Fifty-seventh Annual Report of the National League of Nursing Education 1951
Annual Report

of the

National League

of Nursing Education

and Record of Proceedings

of the Fifty-fifth Convention

1951

NATIONAL LEAGUE OF NURSING EDUCATION

2 Park Avenue, New York 16, New York
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The American Society of Superintendents of Training Schools for Nurses
was organized in Chicago, June, 1893. The officers of the preliminary organiza-
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President, M. E. P. Davis; Vice President, Mary Agnes Snively; Secretary,
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President, M. Adelaide Nutting; Vice President, M. E. P. Davis; Secretary,
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*This list was corrected in 1943 giving officers elected at each convention in accordance with the
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In June, 1912, the name of the Society was changed to the National League of Nursing Education.

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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.

1951 Boston, Mass., May 7-11.
President, Agnes Gelinas; Vice President, Mrs. Deborah M. Jensen; Secretary, Frances H. Cunningham; Treasurer, Henrietta Doltz; Executive Director, Julia M. Miller.

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

American Academy of Pediatrics, 636 Church Street, Evanston, Ill.
American Academy of Political Science, 3817 Spruce Street, Philadelphia 4, Pa.
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 DeLancey 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, 2 Park Avenue, New York 16, N. Y.
American Library Association, 50 East Huron Street, Chicago 11, Ill.
American Medical Association, 535 North Dearborn Street, Chicago 10, Ill.
American Nurses' Association, 2 Park Avenue, New York 16, N. Y.
American Red Cross Nursing Service, Washington 13, D. C.
American Social Hygiene Association, 2 Park Avenue, New York 16, N. Y.
Association of Collegiate Schools of Nursing, 310 Cedar Street, New Haven, Conn.
Inter-Association Committee on Health, c/o American Nurses' Association, 2 Park Avenue,
New York 16, 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 for Mental Health, 1790 Broadway, New York 19, N. Y.
National Association for Nursery Education, 430 South Michigan Avenue, Chicago 6,
Ill.
National Association for Practical Nurse Education, 654 Madison Avenue, New
York 21, 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 Organization for Public Health Nursing, 2 Park Avenue, New York 16, 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.
Federal Civil Defense Administration, Washington 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, 1785 Massachusetts Avenue, Washington, 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., Wash-
ington 6, D. C.
American Cancer Society, 47 Beaver Street, New York, N. Y.
American Committee on Maternal Welfare, 116 South Michigan Avenue, Chicago 3, Ill.
American Psychiatric Association, 9 Rockefeller Plaza, New York 20, N. Y.
Association of University Programs in Hospital Administration, 22 East Division Street, Chicago 10, Ill.
Joint Commission for the Improvement of the Care of the Patient, 18 East Division Street, Chicago 10, Ill.
PROCEEDINGS OF THE
FIFTY-FIFTH CONVENTION OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

Boston, Massachusetts
May 6-11, 1951

MEETING OF THE COUNCIL OF STATE LEAGUES

Sunday, May 6—9:00 a.m.—4:00 p.m.

An open session of the Council of State Leagues was held in the Bay State Room of the Hotel Statler, Boston, Massachusetts, on Sunday, May 6, 1951. The chairman, Agnes Gelnas, called the meeting to order at 9:00 a.m.

The secretary, Henrietta A. Loughran, called the roll to which presidents or representatives of 34 state leagues responded. Three more state presidents responded to the afternoon roll call. Also present were the four officer-members of the Council as well as other members of the Board of Directors and of the League. At the request of the chairman, the representatives from the Conference of State Boards of Nurse Examiners, who had been invited to attend the meeting, and members of the Headquarters staff introduced themselves.

APPOINTMENT OF COMMITTEE ON RESOLUTIONS

The chair appointed a Committee on Resolutions consisting of Lillian M. Bischoff (Ga.), chairman, Beatrice C. Kinney (N.Y.), Dorothy E. Glyn (Wash.), Lucia G. Allyn (Ariz.), and Marjorie Bartholf (Tex.), and asked the committee to report at the final meeting of the Council of State Leagues on May 11.

SUMMARY OF CONFERENCE OF STATE BOARDS OF NURSE EXAMINERS

Carrie M. Spurgeon, chairman of the Conference of State Boards of Nurse Examiners which had been held, under the auspices of the American Nurses' Association, from April 30 through May 4 in Boston, summarized the highlights of the Conference. She stated that the first three days had been devoted to a study of office procedures which had resulted in indications as to how the work of state board personnel could be expedited and better service rendered. During the last two days of its meetings the Conference had discussed policies and principles involved in state board work. The results of some of these discussions were briefly summarized by Miss Spurgeon.

Several of the Conference activities had pertained to the development of means for expediting the licensure of nurses by reciprocal arrangements among states. The efforts, over the past 15 years, to produce a uniform reciprocity application form had culminated in the adoption of such a form by the ANA Committee on Nursing Education and Nurse Registration at its meeting on April 29. This form, Miss Spurgeon stated, would be sent to all state boards of nurse examiners with a recommendation for its use. Another recommendation which the Conference decided to make to state

*Bylaws—Article IX, Sec. 3. A quorum of the Council of State Leagues shall be ten members other than the officers.
boards related to the use of a national critical standard score on the State Board Test Pool examinations for reciprocity purposes. The score being recommended by the Conference was one and one-half standard deviations below the national mean. Miss Spurgeon also mentioned the increasing tendency on the part of state boards to accept the evaluation of credentials for registration by another state board without requesting detailed records from high schools and schools of nursing.

With regard to the State Board Test Pool examinations, Miss Spurgeon stated that the state boards favored the undertaking of a project whereby behavior characteristics of nurses would be identified in terms of their relationship to competency to practice, pointing out that such identification of characteristics would provide a further means of validating licensing examinations.

The Conference of State Boards, Miss Spurgeon stated, was in sympathy with the desire of nurse educators to promote sound research. In 1949, the Conference had accepted the criteria for experimentation promulgated by the Association of Collegiate Schools of Nursing which had, in general, called for a statement of the plan and purpose of the experiment, a statement of the procedure, a statement of the means of evaluating the results, and the qualifications of the person or persons conducting the study. The state boards had been of the further opinion that opportunity for conducting such studies should not be limited to members of the Association of Collegiate Schools of Nursing.

Miss Spurgeon concluded by stating that there is increasing evidence of cooperation between state boards of nurse examiners and state leagues and state nurses' associations.

STATE BOARD REQUIREMENTS AND SOUND EDUCATIONAL PLANNING

Amy Frances Brown (Iowa) opened the discussion of state board requirements as they affect sound educational experimentation by stating that educational experimentation is the responsibility of the school which undertakes such experimentation and of the state board of nurse examiners which gives approval in principle to the experimentation. If this shared responsibility is to be properly met, according to Miss Brown, certain requirements and safeguards must be met. Before experimentation is undertaken, there should be: (1) a clear statement of the problem to be studied; (2) sufficient data concerning what the present program of the school is and concerning the products of the school; (3) a statement of the plan for collecting the data which are needed—Miss Brown emphasized the need for determining beforehand what data will be pertinent and for excluding the collection of data not pertinent to the problem at hand—and (4) provision for control, either by control groups or by some other respectable scientific device. At the conclusion of the study, it is important, for the sake of other people, as well as for the safeguarding of the study, that a record be made of the study including careful descriptions of the technics used. Miss Brown emphasized the fact that this last requirement had frequently been neglected—that often there had been a failure to record what had been done and to share results of studies widely. She pointed out that information about experimentation might be made available in two ways: through publication and through welcoming visitors to the experimental program and making records and data accessible to them and to other interested persons.

Harriet L. Mather (La.) pointed out that, in order to protect the interests of the graduate nurse insofar as licensure in other states is concerned, it is sometimes necessary for the regulations of state boards of nurse examiners to be restrictive about experimental projects in schools of nursing. Members of the League should not criticize state boards for this situation; rather they should give the guidance and assistance the state boards look to the League for. Many problems can be solved immediately by discussion between school faculty and state board personnel; others will undoubtedly require several years before an adequate solution is obtained.
Anna D. Wolf (Md.) called attention to the need for distinguishing between real research projects, with controlled patterns, and experimental patterns of education in which the outcomes are judged empirically. She pointed out that no mention had been made of controls in the reports of the three so-called experiments which had been reported on at the previous day’s meeting of the state league presidents, representatives of state boards of nurse examiners, League Board of Directors, and representatives of the National Nursing Accrediting Service. Despite her doubts as to whether the kind of curriculum development described in these three reports could be classified as scientific experimentation, Miss Wolf stated her belief that it is necessary to engage in such projects in which the evaluation of outcomes is based on the actual achievement of individuals in the field.

With regard to this comment, R. Louise McManus (N.Y.) stated her opinion that, because of the traditional association of the word “research” with the fundamental sciences, recognition is not always given to the fact that there are approaches to research other than the “test-tube method” in which a variable can be isolated. Curriculum development is now recognized as a social science, and the principles of social science should be applied to it rather than the principles of fundamental science. Curriculum research is concerned with the improvement of educational practice and the improvement of the product of the school through adjustments that are planned in relation to an objective. If the product is studied systematically and the process has been watched so that generalizations can be made about it that can be tested in another situation, then research is being engaged in even though no neat “chemical formulas” will result.

Mrs. McManus pointed out the necessity to concentrate on the final objective toward which both requirements for licensure and the entire educational program in nursing is directed—the development of a competent nurse. There is no guarantee that by spending an exact number of hours in performing certain activities the nurse will develop competence. It is the responsibility of the League to describe the competencies which a nurse should have and to find ways of identifying the existence of those competencies within the nurse. Most of the competencies can best be identified in the day-by-day work in the schools; the judgment of the faculties in these schools must therefore be trusted in this respect. Once the competencies are identified, it will be necessary to improve such tools as the State Board Test Pool by which these competencies can be measured. Carolyn L. Widmer (Conn.) reinforced Mrs. McManus’ opinion that the method of appraising competence by a “weeks and hours” standard is no longer applicable in many situations. As an example, she pointed out that the student nurse who cares for mothers and babies on an integrated service will not have, on her record, an indication that she has spent a certain period of time in the nursery; nonetheless, she is developing competency in caring for mothers and babies which is the competency that is being evaluated. Miss Gelinas stated that an experiment at Skidmore College, involving an integration of learning experiences in nutrition and diet therapy throughout the basic curriculum, might depart from set rules regarding the number of weeks to be spent in the diet kitchen, yet it had resulted in the students showing a liking for nutrition and diet therapy whereas formerly they had disliked the diet kitchen. She pointed out that this experiment had the support of the state board of nurse examiners.

With regard to the problem of reciprocal arrangements for licensure among the various states, Anna D. Wolf (Md.) suggested the possibility of establishing some pattern whereby states which require the completion of a 36 months’ program in basic nursing education before granting a license would accept supervised practice under guidance as part of the requirement in the case of nurses who graduate from programs, outside that state, which are less than 36 months’ duration. She pointed out that Texas had made such an arrangement. Marjorie Bartholf (Tex.) explained that during the
war years several well-qualified nurses from states which do not require 36 months of education in basic nursing had come to Texas. The state board authorized certain institutions to let these nurses practice under supervision until the full 36 months had been accounted for. During this time, the nurses carried their full responsibilities and drew salaries, but the person in charge of the institution in which they were practicing was responsible for them and made the same reports with regard to them as are made for students in nursing. Miss Bartholf emphasized the fact this arrangement was not a "blanket" one under which any nurse entering the state could complete her 36 months by practicing anywhere she chose. The state board of nurse examiners carefully scrutinizes the application of each individual nurse and each situation under which such a nurse is going to practice under supervision. A member from the Oregon State Board of Nurse Examiners stated that in Oregon arrangements similar to those in Texas could be made with regard to licensure by reciprocity. The nurse, while receiving her supervised experience, receives 90 percent of the licensed nurse's pay, and such experience must be received in a hospital connected with a school of nursing or one that meets the standards of practice fields for schools of nursing in Oregon. The institution providing the supervised experience must submit a report evaluating the work of the nurse practicing under supervision. Anna D. Wolf (Md.) stated that Johns Hopkins Hospital had provided supplementary programs in many instances and had coupled the provision of experience with an information and service program. In reply to a question by Alma Gault (Tenn.) as to how such arrangements for supplementary supervised work could be made in a state which requires nurses to be licensed within 30 days after entry into the state, Agnes Ohlson, director and executive secretary of the Connecticut Board of Nurse Examiners, suggested that the nurse might file application for licensure and proceed with her supplementary experience while the application is pending.

Miss Ohlson further assured the group assembled that the state boards were more than anxious to be cooperative and to keep their requirements, which were originally established to be helpful, from assuming the proportions of stumbling blocks. She stated her opinion that probably all state boards, where the law requires 36 months of education in basic nursing, would agree to accept, in partial fulfillment of this time requirement, supplementary work by nurses seeking licensure by reciprocity. She also suggested that, when time standards seemingly interfere with curriculum revision and development within a school, the director of the school should discuss the problem with the secretary of the state board in her own state in order that she, in turn, might interpret the proposed changes to other state boards. Miss Ohlson emphasized the fact that state boards were prepared to be understanding in the acceptance of "equivalents" to their requirements which would qualify the student as to competency in the particular area concerned, pointing out that the chief objective of the state board is to guarantee the competency of the nurse for first level positions.

In this connection, Ruth Sleeper (Mass.) suggested the possibility of the state board group establishing a central clearing house through which the records of certain groups of nurses could be cleared if they appear to meet most of the requirements in order that they would not have to be cleared one by one, state by state. She suggested that, if some such central committee or organization were set up, some of the problems could be pooled, and inquired of what assistance the League and schools could be to the state board group if such an arrangement were made.

Anna D. Wolf raised another problem in connection with evaluating the competency of students. In consideration of the fact that the largest number of students matriculating in basic schools of nursing have only high school preparation, while others have the advantage of certain other educational studies, she suggested that a more liberal interpretation of the 36 months' law might be brought about in the case of students with college study. Miss Ohlson stated that this question might well be discussed
further by the Working Committee of the Conference of State Boards of Nurse Examiners, pointing out the difficulties involved in making changes in laws in 48 states.

K. Virginia Betzold (Md.) brought up the problem of make-up time and its educational value. She pointed out that while, on the one hand, the rules of some state boards do not permit make-up time beyond a certain number of weeks, on the other hand, the National Nursing Accrediting Service advocates that all students be allowed a certain amount of make-up time for reasons of health. Miss Betzold suggested the desirability of having rules regarding make-up time flexible enough so that they might be adjusted to the educational needs of the student as well as her health needs. The loss of two weeks' time during learning experiences which are of two weeks' duration only might be much more detrimental from the educational point of view than the loss of a month and a half spread throughout the entire program. Miss Betzold suggested that a student should not be required to make up time in those areas in which she is competent to practice.

Carrie Spurgeon, executive secretary of the Louisiana State Board of Nurse Examiners, expressed concern over the matter of terminal vacations. She stated that, since vacations are supposedly related to the protection of health, they should be included in the program; however, it had been pointed out to her that, in order not to interrupt class schedules, vacations must be taken during June, July, and August and that necessarily some students would have to wait until August for their vacations which would thus be terminal vacations. In such instances, Miss Spurgeon stated, it would seem logical to have the student complete her course in July and not "tack on" vacation time in August. Such an arrangement, however, would be counter to the Guide for the Use of League Records. Miss Spurgeon also pointed out that the use of the League records was an obstacle to the integration of various areas in the basic curriculum.

Henrietta A. Loughran, as secretary of the League and the League Board, reported that the League Board of Directors at its recently concluded meeting had voted a supplementary appropriation for a special and comprehensive committee to work with the Department of Services to Schools of Nursing in studying the needs of all types of schools of nursing for record forms. Mrs. Loughran emphasized the fact that the Board wanted the whole question of the need for records investigated—that it did not merely provide for the revision of the records currently being distributed by the League.

Mrs. McManus raised a problem concerning the establishment of new programs in nursing. The fact that a school of nursing must submit its curriculum to the state board prior to obtaining the approval of the state board makes it difficult for new schools to become established, especially experimental programs in universities, senior colleges, and junior colleges. She pointed out that such institutions are not likely to have a nursing faculty unless they have had their plans for a school of nursing approved. If they are required to submit a curriculum on paper in order to obtain this approval, the curriculum will more than likely have to be prepared by some group other than the faculty which will eventually be charged with its implementation. This would violate the principle that the function of curriculum development is the function of the faculty of the school. Mrs. McManus urged that there be some policy established by state boards which would permit them to give approval to a new school on the basis of its philosophy, intent, and such standards as those relating to faculty, which would also allow them to work with the faculty of the new school throughout the whole process of curriculum development. In this way safeguards could be maintained without a crystallization of a program on paper. Moreover, the development of fine working relationships between state boards and the faculty of new schools would be of great value as nursing education moves forward in developing new patterns.
Deborah M. Jensen (Mo.) suggested that state leagues of nursing education have an opportunity to assist junior colleges in developing plans for nursing education programs before these plans are submitted to the state board. The presidents and officers of state and local leagues should know the junior colleges in their vicinities that might be interested in developing nursing programs and should make themselves available for consultation.

Florence K. Wilson (N.C.) indicated some of the problems involved if state boards of nurse examiners were to be encouraged to base their criteria for approval of schools on principles rather than on specific regulations. An attempt in this direction had been made by the North Carolina league and state board the preceding year when the league was helping the state board revise its regulations, but the person visiting the schools had expressed the need for specific criteria against which to judge the schools.

Phoebe Kandel, educational consultant of the Mississippi State Board of Nurse Examiners, described the success of the efforts in Mississippi to revise the rules and regulations of the state board in terms of principles. In accomplishing this, the state board had received the assistance of the presidents of the state league and the nurses’ association, two educators, and several others. Miss Kandell also described the successful working relationships which had been established among all those concerned in the development of the new university school of nursing in Mississippi, stating that the state board, the state department of health, and many other groups had participated in preparing the plans for the program. In these plans, Miss Kandell stated, less emphasis had been put on process and more on principles.

CURRICULUM PLANNING FOR NATIONAL DEFENSE AND ATOMIC WARFARE

Kathryn W. Cafferty, director of the Department of Services to Schools of Nursing, stated that the group of state league presidents who in April had planned the Council of State Leagues meeting had indicated that the Council would like to know what steps the League was taking toward giving guidance to schools of nursing with regard to the preparation of students in the nursing aspects of atomic warfare. Investigation by the Department of Services to Schools of Nursing had indicated that, although provision had been made for the instruction of graduate nurses in this regard, there was considerable need for materials which would guide faculty in schools of nursing in the emphasis of certain aspects of the present curricula so that the students would be adequately prepared, upon graduation, to assume their responsibilities in the event of atomic warfare. Vera Fry, under whose leadership an instructor’s manual on atomic nursing had been prepared by the Civil Defense group in New York City, had verified the need and had suggested that the League might undertake the preparation of materials for the guidance of faculty members in correlating instruction on the nursing aspects of atomic warfare in basic professional and practical nurse curricula. Inasmuch as it seemed important that such materials be prepared and made available as quickly as possible, a production committee of the Department of Services to Schools of Nursing had been authorized. Mrs. Fry had accepted the chairmanship of this committee.

Mrs. Fry then outlined plans for organizing the production committee, stating that it had been thought that the members might be selected from among those who had attended the institutes which the National Security Resources Board had sponsored throughout the country. She emphasized the fact that the production committee would serve as a channel for the thinking and knowledge of all League members, and urged that members of the Council send materials on atomic warfare nursing to the produc-
tion committee. She then asked the Council members for their suggestions regarding the proposed project.

Lillian Bischoff (Ga.) urged that the League secure the cooperation of the Red Cross and other organizations which are engaged in programs concerned with atomic defense nursing to avoid duplication of effort and in order that the preparation of students might be in line with the preparation of graduate nurses. Janet Maury (Colo.) told of the number of organizations which had cooperated in a joint program in Colorado.

Evelyn Fischer (D.C.) told of the over-all nursing committee which had been set up in the District of Columbia to eliminate overlapping and duplication of effort. This committee had prepared a manual of instruction which had been used in the preparation of 3,000 nurses. Student nurses had been included in this group, but long-range planning for the preparation of students had not been taken into consideration. Beatrice Kinney (N.Y.) also indicated that, although a good deal had been accomplished in New York State toward the preparation of graduate nurses for their role in the event of an atomic attack, there was need for materials which could be used in student programs. Gertrude Nathe (Mich.) stated that, in addition to the program for the preparation of graduate nurses in Michigan, one of the local leagues had worked out a curriculum for students in the basic professional program.

Ruth Sleeper suggested the desirability of including, in the proposed materials, guidance with regard to the safeguarding of school records and also in connection with the possible need of evacuating young students from cities. Marjorie Bartholp (Tex.) suggested that the material should take into account the preparation of the nurse for all major disasters including hurricane, severe fire, earthquake, and explosions, as well as atomic bombing. Carolyn Widmer (Conn.) suggested the advisability of considering biological warfare as well as atomic warfare. Eva Davis (Ore.) expressed the opinion that training in the supervision of large numbers of lay workers, in the allaying of mass hysteria, in the assumption of professional responsibilities ordinarily carried out by the physician, and in teaching the public were more important than preparation directed specifically toward radiation and biologic warfare. A member from Detroit stated that, although considerable effort had been devoted in that city to the training of both graduate nurses and students in atomic warfare, there was a question whether enough emphasis had been placed on the nursing care of regular patients in bombed areas.

Sister Olivia Gowen (D.C.) stated her opinion that most emergency nursing depends on a knowledge of principles and their application. She suggested that the League manuals should go beyond technical aspects and emphasize principles. Anna D. Wolf (Md.) suggested that in order to prepare student nurses for atomic disasters it would probably be found that little new content would have to be added to the present curriculum; rather, certain aspects would have to be emphasized. For example, students are now receiving instruction in radiation and the use of isotopes; they would merely need to have the application of this knowledge to nursing in atomic defense pointed out to them. She suggested that the materials prepared by the League might give guidance as to what aspects of the present curriculum should be emphasized.

Florence K. Wilson (N.C.) suggested that there might be a difference in the principles that should be taught in different geographic areas. She pointed out that North Carolina would probably not be in a strategic bombing area and would more likely be expected to receive casualties and send teams to places that were being bombed and suggested the possibility that this might call for a variation in instruction. Several members of the Council were of the opinion that no area could be considered immune from bomb attack, particularly because bombing installations are being placed in areas which might otherwise feel secure from attack.
IMPLICATIONS OF HUMAN RELATIONS IN CURRICULUM PLANNING

Lillian Bischoff (Ga.) introduced the subject of human relations in nursing and their implications for curriculum planning by challenging the concept that the major purpose of nursing education is to educate nurses for the patient, the community, the Army, and so on. Nurses, she stated, should be educated for themselves; the focus of that education should be on the individual and her potentiality rather than on the end-results. She referred to the reports which had been given the day before on curriculum developments in the New York Hospital-Cornell University School of Nursing, the Skidmore College School of Nursing, and the Johns Hopkins Hospital School of Nursing, stating that the ideal situations under which these developments were taking place were characteristic of only a small proportion of schools of nursing. Many of the supposedly educational programs in nursing, she stated, were, in her opinion, service programs. Often general staff nurses and practical nurses and nurses' aides are not employed to carry the service load; the student is assigned to the care of 20 or 30 patients during the afternoon and night with, perhaps, only one graduate nurse upon whom she may call if she needs help. An accident occurring under such a situation—failure to omit a breakfast for a patient about to undergo surgical intervention or the administration of a lethal dose of drugs to a patient, for example—might maim the student psychologically. Such an accident is really a projection of the school's failure to provide administratively for the total care of patients.

The entering student, Miss Bischoff pointed out, is usually a teen-ager, and her problems should be approached with that in mind. Yet little or nothing is known about the normal growth and development of the teen-ager. Faculty in schools of nursing do not know how the teen-ager feels when she is experiencing this new situation in her chosen field and often do not recognize her reactions as the natural, normal ones for a teen-ager. Nor is the curriculum geared toward the student as a teen-ager; very little guidance is given the student toward understanding her relationships with all the people with whom she comes in contact in the course of her career.

Miss Bischoff emphasized the importance of helping this student develop an understanding of the relationships which she must create between herself and the other persons with whom she comes in contact—not only the patient but also those who are her superior officers and those who are her subordinates. She stated that the student nurse must be given the tools for developing such an understanding, yet, at present, most of the tools which had been supplied by nursing education had been directed toward the mechanical skills.

Laura Robinson (N.J.) told of the efforts of the New Jersey League of Nursing Education to further an understanding of human relations among the faculty of schools of nursing by providing scholarships for faculty members to attend summer workshops on human relations. One of the former scholarship recipients had reported that one of the benefits she had derived from the workshop she had attended was the opportunity she had had to come in contact with the other participants; of the 48 participants, she was the only nurse. In this workshop each participant had been encouraged to study her own situation, including the so-called extracurricular activities, from the point of view of whether or not the program was preparing students to take their places in the community and whether or not the democratic approach could be used in planning the curriculum and activities. The participants studied such problems as why some students are welcomed into a group while others are rejected; frequently the need for curriculum changes resulted from such study. Miss Robinson stated that the particular workshop to which she was referring had also provided helpful information for teaching sociology and for planning affiliations and classes. She further emphasized the human relations problems inherent in living in a nurses' home. Also, she pointed out, the shorter hours of assignments for clinical learning experiences means that more plans have to be made for extracurricular activities and for study by students.
At the request of the chairman, Veronica Lyons (N.Y.) summarized the report she had given the previous day concerning the experimentation in helping nursing students develop a better understanding of the psychological components of health which was in progress at the New York Hospital-Cornell University School of Nursing. The plan, in general, provided for the introduction throughout the entire curriculum of a core of concepts designed to help the student understand herself and her relationships to others and upon which all instructors could draw in planning learning experiences and counseling. A course, taught by a psychiatric consultant, was instituted during the first part of the first year and the first part of the second year, leading into the course in psychiatric nursing during the third year. A well-qualified counselor who is not a nurse but who has had a number of years of experience as a dean of women in colleges and universities begins working with the students during the first part of the course. Arrangements had been made so that students could make appointments with the psychiatrist without being "routed" through other people.

The results, Miss Lyons stated, had been twofold. First, more extensive education in psychiatric nursing can be undertaken in the third year because the students, at that point, have acquired certain understandings which they had not had previously. Secondly, the student is more relaxed about seeking assistance; she accepts the fact that it is normal for people, at various times during their lives, to require objective approaches to their problems and the help which can be given by qualified people. Miss Lyons stated that at present a problem had arisen as to whether anyone on the faculty should know that a student has been in contact with the psychiatrist and is receiving therapy; arguments could be advanced on both sides.

Miss Lyons further stated that the faculty of the school of nursing had been fortunate, in introducing these changes, in that the medical group in the hospital had accepted the over-all philosophy in what is called the psychosomatic area of medical care and help. A nursing consultation service had been established through which any nurse, graduate or student, could seek assistance in any nursing problem from the staff of nurses concerned with psychiatric problems without having to "clear" such consultation with any doctor.

Miss Lyons stated that these programs—the educational program and the service program—had been instituted before Dr. Leo Simmons, social anthropologist, had started his project in the hospital under the auspices of the Russell Sage Foundation. Dr. Simmons had felt that the experiments were extremely interesting and had urged their continuation as accepted procedures rather than as experiments. Furthermore, the Russell Sage Foundation had granted funds by which one of the staff of the nursing school faculty in the psychiatric department could work with the nursing staff and study what happens when she becomes an integral part of the nursing staff.

Kathryn W. Cafferty, director of the Department of Services to Schools of Nursing, expressed the opinion that, in addition to providing students with opportunities to learn to understand themselves as persons and their relationships to others, nurse educators must also help the faculty of schools of nursing acquire these same understandings. In this connection, Florence K. Wilson (N.C.) stated that a nurse employed by the state health department is in charge of the psychosomatic department of the Duke University hospital. She brings in public health nurses from the state health department to give them some understanding of the program. On occasion, when the quota of public health nurses who receive this interpretation has not been filled, staff nurses of the hospital or faculty members of the Duke University School of Nursing have met with the group. Through this association, the public health nurses are getting better-acquainted with the faculty members and with the changes which are taking place in schools of nursing. At the same time, the faculty members are getting training in the field of psychosomatic care.

Emily G. Sargent, president of the National Organization for Public Health Nursing, stated that she believed that public health nurses are more and more coming to realize
that educational programs in basic nursing have changed considerably since some of
them had received their basic education. She had just participated in a five-day con-
ference on public health nursing education during which many references had been
made to the better foundation which newer graduates from basic programs had.

In connection with the need for graduates of schools to keep in close touch with
the new developments in nursing education, Henrietta A. Loughran mentioned that
one school of which she had knowledge had held a one-day institute for its alumnae
preceding the annual alumnae banquet during which the graduates had been shown
the changes which were taking place in the educational program.

Anna D. Wolf (Md.) told of the programs during the past three years in the
Johns Hopkins Hospital School of Nursing in which the students were not only given
instruction in the psychosomatic aspects of nursing, social psychology, and social
anthropology as well as guidance on the basis of their needs, but the faculty and staff
nurses were also given opportunity to study in this field in order that they might
interpret and understand the students' problems from the point of view of student
development and patient relationship. Classes, which had operated on the seminar
basis, had been instituted for small groups of faculty. Miss Wolf stated that the results
had been exceptionally fine, not only insofar as the individual development of both
students and faculty members was concerned but also with regard to the develop-
ment of the team concept which is dependent on good interpersonal relationships. Public
health nurses, also, had been working closely with the staff nurses in the hospital
and the faculty in the school.

In connection with the need for better relationships between faculty and students,
Loretta E. Heidgerken (D.C.) reported on a study in which she had attempted to
find out the opinions student nurses had of their faculty members and the basis for
these opinions. Over and over again, the student's evaluation of the teaching compe-
tence of a faculty member had been influenced by personal relationships. For example,
one student's comment regarding a teacher who was well qualified by preparation,
having a master's degree, was, "This is a living example of the meaninglessness of a
degree," and had added that if a teacher does not have an understanding of the student
and her problems she is not a good teacher. Miss Heidgerken stated that another point
of concern to her had been the fact that, of the teachers whom the students had cate-
gorized as "good," only 10 percent had been teachers in nursing subjects. Miss
Heidgerken stated her opinion that, until good human relationships are established
between teachers and students in the classroom and clinical field, the introduction
of courses in human relations will not be too effective.

Miss Wilson stated that it had been brought out in the Midcentury White House
Conference on Children and Youth that, in the public schools, groups of sociologists,
psychologists, and psychiatrists had been helping teachers in their evaluation of students
by making suggestions as to how to find out about the background of students and
make an evaluation in the light of an understanding of this background. Miss Wilson
added that the members of this group attend some of the teachers' meetings, but not
all of the meetings, because their attendance at all meetings brought about a tenseness
on the part of the teachers.

Alice B. Brethorst (Minn.) stated her opinion that faculty members would be greatly
handicapped in helping students until they know more about the type of person the
student is when she enters school. The counselor in Hamline University School of
Nursing gains information about the background of each student and about the prob-
lems which the student has had prior to her admission. She prepares an abstract of
this information in which she points up the types of behavior which the student might
be expected to exhibit and gives a copy of this abstract to each member of the faculty
who is to have contact with that student during her first six months in the school.
As a result of this process, instructors in the school do not take immediate action when
they are confronted with a problem of student behavior which they do not quite know how to handle, but instead go to the counselor to find out how they can meet the problem and get the student to understand what is suitable behavior.

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

LEGISLATION

Leila I. Given, associate executive secretary of the American Nurses' Association, summarized recent activities with regard to pending Congressional legislation which would provide federal financial assistance for nursing education. She stated that the ANA Special Committee on Federal Legislation had been guided, with respect to these bills, by the opinion of the League and had worked very closely with the League Committee to Consider Federal Legislation on Nursing Education. Following the preparation of the League statement of "Essential Considerations for Federal Aid for Nursing Education," the ANA committee, upon the recommendation of the League committee, decided to sponsor a bill for federal aid for nursing education. At a meeting of the two committees in December, it was decided to ask Congresswoman Frances Payne Bolton to introduce such a bill in the House of Representatives. Mrs. Bolton's bill (H.R. 910) was introduced in January 1951.

Miss Given mentioned the other bills which would provide federal aid for nursing education currently before Congress—the companion bills S. 337 and H.R. 2707, which were being sponsored by the Truman administration and which were designed to provide aid for educational programs in all the health disciplines, and H.R. 516, introduced by Representative Lane, which resembled the Cadet Nurse Corps Act of 1943. She stated that S. 337, which was similar to the bills which had failed of passage in the last Congress, had been amended to include some of the provisions of the Bolton Bill. This amended bill and the Bolton bill were both carefully studied at a joint meeting of the ANA and League committees at which time it was decided that the ANA should support the Bolton bill. Accordingly, state nurses' associations were asked to urge their Congressmen to support H.R. 910.

As for the status of the various bills in Congress, Miss Given reported that S. 337 had been reported out of the Senate committee unanimously but that, although it had twice been on the floor of the Senate, action on it had been delayed. The House bills had not been reported out of committee. The ANA had requested the privilege of presenting testimony on these House bills, should such hearings be scheduled, but, as Miss Given pointed out, the House committee might report a bill out unanimously and have it passed unanimously on the floor of the House without debate.

Miss Given then summarized the results of the activities of state nurses' associations in connection with state legislation on nursing. She stated that 44 state legislatures had been in session during 1951 and that 19 state nurses' associations had sponsored some form of legislation within their states. In 8 of the states the legislation had been enacted; in 2 it had been defeated; and in the remainder the bills were still pending.

This legislation, Miss Given stated, was of various types. One state nurses' association, for example, sought legislation permitting it to be represented on the state civil defense commission. The state nurses' associations sponsored bills for the training and licensing of practical nurses in ten states which had no previous provisions of this type, in line with that part of the ANA program, as determined by the House of Delegates, to promote the licensing of practical nurses. To date, two state associations had reported success in securing this legislation, making 35 jurisdictions currently having laws for the licensure of practical nurses or other groups of comparable nature. In two states where legislation pertaining to the licensure of practical nurses had not

been secured, there were long-standing laws providing for the licensing of attendants, and state boards of nurse examiners had set minimum curriculum requirements for the training of attendants comparable to the curriculum for practical nurses. Miss Given further reported that Idaho had passed a law making mandatory the licensure of all those who practice nursing for hire.

At the conclusion of Miss Given's presentation, the members of the Council indicated their appreciation to her, and to Alma E. Gault, chairman of the League's Committee to Consider Federal Legislation on Nursing Education, and to Eugenia K. Spalding, who was serving as a member of the League committee and as a consultant to the ANA committee.

Alice Brethorst (Minn.) then reported that the Minnesota legislature had appropriated $75,000 per year for the next two years for scholarships for student nurses. Each scholarship will amount to $600, or $300 per year. Henrietta A. Loughran (Colo.) reported that the Wyoming legislature had appropriated $61,000 to the University of Wyoming to start two educational programs in nursing in that state.

**RELATIONSHIP BETWEEN VARIOUS GROUPS CONCERNED WITH NURSING CURricula**

The chairman explained that, in response to a request by the state league presidents who planned the Council meeting for a clarification of the relationship between the League Committee on Nursing Curricula, the League Department of Services to Schools of Nursing, and the Subcommittee on Coordination of Improvement of Education of the National Committee for the Improvement of Nursing Services, various persons connected with the activities of these three groups would describe the functions of each group and the interrelationships among the three.

**NLNE Committee on Nursing Curricula**

Eugenia K. Spalding, chairman of the League Committee on Nursing Curricula, stated that the League's concern with curricula in nursing, which had been continuous since the founding of the League in 1893, had resulted in the appointment of numerous committees concerned with various types of nursing curricula and various subject matter areas of these curricula. In order to provide for an over-all approach to the activities of these different groups, the Board of Directors of the League had, in May 1950, dissolved the many then-existent League committees dealing with nursing curricula and provided for the appointment of one over-all Committee on Nursing Curricula which would be concerned with, and representative of the interests of, practical nurse, basic nursing, and advanced nursing education. The membership of the committee was being further broadened, Mrs. Spalding stated, in order to provide for wider geographic representation and for more representation from diploma programs in nursing education.

In January, the League Board of Directors had assigned to the committee four functions as presented to the membership in its report. Of these four functions, the committee had decided that priority should be given to the second: "To receive, devise, formulate, and propose to the League Board for action, criteria for curricula for all areas of nursing education." With this in mind, Mrs. Spalding and Miss Cafferty had been preparing a plan of action for developing such criteria.

Meanwhile, Mrs. Spalding stated, the Committee on Nursing Curricula was planning to develop an opinionnaire check list through which the committee could arrive at the persistent, fundamental issues and problems for which a solution must be sought. The returns from this check list would guide the committee in planning its activities. As a first step, the director of the Department of Services to Schools of Nursing, who

*See Report of the Committee on Nursing Curricula in this Annual Report.*
serves as administrative secretary of the committee, had been collecting from various state groups items that would indicate where some of the major issues and problems are.

Mrs. Spalding emphasized the fact that the activities of the Committee on Nursing Curricula dovetail with those of several other groups—the League Department of Services to Schools of Nursing, the National Nursing Accrediting Service, the Joint Orthopedic Nursing Advisory Service and the Joint Tuberculosis Nursing Advisory Service, and the state boards of nurse examiners, among others—and that representatives of these groups were asked to participate in the committee's meetings either as members of the committee or consultants to it. She also stressed the desire of the committee to establish a flow of ideas between League members throughout the country and the national groups. Since one method of providing for an exchange of information among all League members is through materials published in the *American Journal of Nursing*, she asked Esther Brooks, assistant editor of the *Journal*, to comment on some of the articles which would be carried in the nursing education section within the next few months.

Miss Brooks mentioned a few of the articles relating to curriculum which the *Journal* was planning to carry and expressed the *Journal*’s desire to be kept informed of new programs and experiments in program planning that were under way. She also mentioned the *Journal*’s plan for forums through which the ideas of several people on a subject could be published. For example, she pointed out that in the March 1951 *Journal*, readers had been asked to send in replies to the question: "What in your opinion are the essential class and clinical experiences which the student must have if she is to give satisfactory nursing care to diabetic patients?"

**NLNE Department of Services to Schools of Nursing**

Kathryn W. Cafferty, Director of the Department of Services to Schools of Nursing, described the functions and current activities of the department, pointing out the present limitations imposed by the fact that the department was staffed by the director and a secretary only but expressing the hope that the department would grow to the point where it could provide adequate consultation service in the field. Such growth, Miss Cafferty stated, was implied in the title of the department—Services to Schools of Nursing—and, although the current activities of the department were of necessity being confined almost entirely to curricular activities, she expressed the opinion that the more comprehensive title should be preserved against the day when the department could increase its services.

Miss Cafferty then outlined several ways in which the department was attempting to facilitate the development of curricula: (1) by appointing and working with production committees such as those relating to atomic bomb nursing and records; (2) by giving assistance to those who come to League headquarters; (3) by providing help through correspondence; (4) by gathering together from all sources data relative to curriculum development, and (5) by giving such guidance and consultation services on a state and regional basis as the present personnel and budget of the department permit. In connection with this last activity, Miss Cafferty spoke of the three regional work conferences which would be held during the summer at which representatives from the League departments of Services to Schools and Measurement and Guidance and the National Nursing Accrediting Service would work with representatives from schools and state boards in various areas in investigating and seeking solutions to some of the problems of nursing education.

Miss Cafferty added to Mrs. Spalding’s and Miss Brooks’s plea that state groups keep the headquarters office informed of developments throughout the country in order that national groups might have a broader idea of the thinking of the country-at-large and might provide for the flow of ideas from one region to another.

Miss Cafferty also emphasized the importance of having the Department of Services to Schools of Nursing work with, and cooperate with, other groups concerned with
curriculum, and referred to the real cooperation existing among the various groups at headquarters including the League departments, the joint services, and the other nursing organizations. She referred particularly to the benefit derived from the fact that she was a member of the ANA Special Committee on State Boards of Nursing Education and Nurse Registration.

Miss Cafferty then illustrated, by a diagram on the blackboard, the relationship of the Department of Services to Schools of Nursing and the Committee on Nursing Curricula. The committee, she pointed out, was directly responsible to the League Board of Directors; the department was responsible to the executive director who, in turn, was responsible to the Board of Directors. The committee might appoint subcommittees responsible to it; the department might have production committees responsible to it. Between the committee and the department there was a broken line to indicate the fact that the committee serves in an advisory capacity to the department, and a series of dots to indicate that the director of the department serves as administrative secretary to the committee. Lines of x's connected both the committee and the department to the League membership, and Miss Cafferty stressed that it was not only the right, but the obligation, of League members to communicate directly with both the committee and the department.

In response to a question concerning the relationship of the department to the Joint Nursing Curriculum Conference held in November 1950, Miss Cafferty stated that the conference was a successor to a previous one called in December 1949 to investigate the current status of the curricular activities of the national nursing organizations. The second conference undertook to study three of the larger problems raised at the first conference in terms of all nursing curricula. The planning committee of the second conference was composed of representatives of all the six national professional nursing organizations and the National Association for Practical Nurse Education; the participants in the conference also represented these organizations and, in addition, general education and the consumer public.

The relationship of the Department of Services to Schools of Nursing and the Joint Nursing Curriculum Conference of 1950, Miss Cafferty stated, stemmed from the fact that the League had assumed administrative responsibility for the conference; the department, therefore, took care of the administrative aspects of the conference and accepted the responsibility for publishing the report of it. Miss Cafferty pointed out that this report, Joint Nursing Curriculum Conference: Curriculum Bulletin No. 2, was now available through the League, and urged that it be accepted, not as a final dictum, but rather as a springboard for further study.

NCINS Subcommittee on Coordination of Improvement of Education

Helen C. Goodale, secretary of the National Committee for the Improvement of Nursing Services, explained that the NCINS is a joint committee responsible to the Joint Board of Directors of the Six National Nursing Organizations which is composed of all members of the boards of directors of the five national nursing organizations (the National Association of Colored Graduate Nurses having merged with the American Nurses' Association). Although the first undertaking of the NCINS, the classification of schools of basic nursing, had been in the area of nursing education, the NCINS was concerned with the improvement of nursing service directly as well as less directly through education. Accordingly, the NCINS had planned for the appointment of two subcommittees, one on the improvement of services and one for the coordination of improvement in education, and had brought together groups to pre-plan the membership, functions, and activities of these two subcommittees. The Subcommittee on the Improvement of Service had already met and was at work on some specific projects. The Subcommittee on the Coordination of Improvement of Education would be a coordinating and advisory group which would consist of representatives of the educational interests of all the nursing organizations. These representatives
would discuss the problems in education which each of the organizations has and the contemplated activities of each organization. With this total picture before them, the members of the subcommittee could then indicate priority areas which require immediate attention and for which funds should be secured if they are not already available. The recommendations of the subcommittee would be transmitted to the NCINS and thence to the Joint Board. Moreover, the NCINS and its subcommittees would expedite the programs of any projects for which the Joint Board might indicate its assistance was needed.

Another activity of the NCINS, Miss Goodale stated, was the stimulation of regional planning.

**Educational Programs for Graduate Nurses**

R. Louise McManus and Vera Fry reported on the cooperative project on the part of institutions of higher education in New York state which offer programs in nursing to provide supplementary education leading to a baccalaureate degree for the graduate of the diploma school. Mrs. McManus described the preliminary planning undertaken by all the institutions in question since they had started meeting two years before. As a result of this cooperative planning, it was agreed to utilize the same principle as that recommended by the American Council on Education with regard to credit granted in colleges and universities for studies completed in non-degree-granting agencies—namely, that the level of competence of the applicant is measured in terms of the level of competence of students whose preparation has been secured in an institution of higher education for which full credit is granted, and credits are granted to the applicant on this basis. To apply this principle to the graduate of a diploma program applying for credits in a degree-granting program in nursing, the competence of this applicant is measured against that of the student whose preparation has been entirely within a degree-granting institution. This comparison is made by means of the graduate nurse qualifying test of the Department of Measurement and Guidance with the norms established on graduates of NNAS-accredited collegiate schools used as the basis of comparison.

As a result of this planning, there is a state-wide program in New York whereby any college or university offering a program of basic or graduate nursing is authorized to grant up to 60 credits to the graduate of a diploma program provided the institution will assume the responsibility for providing clinical instruction in those areas in which the nurse’s competence has not been validated as well as those additional learning experiences in the biologic and social sciences and liberal arts which are required for a baccalaureate degree in nursing.

Mrs. McManus pointed out that one of the problems in this arrangement is the integration of knowledge in sciences with clinical experience that has already been acquired. It is therefore necessary, in providing instruction in the sciences, to go back into the clinical nursing experiences for application—the reverse of the usual process. The problem of providing experience in public health nursing is somewhat different than it is in the regular collegiate program in which the social and health aspects of nursing have been integrated throughout the curriculum. Nonetheless, Mrs. McManus stated, it has been possible to meet and solve these problems.

With regard to the experience of the Division of Nursing Education of Teachers College, Columbia University, Mrs. McManus stated that Teachers College now has in its “pre-specialization” program 250 graduates of diploma programs, and ways have been worked out to help those students who are deficient in one or more areas to supplement their experience.

Vera Fry, chairman of the Department of Nurse Education at New York University, stated that this plan had been received with great enthusiasm by graduates of diploma programs who wish to secure baccalaureate degrees. One point of significance, however,
was the fact that over 40 percent of the applicants had been unable to qualify for entrance into these supplementary programs.

REGIONAL PLANNING

Lyndon McCarroll (Mass.) opened the discussion by stating that regional planning in New England had been more or less centered about the problem of meeting needs in rural areas. Through the Bingham Associates, a program of medical education had already been established whereby physicians in outlying areas could come to Boston for continuing their education. Recently this program had been expanded to provide for an exchange of instruction in nursing between Boston and rural areas. Nurse instructors from Boston go to rural areas for a period of time, and nurses in the rural areas go to Boston for short periods of intensive instruction.

In reporting on the progress of the Southern Regional Conference of State Leagues of Nursing Education, Florence K. Wilson (N.C.) stated that a request has been made for a commission on nursing similar to the commissions which have already been established in the southern area on human medicine, veterinary medicine, social service, and forestry. She emphasized the importance, in setting up regional commissions, of having well-selected representatives from various areas, including practitioners of nursing, nurse educators, and people in general education. She also pointed out the advisability of including representatives from national groups in the meetings so that regional planning would not run counter to national thinking. Alma E. Gault (Tenn.) stated that one of the problems in regional planning in the South related to limited opportunities for Negro nurses to continue their education.

