretary of the Board of Nurse Examiners in that state. She assisted with the organization of the Army School of Nursing during World War I. While engaged in these activities she received an unusual preparation for the legislative work in which she later participated.

Miss Burgess served on many important committees of the National League of Nursing Education. Prominent among these were the Committee on Grading Nursing Schools and the Committee on the Administration of the Accrediting Program, of which she was chairman. She was President of the National League of Nursing Education from 1928-1932, and for many years was a member of the Board of Directors of the League. From 1922 until her retirement in 1947, she held a faculty position in the Division of Nursing, Teachers College, Columbia University.

Miss Burgess held deep convictions as to what she conceived to be right or wrong and never permitted herself to be swerved from these because of outside influence or public opinion. Her outstanding characteristics were her integrity and fine sense of human values. Her ideals for truth and justice were unassailable.

* * * * *
WHEREAS, Through the death of these nurses, the National League of Nursing Education recognizes that the nursing profession throughout the world has sustained an irreparable loss, be it therefore

Resolved, That the foregoing tributes be spread upon the minutes of the National League of Nursing Education and copies be forwarded to the immediate members of their families expressing the deep sympathy of the National League of Nursing Education.

REPORT OF THE TREASURER

New York, New York
January 12, 1950

Miss Henrietta Doltz, R.N., Treasurer
National League of Nursing Education
1790 Broadway
New York 19, New York

DEAR MADAM:

Pursuant to engagement we have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1949 and present herewith the following described three exhibits and six schedules:

Exhibit A—Schedule 1—National Committee for the Improvement of Nursing Services, Statement of Receipts and Expenditures for the Year Ended December 31, 1949.
Exhibit A—Schedule 2—Committee on Careers in Nursing, Statements of Receipts and Expenditures for the Year Ended December 31, 1949.

In connection with the foregoing we examined or tested accounting records and other supporting evidence including confirmation of cash and securities by inspection and certificates obtained from the depositories. We also made a general review of the operating and income accounts for the year but did not make a detailed audit of the transactions.
In our opinion based upon such an examination, the accompanying three exhibits and six schedules fairly present the financial condition of the National League of Nursing Education at December 31, 1949 and the results of the operations for the year ended on that date.

Very truly yours,

BERNER AND DERRY

[Certified Public Accountants]

**EXHIBIT A**

**Statement of Financial Condition December 31, 1949**

**Assets:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank</td>
<td>$44,539.55</td>
</tr>
<tr>
<td>Checking Account</td>
<td></td>
</tr>
<tr>
<td>Savings Accounts</td>
<td>$36,045.92</td>
</tr>
<tr>
<td>Savings Account—M. Adelaide Nutting Award Fund</td>
<td>$237.25</td>
</tr>
<tr>
<td>Petty Cash Fund</td>
<td>$80,822.72</td>
</tr>
<tr>
<td>President’s Revolving Fund</td>
<td>$500.00</td>
</tr>
<tr>
<td>Securities—$20,000 U. S. Savings Bonds G, 2½%, due 1960</td>
<td>$100.00</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>General</td>
<td>$7,874.99</td>
</tr>
<tr>
<td>Department of Measurement and Guidance</td>
<td>$24,302.73</td>
</tr>
<tr>
<td>National Nursing Accrediting Service</td>
<td>$1,006.40</td>
</tr>
<tr>
<td>Advance for Travel</td>
<td>$90.00</td>
</tr>
<tr>
<td>Deficits December 31, 1949, of Following Projects:</td>
<td>$4,565.04</td>
</tr>
<tr>
<td>National Committee for the Improvement of Nursing Services, per Schedule 1</td>
<td>$29.06</td>
</tr>
<tr>
<td>Committee on Careers in Nursing, per Schedule 2</td>
<td>$37,868.22</td>
</tr>
<tr>
<td>Prepaid Expense—1950 Convention</td>
<td>$553.00</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$139,843.94</strong></td>
</tr>
</tbody>
</table>

**Liabilities:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable—Associated Hospital Service</td>
<td>$59.44</td>
</tr>
<tr>
<td>Unexpended Balances, December 31, 1949, of Following Projects:</td>
<td></td>
</tr>
<tr>
<td>National Committee for the Improvement of Nursing Services, Grant from Rockefeller Foundation, per Schedule 1</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>Committee on Careers in Nursing, National Foundation for Infantile Paralysis Grant, per Schedule 2</td>
<td>$15,230.77</td>
</tr>
<tr>
<td>Psychiatric Nursing Training, U. S. Public Health Service, Grant MHT-C 358.4, per Schedule 3</td>
<td>$14,044.19</td>
</tr>
<tr>
<td>Committee on Postgraduate Clinical Nursing Courses, per Schedule 4</td>
<td>$1,571.62</td>
</tr>
<tr>
<td>National Nursing Accrediting Service, per Schedule 5</td>
<td>$301.12</td>
</tr>
<tr>
<td>Committee on Careers in Nursing—Contributions designated for Year 1950</td>
<td>$1,093.50</td>
</tr>
<tr>
<td>Deferred Income—Membership Dues, Prepaid for Year 1950</td>
<td>$6,351.00</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>$94,192.30</strong></td>
</tr>
</tbody>
</table>
The Net Assets Comprise the Following Funds:

General Fund—Balance December 31, 1949, per Exhibit B $38,955.05
Reserve Fund—Balance December 31, 1949 55,000.00
M. Adelaide Nutting Award Fund
   Balance December 31, 1948  $100.90
   Add: Contributions Year 1949 134.00
   Interest on Savings Account 2.35
   Balance December 31, 1949 237.25

Total $94,192.30

EXHIBIT A—SCHEDULE 1

National Committee for the Improvement of Nursing Services
Statements of Receipts and Expenditures for the Year Ended
December 31, 1949

General

Balance December 31, 1948 $2,296.98

Receipts:

Contributions:
   National League of Nursing Education $4,000.00
   National Organization for Public Health Nursing 2,750.00
   American Nurses' Association 3,450.00
   National Association for Colored Graduate Nurses 50.00
   American Association of Industrial Nurses 100.00
   Association of Collegiate Schools of Nursing 100.00
   Refund on 1948 Expenses 168.70

Total 10,618.70

Expenditures:

Salaries $10,837.92
Rent 867.93
Supplies 482.86
Telephone and Telegraph 747.21
Postage and Express 917.34
Equipment 254.80
Multigraphing and Mimeographing 599.41
Stationery 469.04
Travel 1,506.28
Printing 671.29
Shipping 88.20
Miscellaneous 27.14
Insurance 11.30

Deficit December 31, 1949, per Exhibit A $4,565.04

Grants from Rockefeller Foundation

Receipts:

Grant from Rockefeller Foundation $7,000.00

Expenditures:

None

Balance December 31, 1949, per Exhibit A $7,000.00
## Exhibit A—Schedule 2

### Committee on Careers in Nursing

**Statements of Receipts and Expenditures for the Year Ended December 31, 1949**

**General**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance December 31, 1948</strong></td>
<td>$ 7,995.81</td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Contributions:</td>
<td></td>
</tr>
<tr>
<td>National League of Nursing Education</td>
<td>$ 4,000.00</td>
</tr>
<tr>
<td>American Cancer Society</td>
<td>2,000.00</td>
</tr>
<tr>
<td>National Organization for Public Health Nursing</td>
<td>1,000.00</td>
</tr>
<tr>
<td>American Nurses’ Association</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Association of Collegiate Schools of Nursing</td>
<td>25.00</td>
</tr>
<tr>
<td>National Association for Colored Graduate Nurses</td>
<td>25.00</td>
</tr>
<tr>
<td>Sales of Vocational Material</td>
<td>5,670.34</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td>15,220.34</td>
</tr>
<tr>
<td>Salaries</td>
<td>$ 12,584.06</td>
</tr>
<tr>
<td>Rent</td>
<td>1,066.16</td>
</tr>
<tr>
<td>Supplies</td>
<td>336.76</td>
</tr>
<tr>
<td>Telephone and Telegraph</td>
<td>448.98</td>
</tr>
<tr>
<td>Postage and Express</td>
<td>1,316.14</td>
</tr>
<tr>
<td>Stationery</td>
<td>133.75</td>
</tr>
<tr>
<td>Printing Materials</td>
<td>4,536.96</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>77.80</td>
</tr>
<tr>
<td>Letter Service</td>
<td>1,686.32</td>
</tr>
<tr>
<td>Shipping</td>
<td>251.53</td>
</tr>
<tr>
<td>Travel</td>
<td>506.26</td>
</tr>
<tr>
<td>Publicity</td>
<td>36.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>15.39</td>
</tr>
<tr>
<td>Equipment</td>
<td>249.10</td>
</tr>
<tr>
<td><strong>Deficit December 31, 1949, per Exhibit A</strong></td>
<td>$ 29.06</td>
</tr>
</tbody>
</table>

**National Foundation for Infantile Paralysis Grant**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Grant</td>
<td>$ 18,500.00</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td>$ 2,379.17</td>
</tr>
<tr>
<td>Stationery</td>
<td>765.06</td>
</tr>
<tr>
<td>Services in Preparation of Folder</td>
<td>125.00</td>
</tr>
<tr>
<td><strong>Balance December 31, 1949, per Exhibit A</strong></td>
<td>$ 15,230.77</td>
</tr>
</tbody>
</table>
## EXHIBIT A—SCHEDULE 3

**Psychiatric Nursing Training, United States Public Health Service Grants**

**Statements of Receipts and Expenditures**

**For the Period from July 1, 1948 to December 31, 1949**

**Grant MHT-C206.4**

**Statement of Receipts and Expenditures**

**For the Period from July 1, 1948 to June 30, 1949**

<table>
<thead>
<tr>
<th>Receipts:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Received from U. S. Public Health Service</td>
<td>$13,320.95</td>
</tr>
<tr>
<td>Balance Forwarded from Grant MHT-C97.4</td>
<td>$1,679.05</td>
</tr>
</tbody>
</table>

**Expenditures:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries—Professional</td>
<td>$7,508.39</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>$2,119.17</td>
</tr>
<tr>
<td>Supplies</td>
<td>$642.45</td>
</tr>
<tr>
<td>Travel</td>
<td>$2,129.77</td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>$473.47</td>
</tr>
<tr>
<td></td>
<td>12,873.25</td>
</tr>
</tbody>
</table>

**Balance Forwarded to Grant MHT-C358.4**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,126.75</td>
</tr>
</tbody>
</table>

**Grant MHT-C358.4**

**Statement of Receipts and Expenditures**

**For the Period from July 1, 1949 to December 31, 1949**

<table>
<thead>
<tr>
<th>Receipts:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Received from U. S. Public Health Service</td>
<td>$12,873.25</td>
</tr>
<tr>
<td>Balance Forwarded from Grant MHT-C206.4</td>
<td>$2,126.75</td>
</tr>
</tbody>
</table>

**Expenditures:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries—Professional</td>
<td>$770.26</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>$138.75</td>
</tr>
<tr>
<td>Supplies</td>
<td>$15.99</td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>$30.81</td>
</tr>
<tr>
<td></td>
<td>955.81</td>
</tr>
</tbody>
</table>

**Balance December 31, 1949, per Exhibit A**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$14,044.19</td>
</tr>
</tbody>
</table>

## EXHIBIT A—SCHEDULE 4

**Committee on Postgraduate Clinical Nursing Courses**

**Statement of Receipts and Expenditures**

**For the Year Ended December 31, 1949**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1948</td>
<td>$1,571.62</td>
</tr>
<tr>
<td>No Change</td>
<td></td>
</tr>
</tbody>
</table>

**Balance December 31, 1949, per Exhibit A**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,571.62</td>
</tr>
</tbody>
</table>
EXHIBIT A—SCHEDULE 5

National Nursing Accrediting Service
Statement of Receipts and Expenditures for the Year Ended
December 31, 1949

Balance December 31, 1948 ............................................................... $ 1,938.56

Receipts:

Contributions:
National League of Nursing Education ........................................ $ 6,800.00
National Organization for Public Health Nursing .................... 3,000.00
American Nurses' Association ...................................................... 3,000.00
American Association of Industrial Nurses .............................. 300.00
Individual .................................................................................. 18.50
Applications for Accreditation .................................................. 225.00
Manual Sales .............................................................................. 8,929.15
Annual Fees ............................................................................... 9,300.00
Survey Fees ............................................................................... 950.00
Regional Study Groups—Workshop—Registration .................... 3,610.00
.................................................................................................. $ 36,132.65
.................................................................................................. $ 38,071.21

Expenditures:

Salaries ...................................................................................... $ 10,910.98
Rent ............................................................................................... 3,722.60
Travel—Executive Board, etc. .................................................... 1,793.68
Representatives ........................................................................... 1,188.90
Director and Chairman .............................................................. 379.85
Board of Review ......................................................................... 2,517.30
 Honoraria (Representatives) ....................................................... 2,222.50
Postage and Express .................................................................... 996.66
Telephone and Telegraph ............................................................. 486.55
Meeting Room ............................................................................. 84.00
Supplies ....................................................................................... 561.09
Letter Service (Mimeograph, etc.) ............................................... 535.55
Miscellaneous .............................................................................. 131.50
Stationery ..................................................................................... 135.68
Office Equipment ........................................................................ 3,212.77
Remodeling ................................................................................ 313.44
Preparation of Material ............................................................... 448.53
Shipping ....................................................................................... 343.47
Work Shop (Regional Study Group) ........................................... 3,023.39
Manual ....................................................................................... 4,592.15
Clerical Fees ............................................................................... 137.70
Reporting Meeting ....................................................................... 32.00
.................................................................................................. $ 37,770.09

Balance December 31, 1949, per Exhibit A ........................................ $ 301.12

**Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$ 50,585.00</td>
</tr>
<tr>
<td>Publications</td>
<td></td>
</tr>
<tr>
<td>Curriculum</td>
<td>2,608.47</td>
</tr>
<tr>
<td>Records</td>
<td>28,894.60</td>
</tr>
<tr>
<td>Other</td>
<td>14,981.52</td>
</tr>
<tr>
<td>Photographs</td>
<td>8.50</td>
</tr>
<tr>
<td>Slides</td>
<td>262.25</td>
</tr>
<tr>
<td>Films</td>
<td>30.00</td>
</tr>
<tr>
<td>Interest (Savings accounts and securities)</td>
<td>1,185.36</td>
</tr>
<tr>
<td>Convention—Exhibits, Registration Fees, etc.</td>
<td>6,373.00</td>
</tr>
<tr>
<td>Contributions</td>
<td>52.50</td>
</tr>
<tr>
<td>Royalties</td>
<td>217.72</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$105,198.92</strong></td>
</tr>
</tbody>
</table>

| Department of Measurement and Guidance:                                     |              |
| Pre-Nursing and Guidance Test Service                                      | $ 75,356.00  |
|Achievement Test Service                                                    | 55,536.52    |
|State Board Test Pool Service                                               | 69,768.56    |
|Graduate Nurse Test Service                                                 | 7,478.00     |
|Practical Nurse Test Service                                                | 3,005.00     |
| **Total Department of Measurement and Guidance**                           | **211,144.10** |

**Total Income**                                                             **$316,343.02**

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$157,731.32</td>
</tr>
<tr>
<td>Department of Measurement and Guidance</td>
<td>183,071.73</td>
</tr>
<tr>
<td>Department of Studies</td>
<td>14,508.19</td>
</tr>
<tr>
<td>Committee on Administration of Accrediting Program</td>
<td>1,093.69</td>
</tr>
<tr>
<td>Department of Services to Schools of Nursing</td>
<td>3,167.48</td>
</tr>
<tr>
<td><strong>Total Expenses, per Schedule 1</strong></td>
<td><strong>359,572.41</strong></td>
</tr>
</tbody>
</table>

**Excess of Expenses over Income**                                           **$ 43,229.39**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td></td>
</tr>
<tr>
<td>Balance December 31, 1948</td>
<td>$137,184.44</td>
</tr>
<tr>
<td>Deduct: Transfer to establish Reserve Fund</td>
<td>55,000.00</td>
</tr>
<tr>
<td><strong>Balance December 31, 1949, per Exhibit A</strong></td>
<td><strong>$38,955.05</strong></td>
</tr>
</tbody>
</table>
### Exhibit B—Schedule 1

Statement of Expenses of the General Fund for the Year Ended December 31, 1949

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$49,369.08</td>
</tr>
<tr>
<td>Extra Stenographic Services</td>
<td>282.31</td>
</tr>
<tr>
<td>Reception Room Service</td>
<td>600.00</td>
</tr>
<tr>
<td>Special Office Care</td>
<td>63.24</td>
</tr>
<tr>
<td>Rent</td>
<td>6,130.09</td>
</tr>
<tr>
<td>Conference Room Rental</td>
<td>58.50</td>
</tr>
<tr>
<td>Surety Bond Premiums</td>
<td>242.50</td>
</tr>
<tr>
<td>Insurance Premiums</td>
<td>357.16</td>
</tr>
<tr>
<td>Legal Fees</td>
<td>291.13</td>
</tr>
<tr>
<td>Accountant—Auditing and Consultation</td>
<td>600.00</td>
</tr>
<tr>
<td>Dues to Other Organizations</td>
<td>305.70</td>
</tr>
<tr>
<td>Subscriptions, Reference Books, etc.</td>
<td>56.24</td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Board of Directors</td>
<td>3,964.65</td>
</tr>
<tr>
<td>President</td>
<td>1,293.34</td>
</tr>
<tr>
<td>Executive Director</td>
<td>562.70</td>
</tr>
<tr>
<td>Associate Executive Secretary</td>
<td>2,351.31</td>
</tr>
<tr>
<td>Appointed Representatives</td>
<td>866.70</td>
</tr>
<tr>
<td>Contingent Expenses for Committees</td>
<td>690.13</td>
</tr>
<tr>
<td>Public Relations and Education</td>
<td></td>
</tr>
<tr>
<td>Conventions and Meetings</td>
<td></td>
</tr>
<tr>
<td>Honoraria and Travel</td>
<td>891.04</td>
</tr>
<tr>
<td>Meeting Rooms</td>
<td>800.00</td>
</tr>
<tr>
<td>Miscellaneous (badges, registration cards, printing program)</td>
<td>989.89</td>
</tr>
<tr>
<td>Preprints</td>
<td>353.81</td>
</tr>
<tr>
<td>Reporting—Conventions and Joint Boards</td>
<td>271.29</td>
</tr>
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<td>Joint Board Expense—Mimeographing, etc.</td>
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Nutting Award ......................................... 202.95
Psychiatric Nursing ................................... 200.00
State Board Problems ................................ 71.69
Practical Nurse Education ......................... 282.19
Integration of Social and Health Aspects ......... 32.97
Postgraduate Nursing Education ................. 161.00
Consider Legislation ................................ 454.25
Revising Manual ....................................... 276.61
Joint:
Practical Nurses and Auxiliary Workers .......... 50.00
Careers in Nursing .................................... 4,000.00
Structure Study ....................................... 2,000.00
National Nursing Accrediting Service .......... 6,800.00
National Committee for Improvement of Nursing
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Office Supplies ........................................ 1,723.95
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Library Service ....................................... 150.00
Machine Service ....................................... 224.53
Repairs ................................................... 468.46
Miscellaneous ......................................... 295.32
Rest Room ............................................. 721.96
Fees for removing old incorporation in New York 440.73
Headquarters Study ................................... 8,547.40
Balloting ............................................... 279.90
Publications:
Annual Reports ...................................... 18,162.78
General ............................................... 3,023.31
Records ................................................ 13,529.75
League Letter ......................................... 2,011.20
Photographs .......................................... 4.00
Slides ................................................... 93.81
Films—Storing and Handling ....................... 46.20
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Department of Studies:
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Committee Travel ..................................... 11.52
Multigraph and Supplies ......................... 432.33
Postage .................................................. 380.75
Telephone ............................................... 253.10
Telegraph ............................................... 14.96

14,508.19

Committee on Administration of Accrediting Program:
Salaries .................................................. $606.66
Committee Travel ..................................... 282.86
Postage, Telephone, Telegraph, Printing, Supplies .... 204.17

1,093.69

Department of Services to Schools of Nursing:
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Rent—Meeting Rooms ................................ 63.00
Subscriptions, Textbooks, etc. .................... 7.25
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Reporting Meeting .................................... 395.20
Staff Travel ........................................... 70.43
Supplies .................................................. 92.45
Postage .................................................. 25.95
Telephone and Telegraph ......................... 29.76
Mimeograph Supplies ................................. 11.47
Miscellaneous ........................................... 9.00

3,167.48

Total Expenses, per Exhibit B

$359,572.41

EXHIBIT C

Michigan Practical Nurse Project
Statement of Receipts and Expenditures for the Year Ended
December 31, 1949

Balance December 31, 1948 ................................ $377.95

Receipts
(Non)

Expenditures
Examiners’ and Proctors’ Fees ....................... $30.00
Travel ............................................... 149.97
Administrative Overhead ............................. 197.98

377.95

Balance December 31, 1949

Respectfully submitted,
HENRIETTA DOLTZ, Treasurer
Unified Nursing Organizations

At this relatively late date in the history of the professional organizations, it may seem odd that doubt should be cast on the important role each association is playing.

The question justifiably arises because another question has already pressed in upon us and we wish to be well prepared to cope with the situation. That question is: Do we support a reorganization in structure of our six national nursing organizations which would unify and coordinate activities in nursing; or, do we support no change in structure at present? Until we are clear about some of the most important trends, problems, and needs in nursing, we cannot begin to be wise about the proposed structural reorganization. When I say "we" in this connection, I include several responsible groups—officers of administration and instruction of practical nurse, hospital, collegiate and university schools of nursing, administrators of teaching hospitals and other community health agencies, members of state licensing boards, trustees, taxpayers and donors. And this inclusion is deliberate because, with the marked increase in the need for nurses and for the improvement of nursing services and nursing education, the profession has sought and gained participation in its councils by these responsible groups. It is very important, therefore, that nurse educators and others interested in nursing education consider together which structure will best meet the social and economic needs in nursing.

In the light of trends in nursing education and practice, and the profession's present and emerging needs, we must also consider at this time how the specific interests of each national organization may be conserved and promoted during the years before simplified structure is effected so that no loss of function or failure to assume new functions will occur. Thoughtful proposals for immediate and long-range action in nursing are needed now from the membership, the headquarters staff, the committees and the boards of directors of all six organizations if we are to continue to promote and maintain sound standards of nursing.

Trends and Problems in Nursing

A brief survey of the current trends and problems in nursing in the United States at this time should help us not only to be encouraged about the present, but to better plan for the future.

Improvement in Group Relationships. The interest shown in nursing has increased and there is active participation in its programs by representatives of public health, medicine, general education, hospital administration, government agencies, state licensing boards, foundations, and by public-spirited citizens and the trustees of community health agencies, colleges and universities.
The profession has association with many related organizations. The League, for one, promotes inter-association cooperation, and the coordination of related educational programs and services with several organizations, and interprets to these organizations nursing education programs. To mention a few, the League serves on committees of the American Cancer Society, the American Psychiatric Association, and the National Association for Practical Nurse Education. The League is a member of the American Council on Education and of the World Federation for Mental Health.

The profession has representation on the Inter-Association Committee on Health along with the American Dental Association, the American Public Welfare Association, the American Hospital Association, the American Public Health Association, and the American Medical Association. Nurses, physicians, and hospital administrators serve on the Joint Commission for the Improvement of the Care of the Patient.

The trend toward the development of intra-professional relationships has been greatly strengthened by the joint activities of the six national nursing organizations. Active cooperation of all six organizations has resulted in proposals for simplified structure and coordinated functions of organized nursing. Outstanding contributions are being provided by the Joint Committee on Careers in Nursing, the National Nursing Accrediting Service, and the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services. Efforts of these joint committee projects are reaping definite benefits. The wheels of national accreditation are speeding faster. We are approaching a point where more candidates are being admitted to our better schools of nursing. Nursing is developing auxiliary aides to work under competent professional nurses, and communities are using more trained practical nurses.

In 1950, through another joint activity, the National Committee for the Improvement of Nursing Services published the first classification of schools of nursing, to be followed by publication of the school data analysis. A comprehensive plan for the improvement of nursing services is being drawn up by the NCINS.

A curriculum conference will be held this year for the purpose of reporting and integrating the curricular activities of the six national nursing organizations. The National Association for Practical Nurse Education will be invited to participate. If we are to insure the quality of preparation for nursing service, it has been thought desirable to interpret nursing to higher education. We need to make a clear case that nursing is a social and economic need before we can get more universities into another field of educational activity. Plans are going forward, therefore, for a conference of nurses and responsible educators under the auspices of the American Council on Education. Intra-professional and inter-group cooperation between the six national nursing organizations and related national groups is very commendable. It manifests a fine spirit which is not so apparent in all other health fields.

The strengthening of intra-professional and inter-group relationships on
the national level has not had a counterpart in a few local, state, and regional areas of the country. In some locations, nurses are active members of health and education councils, of commissions and of planning groups. In other areas, there are serious gaps in which important health and education needs are neglected. Not only is this problem important to those who study nursing, but it is of serious long-range significance to those who benefit from the operation of the nursing services—which means all of us.

The nurses, administrators, physicians, nutritionists, and others in hospitals should plan together more frequently with public health and welfare officials of the community in order to provide the health and rehabilitation services to patients and families which we know are needed. More local, state, and regional health councils are essential in planning for the health needs of communities. More active team activities need to be developed among the nurses in hospitals, outpatient departments, health clinics and visiting nurse services in order to provide comprehensive care for patients.

Collegiate and university schools of nursing, teaching hospitals, and health agencies should work more actively together in developing educational facilities for students of nursing. The colleges need to take a greater interest in the educational standards of hospitals within which their students are obtaining clinical experience. The faculty members who assist in the development of health teaching content for patients and their families, in the conduct of studies of nursing education and practice, and in the improvement of nursing services of the hospital, are providing opportunities for service to the community, to the hospitals, and to the educational programs of students.

Development of Medical and Health Centers. There is also a trend toward the development of medical centers which have working relationships with community hospitals and health centers. The best medical centers are more than a group of hospitals which are solely intended to care for the sick. A medical center may include hospitals, schools, a research institute, and units for ambulatory patients and for health. A comprehensive medical center cares for the sick but, in addition, engages in health education, health promotion, rehabilitation and research, and provides training for doctors, nurses, dietitians, technicians, and hospital administrators.

New concepts of teamwork, prevention and rehabilitation are being developed in the medical centers and their surrounding communities, and studies are being promoted in the improvement of patient care. As hospitals add units for ambulatory patients, and health units with diagnostic services for families in the local community, opportunities are being made available to staff and student nurses for instruction and experience in outpatient nursing, in the medical rehabilitation of patients, and in family health supervision.

Trends in Basic Nursing Education. The need for insuring the quality of preparation for nursing service points to the desirability of gradually improving the most promising schools of nursing. The number of collegiate
and university schools is slowly increasing. The strengthening of hospital schools is very apparent. Some hospital schools are purchasing instruction for their students from colleges and universities, while other schools are pooling their clinical facilities in order to improve nursing education. Practical nurse schools are also increasing in number and are being conducted under the auspices of the vocational education system of the city or state, or of the vocational division of the university hospital schools.

The affiliations, however, of some hospital schools with colleges tend to be very tenuous. Trustees of collegiate schools of nursing should never relinquish control of any essential part of nursing education. To replace systematic collegiate instruction with haphazard routine hospital training is an unsound educational procedure. From the beginning to the end of the program, the student nurse should be making genuine educational progress. An experienced, ranking, faculty member should have the authority to devise, supervise, and coordinate the teaching activities of each clinical unit of instruction. With regard to practical nurse education, it would seem advisable to have it on a post-high school level and to place this type of training under adult education divisions of state departments of education and under competent professional nurse administration.

In the curriculum area in recent years, two trends have increasingly brought to our attention the need for a different emphasis on psychiatry in basic nursing education. There is a general awareness on the part of many graduate nurses of certain gaps in their traditional training; they do not feel prepared to recognize and care for the emotional needs of patients.

The other is evidenced in the appearance of a new kind of student nurse who has a genuine interest in people and who wants to know more about patients as persons. These two sets of facts lead us to believe that it is fundamental to include in the nurses’ training instruction in normal growth and development and an understanding and management of the emotional factors in disease.

Continuation of and Advanced Education for Graduate Nurses. An encouraging trend points to an increased interest in continuation of and advanced education for graduate nurses. The postgraduate education of nurses usually begins with the first position, and certainly, in these exciting times of ever-accelerating scientific progress, their nursing education must continue to the end of their practice in nursing. Another noteworthy factor is the trend toward clinical specialization. Today, no single individual can master the entire field of nursing. The trend toward advanced education of nurses in the truly educational environment of the university is very encouraging. Here, nurses may attain their fullest professional development. The great postgraduate system of education in the medical center with its associated hospitals and health agencies is also spreading all over the country. In the teaching hospitals and health agencies, nurses may have access to the library,
to case discussions, to scientific lectures, to continuation study courses, to staff meetings, to community council planning.

_Nurses Are Turning to Research._ Nurses are looking to research as the most important asset to successful administration, teaching, and practice, and to point the way for the development of present day and future programs. More reliance is being placed upon studies as a means of settling some of the issues facing nursing.

With the full recognition that the quality of nursing education is a basic factor in the improvement of nursing services, all phases of education of the nurse—basic, advanced, and in-service—are being subjected to increasing study. With the increasing knowledge that the world’s greatest problems are problems of human relationships, studies of understanding and improvement in intergroup relations would be very useful to nursing. When it comes to evaluation of the accomplishment of the educational programs, the test norms which have been set up on a national basis by the League’s Department of Measurement and Guidance provide effective criteria for acknowledging the educational product of the school.

There is evidence to show, however, that school directors need the service of more research and studies. The positive values of such a service are in terms of reduction of school costs, increased educational efficiency, and measurement of achievement. Studies of percentage of costs attributable to the various phases of the school program such as teaching, supervision, administration, and plant operation are particularly needed in appraisal of what is being done. More concrete studies of costs of student programs in public health nursing are needed.

Research is needed to determine the direction of tomorrow’s programs and practices. Research studies are particularly needed in the area of the organization of collegiate schools. The desirability of strengthening or shortening the traditional three-year program needs to be demonstrated with research. The relative merits of various organizational plans of schools of nursing need analysis and evaluation and recommendation. Studies are needed to indicate which systems of nursing education are superior—hospital or collegiate. Offering a practical nurse program that will meet the needs of a large percentage of today’s high school students is another area meriting the most intensive study on the part of the profession.

The mounting difficulty of recruiting qualified personnel for all types of nursing services, and of securing competent teaching and administrative personnel for all types of schools and programs, continues to threaten the proper care of patients and the education of students of nursing. Proposals with regard to recruitment of personnel should be subjected to experimentation and continuing analysis. Studies should help to determine to what extent the lack of hospital personnel is due to maldistribution of skills, inadequate preparation of personnel, or misuse of nurse time. There are
areas in clinical nursing in which much more research must be carried on, leading to the determination of more effective ways of developing the kind of teaching that will yield optimum results to patients. Experiments in education toward comprehensive nursing care need to be conducted. Studies are needed to further develop basic science of human nature, and experiments are needed in methods for the cultivation of nursing skills in dealing with personality problems. We need to evaluate the efficiency of various types of organizational plans for presenting health education and health promotion to patients and families. Adequate follow-up studies on such plans are needed. Research in the nursing care of hospital patients, particularly problems connected with effective care of psychiatric patients and patients suffering from long-term illness such as tuberculosis, is needed. Functional analyses of total hospital personnel are needed so that responsibilities and functions which require a certain degree of independent judgment and competence will be turned over to highly qualified registered nurses.

Nursing must engage in more research and studies. A clearing house for current research projects, or studies in nursing education and service, is urgently needed. Studies which are actually under way need to be shared between schools, research institutes, and nursing services.

**Government Is Interested in Nursing.** Another trend relates to the interest of government in nursing education and nursing services. Our government believes that there should be a substantial increase in the number of nurses who are educated on a proper basis. Federal aid must reach nursing education and research. Government subsidies will be required for nursing education and research, and to stimulate recruitment, as well as to promote the establishment of basic collegiate schools and advanced university programs. Collegiate schools of nursing must be more adequately supported if they wish to conduct thoroughly satisfactory undergraduate and graduate programs of nursing education, to say nothing of making the desired contribution to the communities in which they are located. Widespread community action and public education are necessary before support will be voted for the costly undergraduate and advanced educational programs nurses need.

It is not an easy thing to improve all the schools of nursing all over the country. Even if we had the money, we should not try to do so. Schools which are too small to be economically or educationally sound should close. The money should go toward improving schools which are able to use it wisely. Certainly, every nurse should seriously study the philosophy underlying federal aid to nursing education so that if federal aid is given to nursing education, she will be prepared to take a significant and direct part in seeing that it reaches education. It is unsound to assume that teachers and expensive school facilities need to be distributed into every small school. Safeguards must be set up for the maintenance of proper standards of training in tax-supported schools of nursing.
Tasks That Lie Ahead

Which nursing needs deserve immediate attention from the profession?

1. Broad principles upon which nursing should base its programs relating to the organization, control, and administration of nursing education should be acted upon immediately by the profession. A carefully prepared statement outlining the initial and long-range steps for developing a nation-wide program of nursing education based on these principles should be prepared by the profession and given wide distribution all over this country. Support of the principles by responsible persons will need to be promoted and maintained.

2. Curriculum designing and development deserve special priority at all times. There is a special need now, however, for controlled experimentation in curriculum design in the basic professional curriculum. Continued analyses, criticisms, and recommendations of various curricula for the various levels of preparation in nursing would help clarify the issues and sources of confusion and lead the nursing education movement to even greater usefulness.

3. Regional and state planning councils on nursing services and nursing education need to be organized and maintained. More surveys of nursing resources and nursing needs, initiated by committees on the improvement of nursing services and nursing education and guided by community health councils with wide representation, would go far in promoting health.

4. Local, state, and regional councils on nursing education are essential. Such councils should be supported by the schools which participate in the problems to be studied. They could be guided by general educators. The schools should work out their own improvements in terms of individual programs and needs. By means of institutes school faculty could set general goals, determine areas needing improvement, and return home to do their own study.

5. National study groups representative of all segments of schools, hospitals, public health nursing agencies, and boards of nurse examiners across the nation are needed to reflect the problems, the practices, and the planning of the people engaged in nursing education and practice.

6. A greater degree of cooperation and coordination between the schools, nursing services, and the boards of examiners of nursing is needed. The purposes of all three groups must be brought into working harmony. Certain state board restrictions need to be lifted as they do not fit into practices of progressive education. Nursing has such tremendous scope that it would be difficult for any authority to determine too far in advance what is more essential in the education of each nurse.

7. Nation-wide support by the schools of the National Nursing Accrediting Service is essential. The list of accredited schools must become more comprehensive to be useful. Guidance for accredited schools in how to continue improvement of educational programs, and for those schools seeking accredi-
tation, is an essential service which the profession or accredited schools must provide.

8. Governmental subsidies should be made available for basic education in nursing and for education of properly qualified potential nurse educators, clinical specialists, and administrators.

9. Studies and vastly greater research on education and service problems in nursing are needed.

10. A scientific journal which would reflect and stimulate the best practices in the education of nurses and in nursing services would be very helpful to nursing education. The journal should be the result of cooperative effort on the part of a headquarters staff, committees, and members of the profession, and should meet the need for a scholarly publication in nursing education.

11. A department or a bureau of publications is needed to advance learning by the publication of books which, in their content and presentation, contribute to an understanding of nursing education and service.

12. A new headquarters which will accommodate staff and equipment needs to be provided immediately to carry on the work of the organization. The present serious overcrowding must be eliminated and a solution to the space shortage must soon be found.