Lucia G. Allyn (Ariz.) stated that nursing had not been included in the program of the Western Conference on Higher Education. Mrs. Loughran explained that although nursing had not had a representative on the subcommittee which was planning the need for education in the health sciences, the legislation which provided for cooperative educational projects among the various western states had been drawn up in broad enough terms so that nursing could be included in any interstate agreements. Eventually it should be possible for nursing to have its own representative on the Conference.

LEADERSHIP IN STUDENT NURSE ASSOCIATIONS

Emily C. Cardew (Ill.) stated that the student nurse associations in Illinois were being organized on a district basis with the thought in mind that they would eventually join in a state association. From her observation of these district student associations, Miss Cardew had come to the conclusion that leadership of such associations should be exerted jointly by the state nurses' association and the state league. Under such joint sponsorship, guidance to students would be strengthened by the participation of the league, and, at the same time, the interest of other advisory committees, such as those relating to private duty and industrial nursing, would be insured by the participation of the state nurses' association. Miss Cardew pointed out that joint sponsorship would be no problem in those states where close relationships had been established between state leagues and state nurses' associations.

Eva Davis (Ore.) stated that in Oregon the student council had been sponsored by the state association but that League members, as student counselors, had participated considerably in providing leadership to the council. At the annual convention the students are asked to join in the sponsorship of the program at which the state league is the hostess. Miss Davis stated that one of the obstacles interfering with the progression of members of the student council to membership in the professional nursing organizations derives from the fact that there is a period of time between the students'
graduation from school and their final registration as nurses. During this interval when they no longer are members of the student council and before they can join the professional nursing organizations they lose interest in organizational membership.

A member from Colorado stated that from past experience she had noted that the success of student organizations tended to wax and wane over successive years depending on the quality of their leadership. In Colorado, however, the trend had been continuously upward. One of the contributing factors to this progress is the requirement that the student organizations within the university renew their charter each year. Among these student organizations is one composed of the student nurses in the various experimental programs in nursing being conducted under the university's auspices. Each year its activities, objectives, and accomplishments are reviewed by the all-over student council which recommends to the chancellor whether or not the charter should be renewed. The impressive ceremony involved in the presentation of the charter adds to the prestige of the organization. Moreover, a few weeks after the officers of the two hundred or so student organizations have been elected, the presidents of each of them have a half-day workshop on leadership at Estes Park. These presidents, in turn, hold workshops for their officers and committee chairmen. Thus, there is a constant impetus toward improvement and increased activity.

Julia M. Miller, the executive director, stated that the Massachusetts Council of Student Nurses had demonstrated not only its enthusiasm but a remarkable degree of competence in its participation in the present League convention. Its members had raised money in order that they might have their own program at the convention and had made all their own arrangements.

Student Recruitment

Ada Fort (Ga.) opened the discussion on student recruitment by telling of the program being carried out in Georgia. She emphasized the fact that the program was planned on a yearly basis so that recruitment efforts could be properly timed. Speakers, mostly faculty from schools of nursing, last year visited about sixty high schools and colleges, timing their visits to avoid spring vacations and to reach students when their interest would be high, and arranging for these visits two or three months in advance. Miss Fort stated that February and March seemed to be the best time to visit schools.

Theresa I. Lynch, chairman of the national Committee on Careers in Nursing, spoke of the efforts of the national committee to keep high school and college counselors informed about nursing as a career and about programs in nursing education. She stated that last year the committee's list of schools of nursing was sent to every high school in the country. Nonetheless, a sample check of applicants for schools of nursing in one small area had indicated that only one tenth of them had received information from their high school or college counselors. Miss Lynch urged that state leagues and state nurses' associations assist the Committee on Careers in keeping counselors informed.

Carolyn Widmer (Conn.) told of the leaflet prepared by the Connecticut league, "Schools of Nursing in Connecticut," containing a page for each school. This leaflet had been distributed to every high school in the state. A member from Virginia told of the kit of literature which the Virginia league was distributing to high schools and other important groups through public health nurses. Gertrude Nathe (Mich.) told of the activities of the Michigan Committee on Careers in Nursing, sponsored by the Michigan Nursing Center Association. A one-day institute is held annually at Michigan State College for lay members of the public health nursing organizations and school of nursing committees. These lay participants are very active in stimulating the formation of local committees on careers in nursing. Miss Nathe also mentioned the future nurses' clubs which are being organized in Michigan.
Alma E. Gault (Tenn.) urged that an effort be made to get information to minority groups, particularly to Negro groups in southern states where Negroes are not admitted to membership in state nurses' organizations. Anna D. Wolf (Md.) spoke of the effective recruitment program which had been established in a Negro high school in Baltimore and mentioned the assistance which church groups had given in circulating material.

**ADVISORY SERVICE TO STATE LEAGUES**

Henrietta A. Loughran, secretary, then read a statement from the Board of Directors of the National League of Nursing Education.

"The Board of the National League of Nursing Education, at its meeting in January 1951, considered recommendations made by Gladys S. Benz, director of the Department of Advisory Service to State Leagues of Nursing Education, regarding changes in plans for services to state leagues, which were based on her observations during field visits. It appeared that the states could be served best as a group within a region, rather than one by one through individual visits of a day in length.

"Plans were made for League Headquarters to help develop regional conferences of state leagues, and to provide assistance from League departments and staffs of joint projects, in such areas as services to schools, measurement and guidance, accreditation, and student recruitment, and from other League consultants who might be able to help the states solve nursing education and organization problems. The first three regional conferences planned for this year have already been announced. They are to be held in Georgia for the Southern Region, Nebraska for the Central Plains Region, and Utah for the Western Region.

"Since field visits had previously been considered a responsibility of the executive director and her assistants, Miss Benz recommended that the separate Department of Advisory Service to State Leagues of Nursing Education be discontinued and that field visits and other activities be assigned to the executive director's office. The League Board has accordingly provided Miss Miller, the executive director, with a general assistant and with a research assistant. It is hoped that the needs of the state leagues can be effectively met through such Headquarters services and through the plans for regional conferences."

"While the former plan for annual visits proved too unwieldy and too brief for real help to the states, it did bring many local problems into national focus, and Miss Benz made an outstanding contribution to the League program."

"Miss Benz has resigned as of September 1, 1951. The League Board wishes to express its appreciation of her help in the recent development which will serve the National League and the schools."

The members of the Council indicated their desire that an expression of appreciation by the state leagues be added to this statement.

**RECOMMENDATIONS IN "CURRICULUM BULLETIN NO. 2"**

Henrietta A. Loughran, secretary, then called attention to the statement in that section in the report, *Joint Nursing Curriculum Conference: Curriculum Bulletin No. 2*, which contained the recommendations of the conference groups: "Since the National League of Nursing Education sponsored the Conference and was thereby administratively responsible for it, the recommendations are herewith transmitted to its Board of Directors for review at its next meeting and for allocation in cooperation with other national and local groups." Mrs. Loughran stated that the League Board had reviewed the recommendations at its meeting. It was the opinion of the Board that it was not its responsibility to allocate the recommendations.
AGENDA FOR CLOSING MEETING OF COUNCIL

It was voted that the chair appoint a committee to plan the agenda for the closing meeting of the Council of State Leagues to be held on Friday, May 11. The meeting adjourned at 4:00 p.m.

REPORTS OF STATE LEAGUES

ALABAMA

President: Mrs. Oma Houser

New members in 1950: 13

Local leagues: Northern Alabama (Birmingham)—Mrs. Laurence Gilmore, President
Central Alabama (Montgomery)—Mrs. Mary Lee Parker, President
Southern Alabama (Mobile)—Mrs. Merle Ross, President

Committees: Committee on Curriculum—Florence Hixon, Chairman
Subcommittee on Mental Hygiene—Bertha McElderry, Chairman
Subcommittee on Integration of Social and Health Aspects of Nursing in Basic Curriculum—E. Bachman, Chairman
Subcommittee on Pediatrics—Mrs. Charlotte Barney, Chairman
Subcommittee on Psychiatry—Mrs. Lela Anderson, Chairman
Committee on Measurement and Guidance—Mrs. Janet Korngold, Chairman
Committee on Membership and Eligibility—Mrs. Ida Moffett, Chairman
Committee on Nominations—Frances Whitten, Chairman
Committee on Program and Arrangements—Mrs. Mary Lee Parker, Chairman

The Alabama league functions as the department of education of the state nurses' association.

Activities: The Alabama league has held seven regular meetings and four board meetings. Programs for the regular meetings were concerned with the following projects planned for the year:

1. Group guidance, with emphasis placed on marriage in schools of nursing. This program was participated in by faculty members and students from schools of nursing, and a summary was given by Elizabeth Carmichael, Extension Center, University of Alabama.

2. Developing a centralized teaching program. The league took the initiative in developing the centralized teaching program for the schools of nursing in Birmingham whereby the social and biological sciences are taken at the University of Alabama Extension Center for college credit. Many other schools in the state have similar programs.

Last year Alabama attempted to work on "testing" in schools of nursing. The five schools in Birmingham, and others, gave the prenursing and guidance examinations. These were not used for screening because the schools wanted to become familiar with the results. Some schools arrived at totals of raw scores and found that all students making a total score of 185 or less resigned or failed in the first six months in school. It was further noted that those making very low scores in social studies were not able to adjust to nursing and withdrew for this reason. In addition to these examinations, most schools gave a shorter mental ability test, as the Henmon-Nelson Mental Ability Test, or the George Washington series.
A one-day institute was held on "What Constitutes an Adequate Pediatric Affiliation?" and "Interim Classification." Participants were assigned to discuss specific areas, and a summary was given by Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues. Miss Benz, an authority on pediatric nursing, gave helpful suggestions in this field.

The need for an institute on cost analysis grew out of the program problems encountered last year in making the clinical experience of the student a true laboratory experience. The institute was held at the YWCA in Birmingham on November 27-28, 1950. All directors of schools of nursing, hospital administrators, and others interested in the educational programs of schools of nursing were urged to attend. Dr. George E. Van Dyke, specialist in business management, of Washington, D. C., and Ida McDonald, of Syracuse, N. Y., conducted the institute. At a subsequent institute attended by hospital administrators, business administrators, and directors of schools of nursing, a cost analysis of each school was presented. A summary of these reports is now being prepared. One school demonstrated that it represented a financial return to the hospital, while all others proved that they represented an expense. It was concluded that the preparation of student nurses is an expensive undertaking for a hospital.

The league has been actively engaged in working with hospital administrators at Bryce Hospital, Tuscaloosa, and with other allied groups in an effort to prepare that institution for psychiatric affiliation for student nurses. Much progress has been made on this project.

Colored nurses were accepted into the membership and have taken an active part in league activities.

The league has cooperated with other professional groups in organizing the Student Nurse Enrollment and Counseling Service on a state-wide basis and in securing a dean for the Alabama University School of Nursing.

Plans are now complete for a refresher course available to licensed practical nurses which has been approved by the National Association for Practical Nurse Education. It is hoped that these courses may be given in many sections of the state.

Much thought has been given as to how the Alabama league could be reorganized so that its members would have the full benefit of membership and, in return, would make greater contributions to the league. A plan for reorganization was approved in September by the board of directors and has been presented to and approved by the membership. The following recommendations were made:

1. That there should be three local leagues in Alabama: one in Central Alabama, one in Southern Alabama, and one in Northern Alabama.
2. That these local leagues be named by areas rather than by cities in those areas.
3. That the state league elect at least two officers from each area.
4. That local leagues meet monthly and have three state meetings yearly in addition to the yearly joint meeting of the Alabama Nurses' Association and the Alabama league.
5. That local leagues have similar programs and objectives.
6. That the first all-day meeting be held in January 1951, the second in April, and the third in September. These meetings should be held in each of the respective areas.
7. That all local league presidents be ex-officio members of the board of directors of the state league.

The Northern Alabama league held the first of the three all-day meetings in Tuscaloosa with 150 people present. The program topic was psychiatric nursing. As an orientation, the morning session was spent at the Veterans Hospital for psychiatric patients, and the afternoon session was held at Bryce Hospital, the state mental institution. The next program meeting will be held in Mobile in Southern Alabama on
nutrition and diet therapy in an effort to encourage similar programs all over the state. The third all-day meeting will be held in Montgomery in Central Alabama on the subject of tuberculosis nursing.

Each local league is trying to increase membership and to present interesting programs that will stimulate the interest of everyone.

The president of the Alabama league made the following suggestions for the coming year:

1. That a survey be made of the state for potential league members and that advantages of membership be made known to them. That a real effort be made to double membership in the coming year.
2. That three two-day institutes be held in different areas of the state on the fundamentals of a good nursing service.
3. That some real work in curriculum development be done with emphasis on psychiatric, tuberculosis, and public health nursing because these are the three clinical fields which need to be developed within the state; and on nutrition and diet therapy because there seems to be such a wide variation in the content of this course in the different schools.
4. That the bylaws of the Alabama league be revised.

ARIZONA

President: Lucia G. Allyn
New members in 1950: 22
No local leagues.

Committees: Committee on Careers in Nursing—Lydia Potthoff, Chairman
       Committee on Curriculum—Hazel Pease, Chairman
       Committee on Membership and Eligibility—Mrs. Ethel R. Raines, Chairman
       Committee on Nominations—Loretta Anderson, Chairman
       Committee on Program—Northern Area—Mrs. Jean Davidson, Chairman
       Southern Area—Lylla Davidson, Chairman

The Arizona league functions as the department of education of the state nurses' association.

Activities: The Arizona league is directing its 1950-51 program to the implementation of the recommendations resulting from a survey of the state's nursing needs and resources. Since coordination of the efforts of all nursing groups was considered a rational first step, the league urged the formation of a state committee for the improvement of nursing services. Such a committee has now been formed through the reorganization of the old advisory committee to the survey.

The first joint meeting of the boards of directors of the league and the state nurses' association has been arranged for discussion of organized planning, particularly in relation to (1) recruitment and student counseling, and (2) public education in nursing problems. The league is participating in the joint planning of a two-week workshop in tuberculosis nursing to be held in October 1951.

The Committee on Careers in Nursing includes in its program responsibility for the education of high school counselors and teachers as to the curriculum needs of prenursing students. Nursing clubs have been organized in three high schools, and plans for programs to be conducted for parent-teacher groups on the education of nurses are under way.

The Committee on Curriculum has secured as a consultant a faculty member from the curriculum department of one of our colleges. This committee meets weekly and
at the present time is engaged in the laborious task of attempting to "bring out from behind the clouds" a specific description of the school of nursing graduate desired in terms of skills, understanding, and attitudes. From this base the committee will progress to method.

The Arizona league has found that area meetings are more practical in the state than local league organizations. A meeting of the so-called northern area is held every two months, and student participation is planned for each meeting. A state-wide meeting is held yearly.

In the fall of 1950, the league was represented at a regional meeting in Denver, Colo., concerning the formation of state committees for the improvement of nursing services. We, in Arizona, are very much interested in developing the organization and activities of the Mountain Area group of state leagues to which we belong so that we may pool resources to send representatives to national planning and committee meetings who in turn will plan subsequent regional meetings.

ARKANSAS

*President:* Barbara Haviland

*New members in 1950:* 20

*No local leagues.*

*Committees:* Committee on Arrangements—Elva Holland, Chairman
Committee on Curriculum—Ethelle Reeves, Chairman
Committee on Eligibility and Membership—Sarah Barnes, Chairman
Committee on Nominations—Sister Máry Kevin, Chairman
Committee on Program—Lydia Whitehurst, Chairman

The Arkansas league functions as the department of education of the state nurses' association.

*Activities:* In June 1950, Katharine Amberson, NLNE consultant in tuberculosis nursing, conducted an institute on tuberculosis nursing which was followed by a demonstration of nursing technics, given by Elizabeth Ulrich, of Catholic University of America, Washington, D. C., at the Tuberculosis Unit of the Veterans Hospital, North Little Rock.

Lucile Petry, assistant surgeon-general, U. S. Public Health Service, was the guest speaker at the annual meeting held in September 1950 at Hot Springs. Her topics were: "Implications of the Interim Classification for the Three-Year School and the Collegiate School," and "Education of Nurses to Meet Community Needs."

On April 5-6, 1951, the Arkansas league, in cooperation with the state department of health, the state dietetic association, and the state hospital association, will hold a workshop on teaching of nutrition and allied subjects in schools of nursing.

The league has been requested by the state board of nurse examiners to collaborate in implementing the revised curriculum for schools of nursing as recommended by the state board.

At the February 1951 meeting of the league, all members were invited to participate in a program on neuropsychiatry at the Veterans Administration Hospital, North Little Rock. Guest speakers included Elizabeth Bixler, dean of the School of Nursing, Yale University, and Dorothy Wheeler, director of nursing service, Veterans Administration, as well as physicians, psychologists, and medical social workers.

CALIFORNIA

*President:* Anna M. Steffen

*New members in 1950:* 92
Local leagues: Northern Section (San Francisco)—Mildred Newton, President
Northern Valley Section (Sacramento)—Helen Hansen, President
Southern Section (Los Angeles)—Margaret Bonen, President

Committees: Committee on Adelaide Nutting Award—Lulu K. Wolf, Chairman
Committee on Careers in Nursing—Ruth I. Jorgenson, Chairman
Committee to Consider Practical Nurse Education—Nina B. Craft, Chairman
Committee on Curriculum—Pearl Castile, Chairman
Committee on Finance—Mary Somogyi, Chairman
Committee for the Improvement of Nursing Services—Lulu K. Wolf, Chairman
Committee on Measurement and Guidance—Harriet Smith, Chairman
Committee on Membership and Eligibility—Mrs. Mary Cameron, Chairman
Committee on Revisions—Zella Nicolas, Chairman

The California league functions as the department of education of the state nurses’ association.

Activities: In 1949 and 1950, activities of the California league were focused around a broadened pattern of curriculum revision; the Structure Study Committee, which reached its peak at the Biennial Convention in San Francisco last May; the Committee to Consider Practical Nurse Education; and the Committee on Eligibility and Membership. To mention these committees, however, does not eliminate the fact that all committees have been active and very productive.

All state league committees have included in their membership the chairmen of the respective local committees. This cooperation between state and local groups has helped tremendously in developing programs on a state-wide basis. The board recognizes the handicaps faced by groups attempting to work together in a large geographical area, and commends them for their effective production and fine spirit of cooperation.

The three local leagues in California conducted interesting programs and committee activities for the year. The Northern Section (San Francisco) reports activity centering around issues presented by practical nurse education, psychiatric and geriatric nursing, and counseling and guidance. The Northern Valley Section (Sacramento) reports programs and committee activity on a variety of subjects stemming from a preference list expressed by the members to the chairman of the local Committee on Program. Meetings were devoted to (1) a report of the meeting of the International Council of Nurses in Sweden, (2) the status of nursing, (3) an over-all view of the changes occurring in nursing today, (4) implications of the Brown Report, and (5) practical nurse education. The local Committee on Psychiatric Nursing stressed planning for facilities and teaching and supervisory personnel for affiliation for student nurses in state hospitals. The Southern Section (Los Angeles) presented programs on topics of current interest to all members. The local Committee to Consider Practical Nurse Education is serving in an advisory capacity on issues relative to practical nursing. It also participated in meetings with official representatives from the National Association for Practical Nurse Education, and reviewed policies set up by the state Committee to Consider Practical Nurse Education.

The state league program was planned to include activities in the areas of careers in nursing, membership, practical nurse education, legislation, and measurement and guidance.

As a result of the excellent work of the Committee on Eligibility and Membership and supporting committees, league membership has reached a new high, with more public health nurses enrolled than in the past. The Committee on Finance reports that the increase in membership dues has made it financially possible to carry forward more effectively the regular and special activities of the league.
The board of directors of the California league voted at its annual meeting that committees concerned with either basic or advanced professional nursing curricula be made subcommittees of the Committee on Curriculum. The Committee on Psychiatric Nursing has therefore become a subcommittee, but joint committees of the league and the state organization for public health nursing which are concerned with curricula have retained the status of full committees. The Joint Committee on the Integration of Social and Health Aspects of Nursing in the Basic Curriculum, organized in 1946, is to be discontinued. The committee has recommended, however, that a plan be developed whereby the two organizations will continue to work together in this area.

The Committee on Measurement and Guidance participated in the preparation of questions for licensing examinations at the request of the NLNE Department of Measurement and Guidance. Considerable correspondence has been carried on with state leagues in the Pacific area to ascertain whether or not they would (1) be interested in a workshop on measurement and guidance, and (2) be willing to finance a workshop if it were held on the Pacific Coast.

The Committee for the Improvement of Nursing Services confined its activities to studying existing schools of nursing and local needs for nursing education.

The Committee to Consider Practical Nurse Education spent considerable time in reviewing the educational needs of the practical nurse. A number of practical nurse programs have been established throughout California, and two in the southern part of the state have been accredited by the National Association for Practical Nurse Education. Although refresher courses for practical nurses have been considered in all areas of the state, San Francisco is the only section having a well-outlined guide for such courses.

The Committee on Careers in Nursing continued to work this year as a part of the Committee on Student Nurse Recruitment of California. Information was made available to counselors in high schools and colleges; 917 copies of the NLNE publication, *Handbook for Career Counselors on the Profession of Nursing*, together with a folder, "Nursing Offers You a Career Now," were mailed. A total of 15,000 folders were distributed to groups and interested individuals.

The Committee on Institutes and Programs is working jointly with the Program Committee of the state organization for public health nursing on plans for the annual convention which is to be held in Los Angeles in October 1951.

**COLORADO**

*President:* Barbara Goetz

*New members in 1950:* 23

*No local leagues.*

*Committees:* Committee on Arrangements and Programs—Margaret Metzger, Chairman

Committee on Careers in Nursing—Mrs. Frances McCowen, Chairman

Committee on Curriculum—Janet Mowery, Chairman

Committee on Eligibility and Membership—Zelma Fluharty, Chairman

Committee on Finance—Ruth Colestock, Chairman

Committee on Measurement and Guidance—Irene Murchison, Chairman

Committee on Nominations—Mrs. Elizabeth Harris, Chairman

Committee on Obstetric Nursing and Premature Care—Mrs. Vesta Bowden, Chairman

Joint Committee for the Improvement of Nursing Services—Mary Walker, Chairman

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 1949-50, six board meetings were held.

Because of similarity of membership and interests, and in an attempt to meet membership needs more effectively, the Colorado league and the Administrative Section of District II of the Colorado State Nurses' Association held joint meetings on alternate months.

The league and the state nurses' association are jointly sponsoring a committee for the improvement of nursing services which is composed of five members from each organization, together with the president of the league and the president and executive director of the state nurses' association. On October 9-10, 1950, this committee held a meeting with Marion W. Sheahan, director of programs of the National Committee for the Improvement of Nursing Services, as coordinator. In addition to the committee members, those attending included representatives of the state board of nurse examiners, hospital nursing services, nursing education, schools of nursing, public health and rural community nursing, general and private duty nursing, public school nursing, and practical nursing. Out-of-state representation included the president of the Idaho State League of Nursing Education; a member of the Arizona Board of Nurse Examiners; and a member of the Wyoming State Nurses' Association.

The purpose of this meeting was to determine the methods by which the Joint Committee for the Improvement of Nursing Services in Colorado may plan its program in accordance with the objectives of the National Committee for the Improvement of Nursing Services. The recommendations made by this conference group were reported to the boards of directors of the state nurses' association and the league. Two budgets to finance a survey of the nursing needs of Colorado were presented—one restricted, the other more liberal and allowing for a consultant. It was pointed out that if the more liberal plan were used, financial support would need to be solicited from private funds and foundations and/or state and federal grants.

The league and the state nurses' association are also sponsoring a joint committee on student recruitment which is known as the Colorado Committee on Nursing Careers. This committee has developed a comprehensive long-range program which is already in progress and has maintained a close relationship with interested lay groups.

A committee of the league assisted the private duty nurse section of the state nurses' association in planning and presenting a psychiatric nursing institute. A series of six classes was given and was very well attended.

At the request of the state board of nurse examiners, the league has formed a special committee to assist in the revision of Recommendations and Regulations for Schools of Nursing in Colorado.

Committees of other professional groups on which the league has active representation for discussion of such matters as local health programs and professional education are: (1) Colorado Committee on School Health, (2) Colorado Medical Society's Committee on Nursing Education, and (3) Colorado Council to Study Training of Public Health Workers.

This year the Colorado league plans to:

1. Continue to work with the state board of nurse examiners on the revision of Recommendations and Regulations for Schools of Nursing in Colorado and, through the Committee on Curriculum, to study the possible resources for a shorter course in pediatric nursing in order to meet more adequately the needs of particular reciprocity applicants.

2. Develop and expand further the Joint Committee for the Improvement of Nursing Services.

3. Continue to work closely with the state nurses' association with special attention to the problems of: (a) student recruitment, (b) practical nurse legislation, and (c) practical nurse education.
CONNECTICUT

President: Mrs. Carolyn L. Widmer

New members in 1950: 40

No local leagues.

Committees:
Committee on Administration—
Committee on Auxiliary Personnel—
Committee on Curriculum—Lucille Miller, Chairman
Committee on Eligibility—
Committee on Finance—
Committee on Measurement and Guidance—Mrs. Marion Blake, Chairman
Committee on Nursing Education Costs—Ona Wilcox, Chairman
Committee on Nursing Information—Mrs. Helen Cullen, Chairman
Committee on Personnel Policies—Adelma Mooth, Chairman
Committee on Revisions—Eloise Shields, Chairman
Committee on Recruitment—Anne Schue, Chairman
Committee on Program and Arrangements—
State Board Liaison Committee—Mrs. Janet Nusinoff, Chairman

The Connecticut league functions as the department of education of the state nurses' association.

Activities: The Connecticut league has functioned largely through its committees and has developed many of the projects which were begun the preceding year.

The Committee on Curriculum and the Committee on Measurement and Guidance have worked together in the area of testing and evaluation. Various subgroups in the clinical areas worked on pre-tests and achievement tests in their specific fields. Two program meetings were arranged in which experts in measurement and evaluation spoke on the uses and construction of tests and the interpretation of test results.

The Committee on Nursing Information has continued to work with the state nurses' association and to keep the aims and activities of nursing education before the public.

The league has participated in other joint activities. Its Committee on Personnel Policies has worked with the Socio-Economic Committee of the state nurses' association and has presented specific recommendations regarding personnel policies for faculty positions in schools of nursing. The chairman of the League Committee on Recruitment has served on a joint state committee which has conducted recruitment activities throughout the state and has published an illustrated leaflet describing the various schools of nursing in the state. The league also cooperated with the state nurses' association in planning the annual meeting.

The Committee on Revisions rendered great service in revising the constitution and bylaws to correspond with changes in the Bylaws of the National League. These revisions, including one which permits voting by mail, were accepted at the annual meeting.

The State Board Liaison Committee has continued to be active and has functioned through two subcommittees. The Subcommittee on Basic Nursing Education studied and recommended changes in (1) the annual report form which goes from the schools to the state board, and (2) the rotation plans of the schools in the state. As a result of its recommendations on rotation, all schools have agreed to rotate students in clinical services on a weekly rather than a monthly basis, thus facilitating the mechanics of affiliation. The Subcommittee on Graduate Nurse Education has distributed the brochure which it prepared last year on opportunities for the education of graduate nurses within the state. It also made a study of the need for further educational opportunities for public health nurses and is planning to make a similar study regarding institutional nurses during the coming year.
The Committee on Nursing Education Costs is working with the Connecticut Hospital Association in an effort to arrive at an equitable procedure for separating the costs of nursing education from the costs of medical care. Schools of nursing in the state have been asked to submit budget data and an analysis of nursing service hours rendered by students in order to supply material for the work of this committee.

The Committee on Administration, which is composed of the directors of schools of nursing in the state, has studied state board examination results as well as accreditation policies and recommendations, with a view to improving the educational programs of the schools in the state.

The committees on Eligibility, Finance, Program, and Nominations have functioned actively and have continued to contribute to the growth and progress of the Connecticut league.

The league has had one general meeting since the annual meeting and is planning to have at least two more during the year. At one of these a discussion of the use of audio-visual aids in nursing education is planned.

The league is at present studying methods of educating student nurses on the responsibilities of the nurse in atomic warfare.

The cooperation of the National League has been greatly appreciated throughout the year.

DELWARE

President: Mrs. Alberta M. Trunck

New members in 1950: 14

No local leagues.

Committees: Committee on Education—Lillian Mag, Chairman
Committee on Membership and Eligibility—Mrs. Anne G. Stern, Chairman
Committee on Mental Hygiene—Mrs. Sarah Jastak, Chairman
Committee on Negro Problems in Nursing Education—Sister M. Alvina, Chairman
Committee on Nominations—Bertha Schranck, Chairman
Committee on Program and Arrangement—Sister M. Herman, Chairman
Committee on Publicity—Mrs. Jean Myers, Chairman
Committee on Revision of Bylaws—Anna M. Quay, Chairman
Committee on Ways and Means—Mrs. Edith Kendall, Chairman

The Delaware league functions as the department of education of the state nurses' association.

Activities: The Delaware league held a five-day institute in June 1950 which covered all aspects of nursing the poliomyelitis patient. One day was devoted to lectures by members of the medical profession. This was followed by a panel discussion on the use of community facilities when polio strikes, and the remainder of the time was spent on demonstrations and discussions of nursing problems. One hundred and fifty persons registered for the institute, 65 of whom attended all five days. There has been an entirely different attitude toward the polio case since the institute was held; nurses tend to accept such cases more readily.

The fall meeting of the league, held in the lower part of the state, was combined with the meeting of the Delaware State Nurses' Association for the purpose of jointly considering the new nurse practice bill being prepared in Delaware.

The next project of the Delaware league will be concerned with the problems of tuberculosis nursing. At the January 1951 meeting there will be a lecture by a specialist in the field, and at the annual meeting in February Katharine G. Amberson, NLNE
consultant in tuberculosis nursing, will speak on integrating tuberculosis nursing in the basic curriculum. An institute on tuberculosis nursing is planned for April or May.

DISTRICT OF COLUMBIA

President: Mrs. Evelyn J. Fisher

New members in 1950: 30

No local leagues.

Committees: Committee on Curriculum—Mrs. Nettie Wiggs Wilkinson, Chairman
Committee on Eligibility and Membership—Gladys Jorgenson, Chairman
Committee on Finance—Mrs. Ellen A. Andruzzie, Chairman
Committee on Nominations—Mrs. Elizabeth Earle, Chairman
Committee on Program—Sister M. Theofreda, Chairman

The District of Columbia league functions as the department of education of the state nurses' association.

Activities: The District of Columbia league has sought to advance its program during the past year through the work of its standing committees, its representatives on special committees, and its monthly programs. The league also has sought to cooperate with the National League in the advancement of the national program. The NLNE "Statement of Principles Relating to Organization, Control, and Administration of Nursing Education" adopted at the Biennial Convention in San Francisco on May 12, 1950 has been supported by our efforts to make these principles known to our members. As requested by the executive director of the NLNE, arrangements were made for publication of the principles in the bulletin of the local graduate nurses' association.

The District of Columbia league has participated in the activities of the local Committee for the Improvement of Nursing Services. Representatives of the league have attended committee meetings and have participated in a meeting with representatives from other community groups.

Some time has been devoted to preliminary planning for a workshop on tuberculosis nursing and tuberculosis control programs to be held in the spring of 1951. This activity was initiated by action of the Joint Tuberculosis Nursing Advisory Service. The league board acted favorably on an invitation from the nurses' examining board to co-sponsor a workshop on the financial administration of schools of nursing in the District of Columbia. This institute will also be held in the spring.

The league has had an extremely active Committee on Curriculum this year which has worked toward determining how community resources might be more equitably used by schools of nursing in teaching total patient care in the basic curriculum.

The Committee on Program chose interesting program topics for 1950 planned to satisfy membership interest in curriculum problems and federal aid for nursing education, and to attract in particular hospital head nurses.

Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues, visited the District of Columbia league on November 30 and December 1, 1950. She discussed with the members "Responsibilities of the NLNE for Nursing and Nursing Education." Miss Benz was most gracious in giving us guidance and suggestions as to how we might solve many of our problems. We are keenly aware of our need to enlarge the scope of our activities and to strengthen our program. Through the assistance of the National League, particularly that which we have received from Miss Benz, we hope to achieve much in the coming year.

FLORIDA

President: Mary Luvisi

New members in 1950: 36
Local league: Jacksonville—Agnes Salisbury, President

Committees: Committee on Curriculum—Agnes Salisbury, Chairman
Committee on Extension—Helen McKey, Chairman
Committee on Program—Mrs. Delcie Inglis, Chairman
Committee on Revision—Euadean Stafford, Chairman

The Florida league does not function as the department of education of the state nurses' association.

Activities: The annual meeting of the Florida league was held in conjunction with the state nurses' association in Panama City, Fla., on October 23-26, 1950. A league business meeting was held on the first day, and the last day was given over to a full league program which included demonstrations and discussions on the socio-drama method of teaching. Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues, was guest speaker on a panel discussion. Miss Benz encouraged the membership to organize additional local leagues, and it is hoped that this will be accomplished before the year is over. The Jacksonville league has progressed very rapidly and is continually increasing its membership.

The Florida league and the state board of examiners for nurses will sponsor a conference on nursing education on April 5-6, 1951. The program for the first day will consist of a panel discussion by nurses and educators from state and local universities on the subject, "What Constitutes a Workable Concept of Discipline?" Further discussion will be held on "The Underlying Philosophy of Progressive Education" and "The Clinical Teaching Program Integrating Factor." The program for the second day will be a symposium on "The Integration of Public Health Nursing in the Basic Curriculum" and "The Curriculum Committee as an Integrating Factor."

At the request of the league and the state board of examiners for nurses, the University of Florida at Gainesville will offer a 1951 summer workshop in nursing education. Beatrice E. Ritter, director of nurses, Gallinger Municipal Hospital, Washington, D. C.; Agnes Salisbury, of the state board; and a faculty member of the University of Florida will be the workshop staff. The areas covered in this session will be administration, teaching, and evaluation.

The Florida league acknowledges the interest and help received from the National League this past year.

GEORGIA

President: Lillian M. Bischoff

New members in 1950: 74

Local league: Atlanta—Ada Fort, President

Committees: Advisory Committee on Student Nurse Organization—Laura Fitzsimmons, Chairman
Committee on Affiliation—Mrs. Elizabeth Fulcher, Chairman
Committee on Arrangements—Ruth Henley, Chairman
Committee on Curriculum—Mabel Korsell, Chairman
Committee on Eligibility—Mrs. Bernice King, Chairman
Committee on Finance—Ruth Henley, Chairman
Committee on Graduate Study—Edna E. McKie, Chairman
Committee on Guidance—Dorothy Johnston, Chairman
Committee on Membership—Ida Brackett, Chairman
Committee on Nominations—Theodora Floyd, Chairman
Committee on Practical Nurse Education—Ruth Babin, Chairman
Committee on Program—Ada Fort, Chairman
Committee on Public Relations—Julia Fraher, Chairman
Committee on Revisions—Sister M. Laurentine, Chairman
The Georgia league functions as the department of education of the state nurses' association.

Activities: The board of directors of the Georgia league met at specified intervals during the year and formulated plans for making adjustments to the new two-organization structure. The presidents of the state nurses' association and the state organization for public health nursing were invited to league board meetings. Plans have been made to establish joint headquarters with the public health nursing group. The board awaits directions from the National League on next steps in structure reorganization.

The annual meeting of the Georgia league was held in Augusta during November 1950, at which time new officers were elected and committees appointed. The league and the state organization for public health nursing had a joint program this year, with Anna Fillmore, general director of NOPHN, as guest speaker. Miss Fillmore led a discussion on "The Next Steps in Structure." There was much interest displayed in the socio-drama presentation, "H(uman) R(elation) Factor in Student-Supervisor and Nurse-Patient Situations." This technic is very popular among public health nurses in Georgia, and we hope it will find a place in the school programs as well. The league luncheon, the first to be held as part of the annual meeting, was a highlight for everyone. Jane Van DeVreede was master of ceremonies, and Father Buckley gave a wonderful talk on "The Spiritual Significance of Nursing."

The Committee on Affiliation attacked the mammoth job of determining the nursing resources in the various hospitals in the state. The study is revealing many interesting facts and factors concerning nursing service and should be helpful in determining how to meet nursing needs in the rural areas. This study will be completed during 1951.

The same committee sponsored a two-week work conference on tuberculosis nursing during December 1950. Jean South, NOPHN consultant in tuberculosis nursing, assisted Elizabeth Fulcher and the local committee with the program. Thirty-five leaders in the fields of nursing education and public health attended. Many requests have been received for a copy of the pattern used in conducting this conference.

The Committee on Curriculum sponsored an institute on mental hygiene.

Plans for the next year include: (1) completion of structure plan; (2) emphasis and study on curriculum; (3) completion of study of nursing resources; and (4) establishment of local leagues in the main population areas of the state.

TERRITORY OF HAWAII

President: Alison MacBride
New members in 1950: 9
No local leagues.

Committees: Committee on Arrangements and Program—Joyce Ma, Chairman
Committee on Careers in Nursing—Mary Cheek, Chairman
Committee on Curriculum—Sister Mary Albert, Chairman
Committee on Finance—Loretta Schuler, Chairman
Committee for the Improvement of Nursing Services—Laura Draper, Chairman
Committee on Membership and Eligibility—Mrs. Sara Trainovich, Chairman
Committee on Nominations—Mrs. Patience Martelon, Chairman
Committee on Revisions—Laura Draper, Chairman

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

Activities: A workshop on cancer nursing, directed by Rosalie Peterson and sponsored by the Territory of Hawaii league, the nurses' association, and the cancer society,
was held in Honolulu in October 1950 with an enrollment of 25 nurse educators. Two-day institutes on cancer nursing which were open to all nurses were held on the outlying islands.

The problem of defining and allocating nursing functions is as acute in the Territory of Hawaii as everywhere. Our Committee for the Improvement of Nursing Services has asked the American Nurses' Association to consider Hawaii as the locale for one of its pilot studies; however, the research "know-how" will have to be provided by the ANA in the person or in the training of a research director. The committee is in the process of testing a list of functions in hospital practice which will provide a local reference base when research findings become available to us. Another concern of this committee is an inventory of in-service training programs by which we may learn about local philosophy on, as well as agencies' provisions for, staff development.

An attractive brochure entitled, "Preparation for a Career in Nursing," was developed by the Committee on Careers in Nursing. The booklet, which contains information about types of schools, how to select a school of nursing, costs, entrance requirements, scholarships, and employment opportunities in nursing, was printed by the Department of Public Instruction's Division of Vocational Education for use by its counselors.

The Committee on Curriculum assisted with the development of an annotated bibliography on the care of the aged and chronically ill for use in schools of nursing. Another project completed was the compiling of information regarding professional licensing requirements in the majority of states. This committee proposes for 1951 to work on a revision of curriculum requirements for possible adoption by the Territorial Board of Registration of Nurses.

The league and the nurses' association were instrumental in having the Legislative Holdover Committee of 1949 appoint a Nursing Study Committee charged with the responsibility for measuring nursing needs, resources, and educational facilities of the Territory. The committee has prepared the ground for a surveyor, Ruth Gillan, of the Nursing Resource Division, Federal Security Agency, who will arrive in February to help us determine our needs for change and the steps to implement change. The question of a university school will be included in this complete assessment of our nursing situation.

IDAHO

President: Mrs. Hazel Rosecrans

New members in 1950: 25

No local leagues.

Committees: Committee on Curriculum—Mrs. Eldora King, Chairman
Committee on Finance—Frances Urschel, Chairman
Committee for the Improvement of Nursing Services—Dorothy Aldrich, Chairman
Committee on Membership and Eligibility—Mary Jackson, Chairman
Committee on Nominations—Mrs. Ardath Young, Chairman
Committee on Programs—Sister Mary Maureen, Chairman
Committee on Revisions—Mrs. Esther Harrison, Chairman

The Idaho league does not function as the department of education of the state nurses' association.

Activities: The Idaho league was organized on April 13, 1950. Four board meetings and three regular meetings have been held since that time.

Following the Biennial Convention in San Francisco last May, a meeting was held at which Gladys S. Benz, director of the NLNE Department of Services to Schools of Nursing, was guest speaker.
A two-day institute on tests in nursing was conducted in Boise on September 29-30, 1950, with Theda Fox, assistant test editor of the NLNE Department of Measurement and Guidance, as guest speaker. As a result of this institute, Idaho will participate in the pre-nursing testing program during 1951.

The president of the Idaho league attended a two-day meeting of the Colorado league in Denver, Colo., last October. The meeting was an initial step toward developing a regional league of the eleven western states.

The chief activities of the league now in progress and for the immediate future are:

1. A survey of nursing facilities and resources in Idaho
2. Establishment of at least one basic collegiate program in the state
3. Student recruitment
4. A review of the curricula of schools of nursing in the state for the purpose of recommending changes to the state board of nurse examiners.

The Idaho league plans to cooperate with the Arizona, Colorado, Utah, and Montana leagues in sending a representative from this region to Chicago in April to attend the meeting of the Planning Committee for the Council of State Leagues meeting. We are also planning to send our president to the NLNE Annual Convention which will be held in Boston, Mass., in May.

**ILLINOIS**

*President:* Emily C. Cardew  
*New members in 1950:* 126

*Local leagues:*  
Chicago—Louise Schmitt, President  
South Central Illinois—Mrs. Louise Meyer, President  
Eastern Illinois—Gertrude M. Stier, President  
Western Illinois—Mrs. Irene Donaldson, President

*Committees:*  
Committee on Arrangements—Audrey Short, Chairman  
Committee on Curriculum—Clara Smith, Chairman  
Committee on Eligibility—Evelyn Van de Steeg, Chairman  
Committee on Finance—Grace Maushak, Chairman  
Committee for Improvement of Nursing Services—Nellie X. Hawkins, Chairman  
Committee on Membership—  
Committee on Mental Hygiene—  
Committee on Program—  
Committee on Recruitment—Mrs. Harriet B. Koch, Chairman  
Committee on Revision—Mona Jackson, Chairman  
Committee on State Board Problems—Gladys Kiniery, Chairman  
Joint Committee on Care of the Patient—

The Illinois league functions as the department of education of the state nurses' association.

*Activities:* The annual meeting of the Illinois league was held in Chicago in October 1950, in conjunction with the state nurses' association. A report on the Survey of Nursing Needs and Resources in Illinois was presented at a joint meeting of the two organizations.

The objectives of the league for the coming year center around the findings and implications of the survey and the implementation of the recommendations based on the survey report. The league has endorsed studies to be conducted by two graduate students on withdrawals from schools of nursing and failures on state board examinations. Additional attention is being given to the league's responsibility in recruitment of student nurses.
Preliminary planning is being done by the league with reference to (1) refresher courses for graduate nurses, and (2) a recommendation that nursing in civilian defense be introduced in the curricula of schools of nursing.

**INDIANA**

*President:* Mrs. Opal Gilbert  
*New members in 1950:* 23  
*Local league:* Indianapolis—Caroline Hauenstein, President  
*Committees:* Committee on Arrangements and Program—Helen M. Thumm, Chairman  
   Committee on Curriculum—Dorothea Orem, Chairman  
   Committee on Eligibility—Rose Geckler, Chairman  
   Executive Committee—Mrs. Opal Gilbert, Chairman  
   Committee on Finance—Thelma Jordan, Chairman  
   Committee on Measurement and Guidance—Dotalice E. Allen, Chairman  
   Committee on Membership—Pearl E. Sunman, Chairman  
   Committee on Nominations—Marie D’Andrea, Chairman  
   Committee on Revisions—Anne Dugan, Chairman  
   Joint Committee to Formulate Personnel Policies—Sister Maria Amadeo, Chairman  
   Joint Committee for the Improvement of Nursing Care in Indiana—  
   Joint Committee on Public Relations—Mrs. Mary Ellen Lutz, Chairman

The Indiana league does not function as the department of education of the state nurses’ association.

*Activities:* The annual meeting of the Indiana league was combined with a two-day curriculum conference held at Canyon Inn, McCormick’s Creek, State Park, November 4-5, 1950. The conference was the result of joint planning by the Committee on Curriculum and the Committee on Arrangements and Program. The purpose of the conference was to consider the definition and scope of practical, basic professional, and advanced professional nursing education. Mrs. Eugenia K. Spalding was conference chairman, and consultants to discussion groups were Dorothy Titt, Nellie Hawkins, and Mrs. Genevieve K. Bixler. Recommendations made by the discussion groups have been acted upon by the board of directors of the Indiana league, and various committees of the league are making plans for their implementation. This conference was one of a series of activities which have been planned to assist in solving curriculum problems in Indiana. A mimeographed report of the conference will be made available to members of the Indiana league and to conference guests.

Evidence of cooperative action has been shown in the work of the three joint committees, namely: the Joint Committee on Public Relations, of the state nurses’ association and the league; the Joint Committee to Formulate Personnel Policies, of the league and the institutional section of the state nurses’ association; and the Joint Committee for the Improvement of Nursing Care in Indiana, of the league, the state board of nurses’ registration and nursing education, and the state nurses’ association.

Five subcommittees have been appointed to consider the following: (1) upgrading courses for practical nurses, (2) functional analysis, (3) personnel needs and resources, (4) recruitment and education of public health nursing personnel, and (5) planning for nursing education. The subcommittee concerned with planning for nursing education is studying present resources and future needs of nursing education in Indiana.

The Indianapolis league has had interesting monthly meetings. The boards of
directors of the Indianapolis league and the state league will meet in joint session on April 9, 1951, with Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues.

The Indiana league sent a representative to the convention in San Francisco last May.

The league acknowledges with sincere appreciation the interest and help received from national headquarters as well as the loyal support of its membership which has made the work of the past year possible.

**IOWA**

*President:* Marjorie Perrine

*New members in 1950: 40*

*Local leagues:* Sioux City—Augusta Hefner, President

Des Moines—Alice Coppey, President

*Committees:* Committee on Curriculum—Amy Frances Brown, Chairman

Committee on Eligibility and Membership—Mrs. May Bemis, Chairman

Committee on Finance—Alice Coppey, Chairman

Committee on Nominations—Hedvig Freden, Chairman

Committee on Revisions and Bylaws—Sister M. Consoluta, Chairman

Committee on State Board Problems—Vera M. 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 at the Savery Hotel in Des Moines on November 13, 1950. The theme of the meeting, “Trends in Professional Education,” was developed by the speakers of the day. At the morning session, Lucy Germain, director of nurses, Harper Hospital, Detroit, Mich., spoke on “Meeting Our Goals through Faculty Participation.” In the afternoon, Dr. Roy W. Bixler, registrar, Drake University, Des Moines, spoke on “Human Relations in Nursing Education,” and Myrtle Kitchell, dean, College of Nursing, State University of Iowa, acted as leader of the discussion period.

Plans of the Iowa league for the coming year have been outlined as follows:

1. Continue to cooperate and support a state survey of nursing needs and resources currently under way in Iowa.
2. Assist the state board of nurse examiners in the construction of a curriculum for practical nurse training programs.
3. Cooperate with allied professional groups in sponsoring a series of institutes to be presented throughout the state.

The tentative program of institutes for the winter and spring of 1951 is as follows:

**January 30-31**

—“Curriculum Construction for the Basic Program”—sponsored by the Committee on Curriculum of the state league

**February**

—“Teaching Medical and Surgical Nursing”—sponsored by the State University of Iowa

**March 29-30**

—“Maternal and Child Health”—sponsored by the Des Moines league

**April**

—“Integration of the Social and Health Aspects of Nursing in the Basic Curriculum”—sponsored by the Committee on Curriculum of the state league
Kansas

President: Jean M. Hill
New members in 1950: 19
No local leagues.

Committees: Committee on Careers—Jennie Williams, Chairman
Committee on Convention Arrangements—Sister Rose Wangler, Chairman
Committee on Curriculum and Education—Marguerite Coffman, Chairman
Committee on Membership and Finance—Sister Mary Carmel, Chairman
Committee on Nominations—Elizabeth E. Sutcliffe, Chairman
Committee on Program—Sister M. Theophane, Chairman
Committee on Publicity—Elizabeth Rowlands, Chairman
Committee on Revisions—Sister Mary Alphonsus, Chairman

The Kansas league functions as the department of education of the state nurses' association.

Activities: There are no local leagues in Kansas but meetings scheduled at several accessible centers in the state have been very well attended, and active participation of members is increasing. Once again a few joint meetings have been held by the Kansas City league of Missouri and Kansas state league in Kansas City, Kansas.

On June 5-10, 1950, an institute on nursing care in poliomyelitis was held in Kansas City with the assistance of Miriam Crouch, NLNE consultant in orthopedic nursing.

The annual meeting of the Kansas league was held in Wichita in October in conjunction with the state nurses' association. Bernice Anderson, of Teachers College, Columbia University, spoke on "Criteria for Student Selection."

Approximately 60 instructors and directors attended a workshop in Topeka on November 13-15 to consider ways in which concepts of mental hygiene could best be integrated in the basic curriculum. Dr. Edward Knowles, of Southard School, Topeka, and Carolyn Kinney, mental hygiene consultant of the Kansas State Board of Health, led the general discussions.

In January 1951, the Missouri and Kansas state leagues and the Kansas City league cooperated with the University of Kansas in sponsoring a three-day workshop for instructors and directors of schools of nursing. A total of 70 nurse educators from the two states participated. We were especially fortunate in having Mrs. Genevieve K. Bixler as leader.

The league has been active in studying practical nurse education and practice throughout the state.

In cooperation with the state tuberculosis and health association, the state nurses' association, and the state board of health, the league is studying the possibility of improving methods of teaching tuberculosis nursing to student and graduate nurses in the state.

A tentative program of conferences and institutes for the spring and summer of 1951 is as follows:

April—Nursing conference to be held in Kansas City, Kansas, co-sponsored by the league, the Department of Nursing and the Division of Graduate Education, University of Kansas Medical School
April—Institute on nursing care of patients with cancer, to be held in the western section of the state
June—Two-week workshop on curriculum to be held at the University of Kansas, Lawrence, co-sponsored by the School of Education at the university and the Missouri and Kansas state leagues
Kentucky

President: Mrs. Marjorie C. Tyler
New members in 1950: 30
No local leagues.

Committees: Committee on Arrangements—Mrs. Adeline Braun, Chairman
Committee on Curriculum—Sister Mary Anthony, Chairman
Committee on Membership and Eligibility—Sister Evarista, Chairman
Committee on Nominations—Mrs. Mary A. Gilhofer, Chairman
Committee on Program—Mrs. Dorothy Spatig, Chairman
Committee on Revisions—Sister Agnes Miriam, Chairman

The Kentucky league functions as the department of education of the state nurses’ association.

Activities: The annual meeting of the Kentucky league, held jointly with the state nurses’ association and the state organization for public health nursing in October 1950, was well attended. An excellent program was presented with Sister Mary Coronata and Bernice O'Brien, both of Columbus, Ohio, who participated in a discussion on "A Practical Plan for the Evaluation of the Clinical Experience of the Student." It was decided at the annual meeting that, instead of holding half-day monthly meetings, in the future one-day quarterly meetings would be held in hospitals in various sections of the state where league members are active.

"Better Nursing Service Through Better Nursing Education" is the theme of the Kentucky league program for 1950-51. In November 1950, the program was devoted to an interpretation of the new requirements set up by the state board of nurse education and nurse registration for schools of nursing. The program of the March 1951 meeting was concerned with the curriculum needs of the individual schools and the value of a ward teaching program. Kentucky hopes to prepare all of its schools of nursing for national accreditation.

State-wide recruitment for the purpose of attracting the best qualified students to schools of nursing has been the major activity of the Kentucky league for the past year. Late in August 1950 an all-day program was held in the auditorium of a Louisville high school to acquaint young girls more thoroughly with the nursing profession. In the fall, the Committee on Recruitment arranged for a series of television programs on nursing education. Each school of nursing in the Louisville area provided one program concerned with a particular phase of the nursing curriculum. The series was as follows:

1. "Admissions and the Preclinical Period"—
   St. Joseph's Infirmary School of Nursing
2. "Operating Room and Emergency Service"—
   St. Anthony's Hospital School of Nursing
3. "Obstetrics and the Premature Nursery"—
   SS. Mary and Elizabeth Hospital School of Nursing
4. "Pediatrics and the Nursery School"—
   Methodist-Evangelical Hospital School of Nursing
5. "Communicable Disease and Public Health"—
   Louisville General Hospital School of Nursing
6. "Psychiatric Service and Rehabilitation"—
   Norton Memorial Infirmary School of Nursing
7. "Three Students Through Nursing"—
   Kentucky Baptist Hospital School of Nursing
8. "Graduation and a Future in Fields of Nursing"—
   Nazareth College School of Nursing
9. "Training for a Practical Nurse"—
   Ahrens Trade High School, Louisville Board of Education
A representative was sent by the Kentucky league to the Southern Regional Conference of State Leagues which met in Atlanta in November 1950. The constitution of this organization has been ratified by the Kentucky league, and we feel that the nursing schools in this area will benefit through its work.

LOUISIANA

President: Harriet L. Mather

New members in 1950: 25

NO REPORT

MAINE

President: Mildred I. Lenz

New members in 1950: 3

No local leagues.

Committees:
- Committee on Attendant Nursing Education—Eleanor M. Melledy, Chairman
- Committee on Curriculum and Pediatrics—Marie J. Brennan, Chairman
- Committee on Eligibility and Membership—Marion Dunn, Chairman
- Committee on Finance—Marie J. Brennan, Chairman
- Committee on Information and Program—Elizabeth Derby, Chairman
- Committee on Lay Participation—Barbara Knowlton, Chairman
- Committee on Mental Hygiene—Eleanor M. Melledy, Chairman
- Committee on Nominations—Anne Mitton, Chairman
- Committee on Revisions and Bylaws—Mrs. Louise N. Kalel, Chairman
- Committee on State Board Problems—Edith Doane, Chairman

The Maine league does not function as the department of education of the state nurses' association.

Activities: The Maine league held its 1950 annual meeting at Poland Springs in conjunction with the state nurses' association. Mary Maher, nurse consultant to the Bingham-Kellogg-Boston University Plan, spoke of the organization of this plan and the prospects of improving nursing service in Maine.

The November meeting was held in Lewiston, at which time Dr. Clark Miller gave an illustrated lecture on the "General and Medical Aspects of Atomic Warfare."

Dr. Lawrence A. Averill, retired psychologist and author, spoke at the January 1951 meeting in Portland on "Psychology in the Basic Curriculum." About 70 student nurses were guests.

Planned programs for 1951 are as follows:

February—A joint meeting of the Maine Board of Registration of Nurses and the Maine league is scheduled to study the report, *Nursing Schools at the Mid-Century*, as it applies to the minimum standards in schools of nursing.

March—An all-day session on curriculum planning with reference to the allocation of nurse power will be held at Augusta State Hospital.

April—Marie J. Brennan, Portland, will direct a workshop on the formulation of curriculum correlation.

The Committee on Attendant Nurse Education will give special attention to the revision of the present curriculum plan and will study means of organizing courses for the attendant nurse.
MARYLAND

President: Anna D. Wolf
New members in 1950: 84
No local leagues.

Committees: Committee on Curriculum—Irene Coleman, Chairman
            Committee on Finance—Josephine O'Connor, Chairman
            Committee on Membership and Eligibility—Mrs. Eva Dorley, Chairman
            Committee on Nominations—Margaret Tyson, Chairman
            Committee on Program and Arrangements—Florence Caplan, Chairman
            Committee on Revisions—Irene Perry, Chairman

The Maryland league does not function as the department of education of the state nurses' association.

Activities: The Maryland league has carried on its work with a great deal of enthusiasm since its last report to the Biennial Convention in May 1950.

The Committee on Program planned very timely programs for the year 1950-51. In October 1950, an excellent and well-attended all-day institute on orthopedic nursing was held, with Jane Sloan, of the Joint Orthopedic Nursing Advisory Service, among the distinguished participants. At the annual meeting of the league, held in November in cooperation with the state nurses' association and the state organization for public health nursing, mental hygiene was the theme of all programs of the three-day session. A program on federal aid for nursing education will be held in the early part of 1951, with Alma E. Gault, chairman of the NLNE Committee to Consider Federal Legislation on Nursing Education, as guest speaker. A one-week institute on the care of tuberculosis patients and the prevention of tuberculosis has been arranged for March in cooperation with the state organization for public health nursing and the state tuberculosis association. In April, the Committee on Curriculum, which has been most active, will present a program, and in May, we anticipate a two-day visit from Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues.

Through the activities of the Committee on Membership and Eligibility, enrollment in the Maryland league has increased considerably.

The improvement of our exchequer through special means of raising funds made possible our participation in the meeting of the Southern Regional Council of State Leagues, held in Atlanta in November, and also our expected representation at national meetings.

The cooperative effort of the three nursing organizations of Maryland is resulting in a special study of nursing needs and resources in the state, for which funds have been provided by the state under the Medical Committee of the Maryland Planning Commission, and also in a unification of plans for defense.

MASSACHUSETTS

President: Lyndon McCarroll
New members in 1950: 90

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

Committees: Committee on Curriculum—Sylvia Perkins, Chairman
            Committee on Finance—
            Committee on Membership—Neva Cross, Chairman
            Committee on Nominations—Emily Pearson, Chairman
Committee on Program—Margaret Hardeman, Chairman
Committee on Revisions—Rose Griffin, Chairman
Committee on Student Council—Nellie Pekrul and Mary Garrigan, Co-Chairmen
Committee on Ways and Means—Mrs. Eleanor K. Gill, Chairman

The Massachusetts league functions as the department of education of the state nurses' association.

Activities: Immediately upon return of the Massachusetts delegates from the Biennial Convention in San Francisco last May, a meeting was held at which the delegates reported on the convention meetings of the National Organization for Public Health Nursing, the National League of Nursing Education, the American Nurses' Association, and the student organizations.

At the annual meeting of the state nursing organizations in October 1950, the league presented four programs. These included a panel discussion on the preparation of the attendant nurse under vocational education and the role she will be prepared to play in the nursing care of the patient. Participants on the panel were Amy E. Viglione, nurse specialist, Practical Nurse Training, Office of Education, Federal Security Agency; Caroline H. Wilson, supervisor, Trade and Industrial Education, Girls' and Women's Department of Education, Commonwealth of Massachusetts; Mrs. Marian E. Johnston, instructor and coordinator, Attendant Nursing Course, Springfield Trade School; and Margaret Busche, director, School of Nursing, Springfield Hospital. Another program was concerned with the relationship of the National Committee for the Improvement of Nursing Services to the National Nursing Accrediting Service. The speaker was Helen C. Goodale, secretary of the NCINS. Nell V. Beeby, editor, American Journal of Nursing, also addressed the membership, speaking on the subject, "The Journal Looks Ahead." The league again sponsored a student night at which Dr. Robert C. Leslie, clinical associate in psychology, Boston University, and chaplain, Boston Psychopathic and Boston State hospitals, spoke to about 500 students on "The Intangibles of Nursing."

The Committee on Curriculum has been active in considering curriculum problems in relation to the three-year diploma school of nursing only. The problem chosen to be explored deals with the impact made on the student nurse by the demands of her total experience in the period directly following the preclinical period.

Through the activity of the Committee on Membership, league membership has increased considerably and is still growing.

The Committee on Program has set up three aims for the current year: (1) to work more closely with the program committees of the Eastern Massachusetts, Western Massachusetts, and Worcester leagues; (2) to cooperate in program planning with other professional organizations in the state; (3) to plan the program for the state meetings.

The Committee on Ways and Means is a newly organized committee to aid the state league in raising funds sufficient to carry on the best possible programs at the state level. Its special project for this year has been to sponsor canasta and bridge parties and other social functions for the purpose of raising sufficient funds to insure success of the NLNE Convention in Boston in May 1951.

The Committee on Student Councils has carried out a very active program for students and is eagerly looking forward to being the hostess group to student councils from other states at the NLNE Convention. Several programs have been planned for the occasion.

The Massachusetts league has decided that, in order to coordinate state and local league activities, membership on state committees shall consist of the chairman of corresponding local committees.
MICHIGAN

President: Gertrude E. Nathe
New members in 1950: 111

Local leagues: Northeastern Michigan (Bay City-Flint)—Adelaide Fitak, President
Northwestern Michigan (Muskegon-Grand Rapids)—Mary Lou Crawford, President
South Central Michigan (Ann Arbor)—Edith Morgan, President
Southeastern Michigan (Detroit)—Mrs. Ethel MacLennan, President
Southwestern Michigan (Kalamazoo-Lansing)—Leone Sweet, President

Committees: Committee on Audio-Visual Aid Teaching—Margaret Heyse, Chairman
Committee on Communicable Disease and Tuberculosis Nursing—
Gladys Van Benschoten, Chairman
Committee on Curriculum—Florence Kempf, Chairman
Committee on Curriculum for Men Nursing Students—Mary K. Straub, Chairman
Committee on Finance—Kathryn Worrell, Chairman
Committee on Measurement and Guidance—Rozella Schlotfeldt, Chairman
Committee on Medical and Surgical Nursing—Catherine Wubbena, Chairman
Committee on Membership and Eligibility—Jessie Waddell, Chairman
Committee on Obstetric Nursing—Irene Nelson, Chairman
Committee on Program and Arrangements—Mary Mitchell, Chairman
Committee on Psychiatric Nursing—Mary Lou Crawford, Chairman

The Michigan league functions as the department of education of the Michigan Nursing Center Association.

Activities: The Committee on Measurement and Guidance held a workshop on evaluation in clinical nursing at Wayne University in Detroit, November 16-18, 1950. Dr. William Reitz, associate professor in the College of Education at the university, spoke on "Evaluation—Its Definition and Purpose." Basic steps in evaluation were then considered. Irene Beland, associate professor in the College of Nursing at the university, led the discussion on evaluation in clinical nursing and Sister Mary Maurice, director of nursing education at Mercy College, Detroit, presented objectives in evaluation. In conclusion, Rozella Schlotfeldt, associate professor in the College of Nursing at Wayne University, discussed the interpretation and use of evaluation in clinical nursing. Each of the local leagues sent three representatives to the workshop who in turn planned one-day institutes on evaluation in their local areas.

The manual, "Community Nursing Experience for the Basic Nursing Student," prepared by the Subcommittee on Community Nursing Experience of the Committee on Curriculum, was distributed to all schools of nursing and public health agencies in the state. It has been very well received, and requests for copies have come from schools and agencies in many other states. The subcommittees of the Committee on Curriculum are using the manual as a guide in planning the integration of the social and health aspects of nursing in clinical areas of the curriculum.

The pamphlet, "Opportunities Through League Membership," published and circulated by the Southeastern league (Detroit), was responsible for a substantial increase in the membership.

The Committee on Communicable Disease and Tuberculosis Nursing is developing a plan to integrate the study of acute communicable diseases in all clinical areas of the curriculum. Beginning in January 1951, affiliation in communicable disease nursing for student nurses was reduced from three to two months because of decrease in the
incidence of such diseases. A new curriculum plan for tuberculosis nursing is also being developed.

All local leagues conducted at least four meetings and planned programs to satisfy the requests and needs of their members. A number of programs featured speakers from the field of general education.

The Southeastern league (Detroit) conducted 12 classes in various courses for nurses from other countries to prepare them for the state board examinations. This league also conducted institutes on (1) obstetric nursing, (2) health in middle and later years, and (3) better utilization of the practical nurse. The following programs were presented at three general meetings: “Evaluation of Personnel in Nursing,” by Amy Frances Brown, University of Iowa School of Nursing; “Clinical Teaching in Action,” which included a demonstration by students from Providence Hospital School of Nursing; and “Better Human Relationships for Better Team Work,” by Dr. Bernard R. Proulx, Michigan State College, East Lansing.

The Northwestern league (Muskegon-Grand Rapids) held a two-day institute on psychiatric nursing at Traverse City.

Activities of the local leagues and minutes of the meetings of the board of directors of the state league during the past year were summarized and printed in the Michigan Nurse.

Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues, met with the board of directors of the Michigan league in February 1951 and attended a meeting in each of the five local league areas. Elizabeth LaPerle, ANA consultant in research and statistics, was present for meetings on April 3 and 4, and Agnes Gelines, president of the NLNE, is expected as guest speaker at a meeting on May 22. Members of all local leagues are invited to attend such meetings.

The Michigan league shared the expenses of the representative from the East North Central census area who attended the committee meeting held in Chicago in April for the purpose of planning the program for the Council of State Leagues meeting.

MINNESOTA

President: Alice B. Brethorst
New members in 1950: 90
Local league: Rochester—Sister M. Ancina, President
Committees: Committee on Affiliations—Mrs. Maurine Hansen, Chairman
Committee on Curriculum—Sister Agnes Leon, Chairman
Committee on Eligibility and Membership—Doris Yokie, Chairman
Committee on Finance—Alice B. Brethorst, Chairman
Committee on Lay Membership—Mrs. Maurine Hansen, Chairman
Committee on Measurement and Guidance—Irene McKeen, Chairman
Committee on Practical Nursing—Eugenia Taylor, Chairman
Committee on Program—Nina Lee, Chairman
Committee on Recruitment—Alice Dotson, Chairman
Committee on Revisions—Georgia Nobles, Chairman

The Minnesota league functions as the department of education of the state nurses' association.

Activities: The Minnesota league accomplished several noteworthy projects during the year. Two outstanding workshops with a large enrollment were held—one on curriculum planning, with Mrs. Henrietta A. Loughran as principal speaker, and the other on evaluation. In each of these workshops the participants were divided into groups for discussion and reported their conclusions at the general meeting. Registration fees covered the expense of the meetings.
The Committee on Curriculum of the Minnesota league was reorganized. There is now a small executive committee, and the special committees on general nursing, obstetrics, pediatrics, psychiatry, public health, and rural nursing have become subsidiary committees. This has simplified organization and expedited business. At the request of the state board of nurse examiners the Committee on Curriculum has been revising the state minimum standards for the basic nursing curriculum and plans to present its preliminary report to the board of directors in the near future.

A special fund-raising effort by the league resulted in the addition of $763.55 to the treasury.

For the year 1951 the Minnesota league has set the following goals:

1. To complete the revised minimum curriculum standards for schools of nursing in Minnesota.
2. To conduct an intensive membership drive to have every nurse educator in the state, including supervisors and head nurses, an active member of the league.
3. To triple the lay membership of the league. A special committee with a lay member as chairman will undertake this work.
4. To prepare a clear statement of the functions of each league committee in order to prevent overlapping and increase efficiency.
5. To implement the principles of the National League of Nursing Education.
6. To conduct two workshops, one of which shall be concerned with the head nurse as an educator.
7. To cooperate with the other nursing organizations of the state in securing a central building in Midway where all of the organizations may establish headquarters and have committee rooms and an auditorium.
8. To promote organization of additional local leagues.

MISSISSIPPI

President: Marjorie Moore
New members in 1950: 9
No local leagues.

Committees: Committee on Eligibility—Sister M. Andrew, Chairman
Committee on Membership—Edith Salguero, Chairman
Committee on Nominations—Sister M. Maura, Chairman
Committee on Program Arrangement—Phoebe Kandel, Chairman
Committee on Resolutions—Kate Lou Lord, Chairman
Committee on Revision—Christine Oglevee, 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 nurse education system throughout the state. One-day meetings are held bimonthly.

The theme for the year has been "The Improvement of Nursing Services." The program for the July 1950 meeting included discussions on "Psychology for Nurses," with Dr. Jessie Rhinehart, clinical psychologist of the Veterans Administration Center at Biloxi as the guest speaker, and "In-service Programs and Training and Use of Subsidiary Workers." Topics discussed at the September 1950 meeting were "Extension Courses for Nurses through the Division of Extension, University of Mississippi," "The Mechanics of Job Descriptions as Applied to Nursing Service," "The Values of Job Description," "Research Analysis of Nursing Duties," and "Nursing Procedures—Evaluation, Revision, and Preparation." The guest speakers were Dr. A. B. Martin,
director, Division of Extension, University of Mississippi, and W. W. George, Jr., research associate, Bureau of Business Administration, University of Mississippi.

The fifth annual convention of the Mississippi league was held November 7-10, 1950 at Biloxi. The theme was "The Improvement of Nursing Services" and the guest speakers were Marion W. Sheahan, director of programs of the National Committee for the Improvement of Nursing Services, Elizabeth K. Porter, president of the American Nurses' Association, Dr. F. W. Bainbridge of the Alabama Polytechnic Institute, Dr. Jessie Rhinehart of the Veterans Administration Center in Biloxi, Dr. Roy F. Standahl of New York, N. Y., and Christine Causey, executive secretary of the Louisiana State Nurses' Association. Expert advice and counseling were furnished by consultants in mental hygiene and venereal disease and by nurse epidemiologists who are on loan from the U. S. Public Health Service to the Mississippi State Board of Health. During the second day of the convention there was a general discussion by all present on "Patterns of Group Dynamics or Workshops." The participants were then divided into twelve groups according to their specialty to discuss their role in the improvement of nursing care in Mississippi. The exchange and pooling of ideas were most informative and helpful.

At the January 1951 meeting, held in Meridian, Daniel Rashall, public relations consultant, Memphis, Tenn., emphasized the responsibility which nursing has to establish good relationships with the public through good nursing care of the patient.

The Mississippi league has continued to participate in the practical nurse program for Mississippi through its membership on the state Nursing Committee for the Improvement of Nursing Services. The efforts of the subcommittee which was appointed to communicate with local communities and to assist in the establishment of practical nurse schools have resulted in the establishment of a practical nurse school at Pascagoula to which a class of 15 students was admitted April 1, 1951. Another practical nurse school is being planned for the northern part of the state. This program has been made possible through the cooperation and participation of the state educational department, high schools, hospitals, and all nursing organizations in Mississippi.

The Mississippi State Nursing Committee for the Improvement of Nursing Services was selected as a sample committee to be described in the NCINS news bulletin in March 1951.

A one-page newsletter, entitled White-Caps, which includes information about nursing and nursing education, is included in the minutes of League meetings. The state league and state nurses' association cooperate in the publication of The Mississippi R.N. which contains news from the entire state, national headquarters, and other sources.

MISSOURI

President: Virginia H. Harrison

New members in 1950: 37

Local leagues: St. Louis—Mrs. Grace Liberstein, President
Kansas City—Mrs. Dorothy M. Nunn, President
Central Missouri—Mary Maxine Hurley, President

Committees: Committee on Curriculum—Mildred Rost, Chairman
Committee on Finance—Helen Valentine, Chairman
Committee on Measurement and Guidance—Mary Sullivan, Chairman
Committee on Membership—Anne McKee, Chairman
Committee on Nominations—Marjorie Elmore, Chairman
Committee on Program—Renilda Hilkemeyer, Chairman
Committee on Psychiatric Nursing—Dorris O. Stewart, Chairman
Committee on Revisions—Gretchen Cockrell, Chairman
Joint Coordinating Council—Sister Hilda Muensterman, Chairman
Joint Committee on Improvement of Nursing Services—Sister Olivia Drusch, Chairman
Joint Committee on Nursing Resources to Meet Civil and Military Needs—Helen Kinney, Chairman
Joint Committee on Practical Nurses and Auxiliary Workers—Alma Kimsey, Chairman
Joint Committee on Tuberculosis Nursing Advisory Service—Mary Schall, Chairman

The Missouri league functions as the department of education of the state nurses’ association.

Activities: Through its standing and special committees, the Missouri league has spent the last year in evaluating its activities and functions and has taken steps to improve educational services wherever possible.

The Committee on Revisions has revised the constitution and bylaws to conform to those of the National League.

A number of institutes have been given throughout the year. The league was joint sponsor of three cancer institutes in various areas of the state, one three-day institute on child care, and one on curriculum. The last was a project of the Kansas City local league and the Kansas state league and was conducted by Mrs. Genevieve K. Bixler. The Committee on Measurement and Guidance also gave an institute on evaluation. All were well attended.

The Committee on Curriculum has been engaged in making a questionnaire study of the present curricula in schools of nursing in this state. Results have already been obtained from the first questionnaire, which was addressed to senior students in their last three months of school. The next will be sent to young graduates who have been practicing for two years or less. The committee hopes to obtain sufficient information from the opinions of the various groups to make recommendations for the improvement of the curricula in the schools. Some schools tabulated the results among their own groups and have already made improvements in line with student suggestions.

The league is also active in an advisory capacity. A special committee on university education has been assisting with the establishment of the new four-year basic collegiate course at the University of Missouri. In addition, the league has representation on the Missouri Commission for the Improvement of the Care of the Patient and on the recently formed Joint Committee on Nursing Resources to meet Civil and Military Needs, the latter of which is assuming more and more importance.

This year a coordinating council on nursing has been formed, composed of members of the boards of three organizations—the state nurses’ association, the board of nurse examiners, and the league. The council acts as a steering committee in activities common to the three groups.

A special committee on program has been appointed to plan league activities for the next two years. This group has recommended to the larger schools of nursing in the state that they consider ways and means of establishing refresher courses for nurses who may wish to return to active service as needs are increased. Through the official publication of the nursing profession in Missouri, The Missouri Nurse, the committee is also attempting to stimulate interest in, and understanding of, the league and its functions, as well as to increase membership. In addition, the committee has recommended that ways and means be explored of assisting schools to become nationally accredited.

The annual meeting of the Missouri league was held jointly with the state nurses’ association in Kansas City in October 1950. The league sponsored a morning meeting at which Emily Cardew gave an excellent paper on “The Place of the University in Nursing Education.” Mrs. Genevieve K. Bixler, principal speaker at the luncheon, spoke on “The Role of the Nurse in Modern Society.” Both meetings were attended by a large number of nurses.
The Central Missouri league, which is spread over a very wide area, is considering formation of a new local league to be established at Springfield. Since there are four schools of nursing and a number of special hospitals in the region, the potential increase in league membership is considerable.

MONTANA

President: Sister Eugene Teresa

New members in 1950: 5

No local leagues.

Committees: Committee on Affiliations—
Committee on Curriculum—Meral Loewes, Chairman
Committee on Eligibility—Daisy Prentice, Chairman
Committee on Finance—Patricia Ulrich, Chairman
Committee on Measurement and Guidance—
Committee on Membership—
Committee on Nominations—
Committee on Program—
Committee on Psychiatric Nursing—
Committee on Revisions—Beatrice Hruska, Chairman
Committee on Sisters—Sister Mary Thomasine, Chairman

The Montana league functions as the department of education of the state nurses' association.

Activities: On May 29, 1950, Gladys S. Benz, director, NLNE Department of Advisory Service to State Leagues of Nursing Education, met at a luncheon in Helena with 12 officers and members of the Montana league. Miss Benz described the organization and services of the National League and its relationships with other national associations. She especially stressed League advisory functions with regard to state leagues, and current programs receiving emphasis.

At the request of the NLNE Department of Measurement and Guidance, the Montana league took part in the preparatory steps for constructing the next series of state board licensure examinations. This project was carried out by the Committee on Curriculum and the Committee on Measurement and Guidance through correspondence and small subcommittee meetings. Activities included sending to a total of 20 schools of nursing and the larger general and special hospitals in the state questionnaire (duplicates of those received from the NLNE) on material which might be included in the examinations. On the basis of returns, the committees then made suggestions for the examinations in the areas of medical, surgical, pediatric, obstetric, and communicable disease nursing.

Considerable activity on the part of the Montana league during the past year has centered around planning for a state workshop on tuberculosis nursing and tuberculosis control programs. This project was suggested by the Joint Tuberculosis Nursing Advisory Service and will be co-sponsored by the Montana Tuberculosis Association. The secretary of the league has served as coordinator of a joint planning committee for the workshop. At the first meeting of the committee, on July 15, 1950, to which representatives of 17 state agencies were invited, it was decided to send to hospitals and public health agencies in the state a questionnaire relative to the tuberculosis nursing experience of nurses in their employ. Suggestions that might help to further the success of the workshop were also requested. Of the 63 questionnaires sent out, 32 have been returned to date. At the second meeting of the committee, on September 8, 1950, Lily Hagerman, senior nurse consultant, and Dr. A. E. Rikli, tuberculosis consultant, both of the Denver Regional Office, U. S. Public Health Service, assisted the group with further planning. The workshop will be held on March 5-9, 1951 at
St. James Hospital in Butte. Edna Brandt, assistant chief of the Nursing Section, Division of Tuberculosis, U. S. Public Health Service, will be a resource person at the workshop, and approximately 30 nurses from hospitals, schools of nursing, and public health fields will attend. Field trips will be taken to the state tuberculosis sanitarium in Galen. Case-finding technics and their adaptation to the home and hospitals, and functions of clinics will be discussed.

At the annual meeting of the Montana league, held in Missoula in October 1950, a recommendation was approved to hold a two-day conference on measurement and evaluation during the spring of 1951. The date of the conference has been tentatively set for April, and it is hoped that Katherine Kelly, associate professor, University of Colorado School of Nursing, who represented the Rocky Mountain region at the NLNE Workshop on Evaluation in 1949, will act as leader. The conference will be cosponsored by the Montana State Board of Nurse Examiners.

**NEBRASKA**

*President:* Edna Fagan  
*New members in 1950:* 29  
*Local leagues:* Grand Island—Lenore Schropp, President  
Hastings—Sister M. Gerhardt, President  
Lincoln—Florence R. Keegan, President  
Omaha—Sister Mary Louis, President

The Nebraska league functions as the department of education of the state nurses' association.

*Activities:* Each local league held a meeting in March with Gladys S. Benz, Director of the Department of Advisory Service to State Leagues of Nursing Education, in attendance. Miss Benz was a capable and inspiring leader.

On April 16-17, 1951, the state league held a conference in Lincoln on "Curriculum Construction" with Emily C. Cardew, director of the Department of Nursing, University of Illinois, as the resource person. There were 107 members in attendance. Later in the year the state league is planning an institute for supervisors and head nurses.

**NEW HAMPSHIRE**

*President:* Ruth E. Bagley  
*New members in 1950:* 17  
*No local leagues.*

**Committees:** Committee on Arrangements—Dorothy Burton, Chairman  
Committee on Education and Legislation—Mrs. Harriet J. Sellevaag, Chairman  
Committee on Finance—Ralph F. Card, Chairman  
Committee to Form Local Leagues—Lydia Beane, Chairman  
Committee on Membership and Eligibility—Mary C. Allen, Chairman  
Committee on Nominations—Janet Small, Chairman  
Committee on Personnel Policies for Faculties in Schools of Nursing—Ruth E. Bagley, Chairman  
Committee on Program—Carolyn Pelton, Chairman  
Committee on Public Relations—Margaret Bachman, Chairman  
Committee on Revisions—Lois Brown, Chairman  
Committee on Scholarships—Edith Mae Davis, Chairman  
Representative on the Advisory Board of the Practical Nurse Association of New Hampshire—Mrs. Mary D. Davis
The New Hampshire league functions as the department of education of the state nurses' association.

Activities: The New Hampshire league is conducting an extensive membership drive, and enrollment in the league continues to be on the increase. The Committee on Membership and Eligibility has communicated with all hospitals and colleges in the state in an effort to learn of prospective candidates for membership, and is now communicating with those candidates to ask them to join the league.

For the first time in its history, the New Hampshire league has drawn up a statement on personnel policies for faculties in New Hampshire schools of nursing. This project was conducted by the Committee on Personnel Policies for Faculties in Schools of Nursing.

The Committee on Scholarships is investigating the number of scholarship funds available for students in New Hampshire. All civic organizations are being urged to provide scholarships for student nurses. As soon as this project is completed, a list of scholarships will be compiled and distributed to nurse educators in the state.

The Committee on Districting the League took an opinion poll of the schools of nursing in the state and, on the basis of returns, decided that the league should not be divided into districts at this time. The committee has made the following recommendations to the board of directors:

1. That the New Hampshire league remain without official districts until such time as its membership increases sufficiently in size to warrant the change.
2. That local areas desiring activity in line with the New Hampshire league program form educational sections in their district associations for that purpose.
3. That the New Hampshire league continue to meet at least quarterly in various parts of the state regardless of whether or not the state nurses' association meets, so that all league members may participate in an active educational program.
4. That the New Hampshire league increase its number of meetings to six if and when the activity of the league demands more frequent meetings for greater participation.

New Jersey

President: Laura Robinson

New members in 1950: 81

No local leagues.

Committees:
Committee on Administration—Eleanor Tilton, Chairman
Committee on Curriculum—Ruth McGorey, Chairman
Committee on Educational Funds—Lois Sachs, Chairman
Committee on Educational Planning—Mrs. Olive Northwood, Chairman
Committee on Educational Planning for Bedside Nursing—Mrs. Henrietta Korolenka, Chairman
Committee on Eligibility and Membership—Frances Millard, Chairman
Committee on Finance—Mabel M. Keller, Chairman
Committee on Measurement and Guidance—Jeanette Plutnicki, Chairman
Committee on Nominations—Gladys Baker, Chairman
Committee on Nursing Information—Lillian Winkle, Chairman
Committee on Program and Arrangement—Mrs. Gladys B. Loew, Chairman
Committee on Revisions—Verna M. Halbasch, Chairman
Committee on Student Personnel Program—Sister Georgette, Chairman
Activities: Three meetings of the general membership were held by the New Jersey league during the year. At the first meeting Ella Stonsby, of Rutgers University, related some of the problems encountered in setting up a program of combined college and nursing courses for basic nursing students. The problem of implementing the team concept in nursing in order to improve nursing care, and the role of the junior college in the education of nurses were the respective themes of the second and third meetings.

All standing committees of the league carried on active programs during the year. The Committee on the Administration of Schools of Nursing held a number of worthwhile and stimulating meetings. One of the most outstanding and helpful was devoted to a discussion of the curriculum in the basic school of nursing by representatives from the departments of nursing of New York University and Catholic University of America in Washington, D. C. Topics of other meetings included accreditation, diet therapy practice for student nurses, the nursing team, and regional planning for health.

The Subcommittee for Educational Directors compiled data relative to the functions nurses are performing at the present time with a view to working out some means of relieving nurses of non-nursing duties.

The Committee on Curriculum continues to be one of the most active committees of the New Jersey league. Twenty institutes were planned and held throughout the state last year as follows: 6 in medical-surgical nursing, 7 in obstetric nursing, 2 in pediatric nursing, 4 in psychiatric nursing, and 1 in accreditation. Approximately 125 persons attended each of these institutes. A willingness of members to participate was indicated throughout the year.

The Committee on Ways and Means sponsored the Fifth Annual Spring Music Festival at the War Memorial Auditorium in Trenton on May 19, 1950. Fourteen schools of nursing participated in the choral singing and crowning of the May Queen. This event is held solely as a cultural and recreational activity for student nurses in New Jersey. The committee also planned a fund-raising campaign in the spring which made it possible for the league to continue its extensive program during the year.

The league’s annual scholarship awards were presented to two instructors, Louise Schlichting, of Orange, and Catherine Molinari, of Newark. Both attended the work conferences on the integration of sciences in clinical teaching held at Teachers College, Columbia University, during the summer of 1950. A representative, Frances Billings, of Jersey City, was sent to the workshop on curriculum held in June at Catholic University of America.

Five members of the Committee on Measurement and Guidance were selected to attend the regional workshop on measurement and guidance held in New York in September. Objectives of the workshop were to prepare nurses to conduct similar workshops on the local level and to develop an understanding of the technics used, and the content necessary, for such a method of instruction. The committee planned and sent out a questionnaire on the evaluation of clinical practices in state-approved schools of nursing. A tabulated report of the results has been sent to the schools for further study.

The New Jersey league hopes to carry on during the coming year in the same spirit of service that has always characterized its activities in the past. It acknowledges with sincere appreciation the help received from national headquarters and also the loyal support of its membership that has made the work of the past year possible.

New York

President: Mrs. Beatrice C. Kinney

New members in 1950: 220

Local leagues: Central New York (Syracuse)—Mrs. Ida Bowler, President
Genesee Valley (Rochester)—Catherine Brophy, President
Hudson Valley (Albany)—Mrs. Beatrice Kinney, President
Linda Richards (Watertown)—Sister Mary Louise, President
New York City (New York City)—Mrs. Vera Fry, President
Western (Buffalo)—Mrs. Maxine Campbell, President

Committees: Coordinating Committee—Mrs. Anne Sengbusch, Chairman
Area of Educational Programs and Policies—Mrs. Anne Sengbusch, Coordinator
Area of Management—
Area of Public Relations—Jeanne Hess, Coordinator
Area of Research—Esther Thompson, Coordinator

The New York league functions as the department of education of the state nurses' association.

Activities: Although a new plan of organization was adopted by the New York state league in January 1950, it was felt that even by October 1950 the plan should be reviewed, revised, and more effectively implemented. The organization now consists of the board of directors; the Coordinating Committee, the members of which chair the areas of educational programs and policies, management, public relations, and research as well as any groups needed in each area; and the Council of Local Leagues.

Following the 1950 annual meeting of the state league, the Coordinating Committee formulated statements of function for each area and proposed recommendations for board consideration in an effort to make state league activities more effective. The board adopted the report of the committee which included the following suggestions:

1. That the coordinators of areas and the chairman of the Coordinating Committee serve in an advisory capacity to the board at the expense of the state league.
2. That the Council of Local Leagues serve in an advisory capacity to the board of directors and attend at least two board meetings during the year at the expense of the state league. (The privilege of attending the remaining two meetings has been extended, but the local leagues are expected to finance such attendance.)
3. That the number of committees and the membership of committees be reduced through utilization of an organizational plan which calls for area membership on the basis of one member from each local league.
4. That the state league be viewed as a framework within which activities in local leagues are to be stimulated and work done in local leagues is to be coordinated at the state level.

To prevent duplication of effort and time for members of both the state nurses' association and the state league, a schedule of board meetings for each organization has been planned for 1951. There are to be four meetings which will be held at the same time and in the same place for both organizations. At least one half day of the two-day meetings is to be spent in conference meetings of both boards. Two such meetings have been held and were very satisfactory. At present, the two state organizations are sponsoring a conference committee on the improvement of nursing care which gives promise of important contributions to nursing in New York State.

Since the two organizations are functioning jointly at the state level, the local groups of both associations have been urged to do likewise. In an effort to facilitate these plans, the local leagues have been redistricted to include the entire state and to make their boundary lines coincide with those of the districts of the state nurses' association.

In September 1950, a very successful work conference on evaluation was held at Babylon, Long Island, sponsored by the New Jersey, Pennsylvania, and New York state leagues. As a result of that conference, each local league is now planning similar conferences for the local areas.

A two-day conference on curriculum development, sponsored jointly by the New York City league and the state league, has been planned for March. Representatives from
each school of nursing in the state, the coordinator of the educational program, members of the public health group, and clinical instructors as well as representatives from special nursing areas will be invited to the conference. Directors of schools of nursing will be asked to participate in the first and summary sessions of the conference, and each group within the conference will utilize a resource person for the full two days.

Both the state nurses' association and the state league are giving guidance to student groups in formulating plans for a state student nurse association which will be established as an independent organization.

In October 1950, the New York state league held its annual membership meeting as a biennial convention in Albany. The theme of the convention was "Extending Service Horizons through Nursing Education." The program included such topics as "Classification and Accreditation," "Nursing Education in the Blueprint of Two Organizations," "Yardsticks and Signposts in Nursing Education," "The Psychological Aspects of Nursing," "Adding Life to the Years," "Medical and Nursing Aspects of Civil Defense," "Experimentation in Basic Nursing Programs," and "A Study of the Functions of Nursing." Many of the discussants and resource people for these programs came from the national nursing organizations and their presence and presentations were great stimulation to the membership.

As of February 1, 1951, the state league president will have visited all but one of the six local leagues, attending either a meeting of the board of directors or the membership or, in two instances, meetings of both the board and membership.

**NORTH CAROLINA**

*President: Florence K. Wilson*

*New members in 1950: 42*

*Local leagues: Eastern Division—Joyce Warren, President*

*Western Division—Mary Elinor Ellwanger, President*

*Committees:*

Committee on Information, Public Relations, and Publicity—Margaret Cheek, Chairman

Committee on Measurement and Guidance—Helen Peeler, Chairman

Committee on Membership and Lay Participation—Lucy Boylan, Chairman

Committee on Mental Hygiene and Psychiatric Nursing—Louise Moser, Chairman

Committee on Nominations—Ethel Burton, Chairman

Committee on Recruitment—Naomi Ruth Carter, Chairman

Committee on Revisions—

Committee on Scholarships—Edna Heinzerling, Chairman

Joint Committee on Education—Elizabeth L. Kemble, Chairman

Joint Orthopedic Nursing Advisory Service—Ruth Council, Chairman

The North Carolina league functions as the department of education of the state nurses' association.

*Activities: The annual meeting of the North Carolina league was held in Winston-Salem on October 25, 1950. A program on regional planning was presented as follows:*

"Principles of Regional Planning"—

Gordon Blackwell, Ph.D., Professor of Sociology, University of North Carolina

"Planning for Supplying the Nursing Needs of North Carolina"—

William Richardson, M.D., School of Public Health, University of North Carolina

"Report of Southern Regional Conference of State Leagues"—

Florence K. Wilson, R.N., President, North Carolina League of Nursing Education
The league also secured Marion Sheahan, director of programs of the National Committee for the Improvement of Nursing Services, as guest speaker for one of the general sessions. Miss Sheahan spoke on the subject, "Improving Nursing Care by Improving Nursing Education."

An institute for orthopedic nurses was held in Winston-Salem on November 6-7, 1950 under the leadership of Jessie Stevenson from Vanderbilt University. This was a joint project of the league and the public health nursing section of the state nurses' association.

The president of the North Carolina league attended the White House Conference in December, and league action is planned on conference recommendations having to do with professional education.

The program schedule of the North Carolina league for the early months of 1951 is as follows:

January — Program for the Western Division at Mercy Hospital, Charlotte, on improving clinical nursing
February — Program for the Eastern Division at Raleigh on teaching methods
March — Workshop on measurement and guidance for the entire membership at Chapel Hill

The Western and Eastern Divisions also plan to have one program each during April and May.

The Joint Committee on Education has held one meeting thus far in 1951 at which the Bolton bill and committee plans for the year were discussed.

The Committee on Careers in Nursing met in Charlotte on January 25 to plan its student recruitment project for the year. The Committee on Program also met in Charlotte on that date.

The board of directors of the North Carolina league, with the approval of the membership, is offering a scholarship of $150 to a graduate professional nurse in North Carolina for collegiate work in nursing education. The scholarship will be awarded in time to defray expenses of a summer session course.

NORTH DAKOTA

President: Ruth M. Anderson
New members in 1950: 8
Local league: Fargo—Leona Baumler, President

Committees: Committee on Curriculum—Beatrice Horsey, Chairman
Committee on Finance—Clara G. Lewis, Chairman
Committee on Measurement and Guidance—Margery Jarmon, Chairman
Committee on Membership—Leona Baumler, Chairman
Committee on Nominations—Florence Sweney, Chairman
Committee on Program—Clara G. Lewis, Chairman
Committee on Revisions—Florence Kindig, Chairman
Committee on Studies—Martha Raugust, Chairman

The North Dakota league does not function as the department of education of the state nurses' association.

Activities: The North Dakota league holds its annual meeting in the month of March. Institutes and work conferences are held periodically to meet the current needs of the membership. Much of the committee activity of the league is done by correspondence because of the travel distance between members. During recent years, members in larger centers tend to work in informal local groups on current problems such as curriculum revision and legislation, and these informal groups seem to be more productive than the formal committees.
The 1950 annual meeting of the league, held in Fargo, was attended by approximately 75 persons. Speakers were Alice B. Brethorst, dean, Hamline University School of Nursing, St. Paul, Minn., who discussed "Underlying Principles Involved in Teaching," and Ruth Weise, instructor, University of Minnesota School of Nursing, Minneapolis, Minn., who presented a paper on "Trends in Curriculum Planning."

A work conference on evaluation of student performance was sponsored by the league November 16-17-18, in Bismarck. Participants were Ruth Johnston, University of Minnesota School of Nursing; Mrs. Jayne Williamson, science instructor, Bismarck Junior College, Bismarck; Margery Jarmon, director, School of Nursing, Jamestown College, Jamestown; Sister M. Scholastica, director, Mercy School of Nursing, Valley City; Beatrice Horsey, director, University of North Dakota School of Nursing, Grand Forks; and Mr. H. D. Mugaas, Counseling and Testing Service, North Dakota Employment Bureau.