Conclusion

The turn of the half century marks an end of the known and a beginning of the unknown. Some of us will live to see the year 2000. The next fifty years will be filled with demands such as were never made on the human race.

The nursing organizations of the country are at the crossroad. They have grown rapidly in number, in public esteem, in resources. They have made outstanding contributions to social welfare. They must give increasing thought, however, to their effectiveness, and to the tasks that lie ahead. Greeting the future with hope and vision, eager to consider the possibilities of the next half century, we begin by asking: How can we make the six organizations more effective? How best adapt them to changing conditions and needs?

The realization comes to us that the time is here when organized nursing must rebuild its structure and coordinate its activities under two units.

In addition to the American Nurses' Association, the profession needs, and is ready to construct, a second centralized, unified organization with one board and one executive, with special committees and staffs to direct the work of special divisions and bureaus whose chief concern will be the improvement of nursing education and nursing services in this country. This new structure must have an optimistic outlook for its members and be wholly independent, with freedom to carry out its functions in a proper and fitting manner.

In the meantime, before simplified structure is effected, each organization
should keep its own identity and carry out its own program of activities, in order that its services, during the period of reconstruction, may be strengthened and promoted.

What really matters at this time is the community of purpose that should bind together all who are vitally concerned in the improvement of standards of education and practice.

The nursing organizations have laid the foundation for our present achievements. At the turn of the century, let all six organizations resolve to pull together to promote and maintain greater intra-unity and high standards of education and service, so that the movement for the improvement of nursing in the United States may have its fullest flowering during the next fifty years.

REPORT OF THE EXECUTIVE DIRECTOR

The rounding out of a decade is an appropriate time for stock-taking and ledger-balancing, for measuring growth and progress, for listing and evaluating accomplishments. Such a ten-year census of achievement for the National League of Nursing Education would require some time to complete; I shall not attempt it here. It seems fitting, however, that we should review the main accomplishments of the decade just completed. I shall, therefore, mention briefly some of the high points of these past ten years, which coincide with my term of service with the League, and indicate those characteristics which distinguish the 1940's from other periods of League activity.

Organizational expansion

The most obvious development of the ten years is the expansion which can be measured in terms of number of members, amount of income, size of Headquarters staff. To summarize these:

The membership has almost doubled, from 5,841 members at the close of 1939 to 10,260 in December 1949. Through our state leagues, which have increased from 39 to 48, we have reached out beyond the borders of the continental United States to include Puerto Rico and Hawaii, and we now have 62 local leagues as against 34 in 1939.

As for our financial resources, they have increased ten-fold. In 1939 our income totaled $33,027.52; this past year we have been operating on a budget of over $350,000. This gain can be accounted for in part by the increase in our membership rolls and membership dues and in part by the development of self-supporting service activities, particularly the testing service operated by the Department of Measurement and Guidance.

The increase in our Headquarters personnel—from the point of view of the executive director, at least—looms largest of all. In 1939, there were 11 persons on the League staff; today there are 68 League employees and an additional 13 persons attached to joint projects administered by the League.
Program expansion

Concomitant with the expansion in membership, financial resources, and Headquarters staff has been a tremendous growth in the League's program. Not only have the interests of former years been pursued and developed with greater intensity, but there has been a horizontal growth—a broadening of the scope of our activities—so great that it seems scarcely conceivable that it took place in the space of ten years. Our activities in connection with the war, measurement and guidance, practical nurse education, advanced nursing education, the joint services in orthopedic and tuberculosis nursing, and accrediting—all these have sprung practically full-manipled from our efforts in the forties.

War activities. To help the schools of nursing meet the pressures put upon them by World War II, the League's Committee on Educational Problems in Wartime issued a series of 14 bulletins and distributed them free to schools of nursing, state leagues, state boards of nurse examiners, and others. Proof of the usefulness of these materials is demonstrated by the fact that two, and in some cases three, printings were necessary to fulfill the demands of others who wished to purchase them. I might add that we still have a call for these bulletins and are continuing to sell them both as separate bulletins and in sets.

The League, through this committee, also engaged in other activities designed to help the schools during this difficult period. During 1944 nine regional conferences on collegiate schools of nursing were held in different sections of the country, and the proceedings of five of them were published. Unfortunately those conferences were never continued although we had hoped it might be possible. Efforts were made to stimulate the development of courses for clinical instructors, and a suggested outline for one such course was circulated.

The aspect of the committee's work I should like to draw particular attention to, however, concerned the way in which the state leagues were drawn into the committee's program and into that of the National Nursing Council for War Service. The committee encouraged the presidents of all state leagues to appoint state advisers to schools of nursing and kept in touch with these advisers, urging them to write to the committee for help and to assist the field service representatives of the National Nursing Council. The participation of the state leagues in the committee's program and the participation of the committee in the wider program of the National Nursing Council helped establish patterns of group work which have persisted beyond the duration of the war emergency. I shall speak of these trends later.

Measurement and guidance. It seems scarcely possible that it was only ten years ago, at our 1939 convention, that the League president remarked: "One of the weakest links in our practices with relation to the curriculum is the measurement of student achievement. This year,... a committee was formed to discuss this educational problem, to formulate a plan for very much needed
research, and to study ways and means of securing financial aid for such a project."

I do not believe that any one of us, with the possible exception of Miss Isabel M. Stewart, the chairman of the Committee on Nursing Tests, as it was then called, and Mrs. McManus, who succeeded her, could at that time have visualized the testing service which the League would be conducting ten years later—a State Board Test Pool which will in 1950 encompass all forty-eight states, the District of Columbia, Hawaii, and the Canadian province of British Columbia; a pre-nursing test service used by 377 schools; an achievement test service; a graduate nurse test service; and tests for practical nurses as well.

Nursing is, I believe, the only profession that has provided itself with the means for evaluating its practitioners at every stage of their preparation—a "cradle to the grave" coverage, I have heard it called. And we did it all in the forties!

Advanced nursing education. Another excerpt from our 1939 convention describes an "advanced" program planned "to partly fulfill the requirements for a bachelor's degree." This looseness of terminology was quite in keeping with our haphazard thinking about advanced nursing education prior to 1940; it was not until this decade that such committees as the Committee on Postgraduate Clinical Nursing Courses and the Committee on Postgraduate Nursing Education were appointed and we began to sort out our thinking on this subject.

Tangible evidence of our progress is available in Basic Assumptions and Guiding Principles: Basic and Advanced Courses prepared by the Committee on Postgraduate Clinical Nursing Courses and in the five guides for advanced clinical courses in various specialties prepared by its subcommittees. Further work in this process of clarification is being done on an over-all basis by the Committee on Postgraduate Nursing Education, and the completion of the Study of Advanced Programs in Psychiatric Nursing and Mental Hygiene shows how far we have gone even since 1945 when An Advanced Course in Psychiatric Nursing was published. To attempt a brief summary of our progress—in 1939 we scarcely knew how to define advanced programs in nursing; by 1949 we are nearly ready to accredit them.

Guidance services in specialized areas. During the past decade guidance services have been developed in orthopedic and tuberculosis nursing. The Joint Orthopedic Nursing Advisory Service was established in 1939 under the auspices of NOPHN with the League becoming its co-sponsor in 1941; the financial support is provided by the National Foundation for Infantile Paralysis. The Joint Tuberculosis Nursing Advisory Service, parented by the NLNE, NOPHN, and NTA, followed in 1946. This is also financially supported by NTA.

Paradoxically, one of the chief advantages of these advisory services in
nursing specialties is that they prevent over-specialization. Through them the nursing activities of special interest groups are given emphasis without being divorced from the main body of nursing practice and nursing education. They tie in closely with the curriculum and nursing service studies. As specialization in nursing continues to develop, these patterns of "integrated consultant service" will, I think, serve us in good stead.

Practical nurse education. As far back as 1917 discussions were held at the League convention on "Is There Need for Another Class of Sick Attendants Besides Nurses?" (the answer was "Yes!") and "How and Where Should Attendants Be Trained?" It was not until the 1940's, however, that the trained practical nurse emerged from the catch-all classification of "auxiliary worker" to acquire a recognized status and assume specific functions.

This development has been reflected in the League's national program in many ways: through a strong working relationship with the National Association for Practical Nurse Education implemented by the League's Committee to Work with the NAPNE (now the Committee on Practical Nurse Education) and by League representatives on the Board of Directors and Accrediting Committee of NAPNE; through participation in the preparation and publication of Practical Nurses and Auxiliary Workers for the Care of the Sick in 1947; through the extension of our testing service to include tests of various kinds for practical nurses; and particularly through League representation on committees which have worked with the Office of Education on the preparation of a job analysis for the practical nurse and a curriculum based upon the job analysis. Practical Nursing: An Analysis of the Practical Nurse Occupation with Suggestions for the Organization of Training Programs was published in 1947 and promptly became a "best-seller." The Practical Nurse Curriculum is expected off the press early in 1950; it will do much, I think, to help us straighten out difficulties caused by the present variety of curricula.

At the state level our leagues have been active in securing public recognition and licensure of practical nurses and in assisting in the development and improvement of facilities for their preparation. These state league activities have been furthered, this past year, by the issuing of the two-part Manual on Practical Nurse Education for State and Local Leagues by the NLNE Committee on Practical Nurse Education to serve as an interim guide until the U. S. Office of Education Curriculum is published.

Accrediting. Although the spade-work for the League's accrediting program was done in the late 1930's, the program came into bloom in this decade, the first list of League-accredited schools being published in 1940. It has been during the past ten years, then, that we have put into operation a successful accrediting program and have guided it into a merging with other similar programs in nursing under the National Nursing Accrediting Service.

State league activities. Much of the progress in these new fields of interest
has been due to the tremendous activity on the part of our state and local leagues. Each new national program that I have mentioned has had its counterpart at the state and local level. Thus, while the advantages of a centralized testing service have led to the construction and scoring of tests at National Headquarters, it has been the state and local leagues which have furthered the use of these tests. The preparation of guides for advanced clinical nursing courses was an important first step in the development of advanced clinical programs, but it was only the first step; it has been the state and local leagues which have translated these guides into actual programs.

In addition to implementing national programs, state and local leagues have developed, on their own as it were, programs to answer special needs in their communities: for example, education in rural nursing, citizens committees. One has only to compare the 15 pages of state league reports in our 1939 convention proceedings with the 60 pages in our 1949 proceedings, as well as to listen to their reports presented at the Council of State Leagues, to realize the extent to which our state and local activities have expanded in the past ten years. A good record indeed.

Expansion in function

Fundamental to this broadening of our program during the past ten years has been an extension of our functions—an enlargement of our concept as to what the League should do. Whereas previously the League had operated as a forum and as an advisory and standard-making body, we now have taken over certain service responsibilities—for example, the testing service of the Department of Measurement and Guidance and the polio teaching activities engaged in by members of the JONAS staff.

There is no doubt that these service activities have increased the value of our contribution to the field of nursing education. What seems most remarkable, however, is the fact that they have in no way interfered with our advisory and standard-making functions.

Expansion in interrelationships

The development of a unified accrediting service, which I have already mentioned, is but one example of the closer working relationships which have been developed during the past ten years, particularly with the various groups concerned with nursing. True, prior to 1940 certain relationships had been developed between the League and the other nursing organizations—the League had become recognized as the education department of the ANA and various joint committees had been established—but these liaisons, in many instances, were chiefly effective for the exchange of information and advice, not for the sharing of work. The war brought us closer together; in the National Nursing Council for War Service we began to act as one group, not as several separate agencies. These closer working relationships have been continued and strengthened; through the mechanism of the Joint
Board all six national nursing organizations actually share programs with paid staff.

**Adjustments**

Such a rapid and extensive growth as the League has experienced requires a certain amount of adjustment in our ways of thinking and our ways of doing things to fit the growing stature of our membership and the expanding girth of our program. Perhaps it would be well to point out some of these problems of adjustment at the present time.

**Membership**. The expansion of our membership brings with it the problem of how we are to keep in touch with each other, let each other know what we are thinking and doing. It is no longer possible for us all to meet together at one time; the 1,500 members at our last convention accounted for less than 15 per cent of our number. Nor is there opportunity for us to discuss the details of all our separate activities.

How, then, are we to bring together, out of our separate experiences, the body of our common knowledge, and to work together on national projects? I have spoken of the way in which the Committee on Educational Problems in Wartime arranged for the participation of state leagues in its program. This method of providing for wide participation in national programs has been picked up by other national committees. For example, the chairman of the Committee on Measurement and Guidance made it a point to keep in touch with similar committees of state leagues. The Committee on Practical Nurse Education, when it was preparing the Manual for State and Local Leagues, corresponded with the presidents of 18 state leagues which had been engaging in the promotion of practical nurse education.

There is, I believe, need to develop further this two-way flow of knowledge between national committees and their state counterparts. There are several factors, however, which, at the present time, militate against the complete usefulness of this method. First among these is the tendency of all of us to accept any published material as final dicta rather than as tentative guides which require validation by application and which are subject to continuous experimentation and modification. With the publication of a pamphlet, there is a tendency for a committee to disband as if its work were done rather than barely begun. Little effort is made to keep in touch with appropriate groups in state leagues to find out to what extent the suggestions made by the committee are being carried out, the obstacles that are met with, the improvements that are made.

A second deficiency in the national committee-state committee method for bringing us together is apparent with regard to those matters on which we need more than committee opinion. How are we to speak and act as a group—as a league? How are we to know what our common opinion is, or, in fact, if we have a common opinion?
The League Letter, developed within the past two years, offers a partial solution to the problem of communicating with our members, but it has limitations, chief among them being that it is a one-way channel. It is upon the Department of Advisory Service to State Leagues that we must chiefly rely for the flow of opinion back to us; it is the antennae, so to speak, which will keep the Board, the Headquarters staff, and the national committees sensitive to the thinking of the membership and the needs of the field. Through the work of this department and the techniques developed by it, it is hoped that the national organization can be truly representative of all League members.

Membership-Headquarters. The growth of our Headquarters staff, which has brought with it a whole series of problems, is due to the expansion of our program and particularly to the development of service activities. Projects of the scope of those in which we are now engaged require the services of full-time personnel and, in some cases, the services of experts. Nonetheless, even when League members employ persons to help them carry out certain of their programs, all League activities are activities of the membership, and ways must be developed whereby League members and their employees can work together. True, the Board of Directors serves as a link between the League members and the League staff activities, but I think we would all agree that a link is scarcely enough; more direct and wider membership participation is needed. League departments have been using a number of ways to create opportunities for this participation—through national committees and subcommittees (although it must be remembered that a single national committee involves the participation of very few members), through state league committees, through state and regional institutes, and through workshops and conferences such as the Workshop on Measurement and Guidance and the Curriculum Conference which were held this fall. I trust that the further use of these devices will bring those of us who are at Headquarters into closer working relationships with our ten thousand members.

Headquarters organization. The expansion of our Headquarters staff has also led to the division of our work in two ways—by project and in line with our various capabilities. The division by project has led to the development of departments, of which we now have three which are concerned with the League program—Measurement and Guidance, Services to Schools of Nursing, and Advisory Service to State Leagues. In addition, various activities of a counseling nature, the collection and compilation of statistical data, and the publication of pamphlets and books are carried out under the direction of the executive director.

The division of work in line with our capabilities has had a slower development. It was natural, when we had only a few employees, for us all to "pitch in" and do what had to be done so that one person frequently served as program director, business manager, personnel director, proofreader, and so on.
With seventy persons on our staff such scattering of our individual energies is uneconomical; each employee should center his attention on the work to which he is best fitted—program development, business management, clerical, and so on.

The study of our Headquarters organization by the outside firm of Booz, Allen & Hamilton pointed the way to many improvements. In line with the recommendations of this study, a Department of Business Administration has been established with responsibility for accounting, purchasing, sales, and management of clerical personnel. I cannot say that we have as yet completely disentangled these "business" strands from our program activities, but a good start has been made, and within the year it is hoped that we shall have completely freed our professional staff for concentration upon professional activities.

Another problem arising out of our Headquarters "bigness" centers about the need for each employee to see his contribution in relation to the total League program. In order that our right hand may know what our left hand is doing, meetings of staff members directly concerned with program are held every two weeks. This group, which consists of twenty-five persons, is augmented by other employees when administrative matters are discussed; furthermore, any League employee who thinks she would be interested in the topics indicated on the agenda is entitled to attend and participate in any staff meeting.

Practical nurse education. The growth of our program has, inevitably, brought with it many problems. Some of these will be discussed during this session in the reports relating to our various activities. One which I should like to call attention to at this time concerns our responsibilities in the field of practical nurse education. When the practical nurse emerged as a member of the nursing team, the League recognized its scope of activity as encompassing nursing education rather than the narrower field of professional nurse education. While tacitly assuming a responsibility for all workers in the nursing care of patients we have never, however, assumed as complete responsibility in the area of practical nurse training as we have in professional nurse education; rather, we have shared responsibility with other professional organizations and with the National Association for Practical Nurse Education. We have tended to interpret our role as one of cooperation rather than one of leadership.

Lately there have been signs of our willingness to carry out more fully our obligations in this area. The inauguration of our practical nurse testing service points in this direction; the change in name of our Committee to Work with the NAPNE to Committee on Practical Nurse Education is also significant.

Joint services. Our growing "working together" relationships with other organizations have been extremely fruitful, but they also have brought their
problems, one of which I should like to speak of at this time. In general, our interrelationships with nursing organizations have been planned and blueprinted; those with promotional health organizations have been, so to speak, "dropped in our lap." The development of joint specialist consultant services has been determined, to a large extent, by the invitations of various health organizations; this development has, therefore, tended to be governed by the relative enthusiasm and financial ability of special interest groups rather than by the relative needs in nursing service and education. Thus, we have such services in tuberculosis nursing and orthopedic nursing, but none so far in psychiatric nursing, pediatric nursing, and so on.

This skewness in our joint activities has had its effect on the League's own program as well. It might be pointed out, for example, that the only two pamphlets published by the Committee on Curriculum during the past two years have been *The Contribution of Physical Therapy to Nursing Education* and *Instructional Plan for Basic Tuberculosis Nursing*, while another curriculum guide in orthopedic nursing is now at the printer's.

*Structure study.* Lastly, I come to the problem which is uppermost in all of our minds—the future of the League along with the other professional nursing organizations. Three questions from the Structure Study Committee will come to you for consideration. We must crystallize our thoughts and come to agreement in relation to the future organizational plans. We must be ready to state whether we shall continue as we are, working closely with all the organizations through a gradually expanding program of "joint" projects, or shall nurse educators work within one or two much larger organizations?

Which of these two methods, "working with" or "working within," will best further the progress of nursing education—the particular front in the attack upon the problem of providing better nursing service which we, as League members, have singled out as our responsibility? Under what structure will all nursing education activities—local, state, and national—find greatest opportunity for advancement?

From our predecessors we inherited a strong organization, built out of their selfless devotion to the cause of nursing education. During the past ten years we have invested this inheritance wisely, expanding our program and multiplying our strength. Perhaps a change is now in order; possibly the form of our organization has become outworn and outmoded. But the responsibility which we inherited with it is still with us—the responsibility for nursing education. It is this responsibility that we must keep before us in making our decision now.

*Staff changes*

In line with the Board's directives last April and May, steps have been taken toward the organization of three new League departments—Advisory Service to State Leagues of Nursing Education, Services to Schools of Nurs-
ing, and Business Administration. Gladys S. Benz is director of the Department of Advisory Service to State Leagues; Mary M. Schmitt assumed the position of acting director of the Department of Services to Schools of Nursing last September; and Walter W. Dix was appointed director of the Department of Business Administration last September. More recently, Aurelie Nowakowski has been appointed as psychiatric consultant to the League to study the qualifications of psychiatric nurses—a project which is being carried on under a grant from the Public Health Service of the Federal Security Agency.

During the past year, the League lost from its staff Blanche Pfefferkorn, who resigned during the summer, and Lois Olmsted, who resigned in the fall. As always, these resignations caused a great deal of regret, especially in the light of the fine contributions each of these persons had made to the work of the League.

Report of the Statistical Unit

The statistical work carried by the Department of Studies has continued under the guidance of Ella A. Taylor whose report follows.

From May through December, 1949, the statistical unit has been engaged in the following activities:

Legislation testimony. Compilation of available data, and special studies based on questionnaire to selected groups of university-and-college-controlled schools and to hospital schools.

Student admissions. (a) Report covering admissions during first six months of 1949, and as of June 10, the number wanted for fall class, together with number of accepted and pending applications based on questionnaires to 1,200 state-approved schools. (b) Monthly report to Committee on Careers of number of student applications accepted and pending—prepared from questionnaires sent to 1,200 state-approved schools on 15th of July, August, and September. (c) Annual report on 1949 admissions compiled and article prepared for January 1950 Journal based on questionnaires to 1,200 state-approved schools.


Three-year withdrawal study. Report of withdrawal of students during their second year—based upon 283 questionnaires to schools admitting a class in February 1947 and to 850 schools admitting a class in September 1947.

Schools of practical nursing. A special study of schools of practical nursing based upon questionnaires sent to 73 schools either approved by NAPNE or the state in which located.
Poliomyelitis experience provided in schools. Tables prepared by state from information gathered from 1,200 schools in January at request of JONAS.

Student graduations in 1949 and withdrawals from that class. Based on 1,200 graduation questionnaires.

Educational qualifications of students admitted in 1949. Based on 1,200 admission questionnaires.

Advanced programs for graduate nurses. Questionnaire sent to 62 colleges and universities to get total number enrolled as full- and part-time students and number of G.I's.

Doctorate programs. Questionnaire sent to 114 colleges and universities concerning number of nurses with doctorate degrees and other information concerning programs.

State-approved schools of nursing. List of schools brought up to date from information collected from all state boards in November. Revision of office file of schools and also addressograph list.

Questionnaire for 1950 state-approved list. Preparation of tentative form for presentation to committee in November; revision of form and printing. Mailed to 1,200 schools and 49 state boards on December 29.

Respectfully submitted,

ADELAIDE A. MAYO, Executive Director

REPORT OF THE DEPARTMENT OF ADVISORY SERVICE TO STATE LEAGUES OF NURSING EDUCATION

History of service to members and to state and local leagues

The NLNE (formerly the Society of Superintendents of Training Schools for Nurses, founded 1893) has always felt the need for close working relationships between its members as well as between its membership and Headquarters staff. Even before the establishment of a Headquarters (1923) it seemed desirable to have someone traveling through the states to help with the organization of state and local leagues and to give assistance to members in ways of studying the local problems in nursing education.

The position of interstate secretary was created by the Nurses' Association Alumnae for the purpose of helping states with legislation. For several years Sarah Sly served in this capacity. In 1910 Isabel McIsaac was appointed to that position. Her salary was shared by the Nurses' Associated Alumnae, the Journal, and the Red Cross. In 1911, when she was reappointed, the Superintendents' Society also contributed to it. "Her work for the Society was invaluable, since she could interest superintendents in forming local
and state societies as well as help them in their problems. . . . She also brought back to the Society her own impression of what was happening generally in nursing schools."\(^1\)

From the time of the establishment of NLNE Headquarters in 1923 until the creation of the Department of Advisory Service to State Leagues in May 1949, the executive secretary carried on whatever field service she was able to crowd into the Headquarters' schedule. Because of the ever-expanding work, it was difficult for the executive secretary to be away from the office for any length of time. Advance planning became almost impossible. An attempt was made, however, to fulfill specific requests for visits.

After the appointment of an associate executive secretary on September 1, 1948, it was possible to begin making more extensive plans for field service. These plans were, however, limited in number and scope through the remainder of 1948 and the first half of 1949.

**Summary.** Since 1893 service to the membership has been provided in a variety of ways, chiefly through:

1. Correspondence
2. Conventions and other meetings
3. Participation in committee work
4. The Visiting Secretary
5. The annual report, distributed to the total membership annually since the first issue in 1893
6. Publications
7. Articles and reports in the official organ (*American Journal of Nursing*, established 1900)
8. Visits to Headquarters (established 1923)
9. The *League Letter* (first issue March 5, 1948)
10. Departmental programs and joint services, including their field services
11. Field visits by the executive secretary and associate executive secretary

**Creation of the Department**

It became increasingly obvious that a department which is expected to provide service to the state and local leagues and to the membership must be staffed with personnel who are free to plan field schedules well in advance and to give reasonable assurance that visits will be made at the time arranged. It therefore did not seem possible to assign to one person the duties of an associate executive secretary, consisting largely of office work, plus the duties of a field representative with a major portion of time to be spent in the states.

In May 1949 the NLNE Board of Directors therefore officially created the Department of Advisory Service to State Leagues of Nursing Education. The department is staffed by a full-time director and a half-time secretary.

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\(^1\)Munson, Helen W. *The Story of the NLNE*. W. B. Saunders, Philadelphia, 1934.
Number of leagues

There are now 45 state leagues in 42 states, the District of Columbia, Hawaii, and Puerto Rico. Two more states are organizing state leagues. There are 62 local leagues.

Functions of the Department

Some of the functions of the department to date are:

1. To provide service to the membership
2. To keep state and local leagues abreast of Headquarters activities
3. To develop ways of facilitating a flow of information from the membership to Headquarters and from Headquarters to the membership, as well as to encourage sharing ideas among states
4. To assist state and local leagues in finding ways of studying and solving local problems

Experience will show how the functions of the department may need to be changed or expanded to meet the needs of the states.

Development of plans to date

In the spring of 1949 prior to the creation of the department, visits were made to the leagues in Georgia, Virginia, North Carolina, South Carolina, and Delaware.

Although the department was organized in May 1949, it was not possible to begin extensive field trips until fall. Advance planning needed to be done, and most leagues do not meet during the summer. Since September 1949 visits have been made to Maine, Vermont, New Hampshire, Rhode Island, Massachusetts, New Jersey, Missouri, Kansas, Colorado, Utah, California, Arizona, Oklahoma, and Arkansas. Every local league in these states was visited except the Western Massachusetts league. Although there are no local leagues in Kansas, an additional visit was made in Hutchinson in response to an invitation to meet with the local nurses. The same was true of Oklahoma where two stops were made, one in Oklahoma City and one in Enid. Although Arizona has not been officially accepted as a state league, the group there is well organized and a visit was made to Phoenix and Tucson.

Beginning in March 1950 the director will visit all state and local leagues in West Virginia, Kentucky, Tennessee, Alabama, Mississippi, Louisiana, Texas, Hawaii, Washington, and Montana. This schedule will also include a few additional stops, such as Tuskegee Institute, Alabama, one additional visit in West Virginia, one in Texas to attend the state meeting at Corpus Christi, one in Idaho where a state league is in the process of formation, one in Oregon, and an extra one in Washington.

The planning for meetings with state and local groups has been done by the membership in the local area. This has seemed a wise procedure because
of the variation in needs. The director of the department has met with the membership, with the boards and officers, with committee chairmen, with committees, and with other groups in whatever way the local planners felt would best meet their needs. This has been a very interesting and stimulating experience. Much of the work of the League is accomplished in the states in local situations. Many interesting projects were found to be under way. It is hoped that very full reports will be sent to Headquarters of all league projects being carried on in the states.

Working together

It has been possible to correct the erroneous belief that membership in the League is of three levels: (1) local, (2) state, (3) national. There are no levels; every member is a national member. However, maintaining a Headquarters does provide a central place for carrying out certain functions which could not be economically done elsewhere.

I wish to take this opportunity of thanking the membership for the very fine working relationships which have been established. It is hoped that we shall be able to develop ways of working together even more closely than we have in the past and that our total membership, now numbering well over 10,000, will feel the same unity of purpose which brought the original charter members together.

Respectfully submitted,

Gladys S. Benz, Director

REPORT OF THE DEPARTMENT OF MEASUREMENT AND GUIDANCE

An increase in the volume of test services, an increase in the number of test services, and an increase in educational and guidance activities marked 1949 as the busiest year for the Department of Measurement and Guidance since its inauguration in 1946.

A large number of nursing educators from all parts of the United States cooperated in the development of new tests in the Achievement Series and in the State Board Test Pool. In the case of the latter set of examinations, 1949 saw the use of the first "integrated" tests. It was gratifying to all nursing educators who worked on the problems related to the construction and use of these new tests to learn of their hearty acceptance by both the candidates for licensure and member state boards of nurse examiners. In 1949, 46 states, the District of Columbia, Hawaii, and British Columbia, Canada, were members of the State Board Test Pool. Of these 49 jurisdictions, 40 used the new integrated examinations for testings scheduled after October 1, the official release date of the Series 949 examinations. The year 1950 promises to be a milestone in nursing education, since this will probably be
the first year in which all states, the District of Columbia, and Hawaii will use the same examinations for licensing purposes.

The expansion in the use of achievement tests reflects the increase in the use of State Board Test Pool examinations. During 1949, over 800 schools used tests in the Achievement Series. There were also increases in the use of the Graduate Nurse Test Service and the Pre-Nursing and Guidance Test Service in 1949. In addition, a new test service for practical nursing students was initiated. Details of the activities of these units will be found later in this report.

Several advisory groups met with members of the department staff to formulate plans and procedures for the various test services. Special assistance was obtained from advisory groups of nursing educators in relation to future development of the Graduate Nurse and Practical Nurse Test Services.

In 1949 there was also a growing emphasis on the educational and guidance aspects of the department's program, necessary supplements to any test service. Ten field trips were made to assist nursing groups with problems related to measurement and guidance. States visited included Alabama, Colorado, Iowa, Massachusetts, Nebraska, North Carolina, Oregon, Tennessee, Vermont and West Virginia. The department was represented by Elinor Fuerst, test editor, in Alabama and Tennessee; by Esther Brooks, assistant test editor, in West Virginia; and by the director of the department in the remaining seven states.

Representatives of the Department of Measurement and Guidance were also invited to participate in the program of the State Board Conference held in Akron, Ohio, in April, prior to the National League of Nursing Education Convention in Cleveland. Marion Shaycroft, research statistician; Evelyn M. Horton, statistician and supervisor of the State Board Test Pool unit; and the director discussed the development and use of the new integrated examinations and other related matters with the state board representatives.

The details of the department's participation in the program of the convention in Cleveland was reported in the Fifty-fifth Annual Report of the National League of Nursing Education, so that report will not be repeated here.

To provide ways in which nurses throughout the United States could participate in activities related to measurement and guidance and thereby to assist state and local groups in the use and interpretation of tools of evaluation, a workshop on evaluation was sponsored by the department, November 6-11, 1949, at the Hotel Statler in New York City. State leagues of nursing education and state committees on measurement and guidance cooperated in planning the workshop and in selecting representatives from their respective census areas. All census areas, except the Pacific area, were represented at the workshop.

The primary objectives for the workshop were to identify basic concepts underlying evaluation, especially as they relate to nursing, and to translate these concepts into a plan for action which will assist nurse educators to:
(a) utilize tools and techniques of evaluation; (b) develop and improve evaluation devices; and (c) encourage an exchange and clearance of information.

A Steering and Planning Committee planned the activities for the week on the basis of these objectives. Guest speakers on the program included such eminent authorities as Ralph W. Tyler, Ph.D., University of Chicago; Alice Keliher, Ph.D., New York University; Emma Spaney, Ph.D., Queens College; Irving Lorge, Ph.D., Columbia University; Dorothy Adkins, Ph.D., University of North Carolina; and Ruth Strang, Ph.D., Columbia University.

At this writing, plans are being made by state leagues for nine regional workshops. These workshops are part of the state league programs and are being planned by the state leagues with the assistance and cooperation of the participants in the New York workshop and members of the Steering and Planning Committee. The department serves in a consultant capacity and acts as a “clearing house” for these regional workshops.

Aware of the importance of “keeping abreast of the times” in matters relating to evaluation, staff members also attended numerous meetings of other related professional groups. Both the director and the research statistician attended the annual meetings of the Eastern Psychological Association and the American Psychological Association. Miss Shaycoft collaborated on a paper which was read at the Eastern Psychological Association meeting in Springfield, Massachusetts. In addition, Miss Shaycoft attended the annual meeting of the New York State Psychological Association. The director served as a resource person for the Subcommittee on School Data Analysis on three occasions and was represented by the research statistician at one meeting. The director also attended the Conference on Counseling of the American Nurses’ Association, Professional Counseling and Placement Service, held in Minneapolis, Minnesota.

Mention should also be made of the invaluable assistance rendered by the approximately 150 psychologists who serve as our official examiners for the Pre-Nursing and Guidance and Graduate Nurse Test Services. These psychologists make an important contribution to the testing program by offering services over and above the mere administration of the required tests. Many suggest ways to improve the service, report unusual circumstances attendant upon certain examination periods, act as interpreters to faculties of schools of nursing, and the like. Similarly, the contributions of the technical consultant group in the program cannot be overemphasized. This group met at Headquarters three times during 1949 (February, June, and December), to advise in matters related to the technical and research aspects of the program. These meetings were planned and chaired by Marion Shaycoft, research statistician.

There were certain changes in the staff of the department which should be mentioned prior to reporting on the activities of the different units. Elinor Fuerst, who joined the staff as assistant test editor in April of 1948,
became the test editor on July 1, 1949. In July, Esther Brooks, assistant test editor, resigned from the staff to accept a position with the *American Journal of Nursing*. Theda Fox, executive secretary of the Oregon State Board of Nurse Examiners, accepted a position as assistant test editor in the department and came to Headquarters in January of 1950. Also, Patricia Snyder, formerly assistant supervisor of the Pre-Nursing and Guidance Unit, was appointed supervisor of the new Practical Nurse Test Service in September, 1949.

**Pre-Nursing and Guidance Test Service Unit—Molly DelDuca, Supervisor**

The year 1949 was an exceptionally busy period for the Pre-Nursing and Guidance Unit; two national testing schedules were prepared (25,000 copies of each were distributed); more applicants were tested than in any previous year; more schools used the service than ever before; and the total number of testings conducted was greater than in any previous year.

In addition to testing 14,383 applicants, this unit issued 1,252 duplicate reports and reported 935 Bernreuter examinations and 469 Minnesota examinations. It scheduled 70 special testings and made arrangements for 260 applicants to be tested individually. Approximately 150 psychologists and psychométrists assisted us as official examiners. The year 1950 promises to be even busier, with plans under way to revise the battery, to provide more educational materials, and to add new tools to the service.

**Achievement Test Service Unit—Evelyn S. Baker, Supervisor**

Since 1946, there has been an increase of 250 per cent in the number of achievement tests used by schools of nursing. A similar increase is noted in the number of schools using this service in 1949 as compared with 1946—an increase of approximately 190 per cent. A total of 804 schools used these tests during the year 1949. There were also more states represented in 1949 than ever before—45 states plus the District of Columbia, Syria, and Canada, as compared with 38 states and the District of Columbia in 1946. The only three states not represented in 1949 were Nevada, Wyoming, and New Mexico. Of these three, Wyoming and Nevada had no schools of nursing in 1949. The increase in the number of tests reported during 1949 as compared with 1948 was approximately 30 per cent—111,772 tests reported in 1949 as compared with 85,287 reported in 1948.

In addition to initiating eleven new tests and changing the method of reporting from deciles to percentiles, a new report form and a student data form were developed, educational materials were prepared, and new instruction sheets for use in administering the achievement tests were developed. Analysis of the student data forms in 1950 should reveal much valuable information useful to those responsible for curriculum development, to the National Nursing Accrediting Service, and to others.

Notice should also be made of the cooperation extended by the many
schools of nursing through their participation in the equating projects for the new achievement tests. Over 300 schools of nursing participated in this project. These schools were located in 40 states and represented all nine of the census areas. It is only through such cooperative efforts on the part of our test users that such projects can be undertaken.

**Graduate Nurse Test Service Unit**—Evelyn S. Baker, Supervisor

During the year, a total of 2,414 graduate nurses were tested (15,918 tests). These nurses were tested for 49 colleges, universities and agencies located in 26 states, Canada, Puerto Rico, and the District of Columbia.