The visit to North Dakota of Helen C. Goodale, secretary of the National Committee for the Improvement of Nursing Services, in October 1950, was sponsored by the league. Miss Goodale was the featured speaker at the annual meeting of the state nurses' association, selecting for her topic, "National Accreditation." She also addressed a luncheon meeting of the league and met with the league board of directors.

The Fargo local league was organized in 1950 and is holding regular monthly meetings. An active program committee has stimulated considerable interest in these meetings.

The Committee on Curriculum held a meeting in October and assigned to local subcommittees the project of studying for purposes of revision the present minimum curriculum requirements of the state board of nursing education and nurse registration.

The Medichrome series of 2 x 2 slides on tracheotomy care was purchased by the league for its pool of nursing films which are on deposit at the North Dakota Agricultural College.

The league has representation on three joint state committees, namely: Mental Hygiene, Nursing Functions, and Nurse Enrollment and Procurement.

Two delegates from the North Dakota league were sent to the Biennial Convention in San Francisco last May.

Ohio

President: Mary Horrigan
New members in 1950: 80
Local leagues: Akron—Ella A. Ketchum, President
Cincinnati—Louise Flynn, President
Cleveland—Carol Randall, President
Columbus—Bernice O'Brien, President
Dayton—Mrs. Gretchen Kinkel, President
Toledo—Ruth Rees, President

Committees: Committee on Arrangements—Leona Fretter, Chairman
Committee on Curriculum—Kathleen Curran, Chairman
Committee on Eligibility—Christine Lewe, Chairman
Committee on Legislation—Mrs. Gretchen Kinkel, Chairman
Committee on Measurement and Guidance—Clara Gilchrist, Chairman
Committee on Nominations—Eleanor Swartz, Chairman
Committee on Practical Nurses—Frances McKenna, Chairman
Committee on Program—Carol Randall, Chairman
Committee on Revisions—Mrs. Susannah Aukerman, Chairman

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 Miami, Dayton, October 25-27, 1950. The first two days of the meeting were devoted to discussions of current trends in curriculum content and organization. Dorothy M. Smith, director of the Division of Nursing Education, Duke University, Durham, N. C., introduced the program with an address on "Patient-Centered Teaching in Medical-Surgical Nursing as Developed in Duke University." Areas of clinical nursing were discussed on the closing day of the meeting. Hazel Corbin, general director of the Maternity Center Association, New York City, led a most interesting discussion on "Natural Childbirth" during this session.

As a project for the year, the Committee on Curriculum made a study of Ohio's facilities for education and experience for the student nurse in psychiatric and tuberculosis nursing.

The Committee on Practical Nursing evaluated methods of promoting sound practical nursing education and offered consultation service to various groups interested in setting up such programs.

The local leagues in Ohio have been very active and have developed worth-while programs in many areas of nursing education. Under the direction of Jane Torrance, of Western Reserve University, the Akron league sponsored an in-service educational program for head nurses. The Cincinnati league, in cooperation with District 8 of the Ohio State Nurses' Association and the College of Nursing and Health of the University of Cincinnati, held an institute on nursing education. Two projects were sponsored by the Cleveland league during the past year, and a "Miss Student Nursing" contest was held in the fall as part of a public relations program emphasizing the theme of the Cleveland league for career counseling. In addition to monthly programs, the Columbus league evaluated various areas of the basic nursing curriculum. In cooperation with District 10 of the Ohio State Nurses' Association, the Dayton league sponsored an institute on total nursing care which stressed the needs of the student in the over-all program. The Toledo league held monthly meetings emphasizing areas of counseling.

In addition to the annual meeting which will be held in Cleveland next October, plans of the Ohio league for the year 1950-51 include workshops or institutes on measurement and guidance and group dynamics.

Oklahoma

President: Mrs. Rachel M. Cooley

New members in 1950: 33

No local leagues.

Committees: Committee on Constitution and Bylaws—Mary De Shetler, Chairman
Committee on Curriculum—Sister Mary Vincentia, Chairman
Committee on Eligibility—Mrs. Luella Grenzow, Chairman
Committee on Finance—Sister Mary Vincentia, Chairman
Committee on Nominations—Mrs. Lucille Terrell, Chairman
Committee on Programs—Mrs. Juanita Millsap, Chairman

The Oklahoma league functions as the department of education of the state nurses' association.

Activities: The membership of the Oklahoma league has actively participated in all projects of the organization.

The league cooperated with the state nurses' association in a survey of nursing needs and resources in Oklahoma, conducted in September 1950 under the direction of a consultant from the U. S. Public Health Service. Recommendations made in the survey report are important to the future of nursing education in Oklahoma, and the league is working toward their implementation.
A two-day institute on leadership was held in January 1951 at the Extension Study Center of Oklahoma University in Norman. Attendance was large, and interest and participation in the group conferences was inspiring. 

An institute on diet and nutrition, directed especially to nursing arts instructors, clinical instructors, and dietitians, will be held in April in Tulsa. 

As another project for 1951, the league is planning panel discussions on various educational topics. Eight league members will act as leaders of the panels, and each panel has agreed to appear three times before meetings of district associations to aid them in their programs. 

Recruitment of new members is a major project of the entire membership of the league. Non-members are invited to attend program meetings. 

The annual meeting of the Oklahoma league will be held in October 1951 in Stillwater. 

OREGON

President: Eva Davis

New members in 1950: 9

No local leagues.

Committees: Advisory Committee to State Board of Nurse Examiners—Lucile Gregerson, Chairman

Committee on Careers in Nursing—Harriett Osborn, Chairman

Committee on Curriculum—Winifred Wolfe, Chairman

Committee on Finance—Roberta Richter, Chairman

Committee on Improvement of Nursing—Shirley Thompson, Chairman

Committee on Membership and Eligibility—Dorothy Vossen, Chairman

Committee on Nominations—Lucile Highy, Chairman

Committee on Program and Arrangements—Bernice Orwig, Chairman

Committee on Revisions—Olive Slocum, Chairman

The Oregon league does not function as the department of education of the state nurses’ association.

Activities: Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues, visited Oregon for three days following the Biennial Nursing Convention in San Francisco last May. While here, she met with several small conference groups and was presented to Oregon nurses at a tea.

Committee activities during the summer were concerned with planning for the annual meeting held September 10-11-12, 1950 in Bénd, in conjunction with the state nurses’ association and the state organization for public health nursing. Significant activity at this meeting was the acceptance of a suggestion made by the league that a joint board of the three organizations be formed. The league sponsored a joint luncheon and took an active part in all other events.

The board of directors of the Oregon league has met at two-month intervals during the year to expedite business matters, to stimulate and motivate committee activity, and to advise committee chairmen who attend the meetings. It has continued to take the initiative in the organization and development of the Joint Board of Directors of the Three State Nursing Organizations—the league, the state nurses’ association, and the state organization for public health nursing. Joint activities are being directed toward five major areas, namely: (1) recruitment; (2) improvement of nursing; (3) public relations; (4) structure; and (5) nursing resources for civil and military purposes.

The November meeting of the league was the result of joint planning on the part of the Committee on Program, the Committee on Curriculum, and the faculty of the
Teaching and Supervision Programs, School of Nursing, University of Oregon Medical School. The topic under consideration was curriculum planning and a report of the meeting was printed in the December 1950 issue of the Oregon Nurse.

"Curricular Problems" will be the theme of monthly program meetings during 1951. At the January meeting, Dr. James C. Coughlin spoke on "Effective Methods of Analyzing and Evaluating Curricula."

The March meeting included reports from nurses in Oregon who attended the ANA Advisory Council meeting and the meeting of the Joint Board of Directors of the Six National Nursing Organizations and a report from the nurses who attended the San Francisco institute on Atomic Warfare Nursing. At the April meeting there was a discussion of how we can include civil defense nursing in the nurses' preparation.

The Committee on Careers in Nursing has been most active in a coordinated program covering all major high schools in the state. Arrangements for visits to high schools are made in conjunction with the presentation of all opportunities in higher education under the auspices of either the university or the joint independent college organization.

In an attempt to make the Oregon Nurse its official organ, the league has assumed responsibility for submitting at least one good article for each issue of the magazine. A report of meetings to those not able to attend has evolved into an Oregon League Letter which we plan to continue on a bimonthly basis.

To help solve the problem of finances, the league sponsored the sale of tickets for the Civic Theater. An active membership drive is also under way to reach a large potential Oregon membership.

In the first year of the reorganized Oregon league, it is gratifying to report so much interest and whole-hearted cooperation on the part of the members of this and other nursing organizations.

PENNSYLVANIA

President: Edith D. Payne

New members in 1950: 222

Local leagues:
District No. 1 (Philadelphia)—Christine Lozzarine, President
District No. 2 (Eastern Pennsylvania)—Adele Miller, President
District No. 3 (Northeastern Pennsylvania)—Virginia Lowe, President
District No. 4 (Southeastern Pennsylvania)—Myra R. Prowell, President
District No. 5 (Central Pennsylvania)—Mrs. Mervene Ponas, President
District No. 6 (Pittsburgh)—Frances Purdy, President
Districts No. 7 and 8 (Northwestern Pennsylvania)—Mary K. A'Harrah, President

Committees:
Committee on Arrangements—Ann Jacobinsky, Chairman
Committee on Curriculum—Mrs. Louise C. Anderson, Chairman
Committee on Finance—Adele Miller, Chairman
Committee for the Improvement of Nursing Services—Margaret Jackson, Chairman
Committee on Lay Membership—Frances Purdy, Chairman
Committee on Measurement and Guidance—Ruth Jesse, Chairman
Committee on Membership—Mrs. Geraldine Ellis, Chairman
Committee on Nominations—Mrs. Edna Bailey, Chairman
Committee on Practical Nursing—Dorothy Moore, Chairman
Committee on Program—
Committee on Psychiatric Nursing and Mental Hygiene—Letitia Wilson, Chairman
Committee on Revision and Bylaws—Mrs. Movene Ponas, Chairman
Committee on University Extension Courses—Eleanor C. Rothrock, Chairman

The Pennsylvania league functions as the department of education of the state nurses' association.

Activities: The activities of the Pennsylvania league have been carried out by state league committees which are made up of the chairmen of the respective local league committees to insure active participation in educational affairs at the local level. A few of the more significant activities are as follows:

The Committee on Curriculum has worked with the state board of nurse examiners to effect some changes in the basic nursing curriculum in an effort both to improve the curriculum and to bring about more flexibility in educational requirements.

Eleven members of the Committee on Measurement and Guidance attended the September 1950 workshop on measurement and guidance planned by the Mid-Atlantic Committee of State League Presidents. These representatives accepted the responsibility of organizing similar workshops in each local league area.

The Committee for the Improvement of Nursing Services is assuming the responsibility for the work in that area for the state nurses' association as well as the league. Throughout the year, close working relationships have been evident between the district associations, the local leagues, and allied and lay groups. It is hoped that some definite plan will materialize in the ensuing months. We hope to obtain both a better understanding of our nursing and nursing education needs and a formulated plan for action.

A special committee is at work on the problem of providing better educational opportunities for graduate nurses who do not reside near universities or colleges where advanced nursing education courses are offered. This committee is attempting to locate problem areas and to identify the particular problems of the groups in these areas. Colleges and universities are evidencing interest by seeking conferences with members of the league.

The Committee on Psychiatric Nursing has assisted the state board of nurse examiners in securing educational programs in psychiatric nursing to meet the needs of schools of nursing in the state. All schools, with the exception of one, have completed plans for and are offering psychiatric affiliations to students in the basic program.

The state league is supporting the state nurses' association in a legislative program that has as its objective much-needed changes in the Nurse Practice Act and Mandatory Licensure for Professional Nurses. It is also supporting a bill for the licensure of practical nurses which is being sponsored by the Pennsylvania Department of Public Instruction.

Puerto Rico

President: Elena Bonilla
New members in 1950: 9
No local leagues.
Committees: Committee on Curriculum—Ana Falcon, Chairman
            Committee on Eligibility—Llama Llavina, Chairman
            Committee on Nominations—Agustina Besosa, Chairman
            Committee on Programs—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: Four regular meetings were held during the year at which league members and non-members such as representatives from other professional organizations, the department of health, and the University of Puerto Rico were present. One of these meetings was held with representatives from the Puerto Rico Dietetics Association to discuss the course on diet therapy and nutrition in the basic curriculum. A joint committee of representatives from both associations was organized for the purpose of studying the subject matter included in such courses and, in the light of findings, to make pertinent suggestions.

The work of the Committee on Tests and Measurement has been largely a continuation of the project started the previous year concerning the causes of a 2/3 failure rate on the examination for nurse registration. The committee has been working hard and has recommended (1) that a study of nursing education be made in Puerto Rico, and (2) that it be carried out under the auspices of the Superior Council of Education of the University of Puerto Rico. The following reasons justify such a study:

1. Nursing schools in Puerto Rico have been under the direction of noneducational institutions.
2. It is necessary to evaluate the nurse to find out if she is being properly equipped according to the demands of modern society, to the needs of the community in all aspects of the profession and the trends in general education.
3. As nursing service is so vital to the welfare of the community, the government should take an interest in investigating how the nursing schools (which are not under the direction of any official educational entity) are functioning.
4. With the present plans of the government to improve and extend medical services, it is obvious that more nurses will be needed. Investigation should be made as to whether we have the available resources to prepare more and better nurses.

In view of these justifications, steps should be taken:

1. To see if the present basic curriculum equips the student nurse to meet the demands of a growing society
2. To study and make pertinent recommendations as to the functions of the various nursing groups responsible for the care of the patient
3. To study the present status of the nursing schools in all aspects to see which are sacrificing nursing service or nursing education
4. To find out how many student nurses withdraw or are eliminated from the schools during the first six months, first, second, and third years, and for what reasons
5. To study the factors that are considered in the selection of student nurses
6. To create a public conscience in matters related to nursing service and nursing education, and to coordinate efforts toward this goal.

The Committee on Tests and Measurement is working with the commissioner of health in an effort to have this study carried out by the University of Puerto Rico in the near future.

Among the highlights of the year in the league activities has been a fifteen-minute weekly radio program, sponsored by the Committee on Program, in which the various nursing organizations, nursing institutions, and other professional, social, and civic groups participated. The subject matter has included topics related to nurses and nursing as well as material on general education. This program will continue during the coming year.

The Puerto Rico league cooperated with the Puerto Rico Nurses' Association in all activities carried out by this association during the past year.
Members of the league are serving on a number of state committees, including the Committee on Public Relations, the Committee on Nursing Resources to Meet Civil and Military Nursing Needs, and the Committee on Legislation.

Plans of the league for the coming year are as follows: (1) a study of nursing education, (2) membership drive, and (3) continuation of the radio programs.

RHODE ISLAND

President: Mrs. Mildred L. Hatton
New members in 1950: 13
No local leagues.
Committees: Committee on Curriculum—Evelyn Richardson, Chairman
Committee on Education of Graduate Nurses—Catherine Norris, Chairman
Committee on Eligibility—Matilda Holanetz, Chairman
Committee on Finance—Anna K. McGibbon, Chairman
Committee on Measurement and Guidance—Mrs. Florence W. Cooper, Chairman
Committee on Nominations—Rita Murphy, Chairman
Committee on Nursing Information—Louise White, Chairman
Committee on Practical Nursing—Helen Murdock, Chairman
Committee on Program—Mrs. Elsie Lewis, Chairman
Committee on Recruitment—Francis R. Flood, Chairman
Committee on Revisions—Nellie R. Dillon, Chairman

The Rhode Island league functions as the department of education of the state nurses' association.

Activities: The Rhode Island league continues to have an active interest in the recruitment of student nurses. The Committee on Recruitment has arranged for open house days in the schools of nursing during the week of March 26, 1951. Invitations have gone to all junior and senior high school students in the state as well as to guidance counselors and high school principals. The high school students will be taken on a tour of the hospital and school of nursing by the student nurses, and arrangements will be made for the teaching group to meet with the school of nursing faculty.

The Speakers' Bureau of the league has had a busy fall. Teams of nurses have addressed high school assemblies on the opportunities in nursing and have distributed a folder containing pertinent information about each school of nursing in the state. The folder was published by the league in April 1950. This year the speakers have emphasized the many values of the collegiate programs in nursing.

The league is planning a meeting of parents and school counselors at which requirements for student nurses will be outlined. Invitations will be distributed through state and local parent-teacher associations and the school of counselors' organization. Francis Flood, assistant director of nurses at the Veterans Administration Hospital, who is chairman of our Committee on Recruitment, has made us alert to the need for recruiting men nurses.

Although there is still no school for practical nurses in Rhode Island, the league has worked closely with the state director of nursing education and the state committee on nursing education in an effort to secure state funds for the starting of this project. Rooms in the Providence public schools have already been made available for teaching facilities.

The league was responsible for the program at the Rhode Island Annual Nursing Institute held at Pembroke College. Mrs. Agnes Chagas, chief of the Nursing Section,
Pan American Sanitary Bureau, Regional Office of the World Health Organization, spoke on "Nursing and World Health."

The Committee on Curriculum sponsored three all-day conferences on the following subjects: (1) teaching and integration of the biological and physical sciences; (2) evaluation of student's progress in the classroom; and (3) integration of social and health aspects in medical and surgical nursing courses. This committee is also attempting to provide more adequate instruction for student nurses in diet therapy and nutrition through the assistance of the nutritional consultant of the Rhode Island Department of Health.

Boston University and Rhode Island State College (Extension Department) have conducted academic and professional courses which have been requested by the league membership.

The Rhode Island league is grateful for the help which the National League is ever ready to give in solving local problems and for the information which is forwarded to the league whenever matters of national significance occur.

**SOUTH CAROLINA**

*President:* Marie A. Warncke

*New members in 1950:* 26

*No local leagues.*

*Committees:* Committee on Arrangements—Allie Greene, Chairman

Committee on Curriculum and State Board Problems—Sarah M. Padgett, Chairman

Committee on Eligibility—Mrs. Autumn Ballentine, Chairman

Committee on Finance—Mrs. Helen DeYoung, Chairman

Committee on Information—Mary Rearden, Chairman

Committee on Lay Membership—Mrs. Norman Lynch, Chairman

Committee on Measurement and Guidance—Isadora Poe, Chairman

Committee on Membership—Mrs. Helen Brunson, Chairman

Committee on Mental Hygiene—Ruth Puehler, Chairman

Committee on Nominations—Mrs. Ruth Birthright, Chairman

Committee on Practical Nurse Education—Ouida Roberts, Chairman

Committee on Program—Ira Dean Lane, Chairman

Committee on Revisions—Mrs. Hattie Truesdale, Chairman

Committee on School Library—Mrs. Carolyn Clark, Chairman

The South Carolina league functions as the department of education of the state nurses' association.

*Activities:* Since the Biennial Convention in May 1950, the South Carolina league has held three meetings. At the first meeting, on September 9, a program was presented by the Committee on Curriculum and State Board Problems, and the following areas in nursing education were considered: (1) preparation of instructors and head nurses; (2) teaching of attitudes; (3) Veterans Administration teaching program; (4) tuberculosis nursing; and (5) psychiatric nursing. The performance of South Carolina students on the November 1949 state board examinations was also discussed at this time.

The annual meeting of the league was held October 5-6, 1950 in Columbia, S. C., in conjunction with the state association of industrial nurses, the state nurses' association, and the state organization for public health nursing. Ruth Sleeper, director of the Massachusetts General Hospital School of Nursing, Boston, Mass., spoke at the joint program meeting on "Staff Education and Administrators' Responsibility for the Better Care of the Patient." The annual address of the league president was given before a
joint meeting for the first time, thus acquainting a larger group of nurses with the work and accomplishments of the league. Sponsorship of the state student nurses' association was turned over to the state nurses' association at this meeting. The students have made great progress with their organization, and we are very proud of their achievements.

On December 2, a representative from the state board of health and the state consultant in tuberculosis nursing spoke on the desirability of hospitals giving routine X-rays for screening patients for tuberculosis. A picture was shown illustrating methods. The second part of the meeting was devoted to a panel discussion of Nursing Schools at the Mid-Century, with particular emphasis on its relation to the schools in South Carolina.

The Committee on Nominations has accomplished the task of instituting the machinery for voting by mail. A few details still need to be improved upon, but it was found that many more votes were cast in this manner than ever before.

The league, working with the state nurses' association and the state hospital, has been successful in securing an affiliation in psychiatric nursing for student nurses. This program began in June 1950. The league and the state nurses' association are now making an effort to secure an affiliation in tuberculosis nursing within the state.

Committee projects for 1951 are as follows:

The Committee on Curriculum and State Board Problems is working on the suggestions presented at the annual meeting:

1. That a booklet be prepared on requirements and standards for accredited schools of nursing in South Carolina.
2. That class hours for students in schools of nursing be increased to meet at least the minimum requirements set forth in the 1937 Curriculum Guide.
3. That the maximum, as well as the minimum, clinical services in which a student should have experience be stated in accordance with the 1937 Curriculum Guide.
4. That the state board of nurse examiners approve all affiliation programs in the state before the affiliation begins.
5. That the educational facilities of the state hospital be increased to accommodate students from all schools of nursing in the state for affiliation in psychiatric nursing.
6. That eight weeks of tuberculosis nursing affiliation supplement communicable disease nursing in the home schools as soon as this affiliation is made available. This recommendation was made in view of the fact that, although all states require communicable disease nursing experience for all students in schools of nursing, no school in South Carolina offers sufficient experience.
7. That the state of South Carolina offer an affiliation in public health nursing when it is available.
8. That the state educational adviser visit each school of nursing at least once a year—or more often if a school needs help—and that a written report on each school be submitted, together with requirements and recommendations.

The Committee on Membership is working directly with each district and school in an effort to increase the membership.

The Committee on Measurement and Guidance is making a study of the admission tests used by each school of nursing in selecting students and has sent out a questionnaire on this matter to all schools. The ultimate objective is to obtain uniformity of selection methods throughout the state.

The annual meeting of the South Carolina league for 1951 will be held in Sumter on October 4-5-6, in conjunction with the other state nursing organizations.
SOUTH DAKOTA

President: R. Esther Erickson
New members in 1950: 8
No local leagues.

Committees: Committee on Affiliations—Verne Pattee, Chairman
Committee on Arrangements—Jean Hanna, Chairman
Committee on Curriculum—Sister M. Aloysius Ann, Chairman
Editorial Committee—Sister Jane Frances, Chairman
Committee on Eligibility and Membership—Agnes Thompson, Chairman
Committee on Exhibits—Sister Mary Charles, Chairman
Committee on Finance—Sister Mary Harriet, Chairman
Committee on Loan Library on Teaching Aids—Martha Knutson, Chairman
Committee on Measurement and Guidance—Mrs. Corinne Bidwell, Chairman
Committee on Mental Hygiene—Grace Blake, Chairman
Committee on Nominations—Sister Mary Dominic, Chairman
Committee on Program—Sister Mary Bernadette, Chairman
Committee on Public Relations—Myrtle Corcoran, Chairman
Committee on Revision—Marion Hagberg, Chairman
Committee on State Board Problems—Sister M. Desideria, Chairman
Committee on Student Personnel Policies—Sister Mary Bernadette, Chairman

The South Dakota league functions as the department of education of the state nurses' association.

Activities: The annual meeting of the South Dakota league was held in Yankton in October 1950. Total enrollment at that time had increased considerably over that of the previous year. The goal of the Committee on Eligibility and Membership is to increase the number of members to 100 in 1951 and to expand lay member participation.

The implementing of the educational recommendations resulting from a survey of nursing needs and resources in South Dakota is the present work of the Committee on Curriculum. Plans include:

1. A workshop on the organization of a collegiate program in nursing in South Dakota
2. An institute on ward administration
3. Encouragement and help in arranging in-service staff education in clinical teaching in each school of nursing in the state.

A three-day institute was held in Huron in November as the result of a mental hygiene study conducted in conjunction with the state board of health. The institute was well attended, and audience participation through group dynamic methods was very satisfactory. The South Dakota league plans to endorse the following:

1. Better mental health programs in schools of nursing
2. Cooperation with the state mental health association
3. Psychiatric nursing affiliation in our own state hospital.

A two-day institute will be held in Sioux Falls in March 1951, at which time Gladys S. Benz, director of the NLNE Department of Advisory Service to State Leagues, will visit the league and act as consultant. Board members and committee chairmen expect to receive much help and inspiration for our year's activities and in making plans for our annual meeting which is to be held in Mitchell in October.
The South Dakota league is cooperating with the state nurses’ association on the following:

1. Improvement of nursing service  
2. Redistricting the state  
3. Civil and military nursing needs  
4. Recruitment of students  
5. Public relations  
6. Maintaining a liaison member on ethical standards in nursing.

Several studies have been made by league committees pertaining to:

1. Personnel policies for student nurses  
2. State Board Test Pool grades  
3. Affiliation  
4. Mental hygiene  
5. The NLNE “Three-Year Study of Withdrawals.”

New areas of league activity for the following year are:

1. Balloting by mail to be tried for the first time  
2. Loan library on teaching aids to be established  
3. Guidance on planning and evaluating exhibits to be improved.

TENNESSEE

President: Alma E. Gault  
New members in 1950: 23  
Local leagues: Knoxville—Hazel Lee Goff, President  
Memphis—Mrs. Mary Grisez, President  
Nashville—Mrs. Elizabeth Clark, President  

Committees:

Committee on Arrangements—Lois Myers, Chairman  
Committee on Curriculum—Madge Sledge, Chairman  
Committee on Finance—Elizabeth Neubert, Chairman  
Committee on Institutes and Workshops—Jessie Stevenson, Chairman  
Committee on Membership—Mrs. Elizabeth Parsons, Chairman  
Committee on Nominations—Bivian Kimbrell, Chairman  
Committee on Personnel Policies and Practices—Mrs. Nina Basham, Chairman  
Committee on Program—Mabel Norman, Chairman  
Committee on Revisions—Sister Bernadette, Chairman  
Committee on Tests and Measurements—Laura Thigpen, Chairman  
Joint Committee for the Improvement of Nursing Services—Julia Herford, Chairman

The Tennessee league functions as the department of education of the state nurses’ association.

Activities: The following objectives of the Tennessee league indicate the scope of the 1950-51 program which the various committees are developing:

1. To further the improvement of nursing through a joint committee for the improvement of nursing services.
2. To assist, as may be indicated, in the development of local councils for nursing.
3. To make progress toward informing the profession and the public regarding the needs for nursing education through the distribution of Nursing Schools at the Mid-Century.
4. To enlist increased cooperation of an informed public in strengthening facilities through (a) enlarging and improving the educational facilities; (b) recruitment of students; (c) opportunities for strengthening existing facilities; and (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 nurse and lay potential members.

7. To provide an educational program for graduate nurses in the state through institutes and workshops and to encourage advanced preparation for members of faculties and potential members of faculties.

8. To encourage the Southern Regional Conference of State Leagues to formulate a program of regional cooperation in basic and graduate professional and practical 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.

10. To support the Tennessee Council for Nursing in its interest in nursing education and its work toward the formation of a state commission on nursing.

11. To stimulate the study on local levels of federal aid for nursing education.

12. To assist the student nurses in Tennessee in the creation of an effective student organization.

13. To develop and assist in the establishment of sound personnel policies and practices in schools of nursing.

14. To develop a council of local leagues.

15. To cooperate with the state nurses' association in making effective the two-organization structure in Tennessee.

16. To encourage schools of nursing in Tennessee to establish as their goal accreditation by the National Nursing Accrediting Service.

The Committee for the Implementation of the Barnes Report has been supplanted by an enlarged joint committee for the improvement of nursing services. Many of the activities of the committee are implemented through the Tennessee Council for Nursing. The council, at its regular quarterly fall meeting, approved in principle a six-point program for the "expansion and improvement" of the nursing education facilities of the state. The program was later presented to the governor and the state nurses' association. To make the program effective, action is necessary on the part of the state department as well the legislature. A bill is now being proposed to establish a commission on nursing. The six-point program calls for:

1. A greatly expanded program in basic professional nursing for the University of Tennessee

2. Development of professional nursing education units in state hospitals for the mentally ill

3. Development of education units in tuberculosis hospitals as they are opened

4. Development of teaching centers in public health agencies and community hospitals

5. Additional facilities and extension of existing programs and scholarships for graduate nurses

6. Establishment of a commission on nursing with an administrator and staff for a five-year period to develop the program on a state-wide basis.

The league is assisting the state nurses' association in every way possible in its efforts to have a stronger nurse practice act passed by the state legislature.

Institutes of two types have been planned for 1951. One on supervisory guidance technics will be held both in Knoxville and Nashville for faculties of schools of nurs-
ing and supervisory personnel. An institute on accreditation is planned for the three local leagues.

The Committee on Curriculum is actively exploring the need for curriculum development and making plans for improvements that are indicated.

The constitution and bylaws of the league were revised at the annual meeting in October 1950.

Consideration of the establishment of a council of local leagues is on the agenda for the mid-year board meeting.

**Texas**

*President:* Marjorie Bartholf

*New members in 1950:* 79

*Local leagues:* Austin—Charlotte Collier, President
   Central Texas (Temple and Waco)—Mrs. Mary Allen, President
   Dallas-Fort Worth—Laura Simms, President
   Galveston-Houston—Evelyn Calhoun, President
   Kasmieer (Amarillo)—Anna M. Tapken, President
   San Antonio—Mrs. Lillian Taubert, President
   Wichita Falls—

*Committees:* Committee on Curriculum—Julia Kasmieer, Chairman
   Committee on Convention Arrangements—Mrs. Ruth Joseph, Chairman
   Committee on Finance—Claire McGuire, Chairman
   Committee on Legislation—Maurine Bridwell, Chairman
   Committee on Measurement and Guidance—J. Katherine Bratton, Chairman
   Committee on Membership and Eligibility—Mrs. Hazel Johnson, Chairman
   Committee on Nominations—Jeanette Hughes, Chairman
   Committee on Revisions—Jessie Bewley, Chairman
   Committee on State Board Problems—Mrs. Ruth Maxon, Chairman

The Texas league does not function as the department of education of the state nurses' association.

**Activities:** The Texas league took the leadership in forming two joint committees of the three professional nursing organizations in the state—the league, the state organization for public health nursing, and the graduate nurses' association. These committees are (1) the Committee for the Improvement of Nursing Services and (2) the Governor's Committee, which is to advise the governor on appointments to the state board of nurse examiners.

The board of directors of the Texas league has reviewed its standing committees, abolishing some and consolidating their functions with others.

The annual joint institute of the league and the state organization for public health nursing was on communicable disease nursing. The two organizations are also working jointly on the problem of adequate preparation for school nursing. In addition, they sponsored one-day meetings throughout the state on tuberculosis nursing and joined with the nursing division of the state health department and the University of Texas School of Nursing in sponsoring a five-day in-service training program on tuberculosis nursing.

At the suggestion of the Committee on Curriculum, the local leagues are holding two-day workshops on accreditation of schools of nursing. These are conducted by nurses who have been sent out by the National Nursing Accrediting Service to review programs in schools of nursing.
The Dallas-Fort Worth league, together with the nursing division of the state health department, sponsored a five-day in-service training program on maternity nursing and child care.

Representatives of the Texas league met with representatives of the other state professional nursing organizations, the state medical association, and the hospital and practical nurse groups to formulate a bill for licensure of the practical nurse. It is hoped that the state legislature will take action on this matter during the 1951 session.

**Utah**

*President*: Katherine Brim

*New members in 1950*: 16

*No local leagues.*

**Committees**: Committee on Convention and Arrangements—Anna Williams, Chairman

Committee on Curriculum—Ada L. Burt, Chairman
Committee on Eligibility—Luella Hyatt, Chairman
Committee on Finance—Luella Hyatt, Chairman
Committee on Membership—Sister M. Berino, Chairman
Committee on Nominations—Olga Falls, Chairman
Committee on Program—Mrs. Dorothy Lowman, Chairman
Committee on Publicity—Jane Ernst, Chairman
Committee on Revision of Constitution and Bylaws—Edna Seidner, Chairman
Committee on Student Recruitment—Mildred Rordame, Chairman

The Utah league functions as the department of education of the state nurses' association.

**Activities**: The annual convention of the Utah league was held in Salt Lake City, October 6-7, 1950 in conjunction with the Utah State Nurses' Association.

During the past year the league has sponsored several institutes and seminars in cooperation with other organizations. National accreditation of schools of nursing was the subject of concentrated study at a seminar sponsored by the league and the College of Nursing, University of Utah. A one-week workshop on orthopedic nursing, co-sponsored by the league and the state division of public health nursing, was held during the summer with approximately 100 nurses in attendance from all parts of the state.

One of the most important projects of the Utah league for this year is participation with other nursing groups in the state civil defense program. This program has been reactivated because of the present world situation, and the league and the state nurses' association were asked to form a joint committee to plan for nurse participation. The committee has been very active and is working with other professional groups in the medical service area. Workshops are being planned and sponsored by the committee to help prepare nurses throughout the state to meet the nursing care needs of the people in time of disaster.

Monthly program meetings for this year have been concerned with the clinical teaching programs which are being carried out in the various schools of nursing in the state as well as affiliating agencies. Groups of students under the guidance of nurse instructors have been asked to present various teaching projects which they have undertaken while in the service. It is believed that these meetings have stimulated interest on the part of instructors to place more emphasis on clinical teaching programs and have developed a very keen interest on the part of students in such programs.

The Utah league is active in the state recruitment program for student nurses.
VERMONT

President: Geraldine Labecki
New members in 1950: 12
No local leagues.

Committees: Committee on Constitution and Bylaws—Sister St. Margaret Mary, Chairman
Committee on Curriculum—Lena Oakley, Chairman
Committee on Finance—Grace Buttolph, Chairman
Committee on Membership and Eligibility—Catherine Terrien, Chairman
Committee on Program—Faye Crabbe, Chairman

The Vermont league functions as the department of education of the state nurses' association.

Activities: The annual meeting of the Vermont league was held October 18, 1950 at the University of Vermont. Following a stimulating address on group dynamic technics by Dr. Robert B. Huber, professor of speech at the university, small discussion groups were formed to consider problems of administration, instruction, and student participation in schools of nursing. The group considering problems of student participation was composed entirely of students. It was the consensus of league members present that provision be made for small discussion groups at all future meetings.

The constitution of the Vermont league, as revised by the Committee on Constitution and Bylaws and approved by the National League, was accepted and will be printed for distribution to all members.

The Committee on Program has outlined plans for three one-day meetings to be held in Burlington on the general theme of guidance in schools of nursing.

The Committee on Curriculum has completed its two-year study of the ways in which a course in community nursing, as required by the state board of registration of nurses, may be incorporated in the total curriculum rather than taught separately. Committee recommendations have been sent to the state board and to all schools of nursing in the state.

The Committee on Finance, which has taken on the responsibility of fund raising in addition to budgeting, held a very successful turkey raffle before Christmas.

The Committee on Membership and Eligibility is making a decided effort this year to determine potential league membership in the state and to encourage active participation by present members.

VIRGINIA

President: Lois M. Austin
New members in 1950: 78

Local leagues: Charlottesville—Mary E. DeLacey, President
Richmond—Margaret L. Cavey, President

Committees: Committee on Arrangements—Louise M. Reynolds, Chairman
Committee on Curriculum—Sybil MacLean, Chairman
Committee on Eligibility—Glasselle Adams, Chairman
Committee on Finance—Marguerite Nicholson, Chairman
Committee on Measurement and Guidance—Mary W. Randolph, Chairman
Committee on Nominations—Jean Trentham, Chairman
Committee on Program—Margaret C. Sanner, Chairman
Committee on Publicity—Marie Schmidt, Chairman
Committee on Revisions—Mrs. Madeline W. Cox, Chairman
The Virginia league functions as the department of education of the state nurses' association.

Activities: This year has been one of growth for the Virginia league. The greatest step forward was the organization of two local leagues. The Charlottesville and Richmond leagues began the process of organization in April 1950 and were formally approved by the state league in October. Both groups have been very active and have had several interesting program meetings.

The Charlottesville league voted to meet four times yearly and to have programs dealing with education and guidance in nursing. In June 1950, a panel discussion was held on poliomyelitis nursing, and in October, Earl Boggs, associate professor at the University of Virginia, spoke to the membership on "The Philosophy of Education."

The Richmond league, which meets monthly, held a dinner meeting on June 1, 1950, at which time Helen Nahm, director of the National Nursing Accrediting Service, gave an over-all view of accreditation. On December 6, the local Committee on Ways and Means sponsored a "Nurses' Fair" in which all Richmond hospitals participated. The total amount raised was $1047.65. Plans of the Richmond league for the spring of 1951 are: (1) to co-sponsor a seminar with the Richmond Chapter of the American Heart Association, and (2) to hold an institute on April 10-11 on tests, measurements, and evaluation; and counseling and guidance.

Several programs have been provided by the Virginia league to help schools of nursing with their educational problems. In March 1950, a three-day conference on evaluation was conducted in Richmond by the Committee on Measurement and Guidance. Mary Walker Randolph and Frances Gordon, who attended the National Workshop on Evaluation in New York last year, arranged the program. Practically every school in the state was represented, as well as some schools in near-by states. The committee made plans at that time to hold a series of two-day follow-up conferences in four major areas of the state. This project will be carried out in the spring of 1951.

During the first two weeks of May 1950, the Virginia league sponsored a statewide recruitment program to obtain students for both basic professional and practical nurse programs. Activities in each community were initiated by a joint committee of the league and the graduate nurses' association. Church services were held for nurses on May 7; special window displays on nursing were arranged; and open house was held by schools of nursing to which all senior high school students interested in nursing, and their parents were invited. A small brochure on opportunities in nursing was distributed to high schools and to visitors attending recruitment programs. This brochure, which lists the basic professional and practical schools of nursing in the state, together with pertinent data on each, was prepared by the league with the cooperation of the state board of nurse examiners. A similar recruitment program will be conducted during 1951.

The 11th annual meeting of the Virginia league, held on May 17-20, 1950 in conjunction with the Golden Jubilee meeting of the graduate nurses' association, was attended by 149 league members. We learned at this meeting that we had really grown up as our business agenda could not be completed in the time allotted to us. We have requested a full morning session for 1951. The theme of the annual meeting, "Forever Onward," was carried out in the programs arranged by the league. The luncheon meeting, at which past presidents of the league and the officers of the forming local leagues were our guests, was devoted to a program on "Selection of Students for Schools of Nursing." The following topics were presented:

Use of Battery Tests—Frances Gordon, R.N., Nursing Arts Instructor, Medical College of Virginia School of Nursing, Richmond
Personal Interview—Virginia Stewart, R.N., Educational Director, Norfolk General Hospital, Norfolk

Orientation Program—Ray Beazley, R.N., Director, University of Virginia School of Nursing, Charlottesville; and Marie Schmidt, R.N., Director, Stuart Circle Hospital, Richmond

The league sent Sybil MacLean to participate in a work conference on regional planning for nursing and nursing education held at Plymouth, N. H., June 12-25, 1950. The president represented the league at a meeting of the Southern Regional Conference of State Leagues held in Atlanta, Ga., November 11, 1950. At this time the conference approved the motion to ask the Southern Regional Council on Education (1) to appoint a commission on nursing, (2) to secure the services of a full-time person to continue and complete the survey of nursing education needs in Southern states, and (3) to make recommendations and initiate plans for meeting these needs.

The membership has voted to become one of the member organizations in the Virginia Council on Health and Medical Care.

In December 1950 the board of directors appointed Margaret Moseley as acting secretary following the resignation of our former secretary whose own duties have become too many to permit her to carry out the secretarial activities of the league.

Several program meetings will be held by the Virginia league in the spring of 1951. The Committee on Curriculum is planning a conference, the date of which has not been set. The league is one of the nursing organizations sponsoring a series of conferences on tuberculosis nursing which will be held in Richmond, March 5-6; Norfolk, March 8-9; Roanoke, March 12-13; Charlottesville, March 15-16. Jean South, of the Joint Tuberculosis Nursing Advisory Service, will assist with the program. Conferences on evaluation, to be conducted by the Committee on Measurement and Guidance with the assistance of the local leagues, are scheduled for late March and early April.

The annual meeting of the Virginia league will be held in conjunction with the graduate nurses' association at Hot Springs on June 24-27, 1951.

The program activities of the league have been greatly expanded by the formation of the local leagues. It is through their activities that we can more adequately meet our nursing education problems in the local areas. It is hoped that additional local leagues will be formed in the areas where there is a sufficient number to join together.

WASHINGTON

President: Dorothy E. Glynn

New members in 1950: 34

No local leagues.

Committees:

- Committee on Finance—Virginia MacIvor, Chairman
- Committee on Membership—Jean Thompson, Chairman
- Committee on Nominations—Jean Boyle, Chairman
- Committee on Program—Mrs. Evelyn Burke, Chairman
- Committee on Revision of Constitution and Bylaws—Katherine Hoff- man, Chairman
- Joint Committee on Careers in Nursing—Vera Meeker, Chairman
- Joint Committee on Collegiate Schools of Nursing—Mrs. Mary Tschu- din, Chairman
- Joint Committee on Curriculum—Frederick Hanson, Chairman
- Joint Committee on Measurement and Guidance—Florence Muehl- hauser, Chairman
- Joint Committee on Pediatric Nursing—Virginia MacIvor, Chairman
Joint Committee on Psychiatric Nursing and Mental Hygiene—Helen Leavitt, Chairman
Joint Committee on Community and Rural Nursing—Hilda Boerhave, Chairman
Joint Committee on Tuberculosis—Nazleh Vizetelly, Chairman

The Washington league functions as the department of education of the state nurses' association.

Activities: The Washington league has continued joint committee activity with the state nurses' association for the year 1950-51. The committees on Finance, Nominations, Program, Revision of Constitution and Bylaws, and Membership are separate standing committees of each organization. The following joint committees are designated as being the primary responsibility of the league: Curriculum, Measurement and Guidance, Careers in Nursing, Tuberculosis, Psychiatric Nursing and Mental Hygiene, Pediatric Nursing, Community and Rural Nursing, and Collegiate Schools of Nursing. These committees are chaired by league members and have representation from the state nurses' association. All other committees are chaired by members of the state nurses' association and have representation from the league.

The Committee on Committees continues its functions and is developing a handbook for the purpose of assisting the other committees in their operations.

Under joint sponsorship, the U. S. Public Health Service was requested last year to study nursing resources and education in the state of Washington. The "Report of the Washington Nursing Study" was received in July 1950. The Citizen Advisory Committee, chaired by Dr. Raymond B Allen, president of the University of Washington, and the Technical Committee of the state league and state nurses' association met July 15 with Apolonia Olson, nurse consultant, U. S. Public Health Service, to discuss the recommendations contained in the report. Plans for the implementation of the recommendations as amended by committee action are progressing.

Regular monthly meetings of both eastern and western branches of the state league continue to be held. An all-day state meeting convened in Walla Walla in October 1950. A symposium on "Where Do We Stand in Regard to the 'Recommendations for Implementing NLNE Principles' in the State of Washington?" was followed by discussion on various related topics. Both the attendance and interest were beyond expectation.

The Joint Committee on Community and Rural Nursing has been very active, and is preparing recommendations for presentation at the joint board meeting in February 1951. The committee has found a real challenge in the recommendations of the Washington Nursing Study.

The Joint Committee on Psychiatric Nursing and Mental Hygiene prepared recommendations for standards in psychiatric nursing and psychiatric nursing education. An institute on mental hygiene is planned for the near future.

The state league and the state nurses' association have cooperated with the Washington State Board of Practical Nurse Examiners by studying jointly "Suggestions for Minimum Standards and Recommendations for Approved Courses in Practical Nursing." An all-day conference sponsored by the state board of practical nurse examiners was held in December 1950 for the purpose of discussing the above mentioned standards. The state league, the state nurses' association, the state medical association, junior colleges, vocational education, the state public health department, and the state practical nurses' association were all represented at the conference.

The Joint Committee on Nursing Service is taking an active part in planning for a study of nursing functions.

The University of Washington School of Nursing is sponsoring a series of institutes and workshops throughout the year, and the league has representation on the Planning
Committee. These programs are varied and are playing an important part in meeting
the needs of both nursing education and nursing service personnel in the state.

**WEST VIRGINIA**

*President:* Mrs. Emma J. Ralph

*New members in 1950:* 21

*NO REPORT*

**WISCONSIN**

*President:* Ruth Jane Hopper

*New members in 1950:* 39

*Local league:* Milwaukee—Sister M. Ethelreda, President

*Committees:* Committee on Audio-Visual Aids—Mrs. Signe S. Cooper, Chairman
Committee on Curriculum—Ellen Evans, Chairman
Committee on Finance—Sister M. Capistrana, Chairman
Committee on Measurement and Guidance—Sister M. Ethelreda, Chairman
Committee on Membership and Eligibility—Margaret Wilhelm, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Gertrude Sampe, Chairman
Committee on Nominations—Mabel Braucke, Chairman
Committee on Refresher Courses—Sylvia Haubrick, Chairman
Committee on Regional Meetings—Florence Rathmann, Chairman
Committee on Revisions—Sister M. Agreda, Chairman
Committee on Rural Health Nursing—Josephine Balaty, Chairman
Committee on Tuberculosis Nursing—Doris Kerwin, Chairman

The Wisconsin league functions as the department of education of the state nurses’ association.

*Activities:* An institute on tests in nursing was held at Marquette College of Nursing, Milwaukee, June 1-2, 1950. Dr. Robert L. Ebel was the director of the institute, assisted by Dr. Nick J. Topetzes and Elizabeth Fink.

The first meeting arranged by the newly appointed Committee on Regional Meetings was held at Madison on January 20, 1951 on the theme, “Faculty Organization.” Myrtle Kitchell, dean of the School of Nursing, University of Iowa, directed the program. The second regional meeting will be held in the Oshkosh-Fond du Lac area in April, at which time the subject under discussion will be “Integrating the Social and Public Health Aspects of Nursing in the Basic Curriculum.” The third and last meeting of the year will be held in the Wausau-Eau Claire area in June, conducted by the Committee on Audio-Visual Aids.

The Committee on Mental Hygiene and Psychiatric Nursing is engaged in the study of a special program for psychiatric aides.

The Committee on Rural Health Nursing is making an extensive study of rural health nursing in Wisconsin.

A special committee has been appointed by the board of directors to plan the content of refresher courses which will be conducted for inactive nurses.

The Committee on Tuberculosis Nursing has been very active during the past year.

The Milwaukee league, which is made up of the majority of league members in the state, has held regular monthly meetings, all of which were well attended. At a meeting on February 26, 1951, the guest speaker was Gladys S. Benz, director of the NLNE Department of Advisory Services to State Leagues.
OPENING BUSINESS SESSION

Monday, May 7—9:00 a.m.—12:00 m.

The opening business session, held in the Imperial Ballroom of the Hotel Statler, Boston, Mass., on Monday, May 7, 1951, was called to order by Agnes Gelines, the president, at 9:00 a.m. Members from 36 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 and invited all to participate in discussions but stated that only fully instated members could exercise the privilege of voting. She also stated the requirement that all motions be presented in written form. The reports which follow were then requested.

REPORT ON THE ELECTIONS OF LEAGUE OFFICERS
AND THE COMMITTEE ON NOMINATIONS

New York, New York
April 30, 1951

Mrs. Henrietta A. Loughran, Secretary
National League of Nursing Education
2 Park Avenue
New York 16, N. Y.

My dear Mrs. Loughran:

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 Vice President, Secretary, Nurse Directors, and Committee on Nominations.

The results of the voting are as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total valid ballots</td>
<td>4,435</td>
</tr>
<tr>
<td>Invalid ballots:</td>
<td></td>
</tr>
<tr>
<td>Names and address not properly indicated on outside envelopes</td>
<td>48</td>
</tr>
<tr>
<td>Postmarked after April 13</td>
<td>106</td>
</tr>
<tr>
<td>Two ballots in one envelope</td>
<td>2</td>
</tr>
<tr>
<td>Total ballots received</td>
<td>4,591</td>
</tr>
</tbody>
</table>

Vice President:
- Mrs. Deborah M. Jensen: 2,537
- Alma E. Gault: 1,861

Secretary:
- Frances H. Cunningham: 2,718
- Marjorie Bartholf: 1,668

*Bylaws—Article IX, Sec. 4. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
Nurse Directors:
Lulu K. Wolf ................................................................. 2,895
Loretta E. Heidgerken .................................................. 2,792
Elizabeth L. Kemble .................................................... 2,522
Mildred I. Lorentz ....................................................... 2,421
Emily C. Cardew ......................................................... 1,965
Anna Dryden Wolf ....................................................... 1,811
Lucy Harris ................................................................. 1,565
Carrie M. Spurgeon ..................................................... 1,471

Committee on Nominations:
Dorothy Wilson ............................................................ 2,642
Mrs. Elizabeth F. Harris .............................................. 2,399
Sister Thomas Francis .................................................. 2,339
Mary M. Foley ............................................................. 2,144
Lucile Gregerson ......................................................... 2,111
Mrs. Emma W. Stapleton .............................................. 1,396

Very truly yours,

BERNER AND DERRY
[Certified Public Accountants]

Respectfully submitted,

OLGA B. FROJEN, Chairman of Tellers
SHEILA M. DWYER, 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.

Vice President—Mrs. Deborah M. Jensen
Secretary—Frances H. Cunningham
Nurse Directors—Lulu K. Wolf, Loretta E. Heidgerken, Elizabeth L. Kemble, Mildred I. Lorentz
Committee on Nominations—Dorothy Wilson, Mrs. Elizabeth F. Harris, Sister Thomas Francis

In accordance with the Bylaws, the president then appointed two additional members to the Committee on Nominations as follows:

Helen Schwarz (Minn.), chairman
Mrs. Carolyn Widmer (Conn.)

It was moved and voted that the ballots be destroyed.

REPORT OF THE SECRETARY

The Board of Directors of the National League of Nursing Education has discharged its responsibilities to the membership through wise use of the means provided and through development of operational patterns and procedures to serve the educational interests of the profession as a whole.
The minutes of its pre- and post-convention meetings held in San Francisco, May 4-6 and 12, 1950, and those of the January 22-27, 1951 meeting in New York, show the careful consideration given reports on all League activities and the Board action thereon. These minutes, together with copies of exhibits and reports, are indexed, bound, and filed for reference in the headquarters office.

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 mailing the 1951 ballots to all League members.

Call-to-meeting for the 1951 Convention in Boston has been sent to all members of the National League of Nursing Education.

The annual reports of the president, executive director, departmental directors, and committees, show details of business conducted during the year, and these items are therefore omitted from this summary. The secretary would, however, like to comment on certain activities and methods used by the Board to forward the League's objectives.

During the past year the Board and the staff of the National League of Nursing Education have attempted to put into action the major administrative recommendations presented in the study of headquarters by Booz, Allen, and Hamilton. The executive director has achieved departmental organization for administration with excellent results. The department heads and the executive director have had the advantage of interim correspondence and preliminary meetings with advisory committees of the Board. This procedure has allowed more time for consideration of departmental achievements and problems than a previous method of primary consideration by the Board as a whole. The later action by the Board on departmental reports and recommendations has been more helpful to the staff and less time consuming.

Efforts of the executive director and the department heads have also resulted in improved working conditions for the entire staff. It has been possible to provide ways and means of implementing most of the personnel policies advised by the business consultants.

The League joined with other national professional nursing organizations in the move to 2 Park Avenue, where the location on one floor has already promoted a coordination of operations.

While the League Board and staff have spared no effort to improve operations, they have also promoted the longer range objectives of the Joint Board of Directors of the Six National Nursing Organizations and the Joint Coordinating Committee on Structure.

The records show this year's consistent progress, beginning with the pre-convention opinionnaire poll of the League to approve the two-organization plan for national nursing structure.

Following the Convention, an official mail vote of the membership was taken, with the following results:
Number of ballots returned

| 1. a. In favor of change of structure | 4,185 |
| b. No change in structure favored | 693 |
| c. No vote on this question | 88 |
| 2. a. In favor of one organization | 1,017 |
| b. In favor of two organizations | 3,889 |
| c. No vote on this question | 60 |

In accord with the majority vote favoring change in structure to two national nursing organizations, the League Board appointed representatives to a Joint Coordinating Committee on Structure, responsible to the Joint Board of Directors of the Six National Nursing Organizations. This joint coordinating committee plans to be ready with a proposed constitution and bylaws by late fall 1951 for Board consideration in January 1952 and submission to the membership at the 1952 Convention.

The present organization of the Joint Board has served in the national emergency through a Joint Committee on Nursing in National Security, which prepared a statement on “Mobilization of Nurses for National Security” submitted to the Joint Board in January 1951. It has also served to develop methods of conducting affairs of joint concern to all nursing organizations. The League Board and committee members have taken active part in all these proceedings.

The year’s records also show the Board’s effort to give consideration to expressed opinions and needs of nurse educators throughout the country. Visits to state and local leagues were made to discover progress and problems. State league presidents were also asked to call to the Board’s attention outstanding issues and trends. The Board gave consideration to these suggestions throughout its meetings and conferences with the staff.

A plan to assist regional groups of state leagues in solving some of their nursing education problems has been suggested to state league presidents. Consultant services of certain headquarters experts have been offered.

The feeling has been expressed that more time should be used in planning coordinated methods of meeting some of the major issues of these times. Ways and means must be found to bring the League membership of 11,442 into action on regional and national problems of nursing and nursing education. The Board and the headquarters staff are most anxious to help promote the national objective of nursing education for nursing service.

The Board of Directors records with deep regret the deaths of members of the National League of Nursing Education whose names follow:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bendel, Louise F.</td>
<td>April 1950</td>
</tr>
<tr>
<td>Bristow, Margaret</td>
<td>April 22, 1950</td>
</tr>
<tr>
<td>Byrne, Isabelle</td>
<td>November 21, 1950</td>
</tr>
<tr>
<td>Coffman, Grace M.</td>
<td>August 13, 1950</td>
</tr>
<tr>
<td>Douglas, Audrey J.</td>
<td>November 21, 1949</td>
</tr>
<tr>
<td>Gerald, Mrs. Margaret P.</td>
<td>October 9, 1949</td>
</tr>
<tr>
<td>Green, Mabel D.</td>
<td>December 9, 1949</td>
</tr>
</tbody>
</table>
GRETTER, MRS. LYSTRA
JONES, RUTH E.
LONG, MRS. ESTHER IRBY
MCKINLEY, LANNIE R.
MORAN, MARY A.
ROBINSON, MARY ELIZABETH
ROPER, LUCY A.
SCHNETZER, HELEN M.
SISTER M. AMBROSE MORGAN
SISTER MARY TIMOTHY IMHOF
SISTER RITA QUINAN
SMITH, LUella CAROLINE
TRELSTAD, INEZ

February 27, 1951
May 1, 1950
September 22, 1950
June 23, 1950
January 17, 1950
November 10, 1950
August 21, 1949
November 14, 1949
May 6, 1950
May 9, 1950
August 12, 1950
May 30, 1949
February 3, 1951

Supplementary report

At the January meeting of the League Board of Directors, which followed the writing of the above report, the Board considered the recommendations of Gladys S. Benz, director of the Department of Advisory Service to State Leagues of Nursing Education, regarding changes in plans for services to state leagues based upon her observations during field visits. In the opinion of Miss Benz, state leagues could best be served as groups within a region rather than by one-day visits to each league.

Plans were made for Headquarters to help develop regional conferences of state leagues and to provide consultants from the League departments of Services to Schools of Nursing and Measurement and Guidance, and from the National Nursing Accrediting Service and other joint services who might help the states within various regions solve their problems of nursing education and organization. The first three regional conferences planned for this year are to be centered in Georgia for the Southern Region; in Nebraska for the Central Plains Region; and in Utah for the Rocky Mountain Region and Western Region.

Since field visits have previously been considered a responsibility which the executive director shared with her assistants, Miss Benz has recommended that the separate Department of Advisory Service to State Leagues be discontinued and that field and other services be assigned to the executive director’s office. The League Board, accordingly, has provided the executive director with a general assistant and a research assistant. It is hoped that the needs of the state leagues can be met effectively through such Headquarters services and through the planned regional conferences.

While the former plan of annual visits to leagues by Miss Benz proved too unwieldy and too brief to provide real help to the states, it did bring many local problems into national focus, and, through this method, Miss Benz made an outstanding contribution to the League’s progress which will stimulate all of us to more effective action. Miss Benz has resigned, effective September 1, 1951. The League Board and the Council of State Leagues wish to express their keen appreciation for her past work and for her help.
in the development of this new plan which will serve state leagues and schools of nursing.

Respectfully submitted,

HENRIETTA ADAMS LOUGHRAN, Secretary

IN MEMORIAM

The president expressed the deep regret of the League over the death of Mrs. Lystra Gretter, who expired on February 27, 1951. Mrs. Gretter was president of the League in 1901 when the organization was known as the American Society of Superintendents of Training Schools for Nurses, and also was the author of the Florence Nightingale Pledge.

The audience rose for a moment of silent tribute to the memory of Mrs. Gretter.

REPORT OF THE TREASURER

Miss Henrietta Doltz, R.N., Treasurer
National League of Nursing Education
2 Park Avenue
New York 16, New York

DEAR MADAM:

We have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1950 and present the accompanying three exhibits and six schedules:

Exhibit A—Schedule 1—Committee on Careers in Nursing, Statements of Receipts and Expenditures.
Exhibit A—Schedule 2—National Nursing Accrediting Service, Statement of Receipts and Expenditures.
Exhibit A—Schedule 3—National Committee for the Improvement of Nursing Services, Statements of Receipts and Expenditures.
Exhibit A—Schedule 5—Committee on Postgraduate Clinical Nursing Courses, Statement of Receipts and Expenditures.
Exhibit C—M. Adelaide Nutting Award Fund, Statement of Receipts and Expenditures for the Year Ended December 31, 1950.

New York, New York
January 16, 1951
In connection with the foregoing, without making a detailed audit of the transactions, we have examined or tested accounting records and other supporting evidence in accordance with generally accepted auditing standards applicable in the circumstances.

Recorded cash receipts were compared with the deposits appearing on the bank statements and all recorded receipts were found to have been deposited in the bank. Disbursements were verified by examination of cancelled checks and tested to approved vouchers.

Cash in bank at the close of the period was reconciled with confirmations obtained from the depositories. The securities were verified by examination and the petty cash fund was counted during the course of our examination and was found to be in accordance with the requirement.

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, 1950 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, 1950

**Assets:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash in Banks:</strong></td>
<td></td>
</tr>
<tr>
<td>Checking Accounts</td>
<td>$135,058.10</td>
</tr>
<tr>
<td>Savings Accounts</td>
<td>36,744.67</td>
</tr>
<tr>
<td>M. Adelaide Nutting Award Fund</td>
<td>398.15</td>
</tr>
<tr>
<td><strong>Petty Cash Fund</strong></td>
<td>500.00</td>
</tr>
<tr>
<td><strong>Securities:</strong> U.S. Savings Bonds G, 2½% Due 1960</td>
<td>20,000.00</td>
</tr>
<tr>
<td><strong>Accounts Receivable:</strong></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>9,394.49</td>
</tr>
<tr>
<td>Department of Measurement and Guidance</td>
<td>36,766.68</td>
</tr>
<tr>
<td>National Nursing Accrediting Service</td>
<td>412.00</td>
</tr>
<tr>
<td>National Committee for Improvement of Nursing Services</td>
<td>662.00</td>
</tr>
<tr>
<td><strong>Advance for Travel:</strong></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>144.00</td>
</tr>
<tr>
<td>National Committee for Improvement of Nursing Services</td>
<td>75.00</td>
</tr>
<tr>
<td><strong>Prepaid Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Postmaster, N. Y. (on Deposit)</td>
<td>25.00</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$242,278.58</td>
</tr>
</tbody>
</table>
**Liabilities and Unexpended Balances:**

**Liabilities:**
- Accounts Payable $508.56
- Associated Hospital Service of N. Y. 86.46

**Unexpended Balances for Special Projects:**
- Committee on Careers in Nursing, per Schedule 1 3,173.78
- National Nursing Accrediting Service, per Schedule 2 1,372.97
- National Committee for the Improvement of Nursing Services:
  - General Committee, per Schedule 3 996.05
  - W. K. Kellogg Foundation Grant, 1950-1951, per Schedule 3 62,592.93
- Psychiatric Nursing Training—U. S. Public Health Service Grant, 1950-1951, No. 2M-5164-C3, per Schedule 4 7,325.19
- Committee on Postgraduate Clinical Nursing Courses, per Schedule 5 1,493.39
- Committee on Careers in Nursing—Contributions Designated for Year 1951 29,459.00
- Deferred Income—Membership Dues for 1951 3,554.00

**Net Assets, December 31, 1950**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund, per Exhibit B</td>
<td>$76,318.10</td>
</tr>
<tr>
<td>Reserve Fund</td>
<td>55,000.00</td>
</tr>
<tr>
<td>M. Adelaide Nutting Award Fund, per Exhibit C</td>
<td>398.15</td>
</tr>
<tr>
<td><strong>Total Funds, December 31, 1950</strong></td>
<td><strong>$131,716.25</strong></td>
</tr>
</tbody>
</table>

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**EXHIBIT A—SCHEDULE 1**

**Committee on Careers in Nursing**

**Statements of Receipts and Expenditures**

**General Committee**

**For the Year Ended December 31, 1950**

**Deficit, December 31, 1949** $29.06

**Receipts:**

- **Contributions:**
  - National League of Nursing Education $4,000.00
  - American Nurses' Association 3,000.00
  - American Hospital Association 5,000.00
  - National Organization for Public Health Nursing 1,000.00
  - Association of Collegiate Schools of Nursing 25.00
  - Blue Cross Commission of the American Hospital Association 5,000.00
  - American Association of Industrial Nurses 10.00
  - Hospitals With Schools 16,239.20
  - Hospitals Without Schools 3,490.60
  - Organizations and Individuals 1,145.00
  - Sales of Materials 10,743.08

**Total Receipts** 49,673.18

**Total Expenditures** 49,644.12
Expenditures:
Salaries ........................................ $ 18,499.00
Rent .................................................. 1,597.42
Telephone and Telegraph ................. 901.88
Printing ........................................... 2,555.78
Letter Service .................................. 2,747.23
Postage and Express ......................... 3,364.40
Equipment ....................................... 739.79
Shipping .......................................... 972.74
Supplies .......................................... 1,218.27
Library ............................................. 22.13
Insurance ......................................... 75.00
Legal Fees ........................................ 200.00
Materials (Printing, etc.) ................. 11,748.64
Miscellaneous ................................... 98.55
Clerical and Professional Fees ........... 462.19
Travel ............................................. 657.55
Stationery ........................................ 629.75
Balance, December 31, 1950, per Exhibit A $ 46,470.34

National Foundation for Infantile Paralysis Grant
For the Period from May 6, 1949 to June 30, 1950

Receipts:
Grant from National Foundation for Infantile Paralysis $ 18,500.00

Expenditures:
Supplies and Stationery .................. $ 996.06
Printing ........................................ 16,334.69
Service in Preparation of Folders ....... 125.00
Postage .......................................... 600.11
Mimeographing ................................ 444.14
Balance, June 30, 1950 ...................... 18,500.00

EXHIBIT A—SCHEDULE 2
National Nursing Accrediting Service
Statement of Receipts and Expenditures for the Year Ended
December 31, 1950

Balance, December 31, 1949 ................ $ 301.12
Receipts:
Contributions:
National League of Nursing Education ...... $ 2,500.00
American Nurses' Association .............. 12,000.00
National Organization for Public Health Nursing 2,000.00
American Association of Industrial Nurses 10.00
Application Fees ................................ 2,325.00
New Survey Fees ................................ 20,050.00
Resurvey Fees .................................. 23,200.00
Annual Fees ..................................... 6,631.25
Sale of: Manual ................................ 4,386.00
Skit .................................................. 6.00
Application Forms ............................. 7.50
Annual Report Forms ......................... 4.00 73,119.75

$ 73,420.87
Expenditures:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$26,484.30</td>
</tr>
<tr>
<td>Rent</td>
<td>2,750.00</td>
</tr>
<tr>
<td>Maintenance</td>
<td>1,095.76</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>214.03</td>
</tr>
<tr>
<td>Telephone and Telegraph</td>
<td>737.90</td>
</tr>
<tr>
<td>Postage and Shipping</td>
<td>1,253.82</td>
</tr>
<tr>
<td>Mimeoographing</td>
<td>2,158.41</td>
</tr>
<tr>
<td>Office Supplies and Stationery</td>
<td>921.29</td>
</tr>
<tr>
<td>Printing</td>
<td>119.29</td>
</tr>
<tr>
<td>Subscriptions, Text Books, etc.</td>
<td>31.12</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>32.15</td>
</tr>
<tr>
<td>Printing Manual</td>
<td>2,465.00</td>
</tr>
<tr>
<td>Travel: Boards of Review</td>
<td>4,030.03</td>
</tr>
<tr>
<td>Representatives</td>
<td>15,614.12</td>
</tr>
<tr>
<td>Committee on Unification of Accrediting Activities</td>
<td>1,094.89</td>
</tr>
<tr>
<td>Special Meetings and Conventions</td>
<td>401.79</td>
</tr>
<tr>
<td>Honoraria</td>
<td>12,629.00</td>
</tr>
<tr>
<td>Legal Fees</td>
<td>15.00</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1950, per Exhibit A</strong></td>
<td><strong>$72,047.90</strong></td>
</tr>
</tbody>
</table>

**EXHIBIT A—SCHEDULE 3**

National Committee for the Improvement of Nursing Services

Statements of Receipts and Expenditures

General Committee

For the Year Ended December 31, 1950

**Deficit, December 31, 1949** $4,565.04

**Deduct—Transferred to:**
- Rockefeller Foundation Grant $2,333.34
- W. K. Kellogg Grant (1949-1950) 1,115.85 $3,449.19

**Receipts:**

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>National League of Nursing Education</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>American Nurses' Association</td>
<td>2,000.00</td>
</tr>
<tr>
<td>National Organization for Public Health Nursing</td>
<td>1,333.00</td>
</tr>
<tr>
<td>Association for Collegiate Schools of Nursing</td>
<td>100.00</td>
</tr>
<tr>
<td>American Association of Industrial Nurses</td>
<td>10.00</td>
</tr>
<tr>
<td>Honoraria and Contributions</td>
<td>403.44</td>
</tr>
<tr>
<td>Sale of: Nursing Schools at the Mid-Century</td>
<td>6,050.00</td>
</tr>
<tr>
<td>Reprints</td>
<td>12.73</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>$10,911.17</td>
</tr>
</tbody>
</table>

**Expenditures:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$2,921.23</td>
</tr>
<tr>
<td>Rent</td>
<td>926.18</td>
</tr>
<tr>
<td>Legal Fees</td>
<td>50.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>75.00</td>
</tr>
<tr>
<td>Printing (Mid-Century)</td>
<td>4,366.93</td>
</tr>
<tr>
<td>Postage and Express</td>
<td>305.49</td>
</tr>
<tr>
<td>Shipping</td>
<td>154.44</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$8,799.27</td>
</tr>
</tbody>
</table>

**Balance, December 31, 1950, per Exhibit A** $996.05
Rockefeller Foundation Grant  
*For the Period from September 8, 1949 to June 30, 1950*

**Receipts:**
- Grant from Rockefeller Foundation .................................. $ 7,000.00
- **Deduct**—Transferred from General Committee—Share of Deficit for Year 1949 ........................................... 2,333.34

**Expenditures:**
- Salaries ........................................................................... $ 4,583.30
- Stationery ......................................................................... 83.36

**Balance, June 30, 1950** .................................................. $ 4,666.66

W. K. Kellogg Foundation Grant  
*For the Period from November 1, 1949 to May 31, 1950*

**Receipts:**
- Grant from W. K. Kellogg Foundation ................................. $ 10,500.00
- **Deduct**—Transferred from General Committee—Share of Deficit for Year 1949 ........................................... 1,115.85

**Expenditures:**
- Salaries ........................................................................... $ 5,105.78
- Telephone and Telegraph .................................................. 446.72
- Postage and Express .......................................................... 485.34
- Printing ............................................................................. 6.29
- Mimeographing ................................................................ 276.71
- Travel ................................................................................ 2,829.86
- Miscellaneous .................................................................. 103.61
- Expenses Not in Budget .................................................... 127.22
- Shipping ............................................................................ 2.62

**Balance, December 31, 1950** ........................................... $ 9,384.15

W. K. Kellogg Foundation Grant  
*For the Period from September 1, 1950 to December 31, 1950*

**Receipts:**
- Grant from W. K. Kellogg Foundation ................................. $ 70,000.00

**Expenditures:**
- Salaries ........................................................................... $ 4,720.08
- Rent .................................................................................. 478.29
- Equipment ........................................................................ 138.78
- Travel: Staff .................................................................... 95.92
  - National Committee for the Improvement of Nursing Services Meeting ........................................... 33.55
  - Subcommittee Meeting .................................................. 1,510.58
  - Miscellaneous ............................................................... 67.40
- Office Supplies ............................................................... 59.02
- Postage and Express ....................................................... 11.92
- Printing and Mimeographing ......................................... 23.55
- Telephone and Telegraph ............................................... 70.91
- Miscellaneous .................................................................. 197.07

**Balance, December 31, 1950, per Exhibit A** .......................... $ 62,592.93
### REPORTS OF OFFICERS

**EXHIBIT A—SCHEDULE 4**

Psychiatric Nursing Training, United States Public Health Service Grants
Statements of Receipts and Expenditures

Grant MHT C358-4
*For the Period from July 1, 1949 to June 30, 1950*

<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>
<tr>
<td></td>
<td>$ 15,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries: Professional</td>
<td>$ 3,241.35</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>2,692.21</td>
</tr>
<tr>
<td>Travel</td>
<td>3,359.76</td>
</tr>
<tr>
<td>Consumable Supplies</td>
<td>500.29</td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>1,111.00</td>
</tr>
<tr>
<td>Other Expenses—Postage</td>
<td>2,281.01</td>
</tr>
<tr>
<td><strong>Balance Forwarded to Grant 2M-5164-C3</strong></td>
<td>$ 13,185.62</td>
</tr>
<tr>
<td><strong>Balance Forwarded to Grant 2M-5164-C3</strong></td>
<td>$ 1,814.38</td>
</tr>
</tbody>
</table>

Grant 2M-5164-C3
*For the Period from July 1, 1950 to December 31, 1950*

<table>
<thead>
<tr>
<th>Receipts:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Received from U. S. Public Health Service</td>
<td>$ 7,500.00</td>
</tr>
<tr>
<td><strong>Add—Balance Forwarded from Grant MHT C358-4</strong></td>
<td>1,814.38</td>
</tr>
<tr>
<td>Rebate on Expenses of Grant MHT C358-4</td>
<td>45.02</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>$ 9,359.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries: Professional</td>
<td>$ 1,226.16</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>741.22</td>
</tr>
<tr>
<td>Consumable Supplies—Mimeographing</td>
<td>34.48</td>
</tr>
<tr>
<td>Other Expenses—Postage</td>
<td>32.35</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1950, per Exhibit A</strong></td>
<td>$ 2,034.21</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1950, per Exhibit A</strong></td>
<td>$ 7,325.19</td>
</tr>
</tbody>
</table>

### EXHIBIT A—SCHEDULE 5

Committee on Postgraduate Clinical Nursing Courses
Statement of Receipts and Expenditures for the Year Ended
December 31, 1950

| Balance, December 31, 1949                     | $ 1,571.62    |

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>78.23</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1950, per Exhibit A</strong></td>
<td>$ 1,493.39</td>
</tr>
</tbody>
</table>
## EXHIBIT B

**Statement of Income and Expenses of the General Fund and Changes in the Balance of That Fund for the Year Ended December 31, 1950**

### Income

**General:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$59,210.00</td>
</tr>
<tr>
<td>Publications:</td>
<td></td>
</tr>
<tr>
<td>Records</td>
<td>32,344.34</td>
</tr>
<tr>
<td>Others</td>
<td>21,819.26</td>
</tr>
<tr>
<td>Photographs</td>
<td>63.50</td>
</tr>
<tr>
<td>Slides</td>
<td>702.25</td>
</tr>
<tr>
<td>Films</td>
<td>55.00</td>
</tr>
<tr>
<td>Interest (Savings Accounts and Securities)</td>
<td>1,198.75</td>
</tr>
<tr>
<td>Convention—Exhibit and Registration Fees</td>
<td>4,530.17</td>
</tr>
<tr>
<td>Program Advertising</td>
<td>329.55</td>
</tr>
<tr>
<td>Contributions</td>
<td>98.00</td>
</tr>
<tr>
<td>Royalties</td>
<td>240.81</td>
</tr>
</tbody>
</table>

**Department of Measurement and Guidance:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Nursing and Guidance Test Service</td>
<td>$89,183.50</td>
</tr>
<tr>
<td>Achievement Test Service</td>
<td>79,236.50</td>
</tr>
<tr>
<td>State Board Test Pool Service</td>
<td>90,153.29</td>
</tr>
<tr>
<td>Graduate Nurse Test Service</td>
<td>15,977.50</td>
</tr>
<tr>
<td>Practical Nurse Test Service:</td>
<td></td>
</tr>
<tr>
<td>State Board</td>
<td>11,665.00</td>
</tr>
<tr>
<td>Achievement</td>
<td>702.00</td>
</tr>
<tr>
<td>Pre-Admission</td>
<td>1,260.00</td>
</tr>
</tbody>
</table>

**Total Income**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$408,769.42</td>
</tr>
</tbody>
</table>

### Expenses

**General**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Business Administration</td>
<td>$117,836.90</td>
</tr>
<tr>
<td>Department of Measurement and Guidance</td>
<td>37,115.35</td>
</tr>
<tr>
<td>Department of Advisory Services to State Leagues</td>
<td>198,529.65</td>
</tr>
<tr>
<td>Department of Services to Schools of Nursing</td>
<td>9,467.04</td>
</tr>
</tbody>
</table>

**Total Expenses, per Schedule 1**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>371,534.19</td>
</tr>
</tbody>
</table>

**Excess of Income over Expenses**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$37,235.23</td>
</tr>
</tbody>
</table>

### General Fund

**Balance, December 31, 1949**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$38,955.05</td>
</tr>
</tbody>
</table>

**Add—Refund of Contributions in Prior Years**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>127.82</td>
</tr>
</tbody>
</table>

**Balance, December 31, 1950, per Exhibit A**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$76,318.10</td>
</tr>
</tbody>
</table>
# REPORTS OF OFFICERS

## Exhibit B—Schedule 1

Statement of Expenses of the General Fund for the Year Ended December 31, 1950

### General:
- **Salaries**: $35,089.52
- **Rent—Premises**: 3,175.96

### Travel and Expenses of:
- **Board of Directors**: 5,449.73
- **President**: 249.33
- **Executive Director**: 807.98
- **Directors and Staff Members**: 850.85
- **Appointed Representatives**: 679.91
- **Contingent Expenses for Committees**: 291.37
- **Legal Fees**: 231.18

### Conventions and Meetings:
- **Meeting Rooms**: 988.85
- **Preprints, Printing, Mimeographing**: 500.00
- **Supplies**: 100.00
- **Reporting Convention**: 275.48
- **Exhibit Space**: 223.35
- **Honoraria**: 200.00
- **Joint Board**: 105.06
- **Miscellaneous**: 295.12

### Office Supplies and Equipment:
- **Supplies, Stationery, etc.**: 388.84
- **Equipment**: 833.93

### Services:
- **Addressing**: 551.63
- **Express**: 490.63
- **Postage**: 4,133.06
- **Telephone**: 1,116.51
- **Telegraph**: 35.72
- **Machine**: 296.59
- **Shipping**: 4,363.12
- **Library**: 183.00
Publications:

<table>
<thead>
<tr>
<th>Publication</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Report</td>
<td>$10,939.29</td>
</tr>
<tr>
<td>General</td>
<td>14,360.31</td>
</tr>
<tr>
<td>Records</td>
<td>10,467.46</td>
</tr>
<tr>
<td>League Letters</td>
<td>1,099.15</td>
</tr>
<tr>
<td>Photographs</td>
<td>40.00</td>
</tr>
<tr>
<td>Slides</td>
<td>453.46</td>
</tr>
<tr>
<td>Films—Storing and Handling</td>
<td>45.80</td>
</tr>
<tr>
<td>Auditing</td>
<td>700.00</td>
</tr>
<tr>
<td>Balloting Expenses</td>
<td>340.26</td>
</tr>
<tr>
<td>Structure Vote</td>
<td>315.69</td>
</tr>
<tr>
<td>Bonding</td>
<td>113.19</td>
</tr>
<tr>
<td>Dues—Membership in Allied Organizations</td>
<td>195.85</td>
</tr>
<tr>
<td>Entertainment</td>
<td>9.65</td>
</tr>
<tr>
<td>Insurance</td>
<td>502.20</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>242.10</td>
</tr>
<tr>
<td>Receptionist</td>
<td>687.50</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td>206.57</td>
</tr>
<tr>
<td>Rest Room</td>
<td>834.85</td>
</tr>
<tr>
<td>State League Supplies</td>
<td>556.36</td>
</tr>
<tr>
<td>Subscriptions, Reference Books, etc.</td>
<td>66.95</td>
</tr>
<tr>
<td>Special Office Care</td>
<td>19.53</td>
</tr>
<tr>
<td>Special Services (Legislation)</td>
<td>553.34</td>
</tr>
</tbody>
</table>

Committees:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing:</td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>372.70</td>
</tr>
<tr>
<td>Nominations</td>
<td>31.48</td>
</tr>
</tbody>
</table>

Special:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>1,081.71</td>
</tr>
<tr>
<td>Subcommittee to Study Length of Graduate Bedside Nurse Curriculum</td>
<td>760.28</td>
</tr>
<tr>
<td>To Consider Federal Legislation on Nursing Education</td>
<td>328.25</td>
</tr>
<tr>
<td>Postgraduate Nursing Education</td>
<td>479.32</td>
</tr>
<tr>
<td>To Prepare Manual to Replace “Manual of Essentials of Good Hospital Nursing Service”</td>
<td>520.63</td>
</tr>
<tr>
<td>Program—Convention</td>
<td>8.70</td>
</tr>
<tr>
<td>To Study League Structure Functions</td>
<td>50.00</td>
</tr>
</tbody>
</table>

Joint:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Careers in Nursing</td>
<td>4,000.00</td>
</tr>
<tr>
<td>National Committee for Improvement of Nursing Services</td>
<td>1,000.00</td>
</tr>
<tr>
<td>National Nursing Accrediting Service</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Practical Nurses and Auxiliary Workers in Nursing Services</td>
<td>150.00</td>
</tr>
<tr>
<td>Structure of National Nursing Organizations</td>
<td>2,500.00</td>
</tr>
</tbody>
</table>

**Deduct—Administrative Overhead Charged to Other Projects**

<table>
<thead>
<tr>
<th>Deduct—Administrative Overhead Charged to Other Projects</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>604.40</td>
</tr>
</tbody>
</table>

**Total**

$118,441.30

**Total**

$117,836.90
### Department of Business Administration

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$30,709.26</td>
</tr>
<tr>
<td>Extra Stenographic Service</td>
<td>560.05</td>
</tr>
<tr>
<td>Rent—Premises</td>
<td>2,155.56</td>
</tr>
<tr>
<td>Office Supplies, Stationery, etc.</td>
<td>2,210.07</td>
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### Department of Measurement and Guidance

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Department of Advisory Service to State Leagues

Salaries .......................................................... $ 7,321.27
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Office Supplies, Stationery, etc. .......................... 9.10
Service:
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   Mimeographing and Multigraphing ....................... 13.85
   Entertainment ............................................ 5.60 $ 9,467.04

Department of Services to Schools of Nursing

Salaries .......................................................... $ 7,266.72
Rent—Premises .................................................. 119.04
Travel—Directors and Staff Members ...................... 667.93
Conferences:
   Joint Conference on Curriculum ......................... 236.42
Office Supplies, Stationery, etc. .......................... 62.18
Service:
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Miscellaneous ................................................. 5.51
Subscriptions, Reference Books, etc. ..................... 93.38 8,585.25
Total Expenses, per Exhibit B ............................ $371,534.19

EXHIBIT C

M. Adelaide Nutting Award Fund
Statement of Receipts and Expenditures for the Year Ended December 31, 1950

Balance, December 31, 1949 ................................ $237.25
Receipts:
   Contributions Received .................................. $155.00
   Interest on Savings Bank Deposit ....................... 5.90 160.90 $398.15

Expenditures:
   (None) ...........................................................

Balance, December 31, 1950, per Exhibit A ............. $398.15

Respectfully submitted,
HENRIETTA DOLTZ, Treasurer
ADDRESS OF THE PRESIDENT

INCREASING THE TEACHER SUPPLY IN SCHOOLS OF NURSING

In presenting an address as your president at this Fifty-fifth Convention of the National League of Nursing Education, I feel obligated to present a serious problem that is giving us all concern. I am certain that this problem is not unique, startling, or new. I also realize that the national convention does not provide time for extensive consideration of any single problem associated with nursing education. I believe, however, that some matters involving difficulty in solving need to be laid before our membership at our annual meetings so that every one who belongs to the League may think about them and start solving them during the meeting and during the days to follow.

Before laying this matter of concern before you, I should like to comment first on the present state of our organization and of our relations with other nursing organizations. Membership in the League is increasing. The reports of the officers, headquarters staff, committees, and of state and local leagues outline progress in a number of directions. On behalf of the Board of Directors, I wish to convey the deepest indebtedness for the cooperation we have received from our executive director and our full-time staff and from all League members who have contributed so generously of their time and talents. There has been a marvelous spirit of team-play which has been a tremendous factor in the development of the League.

Relationships among the various headquarters staffs of the national nursing organizations are excellent. Following some discomforts of moving, the staffs soon learned that interassociation was greatly facilitated by having the American Nurses' Association, the National Organization for Public Health Nursing, the American Journal of Nursing, and the National League of Nursing Education all on the same floor at 2 Park Avenue.

Growing unity of the "Six"

Secondly, I would like to comment on the progress being made in structure committee activities. The growing unity of the "six" engaged in the reorganization of the structure of nursing has been very gratifying. The just-concluded year of the Joint Coordinating Committee on Structure program had its difficulties. There were some issues beneath the surface that contributed moments of tension. There were differences in approach to structural problems that were gradually resolved. The final actions may not have been quite as precise in their definition as some could have wished. Nevertheless, the unity that was achieved marked a still further advance in the relations of all the organizations—American Association of Industrial Nurses, American Nurses' Association, Association of Collegiate Schools of Nursing, National Association of Colored Graduate Nurses, National
League of Nursing Education, and National Organization for Public Health Nursing. Repeatedly, there have been solemn declarations of community of purpose.

We found as we worked that we were bound together with such bonds of steel that no individual interests can ever tear us apart, and, as representatives on the Joint Coordinating Committee on Structure, we found ourselves inevitably colleagues, working as colleagues at common national problems which are common to state and local groups. There has been no rivalry between us. In the committee meetings, such as the ones we have experienced during the past year, there were no stars and no satellites. There have been no points at which there were some winners and some losers. We have all won. We have all won through a great achievement because we were colleagues and because our fundamental interests have been common interests.

The winning has not been a last-minute development. All of the six organizations have been winning in the field of community of interest for a considerable time. The Joint Committee on Unification of Accrediting Activities, the National Nursing Accrediting Service, the Joint Committee on Careers in Nursing, the National Committee for the Improvement of Nursing Services, the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services, and the Joint Nursing Curriculum Conference are episodes in the story of a continuously winning struggle for better organized nursing. These great triumphs quite properly overshadowed the temporary setbacks, at one point or another, that have been experienced in the structure meetings. Some of the setbacks have been temporarily discouraging, and there will be more of them. But the good cause of common interests goes on. We must remember that there is a wide range of services and educational programs represented in the six national nursing organizations. There are some sharp and deep differences in these services and programs. It is foolish to ignore them and naïve not to believe that they are real and important. Structural unity could not be founded upon a basis of an imaginary sameness. But a unity of interests can be firmly grounded on a sound base of like-mindedness in essential purpose, namely, the improvement of nursing services through sound educational practices. That like-mindedness in essential purpose, in turn, is bound to grow, in the months and years to come, into full mutuality of respect and trust.

The agreements that are reached on national organizational structure are important. They will obviously have to be implemented at various levels, from national to state to local. The expression of hope for a general rising of nursing service and education must be translated into concrete programs for the benefit of the American nurses, the people of the United States of America, and students of nursing in a score of schools.

If all of us continue to be colleagues, it will be our happy job to work
toward ends that are worth while. This is the real goal of a united nursing profession.

The problem of increasing the teaching supply

Now, I want to review what I consider to be one of our most serious problems: the recruitment, maintenance, and development of well-prepared teachers in all schools of nursing—schools for practical nursing, hospital schools, and collegiate or university schools, private and public.

We are well aware of the existing shortage in numbers of professional and practical nurses and of graduate nurses with preparation for positions of administration and teaching. As a result of this lack, there is a great need for guiding increased numbers of students into all types of schools of nursing. With increases in students there must be increases in teachers.

The recent School Data Analysis shows that some students of nursing are enrolled under teachers who are substandard, and these students continue to suffer inexcusable deficiencies in educational opportunity, which is dangerous to the public welfare. These conditions exist largely because of the shortages in qualified teaching personnel.

Manpower demands of the expanding Armed Forces will make urgent an extension of the new system of two-year community colleges in the near future. It is anticipated that in the present emergency the nation will have to turn to the community colleges, both public and private, to supply nurses in the very large numbers that will be required. With these new schools to be put into operation and with planned increases in existing professional schools, one may anticipate the need for many more teachers in the very near future and during the next ten years at least.

In view of the national emergency, each one of our schools will be called upon in the very near future to determine what increase in student body it can make. When numbers of students are increased, there must be an increase in the teaching staffs if quality of instruction is to be maintained. Frequently, such staff increases are impossible because of the shortages of teachers. This present and anticipated deficit implies a serious and direct threat to the education of our students on all levels, as well as an indirect threat to the health and welfare of our people. Our duty and our privilege as American nurses is to meet that threat to our students and to our people. The problem is how.

Some additional means of increase must be effected—some means that is sound educationally as well as substantial in its results. For purposes of planning, therefore, let us assume that, for adequate teaching and in order to meet the nation's health needs, (1) the present deficit of competent teachers and the additional requirements of staffing schools of nursing must be met; (2) the maintenance of a continuing supply of new faculty members is as great a need as is the continuous increase in supply of practical nurse
students and basic and advanced professional students of nursing; (3) to maintain the flow of faculty into our schools, qualified graduate nurses must be recruited for teaching and research; (4) continuous efforts must be made for their development in service; (5) increased financial aid to nursing education is essential.

*Maintenance of teaching staffs*

In this time of "creeping" mobilization of manpower when health personnel mobilization has moved from "light gray" to "dark gray," plans have been made for the *maintenance of teachers in teaching positions throughout the national emergency*. These policies have taken into consideration recent experience in nursing. It is well remembered that during the last war nurse teachers were required to take on longer hours of work and extra teaching duties to shoulder the load normally carried by faculty members who were in the military services. To try to avoid repetition of this situation, all of us must convince our competent teachers that we need them in our schools as protection for our students. We must assist in carrying out defense mobilization plans and bend every effort to preserve our present faculties and to prevent encroachment on essential teaching staffs. It is most essential to the national welfare to maintain teachers, on the basis of ability, for deferment from military service while they are educating students for the practice of nursing and for various types of nursing positions.

*Professional growth in service*

Nursing education must be given a high priority during the coming years if schools of nursing are to carry out the function of motivation and direction of learning. This means retaining teachers in technical and higher educational positions so that teaching competencies can be conserved. It means encouraging able young graduates to make teaching a career. It means promoting professional growth in service. It also means recognizing the essential requirements of maintaining teaching staffs with high *esprit de corps*, and that, of course, means rewarding teachers who do effective teaching by giving promotions in rank and responsibilities, and increments in salaries. Further, it means the provision of certain institutional conditions which improve faculty effectiveness, such as extensive faculty participation in curriculum development and in the planning and management of institutional affairs, cooperative study and planning by the faculty and administration, responsible student participation in various aspects of the educational program, and recognition for faculty services, including progressive policies of tenure, promotion, social security, and retirement.

Instruments for the improvement of teaching effectiveness would also need to be provided, such as counseling services and faculty conferences.
Faculty members would need to identify problems to be studied and, wherever possible, should share in research activity. Time would need to be provided for the continuous relating of school objectives to educational practices if the improvement of instruction were to take place. Objectives of the school would need to be thoroughly understood and fulfilled in terms of performance. This means making continued efforts to improve technics for measuring teaching effectiveness, providing appropriate learning experiences for students, and supervising classroom and clinical teaching. Student ratings of instructors and actual achievement of students in recognizing and thinking through the problems in nursing need to be evaluated.

Recruitment of teachers

The need for the recruitment of candidates for advanced preparation in teaching has long been recognized but became more acute during World War II years when the schools of nursing were forced to provide for expanded enrollments.

School administrators still are exhausting every possible resource in an effort to find manpower necessary to carry the load of teaching thrust upon them. In many instances it is a case of "find a nurse," with little consideration for the qualifications of the nurse for the teaching job. This combination of circumstances, the immensity of the task, and the inadequate and poorly prepared manpower for the job brings into sharp focus the serious need for the recruitment of the best possible nurses for teaching. Again, the problem is—how? There are several possibilities.

First, a straight increase in enrollment in basic educational programs in universities is a necessity. The increase per class in the basic educational collegiate programs during the last war did eventually increase the total number of professional nurses of the country. It is from this group of nurses that we must recruit able graduates with broad general and professional orientation to enter the graduate schools for advanced professional work in preparation for teaching and research.

Second, selected graduates of hospital training programs should be encouraged to carry sufficient undergraduate academic and professional courses to qualify for the baccalaureate degree so that they, too, may take advanced work and prepare for teaching and research.

Third, part-time qualified nurse teachers may be recruited.

Fourth, non-nurse teachers may be recruited and prepared to teach certain courses in schools of nursing in cooperation with nurse faculty members.

Fifth, cooperating in regional plans for the wider use of the same teachers in several schools is another course of action.

Sixth, the recruitment of research nurses who also teach is one of the foremost obligations of nursing education, as we need to do more than engage in the education of students for nursing.
We all know that good teaching is closely linked with clinical practice and scholarly research. All are inseparable and each is a function of the nursing department of the university. It is assumed that we all believe that progress in nursing is determined by achievements in research in nursing and the allied arts and sciences. If this assumption is sound, then, the recruitment and retention of many more of the best people in nursing for teaching and research becomes a priority in nursing.

_Crisis in the universities: Can they pay their way?_

Of course, we need more money if we are to maintain adequate teaching staffs. The battle for nursing education is slowly being won in every way except financially. It is becoming increasingly difficult to secure, maintain, and develop full-time teaching staffs in the light of our present economic situation. Not only laymen, but even professional people, underestimate the importance of developing strong teaching staffs and rewarding them financially for their services.

The responsibility for developing and maintaining quality of instruction and of a continuing supply of new faculty members must be shared by many responsible agencies: the American Council on Education, state boards of education, state boards of nurse examiners, the National Nursing Accrediting Service, teacher-preparing institutions, regional planning groups, and organized nursing.

School of nursing authorities, some way, somehow, must be brought to understand and accept the fact that truly professional nursing calls for professional knowledge and skills, attitudes and appreciation, and a thorough understanding of principles far over and above those demanded currently of many of the graduates of present-day schools of nursing. All schools which desire their graduates to assume the broad scope of professional nursing functions assigned to professional nurses must set to work to provide the curricula and the facilities, the faculties, and the funds required for developing the professional qualities needed. We must agree on standards and have the integrity to enforce them. We must find the money to finance our expensive educational programs just as other technical and professional curricula are financed. This means financing competent teaching staffs.

_Education and Congress_

An important issue resting upon the doorsteps of Congress is federal aid for nursing education.

The highest level tasks to be accomplished in the field of nursing education today are to develop new schools of nursing, to make good schools of poor ones, to gear all nursing education, private and public, into colleges and universities, to provide adequate plant facilities, and to provide competent,
adequately paid faculty. The first need is well-qualified teachers. There can be no real school without competent teachers.