During 1949, plans were made for offering a graduate nurse qualifying examination to colleges and universities as an admissions battery. An advisory committee met twice to assist with the planning; a questionnaire was sent to all potential users of the graduate nurse qualifying examination and to users of the present Graduate Nurse Test Service. By the end of the year, arrangements had been completed for offering this battery for servicing in February of 1950. The graduate nurse qualifying examination consists of the ACE psychological examination, a reading comprehension examination, and six graduate nurse tests in the clinical areas. For schools which do not wish to use this battery, the achievement tests, Series 149 will be made available. Results will be reported in terms of raw scores and percentiles based on graduate nurse norms.

**State Board Test Pool Service**—Evelyn M. Horton, Statistician and Supervisor

Ten jurisdictions joined the State Board Test Pool during 1949—Florida, Idaho, Illinois, Kentucky, Mississippi, Nevada, Oklahoma, Texas, West Virginia, and the Province of British Columbia, Canada. Although Florida and West Virginia joined the Pool in 1949, they will use the State Test Pool examinations for the first time in 1950. It should also be reported that negotiations for the use of the State Board Test Pool examinations are now under way with Massachusetts and New York. Percentiles based on raw scores of candidates tested in 1948 were developed in 1949 and released to member jurisdictions for the first time. In addition, percentiles based on mean scores of schools of nursing for candidates tested for various fiscal periods from July 1947, through December 31, 1948 were developed; these data were released to participating member jurisdictions on January 18, 1950.

Initiating a new series of examinations in October was a large undertaking, especially since 40 jurisdictions tested with Series 949 between October and the end of December. Altogether, 8,816 candidates were tested with 51,503 Series 949 examinations; a total of 23,909 candidates were tested during the entire year. Altogether, 187,368 examinations were reported for 47 jurisdictions, requiring 178 reports. A total of 78 reports of mean scores for schools of nursing for regular testings were released and 45 reports of mean scores for schools of nursing for fiscal periods were released.
In addition, scores of 1,798 practical nurse competency examinations, used by 13 jurisdictions for licensing practical nurses, were reported in 1949. Eight of the 13 jurisdictions used this service for the first time—Iowa, Michigan, Nevada, New Jersey, North Carolina, Oregon, South Carolina, and Utah.

Practical Nurse Test Service—Patricia Snyder, Supervisor

In 1949 preparations were begun for the initiation of a Practical Nurse Test Service, to include an admissions battery, an achievement examination, and a new licensing examination. Questionnaires were sent to all approved schools of practical nursing and the results analyzed; an advisory committee meeting was called to secure the advice and assistance of educators concerned with practical nurse education; the advice of the technical consultants was secured; and construction of the new tests was undertaken. The supervisor of the Practical Nurse Test Service and the director of the department also discussed the new service with vocational educators at the American Vocational Association Convention in Atlantic City in December.

Before a new test service can be offered, however, a great deal of spadework is necessary: the tests must be planned, constructed and printed; forms must be developed; files must be set up; norms must be developed; and announcements of the service must be made. These processes, in turn, must be preceded by analyses of the needs and wishes of those representatives throughout the United States concerned with the development of such a test service. These activities were begun in 1949, and the new test service will be offered for servicing early in 1950.

Scoring and Tabulating Unit—Evelyn Nelson, Supervisor

The Scoring and Tabulating Unit reflects the volume of all test services. During 1949, an additional scoring machine and an electrical verifying machine were added to the permanent equipment of this unit. A total of 388,995 answer sheets were scored in this unit during the year. The number of answer sheets scored increased for all test services except the State Board Test Pool. The decrease in the number of State Board answer sheets is due, in part, to the fact that there are only six tests in Series 949, as compared with thirteen tests in Series 747. In addition to the number of answer sheets scored, 30,097 cards were punched; 1,243 distributions were run; and a total of 105 listings were run for use by the State Board Test Pool Service in computing school means for 45 jurisdictions.

Editorial Unit—Elinor Fuerst, Test Editor

The Editorial Unit was a very busy unit during 1949. Series 149 achievement tests were completed and offered for servicing; Series 949 state board integrated examinations were constructed and offered for servicing; the six
new achievement tests in the clinical areas were revised and developed into graduate nurse tests, Series 149A; and construction of tests to be included in the Practical Nurse Test Service was undertaken.

With the assistance of the supervisor of the Graduate Nurse Test Service, a new manual of instructions for examiners was prepared. New instructions sheets for use in administering the achievement tests and the state board examinations were prepared and a Candidates’ Direction and Information Sheet for the state board series 949 examinations was also developed.

In addition, a total of nine articles and three short notices were written by different staff members for publication in the American Journal of Nursing. The Representative Items Booklet was released for distribution, and materials for numerous conventions and meetings were prepared for different nursing groups.

It should also be noted that a total of 19 nurse educators worked at Headquarters at least one week each, and one nurse educator spent three months and one week on the construction of tests. An additional 61 persons reviewed tests in their own local areas.

Statistical Unit—Marion Shaycoft, Research Statistician

The major undertaking of this unit was the comprehensive validation study on the pre-nursing and guidance tests. In conjunction with this study, members of the Statistical Unit visited 10 state boards of nurse examiners to secure necessary data. A total of 67 days was spent with these state boards for this purpose. Data were secured from other states by questionnaire.

In addition, three norming projects were completed; eleven new achievement tests were equated to the old series; six graduate nurse tests were equated to the graduate nurse norms for the new achievement tests; and two additional special equating projects were completed by the Statistical Unit. All decile norms were converted to percentile norms.

A new report form was developed for the Graduate Nurse Test Service, and a new report form and student data form were developed for the Achievement Test Service. These forms were joint projects of the Statistical Unit and the test service units. Two questionnaires were analyzed by this unit; material related to the interpretation of test scores was prepared; all new tests in their tentative forms were reviewed by the research statistician; three technical consultants meetings were held to secure advice on special projects and technical aspects of the department’s program; and finally, the Michigan Practical Nurse Project was completed, and the reports were sent out in final form.

Shipping Unit—William Fullerton, Supervisor

The Shipping Unit, like the Scoring and Tabulating Unit, reflects the volume of all test services. During 1949, 3,841 shipments were made (representing 362,545 test booklets), and 3,683 shipments were received from the
field (representing 318,255 test booklets). In addition, 41,400 application cards were shipped and approximately 50,000 test schedules were sent to directors of schools of nursing. Altogether, during the year, the Shipping Unit received 254,250 new test booklets and 461,000 answer sheets, in addition to numerous other forms and supplies which were added to stock. It should be remembered that each test booklet must be completely and carefully checked before it is released.

Office Administration Unit—Roger Hilton, Office Supervisor

During 1949, the average number of staff members of the Department of Measurement and Guidance was 43. This was approximately the same number as were on the staff in 1948, although the work load increased considerably.

During the year additional space was acquired, and additional desks, chairs, typewriters, and other permanent equipment were purchased. These additions, however, will not be sufficient for 1950 if the department is to meet the increased needs resulting from the markedly increased volume of work.

New test booklets and numerous forms were printed during the year. New procedures were established for stock and inventory controls, and a system of double checks was set up for the Shipping Unit. New filing systems were also set up. This was, generally speaking, a year devoted to the improvement of administrative procedures and methods—a year well spent.

Perhaps the quickest way, however, to show an over-all picture of the work accomplished by the department during 1949, would be to report on the mail count for the year. On the basis of accurate figures over a six-month period, it is conservatively estimated that 12,000 letters were received by the Department of Measurement and Guidance in 1949, and an estimated 24,000 were mailed. These figures do not include 4,900 packages mailed and 3,800 received.

There were two major trends in test development of special importance to the entire program of the Department of Measurement and Guidance: first, the need for tools and devices other than, and in addition to, pencil-and-paper type tests; and second, the development of tools which would be specifically designed for specific nursing population groups. These two trends will continue to affect the future planning of the test services provided by the department. This will be especially true for 1950.

Finally, it should be remembered that the work of the department during the past year was accomplished only through the cooperative efforts of a large number of individuals and groups: the staff of the department, nurses from all sections of the United States, the many nursing and other groups concerned with nursing education, our technical consultants, our examiners, the nursing specialists who help write and review our tests, our advisory committees, the state boards of nurse examiners, the many schools of nursing which are our test users, and our many interested friends both in nursing education and
in general education. The year 1949 has been a busy year for all of us, and we are looking forward to even greater efforts and accomplishments in 1950.

Respectfully submitted,

ELIZABETH L. KEMBLE, Director

RESOLUTION REGARDING ELIZABETH L. KEMBLE’S RESIGNATION

In the absence of the president, who had left the floor temporarily to address another group, the secretary expressed the League’s regret over Miss Kemble’s resignation from the Headquarters staff. The following resolution was then read by Mildred Lorentz:

WHEREAS, Miss Elizabeth Kemble has given four years of stimulating and competent service to the National League of Nursing Education through her activities as director of the Department of Measurement and Guidance, promoting a rapid expansion of development of test services and research, and

WHEREAS, The nursing profession has benefited both directly and indirectly from her leadership in expanding the field of educational tests and measurements in nursing, and in extending to a greatly increased number of schools the use of improved methods in selection of students, and

WHEREAS, The practice of nursing has been advanced by the improvement in quality and by the extension of uniformity in state examinations, be it

Resolved, That the Board of Directors and the membership of the National League of Nursing Education tender their sincere thanks to Miss Kemble and, by spreading this resolution on the minutes of this meeting, recognize her great contribution to the advancement of nursing and nursing education in the United States.

REPORT OF THE DEPARTMENT OF SERVICES TO SCHOOLS OF NURSING

Since the publication of the 1937 Curriculum Guide for Schools of Nursing, the Board of Directors of the National League of Nursing Education has given consideration to the organization of a department of curriculum. As time has gone on there has become more apparent a need not only to develop and assist with the development of curricular materials in all categories—practical nurse, basic and advanced professional—but also to offer consultation service to schools in the development of curricula. Each year new problems have arisen in school organization and administration and in the area of practice fields. The Board has felt that one way for the National League of Nursing Education to meet these needs would be to offer some consultation service. Therefore, a department named “services to schools of nursing” was created with the idea that it would be broad in scope and that activities would be developed gradually.

The Department of Services to Schools of Nursing was staffed in September 1949 with an acting director and a half-time secretary. For the time being, at least, it has been thought advantageous to limit the scope of the department to the coordination and organization of the League’s current
curricular activities. This decision was made in accord with availability of personnel, Headquarters space, and financial resources.

The period of time between September 1 and December 31, 1949 has been spent in orientation to ongoing curricular activities as to origin and progress, with a view to coordination. Last May, the Board directed that, as soon as this department came into being, a curriculum conference should be called for the purpose of considering the present status of curricular activities. It was further suggested that all curriculum interests of other nursing organizations be invited to participate in this conference. This conference was held December 3, 4, 5, 1949 at the Henry Hudson Hotel, New York. Approximately 65 individuals representing the six national nursing organizations and the National Association for Practical Nurse Education came from seventeen states and the District of Columbia to participate in this conference. A report of this conference will be available.

It is hoped that a more clearly defined program of activity in all areas of curriculum may be developed before September 1950.

See the report of the Steering Committee of the Committee on Curriculum for details of activities in progress.

Supplementary Report

Since the above report was prepared, the functions of the Department of Services to Schools of Nursing have been expanded (1) to include the facilitation of the development of curricula in nursing, and (2) to carry out special projects which are assigned by the Board of Directors or the executive director.

The Department is working very closely with the American Council on Education in an effort to plan a conference on nursing education to be held in the fall. The theme of this conference will be "The Role of Higher Education in Nursing Education." The Department is also working very closely with the American Association of Junior Colleges in an effort to explore what junior colleges have to offer in nursing education.

Plans are now going forward for a second national conference on curriculum which will be held some time in the fall. The report of the first conference on curriculum will be available shortly.

Respectfully submitted,

MARY SCHMITT, Acting Director

REPORT OF THE DEPARTMENT OF BUSINESS ADMINISTRATION

The Department of Business Administration was organized in September 1949, comprising the following units: Accounting, Personnel, Purchasing, and Sales.
The duties of the director are as follows: to administer, coordinate, and control the nonprofessional activities of the Headquarters staff; supervise general business transactions of the League; maintain accounting records; prepare financial reports and consolidated budget; formulate methods and procedure for administrative functions; administer personnel policies as approved by the Board of Directors; develop financial budget for activities of the department and review all department budgets with interested director; maintain membership lists and records; supervise office services such as, typing pool, library, general files, and stock room; handle all business correspondence; develop a plan for the centralization and unification of all business details and transactions of the League.

Since this department was organized, there have been numerous changes and improvement of office methods and procedure.

**Personnel**

Various personnel forms have been introduced and are presently being used. They have improved our method of maintaining personnel records in a uniform and systematic manner.

Personnel policies were studied and revised by our staff members and approved by the Board of Directors in January 1950. Some of the important changes are vacations and Saturday closing.

**Vacations.** The length of vacation to which an employee is entitled depends upon his length of service from original hiring date to June 1 of the current year.

<table>
<thead>
<tr>
<th>Service requirements</th>
<th>Length of vacation</th>
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<tbody>
<tr>
<td>Over 6 months but under 2 years</td>
<td>10 working days</td>
</tr>
<tr>
<td>2 years but under 3 years</td>
<td>15 working days</td>
</tr>
<tr>
<td>3 years or more</td>
<td>22 working days</td>
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</table>

Employees having under six months of service shall be entitled to one day of vacation for each completed month of service between the starting date of employment and June 1 of the current year. Administrative and supervisory personnel are entitled to twenty-two working days.

Provision has been made for an accrued vacation payment to be given to persons leaving our employ due to lack of work, curtailment of activities, unsatisfactory work, or resignation. Vacation pay shall accrue at the rate of one-twelfth of the employee’s potential vacation for each completed month of service during the vacation year beginning June 1.

**Saturday closing.** A study was made to determine the actual activity on Saturdays between June 1 and December 31, 1949, and it was found that during this period of time, there were very few telephone calls or persons seeking assistance. Saturday closing is prevalent throughout the New York area and, for that reason and because of the small volume of activity, the Board of Directors decided in January 1950 that the office at 1790 Broadway,
New York City would be officially closed on Saturday. A notice has been placed in the *American Journal of Nursing* and sent to schools of nursing.

**Purchasing**

A systematic method of purchasing has been installed. A purchase order form and requisition have been designed, and both are presently being used.

**Accounting**

Various forms have been introduced and put into use in our Accounting Unit to effect a standardization and unification of accounting functions.

**Sales**

As the sale of publications is one of our largest sources of income, this subject has been studied and methods put into practice to make this unit more efficient and to speed up the shipment of publications. In conjunction with the sale of publications, a perpetual inventory is presently maintained to keep an accurate record of the volume of sales and to provide a means for knowing the quantity of forms and material that we must secure.

**Pay roll plan**

A pay roll plan has been introduced which provides a specific rate range for each job classification and salary increments based upon a merit rating system.

Plans are being made for further centralization and unification of business activities of the League.

Respectfully submitted,

WALTER W. DIX, Director

**REPORT OF THE**

**JOINT ORTHOPEDIC NURSING ADVISORY SERVICE**

Since July 1, 1949, there have been several changes in the staff of the Joint Orthopedic Nursing Advisory Service of the National League of Nursing Education and the National Organization for Public Health Nursing. Lois Olmsted, consultant, National League of Nursing Education, resigned November 1, completing five years of outstanding service, the latter two years as senior consultant of the joint orthopedic nursing project. Louise Suchomel, consultant, National Organization for Public Health Nursing, succeeds Miss Olmsted as administrator of JONAS. The total consultant staff of JONAS has been increased to five and includes two one-year appointments, one by the League and one by NOPHN. Close cooperation between members of the joint staffs has made possible the continuation of unified service.
A considerable proportion of time was spent in field service this past year because of the high incidence and wide geographic distribution of poliomyelitis. Polio advisory service was given in 26 states. It has been recommended by the National Foundation for Infantile Paralysis that we plan to augment our staff during the polio season by employing three additional nurses qualified to assist with in-service teaching centers.

**Future plans**

On December 2, 1949, at the biennial meeting of the Joint Council of the Joint Orthopedic Nursing Advisory Service, recommendations were made as to the priority of JONAS activities for the future. These activities can be considered under two definite headings:

**Poliomyelitis program.** This program is a seasonal activity and consists of assistance with and participation in poliomyelitis in-service teaching programs. It was recommended that in-service teaching centers be continued until such time as the care of the polio patient becomes an integral part of the basic curriculum, and also that refresher courses be given for nurses responsible for teaching, supervision, organization, and administration of polio units and to public health nurses responsible for follow-up care.

**General educational program.** It was recommended that a study be made of the functions of the orthopedic nurse to consider the type of preparation desirable to meet her needs. A committee sponsored by JONAS has been directed to evaluate present courses in orthopedic nursing being offered at universities, particularly with reference to preparation of the public health nurse in a crippled children's program. For these positions there seems to be need for preparation which emphasizes the public health aspects of nursing and includes pediatrics and geriatrics as well as orthopedics.

Recommendation was made that the revision of visual aids and bibliographies and the preparation of instructors' manuals be completed.

Our on-going educational activities include advisory service to noncollegiate schools of nursing and collegiate schools having both basic and graduate nursing programs. At the present time many university schools which offer both basic and advanced programs of study are in the process of revising curricula. It would seem that this is a propitious time for JONAS to assist these schools in the integration of kinesiology and the principles of orthopedic nursing as applied to all phases of nursing. It was further suggested that consideration be given to placing more emphasis on the basic nursing skills necessary for the care of the acute poliomyelitis patient.

It was recommended that JONAS continue the educational program of providing advisory assistance and that selected participation be governed by availability of well-prepared personnel in state and local agencies. Preference is to be given to workshops and institutes rather than to the short-term lecture and demonstration program.
Summary of Activities of NLNE Consultants

Number of states visited ........................................... 17


Lecture demonstrations ......................................... 5

These were sponsored by state leagues of nursing education and collegiate and noncollegiate schools of nursing and consisted of instruction in integration of orthopedic nursing principles including kinesiology in all phases of nursing and activities of poliomyelitis nurse co-ordinators and nursing care of the poliomyelitis patient. Length of time: two hours to two weeks.

Institutes .......................................................... 5

These were sponsored by the Virginia league and the Iowa State Department of Health and State Service for Crippled Children and consisted of instruction in integration of posture and body mechanics throughout the curricula and home care of the orthopedic patient. Institutes varied in length from two to four days. Total attendance was 300.

Workshops ........................................................ 2

These workshops for faculty members were sponsored by university schools of nursing in Massachusetts and New York. Instruction consisted of integration of posture and body mechanics and orthopedic nursing principles throughout the curricula. The workshops varied in length from three days to two weeks. Total attendance was 36.

Group conferences ................................................. 6

These were sponsored by the Crippled Children's Service in Iowa, Medical College of Virginia School of Nursing, and the National Foundation for Infantile Paralysis, New York City. They were concerned with a variety of subjects such as integration of orthopedic nursing principles, preparation of student nurses in poliomyelitis nursing skills, and follow-up conferences for nurses in state agencies and preplanning for better nursing service for the care of polio patients.

Interviews .......................................................... 60

Many of these were held while the consultants were in the field as well as in the office. Interviews were concerned with information regarding preparation in orthopedic nursing, programs and planning, orthopedic nursing courses of study, sources of teaching material, and requests for personnel with orthopedic preparation.
Advisory service

1. Alfred I. DuPont Foundation, Wilmington, Delaware, for assistance in planning for a basic nursing course in orthopedics and further assistance in organizing an affiliate program in orthopedic nursing.

2. General Hospital in Buffalo, New York, requesting evaluation of its clinical facilities and its orthopedic nursing course.

3. West Virginia State Chapter of National Foundation for Infantile Paralysis requesting assistance in evaluating its present hospital facilities and status of nursing care being given to polio and orthopedic patients in three orthopedic hospitals within the state. The length of time varied from one day to two weeks.

4. Uncas-on-Thames Sanatorium, Norwich, Connecticut, requesting assistance in the care of patients with tuberculosis of the bone.

Poliomyelitis teaching programs

At the request of the National Foundation for Infantile Paralysis, the League consultant participated and assisted in planning in-service teaching programs in the following states:

<table>
<thead>
<tr>
<th>State</th>
<th>Program Details</th>
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<tbody>
<tr>
<td>Arkansas, Little Rock</td>
<td>4 one-week courses 2 two-day institutes</td>
</tr>
<tr>
<td>Little Rock, Jonesboro</td>
<td>2 advisory visits to hospitals</td>
</tr>
<tr>
<td>Illinois, Springfield</td>
<td>1 two-day institute</td>
</tr>
<tr>
<td>Indiana, Indianapolis</td>
<td>1 four-day institute 1 two-day institute</td>
</tr>
<tr>
<td>Indianapolis, Evansville, Ft. Wayne, Portland, Muncie, South Bend</td>
<td>5 advisory visits to hospitals</td>
</tr>
<tr>
<td>Kentucky, Lexington</td>
<td>1 one-week course 1 one-week course</td>
</tr>
<tr>
<td>Louisville</td>
<td>1 advisory visit to hospital</td>
</tr>
<tr>
<td>Lexington</td>
<td>1 three-day institute</td>
</tr>
<tr>
<td>Maine, Portland</td>
<td>1 three-day institute</td>
</tr>
<tr>
<td>Lewiston</td>
<td>1 advisory visit to hospital</td>
</tr>
<tr>
<td>Bangor</td>
<td>1 one-day symposium, St. Anthony's Hospital 1 three-day institute, St. Anthony's Hospital 1 two-day institute, St. Francis Hospital 1 two-day institute, City Hospital 1 one-day institute, Burge Hospital 1 one-hour lecture 1 two-hour lecture, Lenox Hill Hospital 1 five-day institute 1 three-day institute 1 three-day institute 1 two-hour lecture and demonstration, General Hospital</td>
</tr>
</tbody>
</table>
Annual meeting of the National Society for Crippled Children and Adults, New York—attended
Annual meeting of the American Public Health Association, New York—attended
Annual convention of American Hospital Association, Cleveland—attended
First National Conference on Cerebral Palsy, New York—attended
West Virginia State Nurses Association annual meeting, White Sulphur Springs—guest speaker
Meeting of Physical Therapy Chapter of New Jersey—attended
Committee on Unification of Accrediting Activities—participated
Subcommittee on Supplementary Courses in Orthopedic Nursing of the NLNE Curriculum Committee—acting secretary
NLNE Committee to Formulate Plans for Recruitment of Graduate Nurses—attended
Nursing Organization Curriculum Conference—attended
Scholarship Committee of the Joint Council on Orthopedic Nursing—member of
ANA Film Committee—member of

Observation visits

Visits were made to rehabilitation centers, orthopedic hospitals, state clinics, treatment centers, and orthopedic wards in general hospitals in seven different states.

Office service

There have been approximately 3,000 letters received from hospital nurses, instructors, and students in universities requesting educational material. Correspondence was concerned with guidance of nurses interested in orthopedic nursing, staff education and teaching programs in schools of nursing, the use of visual aids and publications, and integration of the basic nursing skills essential for the care of the acute polio patient. Secretarial service including correspondence and preparation of the manuscript for the NLNE Subcommittee on Supplementary Courses in Orthopedic Nursing was provided by JONAS.

Exhibits

JONAS has had exhibits at the annual meeting of the National League of Nursing Education in Cleveland, the annual conference of the American Physical Therapy Association, and the American Hospital Association Conference in Cleveland. These included displays of printed materials and a view-box illustrating posture and body mechanics, physical therapy as it relates to nursing, and equipment necessary for the care of the poliomyelitis patient in a hospital. Members of the staff were present at the booth to give advisory service in the use of educational materials and in planning teaching programs in schools of nursing.

Preparation and distribution of educational material

JONAS receives an average of from 110 to 150 requests for reprints and handbooks weekly and between 20 and 50 requests for slides and films.
The heavy field schedule of the consultants this past year has had a marked effect upon their ability to accomplish many of the projects concerned with the revision of educational materials. However, revision of scripts and bibliographies is being carried on; also the handbook, entitled Orthopedic Nursing—Content and Method of the Teaching Program in Schools of Nursing is now in the process of revision, and it is hoped that all these projects will be completed early in 1950.

Scholarships

The grant for scholarships in orthopedic nursing from the National Foundation for Infantile Paralysis has been terminated as of May, 1949. There have been 117 awards for study in advanced clinical courses in orthopedic nursing made since this program was inaugurated in November, 1940, and 60 of these have been NLNE awards. There are seven nurses still in school at present on scholarship grants. It is interesting that nurses who have received scholarships are now working in 28 states and Hawaii, Japan, and Alaska.

The Scholarship Committee recommended that the need for scholarship funds to assist nurses interested in preparation in this specialty be reviewed in 1950 and, if the need is indicated, that funds for scholarships be secured from a foundation.

Teresa Fallon
NLNE Consultant in Orthopedic Nursing

REPORT OF THE
JOINT TUBERCULOSIS NURSING ADVISORY SERVICE

This report, covering major activities of the Joint Tuberculosis Nursing Advisory Service for 1949, serves as another chapter showing progress in the accomplishments of this Service. We hope more factual data will soon be available for making partial measurements of seeming improvements in tuberculosis nursing and action taken by local groups to improve the preparation of nurses for this work. Certainly there is growing awareness of the need for improvement. It is gratifying to be a part of this movement, and appreciation is again expressed to the National Tuberculosis Association for the grant of $17,000 to the NLNE and NOPHN for continuance of this joint activity.

Statistical report

The Statistical Department of NOPHN collected and tabulated data concerning tuberculosis nursing services of public health agencies. A report of the findings was prepared by our NOPHN consultant and published in the
March 1949 issue of *Public Health Nursing*. The study revealed gaps in services and need for in-service education in tuberculosis nursing.

**Educational materials**

1. *Safer Ways in Nursing to Protect Against Tuberculosis*, published in January 1949, has had a good reception. The first printing of 5,000 copies and the second of 10,000 have been completely exhausted. Three thousand unfilled orders were on hand December 31, 1949. An order has been placed for 10,000 copies of the next edition which has been revised to conform to a new classification of tuberculosis prepared by the American Trudeau Society.

A Japanese translation of this guide is just off the press. It was made under the auspices of the Division of Nursing, Public Health and Welfare, General Headquarters, Supreme Command, Allied Powers in Japan.

Permission has been granted to the Pan American Sanitary Bureau for a Spanish translation.

2. *An Instructional Plan for Basic Tuberculosis Nursing*, prepared by the Subcommittee on Tuberculosis Nursing of the NLNE Committee on Curriculum, co-sponsored by JTNAS, was published by NLNE in July. We are glad to report that 1,200 copies were distributed by the end of the year. Since the subject matter provides timely information on tuberculosis nursing education we believe more nurses will wish to study and use it.

3. By the end of December, manuscript for a rewrite of the *Handbook on Tuberculosis Nursing* had been returned by most physicians and nurses who were asked to review it. We hope a revision based on suggestions received will be published by spring, 1950.

4. There are steady requests for the set of slides "Family Health Service in Tuberculosis" and the set of four loan folders containing an exhibit of literature pertinent to tuberculosis nursing. The volume of requests is not spectacular but indicates a constant growth of groups who are better informed on this subject.

5. The Supply Service of the NTA reports that state tuberculosis associations ordered 2,400 copies of reprints of the symposium on nursing presented at the NTA Annual Meeting in 1949 as compared with 600 copies of the 1948 symposium. These are distributed to key people within the states and can be secured on request to local tuberculosis associations. This is a gratifying index of growth in local interest in tuberculosis nursing.

Nurses would do well to acquaint themselves with other reprints pertinent to tuberculosis which can be had from NLNE, NOPHN, and local tuberculosis associations. Many, available from tuberculosis associations, are reprints of articles published in magazines not generally subscribed to by nurses. They can be handy teaching tools and sources of current information on developments.
Graduate nurse education

On recommendation of the Council on Tuberculosis Nursing, a request has been forwarded to the NTA for a money grant to selected universities to support programs of study designed to prepare graduate nurses for positions of major responsibility in tuberculosis nursing. We hope the Association will take favorable action on the request since the need has been persistently re-emphasized.

As yet we have not learned to what extent financial assistance for graduate nurses wishing to matriculate in such programs has grown. There are indications that new resources may be available.

Tools for evaluating tuberculosis nursing services

Developing tools for evaluation of tuberculosis nursing services is one of the priority items in the program of JTNAS for 1950-51.

Some suggestions for evaluation of public health nursing services are being developed and are to be included in the Handbook on Tuberculosis Nursing. First attention to hospital nursing services is being given to patterns for staffing departments of nursing in tuberculosis hospitals of various sizes. Criticisms of first drafts of manuscript are now due from the Production Committee. Revisions will be sent to a representative reviewing committee before being published.

Field activities

Consultations have dealt with administration of tuberculosis nursing services, plans for teaching in schools of nursing and in universities, in-service education, and health services in schools of nursing and hospitals. Included in these consultations were 11 visitors from 8 foreign countries: Brazil, Haiti, England, India, Pakistan, Switzerland, UNICEF—Far East Headquarters, WHO—China Mission.

The consultants participated in seven meetings and institutes as guest speaker or moderator. The NLNE consultant was guest instructor for a group of nonmedical missionaries being prepared by the Christian Medical Council for Overseas Work. The NOPHN consultant was guest instructor for two classes of graduate nurse students at Teachers College, Columbia University, and New York University and for a group of graduate students at the Harvard University School of Public Health.

States visited—15 (1949); 26 (since September 1946 when JTNAS began). Consultant visits to states—23 (1949); 55 (since September 1946).

States visited more than once: Arizona, California, Connecticut, District of Columbia, Indiana, Maryland, Massachusetts, Michigan, New Mexico, New York, Ohio.
European visit

JTNAS was privileged to be represented at the Congress of the International Council of Nurses in Sweden and the 2nd Empire Conference on Tuberculosis in England by the public health nursing consultant. Correlated plans enabled her to observe selected tuberculosis nursing and other tuberculosis control activities in Denmark, England, Norway, and Sweden. This visit provided a rare opportunity for collection of ideas and information which are now being shared with nurses in the United States. Such collection and sharing of information is an important function of JTNAS.

Committee service

New committee service of the NLNE consultant during 1949 included participation in the following:

NTA Subcommittee on Tuberculosis in Sanatorium and Hospital Personnel and Admissions—ex officio member
Committee on Tuberculosis Nursing Education in New York State—member
NLNE Curriculum Conference
Committees on Faculty Recruitment and Careers in Nursing—guest
Council of the American Trudeau Society—guest

As a result of a request recommended by the Council on Tuberculosis Nursing, the chairman of the American Trudeau Society, Medical Section of the NTA, was authorized to appoint a committee to review and revise, if necessary, standards for control of tuberculosis among student and graduate nurses and to formulate a statement on the hazard involved in the care of persons with tuberculosis. The NLNE consultant has been asked to serve on this committee.

Future program

The Council on Tuberculosis Nursing met on October 6, 1949. It reviewed the work of JTNAS and approved the program for 1950 recommending that priority items include:

1. Completion of guides for evaluating tuberculosis nursing services
2. Continuation of consultation services of all kinds in the field of tuberculosis nursing
3. Promotion of regional work conferences in selected universities on tuberculosis nursing education and nursing service

Respectfully submitted,

KATHARINE G. AMBERSON
NLNE Consultant in Tuberculosis Nursing
REPORT OF THE COMMITTEE ON FINANCE

The Committee on Finance submits the following budget for the year 1950:

Balance as of January 1, 1950 ................................................. $ 39,082.87

Estimated Income:

General Office
Membership Dues .......................................................... $ 51,000.00
Publications
  Records ........................................................................ 27,000.00
  Other ........................................................................ 18,500.00
Photographs ...................................................................... 75.00
Slides ............................................................................. 250.00
Films .............................................................................. 50.00
Interest ............................................................................ 1,025.00
Convention—Exhibits and registration ......................... 4,000.00
Contributions .................................................................. 100.00
Royalties ........................................................................... 200.00

Department of Measurement and Guidance
Pre-Nursing and Guidance Test Service .................... $ 67,500.00
Achievement Test Service ............................................ 67,000.00
State Board Test Pool Service ..................................... 70,000.00
Graduate Nurse Test Service ....................................... 10,000.00
Practical Nurse Test Service ......................................... 4,000.00

Total Estimated Income ................................................... $359,782.87

Estimated Expenses:

General Office
Salaries ........................................................................... $ 35,990.00
Rent
  Premises ....................................................................... 3,358.12
  Conference rooms ....................................................... 100.00
Expenses of
  Board of Directors ..................................................... 7,000.00
  President ..................................................................... 1,000.00
  Executive Director ...................................................... 900.00
  Staff members ............................................................ 1,000.00
  Appointed representatives ......................................... 700.00
  Contingent expenses for committees ......................... 700.00
Legal Fees ........................................................................... 231.18
Conventions and Meetings
  Meeting rooms—California ......................................... 565.00
  Preprints, printing, mimeographing ............................ 500.00
  Supplies ....................................................................... 100.00
  Reporting convention ................................................ 400.00
  Exhibit space ............................................................. 300.00
  Honoraria .................................................................... 200.00
  Joint Board .................................................................. 200.00
  Miscellaneous ............................................................ 250.00

Total Estimated Expenses ................................................. $395,014.29
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**Department of Business Administration**

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### Department of Measurement and Guidance

**Salaries** $122,470.87

**Rent**
- Premises 9,338.41
- Examination rooms 650.00

**Travel**
- Director and staff members 2,200.00
- Advisory and Consultants 2,300.00
- Item writers 1,925.00
- Field work 1,200.00

**Fees**
- Item writers 1,050.00
- Advisory and consultants 500.00
- Examiners 10,500.00
- Proctors 1,700.00
- Reviewers 1,500.00

**Office Supplies and Equipment**
- Supplies, stationery, etc. 2,900.00
- Equipment 1,800.00
- Mimeograph supplies 1,350.00
- Testing materials 15,500.00

**Services**
- Express 6,000.00
- Postage 5,000.00
- **Telephone** 1,400.00
- Telegraph 1,000.00
- Machine rental 5,856.65
- Machine service 266.00

**Information on Testing Service**
- 2,000.00
- Educational materials 1,000.00
- Entertainment 150.00
- Miscellaneous 200.00
- Repairs and maintenance 400.00
- **Subscriptions, reference books** 150.00 $200,306.93

### Department of Measurement and Guidance

**Research**
- Validation $5,878.68
- Practical nurse service 1,000.00
- Advanced level 500.00
- Present Battery—PNG 500.00
- Achievement 500.00
- State Board 250.00 $8,628.68

### Department of Advisory Service to State Leagues

**Salaries** $7,300.00

**Rent—Premises** 119.00

**Travel—Director** 2,000.00

**Supplies, stationery, etc.** 50.00

**Service**
- Postage 25.00
- Telephone 25.00
- Telegraph 25.00
- Mimeographing, multigraphing, etc. 50.00
- **Entertainment** 16.00 $9,610.00
Department of Services to Schools of Nursing

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Committees

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<td>Postgraduate Nursing Education</td>
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Respectfully submitted,

HENRIETTA DOLTZ, Chairman
The work of the Committee on Nominations was carried on entirely by correspondence. The chairman communicated with the members of the committee for suggestions as to candidates when it became evident that the complete ticket could not be made up from nominations submitted by state leagues.

A letter to the president of each state league was sent out August 1. On December 1, the stated deadline, 27 suggestions had been received. A few were sent after that date, but could not be used. A ticket was made up from these suggested names, with the exception of a second name for president, and sent to the members of the Committee on Nominations. They were asked to suggest names for the office of president and to choose between candidates for other offices where the state leagues had not indicated a definite choice. When this ticket was returned the chairman of the committee communicated with each individual for permission to place her name on the ticket. All but one person and the candidates for president suggested by the committee consented to serve. The difficulty in regard to securing another name for president was placed before the secretary of the National League. She suggested that the ticket be sent to the Board of the National League without a second name.

The ticket was sent to the members of the Committee on Nominations for their signature and presented at the meeting of the Board of the National League.

The ticket, as accepted by the Board of Directors, is as follows:

**President**

Agnes Gelinus, Skidmore College School of Nursing, New York, New York
Mrs. Mary S. Tschudin, University of Washington, Seattle, Washington

**Treasurer**

Henrietta Doltz, University of Oregon School of Nursing, Portland, Oregon
Alma E. Gault, Meharry Medical College School of Nursing, Nashville, Tennessee

**Nurse Directors**

Frances H. Cunningham, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio
Marie Farrell, Boston University School of Nursing, Boston, Massachusetts
Mrs. R. Louise McManus, Teachers College, Columbia University, New York, New York
Ruth Sleeper, Massachusetts General Hospital School of Nursing, Boston, Massachusetts
Mrs. Eugenia K. Spalding, Indiana University Division of Nursing Education, Bloomington, Indiana
Carrie M. Spurgeon, State Board of Nurse Examiners, New Orleans, Louisiana
Lay Director

Marjorie E. Massee, 1055 Clifton Road, N.E., Atlanta, Georgia
Mrs. Mae O. Spiegel, 2430 Lake View Avenue, Chicago, Illinois

Committee on Nominations

Elizabeth S. Moran, Henry Ford Hospital, Detroit, Michigan
Mildred E. Newton, University of California School of Nursing, Berkeley, California
Sister M. Eucharista, Niagara University, Niagara Falls, New York
Dorothy V. Wheeler, Veterans Administration, Washington 25, D. C.
Mrs. Carolyn L. Widmer, University of Connecticut School of Nursing, Storrs, Connecticut
Florence K. Wilson, Duke University School of Nursing, Durham, North Carolina

Respectfully submitted,

FLORENCE K. WILSON, Chairman
LAURA W. FITZSIMMONS, Sister Mary
CLARA LEWIS, Anna M. Steffen

REPORT OF THE
COMMITTEE ON AUDIO-VISUAL AIDS

The Committee on Audio-Visual Aids has planned the following program for the year 1949-50:

1. To complete the questionnaire study of "Audio-Visual Aids in Schools of Nursing" which was conducted early in 1949, and to make available a separate report to each state league as well as to publish an over-all report in the American Journal of Nursing.

2. To continue its work in reviewing new films and to publish such reviews in the American Journal of Nursing.

3. To encourage state and local leagues to form committees on audio-visual aids to study and evaluate the use of such aids.

4. Two members from this committee will also serve on the American Nurses' Association Committee on Films for the coming year.

Respectfully submitted,

MARGUERITE E. KAKOSH, Chairman

REPORT OF THE COMMITTEE TO CONSIDER
FEDERAL LEGISLATION ON NURSING EDUCATION

You will recall that at the League meeting in May 1949 a comprehensive report was given concerning steps taken by the League relative to federal aid for nursing education up to and including that week. These reports can
be found on pages 180 to 183 and 366 to 385, in the Fifty-fifth Annual Report of the National League of Nursing Education, 1949.

Herein are listed briefly the major items of concern since S. 1453, "the Bill to Amend the Public Health Service Act to Provide Grants and Scholarships for Education in the Medical, Dental, Dental Hygiene, Public Health, Nursing and Sanitary Engineering Professions, and for Other Purposes" was introduced into the Senate by Senators Pepper, Murray, Humphrey and Neely, March 29, 1949. After this bill was introduced, it was referred to the Committee on Labor and Public Welfare.

Another bill, H.R. 3894 (companion bill to S. 1453) was introduced into the House by Representative Biemiller on March 30, 1949. This bill was referred to the House Interstate and Foreign Commerce Committee.

The American Nurses' Association (through the help of Blanche Pfefferkorn) prepared a statement for testimony on these bills after consideration of them with its Special Committee on Federal Legislation. However, before hearings were scheduled Senator Thomas introduced an over-all National Health and Welfare Bill—S. 1679—Title I of which contained the provisions of S. 1453 with some differences. This new bill, S. 1679, was referred to the Senate Committee on Labor and Public Welfare.

Representative Dingle and Representative Biemiller introduced identical bills in the House—H.R. 4312 and H.R. 4313. These bills were referred to the House Committee on Interstate and Foreign Commerce.


Tribute should be paid to Blanche Pfefferkorn for her part in the preparation of the original statement of the testimony and for her participation in the hearings. Representative Priest, chairman of the House Subcommittee on Interstate and Foreign Commerce, said "it was one of the best prepared, best documented, and best presented statements ever to come before that particular committee."

On June 17, 1949, at the request of the Chairman of the Senate Subcommittee, an informal conference was held in the committee chambers with
representatives of nursing to discuss recommendations made by the American Nurses' Association in its testimony. Following this conference the committee went into executive session.

On August 3, 1949 an amended version of S. 1453 was reported out of committee, a bipartisan bill approved by all members.

On August 9, 1949, a similar bill was introduced into the House of Representatives by Representative Biemiller and referred to the House Committee on Interstate and Foreign Commerce.

S. 1453 (amended) was passed by the Senate without a dissenting vote on September 23, 1949, and was referred to the House of Representatives to the Committee on Interstate and Foreign Commerce.

S. 1453 (passed by the Senate) and H.R. 5940 were then considered by the Subcommittee of the House Interstate and Foreign Commerce Committee. It was thought probable and possible that H.R. 5940 would pass the House. However, on October 11, 1949, the committee ordered the bill H.R. 5940 reported favorably to the House where it would wait the decision of the Committee on Rules as to when it would be considered.

It has been reported through the Chairman of the American Nurses' Association Special Committee on Federal Legislation, that because of pressure brought by individuals, Representative Doughton and Senator Hoey used their influence to prevent the Rules Committee from bringing the bill before the House. The objections centered around the implication to the bill of the interim classification list of schools of nursing and the establishment of the National Nursing Accrediting Service.

It has been reported that a resolution was presented to Representative Priest to provide, in effect, that a school of nursing would be eligible for payment if it is approved by the state board of nurse examiners. The members of the Rules Committee hesitated to bring up, just before the close of the session in November 1949, a bill that caused controversy. It was believed by them that further study was necessary.

On December 19, 1949 the American Nurses' Association Special Committee on Federal Legislation met in Washington. The League was represented by Frances C. Thielbar, Agnes Gelinas, and Eugenia K. Spalding. (These League representatives reviewed the opinions of the Board members collected prior to the meeting.) The committee studied and discussed the bill H.R. 5940 only, which provides for an emergency five-year program of grants and scholarships for education in the fields of the various health professions. H.R. 5940, as well as the amended version of S. 1453, had been prepared and introduced subsequent to the presentation of testimony on similar bills by the American Nurses' Association in June 1949, as has been pointed out previously in this report. Neither H.R. 5940 nor the amended S. 1453 had been studied by the committee as a whole, and therefore it seemed advisable that careful study of the bill be made in its entirety,
and also of the amendment which Mr. Priest had indicated he would propose relative to the use of the lists of schools accredited by state boards.

The committee agreed that the bill is an improvement over the former administration bills and that it incorporates most of the amendments which were suggested by the nursing group after its study of the original S. 1453 and its companion bill H.R. 3894. However, the present H.R. 5940 shows several weaknesses which the committee believed should be eliminated.

The first of these concerns the membership of the National Council on Education for Health Professions, which reduces the number of health educators on the Council from ten in the original S. 1453 to three in H.R. 5940. This, the committee thought, does not insure adequate representation of professional education, nor does it insure that at least one of the three would be a professional nurse.

The second weakness in H.R. 5940 is the provision of Section 217 (H) (2) (page 19 of the printed bill) relative to the membership of the committee on nursing education. This, it was believed, is a discriminatory provision inasmuch as it would require the inclusion of persons outside the field of nursing, but at the same time provides that the membership of the committees of all other professional groups shall be selected from the field of professional education concerned.

A third weakness appears in Section 202 (A) (3) of the Vocational Act of 1946, which requires that practical nurse training shall be "of less than college grade." Since practical nursing courses are being offered in universities in at least three states, the committee voted acceptance of a State Board Conference (1949) recommendation that an amendment be offered which would substitute the words "technical grade" for the words "less than college grade."

The amendment proposed by Mr. Priest which would substitute the words "by a state board of nurse examiners" for "by a recognized body or bodies approved for such purposes by the Surgeon General" was discussed, and the following points were brought out:

1. State boards of nurse examiners do not accredit or approve postgraduate and advanced programs of nursing except in two states, nor do they approve practical nurse programs in twenty states and the District of Columbia at present. Therefore, other approving agencies would have to be named for such programs.

2. The proposed amendment would discriminate against nursing and nursing education by making it impossible for the Surgeon General to make use of a national accreditation list which might evolve in the future. Such lists are recognized in the case of the other major health professions.

3. There is nothing in the wording of the present bill which would prohibit the Surgeon General from using a state-approved list until such time as a national accredited list is completed. If national accredita-
tion is to be rejected with regard to nursing education, it should likewise be rejected for medical, dental, and other types of professional health education. On the other hand, if it is to be recognized in these fields, then it should also be recognized in nursing education.

These comments and recommendations which have been summarized here have been incorporated into a statement relative to H.R. 5940 and have been submitted to Mr. Priest.

The League staff has worked with the American Nurses' Association on the various memoranda relative to federal legislation on nursing education which have been sent to the presidents and executive or elected secretaries of state nurses' associations. Following the meeting of December 19, 1949, a memorandum was prepared and sent to the presidents and executive or elected secretaries of state nurses' associations and to presidents of state and local leagues of nursing education.

Supplementary Report

From January 24 to March 22, 1950, H.R. 5940 was under study by the House Subcommittee on Public Health, Science, and Commerce. In addition to the comments and recommendations summarized above which were presented in a statement to the House Subcommittee by the American Nurses' Association, suggestions for improving the bill were made separately by the other professions involved.

The American Medical Association submitted a statement recommending that legislation regarding federal aid to medical education be incorporated in a separate and distinct title or section of the general bill on the grounds that "many of the problems and needs of medical education and the medical schools are quite distinct from the problems and needs encountered in education for the other health professions." According to the AMA statement, these recommended changes were designed to accomplish the following objectives.

1. To reduce the degree of federal control over medical schools. For example, in several instances provisions permitting the Surgeon General to prescribe regulations would be replaced by definite statements as to the conditions which medical schools should meet to qualify for grants and the manner in which payments would be handled; the safeguards to academic freedom would be elaborated upon; and the right of appeal from a decision of the Surgeon General would be granted to medical schools.

2. To encourage the continuation of local support of medical education and reduce the possibility that federal aid will lead to the medical schools' becoming largely dependent upon the federal government for financial support in the future. For example, it was recommended that the limit of payment for instruction costs to any school be reduced
from 40 per cent to 30 per cent of the school’s budget and that the federal share of construction costs be reduced from 50 per cent to 33-1/3 per cent.

3. To eliminate certain provisions that are inequitable. For example, it was recommended that the bonus payment for excess students, in the case of new medical schools, be given for only 30 per cent of the students, thus placing all schools on an equal basis.

The AMA’s suggested new title would also provide for a National Council on Medical Education in addition to the National Council on Education for the Health Professions. Of the ten members on the Council on Medical Education, it was recommended that five should be in the field of medical education.

After consideration of the recommendations from these, and doubtless other groups, the Subcommittee on Public Health, Science, and Commerce revised H.R. 5940 and submitted the revision to the House Committee on Interstate and Foreign Commerce. It is our understanding that the House Committee is still deliberating on the bill and may well be revising it further. The following summary of changes made by the Subcommittee should not, therefore, be considered as adopted changes.

Briefly stated, the Subcommittee on Public Health, Science, and Commerce

1. Did not provide a separate title or section for medical education or set up a separate National Council on Medical Education.

2. Did not accept the ANA’s recommendations with regard to (a) nurse membership on the Council (although the number of professional educators on the Council was increased to five); (b) elimination of hospital administrators for the nursing committee; (c) terminology with regard to practical nurse training.

3. Changed the eligibility definition of diploma (but not degree) schools and practical nurse schools as follows:

No diploma school of nursing shall be eligible for such payments unless (1) it is approved by that agency of the State in which the school is located which is authorized to approve diploma schools of nursing, or (2) if there is no such agency, the school is designated as a school whose graduates are eligible to take the examination for licensure to practice as a nurse or for registration as a nurse by that agency of such State which is authorized to fix the qualifications of individuals for such licensure or registration. No school of practical nursing shall be eligible for such payments unless (1) it is approved by that agency of the State in which the school is located which is authorized to approve schools of practical nursing, or (2) if there is no such agency, the school is designated as a school whose graduates are eligible for licensure as practical nurses (or their equivalent) or eligible to take the examination for such licensure by that agency of such State which is authorized to fix the qualifications of individuals for such licensure, or (3) if there is no agency of the State having the authority referred to in clause (1) or (2) of this sentence, the school is approved or accredited.
by a recognized body or bodies approved for such purpose by the Surgeon General in accordance with general standards prescribed by the Council.

4. Eliminated the section on scholarships, but the Surgeon General may still permit schools of nursing to use part of their "instruction costs" funds for scholarships.

5. Strengthened the "Limitation of Authority" (or "academic freedom") section but did not otherwise reduce the degree of federal control as recommended by the AMA.

6. Gave the Surgeon General the power to allocate funds appropriated for instruction costs among the several classes of schools, and, if the amount so allocated should be inadequate to permit the per capita payments provided for in the bill, to reduce these per capita payments.

7. Reduced the limit of payment of instruction costs from 40 per cent to 30 per cent of the school's budget and provided that the federal share of construction costs would be not less than 33-1/3 per cent or more than 50 per cent.

These changes may or may not be adopted by the House Committee on Interstate and Foreign Commerce. Pending action by the House Committee, the NLNE Committee to Consider Federal Legislation on Nursing Education cannot proceed with any definite program. When the Committee on Interstate and Foreign Commerce does take action on H.R. 5940, the NLNE committee proposes to proceed in one of the following two directions:

1. If the bill, in some form, is reported out by the House Committee, the NLNE committee will study it and advise the ANA Special Committee on Federal Legislation with regard to its opinion.

2. If the bill fails, the committee, in accordance with the Board's directive in January 1950, will send a questionnaire to the members of the boards of directors of state and local leagues to determine how the League's statement of philosophy on federal aid to nursing education should be revised to represent the views of the membership and what principles the League membership would like to have incorporated in any new legislation which might be drafted.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT OF THE STEERING COMMITTEE OF THE COMMITTEE ON CURRICULUM

The Steering Committee of the Committee on Curriculum has met seven times in New York City during 1949. It has continued to support the work of its Subcommittees as well as to analyze its own purpose and function.
Several of the subcommittees of the Committee on Curriculum are carrying on projects which were initiated prior to this year.

The Subcommittee on Supplementary Courses in Orthopedic Nursing (Jean Hill, Chairman) is in the process of preparing suggestions for content and instruction in orthopedic nursing.

The Subcommittee on Care of the Aged and Chronically Ill (Amy F. Brown, Chairman) is preparing a bibliography which it anticipates will be useful to instructors and students concerned with the care of the aged and chronically ill.

The Subcommittee on History of Nursing (Eleanor Lee, Chairman), in cooperation with the New York City League of Nursing Education, is reviewing the slides used in teaching History of Nursing which are available to schools of nursing through the NLNE. It is the plan of this group to eliminate slides considered to be of questionable value and to make new slides, and also to rewrite the explanatory material which accompanies these slides.

The Subcommittee on Obstetric Nursing (Ruth Doran, Chairman) and the Subcommittee on Nursing in Child Health Services (formerly the Subcommittee on the Education of the Nurse in the Care of the Child) (Isabel Jordan O'Connor, Chairman) held a joint three-day meeting in Washington, D. C. in April, 1949. The purpose of this meeting was to study the interdependence of obstetrics and pediatrics specifically as it relates to mother-child relationships and family unit care. The following recommendations were made:

1. That the total basic curriculum be examined to determine the provision for and placement of courses in the understanding of human development and personal relations.

2. That pediatric and obstetric nursing courses be studied:
   (a) to find and evaluate common areas in teaching and experience
   (b) to explore the possibilities for combining the teaching and experience in these two areas since they are so closely interdependent
   (c) to point out the opportunities in both courses for repetition with application in new situations
   (d) to find and describe the gaps in plans for teaching and experience

These committees plan to promote the writing of articles for publication on the subject of the interdependence of obstetrics and pediatrics.

The Subcommittee on Tuberculosis Nursing (Esta McNett, Chairman) completed its activities with the publication of the pamphlet *Instructional Plan for Basic Tuberculosis Nursing*.

The Subcommittee on the Contribution of Special Therapists to Nursing Education (Jean Barrett, Chairman) was dissolved upon publication of the pamphlet *The Contribution of Physical Therapy to Nursing Education*.

In May 1949, The Committee on Psychiatric Nursing became a subcommittee of the Committee on Curriculum. This subcommittee is preparing a statement of what the professional nurse, without specialized preparation,
should know and be able to do for patients who are mentally ill. It is anticipated that the work of this subcommittee will emphasize the quality of experience in psychiatric nursing which should be provided for basic students.

Communications have been referred to this subcommittee from several schools of nursing regarding the difficulties which they are encountering because of the minimum time limit for basic psychiatric nursing experience established by the American Psychiatric Association.

For some time, effort has been made by the Committee on Curriculum to appoint a Subcommittee on Curriculum for Men Nurses. In reconsidering the appointment of this subcommittee this year, it was the consensus of the Steering Committee that the creation of such a subcommittee would imply that the curriculum for men in basic nursing education should be different from that planned for women students. The Board of Directors has approved the recommendation of the Steering Committee that there should be no differentiation in the basic nursing curriculum for men and women since male nurses are licensed for general nursing and not for specialties.

The Subcommittee to Study the Length of Graduate Bedside Nurse Curriculum (Elizabeth Moran, Chairman) was appointed in December 1949. The need for this subcommittee arose out of the request to the NLNE from the Joint Commission for the Improvement of the Care of the Patient that "The National League of Nursing Education be respectfully requested to submit at the next meeting (March 9-10, 1950) of the Joint Commission its suggested program for meeting the educational needs for the training of graduate bedside nurses." It is anticipated that the work of this committee will involve the following considerations:

1. The definition of a graduate bedside nurse
2. Is the graduate bedside nurse a professional nurse?
3. What are the functions of a graduate bedside nurse?
4. How do the activities of the graduate bedside nurse differ from those of the practical nurse? of the professional nurse?
5. What kind of curriculum will need to be designed to prepare the graduate bedside nurse?
6. How long shall this curriculum be?

During the past year, the Steering Committee of the Committee on Curriculum has looked critically at its own functions. It recognizes that for some time it has been concerned primarily with the appointment of subcommittees, with reviewing materials prepared by its subcommittees, and with assisting in getting worthy materials into circulation. It recognizes that subcommittees have been created in response to pressures emanating from various sources and that this approach to curriculum revision has frequently been atomistic and has tended to follow traditional patterns of curriculum organization.

The Steering Committee believes that it might function more effectively
if all curricular activities within the NLNE were more closely coordinated and if some means were devised for making information about curricular activities of all national nursing organizations available.

A Curriculum Conference was held under the direction of the NLNE at the Henry Hudson Hotel in New York City on December 3, 4, 5, 1949. The purpose of this conference was to consider the present status of curricular activities of the national nursing organizations. The American Association of Industrial Nurses, American Nurses' Association, Association of Collegiate Schools of Nursing, National Association for Practical Nurse Education and the National Organization for Public Health Nursing were invited to participate in the conference by sending representatives of their curricular interests. In addition, the League also invited ten members-at-large from hospital schools of nursing. There were in attendance sixty-five participants from eighteen states and the District of Columbia. Reports from each committee included the reason why the committee had been formed, its fundamental philosophy, its accomplishments to date, and its projected plans. Throughout, it was apparent that there is overlapping and duplication of curricular effort in nursing organizational activity, and, at the same time, there is a considerable potential which is not under consideration by any organization.

With the establishment in the NLNE of the Department of Services to Schools of Nursing and the appointment of Mary Schmitt as acting director of this department, it is anticipated that a reorganization of the committees concerned with curriculum may take place. One of the functions of this department will be the promotion of activities in the area of curriculum—practical nurse, basic, and advanced.

The Steering Committee has recommended to its subcommittees that they plan to complete their activities by May 1950.

The Steering Committee recognizes that problems in the area of curriculum are most successfully dealt with where they occur, by the persons affected by them. It looks upon the curriculum in nursing education as a series of experiences which the student lives through under the direction of the school. It acknowledges the fact that each school is different and that no state or national group can design an educational program which will meet the needs of all schools. It believes that the activities of the national, state, and local leagues are valuable in so far as they relate to the needs of nursing schools for guidance and support. They are effective only as they provide a common meeting ground for individuals directly concerned with the betterment of nursing education and nursing service.

Respectfully submitted,

ELEANOR A. HALL, Chairman
REPORT OF THE
COMMITTEE ON EARLY NURSING SOURCE MATERIALS

This committee has held one regular meeting to clarify its functions and plan its program of work. Two main functions assigned by the Board were (1) to suggest ways of perpetuating and protecting significant historical material in the League’s archives, (2) to select and find ways to republish important historical source materials on nursing. Since these functions are closely related to the purposes of the M. Adelaide Nutting Fund established by the League in 1947 for the publication of important studies and historical source materials which could not otherwise be made available to the profession, and since a substantial fund will be necessary to do the work proposed by the committee, the League Board was asked to clarify these relationships. The Board has requested the committee to outline a plan for raising a revolving fund in Miss Nutting’s name to cover initial expenses for collecting and printing historical materials to be sold by the NLNE in addition to sponsoring republication of selected books by regular publishers. This plan will be announced later.

The committee’s recommendations for the following projects have been approved and plans are already under way.

1. That the League archives, including minutes of early meetings beginning in 1893, lists of members, letters, proceedings of annual meetings and a scrapbook of clippings, and so on, be listed, described briefly, and put in a safe place, and that minutes and other selected contents be reproduced in part or in whole through articles in the American Journal of Nursing or in other ways.

2. That the committee cooperate with G. P. Putnam’s Sons in the republication and sale of A Century of Nursing (1875) by Abby Woolsey together with Chapter VI “Founding of the Bellevue Training School for Nurses” from Elizabeth Hobson’s Recollections of a Happy Life, the royalty from this book to go to the League.

3. That the committee complete the compilation of previously selected American articles on Florence Nightingale collected by Miss Nutting and arrange for the publication of this book by the NLNE.

4. That selected articles on nursing education from early Proceedings of the League, the American Journal of Nursing, and other sources be compiled for publication in a similar way.

Other suggestions such as the publication of important Nightingale letters, the re-editing and amplification of League biographies of nursing educators, and possible collaboration in a source book, are under consideration.

The committee hopes that all nurses, but especially authors, teachers, and students of nursing history, will cooperate in the raising of a fund for this work and in the collection of valuable materials. Suggestions will be wel-
comed by the members—Stella Goostray, Helen Munson, Anne Austin and Isabel M. Stewart (chairman).

Respectfully submitted,

ISABEL M. STEWART, Chairman

REPORT OF THE
COMMITTEE ON FACULTY-STUDENT GOVERNMENT

This committee has had one meeting, during the annual meeting of the National League of Nursing Education in Cleveland, May, 1949. At that time the purposes of the committee were discussed. It was decided that a manual should be prepared which would serve as a practical guide to schools of nursing wishing to organize or re-organize a faculty-student cooperative government association. The committee discussed the content and divisions of content for such a manual, and members each assumed the responsibility for the writing of one section of the manual. Preliminary content for sections was reviewed and suggestions for revision made.

The committee plans to meet in the spring of 1950, at which time it is hoped individual members will have their sections ready for committee review and editing. If these objectives are reached, the manuscript should be ready for presentation to the Board of Directors by the summer of 1950.

Respectfully submitted,

EMILY C. CARDEW, Chairman

REPORT OF THE COMMITTEE ON THE NURSING SCHOOL LIBRARY

On March 18, 1950, several members of the Committee on the Nursing School Library met with the chairman in Boston, Massachusetts, at which time it was ascertained that the Special Libraries Association, the Medical Libraries Association, and the American Library Association are working on standards for the nursing school libraries. When drafted, these will be presented to the American Library Association, the National League of Nursing Education, and the American Hospital Association.

It was also learned that the Membership Committee of the Hospital and Nursing Libraries Group of the Special Libraries Association is gathering data on types of libraries in hospitals and schools of nursing, and on the staff personnel of these libraries.

In view of these activities the members of the NLNE Committee on the Nursing School Library recommend that any action concerning a survey of libraries or formulation of standards for school libraries be suspended until reports from these groups are available.
As it has been recommended by the NLNE Board of Directors that all committees dealing with curriculum be dissolved, there will be no further action on the part of this committee.

Respectfully submitted,
LYNDON MCCARROLL, Chairman

REPORT OF THE
COMMITTEE ON PLANS FOR FACULTY RECRUITMENT*

Two meetings of the committee have been held since October 1. The current objective of this committee is to stimulate recruitment of faculty for all types of basic nursing programs, including those for the preparation of practical nurses.

The following activities were agreed upon for 1950:

1. To encourage state and local leagues to appoint committees on recruitment, to sponsor institutes or "Career Days" for senior students and recent graduates of schools of nursing, and to enlist the aid of directors of counseling and placement services in recruitment.

2. To promote a series of articles in the American Journal of Nursing showing what is being done for recruitment of faculty, and to secure articles for state nursing association bulletins.

3. To encourage the use of the booklet Faculty Positions in Schools of Nursing and How to Prepare for Them and the leaflet Choose a Career in Nursing Education.

4. To place special emphasis upon recruitment of teachers for psychiatric and tuberculosis nursing programs.

5. To publish a second League Letter devoted to the program of this committee.

Consideration was given to the advisability of continuing this committee since its problems and projects are closely related to those of the Committee on Careers. This committee might serve as a subcommittee of the Committee on Careers. However, it was decided that for the present this committee should continue to function as a separate group but should eventually be organized under the Committee on Careers.

Respectfully submitted,
THERESA I. LYNCH, Chairman

*Formerly the Committee to Formulate Plans for Recruitment of Graduate Nurses for Faculty Positions in Schools of Nursing.
The Committee on Practical Nurse Education met as a whole for one all-day meeting on April 14, 1949. A number of subcommittee meetings were held and some work was carried on by mail.

The major concern of the committee throughout the year was the continuation of the preparation of materials for state and local leagues. Part II of the Manual on Practical Nurse Education was prepared and issued. It was designed as an interim guide in the development of curriculum for practical nurse schools. In its preparation, attempts were made to avoid the enunciation of any philosophy or the development of any methods that would be inconsistent with those to be set forth in the Practical Nurse Curriculum—Suggestions for Developing a Program of Instruction Based Upon the Analysis of the Practical Nurse Occupation which has been prepared by a committee working with the Office of Education, Federal Security Agency, and is expected off the government press early in 1950.

In this Manual for State and Local Leagues, the committee has attempted to discharge, in part, the responsibilities delegated to it by the Board through its Temporary Committee on Problems of Practical Nurse Education (May 29, 1948).

Several members of the Committee on Practical Nurse Education continued to work diligently on the Office of Education’s Practical Nurse Curriculum Committee, and the League met the expenses involved in the attendance at a number of those meetings of the chairman of its Committee on Practical Nurse Education.

In addition, the chairman attended a number of other meetings dealing with practical nurse education. These included:

1. Attendance at an institute on January 8, 9, 10, and 11, 1949, in Battle Creek, Michigan, called together and financed by the W. K. Kellogg Foundation to discuss patterns for all types of nursing services.

2. A meeting in Washington on February 10, 1949 with Dr. Gregory, Director of Vocational Education in the U. S. Office of Education, members of his staff, and representatives of the American Vocational Association, the American Nurses’ Association, and the National Association for Practical Nurse Education, at which the possibilities for federal aid for practical nurse education were discussed.

3. Attendance at an institute on February 3 and 4, 1949 in Milwaukee, held under the auspices of the Wisconsin Department of Health and Wisconsin League of Nursing Education, and financed by them which dealt, in part, with the preparation and use of practical nurses in nursing services of all types.

4. Attendance at the Convention of the Virginia State Association of Practical Nurses in Roanoke, Virginia on October 28, 1949, at which she participated in a panel discussion on practical nurse education.

5. The meeting of the Association of Military Surgeons held in Washington on November 10, 1949, at which she spoke before the Nursing Section on the preparation and use of practical nurses. At this time she also represented the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services.
6. Participation in an institute on the Trained Attendant held at Boston University and planned and financed by them, on November 30, and December 1 and 2, 1949.

7. Attendance at a meeting of the American Vocational Association in Atlantic City December 8, 1949, at which she presided during a panel discussion on practical nurse education.

8. Attendance at the meeting of the Planning Committee October 21 and 22, 1945, for the Curriculum Conference of the NLNE and attendance at the conference itself, December 3, 4 and 5.

The reports received in 1949 from state and local leagues which told of activities in the field of practical nurse education were both interesting and heartening to this committee. It would appear that in over half of the states, leagues have undertaken programs or projects in this area. A wide variety of help, guidance, and stimulation is being given by League members. On the other hand, one hears many comments that the League is not doing enough in this branch of education, and the belief is frequently expressed that we, in the League, should assume much more responsibility and offer sound leadership in a more determined manner.

There is considerable evidence that professional nurses in many parts of the country are ready to follow if the League will take the initiative. Much progress has been made: We now have a job analysis of the practical nurse occupation and we shall soon have a curriculum guide; a member of the U. S. Public Health Service nursing staff is now assigned full time to the U. S. Office of Education to assist state educational systems to develop or improve practical nurse training programs; and a National Federation of Licensed Practical Nurses has now been formed (on whose advisory committee this League chairman serves). Matters in this area are thus crystallizing, but much help and guidance of various sorts are still needed. The NLNE seems to be the logical source of such help.

The proposed program for this committee in 1950 is to assist in giving this leadership. Probably one of the ways this can be done will be to endeavor to publicize and interpret the Practical Nurse Curriculum so that the fullest use may be made of it by both schools and employers of practical nurses.

Respectfully submitted,

ELIZABETH C. PHILLIPS, Chairman

REPORT OF THE

COMMITTEE ON REVISION OF NATIONAL BYLAWS

The Committee on Revision of National Bylaws submits the following recommendations for changes in the Bylaws:

1. Change the title of Article III from "Elections" to "Elections and Voting," and add to this article the following provision:

Upon authorization by the Board of Directors, any proposed change in the organizational structure or any proposal for the dissolution of the National League of Nursing
Education and the transfer of its assets to a successor corporation may be submitted to the membership for a vote by mail ballot, either in conjunction with or apart from any meeting of the membership. In any such vote upon a proposal for dissolution, the affirmative vote of a majority of the members voting, and in any other vote by mail ballot the affirmative vote of a plurality of the members voting, shall constitute approval of the proposed action.

2. Change Article IV as follows:

Present Bylaws

ARTICLE IV

Section 1. The Board of Directors shall:

b. Review progress being made by the executive director in executing her responsibilities.

Sec. 2. The president shall:

a. Preside at conventions and at all meetings of the Board of Directors, Executive Committee, and the Council of State Leagues and be a member ex officio of all committees.

Sec. 6. The executive director shall:

g. Be an ex officio member of all committees.

Proposed Bylaws

ARTICLE IV

Section 1. The Board of Directors shall:

h. Annually review progress being made by the executive director in executing her responsibilities.

Sec. 2. The president shall:

a. Preside at conventions and at all meetings of the Board of Directors, Executive Committee, and the Council of State Leagues and be a member ex officio of all committees except the Committee on Nominations.

Sec. 6. The executive director shall:

g. Be an ex officio member of all committees except the Committee on Nominations.

3. Delete from the third paragraph of Article V, Sec. 2. a., the words "or to the Convention, either" and "or from the floor," which no longer have meaning now that elections are held by mail.

Respectfully submitted,

DEBORAH M. JENSEN, Chairman

REVISION OF THE BYLAWS

Following the reading of the report and recommendations of the committee it was moved by the secretary, seconded by Mary Richardson (New York), and voted by the membership that the revisions of the Bylaws, as recommended, be adopted.

REPORT OF THE COMMITTEE ON POSTGRADUATE NURSING EDUCATION

The last meeting of the Committee on Postgraduate Nursing Education before its dissolution was held on February 27-28, 1950. The committee met for the purpose of considering (1) the present status of its work, and (2) next steps in curriculum work which need to be taken with reference to postgraduate nursing education.
At this meeting the following items and recommendations were discussed:

1. The chairman reported to the committee that the League Board had informed her that this was not a joint committee but a League committee with representation from the ACSN and NOPHN. It was pointed out that when the origin and formation of this committee was checked, it was discovered that it was not formed as a "joint" committee. It was also said that both the ACSN and NOPHN have been informed of the status of this committee.

2. The chairman called to the attention of the committee the following questions which had resulted from the Curriculum Conference held in December 1949:

   (a) Since one of the primary needs in curriculum study is for research, this raises the point: How should curriculum questions be studied and by whom? The advantages and disadvantages of committee study were mentioned and are well known. For example, the inspiration and educational value to the committee members themselves that come from group thought might be listed among the advantages; on the other hand, emphasis tends to be governed by the relative enthusiasm of special interest groups rather than by a true weighing of needs, and gaps appear. Among the most obvious current gaps are medical and surgical nursing, the biologic and physical sciences, general nursing, and the social sciences. One committee suggested the abolition of committees and the centering of curriculum research in the schools, with a centralized national staff to help the schools help themselves. Another group has suggested demonstrations in selected institutions.

   (b) Since there is a need for research and experimentation, to what degree should the content, organization and implementation of the curriculum be controlled, and by whom should this control, if any, be exercised?

   (c) How can a contribution to curriculum by one group be made known, so that it can be utilized by others? For example, how can (1) ACSN's work applying to state boards of nurse examiners be made known to state boards, and (2) ACSN's suggestion for a special publication be made known to those concerned?

   (d) Do variations in the work environment, such as general hospitals, special hospitals, industry, schools, or public health agencies, cause such wide variations in practice that fundamentally different curricula are required?

   (e) How can we get desirable patterns of general and professional education in nursing?

   (f) What should be the relationship between understanding of preventive and treatment aspects of nursing, as, for example, between mental hygiene and psychiatric nursing?

   (g) How can special emphasis on certain elements, such as body mechanics
and posture, be interwoven throughout the body of the curriculum? In order to secure special emphasis on such elements in the basic curriculum, should they be emphasized in the curricula for the preparation of instructors in general and in clinical nursing?

(h) Is there a need for defining the different types of curricula—practical nurse, basic non-collegiate, basic collegiate, supplementary, advanced? Has the time come to consider only basic and advanced professional nursing programs and to let supplementary plans be based on specific lacks in background of individual students?

(i) Is there a need (1) to differentiate between these programs by educational degrees or otherwise, (2) to interrelate them, or (3) to determine where they should be given? Should advanced programs be given in universities only?

(j) Although long-range goals are comparatively easy to see and to set, what should be the goals of the immediate future—the "who, what, when, where, why and how" angles of nursing curricula?

3. A letter from JTNAS to this committee was read. It was requested that this committee give consideration to the need for well-prepared nurses to teach tuberculosis nursing. Discussion centered on the need for developing outstanding curricula in tuberculosis nursing, the need for scholarships for graduate nurses in this field, and the appropriate utilization of funds now available.

4. It was explained there seemed to be a need for the reorganization and coordination of League curriculum committees which have interrelated functions.