No factor in national preparedness is any more essential than improved nursing education. Well-trained nurses are the very foundation of national health security. The most vulnerable point in our national policy directed at successful defense and world leadership is not any lack of natural resources or of ability to process the materials required for safety and prosperity. A point of great threat and danger is in those students of nursing who are scheduled, under present handicaps, for inadequate basic preparation for positions of responsibility and leadership in nursing.

It is a remarkable commentary that many of our Congressional leaders are slow to grasp this cardinal fact which is strikingly clear to nurses and nurse educators. To emphasize this truth and to make it stand out in the boldness and clarity it merits is one of the immediate chief tasks of all who are engaged in the education of nurses.

Progressive schools of nursing, private and public, need to be financed. Financial support from private sources and from tax money is essential if the goals sought in such areas as instruction, scholarships, salaries, school construction, and research and studies are to be reached.

To keep the private schools of nursing going, United States citizens would, in effect, have to take over their support just as they now contribute to their hospitals, churches, and community chests. And the support would have to continue, not for one year or two, but from now on.

Extensive fellowship programs for nurses need to be sponsored by various private and public agencies which will permit sound research and testing of research, and sufficient teaching and administrative experience in order to properly train the recipients for teaching and administrative posts in schools of nursing.

We are in a stage of vigorous reorganization and progress in nursing education. Many nurses should now be receiving training and experience for leadership, but, under present circumstances, the necessary opportunities may be lacking unless special efforts are made to find money for nursing education.

The financial predicament of our schools of nursing is critical. We need to seek special funds to support our teaching staffs. We must interest our people to support fellowships in the field of teaching over a period of years. Postgraduate scholarship programs are greatly needed for sustaining and encouraging promising young members of our faculties who may become the future leaders in nursing education and research.

Conclusion

In conclusion, I repeat that our new headquarters at 2 Park Avenue makes it possible for the League to use the full resources of organized nursing in a direct attack on problems in cooperation with our other organizations and
joint services. A united nursing profession is courageously facing issues, attacking professional problems, and engaging in action programs.

Schools face weighty problems. One of the most serious is the shortage of teaching staffs. Recruitment of teachers and nurse scientists is one of the foremost obligations of nursing education. I am convinced that we should be giving more thought and consideration to the problems associated with the recruitment, development, and maintenance of adequate teaching staffs in our schools of nursing. We need more money than we now have.

At a time when the nature of the Soviet challenge to the free world has become overwhelmingly clear, the need for joint effort is greater. I wish to pledge the National League of Nursing Education to meet its responsibilities in this time of national emergency.

**REPORT OF THE EXECUTIVE DIRECTOR**

In reporting on the progress which has been made toward the accomplishment of the League Program for 1950, as charted by the Board of Directors at its May 1950 meeting, I should like to point out that the very term "League Program" encompasses a much broader territory than the program of the headquarters staff and the national committees with which we work so directly. Although I shall confine myself to this segment of our activity, it must be remembered that a much larger record of accomplishment would be presented were we to include the achievements of the 11,442 League members all over the country, working as individuals within their own situations, as members of state and local leagues, on committees of these leagues, and as League representatives on other committees, commissions, and councils. From the point of view of volume of accomplishment, then, this report must be regarded as only a partial one.

Despite these limitations, my report might well be book-length were I to enter into the details of all that the staff at headquarters and our national committees have been doing and accomplishing. I shall therefore present only a brief summary of the progress we have made toward carrying out the 1950 League Program according to the seven items listed by the Board.

I. *Promote unified structure of nursing and move toward more unity of action.*

As you know, by means of a vote taken in the summer of 1950, the League membership decided in favor of a two-organization structure for nursing. Similar decisions were made by the other five national professional nursing organizations. Each of these organizations has appointed a structure committee, and the Joint Coordinating Committee on Structure has been established under the Joint Board of the Six National Nursing Organizations, with NOPHN as the administering organization and Mrs. Edith Wensley as the executive secretary. Through these committees, and with the help of our membership, we hope to design our future structures in such a way that
not only our present functions but also those which we should assume in
the future may be carried out with maximum effectiveness.

Meanwhile, our interim machinery for working together has been func-
tioning smoothly. There have been three meetings of the Steering Committee
of the Joint Board which, among its other responsibilities, is serving as the
over-all committee for emergency planning, in which capacity it has issued
a statement on the mobilization of nurses. The work of the other joint
committees—Careers in Nursing, Unification of Accrediting Activities, Im-
provement of Nursing Services, and Practical Nurses and Auxiliary Workers
in Nursing Services—has been moving forward, and to this list is being
added another committee of the Joint Board—the Joint Committee on Re-
search and Studies.

Interpreting the word "structure" in another sense, several of the na-
tional nursing organizations have made a very definite move toward unifica-
tion. Since the beginning of 1951, the ANA, the League, the NOPHN, the
American Journal of Nursing Company, and the staffs of joint committees
have literally been working together, all of us now being on the fifth floor
of 2 Park Avenue. Even in the short period since January 1, experience has
demonstrated how much easier it will be for us to secure functional unifica-
tion now that geographic unification has taken place.

The fact that we are now within four walls does not, of course, mean
that we shall never step outside of them; we are continuing to take part
in the nursing activities of other organizations. Through our representative,
Irene Carn, we have participated in the preparation of the Cancer Source
Book for Nurses as well as in the other work of the Nursing Advisory Com-
mittee of the American Cancer Society; Miss Carn also represents us on the
Nursing Advisory Committee to the Cancer Nursing Section of the National
Cancer Institute. Emma Lanning has recently been appointed as League con-
sultant to the Committee on Nursing of the American Psychiatric Association.

Underlying all our efforts toward unification of structure and participa-
tion in all nursing activities is a much more profound "unity" toward which
we are striving. More and more we are looking at "nursing"—not at nursing
service or nursing education, public health nursing or institutional nursing,
practical nursing or professional nursing, but nursing itself as a unified whole.
Manifestations of this progress from a multifocal to a unifocal approach
are numerous—in our new national curriculum committee which is dealing
with all curricula in nursing, in the Joint Nursing Curriculum Conference
held by the League last November in which all curricula in nursing were
considered by each of the small working groups, and in our new statement
on "Essential Considerations for Federal Aid for Nursing Education" which
envisions the side-by-side advance of professional nursing education and
practical nursing education.
II. Continue to work with the Joint Commission for the Improvement of the Care of the Patient.

Our growing recognition of the "oneness" of nursing has not been accompanied by any feeling of the "aloneness" of nursing; rather, we are tending more and more to see nursing as a part of the entire configuration of health services, and nursing education in relation to education in general. The meeting of the Joint Commission for the Improvement of the Care of the Patient last September is an example of this broadening of horizons; not only were certain issues in nursing discussed with others who have a stake in the provision of nursing care, but their problems were discussed with us, or perhaps I should say, the problems of all of us were discussed by all of us.

Besides our representation on the Joint Commission, I might also mention our growing activities in connection with other non-nursing groups. At the request of the Association of University Programs in Hospital Administration, an advisory committee of League members, chaired by Madeleine McConnell, is assisting in planning for the teaching of information about nursing education to students of hospital administration. Also of note is the fact that representatives of nursing have been invited to attend the Council on Professional Practices of the American Hospital Association and the Council on Medical Education of the American Medical Association which has been asked by the National Committee for the Improvement of Nursing Services to explore the problems of nursing education.

Of equal importance are our continuing relationships with educational organizations. Although the American Council on Education was unable, for lack of financial support, to hold the conference on "The Role of Higher Education in Nursing Education" scheduled last fall, we hope such a conference may take place this spring. The League representatives who, with representatives of the American Association of Junior Colleges, have been exploring the role of junior colleges in nursing education report that plans are afoot for the establishment of an experimental program in nursing within the organization of a junior college.

To list some of our other extra-nursing connections: this year the League has been represented not only at the Midcentury White House Conference on Children and Youth but on the committee that planned for the participation of national organizations in the conference, and, through the Joint Orthopedic Nursing Advisory Service, had a place in the exhibits at the conference. We also had a representative at the National Conference on Aging; the National Conference for Mobilization of Education; the Third World Mental Health Assembly; the Conference on Regional Planning held by the Division of Nursing Education, Teachers College, Columbia University; and the Diamond Jubilee of Brigham Young University in Utah.
III. Examine publications policies critically and develop broad policies that are editorially and financially sound.

To carry out this item of the League program, it has seemed to us at headquarters that the League should initiate a planned publications program. Accordingly, the Board has authorized the appointment of a well-qualified person who can (1) stimulate the production and publication of articles and materials on nursing education by League members and others all over the country; (2) plan a publications program for the League itself, and work with the committees or individuals who are producing the materials for publication; and (3) prepare and publish materials, such as the League Letter, which publicize the League’s own program.

In view of the valuable contribution which League publications have made to the progress in nursing education, and because of the many expressions of need for more such publications, I am sure that all League members will be happy over the expansion of our publications program.

IV. Develop and publicize statements of philosophy and objectives in nursing education.

The League membership itself, at last May’s convention, provided one of our most far-reaching statements of philosophy with the revision of “Principles Relating to Organization, Control, and Administration of Nursing Education.” We, at headquarters, have tried to make this statement widely known. We have distributed copies of it to over fifty national organizations, many of which, particularly those in the field of general education, have published abstracts of it in their bulletins; as a result, we have had requests for the statement from several university officials. In addition, we have sent copies to all state boards of nurse examiners, state departments of vocational education, and to state and local leagues with the suggestion that they might arrange for the printing of the statement in their state and district nursing association bulletins. Lastly, a League Letter which went to every League member was devoted to the implementation of the “Principles.”

A statement of the League’s principles with relation to federal aid for nursing education was prepared this fall by the Committee to Consider Federal Legislation on Nursing Education, with the guidance of the 2,074 League members who answered an opinionnaire distributed to the entire membership. The adoption of this statement by the American Nurses’ Association has led to its use in the study of bills before Congress.

One of the statements which, because of its implications, we took least joy in helping to prepare was that on the “Mobilization of Nurses for National Security” on which we worked in cooperation with the other nursing organizations. The recommendations of the nursing profession to the National Security Resources Board were made largely in the light of our experience in World War II.
Not all the statements of objectives and philosophy which are so badly needed have reached the stage where they can be publicized, but plans for developing them are in the making. For example, the Committee on Nursing Curricula is presently engaged in surveying the issues and problems in its area of interest with a view to formulating principles and developing criteria. The conference of state league presidents, League Board members, and representatives of state boards of nurse examiners held on May 5, 1951, will also result in statements of objectives.

In more specialized areas, much-needed statements of the objectives for programs in orthopedic nursing are anticipated from the evaluation of the orthopedic nursing needs in hospitals and public health agencies which JONAS is about to initiate. Similarly, by surveying the present qualifications of psychiatric nurses in our Psychiatric Nursing Project, we have taken a step toward determining the desirable qualifications of psychiatric nurses which will, in turn, lead to a formulation of educational objectives. JTNAS is planning a review of existing statements and recommendations concerning the prevention of tuberculosis in schools of nursing and, if indicated, the preparation of a new statement on this subject.

V. Continue to promote and develop the work of the departments of the League.

The extent to which this point on our program has been carried out can best be judged from the reports of the departments themselves. Each one of them can point to solid accomplishments during the past year, and each one has plans for enlarging its services during the latter half of 1951. As we reviewed these future plans together, it seemed to us that there were several common threads running through them all. In particular, there is a realization that none of our programs can be bounded by our activities at headquarters; our efforts must be multiplied by those of all League members throughout the country. Since similar plans are being projected by many of our joint projects, it has seemed wise to explore the possibility of arranging for us to join together in promoting work conferences on a regional and state basis—conferences in which, during the course of a few days, work could be done in such areas as curriculum evaluation and accreditation. The enthusiasm with which League members have received this idea and the energy which they have devoted to the pre-planning and planning of these conferences augur well for the outcomes.

VI. 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.
VII. Spell out and publicize steps needed to reach these goals.

These items on our program must definitely be labeled "unfinished business." I wish to assure you, however, that it is not "unbegun business"; a committee has been appointed to draft immediate and longer term goals for the consideration of the League Board and membership.

Closely tied in with the establishment of goals is, of course, the development of ways and means by which these goals may be attained. In this area we have undertaken action; through the American Nurses' Association, our spokesman in legislative matters, we are making an effort to secure from the federal government financial assistance for nursing education on a long-range basis. These efforts, if they are successful, should do much to facilitate the translation into action of any goals which we may develop on paper. It will be easier to climb upward on a ready-made ladder than on one, each rung of which must be painfully constructed.

*   *   *   *   *

In addition to my over-all report on the "state of the union," I should like to report in more detail concerning that part of the headquarters program which has not been delegated to a department but which comes directly under my supervision. In the areas of fact-collecting, publications, and information service the executive director has been serving in the capacity of a department head; furthermore, I should like to summarize our progress in the Psychiatric Nursing Project during the past year and indicate our plans for the year ahead.

Fact-collecting

The statistical unit has concentrated on the following projects during the past year:

State-Approved Schools of Nursing. The major job of the statistical unit during 1950 was the compilation of the list, State-Approved Schools of Nursing. A four-page questionnaire was sent to each state-approved school on January 1, 1950. During the spring months 1,087 letters verifying information on the individual forms were sent out. This is exclusive of 143 follow-up notices to schools which had failed to respond by the end of March and 176 letters to schools offering only affiliation courses. The analysis of the data and preparation of the material for printing of the book were completed by August 1. It was hoped that the list would be released on November 1, but unforeseen delays in the printing office postponed the publication date until December 5.

Undergraduate programs leading to a degree. Parallelizing the work mentioned above was the compilation of the list, Schools of Nursing Offering Undergraduate Programs Leading to a Degree. The preparation of this pamphlet necessitated analysis of the programs offered by both schools having only a degree program and by those schools which offer, in addition to a diploma program, a combined program leading to a degree. Altogether, 292 detailed letters were sent to these schools to collect and verify the data needed to prepare a brief statement concerning the number of weeks of non-clinical and clinical work in each program, and the time during the program when
the nonclinical work is taken. This pamphlet, which includes information concerning 195 schools of nursing, was released early in December.

Three-year withdrawal study. Collection and tabulation of data concerning withdrawals during the third year from classes admitted in February and September 1947 have been completed. A final report of the study will be prepared in 1951.

Practical nursing schools and students. A questionnaire was sent in February 1950 to all approved schools of practical nursing to collect information concerning enrollment, admissions, and graduations, and final results were reported in the 1950 Facts about Nursing.

Facts about Nursing. The statistical unit prepared all data concerning nurse education for the 1950 issue of Facts.

Student admissions. The regular report of student admissions to 1,190 state-approved schools during the first six months of 1950 and the number of students wanted for the fall class, together with number of applications accepted and pending, was prepared in June.

A monthly report as of July 15, August 15, and September 15, based upon questionnaires sent each month to all state-approved schools was prepared for the Committee on Careers.

The annual report on 1950 admissions based upon reports from all schools was compiled in November and an article prepared for the January 1951 issue of the American Journal of Nursing.

Student graduations in 1950 and withdrawals from that class. These data were collected and compiled from questionnaires sent late in October to 1,190 state-approved schools.

Clinical Nursing Courses Offered to Graduate Professional Nurses. These lists, which were last prepared in 1947, are in process of being redone. The mailing list was compiled from data reported by the schools on their reports for the State-Approved list and from lists of other hospitals and institutions offering such courses submitted by the state boards in answer to a questionnaire sent to them in July.

One hundred thirty-seven sets of forms were sent out in the fall. All of the data have been tabulated, and as soon as replies have been received to letters sent out concerning items which needed further interpretation or verification, the lists will be prepared for publication.

Programs for Graduate Nurses Leading to a Degree. Preparation for revision of this list, which was last released in 1948, is under way. Questionnaires have been sent to all universities and colleges appearing on the old list and also to all other places reported by the state leagues and by the state boards in answer to questionnaires sent to them in October.

Student enrollment, December 1950. In order to have the latest figures available for legislation purposes immediately after January 1, a questionnaire was sent to all state-approved schools concerning their enrollment figures early in December. Before this could be done, a revised list of state-approved schools was needed. This necessitated sending to all state boards a list of schools approved on January 1, 1950, and getting from them all changes which had taken place during the year. The total student enrollment figure as of December 1 was 104,048.

Articles. Articles prepared for and appearing in 1950 issues of the AJN were:

January — "Student Admissions in 1949"
March — "Withdrawal of Students, Report on Students Leaving School during Their Second Year"
April — "Graduations and Withdrawals Class of 1949"
May — "Doctorate Degrees for Nurses"
November — "State-Approved Schools in 1950"
Publications

I have already indicated our future plans for the development of a larger and more useful publications service. As for the books and pamphlets that have been produced by the League since last May, I am pleased to report the completion last November of that gargantuan task—State-Approved Schools of Nursing. Our statistical unit has also produced the list of Schools of Nursing Offering Undergraduate Programs Leading to a Degree and lists of schools admitting Negro and men students. The report of the 1949 Nursing Organization Curriculum Conference was published last summer and the Inventory and Qualifications of Psychiatric Nurses last fall. Through the efforts of the Committee on Early Nursing Source Materials, Abby Howland Woolsey's A Century of Nursing was republished by G. P. Putnam's with the author's royalties accruing to the League. The 1950 Annual Report was mailed to the members in December. In addition, there have been several articles by members of our staff in the American Journal of Nursing, and three League Letters have been sent to the entire membership.

Information service

In addition to the information which we issue through our fact-finding and publications services and that which pertains to one or the other of our departments, every day brings to us, through the mail, over the telephone, and sometimes by personal visitation, questions of all kinds—"What are the trends and issues in nursing education today?" "Where can I take a good course in pediatric nursing?" "I am writing my thesis for my master's. Can you describe the functions and responsibilities of an administrator in a psychiatric unit?" A large number of these questions are handled by Frances Tompkins, an assistant, who has developed an information service that reaches over the borders into a counseling service as well. I call this to your attention as one of the important services of the League.

Psychiatric nursing project

Since 1948, the League has been the recipient of annual grants from the National Institute of Mental Health which, in cooperation with NOPHN, have been used for studies and conferences in the areas of mental hygiene and psychiatric nursing. The most recent part of the NLNE area of this project was a questionnaire study of professional nurses in psychiatric institutions throughout the country aimed at determining first the number and distribution of these nurses and the types of positions held by them and secondly, their present qualifications. This latter finding will be of particular value in the formulation of "desirable qualifications for all mental hygiene and psychiatric nursing personnel"—one of the objectives of the series of studies.
Another grant is being sought for the year 1951-52 with which we shall seek (1) to determine what changes in practice have taken place in advanced educational programs in psychiatric nursing in the light of recommendations made by the nursing profession and (2) to formulate a plan which will result in the adequate preparation of a sufficient number of professional personnel in psychiatric and mental hygiene nursing to meet present and future needs.

In concluding this report to League members, I should like to make it clear that it is really not my report but their report—the report of activities which have been made possible through the hard work and support of headquarters in which every League member has participated. In the years ahead may we continue to work together—and with others with whom we may join—in the spirit in which we have striven during 1950!

Respectfully submitted,

JULIA M. MILLER, Executive Director

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

Many league members have recognized the need for encouraging a close working relationship between the state and local leagues and headquarters. Since the total membership could not visit headquarters to learn firsthand what activities are carried on there, to tell personally what each league is doing and discuss how every league member could assume his full responsibility for league activities, it was decided that a program of concentrated field service should be provided as a liaison between headquarters and the membership. Therefore, in May 1949, the Board of Directors of the National League of Nursing Education created the Department of Advisory Service to State Leagues of Nursing Education.

There are now 48 state leagues and 68 local leagues in 45 states, the District of Columbia, Hawaii, and Puerto Rico. During the two-year period of the department's existence, the director has visited 46 state leagues and 61 local leagues. Most of the visits were only one day each. However, in a few instances, when a league requested it, a two-day visit was made. In addition, at the request within a locality, a few other stops have been made in areas where no local league existed but where interest in organizing one had been expressed. For the past two-year period, approximately seven months each year have been spent in the field. On the basis of the number of leagues organized at present, it would take one person approximately four years to make the complete tour of leagues if more than one day was spent in each place.

Long field schedules were planned so as to make the best use of departmental budget and travel time of the director. Even with long-range planning,
there were some hurdles to be overcome in scheduling visits. A few of the factors influencing the itinerary were: (1) the time of year that leagues usually hold meetings; (2) the convenience of the state and local leagues; (3) previously planned meetings; (4) travel arrangements, dependent upon weather conditions and location of cities in which meetings were held; (5) commitments of the director at headquarters—it was necessary for the director to return to headquarters at intervals to be brought up to date on current headquarters activities and to attend meetings of the Board and of other groups; (6) budget for travel.

Although one day would appear to be insufficient time to accomplish the purpose of the visit, it was possible to achieve some degree of satisfaction because of the cooperation of state and local leagues in preplanning for the visit. Where a two-day schedule was planned, the meetings were less hurried and seemed more satisfactory from the standpoint of the membership as well as of the visitor. There was no fixed pattern to follow, but each league was given freedom to plan for the visit in any way that would best meet the needs of that group. Prompt answering of correspondence, the preparation of questions for discussion, and the planning of a detailed agenda for the visit helped greatly in making the best use of membership time. In general, meetings were arranged with the state or local league board of directors and committee chairmen, with some complete committees, and with the membership. Individual conferences were arranged if requested.

Through individual conferences and group discussions, the leagues obtained a better understanding of headquarters activities and a clarification of the role and responsibility of the membership in carrying forward the total League program. The director was able to learn at firsthand about some of the current problems and programs, some of the strengths as well as some of the weaknesses of the leagues, and the progress being made in the many areas of membership activity.

During the period of visiting in the field, the director has been impressed with the wide range of professional interests of the membership and the tremendous increase in activity within the leagues. Because headquarters exists to serve the membership, it is essential that the staff be kept currently informed of state and local league activities and needs. A partial picture is obtained by reading the NLNE Annual Report; by attending the meetings of the Council of State Leagues, the annual NLNE conventions, and other meetings; through visits of the members to headquarters; by field visits of staff members; and in many other ways.

Through the medium of this report it is possible for members to share with each other, as well as with headquarters staff, ideas, suggestions, and enthusiasms, and to pool suggestions for turning some of the League weaknesses into strengths. It is hoped that sharing each other's experiences in this way will help every League member.
Some of the highlights of state and local league activity

Even in a one-day visit, definite highlights in league activities and programs can be seen. In reviewing the work of the past two years, some highlights stand out specifically. A few are listed below.

1. There is evidence of real effort on the part of leagues to set short- as well as long-term goals toward which to work, and to attempt to evaluate the year's work in terms of the goals set.
2. Many leagues are conducting timely programs with wide appeal which are meeting the needs of the nurses in the area. Programs are well publicized and are geared to encourage audience participation.
3. There is considerable increase in "togetherness" among the nursing organizations in the states. Joint board meetings have been held; some joint committees have been appointed, particularly in the areas of recruitment, structure, and the implementing of recommendations resulting from surveys of the states' nursing needs and resources; joint program meetings of two or more organizations have been held.
4. It is evident in league activities that the directors of schools of nursing and directors of nursing service are working closely together to achieve improvement in nursing service through strengthening the programs in nursing education.
5. Members of at least one league have been instrumental in stimulating interest in a centralized teaching program for schools of nursing in that area.
6. In one state, the director of nursing in a psychiatric hospital which is preparing to offer an affiliation asked the state league to prepare a procedure book of general nursing procedures acceptable to all schools of nursing within the state which expected to send students to that hospital for affiliation. The faculty and staff in the psychiatric hospital would prepare the specialized procedures. The state league board was enthusiastic about the request, since all schools would benefit from the undertaking. A league committee was appointed, with representation from each school of nursing in the state and from the psychiatric hospital.
7. In several states, a council of local leagues has been formed or is in the process of organizing.
8. League members are assuming responsibility for interpreting the work of the National Nursing Accrediting Service.
9. In two leagues, committees have prepared a suggested pattern for integration of communicable disease nursing in the basic curriculum. As a pattern, the committee used the pamphlet, The Contribution of Physical Therapy to Nursing Education.¹
10. At the request for refresher courses by graduate nurses who wished to

¹New York, National League of Nursing Education, 1948.
return to active nursing, one league committee suggested course content and was able to secure instructions to teach the courses. Many more interesting activities are cited in each NLNE Annual Report. It is suggested that the Annual Reports be used as a guide in planning future programs.

Some of the strengths observed in state and local leagues

In addition to the highlights in state and local league activity, there were many other definite strengths noted. Doubtless, many more exist which could not be observed in a one-day visit.

1. Members are wonderfully friendly, cooperative, energetic, and hard-working.
2. Members are interested in their league programs and activities.
3. In most states, Negro nurses are eligible to state and local league membership and are encouraged to participate in the activities of the organization.
4. Nurses are recognizing the great contribution that is being made by the lay membership.
5. League boards are making well-coordinated plans. In many places committee chairmen are invited to board meetings. There is considerable progress being made in developing guides for each officer and for each committee. These guides amplify functions and responsibilities beyond those stated in the bylaws and often include a statement of goals and a plan of action. An agenda is prepared for board meetings and minutes are kept of all meetings. The membership is kept informed of board action.
6. Some curriculum committees are working closely with the state board of nurse examiners in reviewing and revising the state curriculum.
7. Leagues have promoted joint planning between faculties of schools which send students for affiliation and the faculties of the affiliating agency.
8. Some leagues have an independent news letter, and others have regular space in the state nurses’ association, and district bulletins.
9. Voting is carried on by mail in several leagues. Thus, voting is not limited only to those able to attend the annual meeting.
10. Some leagues have a well-planned, adequate budget.
11. A written annual report is prepared for the membership.

Weaknesses observed in some state and local leagues

1. There is inadequate provision for orientation of new officers, committee chairmen, and new members.
2. Some officers fail to assume their responsibility to preserve a file of league records and materials and to pass such files on to their successors.
3. An evaluation of committee functions and achievements is not made in all leagues; consequently, some committees are appointed because they are
called for in the bylaws, but they are not expected to function. Some committees do not keep minutes of meetings or any record of their activities for future reference. Each succeeding year, committee work is planned without reference to past activity.

4. Only a fraction of the membership participates in league activity. This often results in small audiences for meetings and in little audience participation in programs.

5. There are few men nurse members.

6. In some places the number of new members just about balances the number of those who fail to renew their memberships.

7. Some bylaws are outmoded. They need annual review in light of changes made in National Bylaws.

Some suggestions for future development of league activities

On the basis of the highlights, the strengths, and the weaknesses observed, the following suggestions were made by League members. They are pooled here since they may help to strengthen already strong programs and turn some of the League weaknesses into additional strengths.

1. In relation to the bylaws of state and local organizations, analyze and evaluate the functions and responsibilities of officers, board, and committees, and develop a handbook or guide for each.

2. Annually, have at least one long planning session of the board and committee chairmen to (a) outline the over-all work of the year, (b) set goals, (c) develop methods of procedure to meet the goals, (d) determine how the results of past committee activity can be used to further the league program, (e) determine gaps and overlappings in total program, (f) review the handbooks and decide on needs for re-allocation of functions, dissolution of existing committees or creation of new ones. Consider having board meetings independent of program meetings wherever feasible. Board meetings are often hurried if held just prior to program sessions. Consider preparing an annual written report for the membership. See that appropriate materials are passed on to incoming officers, committee chairmen, and others who will find them helpful.

3. Obtain from the members some indication of areas of interest and way in which each member would like to participate.

4. Emphasize program rather than membership. Plan some meetings to encourage attendance by students and other potential members. Encourage audience participation in meetings. Determine how the needs of nurses can best be met in your league. Day-long (or longer) institutes have appealed to large groups and the attendance has been greater than at short meetings of an hour or so. Plan ways in which members may get better acquainted with each other.

5. Develop a mailing list (other than the membership list) for such pur-
poses as announcements and invitations to meetings, as a means of making the work of the league known.

6. Develop a strong public relations program.

7. Consider the establishment of regional (or state) offices and decide upon: (a) location and area to be served, (b) staff, including function and responsibility, (c) finance, (d) relationship to NLNE headquarters.

8. Send to NLNE headquarters suggested plans for representation at national conventions, including such information as: (a) number of representatives, (b) method of selection, (c) finance, and (d) responsibility of representatives.

   (a) Develop methods of orienting new officers, committee chairmen, and new league members.
   (b) Submit to NLNE headquarters names of officers and board immediately after election. When committees are appointed, send the list to headquarters. Also, exchange the same information between the state league and local leagues within the state.
   (c) Develop ways of making new members and guests feel welcome in the organization.
   (d) Process applications quickly.
   (e) Submit membership lists promptly.
   (f) Make the benefits of league membership known to all eligible persons.
   (g) Keep bylaws currently up to date and in line with National Bylaws.
   (h) Encourage committee activity. Many leagues have reorganized committees and made it possible for all existing ones to be active.
   (i) Where time and travel funds are limited, develop technics of carrying on league business by mail. (Referendum vote and work of certain committees.)

10. Help every member to assume his role in translating the functions of the NLNE into a continuing and effective program of action.

11. Keep the membership abreast of the progress in new structure. Plan to have the bylaws committee chairman present at the 1952 Biennial Convention when it is expected that the bylaws for the national two-organization structure will be presented. She will thus be able to help your league prepare its new bylaws and move into the new pattern more quickly.

12. Implement appropriate resolutions adopted by the membership and by the Council of State Leagues at the May 1951 NLNE Annual Convention.

As each league discusses its plans, program, and goals for the year, the membership, no doubt, will suggest additional ways in which the total program can be strengthened, as well as ways in which each member may gain satisfaction through participation in the activities of the organization.
Dissolution of the department

As has been indicated in this report, it was possible for the membership, as well as for the director of the Department of Advisory Service to State Leagues, to achieve some degree of satisfaction from a one-day visit. A longer visit in each place, although more time-consuming, would seem to be preferable to a one-day visit. If a two-day or longer visit were made at each place, it would take one person four to five years to make the rounds of all leagues once.

As the field work progressed it became more and more obvious that what the director of the department was trying to accomplish was the function of all headquarters. Since it did not seem feasible to recommend that sufficient budget be provided to augment the staff of the department so that each league could be visited every year or two, the director tried to visualize how service to the membership could be provided in other ways. Some ways suggested were: (1) Encourage more members to visit headquarters. (2) Obtain detailed reports from state leagues. (3) Provide more field work through other NLNE departments and by other headquarters personnel. (4) Provide for participation of membership in national planning of conventions, regional workshops, program of Council of State Leagues. (5) Establish regional (or state) offices with employed staff, this staff to have close working relationships with NLNE headquarters but to be responsible to the states.

The recommendation to discontinue the department was made because it seemed to the director that a coordinated plan of field work by all headquarters departments, joint services, and by other headquarters personnel would provide more effective service to the membership than could be given by one person in a separate department, who spends most of her time in the field and thus loses contact with headquarters activities; that the budget now allocated to the department could be used more effectively in augmenting field services of other headquarters staff; that the assistance of staff from a regional (or state) league office would help tremendously in providing continuity in organizational activities and greater assistance to individual leagues than could be given by only one person from headquarters.

The director of the department, in January 1951, therefore recommended to the NLNE Board that: “The Department of Advisory Service to State Leagues of Nursing Education be discontinued; that service to the membership be provided by coordinated field work of existing departments, joint services and other headquarters personnel; and that guidance be given in establishing league offices with employed personnel on a regional (or state) basis.”

Best wishes to all of you for a successful and satisfying year in League work.

Respectfully submitted,

Gladys S. Benz, Director
REPORT OF THE DEPARTMENT OF MEASUREMENT AND GUIDANCE

The test services which are offered to the nursing profession through this department may be classified into three general groups: those for use in schools and other educational programs of professional nursing, those for use in schools of practical nursing, and those for use by licensing boards of nurse examiners.

TEST SERVICES FOR SCHOOLS AND OTHER EDUCATIONAL PROGRAMS OF PROFESSIONAL NURSING

Pre-Nursing and Guidance Test Battery

This battery has been set up to aid schools in the selection and counseling of students in the basic program. It consists of an intelligence test, a reading test, and achievement tests in mathematics, natural science, and history and social studies.

During the past year we have completed a study of the scores made on this battery by some 7,000 applicants to the basic program, representing 206 schools and 28 states. The results show that there is a definite relationship between performances on these tests and success in the basic program and on the licensure examinations. These findings indicate that scores on this battery provide information which is useful to schools in reducing the number of entrants who withdraw before graduation, as well as the number of graduates who do not pass the licensure examination. A report on some of the outcomes and implications of this study appeared in the March 1951 issue of the American Journal of Nursing.

Achievement Tests (14 areas in the basic program included in series)

During the past year, in cooperation with nurse educators in various parts of the country, we developed new forms of each of the following achievement tests:

Fundamentals of Nursing—Form 750. This test is suitable for use upon completion of the courses in nursing arts. Some situations are based on medical and surgical patients which the student should be able to care for at this time in her program.

Social Foundations of Nursing—Form 750. This test is suitable for use upon completion of the courses in history of nursing, psychology, sociology, public health nursing, and professional adjustments. It is suited primarily for senior students.

Tuberculosis Nursing—Form 750. This test is suitable for use upon
completion of the course in tuberculosis nursing and upon the completion of the clinical practice in this area if it is included in the program.

We expect to complete the standardization of these tests shortly.

During 1951, we hope to review carefully a cross section of curricula in the basic program in order to define those areas in which achievement tests are indicated at the present time, and to begin the development of new forms of several tests.

**Graduate Nurse Qualifying Examination**

This battery has been established to provide a measure of the competence of graduate nurses applying for admission to departments of schools of nursing in colleges and universities, or for positions in health agencies which cooperate in educational programs for graduate nurses.

The examination consists of a block of achievement tests in six clinical areas included in the basic program; in addition, schools desiring to do so may administer an intelligence test and a reading test. Standards are available to show how the performance of an applicant compares with that of the standardization group in each of the two following classes: graduating seniors in a basic nursing program in selected colleges, and graduate nurses enrolled in educational programs. An article describing the way in which the standards were set up for the first group named appeared in the December 1950 issue of the *American Journal of Nursing*.

We also have prepared and released a personal data sheet which is completed in duplicate by each graduate nurse applying to a school or agency using this service; one copy is sent to the participating institution with the report of test results; the other copy is retained by the Department of Measurement and Guidance for research purposes.

According to present plans, we will begin the development of a new form of this examination during 1951.

**TEST SERVICES FOR SCHOOLS OF PRACTICAL NURSING**

During the past year, the two following examinations have been released for use in approved schools of practical nursing. Schools eligible to use this service must be approved by the recognized licensing authority in the jurisdiction, or by the National Association for Practical Nurse Education or the state vocational office in those jurisdictions which do not license practical nurses.

**Pre-Admission and Classification Examination**

This examination has been developed to aid schools of practical nursing in the selection and counseling of students. It was developed in cooperation
with nurse educators engaged in practical nurse educational programs in various parts of the country.

The examination consists of tests designed to measure information which seems to be related to success in a practical nurse educational program, plus a biographical data form. Preliminary standards are now available, and it is planned to establish more comprehensive norms during 1951.

**Achievement Test**

This test, which was released to the field in March 1950, is designed to assist schools in estimating the achievement of their students in comparison with that of students in other schools of practical nursing throughout the country.

The test was planned and developed in cooperation with nurse educators in practical nurse educational programs in various parts of the country. Prior to beginning work on the test proper, each recognized practical nurse school in the United States was asked to furnish this group with a copy of its curriculum. This information provided the principal basis for determining the content of the test.

Both of these practical nurse tests are described in considerable detail in an article which appeared in the September, 1950 issue of the *American Journal of Nursing*.

**TEST SERVICES FOR LICENSURE BOARDS**

**Professional Nurses**

We are pleased to report that during the past year Massachusetts entered the State Board Test Pool which means that all 48 states, plus the District of Columbia, Territory of Hawaii, and the Province of British Columbia, now use the State Board Test Pool Examinations to determine whether or not to license a graduate nurse. Each jurisdiction determines the minimum score that is acceptable in each of the tests in the series.

Nurse educators in various parts of the country are cooperating in the development of this next series of examinations. The series is scheduled for release on or before October 1, 1951.

**Practical Nurses**

The department offers a practical nurse licensure examination to all state boards of nurse examiners and boards of practical nurse examiners throughout the United States and other participating jurisdictions. As of December 31, 1950, a total of 26 jurisdictions had used the test one or more times; two additional jurisdictions contracted for this service early in 1951. As in the cases of the professional series, each jurisdiction is responsible for determining the minimum acceptable score.
During the past year a new form of this examination has been developed in cooperation with nurse educators engaged in practical nurse educational programs throughout the United States. The curriculum information which was obtained in connection with the development of the achievement test also was utilized in the development of this examination. Although the new form reflects some change in scope, the principal change is the increased emphasis on nursing care.

As has been the trend for the past several years, the volume of each test service has continued to increase during the past year. The following table provides a summary of this growth:

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<th>User</th>
<th>Service</th>
<th>Number of schools using services*</th>
<th>Number of individuals tested</th>
<th>Volume</th>
<th>Percent of increase (1950 over 1949)</th>
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<td>Pre-Nursing and Guidance</td>
<td>450</td>
<td>14,383</td>
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<tr>
<td></td>
<td>Achievement</td>
<td>946</td>
<td>111,772**</td>
<td>155,369**</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Graduate Nurse Qualifying</td>
<td>38</td>
<td>2,414</td>
<td>2,729</td>
<td>13</td>
</tr>
<tr>
<td>Schools of practical nursing</td>
<td>Pre-Admission and Classification</td>
<td>10</td>
<td>Released in 1950</td>
<td>284</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Achievement</td>
<td>44</td>
<td>Released in 1950</td>
<td>1,375</td>
<td></td>
</tr>
<tr>
<td>Licensure boards</td>
<td>State Board Test Pool Examina-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>tions for Professional Nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Practical Nurse Licensure</td>
<td>1,798</td>
<td>4,463</td>
<td>148</td>
<td></td>
</tr>
</tbody>
</table>

*Based on actual records for the period January to October 31, 1950 and projected figures for November and December, 1950.

**This is the number of tests used; the records for this test service do not show the number of individuals tested.

In addition to the activities already indicated in this report, the departmental staff also has engaged in many other activities: participated in a number of professional meetings and work conferences on test and guidance problems, including one of the ten regional work conferences which were held following the National Workshop on Measurement and Guidance held in 1949; conferred with many nurse educators in this and foreign countries; developed publicity pamphlets and other supplementary materials for each of the test services; conducted surveys for the purpose of obtaining informa-
tion from schools of nursing, state leagues, and licensure boards, which were needed to establish plans and practices that would better meet the needs of the field. We hope all of them have increased the usefulness of the NLNE test services.

EXTENSION IN TEST SERVICE

We also should like to call your attention to an extension in our test service, which we expect to begin to offer to schools of professional nursing on or before January 1952. Under this plan, schools will be able to purchase test services for the entire basic program at the time a student enters the school or, if it prefers, at the beginning of each school year. The fee for this service, amount yet to be determined, may be paid by the school itself or, if it desires, it may be included as one of the fees paid by each of the students.

Schools subscribing to this service will receive the same reports as they do now on their applicants who take the Pre-Nursing and Guidance Test Battery and their students who take the achievement tests. In addition, procedures will be set up to obtain the following kinds of information at the time students enter the program and at the time they leave it through withdrawal or graduation: academic record, attitudes, interests, professional plans, and other factors generally considered to be useful to administrators and teachers in the basic program. Information about professional progress, attitudes toward nursing as a profession, and other pertinent factors will be obtained periodically from graduates who become licensed.

Annual reports will be sent to each participating school showing how its students and graduates compare in selected test scores and personal data information with those in other schools throughout the country, as well as how their "successful" students compare in these characteristics with those who are "unsuccessful" in the program of the given school and in the profession. We believe that this information will give schools information which will be exceedingly useful in evaluating and revising their standards and practices. For example, a school may find that it can greatly reduce failures without eliminating a large number of those who will be successful by rejecting those who earn scores below a given point, or who have a poor academic record in high school, or who present a certain pattern of interests and attitudes. Or it may find that a large population of students who made an inferior academic record in high school or who show evidence of emotional immaturity are successful in the program, provided the counseling service is adequate. Again, it may find that its graduates are critical of the way a given clinical service is operated, or that they feel they would learn more if certain changes were made in the instructional program, or that they would be happier if the social program of the school were changed. Thus it is seen that the information provided by this program can be ex-
pected to result in more effective selection and counseling of students, thereby reducing frustrations, disappointment, and the many other difficulties which can be expected to occur in an individual who enters a program for which (s)he does not have the academic background, emotional maturity, interests, or other characteristics important in success. These results in turn can be expected to reduce the costs of nursing education and, at the same time, give greater assurance of good nursing care in a community.

More detailed information about this program will be released on or before June 1, 1951.

Respectfully submitted,

RUTH BISHOP, Director

REPORT OF THE DEPARTMENT OF SERVICES TO SCHOOLS OF NURSING

In September 1950, the present director of the department reported for duty to the League headquarters. A review of the materials left on file by the former head of the department and study of the official Board minutes for 1950 revealed that the functions of the department have been defined as follows:

1. Facilitate the development of curricula in nursing.
2. Carry out special projects assigned by the Board and the executive director.

Eight specific activities were also stated by the Board in line with the overall functions of the department. These activities have been expanded through mutual consent of the department and the newly organized Committee on Nursing Curricula, in order that by cooperative relationships the primary responsibilities of the department and the committee might be realized.

The department participated actively in the pre-planning for the second curriculum conference which was conducted at Teachers College, Columbia University, November 13-15, 1950, and participated in the activities of one working group during the conference sessions. The final report of the conference is to be prepared by the conference chairman and is to complement the 1949 curriculum conference report entitled, Nursing Organization Curriculum Conference: Curriculum Bulletin No. 1.

The first issue of the League Letter for 1951 was devoted exclusively to curriculum development which, at this time, is recognized as a primary responsibility of this department in conjunction with the Committee on Nursing Curricula.

As secretary for the Committee on Nursing Curricula, the director sent mimeographed letters to executive secretaries of boards of nurse examiners, to presidents of state leagues of nursing education, and to chairmen of state
and local league curriculum committees requesting that issues and problems in nursing education recognized nationally or regionally be submitted to the committee for its guidance in developing criteria for all nursing education programs. On the basis of responses received, working materials have been prepared for the committee to develop this assignment.

The department is working closely with the American Association of Junior Colleges as efforts are made to explore the possibilities of junior colleges developing programs of nursing education.

Since the activities of the Department of Services to Schools of Nursing are intended to serve the League membership, it is hoped that faculty members and others interested in this service shall feel free to inform the department of plans and progress in development of programs. It is also hoped that copies of programs in which faculties have worked out improvements in the subject matter areas will be sent to the department in order that they may be used as references and guides for others who may be seeking information on approaches to similar problem areas.

Through regional workshops and conferences, and through consultation services which may be made available to the schools that wish to strengthen their curriculum by faculty cooperation, we shall anticipate achieving those results that come from cooperative relationships.

Respectfully submitted,

KATHRYN W. CAFFERTY, Director

REPORT OF THE DEPARTMENT OF BUSINESS ADMINISTRATION

There has been considerable activity in the Department of Business Administration during 1950. The major event of the year was the moving of the headquarters office from 1790 Broadway to 2 Park Avenue, New York, New York. Other organizations have also moved with us, namely: the American Nurses' Association, the National Organization for Public Health Nursing, and the American Journal of Nursing Company; also, all joint projects including those administered by the League—the National Nursing Accrediting Service, the Committee on Careers in Nursing, the National Committee for the Improvement of Nursing Services, and the Psychiatric Nursing Project.

Some months ago, the nursing organizations mentioned above were planning to participate with the National Health Council in a plan for the erection of a building on East 41st Street, New York, New York. On November 10, 1950, it was disclosed that the land on which the Council had intended to build had been sold to another party. Also, the Turner Construction Company, which had been selected to erect the building, withdrew
from the proposition because of the war situation and the increasing difficulty in securing building materials. Because of these obstacles as well as others, the National Health Council was unable to proceed with a building plan at that time.

Space at 1790 Broadway was not desirable or suitable for expansion of headquarters. The fact that our lease was expiring in December 1950 and that we were unable to secure a new short-term lease further prompted the move to 2 Park Avenue. Had we stayed at 1790 Broadway and acquired a full floor, the rental rate per square foot would have been more than what we had been paying and also more than what we are now paying at 2 Park Avenue.

With partitions and plaster walls erected, telephone installations and electrical work practically completed, we are just about settled in our new home. There is no question that with all departments of the League on the same floor, as well as the other aforementioned organizations and committees, we shall be able to carry on the League functions more efficiently.

Shipping service

Moving to Park Avenue has caused our shipping activities to be consolidated. In the past, we had one shipping unit in the Department of Measurement and Guidance to handle the shipments of testing materials, and the National Health Council provided the service for the shipment of publications on a fee basis.

We are now handling the shipment of all our material, and we believe it will result in a financial saving as well as a more efficient service.

Purchasing

All purchasing has now been centralized under the control of this department. The system which was set up last year is working out very satisfactorily. All necessary office items as well as printing materials are purchased after a careful selection of suppliers. With keen competition among printers and stationery and supply companies, we are able to get very good prices and still maintain the same high quality of material that is necessary.

Personnel activities

Job descriptions for nonprofessional personnel have been prepared in cooperation with individual staff members.

Sale of publications

The sale of publications has been steadily increasing during the past year and we trust will continue to increase in volume.
Social Security

Under the 1950 Amendment to the Social Security Act, nonprofit organizations may now be covered by Old Age and Survivors' Insurance. Employees would come under the law only if the employing organization accepted Social Security coverage and filed a certificate to that effect with the Commissioner of Internal Revenue. It would also be necessary to have 2/3 of the employees elect to have coverage.

Following approval by the League Board of Directors, an election was held at headquarters on November 17, 1950, and more than 2/3 of our employees voted in favor of Social Security. Accordingly, League employees have been covered by Old Age and Survivors' Insurance under Social Security since January 1, 1951.

Respectfully submitted,

WALTER W. DIX, Director

REPORT OF THE

JOINT ORTHOPEDIC NURSING ADVISORY SERVICE

The year 1950 marks the tenth year that the National Foundation for Infantile Paralysis has given funds to support the activities of the Joint Orthopedic Nursing Advisory Service. The first grant was made to the National Organization for Public Health Nursing in August 1939, with the broad objective of providing a service that would promote the improvement of nursing care for all patients as well as for the known orthopedic and poliomyelitis patients. Two years following the initial grant, it seemed apparent that this objective would be realized sooner if assistance were given to the source responsible for the education of nurses. In 1941 the National League of Nursing Education joined NOPHN in sponsoring the program and appointed an orthopedic nursing consultant to the staff to assist the NOPHN consultant in carrying this program forward. Today our staff consists of two NLNE consultants and three NOPHN consultants who work in close relationship to the staffs of their sponsoring bodies. JONAS also has profited by the advice and assistance of highly qualified leaders in nursing and the allied professions which are represented on our Joint Council on Orthopedic Nursing. The council reviews the program of JONAS and advises on the selection of future activities which will best further the aims of the organization in meeting the needs of nurses and patients.

A summary of activities for the year 1950 reveals an increase and expansion of services engaged in by JONAS staff members. The advisory service to universities offering educational programs for graduate and basic student nurses has been directed toward:
1. Assisting the university in its plan for preparation of nurses as instructors and supervisors to meet their responsibilities in the care of the orthopedic patient in the hospital and in the home.

2. Promoting the integration of the principles of body mechanics in all nursing.

3. Encouraging the integration of the nursing skills needed for the care of the polio patient in all nursing.

4. Promoting the establishment of orientation courses in orthopedic nursing and posture and body mechanics as a part of university extension or on-campus programs.

Direct service has been given to hospitals, schools of nursing, agencies, and nursing organizations which are concerned with the care of orthopedic and potentially orthopedic patients. This part of the program has been accomplished by such methods as institutes, conferences, workshops, lectures, and demonstrations.

Teaching aids have been prepared and distributed to instructors, supervisors, schools of nursing, agencies, and nursing organizations in this country and in 39 foreign countries.

The members of the staff have attended and participated in many national, state, and local conferences and special meetings. At the headquarters office and in the field, considerable time is spent conferring with individuals who have problems related to orthopedic nursing programs and in-service training for professional and nonprofessional personnel. Special emphasis has been given to the care of the patient with poliomyelitis as well as to methods and technics relative to the integration of the principles of body mechanics in all nursing and for all nurses. The consultants help to review and evaluate orthopedic nursing programs, and also counsel individuals as to where orthopedic and polio nursing courses are being offered and what is considered the desirable preparation in these fields.

During the last few years the increased incidence and widespread geographic distribution of poliomyelitis indicate the need for all nurses to be prepared to care for patients with poliomyelitis. The consultants have participated in evaluating existing facilities and have given help in organizing units and in estimating needs of personnel to work in these units. They have assisted and participated in educational programs before and during epidemics. A guide for the integration of poliomyelitis nursing care in the basic curriculum has been prepared and distributed, along with other educational material relevant to this subject. It was necessary to augment the permanent staff of JONAS by two temporary nurses who assisted with the poliomyelitis program during June, July, and August 1950.
Future plans.

At a meeting in New York on September 7-8, 1950, the Advisory Committee of the Joint Council on Orthopedic Nursing made the following recommendations as to the proposed activities of JONAS for the coming year.

The committee was cognizant of the growing demand for well-prepared orthopedic nurse instructors and supervisors in our university schools of nursing, hospitals, and public health agencies if the nursing care of orthopedic and potentially orthopedic patients is to be improved. With this in mind, the committee approved a plan to give assistance to two universities—Syracuse University School of Nursing and Skidmore College Department of Nursing. The purpose of both programs is to encourage the integration of posture and body mechanics in all nursing. Three similar programs were conducted in 1950, prior to the committee meeting in September, at (1) Ohio State University School of Nursing, (2) Medical College of Virginia School of Nursing, and (3) University of Texas-John Sealy School of Nursing. The committee asked that faculties which have had this service be urged to report values received, plans for continuity of integration, and suggestions for newer technics and trends which would help JONAS evaluate this service. Results may determine the desirable length of time needed for such a project.

The committee directed JONAS to sponsor a special committee to evaluate present orthopedic nursing courses and to recommend desirable orthopedic nursing programs of study which will best meet the needs of the nurse employed in the hospital and in the public health agency. This special committee has been appointed and a meeting will be called early in February.

A great deal of concern was shown by the group about the scarcity of prepared orthopedic nursing instructors to carry on university orthopedic nursing courses. It was realized that there is need to prepare a greater number of nurses in this specialty. In over two thirds of the letters that JONAS receives requesting information about courses, the nurses indicate that they will need financial assistance of some kind in order to enroll in these courses. JONAS will investigate the possibilities of obtaining funds for scholarships after the special committee reports its findings.

The advisory committee recommended that JONAS, with the assistance of representatives of the groups concerned, prepare guides on over-all planning for workshops and institutes.

Following a report on the two regional workshops in poliomyelitis nursing which were conducted by JONAS this year, the committee recommended that a summary and evaluation be prepared, along with a promotional letter, which could be distributed to all state and local nursing organizations and to state polio planning committees. It was further recommended that an article on this subject be submitted to national and state nursing magazines for publication. In addition, the committee directed JONAS to investigate
existing national and state committees concerned with the improvement of patient care and to stimulate them to promote workshops and institutes for improving the care of patients with orthopedic disabilities through educational programs for nurses.

The "Suggested Outline of Nursing Care of the Poliomyelitis Patient as an Integral Part of the Basic Nursing Curriculum" was reviewed by the committee, and it was suggested that this outline be sent to state leagues of nursing education, state boards of nurse examiners, directors of schools of nursing, and curriculum committees of state leagues upon recommendation of the National League of Nursing Education.

In reviewing visual aids service, the committee recommended that a catalog depicting and listing all slides that are available from JONAS be prepared for instructors’ use; also that visual aids be revised as needed.

The recommendations of our advisory committee will set the pattern for our activities in 1951. We look forward to increased opportunities in service and education under the new structure.

*Summary of Activities January-December 1950*

**Universities receiving advisory service**
- Ohio State University School of Nursing, Columbus, Ohio
- Medical College of Virginia School of Nursing, Richmond, Va.
- University of Texas-John Sealy School of Nursing, Galveston, Texas
- Syracuse University School of Nursing, Syracuse, N. Y.
- New York University School of Education, Nursing Program, New York, N. Y.
- Skidmore (University Hospital), New York, N. Y.
- Boston University School of Nursing, Boston, Mass.
- Catholic University of America School of Nursing, Washing-
  ton, D. C.
- University of Washington School of Nursing, Seattle, Wash.

**Institutes on orthopedic nursing and posture and body mechanics**
- Maryland, Baltimore: 1 day program
- Michigan, Battle Creek: 3 day program
- New Jersey, Orange: 1 day program
- Pennsylvania, Allentown: 1 day program
- West Virginia: Charleston: 1 week program
  Fairmont: 1 week program

**Programs and institutes on nursing care of poliomyelitis patients**
- Alabama, Birmingham: 2 day program
- Arkansas, Texarkana: 5 day program
- Arizona, Phoenix: 5 day program
- California, Sacramento: 1 day program
Delaware, Wilmington
District of Columbia, Washington
Florida: Jacksonville
       Key West
       Miami
       Pensacola
Idaho, Boise
Illinois: E. St. Louis
       Peoria
       Springfield
Iowa: Burlington
       Dubuque
       Iowa City
       Sioux City
Kansas, Kansas City
Louisiana: Alexandria
       Baton Rouge
       New Orleans
Maine, Lewiston
New Mexico: Albuquerque
       Truth or Consequences
Missouri, St. Louis
New Hampshire, Berlin
New Jersey, New Brunswick
New York: Poughkeepsie
       Yonkers
North Carolina, Greensboro
North Dakota, Bismarck
Ohio: Columbus
       Dayton
       Greenville
       Springfield
       Troy
South Dakota, Sioux Falls
Texas: Dallas
       Fort Worth
       Harlingen
       Houston
       San Antonio
Virginia, Abingdon
Washington: Seattle
       Tacoma
       Walla Walla
Alaska: Anchorage
       Fairbanks
       Juneau

1 day program
1 day program
1 day program
2 day program
1 week program
1 day program
5 day program
3 day program
5 day program
2 day program
1 week program
1 week program
1 week program
1 week program
1 week program
12 day program
10 day program
1 week program
1 week program
1/2 day program
1 week program
1 week program
4 day program
1 day program
2 day program
3 day program
5 day program
1 day program
1 day program
1 day program
1 day program
5 day program
2 day program
2 day program
2 day program
5 day program
4 day program
5 day program
1 day program
5 day program
5 day program
3 day program
3 day program
3 day program

Workshops on nursing care of poliomyelitis patients

JONAS staff conducted two regional workshops for nurse instructors and supervisors responsible for administration and teaching programs in the care of poliomyelitis patients. Two regions were selected because of their central location and facilities available for carrying out such a project. The participants were carefully selected for
their ability to take leadership in planning and participating in teaching programs in their respective communities. The purposes of the regional workshops were:

1. To explore weaknesses brought to focus in epidemic areas
2. To develop methods of preparing nurses to care for poliomyelitis patients
   a. To consider ways of teaching the care of poliomyelitis patients as an integral part of the basic curriculum
   b. To consider ways of preparing graduate nurses to care for poliomyelitis patients
   c. To develop a suggested guide for state and local planning
   d. To review nursing procedures
3. To assist participants in gaining sufficient knowledge to enable them to take leadership in planning courses in their own communities
4. To consider how services of JONAS can be used most effectively to help local groups promote, plan, and conduct teaching programs in the care of the poliomyelitis patient.

It has been reported to us that many of the participants who attended the workshops carried on teaching programs in their own local communities.

<table>
<thead>
<tr>
<th>Location of Workshops</th>
<th>Attendance</th>
<th>No. of states represented</th>
<th>No. of cities represented</th>
<th>Length of program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Lakes Area, Chicago, Ill.</td>
<td>26</td>
<td>8</td>
<td>14</td>
<td>3 days</td>
</tr>
<tr>
<td>New England Area, Boston, Mass.</td>
<td>31</td>
<td>10</td>
<td>21</td>
<td>3 days</td>
</tr>
</tbody>
</table>

Group conferences

These were concerned with a variety of subjects such as integration of orthopedic nursing principles, preparation of student nurses in poliomyelitis nursing skills, and planning better nursing service for the care of polio patients in hospitals and public health agencies.

Interviews

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. Those interested included visitors from 11 foreign countries.

Committee activities

Staff members have attended annual conferences of three national nursing organizations and have prepared exhibits for the American Hospital Association Convention, the Catholic Hospital Association Convention, the 1950 Biennial Nursing Convention, the American Public Health Association, and the Midcentury White House Conference on Children and Youth.

Meetings attended

NOPHN Board Meetings, New York City
NOPHN Board Meetings, San Francisco (Biennial Convention)
NLNE Board Meetings, San Francisco (Biennial Convention)
The Steering Committee of the NLNE Committee on Curriculum, New York City
Subcommittee on Supplementary Courses in Orthopedic Nursing of the NLNE Committee on Curriculum, New York City
Meetings of ANA Film Committee, New York City
NOPHN, Children’s Bureau, and JONAS (2 meetings)—Washington, D. C.
1950 Nursing Biennial Convention, San Francisco
Annual Meeting of the American Physical Therapy Association, Cleveland
Columbus League of Nursing Education, Columbus, Ohio
Columbus District of the Ohio State Nurses’ Association, Columbus, Ohio
Council of Branches, State Organizations for Public Health Nursing, Chicago
Council of Social Agencies, Sioux Falls, S. D.
Council of Social Agencies, Columbus, Ohio
District Meeting of Texas State Nurses’ Association, Galveston
District Meeting of Texas Chapter American Physical Therapy Association, Galveston
District Meeting of Texas State League of Nursing Education, Houston
Respirator Conference, Boston
35th Annual Convention of Catholic Hospitals, Milwaukee
Tenth Anniversary of the A. I. DuPont Institute, Wilmington, Del.
President’s Committee on National Employ the Physically Handicapped Week, Washington, D. C.
Midcentury White House Conference on Children and Youth, Washington, D. C.
American Hospital Association Convention, Atlantic City
American Public Health Association Convention, St. Louis
Collegiate Council, St. Louis
Council of State Directors of Public Health Nursing, St. Louis
Executive Committee of NOPHN Board, New York City
National Rehabilitation Association, Annual Conference, New York City
Pre-planning conference to discuss formation of advisory subcommittee on improve-
ment of nursing service of the NCINS, New York City
JONAS Advisory Committee of the Joint Council on Orthopedic Nursing, New
York City
Conference on Posture and Body Mechanics, Nashville
Pennsylvania Organization for Public Health Nursing State Convention, Phila-
delphia

Office service

Approximately 10,100 letters have been received from hospital nurses, instructors, and students in universities requesting educational material. Correspondence was con-
cerned 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. In addition, the staff has reviewed all manuscripts relative to orthopedic nursing and allied subjects for the two nursing journals. Also, manuscripts for three books have been referred to us by publishers for review and evaluation.

Preparation of educational material

JONAS receives an average of 500-600 requests monthly for reprints and hand-
books. In addition, 135 to 160 sets of slides and 23 to 30 films are sent out each month. The very heavy field schedule of the consultants for the past year has had a marked effect upon their ability to accomplish many of the projects concerned with the revision of educational materials. Scripts and bibliographies have been revised. The
handbook, *Orthopedic Nursing, Content and Method of the Teaching Program in Schools of Nursing*, is now in the process of revision and should be ready early in 1951. The leaflet on the services of JONAS has been revised, and we are working on the revision of *The Nurse in the Orthopedic Field* at the time of this report. The "Suggested Outline of Nursing Care of the Poliomyelitis Patient as an Integral Part of the Basic Nursing Curriculum" is ready to be put into more permanent form before distributing it as recommended by the Advisory Committee of the Joint Council on Orthopedic Nursing. "The Suggested Outline of Program for a 5-Day Course in Nursing Care of the Poliomyelitis Patient" has been revised. Three scripts have been prepared to go with the recently revised sets of slides on "Posture in Rest and Activity," "Body Mechanics in Nursing Procedures," and "Body Mechanics for the Patient." There are still 14 sets of slides to be revised on a number of orthopedic subjects. In addition, new scripts and a visual aids catalog are yet to be prepared.

**Distribution of educational material**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan folders available (on 5 orthopedic subjects)</td>
<td>21</td>
</tr>
<tr>
<td>Orders filled from January 1950-January 1951</td>
<td>45</td>
</tr>
<tr>
<td>Films available for loan (on 17 orthopedic subjects)</td>
<td>46</td>
</tr>
<tr>
<td>Orders filled from January 1950-January 1951</td>
<td>476</td>
</tr>
<tr>
<td>(Includes 229 orders from 35 states, Hawaii, Japan, Israel, and Alaska</td>
<td></td>
</tr>
<tr>
<td>for film, &quot;Nursing Care in Poliomyelitis&quot;)</td>
<td></td>
</tr>
<tr>
<td>Slide sets available for loan on 17 orthopedic subjects</td>
<td>173</td>
</tr>
<tr>
<td>Orders filled from January 1950-January 1951</td>
<td>977</td>
</tr>
<tr>
<td>Slide sets sold to 1 hospital, 1 university school of nursing, and 1</td>
<td>3</td>
</tr>
<tr>
<td>department of health in Virgin Islands</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous slides with script sold</td>
<td>70</td>
</tr>
<tr>
<td>Total reprints available</td>
<td>58</td>
</tr>
<tr>
<td>New reprints available since January 1950</td>
<td>20</td>
</tr>
<tr>
<td>Reprints distributed from January-December, 1950</td>
<td>37,526</td>
</tr>
<tr>
<td>Handbooks available</td>
<td>3</td>
</tr>
<tr>
<td>Handbooks distributed from January-December 1950</td>
<td>20,303</td>
</tr>
<tr>
<td>(Includes 16,419 handbooks on &quot;Nursing for the Poliomyelitis Patient&quot;)</td>
<td></td>
</tr>
<tr>
<td>Total requests filled for &quot;Suggested Outline for 5-day Course in Nursing</td>
<td>900</td>
</tr>
<tr>
<td>Care of Poliomyelitis Patient&quot;</td>
<td></td>
</tr>
<tr>
<td>Total requests filled for draft of &quot;Suggested Outline of Nursing Care of</td>
<td>1,050</td>
</tr>
<tr>
<td>the Poliomyelitis Patient as an Integral Part of the Basic Nursing</td>
<td></td>
</tr>
<tr>
<td>Curriculum&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted,

TERESA FALLON

NLNE Consultant in Orthopedic Nursing

**REPORT OF THE**

**JOINT TUBERCULOSIS NURSING ADVISORY SERVICE**

During the year 1950, several goals of the Joint Tuberculosis Nursing Advisory Service have been approximated. Guidance from the Council on Tuberculosis Nursing, the National League of Nursing Education, the Na-
tional Organization for Public Health Nursing, and the National Tuberculosis Association as well as the continued generous financial support of the National Tuberculosis Association have made this possible. Operating funds from this source for the fiscal year beginning April 1 amounted to $23,282.35. We also wish to express appreciation to many friends in the field whose direct help with JTNAS projects has been invaluable.

**Educational materials and service tools**

1. The new *Handbook on Tuberculosis for Public Health Nurses* came off the press September 1. By September 30, the first printing of 5,000 copies had been distributed and a second printing of 7,500 was ordered. Only 900 copies are left. The *Handbook* includes a section on appraisal of tuberculosis services of public health nursing agencies.

2. We can report progress on development of tools for evaluating tuberculosis nursing services in hospitals and expect to complete this project early in 1951.

3. The demand for reprints pertinent to tuberculosis nursing, made available by NLNE, NOPHN, JTNAS, and local tuberculosis associations, has continued at a high level. We are gratified by this index of sustained local interest in tuberculosis nursing.

4. The loan exhibit of literature pertinent to tuberculosis nursing and the set of slides on “Family Health Service in Tuberculosis” continue in steady circulation. JTNAS is exploring the need for additional visual aids directly concerned with tuberculosis nursing.

**Basic nursing education**

In December, the NLNE published data as of January 1, 1950 on “State-Approved Schools of Nursing.” Tabulation of schools offering students opportunities for clinical experience in tuberculosis nursing as part of their preparation for nursing shows a total of 456 doing so as compared with 256 on January 1, 1946—a gain of 200. This is an increase of 78 percent during the four-year period.

During the same period, noteworthy increases in opportunities for experience in outpatient departments, visiting nursing agencies, and health departments are also recorded. All of these changes indicate gratifying efforts in schools of nursing to prepare nurses more adequately for the tuberculosis nursing services expected of them by their co-workers and the public.

It seems important to accelerate this forward movement, since about 62 percent of the schools of nursing still do not include clinical tuberculosis nursing experience in the curriculum and many of these same schools offer no experience in the closely related fields of outpatient and public health nursing.
Graduate nurse education

1. We regret to report that the National Tuberculosis Association decided to postpone favorable action on the request from the Council on Tuberculosis Nursing for financial support to selected universities for programs designed to prepare graduate nurses for positions of major responsibility in tuberculosis nursing. The need persists.

2. We are more than proud to report the prompt, constructive joint action by state leagues of nursing education, state organizations for public health nursing, and state tuberculosis associations to sponsor plans for work conferences on tuberculosis nursing along the lines recommended by a preplanning group called together by JTNAS for three days in April. The report of this preplanning conference has been published and distributed to technical advisers, sponsoring agencies, state planning committees, and directors of schools of nursing. Additional copies are available from JTNAS.

The aim is for sufficient conferences to be held during the next few years to assure a majority of graduate nurses an opportunity to familiarize themselves with current knowledge of prevention and treatment of tuberculosis so that each may render more effective tuberculosis nursing service. A nurse specialist is serving as technical adviser in 42 states and 2 of the territories by helping the sponsoring organizations to form state planning committees and by helping these committees to develop and carry out detailed plans for work conferences.

To Georgia and Texas go the honors for conducting the first work conferences. In Georgia, 26 nurses participated and in Texas there were about 50. Approximately half were engaged in public health nursing and half in clinical nursing. From all reports, local support by many agencies and individuals, and meticulous preplanning resulted in a highly constructive experience on the part of all participants.

Definite or tentative dates have been set in 12 additional states for similar work conferences. These are Arizona, Connecticut, District of Columbia, Kansas, Maryland, Massachusetts, Minnesota, Missouri, Montana, Oregon, Texas, and Virginia.

Hazards in tuberculosis nursing

At the request of JTNAS Council on Tuberculosis Nursing, the American Trudeau Society, medical section of the National Tuberculosis Association, appointed a committee to formulate a statement on tuberculosis and personnel and to develop suggestions for the tuberculosis control program of personnel health services in keeping with current knowledge of preventive measures.

The committee had a stimulating meeting in November and is actively engaged in work to complete its assignment. This statement will provide schools of nursing, hospitals, and similar agencies with much needed authori-
tative guidance with respect to protection of the health of students and employees.

Field activities

1. Office consultations during the year included those with visitors from Alaska, Brazil, Canada, China, Denmark, England, Germany, Japan, Liberia, Philippine Islands, Puerto Rico, Portugal, Virgin Islands, and the Office of Inter-American Affairs.

2. The consultants spent 179 days or 39.2 percent of their working time in the field during the fiscal year. Twenty-seven visits were made to 20 states with stops in 46 cities and towns. The states visited were Arkansas, California, Connecticut, District of Columbia, Florida, Georgia, Illinois, New York, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, and Wisconsin. By the end of the calendar year, 5 more visits were made in 4 states: Maryland, Massachusetts, Missouri, and New Jersey.

3. JTNAS had a booth at the Biennial Nursing Convention in San Francisco. As compared with activities at a similar booth during the preceding Biennial, interest seemed more purposeful. Consultations were concerned with specific tuberculosis nursing problems. There was a very favorable reaction to showings of films on tuberculosis included in the American Nurses' Association film exhibit. The films were loaned by the National Tuberculosis Association.

Committee service

New committee service of the consultants included:

1. Membership on the ANA Film Committee.
2. Assistance to the Committee on Hazards in Tuberculosis Nursing of the American Trudeau Society.

Future program

Priority in the program of JTNAS for 1951 will be given to the following:

1. Completion of tools for evaluation of nursing services in hospitals.
2. Promotion of work conferences on tuberculosis nursing in states and territories and assistance to local groups planning and conducting them.
3. Collaboration with the American Trudeau Society on the preparation of a statement concerning the hazards in tuberculosis nursing and in developing guides for the use of health services in schools of nursing and related agencies to prevent tuberculosis among students and employees.
4. Preparation of suggestions for content in tuberculosis nursing for staff education of public health nurses.
5. Development of a guide for in-service education of lay workers rendering services to tuberculous patients in hospitals.

6. Study of the instruction in tuberculosis nursing in approved university programs in public health nursing for graduate nurses.

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 1951:

**Balance as of January 1, 1951** ........................................... $76,318.10

**Estimated Income:**

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<td>Royalties</td>
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<td><strong>Total Estimated Income</strong></td>
<td><strong>$110,600.00</strong></td>
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| Department of Measurement and Guidance        |            |
| Pre-Nursing and Guidance Test Service         | $80,000.00 |
| Achievement Test Service                      | 70,000.00  |
| State Board Test Pool Service                 | 70,000.00  |
| Graduate Nurse Test Service                   | 12,000.00  |
| Practical Nurse Test Service                  |            |
| State Board                                   | 8,000.00   |
| Achievement                                   | 1,000.00   |
| **Total Estimated Income**                    | **$241,000.00** |

**Estimated Expenses:**

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**Total Estimated Expenses** ........................................... $427,918.10
Conventions and Meetings
- Meeting Rooms: 500.00
- Preprints, Printing, Mimeographing: 500.00
- Supplies: 100.00
- Reporting: 250.00
- Exhibit Space: 250.00
- Honoraria: 200.00
- Joint Board: 200.00
- Miscellaneous: 250.00

Office Supplies and Equipment
- Supplies, Stationery, etc.: 3,800.00
- Mimeograph Supplies: 1,200.00
- Equipment: 1,500.00

Service
- Addressing Service: 500.00
- Postage and Express: 5,500.00
- Telephone and Telegraph: 1,200.00
- Machine Service: 300.00
- Mimeographing and Multigraphing: 250.00

Publications
- Annual Report: 11,000.00
- General: 12,000.00
- Records: 10,500.00
- League Letters: 2,000.00
- Photographs: 50.00
- Slides: 200.00
- Films—Storing and Handling: 100.00
- Auditing: 800.00
- Balloting Expenses: 350.00
- Bonding: 165.00
- Dues—Membership in Allied Organizations: 250.00
- Insurance: 500.00
- Miscellaneous: 200.00
- Receptionist: 600.00
- Repairs and Maintenance (Incl. Electricity): 400.00
- Rest Room: 300.00
- State League Supplies: 450.00
- Subscriptions, Reference Books, etc.: 100.00
- Special Services (Legislation): 200.00
Committees

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<th>Committee</th>
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<td>Committee of the League—Nominations</td>
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Special Committees

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**Total:** 174,548.01

Deduct: Administrative Overhead Charged to Other Projects 10,411.00 $164,137.01

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<td>Miscellaneous</td>
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**Total:** 38,692.48
Department of Measurement and Guidance

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Rent

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Travel

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Fees

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Service

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Proposed Expansion of Departmental Services

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Total                               $202,823.19
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<td>Telephone and Telegraph</td>
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<table>
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<td></td>
<td><strong>$427,918.10</strong></td>
</tr>
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Respectfully submitted,

HENRIETTA DOLTZ, Chairman
Report of the Committee on Nominations

No meetings of the Committee on Nominations were held during the year as the work was carried on entirely by correspondence. On or about August 1, 1950 a letter was sent to the president of each state league requesting the states to submit their choices of candidates for the ballot. By the stated deadline of December 1, 33 states had sent in their suggestions. Six replies mailed after December 1 could not be considered.

A proposed ballot was made up from the suggestions received and was submitted to the members of the committee for their approval. Where the choice of the states was not clearly defined, the committee was asked to choose from among the names submitted. Approval of the proposed candidates was obtained from the committee members, and the individuals were then communicated with as to their willingness to serve. In cases where the candidates declined the proposed nominations, the committee was again asked to indicate further choices of names from those submitted by the states. A final proposed ticket of names of persons who had signified their willingness to serve was then made up and sent to the committee members for their approval.

The committee accepted the resignation of Marjorie Bartholf so that her name might be suggested for the ballot.

A copy of the ticket was sent to the Board of Directors of the National League of Nursing Education on January 1, 1951 for its approval. The ticket, as accepted by the Board of Directors at its January meeting, is as follows:

Vice President

Alma E. Gault, Meharry Medical College School of Nursing, Nashville, Tennessee
Mrs. Deborah M. Jensen, University of Missouri Department of Nursing Education, Columbia, Missouri

Secretary

Marjorie Bartholf, John Sealy College of Nursing, Galveston, Texas
Frances H. Cunningham, Western Reserve University, Cleveland, Ohio

Directors

Emily C. Cardew, University of Illinois, Chicago, Illinois
Lucy Harris, College of Nursing, Texas Christian University, Fort Worth, Texas
Loretta E. Heidgerken, Catholic University of America, Washington, D. C.
Elizabeth L. Kemble, University of North Carolina School of Nursing, Chapel Hill, North Carolina
Mildred I. Lorentz, Michael Reese Hospital School of Nursing, Chicago, Illinois
Carrie M. Spurgeon, Louisiana State Board of Nurse Examiners, New Orleans, Louisiana
Anna Dryden Wolf, Johns Hopkins Hospital School of Nursing, Baltimore, Maryland
Lulu K. Wolf, School of Nursing, University of California, Los Angeles, California
Committee on Nominations

Margaret M. Foley, 1438 South Grand Avenue, St. Louis, Missouri
Lucile Gregerson, University of Oregon Medical School Department of Nursing, Portland, Oregon
Mrs. Elizabeth F. Harris, University of Colorado, Denver, Colorado
Sister Thomas Francis, St. John's Hospital School of Nursing, Long Island City, New York
Mrs. Emma W. Stapleton, Speers Memorial Hospital, Dayton, Kentucky
Dorothy Wilson, New Haven Visiting Nurse Association, New Haven, Connecticut

Respectfully submitted,

MARGARET B. ALLEN, Chairman
MILDRED E. NEWTON
ELIZABETH S. MORAN
DOROTHY V. WHEELER

REPORT OF THE COMMITTEE TO CONSIDER
FEDERAL LEGISLATION ON NURSING EDUCATION

Over the past several years, the League's activities with regard to federal aid for nursing education have been reported by the various committees which have been appointed to consider this subject. These reports may be found in the 1948, 1949, and 1950 Annual Reports of the League.

At the annual convention in May 1950, the Committee to Consider Federal Legislation on Nursing Education proposed that, if bill H.R. 5940—then before the Committee on Interstate and Foreign Commerce of the House of Representatives—was not enacted into law, the League's statements\(^1\) on federal aid for nursing education should be reviewed and, if necessary, revised to include the latest thinking of League members on this subject. Accordingly, when H.R. 5940 and its various successor bills failed to be reported out of the House committee, the Committee to Consider Federal Legislation on Nursing Education drew up an opinionnaire on federal aid for nursing education which was included in League Letter No. 26 and mailed to all League members in October 1950. The 2,074 replies to this opinionnaire served to guide the committee, when it met on November 17-18, 1950, in its review of the existing League statements on the subject of federal aid for nursing education.

In the light of the expressed opinions of the membership, it appeared to the committee that the existing statements should be revised in several ways. In particular, because of the growing tendency of the nursing pro-

fession to think in terms of nursing in its entirety, it was thought that any statement of League opinion concerning federal aid for nursing education should take into consideration all nursing, practical as well as professional. Also, in view of the national emergency, the purpose of any such aid should be enlarged to include the expansion, as well as the improvement, of nursing education.

Accordingly, the committee prepared a new statement, "Essential Considerations for Federal Aid for Nursing Education," which was adopted by the League Board of Directors by referendum vote in November 1950. This statement, which has been published in the February 1951 American Journal of Nursing and which was sent in December 1950 to the president of each state and local league of nursing education, is as follows:

**Essential Considerations for Federal Aid for Nursing Education**

Nursing, serving a broad function in our society, assumes the obligation for maintaining its educational standards at the level which will serve the public needs most effectively.

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. Since nursing service does require varying degrees of knowledge and skill, nursing education must provide preparation for professional nurses and for practical nurses.

Money from public and private sources should support nursing education. In a democratic society students of nursing should have an equal opportunity to that of students preparing for other fields of social endeavor.

At this period of great national need, sufficient funds for the improvement and expansion of nursing education are not available. It is therefore the opinion of the National League of Nursing Education that, although federal aid for nursing education should be secondary and supplementary to financial assistance from regional, state, and local sources, public or private, it is essential that aid be secured through the appropriation of funds from the federal government.

In view of these opinions, it is recommended that the following essentials be considered by the American Nurses' Association in the preparation of a bill for federal aid for nursing education and in its study of any bill on this subject which may be introduced into Congress.

1. **Statement of Purpose**

   A bill to authorize the appropriation of funds to provide for more and better nursing service throughout the nation by fostering the improvement and expansion of nursing education, and for other purposes.

2. **Title of Act**

   Nursing Education Act of 1951.

3. **Agency**

   A Division of Nursing Education in the Public Health Service of the Federal Security Agency.
4. Uses of Funds

Funds appropriated under this Act shall be used exclusively for grants-in-aid:

a. To provide assistance for the improvement and expansion of basic professional and practical nursing education programs and advanced professional nursing education programs including instructional costs (faculty, equipment, operation).
b. To aid in research, study, and experimental work in nursing service and nursing education conducted under contract with appropriate educational institutions or organizations.
c. To provide assistance for temporary demonstrations, intensive courses, and workshops in nursing education under contract with appropriate educational institutions or organizations.
d. To provide scholarship aid for students in basic professional and practical nursing education programs and advanced professional nursing education programs on the basis of merit and financial need.
e. To provide for construction costs and expansion of educational facilities.
f. To provide for the effective administration of this Act.

5. Distribution of Funds

Funds for approved plans shall be distributed directly to:

a. Schools or divisions in publicly and privately supported institutions offering nursing education programs which present to the Surgeon General plans for the improvement and expansion of such programs providing such plans meet the criteria established by the Commission on Policies and Regulations.
b. Appropriate organizations as provided under contract.

These funds shall be allocated in accordance with policies set up by the Commission on Policies and Regulations and without discrimination on the basis of sex, color, race, or creed.

6. Unit for Administration

For purposes of administering this Act there shall be established in the Public Health Service of the Federal Security Agency a permanent Division of Nursing Education for the specific administration of the proposed program.

7. Personnel

There shall be appointed a director of the Division of Nursing Education who shall be a professional registered nurse qualified by general and professional education and by nursing experience to serve in such position. It is further provided that such other personnel shall be appointed as are necessary to carry out the provisions of the Act.

8. Commission on Policies and Regulations

A Commission on Policies and Regulations shall be appointed by the Surgeon General of the Public Health Service of the Federal Security Agency.

This Commission shall consist of not less than 12 appointive members. The director of the Division of Nursing Education and the Surgeon General shall be members ex officio.

The appointive members shall be representative of the major fields of nursing education and nursing service who are outstanding in their respective fields. One member shall be appointed from each of the seven panels submitted by the organizations listed below.² Twenty-one names shall be submitted as follows: three names

²The National Association of Colored Graduate Nurses is not included in this list because of the imminence (January 1951) of its merging with the American Nurses’ Association.
each shall be submitted by the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, the American Association of Industrial Nurses, the National Association for Practical Nurse Education, and the National Federation of Licensed Practical Nurses, or successors to these organizations. Consultants from administration in the field of general education and in allied health fields, and from the consumer public, may be appointed by the Surgeon General on the recommendation of the Commission for continuous consultation. Other consultants may be appointed as required.

**Term of Office.** The term of office of an appointive member shall be for three years, except that members of the first Commission shall be appointed for terms as follows: four members for three years; four for two years; four for one year. Thereafter all appointments shall be for three years. No appointive member shall serve for more than two consecutive terms.

**Vacancy in Office.** A vacancy occurring in the Commission shall be filled in the same manner as original appointments are made.

**Functions of Commission.** The Surgeon General, with the approval of the Commission, shall:

a. Prepare and promulgate regulations for the administration of this Act.

b. Establish criteria and procedures for the granting of funds for education and research.

c. Plan for periodic review and evaluation of the effectiveness of the program.

d. Establish such policies as may be necessary.

**Meetings.** Regular meetings of the Commission shall be held at such times as may be necessary and not less than twice each year.

**Per Diem and Expenses.** The appointive members of the Commission and consultants while serving on business of the Commission shall receive compensation at a rate fixed by the administrator of the Federal Security Agency but not exceeding $50 per day and shall be reimbursed for such other expenses as provided by the administrative policies of the Federal Security Agency.

9. **Protection of the Recipient of Funds**

Federal assistance to institutions offering nursing education programs or to organizations shall be limited to the provision of financial aid and educational guidance. The responsibility for the direct administration of any program or plan for which funds are approved must remain under the direct control of the institution or organization to which the funds are allotted.

10. **Protection of the Use of Federal Funds**

It shall be the responsibility of the Public Health Service to see that money allotted is used for the purpose for which it was approved.

11. **Terminology**

As used in this Act:

(1) The term "nursing" refers to services rendered by professional and practical nurses.

(2) The term "organization" refers to any national professional or practical nursing organization or constituent units thereof which might be utilized for making studies for the development or revision of nursing education standards.

(4) The term "schools or divisions offering nursing education programs" refers to educational units in nursing in institutions which conduct programs in various areas and on various levels under different types of administrative organizations such as schools, departments, or divisions.

This statement was transmitted to the American Nurses' Association, the official spokesman of the nursing profession on all legislative matters, and was approved by the ANA Special Committee on Federal Legislation on December 2, 1950. Since that time, the ANA has been active in placing the "Essential Considerations for Federal Aid for Nursing Education" before those committees and members of Congress who have shown an interest in this subject. The chairman of the League Committee to Consider Federal Legislation on Nursing Education, as a member of the ANA Special Committee on Federal Legislation, has participated in this activity, as have the League president and Mrs. Eugenia K. Spalding, the former chairman of the League committee.

To date, several bills providing for federal aid for nursing education have been introduced in Congress:

H.R. 910, which was drafted with the statement of "Essential Considerations" in mind, although it deviates to a certain extent from the "Essential Considerations." This bill would provide (1) assistance to schools of nursing for costs of instruction, (2) funds for construction of schools of nursing, (3) scholarships to student nurses, and (4) funds for special projects—such as research and workshops—and recruitment, this assistance program to be administered by the Surgeon General of the Public Health Service upon the advice and recommendation of a National Council of Nursing Education of which eight of the 13 voting members would be nurses. Title II of the bill would provide for assistance to states in developing programs of practical nurse education under the state boards of vocational education.

H.R. 516, which is very similar to the Cadet Nurse Corps Act of 1943.

S. 337 and H.R. 2707, providing federal assistance for education in various health professions, which are very similar to S. 1453 and H.R. 5940 (introduced in Congress in 1949).

S. 54, an omnibus bill providing for an over-all national health program, Title I of which covers federal aid for education in the health professions.

Supplementary report

Since the writing of the above report, several developments have occurred with regard to federal legislation on nursing education. Because many nurses registered concern about S. 337 and its companion, H.R. 2707, which are bills of the Truman administration, they were amended to include many of
the provisions in H.R. 910. However, at a joint meeting of the ANA and League committees concerned with legislation, it was decided not to give approval to the administration bills because they did not meet sufficiently the needs of the nursing profession.

The main points of difference between H.R. 910 and the Truman administration bills are as follows:

1. H.R. 910 provides for a council on which nurses shall be represented, while S. 337 and H.R. 2707 provide for a council but do not specify that nurses shall be represented.

2. S. 337 and H.R. 2707 provide for a technical committee for each of the health professions; while nurses and hospital administrators are to make up one committee, there is no provision as to how many of each are to be represented other than at least one hospital administrator. Functions of the technical committee are not defined, and the relationship between the committee and the council is not clear.

3. H.R. 910 provides $5,000,000 for construction costs of schools of nursing, while S. 337 and H.R. 2707 provide only $10,000,000 for all the disciplines, and this would include construction costs for teaching hospitals.

4. H.R. 910 provides for both the present national emergency and a long-range program, while S. 337 and H.R. 2707 are emergency bills which would extend over a five-year period only.

Respectfully submitted,

ALMA E. GAULT, Chairman

PRESENT STATUS OF FEDERAL LEGISLATION

At the request of the president, Leila I. Given, secretary of the ANA Special Committee on Federal Legislation, reported recent news from the ANA representative in Washington, D. C., with regard to federal legislation. Miss Given stated that the Truman administration bill S. 337 had been brought to the Senate floor both in March and April 1951, with the recommendation that it be passed without debate. On these two occasions, however, action was deferred because of objections, and it was not likely that any action would be taken for some time.

The bills before the House Committee at the present time, Miss Given pointed out, were as follows: (1) H.R. 2707, the companion to S. 337; (2) H.R. 516 or the Lane Bill; and (3) H.R. 910 or the Bolton Bill.

The president then called attention to the fact that legislation of concern to nursing would be discussed in full by Eugenia K. Spalding, the League consultant to the ANA Special Committee on Federal Legislation, at a later program meeting of the convention.1

1See p. 200.
REPORT OF THE
COMMITTEE ON EARLY NURSING SOURCE MATERIALS

The Committee on Early Nursing Source Materials reports the publication by G. P. Putnam's Sons of *A Century of Nursing*, by Abby Woolsey, which includes Chapter VI of Elizabeth Hobson's *Recollections of a Happy Life*, and Florence Nightingale's "Letter to Dr. Gill Wylie." This book is now on sale and royalties from it are coming in to the National League of Nursing Education ($135.46 as of December 15, 1950).

Plans are under way for the republication in book form of a number of American articles on Florence Nightingale and her influence on medicine, public health, social science, education, and other fields. These were gathered by M. Adelaide Nutting, and the introduction will embody her notes. The title selected by her for the book is "The Mind of Florence Nightingale." The committee is also selecting a number of articles and reports of the earlier period for republication in the *American Journal of Nursing* or in other form to be decided later.

Suggestions and recommendations made by the committee to the Board of Directors in January 1951 related to the need for raising funds for the committee's activities and to the ways in which state and local leagues could cooperate in the committee's work by locating and listing materials of interest to the profession at large.

Respectfully submitted,

ISABEL M. STEWART, Chairman

REPORT OF THE COMMITTEE ON
FACULTY-STUDENT GOVERNMENT ORGANIZATION

The Committee on Faculty-Student Government Organization held its first and last meeting at the NLNE Convention in Cleveland in 1949. At that time, the committee felt that a manual on faculty-student government was essential; plans were made for the preparation of such a manual, and the responsibility for sections of the manual were assumed.

The committee has since attempted to carry out its assignment through correspondence. In January 1951, however, the chairman recommended to the Board of Directors that a centrally located production committee be appointed and assigned the responsibility of preparing the manual, using the national committee to review the manuscript in order to provide wide geographical participation in the final production of the work. This recommendation was approved by the Board, and the chairman delegated the responsibility for the appointment of a production committee in the Chicago area.

In 1951, a group of counselors in schools of nursing in the Chicago
area, who had been meeting informally for several years, decided to organize officially and requested the Chicago League of Nursing Education to create a study group of counselors as an integral part of that local league.

This committee of counselors has accepted, as its first project, the preparation of a draft of a manual on faculty-student government. This draft will be submitted to members of the national committee for review and revisions.

It is felt that the appointment of a small local group which has the advantage and stimulation of frequent meetings may facilitate the production of this long-needed publication. A secondary value is, of course, the assignment of a specific and challenging project to a newly organized committee consisting of many new league members.

It is hoped that very definite progress on, or even completion of, this manual will be reported at the next annual meeting of the NLNE.

Respectfully submitted,
EMILY C. CARDEW, Chairman

REPORT OF THE COMMITTEE ON NURSING CURRICULA

The Committee on Nursing Curricula is a newly constructed committee of the League broadly representative of the various types of curricula in nursing education—practical nursing, basic and advanced professional nursing education. The membership includes the following:

Representing basic professional nursing education
Irene Carn, Eleanor A. Hall, Sylvia Perkins, Sister M. Eucharista, Elwynne M. Vreeland.

Representing advanced nursing education
Virginia P. Crenshaw, Emily W. Holmquist, Dorothea Orem, Sister Olivia Gowan, Dorothy Wilson.

Representing practical nursing education

Background for formation of committee

Since its inception in 1893, the National League of Nursing Education has taken leadership in helping faculties in schools of nursing develop curricula which will prepare nurses to meet the needs of society and at the same time meet their own needs as nurses in the current situation. Many different committees and curriculum development activities have been sponsored. Throughout the years, the League Board of Directors has continuously reviewed League programs in the area of curriculum development. It has ap-
pointed new committees to handle new needs and has created a new department at headquarters to function in this area. In the last two years it has provided for the holding of two national conferences on curriculum development and improvement.

In January 1950, the Board of Directors voted to dissolve all existing committees of the League which were concerned with any aspect of curriculum development and improvement and to form one committee on curriculum. The present committee was formed in the summer of 1950 and was charged with the function of the development of working leadership with state and local league committees on curriculum, concentrating especially on a unified approach to the consideration of problems and issues in curriculum development as a whole—as it relates not only to basic and professional nursing education but also to practical nursing education. It is believed that such a unified approach to curriculum development will eliminate duplications and gaps and will help us to move from where we are to where we ought to be in relation to curriculum improvement.

Functions of committee

The specific functions of this new committee are fourfold:

1. To stimulate curriculum development activities within the membership of the state and local leagues in the interest of improvement in curricula for all areas of nursing education and increased ability of League members in curriculum development.

2. To receive, devise, formulate, and propose to the League Board for action, criteria for curricula for all areas of nursing education.

3. To serve as an advisory committee to the Department of Services to Schools of Nursing and to assist in the solution of problems within the committee’s province.

4. To promote the unification of the efforts of groups and individuals under the League and coordinate these efforts with the curriculum activities of the related organizations.

Plan of operation

At the time of the writing of this report, the committee had held one meeting, which took place on December 8-9, 1950 at League headquarters. The group considered very carefully the needs that have been cited as those which are felt particularly in local situations. In general, these needs were conceived to be:

1. The development of educational criteria that will help schools of nursing to develop their present educational programs.

2. The provision of a clearing house on curriculum problems for all types of nursing education programs.

3. The evaluation of current curriculum criteria and standards.
4. The formulation of a plan for bringing together groups concerned
with the preparation of workers in the field of health.
5. A conscious effort concerning the consideration of nursing education
in toto.
6. The provision of educational guidance for faculties in schools of
nursing.

In order to proceed with its work, the committee also spent considerable
time on the rethinking and restating of the over-all functions of the League
that have to do with curriculum development and improvement. In general,
these were restated as follows:

1. The establishment of criteria for all nursing education programs.
2. The furtherance of work on unification of efforts of all nursing
groups working on curriculum problems.
3. The development of a plan to study elements of curriculum common
to all professional programs.
4. Serving as a clearing house on curriculum matters.
5. Supplying guidance to curriculum groups and individuals.

As a basis for proceeding with its work, the committee tentatively ac-
cepted the following definitions, which were developed at the Joint National
Nursing Curriculum Conference in November 1950:

1. *An Educational Program* comprises the total arrangements made to
carry out the task of preparing nurses to work competently in par-
ticular functional areas in nursing.
2. *A Program of Studies* is a description of the arrangement of courses
(their organization and sequence) planned for preparation of nurses
in particular functional areas.
3. *A Curriculum* consists of all student experiences utilized by a school
to attain the aims of a particular educational program.

The committee conceived as its first job the development of criteria
for all nursing education programs. This is a need that has a bearing on
the work of the National Nursing Accrediting Service as well as of the
NLNE Department of Services to Schools of Nursing, the Committee on
Careers in Nursing, the Joint Orthopedic Nursing Advisory Service, the Joint
Tuberculosis Nursing Advisory Service, and other groups concerned with
similar problems.