5. It was pointed out that the original purpose of the committee was to outline (1) the general purposes of postgraduate nursing education, (2) the general scope of such nursing education, (3) general objectives for the different areas of instruction for the different types of nurse workers. The specific objectives for clinical preparation would then be outlined with the assistance of clinical specialists.

6. The following questions were raised, inasmuch as they were thought to influence postgraduate nursing education:

(a) Does the 1950 NLNE revised Statement of Principles refer to a professional nurse as defined in the Brown Report? It was reported that the NLNE Board considered, at this time, that all registered nurses were professional nurses.

(b) How will it be possible to interpret this Statement of Principles to hospital administrators? Should we not consider strengthening hospital school programs? Should we build basic professional nursing education on top of practical nursing education, and then build advanced nursing education upon basic professional nursing education? It did not seem feasible to proceed from one level to another.
(c) Are we selecting practical nurses and professional nurses by the same criteria? If so, it may be possible to build one program on top of another. This question prompted a discussion concerning the levels of intellectual ability requisite for nursing.

(d) What should be the objectives of basic professional education?

(e) How should over-all objectives of advanced nursing education differ from those of basic nursing education?

(f) How does the present status of nursing education affect these objectives for advanced nursing education when it is taken into consideration, for example, that most graduate nurses complete basic professional nursing study without achieving a bachelor's degree?

(g) Is it reasonable to expect graduate nurses, equipped with technical content of their field and having some work experience, to engage in a long period of study without including in that study some further professional content?

(h) Should all curricula for graduate nurses lead to a master's degree? If so, how can field work and theses be included in the period usually allowed? How should deficiencies in general education and nursing be taken care of for the average students who are graduated from hospital schools of nursing?

(i) How much clinical nursing should be included in curricula for preparation of administrative personnel in hospital and public health nursing services, and for the preparation of school of nursing personnel?

7. The committee was asked if it could accept one of the following assumptions as a basis for proceeding with the work on advanced nursing curricula:

(a) At present and until the basic nursing curriculum includes really professional preparation (leading to a B.S. degree) we go on record as recognizing a bachelor in nursing degree for a professional practitioner; and maintenance of a bachelor in nursing education degree, or its equivalent, as initial preparation basic to an advanced, or master's, degree.

(b) The advanced program in public health nursing is conducted upon a graduate level and leads to a master's or a higher degree. It is assumed that, in general, students should be permitted to undertake an advanced program only if they have had at least two years' experience under supervision in public health nursing. (From NOPHN Committee on Graduate Education in Public Health Nursing.)

These two assumptions led to considerable discussion and no agreement was reached, other than to point out that long-range goals were pretty clear but that ways of meeting the present needs for adequately prepared nurses had not yet been clearly stated or accepted.

8. It was indicated that there appears to be a need for learning to what extent universities are going forward with the idea of rounding out a graduate nurse's preparation while she is in the process of obtaining a bachelor's degree. It was considered essential that nursing organizations provide some
leadership in planning for graduate nurse education. It was also thought that there is an urgent need for comprehensive information on the education—including field experience—available to graduate nurses.

9. The following list of problems on which work should be done was suggested:

(a) How should the term "clinical nursing instruction" be defined?
(b) Should the specialist's program be encouraged on the bachelor's, or only on the master's, level—or as special courses without reference to a degree?
(c) What should be an optimum number of clock hours per semester hour in clinical experience courses?
(d) Should the clinical experience for the graduate nurse evolve from the ten leading causes of death in the United States, or should the experience be made general, as on the basic level, with greater stress on development and participation in total care?
(e) Does the student on the advanced level work under the direct supervision of the departmental head who assigns clinical experience, or does the student work independently on that level, and in proportion to her needs and interests determined by test or evaluative measures?
(f) What percentage of total number of clock hours for field experience is it desirable to devote to (1) observation, (2) participation, (3) research? What should be the total number of semester hours for clinical experience in relation to the major in the clinical area?

10. Some purposes of the proposed committee on advanced nursing curricula were outlined as follows:

(a) To think through philosophies for advanced nursing curricula.
(b) To prepare criteria for curricula which may be used for accreditation, counseling, measurement, and the related activities.
(c) To work out ways (1) of making information available to state and local committees and (2) of obtaining information from them.

11. The committee was of the opinion that there should be close relationships between those working on different curriculum interests, but that such relationships could probably be worked out as the work of each proceeds in its area of curriculum. The committee was also of the opinion that work could proceed along similar lines in committees and in the Department of Services to Schools of Nursing at the same time; thus the work of the committee could facilitate the work of the Department and vice versa.

12. The meeting of the committee concluded with a discussion of federal aid to nursing education. It was thought that if federal aid is granted, there will be much need for more rapid development of faculty, and for field agencies for learning experiences. It was also believed that research and experimentation will need to be accelerated, especially to determine unit costs, and for pilot studies and demonstrations.
Recommendations

It is recommended:

1. That the general content of the discussion at the committee's meeting on February 27, 1950, on the need for well-prepared nurses to teach tuberculosis nursing, be referred to the Committee on Plans for Faculty Recruitment for its consideration.

2. That the present Committee on Postgraduate Nursing Education be dissolved as soon as its functions can be carried on by a reorganized committee on advanced nursing curricula.

3. That the questions raised under items 6, 9, and 10 relative to factors influencing advanced nursing education demand answer before proceeding further with advanced nursing curricula, and should be referred to the reorganized committee on advanced curricula.

4. That the Subcommittee on Educational Resources for Graduate Nurses be reactivated, and that the National Committee for the Improvement of Nursing Services be apprised of this recommendation.

5. That a well-selected group be brought together to explore and list nursing curriculum studies which should be made, and that a summary listing the results of such exploration be presented to the National Committee for the Improvement of Nursing Services.

6. That the Committee on Postgraduate Clinical Nursing Courses meet within the near future to outline and suggest studies in the area of clinical nursing. (This meeting was held April 22, 1950.)

7. That an over-all committee on curriculum be formed for the primary purpose of assisting with coordination of the League's curricular activities. Interests suggested for this committee are: (a) basic professional (both collegiate and hospital), advanced professional, and practical nurse curricula; (b) general education; (c) allied professional curricula; (d) research; (e) field agencies, and (f) nursing service in the community, the hospital, and industry.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT OF THE COMMITTEE TO
WORK WITH THE AMERICAN COUNCIL ON EDUCATION
of the ACSN, NLNE, and NOPHN

Through correspondence and conferences with the president and vice president of the American Council on Education, plans have been proposed for a conference of university representatives to discuss nursing education. Dr. Zook has proposed that the American Council on Education call a conference of university representatives to be held in Washington over a
period of at least two days to discuss the problems of nursing in institutions of higher education. He is eager to have the assistance of a representative from the nursing organizations in the development of details for the conference. He believed that such a conference might bring forth resolutions that would lead to a continuing plan of consultation work with schools of nursing and universities in cooperation with the American Council on Education. A report of the conference with Dr. Zook has been referred to each of the national nursing organizations represented on the committee, and action favoring the development of plans for the ACE conference has been taken by each organization.

Respectfully submitted,

R. LOUISE McMANUS, Chairman

REPORT ON ELECTION OF LEAGUE OFFICERS AND THE COMMITTEE ON NOMINATIONS

New York, New York
April 26, 1950

Mrs. Henrietta A. Loughran, Secretary
National League of Nursing Education
1790 Broadway
New York 19, New York

My dear Mrs. Loughran:

Pursuant to engagement, we have rechecked the tabulations compiled by the Tellers showing the results of the voting by mail of the members of the National League of Nursing Education for the election of President, Treasurer, Nurse Directors, Lay Director, and Committee on Nominations.*

The results of the voting are as follows:

<table>
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<tr>
<th>Description</th>
<th>Number</th>
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<td>Total ballots received</td>
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President:
- Agnes Gelines ........................................... 3,227
- Mrs. Mary S. Tschudin .................................... 892

Treasurer:
- Henrietta Doltz ........................................... 2,331
- Alma E. Gault .............................................. 1,711

Nurse Directors:
- Ruth Sleeper .............................................. 2,937
- Mrs. Eugenia K. Spalding ................................. 2,689
- Mrs. R. Louise McManus ................................... 2,328

*See Bylaws, Article III, Sec. 2, and Article V, Sec. 2, a.
Frances H. Cunningham ........................................... 1,881
Carrie M. Spurgeon ............................................. 1,329
Marie Farrell ...................................................... 2,115

Lay Director:
Mrs. Mae O. Spiegel ............................................. 2,706
Marjorie E. Massee .............................................. 1,317

Committee on Nominations:
Dorothy V. Wheeler ............................................. 2,510
Elizabeth S. Moran .............................................. 2,415
Mildred E. Newton .............................................. 2,284
Sister M. Eucharista ............................................ 1,858
Florence K. Wilson .............................................. 1,658
Mrs. Carolyn L. Widmer ........................................ 1,562

Very truly yours,
BERNER AND DERRY*
(Certified Public Accountants)

Respectfully submitted,
DORIS BRESNAHAN, Chairman of Tellers
RITA M. GENNER, Co-chairman

The report was accepted, and the president read the names of the officers-elect, and the members-elect of the Committee on Nominations, who would assume their duties at the end of the closing business session.

President—Agnes Gelinas
Treasurer—Henrietta Doltz
Nurse Directors—Ruth Sleeper, Mrs. Eugenia K. Spalding, Mrs. R. Louise McManus
Lay Director—Mrs. Mae O. Spiegel
Committee on Nominations—Dorothy V. Wheeler (District of Columbia), Elizabeth S. Moran (Michigan), Mildred E. Newton (California)

In accordance with the Bylaws, the president then appointed two additional members to the Committee on Nominations as follows:

Margaret B. Allen (New Jersey), chairman
Marjorie Bartholf (Texas)

It was moved and voted that the ballots be destroyed.

APPOINTMENT OF THE COMMITTEE ON RESOLUTIONS

The president appointed the following to serve on the Committee on Resolutions:

Theodora Floyd (Georgia), chairman; Lucia Allyn (Arizona), Martha Johnson (Maryland).
HONORARY MEMBERSHIP TO ESTHER LUCILE BROWN

The president announced that the Board of Directors of the League recommended to the members for honorary membership in the League, Esther Lucile Brown, Ph.D., author of Nursing for the Future. On motion of Katharine J. Densford (Minnesota), seconded by Beatrice Kinney (New York), the recommendation was adopted by unanimous vote.

RESIGNATIONS FROM HEADQUARTERS STAFF

The president expressed the regret of the League at the resignations from Headquarters staff of Adelaide A. Mayo, executive director, and Elizabeth L. Kemble, director of the Department of Measurement and Guidance. She stated that Miss Mayo would conclude her staff activities as of November 1, 1950, and Miss Kemble, as of August 1, 1950.

TRIBUTE TO ADELAIDE A. MAYO

The secretary read the following tribute to Miss Mayo, after which League members rose in a body in honor of the resigning executive director:

Today, it is appropriate to pay tribute to you, Adelaide A. Mayo, when the members of the National League of Nursing Education are in session.

You have rounded out a decade of service to the League during a crucial period marked by wartime and other transitional activities, lightning expansion, and a speeded-up program such as the League has never witnessed since its organization over fifty years ago.

Your activities in connection with the accrediting program, but especially as executive secretary and executive director of the League, are reflected in its growth during your association with it.

The progress is very well summarized in your own report as executive director submitted at this meeting. These accomplishments can be credited to others as well as to you; they could not have been brought about, however, without you as the catalytic agent, so to speak.

It is not possible to list all of the League's contributions to nursing service and nursing education under your stewardship during the past ten important years. It seems fitting, however, that we should point up a few. The organization's membership has doubled, and with this expansion in membership there has been a tremendous growth in the League's program. Not only have former interests been continued and developed, but there has been an almost unbelievable broadening of the scope of activities in the short space of these ten years. Activities in connection with World War II, measurement and guidance, curriculum on all fronts (practical nurse, basic professional, and advanced professional nursing education), accreditation, the joint services on tuberculosis and orthopedic nursing, services to states, the League Letter, re-organization of Headquarters, the several joint projects such as recruitment and the improvement of nursing services, and the structure study—all these are well known.

Without your far-sightedness and wisdom, Miss Mayo, it would have been difficult to establish the many fruitful relationships with other organizations which the
League now has. You have served on every committee—and really served. You have carried out the wishes of the Board and the membership at great personal cost. You have done all of this, and more too, without ever seeking the spotlight.

It is your integrity and selflessness that has helped the present generation of League members to invest wisely our inheritance from our predecessors—a strong organization, built out of their devotion to the cause of nursing education that will produce nurses who can nurse.

It is the pleasure of the officers, Board, membership, and staff, to record at this convention their sincere appreciation and gratitude for your personal and professional contribution to the National League of Nursing Education and, through it, to nursing education and nursing service not only in the United States but throughout the world.

Our best wishes go to you for a happy retirement—a life filled with joy and peace and the many dreams you will now have time to put into fulfillment.

**Appointment of Julia M. Miller**

The president announced that the appointment of Julia M. Miller as executive director to succeed Miss Mayo on November 1, 1950, had received the unanimous approval of the NLNE Board of Directors. In commenting on this appointment, the president said:

"In recent years, Miss Miller has served as dean of the School of Nursing at Emory University (Georgia), and her performance throughout her professional life in that role, and in other roles, indicates that she can serve as a fine example of how to combine sober judgment, broad perspective, and competent leadership.

"Subsequent to her service at Emory, Miss Miller came to New York, and since June, has had the title of acting director of the National Nursing Accrediting Service. She has thus had an opportunity to see at close range the problems of curriculum and accreditation, which are inseparable, and a part of the over-all problem of the education of nurses. She sees the good schools today making good citizens and competent nurses of tomorrow.

"We are confident that she will bring to her new position both insight and foresight, with a strong dash of energy. There is every reason to congratulate the membership on this appointment."

**Principles Relating to Organization, Control, and Administration of Nursing Education**

Ruth Sleeper, chairman of a committee which had drafted a tentative revision of the 1947 League Statement of Principles Relating to Organization, Control, and Administration of Nursing Education, acted as leader in a discussion of this statement. The tentative revision of the statement had been made available to the membership, for review and study, in the April 1950 *American Journal of Nursing* and through copies distributed to the presidents of state and local leagues.
Prior to the discussion, Miss Sleeper stated that the Board would appreciate suggestions or comments which might be considered when the statement was redrafted, before its submission at the final business session for adoption by the League. She then read the statement as it appeared in the secretary’s report (p. 97), to which the members could refer in the preprints of the Annual Report.

Miss Sleeper pointed out that the section under Administration and Control of Educational Programs for Professional Nursing was perhaps the most radically altered, in that a paragraph had been amended which (1) publicly recognized the fact that all schools of nursing are not yet under the administration and control of universities or colleges, and (2) stated that before schools of nursing do merge with institutions of higher learning, they should be certain that both they and the institutions are adequately prepared to conduct an educational program on a truly professional level.

In response to a question by Dana Hudson (Georgia) as to the future of the basic diploma school, Miss Sleeper explained that the committee had followed previous statements issued by the League in A Curriculum Guide for Schools of Nursing (1937), and in the original Statement of Principles (1947). In both cases, the principle was accepted that the basic curriculum should include or be built upon at least two years of general education beyond high school. However, Miss Sleeper added, the committee did not intend to say that there were no diploma schools; it was simply looking to the progressive improvement of nursing education—to the time when the objectives first set in 1937 could be attained.

Clara Quereau (New York), speaking as a state board representative, expressed concern over the statement under Practical Nurse Education that courses in practical nursing might be included in the curriculum of secondary schools if offered no earlier than the senior year (12th grade). Miss Quereau said that there has been a definite trend to include practical nurse education courses in the high school curriculum, with the result that the responsibility for guidance and direction of such courses was being taken away from the nursing profession and placed entirely on vocational educators. She therefore felt that the nursing profession, in order to safeguard the interests of the public, should advocate the establishment of practical nurse programs on the adult education level.

Sister M. Berenice (Wisconsin) stated that, in her opinion, one or two of the principles were incomplete. She expressed the need for clarification as to (1) what type of position the professional graduate nurse who had completed at least two years of college education, plus professional education, should be expected to fill; (2) the duties of the practical nurse in relation to the professional nurse and bedside nursing, and (3) the educational requirements which would enable the profession to differentiate between the bedside nurse, the assistant, the administrator, and the educator.

Margaret Foley (Missouri) asked that the present role of the diploma
program in nursing education be clearly recognized, and further questioned the place of the practical nurse program in the educational institution, since there seemed to be no actual proof that such a move would prove satisfactory. Madeleine McConnell (Illinois) said she would like to see recognition given in the statement to some of the major hospitals for their cooperation in nursing education.

Miss Hudson posed the following question with reference to practical nurse education: "If the practical nurse is to complete her high school education, why not admit her to the school of nursing giving a basic diploma, or three-year, course?"

Miss Sleeper assured the participants that their comments and suggestions would be taken into consideration when the Statement of Principles was redrafted. The discussion closed with her request to other League members that they submit any additional comments to Miss Gelines or Miss Mayo.

**Classification and Temporary Accreditation**

Helen C. Goodale, secretary of the National Committee for the Improvement of Nursing Services, and Julia M. Miller, acting director of the National Nursing Accrediting Service, were called upon to review activities in classification of schools of nursing, and to explain the proposed plan to incorporate all future surveys of schools under an accrediting program. The president stated that opinions and suggestions with regard to the proposed program of temporary accreditation would be appreciated, since there seemed to be some confusion among the membership as to its advantages over classification. However, she reminded members that the League was only one of the six national nursing organizations jointly sponsoring either classification or accreditation. Therefore, acceptance or rejection of the plan would not depend entirely upon League decision.

**Classification**

Miss Goodale summarized the work of the NCINS since its authorization by the Joint Board in 1949 to conduct a survey of state-approved schools of nursing in the United States. The purpose of the survey was to obtain a rough evaluation and classification of the basic nursing education programs being offered throughout the country. As there were nearly 1,200 schools in existence at that time, and as the Joint Board wished to have the survey completed as soon as possible, the committee decided that a questionnaire sent to each school on the measurable items of nursing education would be the speediest and most effective method of accomplishing its task.

Information was submitted voluntarily by 97 per cent of the schools, and an analysis of data resulted in the interim classification of schools into two groups. Those in Group I had the highest standing for educational
programs when compared with others on a national level, and represented approximately 25 per cent of the schools. Those in Group II had the middle national standing for educational programs, and represented approximately 50 per cent of the schools.¹ This was a temporary classification, and was published in the *American Journal of Nursing* (November 1949), and in pamphlet form (November 1949) under the title "Interim Classification of Basic Programs in Schools of Nursing (1949)." A final, comprehensive report in 'book form on the school data analysis, *Nursing Schools at the Mid-Century*, will be published in September 1950.

Miss Goodale pointed out that when the schools were asked to participate in the first survey, the national committee had assured them that another survey would be conducted within a two-year period, at which time progress and improvement in educational programs could be recorded. She explained, however, that the Joint Board had hesitated to authorize a second paper-and-pencil type of survey, since it was generally recognized that there was no means of checking the accuracy of written reports. Therefore, the NCINS, at its meeting in March 1950, recommended that the responsibility for a more thorough survey, which would result in more permanent recognition of good school programs, be turned over to the National Nursing Accrediting Service.

*Temporary Accreditation*

Miss Miller reported that the Committee on Unification of Accrediting Activities, which is the parent committee on accreditation, had agreed that the NNAS would conduct the next survey of schools of nursing in the United States. However, plans for carrying out this responsibility were still in the formative stage. She re-emphasized the president’s statement that the League Board was keenly interested in members' opinions as to the type of survey to be conducted. Would they prefer a second classification similar to the first, or the proposed plan of temporary accreditation? Temporary accreditation, she explained, would be based on a brief visit to each school by a representative of the NNAS, in addition to information submitted by the school on a new questionnaire. Within a reasonable period after temporary accreditation had been granted, the school would be expected to apply for full accreditation. Those which did not apply within a five-year period would be automatically deleted from the temporary list. Every school in the nation would be given an opportunity to participate in the accreditation plan, regardless of where it appeared on the classification list of 1949, whether it was included in the two groups listed, or whether it had participated at all in the 1949 survey.

Miss Miller stressed the fact that temporary accreditation need not inter-

¹Those in the lowest 25 per cent, including those for which data were not returned, were omitted from the published classification.
fere in any way with the plans of those schools already considering full accreditation, as the latter program of the NNAS was well established. However, schools which were interested in temporary accreditation and wished to apply for this service would have to wait until the NNAS was equipped to handle the additional work.

Discussion

In the discussion which followed, one League member wanted to know what the estimated expense would be for a school of nursing to apply for temporary accreditation.

Miss Goodale said she could not quote the exact cost in terms of dollars and cents, because such details of the plan still had to be worked out. However, it would be considerably less than that of full accreditation, and would be kept low enough to permit every school to participate, regardless of its financial status. She also emphasized the point made by Miss Miller that the program of temporary accreditation would in no way interfere with, or be combined with, the program of full accreditation already established by the NNAS. Very likely, a separate staff would be set up under NNAS to handle temporary accreditation, as there were so many schools to be encompassed in a short space of time.

With regard to cost, Miss Miller added that once a school had received temporary accreditation it would be expected to apply for full accreditation within a given period of time, and to pay the regular fee, as had those schools already fully accredited.

Rosemary Johnson (Wisconsin) asked if, under the temporary accreditation plan, it would be possible for the NNAS to keep the promise made to the schools that another list would be published within a two-year period. Also, would any differentiation be made on the accreditation list between a school at the 74th percentile and one at the 26th percentile?

Miss Goodale stated that everything possible would be done to complete a new list within the two-year period, no matter what type of survey was decided upon by the Joint Board. On a temporary accreditation list, no differentiation between schools having varied scores would be made, such as separating them into groups. Every school would have to meet the same criteria in order to be on the list at all. As was brought out at the meeting of the Council of State Leagues, these criteria would not be identical to the criteria used for the full accreditation procedure, as most schools were not yet prepared to meet them.

In addition, the words "temporary" and "full" were merely arbitrary terms used in discussion and did not describe accurately the two procedures. Temporary accreditation would not be on the same par with full accreditation, but would be more of an interim accreditation. Likewise, full accreditation did not mean permanent accreditation, as a school could lose its status if it did not continue to maintain standards approved of by the NNAS.
Full accreditation as used in the discussion meant complete accreditation. Miss Goodale assured League members that more appropriate terms to describe the two programs would be selected as plans became more definite.

Sister Dorothea Bertonneau (California) questioned the advisability of surveying personnel in schools of nursing under a temporary accreditation plan if a two-year time limit was involved. Such a survey might be haphazard and would be of no value to members of the nursing profession in helping them to give better service to patients or to educate students as whole persons. It was her opinion that a new interim classification would suffice for the present.

Miss Goodale pointed out that visits to schools of nursing would not only enable NNAS representatives to explain the plan in person and to evaluate the school program a little more accurately, but it would give the school personnel an opportunity to learn more about the initial steps leading to full accreditation.

Bertha Frook (Illinois) asked if the accreditation of all schools of nursing might not lead to a great deal of confusion, since the NLNE Principles state that basic nurse education should be the charge of institutions of higher learning. What, then, would be the value of an accreditation study to schools of nursing not under such educational institutions?

Miss Goodale replied that the NLNE Statement of Principles did not refer to principles under which the League functioned, but rather to long-range objectives which it felt should be achieved at some future time. The League would, of course, continue its interest in the many hospital schools of nursing throughout the United States, or in nursing education wherever it is being offered today.

She then suggested that progress in nursing education might be likened to the development of an individual. The interim classification was the infant stage, and resulted in considerable self-evaluation on the part of the schools. Temporary accreditation might be thought of as a five-year adolescent stage, in which the schools would be given an opportunity for further self-evaluation, and a chance to work for full accreditation, or maturity.

It was the opinion of one League member that full accreditation for a good number of schools would depend to a large extent upon the economic situation of the states in which they were located. She questioned the possibility of many of the states having so improved economically at the end of five years that the schools of nursing within their boundaries would have advanced financially to the point where they could attract the faculty desired and needed to meet requirements for full accreditation. If such was the case, what was to become of these schools, and of the communities around them needing nursing service?

Miss Goodale answered that although "five years" was the terminology which had been used in discussing temporary accreditation, an actual time
limit for the program had not been set. She agreed that the problem raised was a most important one which should receive further consideration.

The discussion closed with the statement by Margaret Allen (New Jersey) that she would like to see the new program of temporary accreditation adopted only if it did not interfere with the real, or full, accreditation program, which she considered to be very sound.

Miss Goodale and Miss Miller thanked the members for their helpful suggestions and opinions before turning the meeting back to the president. A recess was then declared until 2:00 p.m. on the following day.

The session adjourned at 12:30 p.m.

**STUDENT NURSE SESSION**

**Monday, May 8—9:00-11:00 a.m.**

**CITY AND STATE STUDENT NURSE ORGANIZATIONS**

**Presiding:** Pat McCarty, Stanford University School of Nursing, San Francisco, California

**Speakers:**

Paula Born, Highland School of Nursing, Oakland, California

Helen C. Goodale, R.N., Secretary, National Committee for the Improvement of Nursing Services

The student nurse session, held in Room 302, California Hall, was attended by delegates from student nurse organizations throughout the country. In addition to addresses by the main speakers, greetings to the convention were extended to the students by Pearl McIver, president of the American Nurses' Association; Agnes Gelinas, president of the National League of Nursing Education; Ruth Hubbard, president of the National Organization for Public Health Nursing, and Nell V. Beeby, editor of the *American Journal of Nursing*.

**ADDRESS OF WELCOME**

Paula Born

It is my privilege this morning to speak for California in bidding you a cordial welcome. Only once before has California been the hostess state for the National Biennial Nursing Convention. That was in 1936, when the convention was held in Los Angeles. In reviewing the program for that convention, I found a noticeable lack of plans for student participation. Last year saw the introduction of planned activities for student nurse organizations.
We are therefore particularly happy to have you assembled here in our Golden State.

California student nurses have looked forward to your arrival with much interest and enthusiasm. The University of California students in San Francisco are planning a tea for this afternoon to give us all an opportunity to become better acquainted, and the students of the Highland School of Nursing in Oakland hope you will join them at a barbeque supper Thursday evening. The schools of nursing and the hospitals of San Francisco and the East Bay also extend their welcome and we want you to feel free to visit any of our institutions.

You who are here today represent students of nursing across the country. Student participation in nursing plans has been recent, but growth and development in this direction have been rapid. It has not been many years that the majority of schools have had student governments. Yesterday's student nurses lived in an autocratic environment where they were too protected and too dependent on their superiors' guidance. Some of the qualities necessary to a professional nurse, such as a sense of responsibility and good judgment, were not developed under such programs. School governments under student control, and student organizations—whether on a district or city-wide basis—have helped student nurses immeasurably. The latter have fostered fellowship and unity between students of different schools. Through them students become acquainted with the professional nurse organizations and are encouraged to participate in their activities. The submerged students of former times have been replaced by students who are heard and are cooperative members of a group.

A questionnaire on student nurse organizations, sent by the American Journal of Nursing in January to 52 states and territories, brought forth 36 replies by March. Reports showed that there are now 23 state-wide student organizations, with 4 in the process of being organized. Last year a similar survey showed only 10 state-wide student organizations, with district or city-wide groups in 3 other states. We in California are still in the latter category.

Our student organizations in this area have grown tremendously in the last two years. The San Francisco Student Nurses' Association was founded in 1947, and the East Bay Student Nurses' Organization in 1948. All of the eleven schools of nursing in San Francisco are now represented in one group, and the four East Bay schools in the other. The structure of both organizations is very similar, as the East Bay group was patterned after the San Francisco group, and the activities are much the same. A recruitment drive is planned by both for next week. The newspapers are giving space for pictures and articles and the radio stations are contributing time for spot announcements, encouraging young women to enter the nursing profession. Local store windows will feature displays of the various school uniforms. The East Bay group has planned a project whereby each afternoon for
several minutes these windows will become "animated." Students will demonstrate such nursing techniques as bandaging, bathing and feeding a baby, gowning and gloving for surgery, putting Kenny packs on a patient, and proper handling of a portable respirator. The San Francisco Association has reached a new peak in programs—they have a television show planned.

Other activities of this year have included a Nightingale church service, formal dances, and informal get-togethers. The Los Angeles Student Nurse Association entered into the plans for a student day at the state convention held here last November. That meeting inspired us as to the potentialities for growth, as did the rest of the convention.

The privilege for all of us to attend this Biennial and hear the discussions relative to problems, progress, and activities in nursing will help us to better understand our opportunities and responsibilities as we prepare to become professional nurses. It is a thrill this morning to be able to meet those women who are contributing so very much to nursing.

Once again I say welcome. The best compliment you can pay California is to enjoy yourselves while here. There is a "small" town in Southern California called Los Angeles which you perhaps will see while you are here. But "fascinating San Francisco with her twin peaks, her hill-heights and valley-depths, her glamorous Chinatown, her delightful shows, and her unique restaurants" will furnish many pleasant moments during your stay. We look forward to the week's discussions on nursing, and we hope your visit will be a most enjoyable and memorable one. It makes us very happy to have you here.

YOU AND THE FUTURE OF NURSING
HELEN C. GOODALE, R.N.

It is always a very stimulating and refreshing experience to talk with student nurses, and the sight of this room, overflowing with future graduate nurses from all parts of our country, is thrilling to behold. As Miss Gelinis has told you, you are the generation who will know what nursing in the year 2000 is like! Right there you have an advantage over us! Soon you will be joining the rank of the practicing nurses. You are entering the profession at a very critical and exciting time.

The increased interest of the American public in health care has presented a real challenge to the nursing profession, as well as to allied professional groups concerned with health. This challenge means that the nursing profession must continually assess the ever-changing social scene in order to determine its proper place in our dynamic society. In the process of this assessment the attention of many people will be directed to the educational system by which future nurses will be prepared to assume their roles. You will hear numerous discussions about hospital schools of nursing, about collegiate and university schools, and about practical nurse schools. The
problems relative to these types of preparation, and many other problems, will not be solved by the time you join the membership of the three national organizations gathered here in convention. You will have a splendid opportunity to participate in shaping the future of nursing. But this opportunity carries with it a real responsibility—that of being an informed member of the nursing profession. You must be informed about the activities unfamiliar to you, as well as exercise discerning judgment about the activities with which you are fully conversant.

How are you to develop into this paragon? We know you will, for you have already taken an important first step. You have gathered here this morning and have asked to hear specifically and at first hand about the over-all program of the National Committee for the Improvement of Nursing Services, a committee which is sponsored by the six national nursing organizations. Although this committee is not quite two years old, its activities have been far-reaching and have probably affected each of you and the vast number of students whom you represent. It is the hope of the committee that it shall continue to be a constructive guiding force in solving a number of the vital issues confronting nursing today. Perhaps some of you have heard of our work in a round-about fashion. Perhaps you have heard us accused of being out to "abolish all hospital schools of nursing." Perhaps you are questioning your future status as registered nurses and you are looking to us for reassurance. The expression on some of your faces clearly reveals that I have mentioned a sensitive point. Shall we then review briefly the origin of this committee?

In 1948 Dr. Esther Lucile Brown concluded a survey conducted for the purpose of finding out who should organize, administer, finance, and control basic schools of professional nursing. This survey was requested by the National Nursing Council, and was financed by the Rockefeller and Carnegie Foundations. The Russell Sage Foundation released Dr. Brown, who is the director of the Department of Studies in the Professions at that Foundation, to carry on the study. She is not a nurse, nor is she an M.D., but has an earned Ph.D. in social anthropology. The final report of the survey was published in September 1948, under the title, Nursing for the Future. The book has been read widely and eagerly by many groups of people. The recommendations in it have been the subject of considerable controversy, but in the last analysis it has proven to be a fine catalytic agent for all interested in nursing care for the people of our world.

Cognizant of the importance of this study, the six national nursing organizations established the Committee on Implementing the Brown Report concurrent with the publication of Nursing for the Future. After several months of functioning under this name, the committee requested the Joint Board of the sponsoring organizations to endorse a change of name to the present one—the National Committee for the Improvement of Nursing Services. Underlying this request for change were two important factors: the first, that
the word "implement" was interpreted literally by hundreds of people to mean that this committee expected to ride roughshod over all existing programs of nursing education and put into effect immediately all the recommendations in the Brown Report; the second, that the committee realized very soon that the solutions to the problems in nursing lay quite as much in improving nursing service wherever it was rendered, as well as in improving nursing education. This new title embraces all facets of nursing and more realistically defines our aims and objectives.

In order to improve any field it is essential to know what constitutes current practices in that field. Because the Brown Report dealt largely with the question of basic professional schools of nursing, and since the public and professional "eye" was focused on this area, the logical next step seemed to be to collect current data on existing practices in basic nursing education programs. Therefore, the Subcommittee on School Data Analysis was appointed early in 1949 to carry out this step. Questionnaires were sent to every state-approved school of nursing in the United States and territories during the spring of 1949. The unprecedented voluntary return of 97 per cent of the questionnaires attests to the interest and cooperation of diverse groups with one common aim—that of active participation in any project which will serve to bring about improved nursing care. The wholehearted understanding and interest of directors and faculties of schools of nursing, hospital administrators, college and university presidents, as well as state and local nursing organizations, made this survey a phenomenal tool for evaluating where basic nursing education stands today.

In order to make this wealth of factual information available to all persons concerned with nursing education and nursing service, the Joint Board of Directors of the Six National Nursing Organizations authorized the National Committee for the Improvement of Nursing Services to publish this report. It will be off the press early in September, and can be purchased for $2.00. Many of you are operating on stringent budgets now, I know, but when you step out into the ranks of the salaried nurses, earmark $2.00 for that book, which is entitled, Nursing Schools at the Mid-Century. You'll want to know the facts so that you can participate intelligently in future planning.

As of now, approximately 90 per cent of the schools of nursing are conducted by hospitals and 87 per cent of the student nurses are enrolled in these schools. The number of university and collegiate programs in basic nursing is increasing. Quite obviously, though, the schools of nursing conducted by hospitals will and should continue for some time to prepare practitioners in nursing, if they meet the basic criteria of a good educational program. This is very different from saying flatly, "Abolish all hospital schools of nursing." And it is also quite different from saying, "Every hospital which wishes to conduct a school of nursing should be encouraged to do so." The basic criteria of a good educational program in nursing, as in any educational program, are constantly being evaluated and reformulated. The
enrichment of student nurses' programs is evident in both types of schools, as many of you know, by the addition of experiences for you in psychiatric, communicable disease, and public health nursing wherever it has been possible to arrange for them. Experience in rural hospitals is provided today in many areas of the country, and this may well be a decisive factor in solving some of the health problems in rural communities. Increasingly broadened educational programs make all of you better nurses, well-prepared to help the sick and also to aid in the prevention of illness. However, let me stress one point in a broadened educational program which is frequently overlooked.

The course of study which carries a B.S. degree in addition to a diploma in nursing, is no open sesame to success in our field, nor does the B.S. degree magically equip one to become a better nurse and better citizen of a community. It is the attitude which you bring to the learning opportunities offered you in a hospital school or a collegiate school which determines your ultimate contribution to the nursing profession. There are many other skills which you need to acquire that cannot be learned from the pages of any book. For instance, in your daily contact with patients, are you an interesting person to have around? Are you familiar with current events—local, state, national, world-wide? Do you convey the impression of being interested in how the patient feels or are you tempted to inject a little of how you feel into the relationship? Do you represent nursing as a satisfying experience whenever you discuss it with those who know you as a nurse or do you find it easy to be disparaging about its rewards and extremely vocal about its trials and tribulations? Think carefully and honestly about answering these questions. Your answers are an index to what the patient, his family, and the public think about nurses, particularly if you are the only nurse they know.

You are fortunate in having selected a profession which prepares you well for what the future holds for most of you—becoming the wives and mothers of our society. You may not plan to continue actively in your profession, but your educational program has equipped you to be better wives and mothers, thereby making it possible for you to participate in guarding the health of our American families—a major goal of our nation.

And now, may I inject a thought that may seem most unrealistic, and perhaps devastating, to you at this moment? It is conceivable that some of you may never marry, or that you will be returning to the profession at some later date. Therefore, in the event that this might happen to you, will you listen carefully to the opportunities in nursing which are presented to you in your professional adjustment classes? Will you give some thought to the areas in which you might like to make your contribution, just in case my somber prophecy comes true? There are many decisions to be made, such as who should render nursing service and what patterns insure good nursing. You, as currently practicing nurses, can contribute valuable ideas in these areas. And then remember, too, that there are many openings for part-time work for you, or volunteer work, if you prefer that status. Nursing is one
profession that offers you security, a wide variety of opportunities—full or part-time—and it will always need you, today and in the future. A warm welcome awaits all of you from all of us!

**JOINT PROGRAM MEETING**

**Monday, May 8—8:00–10:00 p.m.**

*Presiding:* PEARL MCIVER, R.N., President, American Nurses’ Association

*Speakers:*

OLIVE W. KLUMP, R.N., President, California State Nurses’ Association

STAFFORD L. WARREN, M.D., Dean, School of Medicine, University of California

An address of welcome was given by Mrs. Klump, who also introduced Dr. Warren. In his speech, “Health—A Unifying World Influence: Nursing Accepts Its Role,” Dr. Warren stressed the importance of over-all unity of the professions in meeting health problems.

**SECOND BUSINESS SESSION**

**Tuesday, May 9—2:00–3:45 p.m.**

The second business session was called to order at 2:00 p.m. on Tuesday by Agnes Gelines, the president. Forty-one states responded to the roll call and a quorum was declared present.

The president reported the creation, by the Board of Directors, of two widely representative committees which would work with the departments of the League and the League membership—the Coordinating Committee on Curriculum and the Committee on Measurement and Guidance. She asked that the membership recommend to the Board persons whom they thought would make valuable committee members and would be willing to serve for a two-year period.

After extending a welcome to the many student nurses in the audience, the president announced that the remainder of the session would be devoted to an informal report and discussion of League functions under the proposed two-organization plan. If this plan were adopted, the League would merge with three other national nursing organizations in a new organization tentatively called, “The Nursing League of America.” The second organization would be the American Nurses’ Association, which would absorb the National Association of Colored Graduate Nurses but would retain its present title.
STRUCTURE STUDY

Stella Goosney, chairman of the NLNE Committee on the Continuation of League Functions Under the Proposed Two-Organization Structure, gave the following report:

Report of Committee on the Continuation of League Functions
Under Proposed Two-Organization Structure

Recommendations

1. That the structure of the two-organization plan be modified to:
   a. Eliminate the joint board as a subsidiary corporation for joint service and continue a joint board without legal status.
   b. Provide for the following service bureaus under the NLA:
      Consultation to Nursing Services
      Consultation Services to Schools
      Accreditation
      Measurement and Guidance
      Publications
      Information Services
      Advisory Services to State and Local Organizations
   c. Provide for two education divisions instead of one—the Division of Nursing Education with individual membership and the Division of Accredited Schools and Approved Programs.

2. That the responsibility for ANA objective 1 and NLA objectives 1 and 2 be shared by the ANA and NLA (see page 196).

3. That NLA objective 5 be reworded to include responsibility for counseling members as well as member agencies.

4. That the "objective" of the Division of Nursing Education be reworded as proposed by the committee and indicated on page 196.

5. That the present functions of the League be allocated as indicated in following pages and that the "duties and powers" assigned to the Division of Nursing Education be amended accordingly.

Present Functions of the NLNE

To promote aims and sound standards of nursing education and to help maintain these standards by:

1. Providing guidance in the development of educational programs in relation to:
   a. Types of curricula
      1) Basic nursing education
      2) Advanced nursing education
      3) Practical nursing education
   b. Facilities and services to faculty and students
   c. Learning aids
   d. Control and administration
   e. Selection of students
   f. Selection of faculty
   g. Evaluation
   h. In-service education.

2. Counseling institutions, organizations, and agencies with relation to nursing education programs.

Group Assigned to

Div. of Nursing Education

Div. of Nursing Education
3. Preparing prevocational guidance materials and providing guidance to graduate nurses about educational programs.

4. Conducting measurement and guidance services, developing evaluative devices, and promoting the utilization of these devices and services.

5. Providing advisory service to state boards of nurse examiners on educational matters.

6. Providing consultant services to state and local leagues of nursing education in relation to organization and program.

7. Serving as the education department of the American Nurses' Association.

8. Cooperating with other groups, such as nursing and other health and professional organizations and educational, philanthropic, social, and governmental agencies and organizations, in the promotion and advancement of national and international health and educational services, and advising and interpreting to these organizations standards of nursing service and education.

9. Joining with nursing and other health and professional organizations in conducting services and carrying out projects.

10. Developing policies and standards for accreditation of institutions conducting nursing education programs.

11. Setting standards for nursing education and nursing service for use by official agencies and other groups and for use in legislative activities.

12. Developing and utilizing public relations methods to improve understanding and support of nursing education.

13. Identifying the need for, stimulating, and conducting research; making studies in nursing and nursing education; and publishing studies.


15. Conducting scientific and professional meetings for nurse educators.

16. Collecting, disseminating, and preserving data with respect to nursing education.

17. Stimulating the production of and preparing, publishing, and distributing appropriate materials such as record forms, bulletins, books, and periodic literature.
18. Encouraging the participation of non-nurses in the furtherance of nursing education through active membership in the organization.

New Functions

20. Recruitment for the profession.

ANA Objectives (as proposed in Structure Handbook)

1. Promoting the professional and educational advancement of graduate registered nurses.
2. Promoting and protecting the social and economic welfare of graduate registered nurses.
3. Defining and promoting ethical and professional standards of nurse practice.
4. Dealing with legislation relative to qualifications for nurse practice, and such other legislation as affects the education of nurses and the practice of nursing.
5. Representing the United States in the ICN.

NLA Objectives (as proposed in Structure Handbook)

1. Determining current and estimating future nursing needs in all fields of nursing service.
2. Determining resources for filling nursing needs in both education and service.
3. Assisting in defining, interpreting, promoting and maintaining services and educational facilities.
4. Studying content, organization, and administration of nursing service and education.
5. Counseling member agencies (services and schools) with regard to maintenance of standards.

The objective of the Division of Nursing Education of the NLA as proposed in the Handbook should, in the committee's opinion, be amended to read:

"The objective of the Division of Nursing Education would be to contribute to the improvement of nursing service through the progressive development and promotion of sound standards of nursing education which will prepare personnel qualified to render nursing service of all types needed in the community."

Miss Goosby and the two members of her committee, Mildred Lorentz and Ruth Harrington, led the discussion on NLNE functions under the two-organization plan.

In reply to a request for clarification of item 9 under "Present Functions," Miss Mayo explained that the League is carrying on a good number of activities with other organizations, such as the American Council on Education and the Joint Commission for the Improvement of the Care of the Patient, in relation to objectives pertinent to nursing education.

"The objective of the Division of Nursing Education would be to provide for the improvement of nursing service through the progressive development of standards and facilities for nursing education, which will prepare personnel qualified to render nursing service of all types needed in the community." Committee on the Structure of National Nursing Organizations, 1949 Handbook on the Structure of Organized Nursing, p. 19.
Departments and Divisions

Anna D. Wolf (Maryland) questioned the soundness, from an organizational point of view, of providing for two educational divisions—the Division of Nursing Education with individual membership, and the Division of Accredited Schools and Approved Programs—instead of one Division of Nursing Education subdivided into departments for the various agencies, the schools, and individual membership. Miss Harrington pointed out that the education division, as proposed in 1949, was to include under it departments for such interests as degree schools, diploma schools, practical nurse schools, and boards of nurse examiners. However, no provision had been made for either individual membership or membership of accredited schools and approved programs, the latter of which might function as an organization supplying services to schools, especially with relation to accreditation. While such an organization could be set up as a department of the education division, the committee was of the opinion that it would be a much less complicated procedure to establish it as a separate division, since bylaws could then provide for its management. Also, members of a division could be permitted under bylaws to ally themselves with whatever departments of the division they wished. Another advantage would be that member schools of an education division of accredited schools and approved programs might pay certain dues in addition to the usual ones of the NLA.

Miss Harrington further stated that the committee had discussed the possibility of establishing a third education division for schools not fully accredited, but had reached no definite conclusions. Miss Goosetray added that representatives of the national nursing organizations, at an informal conference, had generally agreed that there should be only two divisions. Miss Lorentz stated that the committee saw the possibility of a similar split into two divisions of the Division of Nursing Services, as there might be a need for both individual and group membership to fulfill certain functions desired by each.

Miss Wolf then suggested the possibility of having, within the NLA, three divisions—a division of nursing service organizations, a division of individual members in education and nursing service, and a division of accredited schools. She pointed out, however, that the division of individual members would probably be so large that, for successful operation, the members would be separated into groups of like interest, and she questioned how these groups would interrelate with the sections of the ANA.

Need for Study of Functions

Maybel A. Wandelt (Texas) suggested that a discussion of League functions under a two-organization plan was somewhat premature when actual adoption of such a plan was still uncertain. It was her opinion that the many divisions, sections, and departments of the NLA and the ANA might cause more disunity in the nursing profession than there is today. Miss
Goosnay replied that no decision as to whether the nursing profession is to have two organizations, or even six organizations, could be reached until the functions of the various organizations and how they were to be placed were discussed.

In response to a question by Myrtle Kitchell (Iowa), Miss Harrington made it clear there was to be only one accrediting service. It would be conducted by a service bureau employing professional workers, but would be under the supervision of the Division of Accredited Schools and Approved Programs.

**Joint Board and Service Bureaus**

Ruth M. Mowbray (Maryland) noted that those joint service bureaus which were to be operated by a joint board according to the 1949 plan had been allocated by the committee to either the NLA or the ANA. In addition, the joint board itself, which was to function as a subsidiary corporation for joint service, had been eliminated, and an unincorporated joint board of directors of both organizations suggested in its place. If, in the future, any controversy arose as to which organization was to perform certain functions, Miss Mowbray asked whether this unincorporated joint board would have the power to settle the issue.

Miss Harrington explained first that at the Council of State Leagues meeting there had been some confusion regarding the incorporation of a joint board; since that time it had been definitely clarified that a joint board cannot be incorporated and jointly owned. Therefore, the committee recommended the establishment of an unincorporated joint board of the NLA and the ANA, similar in structure and function to the present Joint Board of Directors of the Six National Nursing Organizations.

She then explained that the question of incorporation now pertained to the service bureaus; any service bureau operating under an unincorporated joint board could be (1) subsidiary to either the NLA or the ANA, or (2) incorporated and jointly owned. In considering ways and means of speeding up unification, the committee decided the process could be hastened considerably if, in the beginning, service bureaus were attached to one or the other of the two organizations. As unification progressed and procedures became more stabilized, they could be incorporated and owned jointly if it seemed advisable.

**Opinion Poll**

The secretary read the returns from the opinionnaire on structure which had been sent to all League members in March:
Mrs. Henrietta A. Loughran, Secretary
National League of Nursing Education
1790 Broadway
New York 19, New York

My dear Mrs. Loughran:

Pursuant to engagement, we have tabulated the opinionnaires received by mail from the members of the National League of Nursing Education regarding proposals for the reorganization of the present structure of nursing organizations. The number of the members who are in favor of each of the proposals specified on the opinionnaire is as follows:

Propositions and Number of Members
in Favor

1. A one-organization plan for reorganization of the six organizations
2,282

2. A two-organization plan for reorganization
3,299

3. No change in structure of the National League of Nursing Education at present
711

Very truly yours,

Berner and Derry
(Certified Public Accountants)

Mrs. Loughran pointed out that the percentage of replies from NLNE members was considerably higher than that from ANA members, who had also received an opinionnaire.

Financing of Proposed New Organizations

Continuing the discussion, Madeleine McConnell (Illinois) inquired as to the financing of the NLA. Miss Mayo stated that this problem had not been attacked to any extent thus far. An estimate of per capita expenses under a two-organization plan, based on the 1948 expenses of the six national nursing organizations, had been published in the April 1950 issue of the American Journal of Nursing. However, this study could not be considered final for two reasons: (1) 1949 expenses were higher than 1948 expenses, and (2) the 20,000 potential membership of the NLA was a flat estimate based on current records of the NLNE and the NOPHN, and did not allow for overlapping in membership of the six national nursing organizations. Miss Mayo said further that serious consideration had yet to be given to the matter of NLA agency and school membership dues, but that the general opinion was they should be much higher than individual membership dues.

Miss McConnell next asked the extent to which the divisions of education would have freedom in securing and allocating funds. Miss Mayo answered that the nursing organizations had not progressed much further than to decide that funds for the NLA and the ANA would be obtained from dues and, possibly, from sales of publications. Complete agreement had not
been reached on the matter of publications. Some thought that publications such as periodicals might be jointly sponsored, with a percentage of the income going to the NLA and the ANA, and a percentage being retained by the periodical in order to operate it. Others believed such publications should be separately owned. It was further hoped that contributions would provide a large source of income, particularly to the NLA, because that organization would be tax-exempt and therefore gifts to it would be deductible from the taxable income of the donor.

Specific divisions of the NLA would have to submit budgets to the board after funds had been received.

State Boards

In response to Miss Goosstray's request for reactions to the structure plan from representatives of state boards of nurse examiners, Della S. Bergen (New York), speaking as the chairman of the ANA Committee on State Boards of Nursing Education and Nurse Registration, said there had been considerable discussion at a recent meeting about the future placement of the state board group in the new organization plan, and asked for clarification on this point.

Miss Mayo replied that state boards of nurse examiners were seen as having two functions—one in relation to licensure of nurses, which was more the concern of the ANA, and the other in relation to education and curriculum development in schools of nursing, which was more the concern of the NLA. The group might, therefore, be divided into two sections: it would function as an ANA committee with relation to licensure, and as an NLA advisory group with relation to education.

Clara Quereau (New York), secretary of the New York State Board of Nurse Examiners, said that the ANA had been giving a great deal of support and assistance to the state board group, with the result that there was a tendency among state board members to want the committee to remain under the ANA. Miss Quereau agreed, however, that there were many points to be discussed and considered before any decision could be reached. With regard to the different functions of state boards of nurse examiners, she did not believe licensure and education could be separated; one is a part of the other. Therefore, both should be placed under one of the education divisions of the NLA. The second function of state boards—that relating to disciplinary procedure—should be placed under the ANA.

Status Quo Versus Unification

Martha E. Keaton (Oklahoma), speaking as one of the 711 League members not in favor of a change at this time, said she was still not convinced that the right plan for reorganization had been found. She did not believe a change in structure would be advisable unless the NLNE, along with the other national nursing organizations, were to benefit, and she could not see,
from the discussion of functions, that any benefits would be forthcoming. Miss Goostray said it was the hope of the NLNE committee that League members would join in the search to find the right organization plan if the present one proved unsatisfactory. She explained that the committee had been authorized to study present League functions in order to ascertain how essential functions might be carried on in the future. Similar studies were being conducted by the other national nursing organizations and, once the functions of each had been clarified, representatives would come together again in an effort to make all of the functions dovetail.

Miss Lorentz added that the committee had also been thinking in terms of how NLNE functions could be transferred to a new structure as quickly and as easily as possible, with the result that many functions had not been combined with those of other organizations. However, committee recommendations had in no way eliminated this possibility once the NLA had become stabilized.

Gertrude E. Nathe (Michigan), president of the Michigan League of Nursing Education, then spoke as one of the 2,282 League members in favor of the two-organization plan. Miss Nathe said she had found from personal experience, in her relationship with the Michigan Nursing Center Association, that nursing groups can work together. It was her opinion that, under a two-organization plan, not only would nursing activities, nursing services, committee membership, and finances be increased, but there would be a very healthy exchange of opinion between the different areas of interest in the nursing profession.

As no further questions were raised, Miss Goostray turned the meeting back to the president, who called for a show of hands from members on the matter of a two-organization plan. Response indicated that the majority were in favor.

The meeting adjourned at 3:45 p.m.

**Joint Program Meeting**

**Wednesday, May 10—9:00–11:30 a.m.**

**Presiding:** Agnes Gelinas, R.N., President, National League of Nursing Education

**Speakers:**

Marion W. Sheahan, R.N., Director of Programs, National Committee for the Improvement of Nursing Services

Elizabeth S. Bixler, R.N., Co-chairman, Joint Committee on Unification of Accrediting Activities

Elisabeth C. Phillips, R.N., Chairman, Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services

Theresa I. Lynch, R.N., Chairman, Joint Committee on Careers in Nursing
Reports of the joint committees of the Joint Board of Directors of the Six National Nursing Organizations were given at this time. Mary Ellen Manley, chairman of the National Committee for the Improvement of Nursing Services, and Veronica Lyons, chairman of the Joint Committee on Unification of Accrediting Activities, who were unable to attend, were represented by Miss Sheahan and Miss Bixler, respectively.

NATIONAL COMMITTEE
FOR THE IMPROVEMENT OF NURSING SERVICES

MARION W. SHEAHAN, R.N.

History

In September 1948, concurrently with the publication of Dr. Esther Lucile Brown's study, Nursing for the Future, the six national nursing organizations appointed a preliminary planning committee called the Committee on Implementing the Brown Report, under the chairmanship of Mary C. Connor. The nucleus of its members was selected from the six national nursing organizations. In addition, representatives from allied professional groups were asked to serve. The committee was given freedom to analyze major problem areas in nursing, to plan solutions in relation to present needs and long-range goals, and to initiate action nationally, regionally, and locally. In January 1949, the newly established Joint Board of Directors of the Six National Nursing Organizations, at its first meeting, designated this committee as a committee of the Joint Board. Later in the spring its name was officially changed to the National Committee for the Improvement of Nursing Services. In July 1949, Mary Ellen Manley succeeded Miss Connor as chairman.

First Activity

The committee decided that its first task was to review current basic nursing education facilities in order to determine the areas in which improvements were needed, which in turn would ultimately affect the improvement of nursing services. While there had been earlier studies in this same area which provided valuable information, much of the material was outdated. Therefore, the first subcommittee of the National Committee for the Improvement of Nursing Services was appointed and assigned the specific task of collecting and analyzing school data. Questionnaires were sent to every state-approved school of nursing in the United States, Puerto Rico and Hawaii during March 1949. Participation in the survey was voluntary, but the extraordinary return of 97 per cent of the questionnaires demonstrated the cooperative spirit of the nursing school directors and the state and local nursing organizations, whose united efforts made this high percentage of returns possible. It also testified to the recognition by those responsible for nursing education
of the need for an up-to-date evaluation of current practices. The findings and recommendations of the Subcommittee on School Data Analysis were presented to the parent committee, and in turn to the Joint Board for action, and after its approval, the “Interim Classification of Schools of Nursing Offering Basic Programs (1949)” was published in the November issue of the American Journal of Nursing.

Uses of School Data Analysis Survey

Reports from various geographic regions of the country indicate that this classification has already stimulated constructive action toward the improvement of basic nursing education programs. In order to insure maximum effectiveness of the final report of this project, each state was given an opportunity to appoint a group to review the preliminary draft of the School Data Analysis report. The composition of these groups varied by states, but, in general, included representatives of the state nursing organizations, and, in some instances, hospital administrators, educators, doctors, and interested lay citizens. Valuable suggestions and criticisms have come from these groups and will be incorporated in the final report (insofar as is possible) which is to be made available during 1950. This report will provide an excellent tool for self-evaluation of nursing schools. In addition, it will point up trends in nursing education during the past twenty years, as well as identify specific areas for continuing experimentation and improvement.

Other Committee Activities

While the school data analysis project has been the major activity of the committee to date, there are others which should be mentioned.

1. Two study guides on Nursing for the Future have been issued to all state nursing groups, and it is anticipated that at least two more will be circulated before the end of 1950.

2. Ten members of the committee participated in a national nursing planning conference generously sponsored by the W. K. Kellogg Foundation in January 1949, at Battle Creek, Michigan.

3. Progress reports of the work of the committee have been presented at annual meetings of several state nursing organizations and at the 1949 annual convention of the National League of Nursing Education, as well as at meetings of allied professional groups.

4. A Subcommittee on Educational Resources for Graduate Nurses was appointed and has held two meetings, but is now in a state of “suspension,” awaiting further financial support.

5. The committee recommended appointment of a Subcommittee on Joint Advisory Services. This subcommittee has not been activated as yet, due to lack of financial support.
Financial Support

The financial support of the committee from its inception until September 1949 was provided entirely by the six national nursing organizations. Since then, in addition to the continuing support of the nursing organizations, two grants have been received; one from the Rockefeller Foundation for $7,000, and one from the W. K. Kellogg Foundation for $10,500. Both of these grants were made with the purpose explicitly stated: to provide funds for personnel and activities essential to the drawing up of a long-range program for the improvement of nursing services. It was my pleasure to join the staff of the committee on September 15, 1949 as director of programs, to coordinate the relevant data and suggestions to be incorporated in a comprehensive plan.

Aims and Objectives

Since nursing services for the people of the country are provided in close to 8,000 hospitals, of which approximately 1,150 have schools of nursing, and in a large number of nursing homes, community agencies, and homes of the people, it is obvious that the scope of the committee's work must emphasize the improvement of nursing service wherever it is given by nurses, as well as the improvement of education, in order to keep pace with the continuing changes in patterns of health care for the nation. While the aims and objectives of the committee are still being formulated, at present it would appear that they could be summarized as follows:

1. Improving nursing education facilities, both basic and advanced, to the point where every program of nursing within its own pattern will be educationally sound.

2. Coordinating activities related to surveying and identifying, wherever possible, practices which result in good nursing service.

3. Stimulating as widely as possible the experimentation and sharing of findings of all groups actively engaged in, or concerned with, nursing in any form.

4. Development of active working relationships within the profession itself and with other professions.

The committee has outlined a principle on which to proceed with its own work and to determine the speed with which any particular objective might expect to be accomplished. Simply stated, this principle is that the approach to any improvement rests upon the strength of unified inter-professional understanding, planning, and action. The committee sees itself as a constructive organization committed to proceed in a democratic fashion from where the nursing profession stands today to a goal which, when achieved, will assure adequate and safe nursing care to every man, woman, and child in the United States.
JOINT COMMITTEE ON UNIFICATION OF ACCREDITING ACTIVITIES
AND
THE NATIONAL NURSING ACCREDITING SERVICE

ELIZABETH S. BIXLER, R.N.

To those who have either been connected with or interested in the evolution of this Service during the past two years, it must seem that the "mills of the gods" have ground slowly—but they have indeed ground small. The National Nursing Accrediting Service was created in January 1949 by action of the Joint Board of Directors of the Six National Nursing Organizations, and this past year has been spent in laying the foundations for a sound, unified, accrediting service.

During 1949 the Service published the Manual of Accrediting Educational Programs in Nursing, which "provides a common core of accepted policies, principles, and descriptive criteria which may be applied to any category of nursing education..." This publication was the result of many months of work by individuals and groups. The criteria expressed in it are those which have been set up and accepted by the profession. Since first offered for sale, the Manual has moved rapidly, necessitating two reprints. To date, approximately 2,000 copies have been sold.

In order to obtain more complete and adequate data about a program prior to the survey visit, it was necessary to construct new forms of inquiry. The revised forms are now in use, although it is recognized that in time further changes may seem desirable. Nurses throughout the country assisted in making these forms more effective through their valuable suggestions.

The list of accredited programs in nursing which was published in the American Journal of Nursing in October 1949, represented a compilation of all programs recommended to the NNAS by the ACSN, NLNE, NOPHN, and the Conference of Catholic Schools of Nursing. However, the list of approved programs which appeared in February 1950 in the American Journal of Nursing was the result of the study of each program by the Board of Review of the NNAS for the category to which the school belonged. The consideration of these programs gave each Board of Review an opportunity to determine certain objectives which should be attained by all programs within a specific category, as well as to realize the need for establishing certain criteria which do not now exist. Duplications which occurred in the first list because of overlapping approval by more than one agency were eliminated.

During the review, weaknesses apparent in fifty-nine programs were sufficiently serious to indicate a need for re-visits. This number included twenty-five "conditionally approved" programs recommended by the Board of Directors of the NLNE at the time that that organization transferred its list to the new Service.

The NNAS held four work conferences during August 1949 in New
Orleans, Denver, Chicago, and New York. Other conferences conducted or attended by representatives from the NNAS were held in Iowa, New Hampshire, Missouri, Indiana, California, and Kentucky. At these meetings some 1,500 people took part in considering the cardinal purposes of the evaluation of educational programs, especially as applied to nursing. It is evident that there is a tremendous amount of interest in this subject throughout the country at the moment and requests coming to the Service for assistance at meetings far exceed the ability of the staff to meet them. It was the decision of the Joint Committee on Unification of Accrediting Activities at its November meeting that, in the immediate future, all of the time and effort of the staff members should be directed toward visits connected with accrediting. As the staff is augmented, it may be possible to cooperate more fully with nursing groups in their plans for conferences and institutes. The first extended field trip under the new Service was begun on February 20, 1950. In a fifteen-week period up to May 1, twenty-six schools have been visited. From one to five schools have been visited each week. This means that from two to ten representatives have been in the field each week. There has been only one full-time representative. All others serve on a part-time basis from one week to two months each.

The headquarters of the NNAS was moved in May 1949 to 234 West 56th Street, New York City. Until December there was but one full-time professional worker and, therefore, much of what has been accomplished has been done by part-time professional personnel who have been interested and willing to assist for limited periods. Even now, there are but two full-time professional staff members and four clerical assistants.

The work of this committee and Service touches so closely the activities and interests of many other groups that much thought has been given to the best way in which to gain assistance and cooperation from them. The following organizations have been invited to provide representatives either as consultants or full members of the committee: American Council on Education, American College of Surgeons, American Hospital Association, American Medical Association, Catholic Hospital Association, National Commission on Accrediting.

A study is being made of the practices of other professional accrediting bodies, particularly as they relate to costs. Some educational institutions have policies which prohibit the payment of fees for "accrediting" as such, and others have budget limitations which make participation difficult. It is the hope of the committee that, ultimately, some plan for financing may evolve which will reduce the cost of the total procedure to the schools.

Now that the first and obvious steps have been taken, it is of the utmost importance that a plan be made which will extend without delay the assistance of the NNAS to a much larger number of programs of nursing education in this country. In addition, long-term objectives must be established, and de-
termination made of studies and projects which should gradually be undertaken to make the Service a dynamic and truly helpful force in every way.

To date, the overwhelming task of accreditation related to programs for professional nursing has been of such proportion as to preclude serious thought of nonprofessional programs. However, the committee recognizes this as responsibility which rightfully belongs within the Service, and for which we must eventually prepare to assume responsibility.

JOINT COMMITTEE ON PRACTICAL NURSES AND AUXILIARY WORKERS IN NURSING SERVICES

ELISABETH C. PHILLIPS, R.N.

The basic purpose of the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services is to consider all matters relating to the use of such personnel, and to refer to appropriate organizations or committees those matters with which they are better able to deal than is this committee. Recommendations on matters of policy or procedures which require joint action are made to the Joint Board of Directors of the Six National Nursing Organizations.

Licensing Laws

An underlying basis for the use of practical nurses rests in state licensing laws, and the committee therefore endeavors to keep informed on progress being made in this area. As of September 1949, twenty-eight states, in addition to Hawaii and Puerto Rico, had laws providing for the training and licensing of practical nurses or other nursing groups with similar preparation. The most common length of training courses provided by law is nine to twelve months, with thirty weeks being the shortest and fifteen months the longest. Of these laws, ten are entirely separate from the ones covering the training and licensing of professional nurses, and there is provision for a separate board of examiners in six instances. There are nine distinct titles used in these laws to designate the person being licensed and six different abbreviations for the titles are protected by law. Such variations indicate some of the lack of uniformity existing in nurse practice acts at the present time. This lack has far-reaching results which tend to confuse the public.

The whole picture is further complicated by the fact that in several states we now have workers who are licensed as practical nurses, or under other similar titles, who may or may not be graduates of a planned program of study in a practical nurse school. This situation is the result of waiver provisions in the laws which permit the licensure of persons who were already practicing nursing on a specified date and who can demonstrate their competence to even a small degree. It is obvious that such a person, who has "learned by doing" only, should not be expected or allowed to discharge
the responsibilities that reasonably can be expected and permitted of a graduate of an approved school of practical nursing. One of the major jobs of the members of the committee during the past biennium has been to make clear the difference between these workers.

**Approved Schools**

There are now over ninety approved schools of practical nursing in the United States; some states have a number of schools and some have none at all. A school may be operated under one of several auspices; such as a hospital, a specialized community organization, or a vocational school system. By far the greatest number of schools established during the past biennium are within public education systems.

**Curricula for Schools**

To date, the curricula followed in these ninety-odd schools have been developed very much on an individualized basis. This means that the graduates of one school are not necessarily prepared to do the same jobs as those of another. For more than two years several members of the committee have been active in the preparation of a suggested curriculum, based upon an activity analysis of the practical nurse occupation. The project has been carried out under the auspices of the U. S. Office of Education and the chairman has represented the committee in this work throughout the biennium. *The Practical Nurse Curriculum* is now on the press, and it is hoped that it will be available in the fall through the U. S. Government Printing Office.

**Publications**

Two major projects have been undertaken by the committee during the past two years. The first dealt with the compilation of loan folders which are filled with reprints of articles, pamphlets, and a bibliography dealing with practical nurses and auxiliary workers in nursing services. Twenty folders were prepared and the requests to borrow them have come from all over this country and Europe. Plans have been made to keep these folders up to date.

The second major project has been to revise the pamphlet, *Practical Nurses and Auxiliary Workers for the Care of the Sick*, which the committee published in 1947. There has been wide distribution of this pamphlet on a paid and free basis but thinking and practice during the past three years have changed considerably and it needs to be brought up to date. The plan is to publish it in two separate pamphlets. Because so little has been written concerning auxiliary workers, as compared with the material available on practical nurses, the committee decided to do that part first. This new pamphlet is to be called *Nursing Aides and Other Auxiliary Workers in Nursing Services*.¹

¹Since this report was given, *Nursing Aides and Other Auxiliary Workers in Nursing Services* has been published. (New York, American Nurses' Association, 1950.)
The manuscript was approved in January by the Boards of Directors of the individual national nursing organizations and by the Joint Board. Included in the pamphlet are such matters as the following: (1) A definition of what is meant by auxiliary workers in nursing services and a separation of them into two categories—those who are concerned chiefly with the patient’s environment, and those who are intimately concerned with the provision of nursing service and are called nursing aides; (2) suggestions for setting up standards and methods to aid in selection, preparation and identification; (3) suggestions for integrating them and their work into the whole of nursing service, and (4) outlines of ways in which necessary supervision can be provided and safeguards for their employment set up.

The committee’s aim in writing this pamphlet has been to give such help to professional nurses and hospital administrators as will enable them to prepare and use nursing aides effectively, to the end that these auxiliary workers may make a very real and helpful contribution to the welfare and comfort of the sick.

A second pamphlet, dealing with the preparation and use of practical nurses, is now under way. This will be a radical revision of Part I of the 1947 publication. It is hoped that it will be completed in the fall of this year. An attempt will be made to incorporate the current philosophy, principles, and policies which have been adopted by the Boards of Directors of the individual organizations represented on the committee and by the Joint Board to which it is ultimately responsible, since for over a year it has been truly a committee of the Joint Board.

Committee Recommendations

Without waiting for the publication of the new pamphlet, the committee would like at this time to bring to the attention of the members of the national nursing organizations the following statements which were submitted to the Boards of Directors in the form of recommendations and have been accepted by them and by the Joint Board:

1. Use of the Words “Practical Nurse.” The Boards of Directors agreed to support the use of the term “practical nurse” rather than “nursing technician,” “nurse technician” or “technician nurse.” The reasons for this, which the committee pointed out when making the recommendation, are:

a) Practical nurses themselves should have an opportunity to discuss any title change proposed for that group.

b) The word “technician” implies interest in techniques alone.

c) The title “practical nurse” was only recently adopted by all national nursing organizations (January 1947) and the public is just beginning to understand what is meant by “trained practical nurse.” A change now would add to the existing confusion over the variety of titles now in use.
d) All recent and pending legislation has used the title "practical nurse."

e) The new national association of practical nurses (The National Federation of Licensed Practical Nurses) uses the title "licensed practical nurse."

2. Definition of a Practical Nurse. The Boards of Directors have adopted the following definition:

The practical nurse is a person trained to care for selected subacute, convalescent and chronic patients, and to assist the professional nurse in a team relationship, especially in the care of those more acutely ill. She provides nursing service in institutions and in private homes where she is-prepared to give household assistance when necessary. She may be employed by the lay public, hospitals, or health agencies. A practical nurse works only under the direct orders of a licensed physician or under the supervision of a registered professional nurse.

3. Identification of Practical Nurse. The Boards of Directors believe that there is a great need to identify practical nurses as such in order to avoid confusion and misrepresentation, and to protect the workers and the patient. They have, therefore, agreed to do everything possible to promote the use of clear, distinguishing insignia for practicing practical nurses. The placement of such identification on a part of the uniform where it is easily visible at all times is thought to be important. The committee urges all professional nurses to see that this is done.

4. Personnel Policies. The Boards of Directors have agreed to urge state professional nursing groups (a) to encourage practical nurses to organize their own associations, to review their salaries and employment conditions, and to establish employment standards for practical nurses which can be promulgated by their own associations, and (b) to make available to practical nurses' associations consultant assistance based on the experience of the professional nurses' associations in their economic security programs.

Other Activities

During the summer of 1949 the chairman of this committee was asked to arrange and direct a six months' educational program for a World Health Organization Fellow. This professional nurse was sent to the United States in order to prepare her to direct the programs for the preparation and use of practical nurses and auxiliary nursing personnel in Finland. Arrangements were made for her to visit twelve schools of practical nursing and nearly twenty-five hospitals and other agencies in seven states where practical nurses and/or auxiliary workers are employed.

During the past biennium, the chairman has been asked to take part in meetings of various sorts in nine states. Without exception, she has attempted to: (1) clarify the difference between a graduate of an approved school of practical nursing and a person trained on-the-job or who has merely "learned by doing"; (2) urge the unmistakable identification of practical nurses and
auxiliary workers as such so that they will not be confused with each other or with professional nurses, and (3) promote a better understanding of the team relationship between professional nurses and others who are utilized in providing nursing service, emphasizing the great need for active participation by the professional nurse in the assignment of duties to others and in the preparation and supervision of such workers.

JOINT COMMITTEE ON CAREERS IN NURSING

THERESA I. LYNCH, R.N.

This morning you have been listening to the reports of the joint committees, and we believe it is entirely appropriate that the Committee on Careers in Nursing should be the last one reporting to you today. Everything that happens in joint committees—one phase or another in the improvement of nursing services, extension of national accreditation, increased numbers of trained practical nurses and auxiliary workers—affects careers in nursing. Everything that happens in the nursing profession, either to us as individuals or as a group, affects careers in nursing because it affects the public's view of nursing and thereby it influences the attitudes of parents, counselors, and other members of the health professions, all of whom advise young people about the choice of a career.

Therefore, the success of the work of your national Committee on Careers in Nursing, even as the success of your state and local committees, depends not only upon the advances in the nursing profession but how these changes are interpreted to the consumers of nursing service. The committee believes that recruitment of increasing numbers of qualified young people into the profession is everybody's business, since every man, woman, and child in the nation is affected by the quality and quantity of nursing care available.

Before telling you a little about the present work of your national committee, as well as what it plans in the next few months, perhaps we should take time for a brief glance over the past two years since a report was last made to a biennial convention. The committee has had several parents—first the National Nursing Council, then the Nursing Information Bureau, then the National League of Nursing Education, and now the Joint Board of the Six National Nursing Organizations where the committee is placed administratively under the League. And like Topsy, we have grown in the past two years, both in volume and variety of activities, in the membership of the committee, and in the small staff carrying out the various phases of the program.

You will recall that, following the termination of the Cadet Nurse Corps program, there was no national recruitment plan in 1946. Then the American Hospital Association sponsored a national program in 1947 and 1948. During the period of the AHA's direction of national recruitment activities, the committee assisted in an advisory capacity and its membership consisted
of representatives of the nursing organizations, the hospital association, and general education. In 1948, following the last biennial, the nursing organizations made plans to undertake leadership for recruitment in 1949, when the AHA terminated its program. In late summer of 1948, a full-time professional staff member was appointed and subsequently the membership of the committee was expanded to include high school and college counselors, and representatives of practical nurse education, the medical association and consumers of nursing service.

May we emphasize here the importance of including consumers of nursing service in your local recruitment activities—the wider the interest you create in your local recruitment committees through participation of leading members of your community, the more successful will be the recruitment program in your area. We believe that the more people learn about the increasing opportunities in the nursing profession, the more they become concerned and active in interesting qualified young people in the field.

Out here in the western part of the country we think we ought to explain why there is not yet a representative from the far west on the committee. The reason for this is that we have not found anyone who is willing to pay his or her own expenses to our two or three committee meetings each year. We would welcome suggestions for western representation, especially from those persons who are community leaders.

The question of money always seems to creep into consideration of all programs and this is particularly true of the scope of the work of the committee, when so much depends on the volume of information that can be disseminated and the personnel which is available to carry on the work. In 1949, the committee functioned on a budget of approximately $23,000 which was allocated by the national nursing organizations and the American Cancer Society. By necessity, the work had to be limited to three major areas: (1) answering the more than a thousand inquiries received each month from prospective students, their parents, and counselors; (2) serving as a central point for exchange of information on recruitment ideas; (3) fulfilling the requests of national media, such as magazines and radio networks, for information on the career opportunities in nursing. As the coordinating group for recruitment, we were delighted—as we are sure were all of you participating in local recruitment activities—that the number of students admitted to schools of nursing in 1949 reached a peacetime record of 43,612.

In achieving this record, we believe that recognition must be given to the large promotional campaigns carried on in 1947 and 1948 by the AHA, and to the assistance of American business through the Advertising Council.

In planning for 1950, we recognized the need for an expanded program which would help the local recruitment groups and schools of nursing do a better job in obtaining larger numbers of qualified applicants as well as make it possible for the national committee to provide a more extensive backdrop of information about the career opportunities in nursing. Before
summarizing our 1950 program, let me say that we believe the work of the national committee and the work of local recruitment committees go hand in hand. We believe there is a place for both and each can do a better job because of the work of the other. For example, the national committee can prepare general materials in large quantities to supply at low cost to the local recruitment groups, and to send to all the prospective students who write for information to the national nursing organizations, the government nursing services, and the national hospital and medical associations. It can answer the questions of the national publications, giving an over-all picture of nursing today in this country. It can tell local recruitment committees what methods have proved successful in other areas. However, it is the local recruitment groups who have the personal contacts with prospective applicants, who—to use a business phrase—have the "point of sale" opportunity about what nursing offers an individual as a career. The national committee can also endeavor to keep general interest stimulated in the opportunities for careers in nursing, but again it is the local recruitment groups and schools of nursing who must do the final stint in helping applicants decide whether they qualify for professional nursing or practical nursing, on advising them about the types of educational programs which are available and best suited to them. If they do not qualify for nursing, they should know why and their interest and abilities should be directed to related areas in the health field.

And now to the 1950 program of the Committee on Careers in Nursing. As indicated earlier, we knew that you needed more material and more help this past year. But the old question of funds to carry on an expanded program was still with us. We received a grant from the National Foundation for Infantile Paralysis last year for the printing only of folders but there were the problems of enough qualified staff to prepare the materials, of the artwork, and of a budget to allow for mailings and to carry on the other phases of an expanding program. It was at the suggestion of the chairman of a local recruitment committee, who is a consumer representative on our national committee, that we turned to the schools of nursing and the hospitals throughout the country for financial assistance, believing that each one had a stake in the work of the committee. We are happy to announce that at this time we have received approximately $18,000 from more than 400 schools and hospitals. We would also like to pay a special tribute to the nursing staffs in veterans hospitals who have sent their contributions to the work of the committee. Our budget for the year is estimated at $40,000 and although we haven’t all the money in hand we are hopeful that more will be coming from the hospitals and schools.

We are sure that most of you have seen the picture folder, "Nursing—Is It Your Career?" We know also that many of you have seen the new school list of all the state-approved schools of nursing in the country. It gives state minimum requirements and is coded for national accreditation, for the 1949 Interim Classification, as well as for degree and diploma pro-
grams and whether the schools accept men and Negro students. This booklet is a historical landmark because it is the first time that all of this information has been combined in one handy list. The booklet is 10 cents a copy and we hope you will be sure to get yours before you leave the convention.

Have you seen the new poster? We hope you like it. The new poster, the school list, and the Opportunities in Nursing chart have been mailed to each recruitment group, to schools of nursing, state nursing organizations and hospital administrators. We are also happy to tell you that the U. S. Office of Education is mailing the poster and the school list to every high school in the country—nearly 28,000 of them. You can help by checking with your local high school to see that the poster is up on the bulletin board, and to learn if the school list is being used by counselors and prospective students. We understand that this is the first time that the Office of Education has made such a mailing.

We had hoped to have two other folders here for you to see but they are at the printers and will be available within the next two weeks. One is a general folder on nursing which is entitled "Nursing—Career with a Future" the same as the poster; the other is a leaflet on the two fields of nursing—professional and practical. It is entitled "Nursing Offers You a Choice on the Health Team." Two more folders are coming: one on the opportunities for men in nursing, and the other on the collegiate programs in nursing. We also hope to have a flier which will appeal to the junior high age group. Frankly, we had planned that all of these would be ready for your current Career Days in your local communities but with the production headaches encountered by our small staff it has not been possible to get them out as early as we had anticipated.

Many of you have asked about advertising mats. They are coming within the next month, through the cooperation of the Advertising Council. We are happy to announce that the Advertising Council, through which American business has contributed millions of dollars in advertising space, radio time, car card and billboard space throughout the years, has renewed its campaign for student nurse recruitment for the balance of 1950. In addition to radio time already obtained, there will be two or three weeks of concentrated radio time in the next two months.

A report to you about recruitment would not be complete without mention of the second celebration of American Student Nurse Sunday for which the committee served as coordinator. Participating nationally with the nursing organizations were the major church groups and the hospital and medical associations. We want to acknowledge especially the help of the federal nursing services, and to pay particular tribute to the Army Nurse Corps for lending its information specialist to assist with the program. Undoubtedly many of you have been so busy with the convention here in San Francisco that you did not hear Frances Payne Bolton's splendid address launching the observance last Saturday, or any of the radio round-ups last Sunday.
However, you do know the observances that were being planned in your own communities, at your churches and your hospitals. We wish we could share with you some of the details of all the activities throughout the country but we would be here for the rest of the day if I tried to tell you about the varied observances this past week in individual areas. To us, this event is a splendid example of working together, with the local recruitment groups and schools of nursing carrying out the specific activities in their own communities, and the national committee serving as the coordinator in the planning by the various national groups.

The goal for the number of new students entering schools of nursing this year is 50,000, a figure which was substantiated by the recent survey of schools of nursing to learn how many they wanted this year. In the over-all picture nationally, the number of applications is encouraging, and the League’s Department of Measurement and Guidance reports a record number of students taking the pre-nursing and guidance tests in the early months of this year. We also know that the number of inquiries coming into our national headquarters has continued to mount.

But we need to do even more if we are to gain increased numbers of qualified applicants for schools of nursing to the end that greater numbers of nurses will be prepared to meet the mounting demands for nursing care in this country. We need intensified recruitment efforts in our local communities, both through organized recruitment groups and through the efforts of individuals in their day-to-day contacts.

Recruitment for nursing is everybody’s business and it is only through widespread understanding of the opportunities in the profession that we can increase the supply of qualified members of the profession with the result that there will be better health care for the country.

As members of the profession, we have a responsibility for giving leadership to recruitment, both through our local recruitment groups and through our personal relationships. Nursing is a great profession and we should keep reminding ourselves and others of its opportunities for a challenging career. As the number of qualified members of the profession increases, only then will nursing be able to solve many of the problems within the profession and, more important, some of the major problems of adequate health care in this and other countries.

**General Session**

Wednesday, May 10—3:00–10:00 p.m.

*Presiding:* Anna M. Steffen, R.N., President, California State League of Nursing Education

*Speaker:* Baldwin M. Woods, Ph.D., Vice President, University Extension, and Professor of Mechanical Engineering, University of California, Berkeley, California
Discusants:

R. LOUISE McMANUS, R.N., Director, Division of Nursing Education, Teachers College, Columbia University, New York, New York

LULU K. WOLF, R.N., Professor of Nursing and Chairman, Department of Nursing, University of California at Los Angeles, California

MARY TSCHUDIN, R.N., Assistant Dean, University of Washington School of Nursing, Seattle, Washington

The evening session was held in the Arena of the Civic Auditorium. Prior to the address by Dr. Woods, Miss Steffen introduced Agnes Gelines, president of the National League of Nursing Education, who officially accepted the new state leagues of Arizona, Idaho, and Oregon into the national organization.

ACCEPTANCE OF NEW STATE LEAGUES OF NURSING EDUCATION

AGNES GELINAS, R.N.

The essential purpose for which the National League of Nursing Education was founded in 1893 was the advancement of nursing education. During the course of fifty-seven years, the interests of the League have grown tremendously. Today it is concerned not only with all programs in professional nursing education and practical nursing education, but also with the improvement of nursing services through education.

The League has attracted members from every type of accredited educational institution and program and every kind of administrative position in nursing, as well as from the lay public. The membership today is over 10,000, with forty-five states, Puerto Rico, the Territory of Hawaii, and the District of Columbia represented through the state leagues of nursing education.

Tonight we are welcoming into the National League the new state leagues of Arizona, Idaho, and Oregon. On behalf of the membership, I wish to convey a special greeting to the presidents of these three leagues. This message brings warm congratulations in a very friendly way, and the best of wishes that the future years will hold much happiness for you as you develop, promote, and maintain the aims and sound standards of nursing education.

You must all be very happy as you reach this special night, and you have good reason to be, as you look forward to joining the fine fellowship of those who are advancing nursing education. I can conceive of no greater influence in determining the kind of nursing education we will have in the future than that which can be wielded by the united effort of all in the National League of Nursing Education.
Response

Miss Gelines then introduced the three presidents to the audience, Lucia Allyn, of Arizona; Hazel Rosecrans, of Idaho; and Eva Davis, of Oregon, each of whom spoke a few words on behalf of her state league.

Miss Allyn reviewed briefly the history of nursing activities in Arizona, pointing out that the State Nurses’ Association was organized in 1919, seven years after Arizona was admitted into the Union as the forty-eighth state. The first project of the Arizona league, which has forty-one charter members, was to cooperate with the State Board of Nurse Examiners and the State Nurses’ Association in securing a survey of the four nursing schools and the nursing resources in Arizona, and in organizing an advisory and implementation committee, which has made twelve recommendations concerning nursing education in the state.

In responding for the Idaho league, Mrs. Rosecrans said that the league had been formed in May of 1949. It now has a total membership of thirty-eight, with three lay members and four sustaining members.

Miss Davis pointed out that the Oregon league originally was formed shortly after World War I, and had been active for many years in carrying out programs in nursing education. Its absence from the National League during the past three years was an experiment in serving only as the education section of the Oregon State Nurses’ Association. However, the Oregon league concluded that it had much more to gain and to give by being a part of a national nursing organization whose chief concern was education, and it was therefore most pleased and gratified to be welcomed back into the National League of Nursing Education.

Issues in Professional Education

Baldwin M. Woods, Ph.D.

I can talk to you about issues in professional education largely because Dr. Esther Lucile Brown prepared a study of nursing for the future, which was published in 1948. I suppose most of you know it much better than I, but I have recently become acquainted with it. In that study Dr. Brown found a parallel between nursing as a profession and engineering as a profession; hence your program committee thought that an engineer could talk about the engineers’ side and, by the process of transfer, one could then decide what, if anything, ought to be applied to nursing.

First of all, I should like to discuss the different kinds of engineers we have in the profession. They range in classification from the engineer who runs an engine, to the professional engineer who is thought of as a scientist capable of making broad applications of basic principles. Roughly speaking, there are three levels of training which we think the professional engineer should have.
We engineering educators have been cranky throughout the years and have declined to lengthen the basic training period for professional engineers beyond four years of college. As a result, we have had a large number of students—and the number is increasing—who take graduate work for special functions. The reason for our reluctance to increase the number of years has not been a lack of appreciation of all the things that one might need to learn. Quite the contrary. It has been the belief that basic training for perhaps half or two-thirds of the engineering students should normally stop at the end of four years, and that the others could most advantageously stay for graduate work.

A man who is going to teach engineering would do wisely to remain the necessary additional years to get a doctor’s degree. If he is going to do research, he will probably need to do the same thing. If he is to enter process engineering or engineering production, where he has to bring to bear the latest in modern applied theory to technical and complex jobs of engineering, he no doubt will take at least some graduate work. If he wishes to enter administrative work in engineering organizations, he may decide to take a year’s graduate work in the School of Business, but if he is going to be a manager in an engineering plant, or an operating engineer at some plant, he normally will find four-year training sufficient—the rest he will learn as a postgraduate student on the job.

Another group I think of as professional engineers are the salesmen. We find today, for example, that it does not pay to take a man as an engineering salesman, a salesman of complex engineering equipment, who is not a graduate engineer. He is likely to commit his company to promises that it can’t fulfill, and that becomes not merely embarrassing, but costly. Such a situation has been found especially true in the field of air conditioning, in which there are now so many engineers.

The second category of engineers is what Dr. Brown calls “engineering technicians.” (There are four or five names by which they are called, but it makes very little difference.) They are important and able people and, as far as earning money is concerned, on the whole they probably top the professional engineers. However, they do not require the same intensity or the same breadth of professional training. I will give an example:

It would be a fine thing for a building contractor to have one man with him who knows the engineering details of building, such as how to see that the electrical contracts are carried out correctly; how to watch construction and the materials that go into construction to see that they are up to standard; how to keep the records so that the cost analysis can be made as the job progresses; how to keep the financial record so as to know what returns have to be made for tax purposes. Such a young man would not have to be a graduate engineer. He would need perhaps two years of college training. In California, he would be a junior college graduate. Yet that man might easily succeed the contractor in the business and, from a financial
side, I have no reason to doubt his success. He would not need quite so broad a professional training and he would not be as much of a designer or theorizer as the graduate professional engineer.

The third type of man concerned with engineering is the engineering artisan, who is skilled in individual operations. He often acquires his knowledge as an apprentice. In the manufacture of airplane parts, as during the last war, such a man might direct the operation of a press in which, with the aid of dies, peculiar shapes of sheet metal are prepared. Artisans do many types of jobs in different lines.

It is important to be aware of the dignity and responsibility of all levels of work in any field and to recognize the fact that it is difficult to say which is the most important. There are differences in functions, but the importance of doing every part of the whole job right cannot be overstated. One should not underrate any function.

It might be well to mention here one of the difficulties in the field of engineering. To take the construction of an airplane as an example, it was found that it was quite possible to train people for the production line—that is, the assembly-line type of airplane production—so that each person would work for a short time on an airplane as it came along; maybe an hour out of his shift of eight hours. He would do the same job on eight different airplanes. It is fairly clear that it wouldn’t take more than a few weeks to train him to do that job. The horrible thought which occurs to anyone who has bad dreams is the possibility that by some accident there might be a shift along the line and no airplanes could be built because no one was trained for the next job. This illustrates the difference between training for a specific activity and training for a larger task where one has to look at the job more broadly. Professional training has the larger aspect.

Perhaps the most outstanding issue in professional education in recent years is the fact that in the professions today—and since it is true of the professions with which I am familiar, I am sure it is true of the nursing profession—we are required not merely to concern ourselves with improving technical operations, but to know what relationship our profession should have to society. We engineers are finding, for example, that we must have a larger share in discussing the policies of public works which we build and maintain. If we do not discuss the policies intelligently and fairly early, the results may be bad for both engineering and society. Some concept of the future needs for public works is necessary, as well as some broad understanding of the extent to which one can meet problems of any given city or region. In engineering, therefore, we are relying more and more upon members of the profession to adapt engineering to meet social needs.

Perhaps this means that we are no longer free just to think of the “inside” and technical aspects of a profession. To be sure, in engineering we have always been concerned with financial matters. We have always had to design structures with an eye to giving the client the most possible for his money.
One man wrote a facetious definition of an engineer: "An engineer is a man who can do for one dollar what any fool can do for two." While he is too optimistic, he has the right idea.

Now, as we who work in the professions discover, society has an increasing demand to make upon us. Society expects every profession to analyze its place in society. Therefore, we shall have to have a strong social science foundation for our professions, although it is not clear just how fast we can achieve it. One of the truisms which has impressed me is that we are rarely experts in these other subjects that might help us in our professions. Even though one of you may be an expert in nursing education, I am not certain that you are an expert, let us say, in the social, economic, and governmental factors involved in the advancement of nursing in the community. However, you are the most competent people to help with that question, which certainly is a large one.

In engineering, I am quite certain that most of my colleagues find the problems of fitting engineering into the national fabric, including great problems of public works, very difficult. The only answer I can make at this time is that I know of no way to become an expert in anything without paying the price. If we wish to know about the social sciences, as they teach the modern lessons of economics, or the problems of government and its works, then we must study them, and I think it will take long, continued study.

I am convinced that most of the additional knowledge I am talking about is so extensive that few will or can succeed with the task as undergraduates. They will have to study after graduation. Teachers have to make similar progress. I have talked to a good many colleagues who have been in service a long time, as I have. Few of them are teaching the subjects they learned as students when they were undergraduates. I don't know what has happened in nursing, but I hazard a guess that most of the courses taught twenty-five years ago have undergone such radical change that, if a man or a woman today were to teach the courses as they were given when he or she took them, they would not be recognizable, nor would they be very valuable. In my own field, at least three of the courses I have offered students in recent years did not exist when I was an undergraduate. Likewise, I am sure that professors of physics are teaching material today which was unknown when they were students. Therefore, I am confident that the job of learning will be done after graduation.

This leads me to my second issue: An education can never be completed by a given date. You cannot close the books. This is a very disturbing thought. I still remember thinking at the time of my commencement, "Now I am through with studying at night." Then I became a professor. I went right on studying, and I found that what I had done before was just a teaser for what was to come.

The jobs of today don't wait for us. There are two or three changes which have occurred in society that make it impossible to construe the learning
you have had at one time as adequate. In the first place, when you are an undergraduate you rarely know just what you are going to do later. Even if you did know, you wouldn’t be allowed to change the curriculum to meet your own exact needs. Consequently, you come out with a training that doesn’t quite fit the job you are going into—assuming an ideal training is possible under any circumstances. In the second place, the structure of our professional and social organization is changing so rapidly that by the time one has been out of school ten years there are new conditions to be faced, new things to be known. The processes are changing, and one needs to reconsider.

It has been said that technological change alone is perhaps three times as rapid as it was for our grandparents. To complicate matters even more, through your aid as nurses, and through the aid of public health, medicine and, perhaps to some degree, engineering as the representative of sanitation, we have reached the point where we live twenty-five years longer than we did a century ago. During those twenty-five years we ought to remain useful, and it is fairly certain that in order to do so we have to keep working. In other words, I see no end to our studying years. I know of a few men who were quite successful students to the age of ninety-two or ninety-three—and one quit at that time because he lost faith in mankind! Perhaps the most famous student was Jean Henri Fabre, the French naturalist who studied the life of insects. Around the age of twenty when he finished the French Lycée, which is about the level of our junior college, he went to work because his family was not as prosperous as it had once been and needed help. He thought that by working twenty or twenty-five years he could get together enough money to study insects, which is what he had long wanted to do.

At about the age of forty-five he had acquired enough money, which he invested in a vegetable dye plant in France. Hardly had the plant been built when the coal tar dye process was perfected. Profits dwindled away and Fabre lost his money. He had intended to retire and have his laboratory in a little country place where he could study. Although discouraged, he set to work again and at the age of seventy had acquired sufficient funds to retire. He bought a fifteen-acre place not far from Paris, and in the next twenty years became the greatest French naturalist in the study of the life of insects. He was made a member of the French Academy, published approximately twenty volumes as the result of his studies, and became famous. He was still an active man at the age of ninety-four or ninety-five at the time of World War I. It was said that he died because of his discouragement over the possibility of a world war. I think there may have been other contributing causes at that time—but what I would like to call to your attention is the fact that Fabre’s life curve for advancement never did dip. It kept right on going up through the years and, to my mind, that is the concept we have to have for education in a profession—continuing education.

In my position as director of university extension, I have the opportunity of working with a number of the professions and with the university facul-
ties that are concerned. One of the most active groups is that of the lawyers. The California State Bar, the lawyers' organization in the state, has a Committee on Continuing Education of the Bar. This committee is very much concerned with the fact that lawyers need to keep studying to be good lawyers. The law is changing. Every time the Legislature or the Congress convenes, it succeeds in enacting a large number of new statutes, and they have an effect on the work of lawyers.

As a result of this committee's hard work, as many as 20 per cent of the lawyers of California are now taking one or two courses a year in order to keep up to date. I think that is excellent. It is not as good as the doctors, however. I don't know what the figures are for the nurses but sometime I should like to talk with your officers and find out. I am sure that professional nurses in the future will have a great deal to study after they get into the life of the profession. In my opinion, a nurse's total usefulness in the higher jobs will be largely a function of the amount and type of studying she is able to do.

While the issue of keeping up to date in a profession is significant, that is not enough. Every intelligent adult has a life that should continue upward in two or three spheres; first in the profession, to be sure, but second, in relationship to society—a recognition of how one lives in the world of today—and third, in what life itself means. That is where the humanities, philosophies and fine arts, and literature have had so much meaning to people, and why the liberal arts have had such an effect on the life of the world.

One of our problems which stands out perhaps more strongly than any other today was brought forth fully in 1946 by Sir Richard Livingston of Oxford University. Sir Richard, a great advocate of adult education, says that perhaps the most important job in education is character. He thinks we should have training in character for adults and juveniles at the same time, the world over. He believes it is vital to the future of society. Of course, many of us have thought about the importance of character education, but we have seldom been able to put our fingers on it and say how it could be done. Some of Sir Richard's ideas may be applicable to you.

He conceives of character education as having two phases. The first is to develop what is called community solidarity. Every one of us is under obligation to live in society, and to live peaceably as a contributor to the welfare of society. This involves certain requirements: the citizenship of the family, the citizenship of the profession, the citizenship of one's country, and the citizenship of the world. Sir Richard is of the opinion that unless we can get all of our citizenships in good shape and in proper relation to one another, we have not mastered that side of character education—community solidarity.

He then goes on to point out a very startling fact. However successful in all of these citizenships a man might be, he could still be a menace to the world, because Hitler succeeded in getting a nation to accept the idea of all of these citizenships. So what is the standard to be? In other words, is it to be a standard for world domination of the type Hitler advocated, or is
there to be another standard? Sir Richard suggests that we try to make the standard the finest family relationship that has been conceived in the world, the finest professional service to civilization and to the profession that has yet been conceived, and, in national affairs, the finest operation of the country that the world or any thinkers have ever conceived.

He further suggests that a study of the life of Athens promises a great deal; that there is an important lesson to be learned from Athens, such as the way people participated in the life of the city and the manner in which the professional men rendered service.

Some two years ago I attended a three-day conference at Buck Hill Falls of twenty representatives each from five professions—law, medicine, engineering, business administration, and divinity. By the end of the first session, there was general agreement that in every profession the leading question of the day was to get a sense of values—what is worth living for in that profession, what is the standard, the goal of excellence in that profession? The general feeling was that character was perhaps the most important aspect and that a notion of what character demands in the professions is something that ought to be incorporated in the curriculum.

Although there was no agreement as to how this could be done, it seems to me Sir Richard Livingston's outline points in the direction of a possible means. I am reminded of a statement by Dr. Jordan, one-time president of Stanford University, in a booklet he once wrote entitled, "Religion of a Sensible American." In that booklet he said, "Wisdom consists in knowing what to do next. Virtue consists in doing it. Religion buoys one up to seek virtue." Many agree today that this effort to include character of the highest degree in our professions will require some stimulus from religion.

I have enjoyed bringing before you the two or three issues that seem to me dominant in all of our professions. The first is the fact that the profession must call now for aid from its members to fit the profession into society. We are so closely knit that every profession has a bearing on society, and we have to help formulate that relationship. The second is that a man cannot be a great professional man in any field without continuing to develop all of his life. The third is that development is not likely to be very good unless guided by character.

**DISCUSSION**

*At the conclusion of his speech, Dr. Woods asked the following questions of members of the discussion panel:*

**QUESTION:** What do you think about the comparison of the engineering and nursing professions in Nursing for the Future by Esther Lucile Brown? What are the subdivisions in nursing?

**MRS. McMANUS:** I think there is a very close parallel between the subdivisions about which you have been speaking in the field of engineering,
and those in the field of nursing. I don't think we have labeled them quite that way, but there is a similar differentiation of functions among the various personnel in nursing. I am sure we wouldn't all come to an agreement as to the labels that might be given to these workers, but I believe we can agree as to the kind of functions they perform and the kind of preparation needed for these functions. Certainly, we have a large group performing professional functions which demand a broad application of the basic sciences such as biology and physics, and the social sciences that you mentioned. We recognize that the kind of educational preparation needed is one that gives a broad base of general education in the social sciences, and is of the professional type.

A few years ago, we had a group studying the function of nursing, and someone proposed the concept that the function of nursing might be thought of as having a spectrum range. At one end of the spectrum are the functions demanding the broadest amount of scientific information, highly developed skill, and ability to function in complex situations which require a high level of thinking and of judgment. At the other end of the spectrum are the very simple functions demanding only common sense and no special information at all. If we think of this spectrum range, certainly those personnel at the extreme end where broad scientific information is needed should be prepared through professional education.

There are many relatively routine functions in nursing for which professional education is not necessary. These are not quite assembly-line, because the patients are less standardized than airplane parts, but in the same hospital ward, with the same kind of equipment, problems are somewhat similar. Preparation for such functions is of a technical type, and I believe that that is the kind of preparation now given in many hospital schools of nursing. It is my personal opinion that this preparation could be given in a community college and a two-year hospital program, with the understanding, of course, that such preparation would include some general education along with the technical education.

Near the other end of the spectrum are the very simple functions demanding only a high degree of skill, and then the assisting functions of the helper and the artisan which we ordinarily assign to the auxiliary group. Preparation for that group could well be on-the-job training, and of the apprentice type. I think we must pay more attention to the kind of training we give on-the-job, and make more of a science of teaching on-the-job than we do. We could use a much larger group of workers at the artisan level.

At the present time we have groups in nursing, and I think their functions can be spread along this spectrum range. I am sure that some of the people who are trained graduates of the best practical nurse programs are up higher than the artisan group, but I am afraid that some of our so-called registered nurses may not be much higher. However, I think we should approach the system of education in nursing from the point of view that we could stream-
line our educational pattern, and make a better job of giving professional and technical education and on-the-job training.

Dr. Woods: Concerning Dr. McManus' comment that in the nursing profession there is always the patient to be considered, I was impressed at the Buck Hill Falls conference by the fact that a group of people always stands between the subject and the professional person. Apparently that is characteristic of nearly every profession. In law, it is the client between the lawyer and the court. In medicine, it is the patient between the doctor and the science of medicine. In business administration, it is usually the business manager. In engineering, too, we usually have a client, although it may be a corporation for which we are doing a job. This is one of the factors which differentiates the professions from the sciences. In the sciences, there is no one to intervene between the scientist and the facts of nature, to color his interpretation and perhaps fool him. The scientist can proceed directly and hope for the same answer the next time he tries the experiment.

Question: In some engineering schools, we have curriculum on administrative engineering. It has been said that no one can be trained in administration until he has practiced administration, but at any rate, efforts are being made. I should like to ask: Should there be special training for people seeking to assume administrative positions, and if so, what kind?

Miss Wolf: When Dr. Woods was talking about administrators and the need for administrative training, I turned to Mrs. McManus and said, "Have you been trained for the job you are now doing?" She replied, "Well, I am getting training at present." Perhaps that is about the situation in which many people who hold administrative positions find themselves.

In the nursing profession, just as in the engineering profession, we would have many different schools of thought in relation to administrative training. However, I think most people have come to the conclusion that there is a basis, an essential sound foundation, upon which we can build administrative techniques. The nursing profession has gone on record—at least, in some sections—as favoring not only a sound base, but additional years of experience before actual training is begun in administrative activities. When we think of the nurse who holds an administrative position having to function in such a broad field—having to deal with persons in many different walks of life, to handle many large groups of workers on different levels, to create an atmosphere which is sufficiently permissive to allow all of them to develop to the best of their ability—I think we realize that we really do need to give considerable thought to the kind of administrative training such a nurse must have. In addition, just as in engineering, law, medicine, and other professions, those persons who go into university work should probably have their administrative training plus advanced degrees leading to the doctorate, and perhaps some postgraduate work beyond that.

In the areas in which we are setting up administrative programs, or at
least attempting to set up courses which will be available for certain administrative levels, we must consider the administrator who manages a large nursing service in a hospital, the administrator of a large public health organization, and those in smaller organizations of the same categories. Then there are the administrators in schools of nursing, visiting nurse services, industrial nursing programs, school nursing programs, and in all kinds of specialized clinical nursing programs, as well as the chairmen of departments in clinical areas. All have administrative functions quite often associated with teaching functions.

To merge into one body of information the basic principles that all of these people need to know seems to be one of the problems facing the nursing profession. Following that common core of material, there perhaps should be a program of planned and guided experience. It is in that field of planning, so to speak, with expert leadership, that we are at present lagging a little in nursing. Not because we don’t know—it is just that we haven’t gotten around to implementation.

**QUESTION:** A while ago I was discussing with you the desirability of continuous education, and it occurred to me that perhaps we should ask how far the nursing profession has progressed in providing steady opportunity of different types at the postgraduate level. By postgraduate I mean the sort of courses you take after you have your degrees, regardless of the number of degrees you have earned. After that is postgraduate work, and is not intended to lead to any more degrees. This is the type of studying that goes on up to the age of ninety. I should like to ask: What do you think of continuous education, and what are the prospects for postgraduate advancement for nurses?

**MRS. TSCHUDIN:** First of all, I should say that since some degrees are necessary requirements for a job, we don’t disregard them altogether. I do believe, however, that the prospects for continuous education for the professional nurse are really excellent. In our various universities and in programs under the sponsorship of our various professional organizations throughout the country, we have considerable evidence that there is real recognition of the need for continuous education.

I am speaking particularly now of the bedside nurse, the practitioner of nursing. The opportunities that have been provided for her have centered in workshops, in institutes, and in work conferences sponsored by many different sources. I believe one of the very encouraging things here is the variety of opportunities available. There is the definite, planned course which a nurse may take during a regular semester or a summer session at the university. It is a course planned to help her in her job, not one designed to add up credits toward a degree. Then there is the workshop which extends over a period of one or two weeks, the hours of which may be adjusted to the time the nurse can be spared from her position. In addition, even the
one- or two-day institute may provide very specific information. The variety of programs indicates the attempt to meet the needs.

I believe we also should think in terms of the work that is being done within our various institutions. The service programs going on continually in many of our hospitals and public health agencies are an attempt to give the professional worker additional help by furthering her education, right where she is. It seems to me, therefore, that we are interested from the standpoint of the employer in making such arrangements possible, as well as from the standpoint of the profession in sponsoring many of the programs in the university or educational institution. We know from the response of the nurses attending that the interest is very high. I don't believe, however, we have arrived at the point where there is that periodic going back for two days or a week or an intensive period of study, as is typical in medicine and some other fields.

Dr. Woods: Thank you very much. While there are doubtless many more problems which could be discussed, I think this evening's session has given us a good opportunity to consider some of the main issues in professional education.

**Program Meeting**

**Thursday, May 11—9:00–11:30 a.m.**

**Presiding:** Mildred Newton, R.N., President, Northern Section, California League of Nursing Education

**Speakers:**

Genevieve K. Bixler, Ed.D., Consultant in Research, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio

Julia M. Miller, R.N., Acting Director, National Nursing Accrediting Service

**How Can Research in Nursing Assist in the Clarification of Issues Now Before the Nursing Profession?**

Genevieve K. Bixler, Ed.D.

As we begin a consideration of the ways in which research in nursing can assist in the clarification of issues now before the nursing profession, it is hoped that all will agree to the assumption that research can be of assistance. It must be pointed out that there is no implication here that research is the only possible source of assistance. Further, clarifying issues is but one step antecedent to making decisions relating to issues. However, it is an essential step. In the discussion period which follows, opportunity for presenta-
tion of other points of view will be afforded and welcomed, as well as comments and queries which are direct outgrowths of the point of view presented in this speech.

This presentation will begin with some general orienting statements, followed by an explanation of the term *issues*, particularly as it relates to procedural research. *Research* will next be simply defined. Then there will be a brief description of the kinds of research which hold most promise of value in nursing fields. The final section will state, for illustrative purposes, a few of the current issues in nursing and will endeavor to point out some of the ways in which research might be expected to contribute to a better understanding of these issues.

The objectives of this presentation are relatively few and seem possible of attainment. The chief one is to direct the serious thinking of all listeners toward the need of planning for a more scientific attack upon problems affecting nursing. Further, there is the intent to encourage a certain amount of perspective in considering issues in nursing so that an emotional position will be supplanted with one clearly impersonal and even coldly analytical. Some of the statements made may prove to be issues in themselves and any challenges which you make will be useful as serving to illustrate what happens to issues.

*Issues*

What is an issue but an unresolved problem about which there are some different points of view among the persons who have common interests in the problem? The differences are rarely as simple as *for* and *against*, but usually involve divergencies and minor shadings of opinion as well as major deviations. Issues are likely to be associated nowadays with current conditions and situations, about which something can conceivably be done. It has frequently happened that issues develop as such only when needs arise which require that decisions be made. This may be occasioned by some crisis, such as war.

Professions are usually represented by organizations, as everyone knows. The individuals which comprise a profession group themselves together for the strength which they gain from such association and for the value a united front has in interpreting the group to the public. Early in their establishment, organizations are likely to be simple and limited as to program, and persons most responsible for administration tend to determine the policies. They do this in conference, agreeing among themselves about what needs to be done and how to do it, proceeding then to implement their own decisions. This sort of practice may go on indefinitely, though after a time, if issues arise, the members of a professional organization may reject this method of progress.

Whether far-reaching decisions are made by the many or the few, it will be agreed that they should be reached only after complete and authoritative facts have been studied by all who participate in deciding. Surely everyone
here has at some time felt anxiety about whether she was in possession of sufficiently reliable and complete information to enable her to make wise choices. Possibly you, as I, have sometimes suffered the embarrassment of realizing that decisions made in good faith have boomeranged because they were made on incomplete or unreliable data and, therefore, were unsound. Sometimes it is possible to effect a reconsideration of the matter, but often this cannot be done and one must accept with dismay the results of a commitment which was improperly made.

Value of Research to Professional Organizations

Research has an important place in the ongoing programs of professional organizations. This is true not alone in the widening of intellectual horizons by extension of scientific facts, but also in the collection of routine information upon which policy decisions rest, and in the administration of programs which determine to a considerable extent the value the profession has for society. In commenting on the place of research in the programs of professional organizations, Esther Lucile Brown says in her pamphlet, *The Use of Research by Professional Associations in Determining Program and Policy*:

The patent shortcoming of such "hard" but unscientific thinking and working has slowly and belatedly forced professional associations to some realization that salaried and voluntary efforts in planning and administration must be supplemented by competent research, if these organizations are to have even a moderately strong structural base on which to build or if their evaluation of achievement is to be more than conjecture. However, for a variety of reasons the actual research undertaken by most associations is still relatively small and restricted to a few areas of cultivation. The method of the conference table has become so firmly established that organizations are somewhat reluctant to relinquish their habit of full reliance upon it. Programs, furthermore, have expanded faster than has realization of the profound implications and complexities of those programs. The boards and staffs of some professional associations are composed so exclusively of practitioners who have had no training or experience in research that they are not aware of the degree of its utility. Research itself still fails to produce many of the techniques needed, while trained research personnel is sometimes difficult to find. The financial resources of almost all associations, moreover, are sharply limited.

For such reasons professional associations have lagged in any extensive use of research.

Dr. Brown then proceeds to take up some of the significant attempts of several professional organizations to study their programs. Among these she commends nursing for several significant studies, some of which have been along the lines of procedural research. Her brief study, printed in 1946, illustrates well the rapidity of social change, for in some respects it has been superseded in these four intervening years because of demands being made upon nursing and other professions concerned chiefly with health and welfare.

Changing Nature of Research

Research is now regarded as systematic investigation, so planned and conducted as to be complete and orderly in analysis and interpretation of facts, clear in style of presentation, free from prejudice, and when finished, resulting in some conclusions which are in harmony with the scope and the nature of its stated objectives. Scientific study in the modern era has well-defined rules and proceeds along definite intellectual channels. But the nature of research, or systematic thinking about a problem, has changed markedly since medieval times. It is difficult to regard seriously the wearisome arguments in which the Scholastics indulged about such propositions as, "How many angels can stand on the point of a pin?" since to us this seems to have been argument for argument's sake only, unrelated even remotely to the social problems then clamoring for solution. However, there was practice in logical thinking in this sort of speculation and it must be remembered that there were no reference libraries to pore over, nor authorities to cite as clinchers of arguments, so that the sheer vigor of one's own thinking and expounding had largely to suffice.

In the somewhat less remote past, research tended to be restricted largely to the realm of pure science. Studies were made only in rigidly controlled situations, and the findings were reported with little attention to scientific application. In more recent times, and particularly since the development of a scientific literature in the social sciences and other areas of education, it has become natural to think of research in many fields as directly concerned with present-day problems. Research in all fields of pure science—chemistry, physics, biology and atomics, to mention only a few—has been heavily weighted toward the application of findings to today's and tomorrow's crises.

Research Methods

As absorbing as it may be to talk about the general aspects of research, we must confine ourselves to the field of nursing, and specifically to the aspects of research which will be most helpful in the clarification of issues within the profession. The ways of modern research fall into patterns, all of which employ scientific thinking and working, but which differ to some degree in methods of procedure. Some people think of statistics as a method, but in reality it is a tool of complex nature, devised to get at relationships between factors in a very precise way. Many problems cannot be opened out by statistical procedures, but yet they must be studied.

Sometimes research is produced by the historical method, but in a young profession this is less satisfactory than in an old, for by this method one tries to understand present phenomena by scrutinizing the past for clues. If there is only a brief past, the likelihood of finding the clues to present problems is somewhat remote. Nevertheless, there are values in keeping a continuous record of events of any professional group because of its importance for future planners.
If there is too great a dependence upon historical method, especially in periods of rapid social change, the traditional may assume top-heavy importance over new and imaginative courses of action.

Experimentation is one of the most rewarding of the methods of research. In studying a problem experimentally it is as though one asks: "How can this be done better than now—or more speedily, or more inexpensively?" In experimentation the results obtained by new methods, or new combinations of items, or different timing are compared with the results achieved from the usual, the accepted, the traditional procedures. The traditional procedure is referred to as the control. It is the base line, as it were, from which the deviations are measured. There are many devices practiced to safeguard the findings of research when experimenting in the social sciences, for these are much more difficult to study experimentally than the media of the pure sciences.

Research by quantitative description of the characteristics of groups is a second method. These detailed and systematic observations are increasing in use and in reliability. A survey of current practices aids in determining what the future practice shall be. Or a study of a great many individuals, whether by direct or indirect observation, indicates what may be considered normal behavior, and what abnormal. This is usually done for purposes of generalization rather than for the purpose of knowing one individual or one situation more completely.

Another popular kind of research by observation is set up to evaluate performance of specified tasks in order to rate individuals. This sort of study does try for a comparison of the one with the many, or at least with a hypothetical series of performers of good, better, best, and adequate or inadequate quality. Time does not permit more than a passing comment on the nature of this research method, but it has some serious drawbacks, one of which is the tendency to perpetuate the status quo rather than to try out some new plan. On the other hand it represents a very practical beginning of research where nursing and nurse education are concerned, and if a study is complete and accurate, it can be counted on to develop new insights into present nursing practices. With factual evidence of present practices, it is possible to decide what changes should be considered for the future, or whether any are needed.

A third research method may be called the philosophical. By this method the most general facts and principles of reality and of human nature and conduct are investigated. It is greatly concerned with evaluation, which appears to be an outgrowth of its exceedingly moral early flavor, but by means of modern scientific ways of studying and making value judgments it is growing in extent and in repute. The philosophical method of research is the most complex to learn to use, for it depends much upon the power of the intellect to deduce relationships among facts, and it is very dependent upon rigorous, logical thinking. It is, however, greatly aided in modern times,
as it was not in the days of the Scholastics, by the modern library with its vast array of materials memorializing the intellectual positions of other persons, some of whom have become sanctified to their disciples. One cites the great influence upon modern intellectualization of Plato, John Dewey, and even Mortimer Adler!

**Suggestions for Studying Issues in Nursing**

In the time which remains, some current issues which are occupying the thoughts of many persons concerned with nursing and the education of nurses will be cited as examples of the ways in which research may be employed for their clarification. Four such issues have been selected for this purpose and these are stated as follows:

1. What shall be the structure of national nursing organizations?
2. To what extent shall persons other than nurses participate in the activities of national nursing organizations?
3. What should be the nature, the content, and the length of programs of education for professional nursing students?
4. What interrelationships among those who are employed in the care of the sick should there be if differentiation of function is accepted?

**Structure.** The issue which relates to the structure of national nursing organizations has been selected for first consideration because of the fact that it has been an issue for several years, and a great deal of attention has already been given to the subject. Indeed some optimism has been expressed recently that it will soon be possible for the six national nursing groups to reach an agreement as to a simplified structure.

Were the structure of a profession to be considered before that profession had become organized into interest groups, it seems reasonable to affirm that the methods of study would be somewhat different from those which have been employed recently in the instance of nursing organizations. In architecture, which, while not exactly an allied profession, presents some analogies to nursing, one statement of principle enunciated within the century has received wide acceptance. This contains a world of implication in its three words—*form follows function*. Form is structure, of course. As far back as the time when the Greeks first mastered the principle of the column to support the roof of a temple, the Doric column they constructed was designed for its function of support, with no ornament or excrescence whatsoever. It was only much later that other principles, such as aesthetic considerations crept in. This is saying that the concept of structure as dependent upon function is actually of much longer standing than the enunciation of the principles in modern times.

In the developing of professional organizations, as in the planning of buildings, the prior question appears to be—*What should they do?* After
that the question should be—*What structure will best carry forward the functions agreed upon as essential?*

In the evolution of national nursing organizations (and there are analogies in the organizations of other professions) special interest groups have developed in sufficient number to occasion some dilution of energy and considerable increase in expense of administration. But the greatest problem seems to be that of duplication of function. Since each organization represents some investment of interest, personnel, and property, it is exceedingly awkward to obtain a division of function, and the endeavor to simplify structure, difficult though that also was certain to be, was first undertaken. Now that an agreement about structure may be in the making, it will become obligatory to study the fundamental—namely function. Only to the extent that the functions of national nursing organizations are clearly understood and stated will an agreed-upon structure prove workable.

Research into the functions which national organizations in nursing should expect to serve would probably utilize both philosophical and survey methods. The philosophical portion of such a study would attempt to find out what uses society expects nursing groups to serve. The survey, or observational research, would make a thorough study of the functions now identifiable in the organizations in existence. In the instances in which there is duplication of function, philosophical research would scrutinize objectives of the organizations and the needs of society in an effort to determine where the function seems to belong. It is probable that new objectives would emerge, which in turn would develop new functions. All the while there should be, in so far-reaching an issue as this, the confidence that, with thoroughness in opening out all aspects of the complex problem, means will be found to satisfy the members of every organization so that there will be fewer divergent views. In addition there should be the spirit, both felt and expressed, that no group is more interested in its own organization than in the welfare and progress of nursing in its entirety.

There remains a great amount of work to be done of a systematic, unbiased nature before the significant matter of function and structure of national nursing organizations ceases to be an issue, but progress has been made, and one may be hopeful about next steps.

*Lay participation.* The second issue selected for limited consideration here concerns the matter called lay participation. Many are concerned that the medical profession or the subprofessional nursing practitioners will exercise undue influence over professional nursing through lay participation, although actually the lay group means the consumer group. Research into the problem of the extent of participation within national nursing organizations of others than nurses will involve some indirect observation of national organizations of other professions, especially those of allied professions. It would appear necessary also, since no profession exists for itself alone, or even primarily, to ascertain by indirect observation the wishes of society in this respect. It
will be of interest to you to learn that there is a master's thesis in preparation at the present time which is a study of the national organizations of approximately twenty professions with a view to finding out the attitudes and practices regarding lay participation. The study, being of the limited scope of a master's thesis, will not get into the broader social implications. It would seem feasible for that extension of the problem to be undertaken on a philosophical basis by some ambitious and rugged doctoral candidate among nurse educators.

**Professional nurse education.** The third issue is concerned with the education of the professional nurse of the future. Admittedly, today's practicing nurse was educated in a different world—a world in which five years is as a generation or even a century in respect to social change. A few of the subsidiary issues about which this matter revolves are:

1. What shall be the relation of general to professional education?
2. How much clinical experience is necessary for learning to take place?
3. Should the education of the practical nurse and the professional nurse be articulated?
4. Is there a place in professional nursing education of the future for the three-year hospital school as well as for the longer university-centered program?

Time will not permit more than a token treatment of the major issue, but here is another instance in which decision by decree is markedly dangerous, and even decision by conference of the elders is very unwise and unsound. There are many points of view among educators which must be assembled and studied for their analogies to nursing. The nursing profession must be a great deal more certain of its own objectives in the years just ahead than it is now. All of this calls for both philosophical and observational research of the most complete and incisive nature.

By way of illustrating the complexity of this problem let us quote from a paper read during a recent meeting of the American Educational Research Association, entitled, *Educational Research and Technological Change.* The author, who is on the staff of one of our great midwestern universities, says:

> It is therefore scarcely possible to organize a scheme of narrow vocational education which will have major significance to the students who pursue it. The quality that is predominantly demanded of men and women by the world of today is adaptability—the ability to adjust oneself to whatever changes may lie in the unknown tomorrow of one's life. Adaptability is far more useful than any skill in a rapidly changing world. We are told by paleontologists that the dinosaurs died because they were so well specialized for an environment which, unfortunately for them, did not persist. The tempo of our current technical change is far faster than the time-scale of the geological changes which doomed the dinosaurs.

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It seems entirely possible that we shall fall victim to the environmental changes which we ourselves produce by our own science and invention. If we do, the vocational approach to educational problems will have contributed importantly to our catastrophe.

The implications of this for educational research are clear. How is the maximum adaptability secured in all students? In the best students, and possibly in all, the answer seems to be that adaptability is best produced by teaching adaptable knowledge; that is, by curricula which are as general as possible, rather than being founded upon ephemeral applications of general principles to the problems of a world which will have vanished before the student is out of school. For example, the best training for an engineer is not a "practical" engineering one, but rather a thorough grounding in physics and mathematics. This was clearly shown during the recent war by the dramatic accomplishments of the "long-haired" academic physicists who were engaged in the engineering of such weapons as rockets, radar, proximity fuses, and the atomic bomb.

What we know of tomorrow's vocations is only that they will be profoundly different from those of today, and that the tempo of change is such that curricula cannot hope to keep pace with the evolution of modern society. But curricula can, and should, give us the soundest possible grasp of the principles which underlie the society of today, and will govern the society of tomorrow. If this is done, and done well, then there need be no concern about "vocational" education. Good education in fundamentals is in fact the best vocational education that can be provided.

Though you may recoil from the implications of this statement for the education of nurses, you must study it, weigh and appraise its points, and add it to the numerous other positions you will need to examine if you are making a systematic, thorough study of this major issue.

The nursing team. The fourth issue which has been selected for limited illustration bears upon the team concept in nursing. It is concerned with the relationships of the practical nurse and other helpers, such as aides, maids, and orderlies, to the professional staff nurse and to the professional nurse in any supervisory capacity. Here is an issue which can best be studied by experimental research. There are studies being made at the present time in several situations about the country, and the results will be awaited with eagerness by the nursing profession and other groups. It will be of interest to you to know that an attempt was made by the committee which planned the program of this convention to get a discussion-demonstration of the nursing team as one of the items on this program. However, of all those who were approached, no administrator was willing to do this just now, perhaps because there has been too little experimentation to produce conclusive results. The present situation in respect to this issue will serve as a satisfactory illustration of one of the perils in nursing research. That is sporadic and uncoordinated research which might be very significant, but which is more likely to be desultory and incapable of general application. Instead of a half-dozen institutions independently setting up studies of the team relationships in nursing, it would be vastly more productive if a plan could be matured providing for experimentation, probably in these same
places, of such uniformity in objectives, scope, and procedures that the findings could be directly correlated and then generalized. Perhaps it is not too late for conferences of this nature, as well as counsel from experienced research persons, to the end that a much more significant contribution will be made. This is thrust in the expenditure of energy and funds, and the outcome would be accepted with confidence instead of with the frequently heard disparagement of, "Well, this is only a study, you know. We wouldn't dignify it as research." Such an attitude is inexcusable when, with greater concern for scientific procedures, a more significant contribution could be made with the same output.

It must be said in closing that although the problems confronting nursing as a profession today are of great magnitude and some diversity, their solution should be regarded as an obligation and, at the same time, a challenge by all those in nursing who are responsible for policy making and also by the smaller and more specialized group of research workers who are competent to undertake the systematic production and direction of research.

**DISCUSSION**

**HELEN BUNGE (Ohio):** Some of us who are trying to study problems in nursing are sometimes accused of confusing fact-finding with research. Would Dr. Bixler care to comment further on the significant difference between fact-finding and research?

**MRS. BIXLER:** In general, fact-finding is likely to be a compilation of assorted and somewhat related facts, with a limited amount of description, and especially a limited amount of interpretation. You find facts being collected by organizations over a period of years, and the material serves a very good purpose. Usually the facts are assembled and reported routinely, and are available as source information. Research is more systematically set up for a specific purpose, and is interpreted with relation to its purpose. That is the fundamental difference between the two—interpretation is expected to accompany research. What does it mean? How are you going to use it? What significance does it have for the objectives you have set up? Therefore, a research project is a much more closely-knit type of project than one concerned only with fact-finding or gathering information.

**LYNDON MCCARROLL (Massachusetts):** With reference to research on the team concept in nursing, should we set up a pilot study to determine what our reliable criteria are, and then use the results of that study in a variety of places to get our facts?

**MRS. BIXLER:** Nowadays, we talk a good deal about pilot studies. It is a guide, and a good technique. In other words, we plan a sort of trial run and set it up very carefully in order to get some essential facts with which to proceed. There are a good many situations in nursing in which a trial run or
pilot study might by desirable. However, I think you can proceed without this, if you spend more time in your initial exploration of the problems.

If you do run a pilot study in this area, it is essential that all people who want to participate study the problem systematically, in exactly the same way. There are possibilities for all sorts of variation, such as in the type of institution, and the kind of nursing service and personnel, but the study must be set up in such a way that you are able to make direct comparisons. Then you have what amounts to a large comprehensive study of a problem, and general analysis is possible. Otherwise, you have bits of sporadic research done in different ways, and it is impossible to generalize from them. I know of no reason why you people in nursing should not put your heads together and plan your research in such a way that it can be carried forward and interpreted and applied elsewhere.

Alma Gault (Tennessee): In making such studies, would it be well to have a university as a sort of catalytic agent in working with the groups?

Mrs. Bixler: Those of us who are interested in research have realized for a long time that one of the very best agencies for the production of research is the university. In fact, it isn’t so long since the NLNE Board of Directors made a statement to the effect that it was of the opinion that nursing organizations should not engage in research; they should encourage research, and might even block out research programs, but they are not actually equipped to do research. Certainly, it would be very well indeed to organize around a university situation a group of people whose every-day procedure is research, and who could be relied upon to be competent.

Sister Charles Marie (Texas): If we were to have comparable studies, would it not be possible to have a service in research set up at League Headquarters?

Adelaide Mayo (Executive Director): At the moment, a joint committee on research is in the process of being formed. I should like to remind you that the term “joint committee” always implies now that it will be a joint activity of the six national nursing organizations. We have had but one meeting, at which it was decided that this activity should go forward. Therefore, we can’t tell you the plans that will evolve or the activities, but I think the establishment of such a committee is a partial solution, and may become a total solution, to the problem raised—the need for some kind of a consultation service in research.

Miss Bunge (Ohio): From the scope of the problems which Dr. Bixler has suggested, we can see that research is not a matter for a few people, but a matter for all nurses. How can the basic program lay a better groundwork in its curriculum so that persons who graduate from schools of nursing can participate as effectively as possible in this kind of work? What do we lack, particularly in the basic program?
MRS. BIXLER: Although the answer to this question is outside of my field, I should like to say that Miss Bunge has just made a point which is quite an important one: research is a challenge to all of you. Without being told, you are expected to promote it, to encourage it, and to be concerned about it for the excellent reason that it will affect your whole professional life.

Regarding the relation of the basic program to research, I cannot tell you what you should have in your basic program. Although research is a specialization, some of us think that on the first level there are certain principles of research which almost anyone who graduates from college should know. However, there is no doubt that research is a highly specialized field. I would say that nurse educators who are committed to a well-integrated, high-grade basic program will undoubtedly have among their objectives the cultivation of the inquiring mind, the development of interest in, and respect for, systematic study, and the concern that their profession does not lag with relation to other professions.

If the basic program is on an advanced level, intellectually speaking, it is very possible that there would be time to include some simple research methods. There is also the possibility—and many of you are doing this—of supervising some senior projects done under careful conditions, on simple but nevertheless practical problems. In that way, some minor competence on the part of the students can be developed, and you can develop your own ability to hold standards of performance high, both in service and in the material that comes to you, whether written or oral.

HENRIETTA LOUGHRAN (Secretary): Do you think that our effort as a National League in creating a Department of Services to Schools of Nursing may include a certain amount of coordination of research in the field of curriculum? Are some of the activities of the faculties who are carefully trying to estimate and to evaluate their own curriculum changes, a part of practical curriculum research which this committee could collect and refer to other groups?

MRS. BIXLER: It all depends upon the way in which it is done. If it is done in a helter-skelter, unscientific way, the answer is emphatically no. However, if you can incorporate, in a department of the League, a type of service which is consultive in nature and which keeps the scientific strands clear, then I think it will involve quite a saving, not only in funds but in unusual quality of preparation.

QUESTION: By what method is it possible to get the results of research to nurses everywhere, in order that they may profit by what is being done and avoid duplication?

MRS. BIXLER: You probably have heard rumors that there is inquiry going forward with regard to a periodical which would be devoted to this type of
information. While this is not a new inquiry, it has been stepped up in recent months. In general, I would say that a profession should expect to support periodicals which are devoted to its special interests. I could name eight or ten periodicals in the field of general education which are devoted to particular interest areas. Our one general periodical in nursing has done well to cover the varied interests of nurses up to this time, but it is clear that it is impossible for it to continue to do so.

Should the plan for a periodical for specialized fields in nursing be approved, it would be interesting to see whether or not the nursing profession would support it. If such a periodical were broadly distributed, and the ways in which research was reported were clear to those persons concerned with the practices described, then I believe that we would have something that would be of enormous value to all of us.

KATHRYN BURKE (California): Do you think we should consider the question of finances for conducting research?

MRS. BIXLER: That is one of my favorite subjects. You have heard me say that we can have anything we want; the human mind is so resourceful, and we have such good organizations, that if we are serious about projects we can put them through. I never yet saw something that was really important fail for lack of funds. We could go out and find what it would cost to carry forward a program in research; if we were competent to organize a pattern that we were sure the nursing profession needed, and that we believed in, it would succeed. I am confident of that.

SISTER M. BERENICE (Wisconsin): It seems to me that, in the past, nurse educators have more or less endeavored to present nursing in its ideal light, and to cover up problems to some extent so as not to discourage students. Would you agree that one of the best contributions most of us could make to study on basic levels would be to present our problems frankly, but not in a discouraging way, to the students, and also attempt to imbue them with the idea that we must meet issues objectively?

MRS. BIXLER: Yes, let’s be realistic. Our young people are pretty tough-minded these days. I believe they would regard actual problems as such, and would sense the opportunities that they might have in attacking these problems. Protectiveness is old-fashioned; this is not a world in which we should use that method of approach. Our entire approach should be a realistic one which says: “You help with this. This is a part of what you are getting into.” If this approach is a part of our basic philosophy in teaching, we are more likely to be able to provide for it. To say, “We will use it in a course of professional adjustment,” and never again anywhere else, will not work. It must not be compartmentalized.
SISTER BERENICE: In general education, and probably in other fields also, there is a great deal of research being done individually. If we did have a center from which ideas and projects were issued, and if we presented some outline of general procedure by a university or others interested, would it conserve a great deal of time?

MRS. BIXLER: That is what I mean when I talk about a program of research. It is true that in any profession there is a good deal of piecemeal research. The master’s candidate has to be helped to gain competence along this line, so we let him dig out a little chunk of a problem, and we send him on his way. A good many of the problems on the doctorate level are not closely related.

It is extraordinarily difficult to administer group research; nevertheless it can be done. If the nursing profession is equal to the task of identifying the direction in which it wants to go in the next ten years, and can block out priority programs, then it can say to its university schools: “How would you like to help on this?” You would discover that the students working on their master’s and doctor’s dissertations during the next few years would do crumbs of those problems. There would be others from time to time who stuck them together and related them, who looked at the big over-all concept and made meaning out of it. Finally, some day off there in the future, there would emerge those strands that have gone simultaneously along certain lines. This would be a long-time project, but it is one worthy of consideration.

KATHARINE DENSFORD (Minnesota): I believe nurses, perhaps more than any other group, are, in a way, trained for research. We simply don’t recognize it. I doubt if there is a nurse in this room who has not participated many times in research being done by the medical profession or related groups. We don’t always identify ourselves with that kind of research, but I think if we could benefit from the experience that we have had, and will continue to have, in the field of research with other groups, it would help us in our own profession. I would like to be among those to support the point of view that the profession itself should provide money for the development of research in nursing.

THREE DECADES OF ACCREDITATION IN NURSING EDUCATION

JULIA M. MILLER, R.N.

The turn of the half-century marks an important milestone in the history of accreditation procedures in nursing education. Just thirty years ago, in 1920, the National Organization for Public Health Nursing published its first list of university programs of study in public health nursing which constituted the beginnings of what is now—in the National Nursing Accrediting Service—a unified effort of the nursing profession to shoulder responsibility for a continuing nation-wide improvement in the preparation
of newcomers to the profession, and consequently for a continuing improve-
ment in every aspect of professional activity. This statement, I believe,
indicates the long-range aims of our Accrediting Service, and certainly no
vocational group that calls itself a profession can afford to be without a
long-range focus. At the same time, it is important to see clearly the im-
mediate tasks.

**Purposes of Accreditation**

If I may paraphrase a list in that most helpful pamphlet, *Statement of
Policy Relative to the Accrediting of Higher Institutions*,¹ the purposes of
accrediting schools of nursing are five:

1. To describe the characteristics of the schools of nursing that are worthy
   of public recognition
2. To guide prospective students in the choice of a school of nursing that
   will meet their needs
3. To serve individual schools of nursing as a guide in inter-institutional
   relationships, such as the transfer of students, the conduct of student
   activities, the placement of graduates, and the selection of faculties
4. To assist secondary schools, colleges, and universities in advising stu-
   dents in the choice of schools of nursing and in providing necessary
   academic background
5. To stimulate continued improvement of nursing education throughout
   the United States. (This is the most important purpose of accreditation;
   surely, there is no more fitting cause to which the profession might
   devote itself.)

Through the past three decades, these five aims were being pursued by
different groups in different areas of nursing, and through these varied
activities the present national accrediting program was actually getting un-
der way. Although it was still in segments, accreditation in nursing was a going
concern that had exerted a tremendous influence for betterment for some
years. It has continued to develop because the needs of the times are forcing
nurses to accept ever greater and graver responsibilities.

**Early Activities in Accreditation**

I do not speak to you as an expert in accreditation, for one does not become
a specialist through a mere four months of concentrated thought and effort.
On the other hand, I have long been peering at accreditation through the
school-end of the telescope and well know that it is of utmost importance
for more nurses to realize that what we have today has been built by many

¹North Central Association of Colleges and Secondary Schools, Commission on
Institutions of Higher Education. *Statement of Policy Relative to the Accrediting of
nursing leaders to meet the demands of their tasks. It is important for them to gain a sense of the history and the inevitability of this 30-year-old movement which so closely affects the present and future of our profession if it is to make its best development. Therefore, although I must devote most of my limited time to describing what the Service is doing in 1950, I should like to indicate briefly the major milestones along that growth route since the 1920 launching of the NOPHN list.

1. In 1932 the Association of Collegiate Schools of Nursing was organized. While not an accrediting agency as such, certain of its objectives with regard to both basic and advanced programs in college and university schools of nursing were the same as those of accrediting groups. A list of member (and therefore accredited) schools was published at given intervals.

2. Another group, the Council on Nursing Education of the Catholic Hospital Association of the United States and Canada, began evaluation of its educational programs in nursing in 1938 and prepared a list of approved Catholic schools.

3. The National League of Nursing Education began its accrediting program, focused on the basic hospital school of nursing, in 1939 and later published a list of programs which it had approved.

4. In 1940 the National Association for Practical Nurse Education was established. One of its chief functions was the evaluation of schools for practical nurses and the drawing up of an accredited list.

Even before the national accrediting agencies numbered five, our nursing leaders no doubt realized that the “stimulation of accreditation can be lost if applied from too many sources.” Ten years ago representatives of the ACSN, NOPHN, and NLNE met to discuss the possibility of coordinating accrediting activities into one single organization for each clearly defined area.

The war accentuated the need for coordination, as it did other needs, and in 1946 the National Nursing Council formed the Committee of Interests, with an accreditation branch composed of representatives from the three organizations that had met earlier and from the Council on Nursing Education of the Catholic Hospital Association, the Nurse Education Division of the U. S. Public Health Service, the American Red Cross Nursing Service, and the National Association for Practical Nurse Education.

Out of this committee, assigned to the NLNE for administration when the National Nursing Council ceased to exist in 1948, evolved the Joint Committee on Unification of Accrediting Activities, sponsored by the Joint Board of Directors of the AAIN, ANA, ACSN, NACGN, NLNE, and NOPHN. It is this committee which now directs the work of the National Nursing Accrediting Service.

Establishment of NNAS

The Service came into being in January 1949 with the over-all objective of improving all types of nursing education to assure better nursing care to the public. The first year was spent in laying the foundations for a sound, unified, accrediting service and in allaying the apprehension aroused by various recommendations in relation to the established pattern of nursing.

The months of work by various individuals and groups on the revision of the Statement of General Policy, Procedure, and Criteria for Evaluation of Educational Programs in Nursing culminated in the preparation and publication of the Manual of Accrediting Educational Programs in Nursing. This outline contains the basic criteria, subject to revision, essential in meeting the levels of excellence officially accepted by the profession. An average of 125 copies a month are now being sold at $4.00 per copy.

The 1949 list of accredited programs in nursing, representing a compilation of all programs recommended to the NNAS for transfer from the ACSN, NLNE, NOPHN and the Conference of Catholic Schools of Nursing was published in the October 1949 issue of the American Journal of Nursing.

The four boards of review that are now active were organized in 1949. They are, respectively, the Boards of Review for Basic Noncollegiate Professional Nursing Education, for Basic Collegiate Professional Nursing Education, for Public Health Nursing Education, and for Postgraduate Professional Nursing Education. Each consists of five professional nurses competent to evaluate programs in the category for which the particular board is responsible, and five equally competent alternates to serve when board members are not available.

Members of the boards of review are persons who have made substantial contributions to nursing education and nursing service. While NNAS pays their travel expenses, their only other compensation is the satisfaction which may be derived from participating in what I am sure they all feel is a history-making effort.

All of the boards of review met during November of 1949 to study the programs in their respective categories. This evaluation produced the 1950 list of approved programs appearing in the American Journal of Nursing in February. It also gave each board of review an opportunity to consider certain objectives which should be attained by all programs within each separate category, as well as to realize the need for establishing additional criteria. Although the list for 1950 is essentially the same as the one for 1949, it is based on the actual study by the NNAS of those programs which were transferred to it, with the omission of certain programs which no longer exist. Duplication due to the overlapping of approval from more than one agency was eliminated.

Significant in the 1949 program were four work conferences which NNAS held during the month of August in New Orleans, Denver, Chicago, and New York. Other institutes conducted by representatives from the NNAS were held in Cedar Rapids, Iowa; Concord, New Hampshire; St. Louis and Kansas City, Missouri, and in California. In these meetings some 1,500 persons learned more of the basic purposes of evaluation. Thus, with the major portion of the machinery geared for accreditation, scheduled visits were begun the last week in February 1950.

**NNAS Personnel**

The plan of the NNAS is to provide each board of review with a salaried secretary. News notes in the nursing magazines are keeping you informed about how these secretaryships are being filled. Hazel A. Goff, assisted by many able nurses who volunteered hours of time, laid much of the groundwork for the development of this entire Service, then accepted the position of secretary to the Board of Review for Basic Noncollegiate Professional Nursing Education, which is concerned with the largest number of schools in the country. Helen Nahm, now on the faculty of Duke University (which is granting her a two years’ leave of absence), will assume the directorship of NNAS on July 1. Other full-time appointments will be made in the near future.

While on the subject of personnel, I should explain that many of the accomplishments of the NNAS can be credited to the interest and gracious assistance of members of the Joint Committee on Unification of Accrediting Activities, to the four boards of review, and to our visitor representatives. Together, their efforts in 1949 totaled about six months of service, and thus far this year, more than one year’s work.

Visiting teams consist of two representatives chosen from the roster of qualified persons that the nursing profession was asked to help us build up. Since the visitors are busy nurses, who must absent themselves from their own positions to do this part-time work for NNAS, scheduling visits at times convenient for both the school and the visitor sometimes becomes as complex as a chess game.

For the first four weeks after visits began, only one team was in the field. Since that time, we have had from two to five teams in the field weekly. By May 1, twenty-six schools had been visited, and many more visits are scheduled. One week (four to six days) has been allowed per school, which means a total of twenty-six team work-weeks, or an entire year of work if one person were doing it all.

NNAS pays an honorarium to the representatives asked to make the visits and meets their expenses while in the field. Our representatives tell us that their work in the NNAS is a most valuable learning experience for them as individuals, and that through visiting schools in other parts of the country they secure ideas that can be applied in their own institutions. This intensive
exchange of ideas between visiting teams and the school director and staff would, we believe, prove a powerful stimulus to better nursing education in the United States even if there were nothing more to the accrediting service.

**NNAS Philosophy**

While the over-all picture has been one of tremendous achievement, we have doubtless made mistakes, although trying always to profit from the mistakes of others. Counsel has been freely sought from other groups that accredit their own professional and technical schools. These groups include architecture, business, chemistry, chemical engineering, dentistry, engineering, forestry, journalism, law, library science, medicine (including occupational and meets their expenses while in the field. Our representatives tell us that therapy and physical therapy), music, optometry, osteopathy, pharmacy, public health, social work, theology, and veterinary medicine. It is pertinent to our present unification effort to note that accreditation in each of the above groups, except for medicine and engineering, is carried on by a single association.

Beginning at the time it did, the National Nursing Accrediting Service has been able to benefit from major changes that have taken place recently in the basic philosophy of accreditation without experiencing an upheaval itself. For example, the new way of thinking, as most of you know, is based upon the conviction that the whole is not necessarily a sum of its parts. Whereas we used to check segments of a program by inflexible standards that we had set up for each segment and then add the results, we now seek to evaluate the entire program first and then evaluate its parts, which may compensate for shortcomings in one place by offering unusual excellences in others. We seek to avoid a quantitative evaluation of standards, and do not insist upon conformity to exact norms, which would tend to induce stagnation. Rather, the focus is on the vitality and effectiveness of the total educational experience offered to the student.

In developing the NNAS, frequent reference has been made to the work of the North Central Association of Colleges and Secondary Schools. Several approaches to the evaluation of a school have been recommended by this association, which remind us that:

1. There are numerous purposes in education.
2. There is no absolute answer as to how a purpose can best be achieved.
3. A school should be encouraged to seek better ways of serving its students and its communities.
4. Accreditation should be a helpful device by means of which the administration, the graduate, and the public may learn the status of a program of study offered in a given institution in relation to others of similar type.
5. Programs should be judged according to the degree to which they are engaged in studying their own problems.
Accrediting Procedure

There is a great deal of information on accreditation in general education, and much of it is valuable to nursing. In addition, published materials and workshops have brought the story of our present program to many. Yet inevitably, a number of people still want to know more about the National Nursing Accrediting Service. I wish I could give you a picture of what is "all in a day's work" in our office at 234 West 56th Street in New York City, where NNAS set up headquarters a year ago this month when it proved that 1790 Broadway could not provide enough space to meet the Service's growing needs. (Our mailing address is still, however, 1790 Broadway.) Our mail consists largely of requests for applications for accreditation and of queries, most of which can be answered by referring either to the Statement of Policy or to information on fees, both of which appear in the Manual.

The school director requesting application forms is sent three sets and is asked to return two. When they arrive, we write an acknowledgment to the school director, code the materials, and arrange them in a big red folder to be reviewed by the board of review of the appropriate category. Two members of the board then review the application and make recommendations about the visit to the NNAS director, who sends the official letter to the educational unit. If the application is acted upon favorably, preparation for the survey begins immediately. This means providing the school with required schedules and necessary explanations regarding faculty blanks and affiliations, and course outlines to be returned within a given period of time. Arrangements have to be made to obtain representatives, itineraries planned, and hotel reservations secured.

Many of you are already familiar with the manner in which the visit is carried out and the report prepared. However, I would like to stress that the two visitors write a draft of their report while still in the city where the school is located, so that a copy of the factual part may be discussed and checked with the director.

After final editing at NNAS headquarters, in the course of which all identifying information is eliminated, the report is mimeographed and copies are sent to the educational unit concerned and to the representatives making the survey. When in final form, one copy is sent to each member of the appropriate board of review, together with a report review form. Whenever possible, these individual reports are summarized by the secretary before a meeting of the entire board of review. Because of the expense of such meetings, we try to have a number of surveys completed before the board meets, but the urgency of certain situations may change usual procedures.

Parliamentary procedure is followed at meetings of the boards of review, and the identity of a program is never revealed until after the vote upon it is taken. The official communication of the action taken by a board of review, including the reasons for the decision, are forwarded to the appropriate