As a first step in the development of criteria in nursing education, it
was decided to request an expression of opinion from nurses engaged in
educational activities as to what they considered the problems and issues in
nursing education programs of today. Accordingly, the Department of Serv-
ces to Schools of Nursing communicated with the executive secretaries of
boards of nurse examiners in the 48 states and the territories, the presidents of
the state leagues, and the chairmen of the state and local league curriculum
committees. Responses received will be summarized by the department before being submitted to the committee for further action.

The Committee on Nursing Curricula is desirous of making a grass roots approach to its plan of work. To that end,

1. The committee planned, with the Department of Services to Schools of Nursing, the January 5, 1951 *League Letter* on curriculum development, which we suggest you reread when you have an opportunity.
2. It is making suggestions regarding publication of curriculum material to the *American Journal of Nursing* and other media.
3. It is stimulating any activity that will help national, state, and school groups as well as individuals to exchange information on curricular processes, plans, or activities.

**Conclusion**

The curriculum program of the National League of Nursing Education is the program of every League member. The Committee on Nursing Curricula will welcome all suggestions from any group or individual for the furtherance of curriculum work that will be mutually beneficial.

**Supplementary report**

Following the first meeting of the Committee on Nursing Curricula reported above, it was decided that the committee should be strengthened by having more representatives from hospital schools of nursing included in the membership. Names were suggested by various Board members and state leagues in those parts of the country from which we did not seem to have adequate representation. Invitations were then sent to three persons associated with hospital schools in the far West, middle Southwest, and Southeast.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

**REPORT OF THE COMMITTEE ON THE NUTTING AWARD**

A meeting of the Committee on the Nutting Award will be held in February 1951 to prepare the nominations to go before the jury, so that an award can be made in May if nominations warrant.

The material prepared previously on "Information and Instructions and Form for Submitting Nominations for the M. Adelaide Nutting Award" was sent to all state and local leagues on October 27, 1950, and the *American Journal of Nursing* carried an announcement in the October 1950 issue.

Respectfully submitted,

VIRGINIA DUNBAR, Chairman
REPORT OF THE
COMMITTEE ON REVISION OF NATIONAL BYLAWS

In view of the pending structural reorganization of the nursing organizations, it appears inadvisable at this time to revise the Bylaws of the National League of Nursing Education. The Committee on Revision of National Bylaws has, however, continued to study the League Bylaws with the view to suggesting modifications which might be considered when the bylaws for the proposed new organizations are prepared. In particular, the committee has drafted suggestions pertaining to the creation of the office of president-elect and the limitation of length of service for officers and directors. These suggestions have been submitted to the League Board of Directors which has transmitted them to the Subcommittee on Constitution and Bylaws of the Joint Coordinating Committee on Structure.

Respectfully submitted,

DEBORAH M. JENSEN, Chairman

REPORT OF THE COMMITTEE TO WORK
WITH THE AMERICAN COUNCIL ON EDUCATION*

For several years this committee has been in close contact with the American Council on Education and has been working on plans for a conference which the ACE agreed to call for an exploration of nursing education problems with representatives of higher education. The conference was originally scheduled for October 1950 but was postponed at the request of the League because members of headquarters staff were not available at that time to assist in planning details of the conference, as requested by the ACE.

Early in October 1950, the ACE called an all-membership conference to discuss educational problems emerging from the rapidly changing national military and civil defense situations. The conference centered around the responsibility of higher education to gear its programs toward preparing personnel for the "long-term pull ahead" in the period of semimobilization. Although most of the program was devoted to a discussion of Reserve Officers' Training Corps programs and other special programs aimed at preparing college students for national service, a request was made from the floor to place the needs of education for nursing before the planning groups.

Several attempts have been made to set a new date for the promised ACE conference on nursing education. However, the ACE's over-all planning committee next called together a committee to plan for a conference on higher education's responsibility for education for "womanpower" for national service. This committee meeting was attended by presidents of the larger women's

*A committee of the ACSN, NLNE, and NOPHN.
colleges and by the League's committee chairman. One group at the conference will be concerned with the problems of nursing education in institutions of higher education.

Dr. Arthur Adams, the new president of the ACE, has suggested that plans for any additional conference on nursing should be delayed until after the conference on "womanpower." It would then be possible to consider any recommendations growing out of that conference.

Continued attempts will be made to secure the ACE's assistance in the joint consideration of nursing education problems between representatives of institutions of higher education and the national nursing organizations.

Respectfully submitted,

R. LOUISE McMANUS, Chairman

REPORT OF THE JOINT COMMITTEE ON CAREERS IN NURSING

A five-year record in student nurse recruitment was achieved in 1950 when a total of 44,185 students were admitted to schools of nursing throughout the country. As a national coordinating agency, the Committee on Careers in Nursing focused its program on four areas:

1. Working with national organizations and national media (magazines, radio, news services, television) to disseminate information widely about the opportunities for careers in nursing and to establish a favorable climate for the nursing profession.

2. Preparing materials such as folders, leaflets, and posters for distribution nationally and for use of local recruitment committees, schools of nursing, and other interested groups.

3. Assisting local groups in their planning, both directly and through a monthly exchange of ideas.

4. Answering the inquiries of prospective students, their parents, and counselors (these averaged more than 2,000 monthly in 1950 with 300-400 requiring individual letters or postscripts to the form letter).

To the foregoing phases of the program should be added fund-raising activities of the committee. A total of $68,173.18 went into the national backdrop for the 1950 recruitment program. It was obtained from the following sources:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools of nursing (332) and non-school hospitals (207)</td>
<td>$19,750.10</td>
</tr>
<tr>
<td>National nursing organizations</td>
<td>8,035.00</td>
</tr>
<tr>
<td>National Foundation for Infantile Paralysis1</td>
<td>18,500.00</td>
</tr>
</tbody>
</table>

1This grant covered the period May 6, 1949 to June 30, 1950.
Business organizations and individuals ........................................ 1,145.00
American Hospital Association .................................................. 5,000.00
Blue Cross Commission .............................................................. 5,000.00
Bulk sale of materials .............................................................. 10,743.08

$68,173.18

Highlights of the year's activities in outline form are given below:

1. Recruitment letters—75,000:
   6 letters to recruitment groups, state nursing organizations, and schools of nursing
   6 letters to same group plus hospital administrators
   2 letters to directors of schools of nursing and hospital administrators

2. Materials for counselors and prospective students:
   Total Basic One Kits .......................................................... 21,572
   Total Counselor Kits ......................................................... 2,833
   ................................................................. 24,405

3. Materials prepared this year (printing financed through funds allocated by the National Foundation for Infantile Paralysis):
   "Nursing—Is It Your Career?" ................................................. 200,000
   "Schools of Nursing in the United States" ............................. 100,000
   "Nursing Offers You a Choice on the Health Team" ..................... 50,000
   "Nursing—Career With a Future For You" (booklet) ................... 200,000
   "Nursing—Career With a Future For You" (poster) .................... 50,000
   "Nursing and College—You Can Have Both" ............................. 50,000
   "Careers for Men in Nursing" .............................................. 25,000
   "Books on Careers in Nursing" .......................................... 9,000
   "Opportunities in Nursing" (chart) ...................................... 40,000

4. Media:
   (a) General news releases—11
   (b) Work with writers and publications—
       American Journal of Nursing—January 1950, "Recruitment Plans for the New Year"
       American Woman's Press—February 1950, "The Nursing Profession Moves toward Equality"; June 1950, "There's Nothing Like Nursing"
       C & P Call (Chesapeake and Potomac Telephone Companies)—September 1950, "Looking for a Career"; August 1950, "More Nurses Needed"
       Charm—January 1951, "It's Never Too Late"

Institute of Research—1950, monograph “Nursing as a Career”

Life—June 12, 1950, “Biggest Graduating Class Gets Sudden Break on Jobs” (collegiate nursing)


Mademoiselle—June 1950, profile “It’s Nice To Be Needed” (Jobs and Futures Department); December 1950, Job Notes


Senior Prom—December 1950, “Prom Visits St. Luke’s”; August 1950, “Break in This Summer”

This Week—September 10, 1950 cover adapted for poster and story “What’s in a Cap?”

True Confessions—July 1950, “If You Want To Be a Nurse”

Women’s National News Service, state nursing bulletins, vocational guidance bulletins, Betty Betz Career Book

(c) Radio programs, television shows, newspaper and magazine advertising.

American business, through the Advertising Council, donated space and time as follows:

1. More than 3,500 newspapers and magazine advertisements in national and local publications (space donated is valued at $600,000 to $750,000).
2. More than 500 radio announcements on all major networks (time contributed is estimated at several hundred thousand dollars).
3. More than 25 television programs carried either the Helen Hayes’ trailer or special promotion ideas.

5. Special Effort:

For the first time the Office of Education distributed to 28,000 high schools throughout the country copies of the school list, the poster, and the “Opportunities in Nursing” chart.

The committee spearheaded national promotion of American Student Nurse Sunday, in cooperation with the Federal Nursing Services.
6. Meetings of Committee on Careers in Nursing:
   Steering Committee—January 16, 1950
   Committee on Careers in Nursing—June 28, 1950
   Steering Committee—July 12, 1950
   Steering Committee—September 11, 1950
   Steering Committee—December 5, 1950

As 1950 drew to a close and as the urgency increased for greater numbers of qualified nursing personnel because of the international situation, the committee directed its attention to the preparation of a five-year plan and program for student nurse recruitment. This plan has been submitted to and approved by the Joint Board of Directors of the Six National Nursing Organizations. Implementation of the five-year expanded program is dependent upon the securing of funds from outside the national nursing organizations.

Respectfully submitted,

THERESA I. LYNCH, Chairman

REPORT OF THE NATIONAL COMMITTEE FOR THE IMPROVEMENT OF NURSING SERVICES

The past year has been a very active one for the National Committee for the Improvement of Nursing Services. The action of the individual and joint boards of directors of the six national nursing organizations last January made it possible for the staff to move ahead in several ways to forward the improvement of nursing services. Early in February 1950, the W. K. Kellogg Foundation generously made a grant of $10,500 to the committee to supplement the available finances in order that the drawing up of a comprehensive program for the improvement of nursing services could be completed.

Concurrently, explorations were undertaken to assemble all possible data and to assess attitudes, both of which were necessary preliminary steps to drawing up a sound program. In continuing the projects already under way or planned before 1950, it was possible to secure valuable information which influenced the final program for the improvement of nursing services as approved by the individual boards of directors during the summer and fall of 1950.

Nursing Schools at the Mid-Century

Preliminary drafts of the survey entitled Nursing Schools at the Mid-Century were circulated to reviewing committees in 47 states and to state boards of nurse examiners for comment and recommendations relative to the final form the report should take. Valuable suggestions were received from these groups and were incorporated in the final draft. In April 1950,
arrangements were made for publication of *Nursing Schools at the Mid-Century*. Twenty thousand flyers describing the contents of the report were printed and have been used as follows: 5,000 were distributed at the Biennial Convention in San Francisco in May; 5,000 were requested by the American Hospital Association to include in mailings to its membership; and approximately 5,000 more have been circulated. The report came off the press on September 19, 1950 and up to January 31, 3,250 copies had been sold. The response throughout the country to this publication has been most gratifying. There is evidence that the contents are being used (1) as a self-evaluation measure and (2) to interpret the progress of nursing education in the past 20 years as well as to point out areas of weakness which still need attention.

In March 1950 the NCINS held a three-day meeting of the full committee, the second day being devoted to a conference with representatives of the allied health professions which have a stake in nursing. The emphasis at this conference was placed on interpretation of the School Data Survey and resulted in a suggestion that a similar presentation be made at the March meeting of the Joint Commission for the Improvement of the Care of the Patient. Marion W. Sheahan, director of programs of the NCINS, made the presentation at this meeting and, as a result, the constituent organizations of the commission took favorable action which undoubtedly has effected the usefulness and general acceptance of the report.

**Second survey of schools of nursing**

As reactions to the publication in 1949 of the "Interim Classification of Schools of Nursing Offering Basic Programs" were analyzed, it soon became apparent that there was considerable confusion between this list and the list of schools accredited by the National Nursing Accrediting Service. After careful deliberation and consultation with representatives in nursing and allied groups, the NCINS recommended that the second survey of schools of nursing (which has been promised would take place sometime in 1951) should become an integral part of a comprehensive plan for accreditation and should be carried out by the NNAS. At the Biennial Convention last May, this question was presented to the Conference of State Boards of Nurse Examiners, to the Council of State Leagues, and to the general membership of the League. The consensus was that such a plan for integration of the second survey into the over-all accreditation program would be a valuable improvement; over a second classification of schools similar to the one conducted in 1949. The thinking was that this second survey might lead to a status of temporary accreditation, followed by a period of counseling to schools with a definite time limit of possibly five years in which the schools would be given a chance to reach the status of full accreditation. Both the NNAS and this committee realize that this is a costly proposal but are firmly convinced that it is a sound step. The NCINS is cooperating with the NNAS in a major effort to secure the needed funds.
Field visits

During the year, the staff of the NCINS has been invited to participate in state and local meetings of nursing organizations and occasionally other health groups. We have accepted as many of these invitations as possible. The budget did not permit extensive visits, but the groups who invited us paid the necessary expenses. In the last year this amounted to approximately $2,000. In addition, over $400 in honorarium has been turned over to the committee. We feel that this is a real contribution from the field to the program for the improvement of nursing services which the six national nursing organizations have sponsored so wholeheartedly.

State committees for the improvement of nursing services

To date there are committees for the improvement of nursing services in 33 states and 2 territories. While the patterns of organization are not identical, they fall into four major types:

1. Joint committees with representation from all state nursing organizations.
2. Joint committees with representation from nursing organizations, allied health fields, and occasionally the lay public.
3. In one state a state hospital commission has a very active committee on nursing which serves ostensibly the same purposes as a committee for the improvement of nursing services.
4. State commissions for the improvement of the care of the patient patterned after the national body of the same name.

Steps have been taken to establish a two-way exchange system of ideas between the national committee and the state committees, and it is anticipated that during 1951 an NCINS newsletter will be released at periodic intervals which will contain a summary of activities under way in the field and provide a pooling of information on "know-how" for improvement.

Finances

In addition to the grant of February 1950, the W. K. Kellogg Foundation has voted to make a grant of $200,000 over a three-year period to the NCINS. The first installment of $70,000 for the fiscal year September 1, 1950 to August 31, 1951 has been received.

Advisory subcommittees

The plan provides for two advisory subcommittees:

1. Advisory Subcommittee on Coordination of Improvement of Nursing Education
2. Advisory Subcommittee on Improvement of Service
To date, preliminary preplanning conferences to discuss the formation of these two advisory subcommittees have been held, and it is anticipated that the subcommittees will begin to function early in 1951.

Definition of function of committee

Because the committee feels so keenly the importance of keeping its activities delimited, the Executive Committee of the NCINS formulated the following definition of function for the NCINS:

The NCINS coordinates, stimulates, and promotes broad planning for improvement of nursing services at the community level where nursing service is rendered with consideration of the responsibilities of the component and related organizations. The participating agencies will implement those steps applying to their own organizational programs. The committee may engage in an operation or project which is of such a nature that the Joint Board decides it can be done most effectively by the NCINS.

Supplementary report

Since the writing of the above report, three things have occurred which the committee would like to bring to the attention of the League membership:

1. Two persons have been added to the NCINS staff at headquarters—Mary Tobin, public relations and editorial consultant, who has already prepared the first issue of the bulletin, NCINS News; and Margaret Giffin, nurse consultant, who is working in the area of nursing service administration.

2. The first meeting of the Advisory Subcommittee on Improvement of Service has been held, and it was decided that this group will make its first order of business the development of a schedule for self-evaluation of nursing services.

3. Funds have been secured for the temporary accreditation program through the generosity of the Rockefeller Foundation, the Commonwealth Fund, and the National Foundation for Infantile Paralysis.

Respectfully submitted,

MARY ELLEN MANLEY, Chairman

REPORT OF THE JOINT COMMITTEE ON PRACTICAL NURSES AND AUXILIARY WORKERS IN NURSING SERVICES

Three all-day meetings of the committee were held on June 8, September 7, and November 10, 1950. The subcommittee which did the groundwork for the new pamphlet met on February 24 and April 15, 1950. In addition, a great deal of work was carried on by individual members and the results communicated either to the chairman and secretary by mail or to the whole committee at its meetings.
Membership. In accordance with the decision made at the January 1950 meeting of the Joint Board, the membership of the committee has been expanded to include representatives of the ANA’s sections on private duty and general duty. There have been few changes in the individual representatives of the organizations. This was a decided advantage in completing the committee’s program. The president and another officer of the National Federation of Licensed Practical Nurses have been present at each meeting. Although they have had no vote, they have been most generous in giving us the benefit of their thinking.

Accomplishments. The changes suggested by the Joint Board in January 1950 were incorporated in the pamphlet, Nursing Aides and Other Auxiliary Workers in Nursing Services. By October 31, 1950, over 800 copies had been sold.

Work has now been completed on the companion piece, Practical Nurses in Nursing Services. This has been a rewriting of Part I of the 1947 pamphlet. Its length and depth of treatment have been considerably increased and improved. The publication of this pamphlet was approved by the Joint Board and is now available.

Activities of chairman. At the request of the chairman of the Administrative Nurses Section of the ANA, the chairman of the Joint Committee took the responsibility for planning a two and one-half hour meeting at the 1950 Biennial Convention on the preparation of the practical nurse and her place in hospital nursing services. This meeting was held May 11 and was attended by over 500 persons. While in San Francisco, the chairman also was asked to attend a meeting of vocational educators from many parts of California to discuss informally education programs for practical nurses in vocational schools.

On May 24, 1950, the chairman read a paper on the role of practical nurses in hospital nursing services before a meeting of the Middle Atlantic Hospital Assembly (New York, New Jersey, and Pennsylvania). This was published in two parts in the August and September 1950 issues of Modern Hospital. Other articles prepared by her dealing with the forthcoming curriculum guide for schools of practical nurses were published in the May 1950 issues of the American Journal of Nursing and Modern Hospital. It will be recalled that the chairman represented the joint committee on the committee that prepared the Practical Nursing Curriculum, which is available through the Government Printing Office for 65 cents.

The chairman was invited to participate in the Institute on Practical Nurses arranged by the Legislative Committee of the Illinois State Nurses’ Association on September 8, 1950, and she spoke on the preparation and role of practical nurses at an evening session of the Kentucky State Association of Registered Nurses on October 13, 1950.

The chairman has carried on considerable correspondence during the year with practical nurses, employers of practical nurses, nurse recruitment
officers, and university students who are making special studies in this field. The number of questionnaires which are coming out from numerous sources seems to be increasing and indicates added interest on the part of professional nurses.

Program for 1951. With the preparation and publication of the two pamphlets, the one on nursing aides and the second on practical nurses, an important part of the committee's present program has been accomplished. There are two other matters which the committee has agreed must now be undertaken—one is to bring the loan folders up-to-date and down to a size that can be mailed at small cost; the other lies in the important field of interpretation.

At its November 1950 meeting, the committee made specific plans in this area. The members are agreed that there is need to direct interpretative materials to several different "publics"—these would include professional nurses, practical nurses, physicians, hospital administrators, and other employers. The major theme in all such attempts will be to interpret the role of practical nurses, emphasizing the limitations of that role as well as its scope.

Various media for interpretation have been or are being explored, including the preparation of a fact sheet similar to the one now in use by the ANA entitled "Nursing Distribution Fact Sheet." The committee believes that such a sheet will do much to correct erroneous information and further the recruitment, preparation, and the right use of practical nurses.

The committee formulated, for presentation to the Joint Board, principles and policies for guidance in training and use of volunteer workers in nursing services. Committee members are of the opinion that there is need for some authoritative statements by nurses regarding volunteer aides, inasmuch as all such aides have not been prepared through a Red Cross program.

Upon recommendation of the committee, each of the national nursing organizations is submitting to this committee a statement outlining its own concept of that organization's role in relation to practical nurses and auxiliary workers. This information would facilitate the work of the committee in matters for referral and consideration.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

REPORT OF THE JOINT COMMITTEE ON
UNIFICATION OF ACCREDITING ACTIVITIES AND OF THE
NATIONAL NURSING ACCREDITING SERVICE

The report which follows includes information about activities of the National Nursing Accrediting Service during the past year, the plan for temporary accreditation to be carried forward over a five-year period, and
decisions made by the Executive Board of Review which were accepted either by the Joint Committee on Unification of Accrediting Activities or by the Interim Committee.

Applications for accreditation

<table>
<thead>
<tr>
<th></th>
<th>Sent</th>
<th>Returned</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Noncollegiate</td>
<td>91</td>
<td>44</td>
<td>31</td>
</tr>
<tr>
<td>Basic Collegiate</td>
<td>35</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Public Health</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Of the 31 approved basic noncollegiate applications, 3 surveys are scheduled for January 1951. Three visits were deferred during 1950 at the request of the school. Of 9 approved basic collegiate, 2 visits were deferred at the request of the school. One program in each of the above categories is pending approval at this time.

Number of programs surveyed or resurveyed during 1950

<table>
<thead>
<tr>
<th></th>
<th>Resurvey</th>
<th>New survey</th>
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</thead>
<tbody>
<tr>
<td>Basic Noncollegiate</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Basic Collegiate</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Public Health</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>37</td>
</tr>
</tbody>
</table>

One of the new basic collegiate programs was surveyed as preparing nurses for beginning positions in public health nursing. Another basic collegiate program which had been surveyed in the past requested a new survey for public health integration only.

Service contributed by accrediting representatives

<table>
<thead>
<tr>
<th>Contributors</th>
<th>Individuals making visits</th>
<th>States represented</th>
<th>Total days served</th>
<th>Days of voluntary service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>10</td>
<td>6</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Hospital schools of nursing</td>
<td>14</td>
<td>10</td>
<td>186</td>
<td>21</td>
</tr>
<tr>
<td>University and college schools of nursing</td>
<td>33</td>
<td>16</td>
<td>348</td>
<td>107</td>
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<td>State Board of Nurse Examiners</td>
<td>7</td>
<td>7</td>
<td>162</td>
<td>20</td>
</tr>
<tr>
<td>Nursing and allied organizations</td>
<td>5</td>
<td></td>
<td>65</td>
<td>16</td>
</tr>
<tr>
<td>Totals</td>
<td>69</td>
<td></td>
<td>886</td>
<td>164</td>
</tr>
</tbody>
</table>

The 164 days of voluntary service multiplied by $12 per day represents a voluntary contribution of $1,968.
Number of visits made by staff of NNAS

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of visits</th>
<th>Total days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazel Goff</td>
<td>23</td>
<td>153</td>
</tr>
<tr>
<td>Julia Miller</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Helen Nahm</td>
<td>3</td>
<td>16</td>
</tr>
</tbody>
</table>

Nursing programs approved by NNAS

<table>
<thead>
<tr>
<th>Program</th>
<th>Approved for 1950</th>
<th>Approved for 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Noncollegiate</td>
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<td>131</td>
</tr>
<tr>
<td>Basic Collegiate</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>Public Health</td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

Of the basic collegiate programs, 5 were approved for 1950 as preparing nurses for first level positions in public health nursing, and 6 were approved for 1951.

Preparation of new application forms and schedules

In September 1951, a special committee was appointed by the chairman of the Joint Committee on Unification of Accrediting Activities to do preliminary revisions on application forms and schedules. Members of the committee were as follows: Irene Carn, Frances Reiter, Veronica Lyons, Hazel Goff, and Helen Nahm. It was decided that one application form would be used for all programs, but that one schedule would be prepared for basic programs and a second for graduate nurse programs.

During the November 1950 meetings of the Boards of Review, revised forms were examined by members of the respective boards and suggestions made. The schedule for basic programs has been referred to representative public health nurses for suggestions as to what additional information should be requested when basic collegiate programs apply for accreditation as preparing nurses for first level positions in public health nursing. The schedule for graduate nurse programs has been referred to nurses working in public health and postgraduate nursing programs. It is hoped that the new forms will be ready at an early date.

Material which will serve as a guide to the accrediting representatives has been prepared by the staff of National Nursing Accrediting Service. This material is now in use and will be revised as suggestions from representatives are submitted.

Plan of temporary accreditation

The Joint Committee on Unification of Accrediting Activities met on March 31, 1950, at which time it was decided that the responsibility for a second classification of schools would be taken over by the National Nursing Accrediting Service, providing the National Committee for the Improvement
of Nursing Services accepted responsibility for raising funds to carry the project forward. A subcommittee of the joint committee was appointed to draw up a tentative plan. This subcommittee worked out a five-year plan for temporary accreditation which is aimed at helping the majority of schools of nursing to achieve full accreditation within a five-year period.

According to the plan, data in addition to that obtained for the School Data Analysis would be gathered during the first year from each school that wishes to participate. Supplementary information would be obtained through a one-day visit to each participating school. A list of temporarily accredited schools would then be published. Through a series of regional conferences conducted during subsequent years every effort would be made to help temporarily accredited schools to achieve full accreditation at the end of a five-year period. This plan has been written up and a budget planned for a three-year period. The plan and budget are now being presented to foundations in an effort to obtain the necessary financial support.

A special committee made up of members of the Committee on School Data Analysis and the Joint Committee on Unification of Accrediting Activities was appointed to formulate criteria to be used during the first year in evaluating basic programs for temporary accreditation. This committee met on December 15, 1950. A questionnaire which is based upon these criteria will be prepared at an early date.

Meetings

Because of limited funds, only one meeting of the Joint Committee on Unification of Accrediting Activities has been held during the past year (March 31, 1950). Two meetings of the Executive Board have been held and three meetings of the Interim Committee. The Noncollegiate Board of Review met for two weeks during November 1950, the Collegiate Board for three days, and Public Health and Postgraduate Boards for two days each.

Staff

Julia Miller, acting director of the National Nursing Accrediting Service and secretary of the Collegiate Board of Review, resigned September 1, 1950 to accept the position of executive director of the National League of Nursing Education. Helen Nahm assumed the position of director of the Service on July 10, 1950.

Because of inadequate funds, additional staff members were not employed during 1950. Plans have been made to add one additional secretary to the Noncollegiate Board of Review during the early part of 1951 and to add one or two other secretaries later in the year. There is need for a secretary with education and experience in the field of public health nursing.

Respectfully submitted,

A. Veronica Lyons, Chairman
TEMPORARY ACCREDITATION

Helen Nahm, director of the National Nursing Accrediting Service, supplemented the foregoing report by indicating briefly the plans which were being made for the program of temporary accreditation for basic professional programs. She stated that, as a follow-up of the School Data Analysis, the Joint Committee on Unification of Accrediting Activities had agreed to assume the responsibility for a second study of basic schools of nursing. Funds for this project had been secured from the Commonwealth Fund, the Rockefeller Foundation, and the National Foundation for Infantile Paralysis.

The program, as envisioned, would be of five years' duration. During the first year, data would be collected in two ways—by a questionnaire which would be sent to all state-approved schools and by a one-day visit to each school which wished to participate. The NNAS Collegiate and Noncollegiate Boards of Review would review these data, and a list of temporarily accredited schools would be prepared. During the remainder of the five years, the program would consist of a series of regional conferences through which schools would be helped to improve their programs to the point where they could qualify for full accreditation.

Miss Nahm emphasized the fact that, although participation in this program of temporary accreditation was voluntary, all basic schools should participate since they would have nothing to lose and everything to gain from such participation.

ANNOUNCEMENT OF NEW RESEARCH PUBLICATION

The president introduced Helen Bunge, of the Association of Collegiate Schools of Nursing, who announced that a new publication, Nursing Research, was to be launched in 1952 under the auspices of the ACSN and the American Journal of Nursing Company. In outlining plans for the publication to date, Miss Bunge stated that it was to contain:

1. Abstracts of research conducted throughout the country in nursing and nursing education
2. Periodical reports on research in progress
3. Articles on methods of conducting research
4. Editorial comments, letters to the editor, and similar material of interest to readers

Miss Bunge further stated that the publication would run between 40 and 50 pages per issue, that there probably would be three issues per year, and that the estimated subscription price would be between $2.50 and $3.50 per year.
Ways in which members of the nursing profession might help in the launching of this new publication were pointed out as follows:

1. By becoming charter contributors and subscribers to the magazine immediately. Cash contributions or checks made out to the Association of Collegiate Schools of Nursing should be sent to Frances Thielbar, treasurer of the ACSN, Department of Nursing Education, University of Chicago, Chicago, Ill. Since the subscription price had not yet been set, the minimum decided upon for the first year of publication was $3.50.

2. By reporting any research work in progress to Miss Bunge at the School of Nursing, Western Reserve University, Cleveland 6, Ohio.

3. By informing others about the new publication and of their opportunity to become charter contributors and subscribers.

Miss Bunge emphasized the fact that 1,000 advance subscribers were needed in order to launch such a publication. She expressed the hope that Nursing Research would become a valuable tool to nurse educators the country over, and thanked the six national professional nursing organizations for their interest and support.

NURSEPOWER IN MOBILIZATION

The following report was given by Ruth P. Kuehn, member of the Health Resources Advisory Committee of the National Security Resources Board:

The maintenance of adequate health services is fundamental to mobilization. One of the most important factors in the maintenance of health services is adequate nursepower. But nursepower was in critical short supply before a state of national emergency was declared. It is imperative, therefore, that we make the most effective use of our available supply of nurses and proceed at once to formulate plans for increasing the present supply as rapidly as possible. Ours is both an emergency and a long-range problem.

I should like to review two aspects of the problem with which the Health Resources Advisory Committee of the National Security Resources Board has been concerned.

The first will be a review of the organization and work of the committee.

The second will be an analysis of the over-all national nursing needs as viewed by the committee.

The Health Resources Advisory Committee of the National Security Resources Board was established on August 5, 1950, at the suggestion of the President to advise the chairman of the National Security Resources Board and the Health Resources Office of the Resources Board.1 Howard A.

1 Memorandum of the President to the Heads of Executive Departments and Agencies, August 30, 1950.
Rusk, M.D., was appointed chairman of the committee. Other members are Harold Diehl, M.D., Alan Gregg, M.D., John B. Pastore, M.D., James E. Sargent, M.D., Leo J. Schoeny, D.D.S., William P. Shepard, M.D., and myself.

The scope of activities of the committee has been to give advice and make recommendations in the entire field of health resources essential in a national emergency. The primary activities of the committee have been in health manpower, health facilities, and health supplies for medical, dental, pharmaceutical, nursing, environmental sanitation, veterinary, and allied services.

On October 4th, the President designated the chairman and the members of the Health Resources Advisory Committee to be chairman and members of the National Advisory Committee to Selective Service on the Selection of Physicians, Dentists, and Allied Specialists. This committee was established as a result of Public Law 779 providing for the registration and drafting of physicians, dentists, veterinarians and allied specialist categories. This law stipulated that the President should establish a National Advisory Committee to advise the Selective Service System and "to coordinate the work of such State and local volunteer advisory committees as may be established to cooperate with the National Advisory Committee." Thus the Health Resources Advisory Committee serves also as the National Advisory Committee to Selective Service. This dual function is logical as the consideration of health manpower resources and the drafting of health manpower for military service are inextricably bound together. Nurse representation on this committee makes possible coordinated long-range planning.

One of the most significant advances made in coordination and planning in health manpower is the policy established on December 22, 1950 by the Department of Defense whereby the Health Resources Advisory Committee is responsible for reviewing the over-all quotas of the Department of Defense for physicians, dentists, nurses, and veterinarians. After each of the three military services has established its projected requirements, these are reviewed by the Armed Forces Medical Policy Council and Health Resources Advisory Committee whose recommendations are then sent to the Secretary of Defense for final decision.

2Executive Order establishing the National Advisory Committee on the Selection of Doctors, Dentists, and Allied Specialists, October 4, 1950.
4Selective Service System memorandum and bulletins:
   Local Board Memorandum No. 7, Students of the Healing Arts, February 2, 1951.
   Operations Bulletin No. 10, Reopening the Cases of Special Registrants, October 26, 1950.
Other activities of the committee in recent months have been:

(1) A review of the estimates of current and projected needs of each of the major governmental health agencies.

(2) A study of estimates of minimum needs of health personnel to maintain essential civilian health services during a national emergency.

(3) The development of informational data on the effect of Public Law 779 on hospital residency programs and on medical, dental, and veterinary teaching programs.

(4) Consideration of the problems of the classification and recruiting of nurses and of their utilization in a national emergency.

(5) Review of the manuscript on Civil Defense Health Services and Special Weapons Defense prepared by the Health Resources Office for the Civil Defense Office of the Resources Board.  

(6) Consideration of problems in the health education fields.

(7) Consideration of problems in military, veterans, and civilian hospitalization.

(8) Consideration of problems in rehabilitation, especially as they pertain to industrial mobilization.

On the basis of the data in these studies, Dr. Howard A. Rusk has previously reported to the medical profession on "Medicine, Mobilization and Manpower," and Dr. Leo J. Schoeny has reported to the dental profession on "Dentistry, Mobilization and Manpower."

In reviewing the nursing problem our committee has conferred with other Federal agencies and departments, the Steering Committee of the Joint Board of Directors of the Six National Nursing Organizations—the American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing, American Association of Industrial Nurses, National Association of Colored Graduate Nurses, and Association of Collegiate Schools of Nursing—and representatives of individual nursing schools and agencies and other groups.

The Joint Board of Directors of the Six National Nursing Organizations, after studying the problem, presented their estimate to our committee of 381,886 nurses needed to meet the minimum civilian requirements of the nation, excluding military services.  

6Report of the Health Resources Advisory Committee to the Chairman of the National Security Resources Board on the activities of the Committee, August 3-December 31, 1950.


7Memorandum, Mobilization of Nurses for National Security, A Statement Prepared by Joint Committee on Nursing in National Security, of the Six National Nursing Organizations.
by 1954 the nation will need 379,500 graduate nurses to meet civilian requirements. If the armed forces mobilize 5,000,000 troops, another 25,000 nurses will be needed to meet military requirements, making a total of 404,500. It is interesting to note that, although the two estimates of nursing needs were arrived at quite differently, they are, in terms of round figures for national planning, very close together. By 1954 the civilian population is expected to reach 155,000,000—an increase of 5,000,000 over 1950. To care for this population increase alone 10,000 more nurses will be required in 1954 than in 1950.

These 10,000 nurses would be spread among all sectors of service, primarily, of course, in hospitals. They would not, however, increase the amount of care available per person.

It is expected that the rate of hospital construction in the next few years will be such as to improve the population/hospital bed ratio, and that provision for staffing these beds must be over and above the nurses included to meet the estimated increase in population. It is estimated that approximately 200,000 beds will be built between 1950 and 1954, of which 80,000 will represent the maintenance of present ratios, and 120,000 improved ratios. For this latter group 20,000 additional nurses would be required to maintain present hospital staffing levels.

There are about 322,000 nurses active in the profession today. Approximately 30,000 nurses graduate each year. Although the nursing profession annually loses approximately 21,000 or 6.5 per cent of the total number of active nurses (largely because of the high marriage rate), these professional nurses are not lost to the health resources of the nation. Many re-enter nursing permanently, temporarily, or on a part-time basis, particularly during periods of emergency within local communities. As a group, they constitute an extremely important reserve which is available to the nation during periods of emergency. Many, for example, are already active in civil defense programs.

I should like now to present the analysis of our figure of 404,500, our estimated requisite by 1954. It is generally accepted by nurses, physicians, hospital administrators, and the general public that the present nurse shortage is critical. This deficit will increase in the next ten years. As with physicians and dentists, our committee has made three basic assumptions as to our needs for nurses. First, the 1949 nurse-population ratio and service should be maintained. Second, the additional requirements of civil defense, of industry, of public health nursing services, and of staffing of hospitals and

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schools of nursing should be met. Third, the needs of the armed forces must be met.

The total needs for nurses for the immediate future are shown in Chart No. 1 (not included here).*

The bottom line shows, year by year from 1949 through 1954, the number of nurses that will be required to maintain the 1949 civilian standards based on the ratio of the number of active civilian nurses to population in the year 1949. The use of this 1949 ratio does not imply that the number of nurses at that time was sufficient to meet the nursing demands of the nation but is taken as the most "normal" year following the cessation of hostilities. For example, that year the Professional Counseling and Placement Service of the American Nurses’ Association had requests for nurses for 11,300 positions, approximately 4,500 of which they were unable to fill.

The second line shows the projected additional needs for nurses for purposes of civil defense and for an emergency reserve as estimated from confidential data: 6,300 in 1954.

The projected additional needs for nurses in the expanding industrial mobilization, particularly necessary because of increased number of women, physically handicapped, and aged workers are shown in the third line: a total of 5,000.

The fourth line shows the projected additional needs for nurses for full staffing of local health departments including the added load thrown upon the public health services in an expanding war economy, increasing to a total of 15,700 in 1954.

The fifth line shows the projected additional needs for nurses to staff present vacancies in the essential teaching in our nursing schools: 2,500 in 1954. Every effort must be made to utilize non-nurse teachers in all types of nursing schools to supplement these nurse teachers. If student enrollments are increased and new schools are opened, more teachers must be provided.

The sixth line shows the projected additional needs for nurses for hospital staffing in new and enlarged hospitals: 5,000 in 1951, increasing to 20,000 in 1954.

The seventh line shows the projected needs for nurses required for the Armed Forces beginning with 6,700 as of 1949, increasing to 17,500 for the authorized 3,500,000 troop strength in 1951, and increasing further to 25,000 in 1954 on the assumption of a possible troop strength of 5,000,000 by that date.

Since each of these categories has been superimposed in turn over the base line of those nurses estimated as being needed at the present rate of net population gain over the years 1949 to 1954, a substantial deficit becomes

*The reader is referred to Am. J. Nursing v. 51, p. 396-397, June 1951, for the five charts mentioned in this report.
apparent. On chart No. 2 (not included here) this total need has been compared with the supply of active nurses we can expect in 1954 at the present level of training—355,000.

As near as it is possible to estimate, 49,000 nurses over and above those now in sight for the year 1954 will be required to maintain the present level of civilian nursing services, and to meet the special needs of industrial mobilization, the minimum needs of an adequate civil defense program, and the projected need of the Armed Forces.

As with physicians and dentists, it is at once apparent that a critical deficit in nursepower is already upon us and this deficit is steadily increasing. Whatever the demands, the present supply of nurses must meet all needs until more graduates can be produced. It is imperative that all methods for more effective utilization of present graduates be explored.

If any one of the added categories is to receive a complement equal to that indicated in these projected figures, it can be only at the cost of a decrease below present level of those nurses giving civilian service. In presenting these figures of projected needs, there is no attempt to indicate that it is presently possible to meet these projected figures in any category. For example, the projected figures of the Army indicating a need for some 5 nurses per 1,000 troop strength\(^\text{11}\) does not indicate that our committee believes that such a ratio is a permanent minimum necessity or that there are sufficient nurses available to supply these needs without serious disruption of other essential activities. Obviously the Armed Forces’ needs for nursepower during peace, mobilization, and war must be a matter of continuing study by all of the Armed Forces. Because of the effect of the withdrawal of nursepower for military service upon civilian health resources these problems will also be under continuous study by our committee.

The anticipated deficit of nurses can be met partially by an increase in enrollment in both diploma and degree programs.

With present attrition rates, a straight increase to 50,000 admissions a year to nursing schools would produce 35,000 graduates a year. As shown by Chart No. 3 (not included here), such an increase beginning next September would produce no increase in graduates for three years. By 1960, we should, by increasing each graduating class to 35,000, have reduced the expected deficit by only 13,200 nurses.

A straight increase to 55,000 admissions a year would produce 38,500 graduates a year. Chart No. 4 indicates that this level of production would reduce the expected deficit by 27,000 by 1960, leaving a shortage of 25,000.

Obviously and inescapably our present grave shortage of nurses will become increasingly critical in the next few years.

The most serious shortages exist in the administrative, teaching, and supervisory positions, which require collegiate education—both general and

\(^{11}\) Actual Nurse/Troop Ratio 1945.
professional. As the needs for nursing service have increased and larger numbers of auxiliary workers have been utilized, the number of professional nurses needed for administrative and teaching positions has increased rapidly. These needs will become more serious as well as more apparent as the shortages become more acute and personnel adjustments become more complicated. Strengthening and expanding the educational programs for administrators, teachers and supervisors will produce high dividends rapidly in improving the care of patients through the most effective utilization of all levels of nursing service personnel.

Chart No. 5 (not included here) indicates the expected shortage of nurses with degrees, in relation to the total shortage. The 1960 requirement for graduate nurses with the bachelor's degree is estimated at 140,000; the prospect at present level of training (4,000 graduates a year) is for only 30,000 or approximately one-fifth of the number needed. If the number of graduates were increased to 10,000 a year by 1960 the number active in the profession by that time might total 45,000—still considerably less than half the requirement. This shortage is so great that there seems no feasible method of closing the gap, or of approaching that goal, in the next decade.

At the present time about 5,000 practical nurses are trained each year.12 The outlook for 1960 at this rate of training is for about 20,000 additional trained practical nurses. If the present rate were stepped up to an output of 15,000 a year, by 1960 the total increase might reach 50,000. The supply of trained practical nurses should be increased as rapidly as possible to permit more effective utilization of professional nurses, particularly in the care of convalescent, chronic and aged patients.

Because of the present critical shortage of both professional and practical nurses, there are now over 250,000 inadequately supervised and poorly trained auxiliary workers13 who are assigned to nursing service in hospitals, and perhaps another 100,000 working outside of hospitals.

The 1960 requirement for auxiliary nursing workers on the basis of present utilization is estimated to be more than 450,000. The committee believes that the improvement and expansion of in-service training programs of auxiliary nursing personnel is of immediate importance in meeting existing critical needs as well as providing nursing services on an economical long-range basis. A number of hospitals have recently developed excellent programs of this type; more should be instituted as rapidly as possible.

To achieve these goals, both public and private support for nursing education is essential. Legislation now before Congress provides for federal aid for education in the field of nursing on both an emergency and a long-range basis.

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12 Data from Federal Security Agency, Office of Education.
The decision as to what can be done to meet the national nursing needs rests with the schools of nursing and with the nursing profession. Our committee reached conclusions which, in general, seem to be in accord with those of the nursing profession.

It is not within the province of the Health Resources Advisory Committee of the National Security Resources Board or of me, their spokesman, to make specific recommendations to you. Our committee is advisory to the National Security Resources Board, not to the schools of nursing or to the nursing profession. But from our study of the problem, it is obvious that there is a critical shortage of nurses which makes immediate action imperative.

CONTINUATION OF COLLEGE COUNSELING SERVICE

The president announced that Miss Margaret Bridgman had resigned her post as dean of Skidmore College in order to continue her counseling service to colleges and universities which wish advice concerning nursing education. This counseling service, which for the past two years had been conducted under the auspices of the Russell Sage Foundation, would be continued for three more years—one year under the Foundation's sponsorship and two under the aegis of the national nursing organizations.

RESOLUTION OF THE CONFERENCE ON HIGHER EDUCATION

The president read a resolution which had been adopted at the Sixth Annual National Conference on Higher Education sponsored by the Department of Higher Education of the National Education Association in Chicago on April 2-4, 1951:

WHEREAS, health needs of the civilian population and military personnel are making increasing demands for the services of professionally and technically prepared nurses, and

WHEREAS, education for nursing is now predominantly outside higher education, with emphasis on apprenticeship training,

BE IT RESOLVED: That institutions of higher learning recognize their responsibility for establishing programs providing for the professional and technical education of nurses.

COMMITTEE TO PLAN AGENDA FOR COUNCIL OF STATE LEAGUES MEETING

The chair appointed the following committee to plan the agenda for the closing meeting of the Council of State Leagues: Carrie Benham (S.D.), Ada Fort (Ga.), Veronica Lyons (N.Y.), and Lillian B. Patterson (Wash.).
APPOINTMENT OF COMMITTEE ON RESOLUTIONS

The chair appointed the following members as the Committee on Resolutions: Sister Ancina (Mich.), chairman; Emily C. Cardew (Ill.), and Eva A. Davis (Ore.).

The meeting adjourned at 12:00 m.

LEAGUE LUNCHEON

Monday, May 7—12:00 m.—1:45 p.m.

Presiding: SISTER M. OLIVIA GOWAN, R.N., Dean, School of Nursing, The Catholic University of America, Washington, D. C.

Speaker: EUGENIA K. SPALDING, R.N., Consultant on Federal Aid for Nursing Education to the American Nurses' Association

FEDERAL FINANCIAL ASSISTANCE FOR NURSING EDUCATION IN 1951

EUGENIA K. SPALDING, R.N.

Historical phases including approval by profession

In 1947 two statements were prepared by committees of the National League of Nursing Education concerning federal aid for nursing education1—"General Considerations Underlying the Request of the Nursing Profession for Federal Aid for Nursing Education" and "Essentials for Inclusion in a Bill for Federal Aid for Nursing Education." These statements of principles were adopted by the Board of Directors of the League in January 1948 and were thereafter utilized by the American Nurses' Association as the basis for its consideration of, and the preparation of testimony on, bills on federal aid for nursing education introduced into the Congress of the United States.

In April 1949, at a meeting of the representatives of the six national nursing organizations, the principle of federal financial assistance for nursing education was approved.

In May 1950, the House of Delegates of the ANA adopted a platform which provides for increasing the supply of competent nursing personnel through such measures as improved recruitment of nursing students, improved and expanded educational programs, and the promotion of federal, state, and local financial aid for the improvement of schools of nursing, for scholarship aid, and for research in nursing.

On May 12, 1950, the League adopted at its convention in San Francisco a statement of principles relating to the organization, control, and administration of nursing education. The following paragraph concerning financial support for nursing education is included in this statement:

As the education of citizens is a public responsibility, money from public and private sources should support education. Funds should be made available for the development of instructional facilities, scholarship, and research.2

During the meeting of the Association of Collegiate Schools of Nursing on October 25, 1950, this organization prepared a statement on principles for planning for

collegiate schools of nursing. This unpublished statement includes the following paragraphs on financial support for education in nursing:

Schools of nursing should have financial support from comparable sources, public and private, as other professional schools. Allocation of funds should be adjusted to the special needs of education for nursing which requires an unusually high teacher-student ratio in clinical and field practice.

The Association of Collegiate Schools of Nursing approves federal aid to collegiate schools of nursing, basic and advanced, through direct grants to the schools for:

1. Construction of physical facilities
2. Expansion and improvement of programs
3. Scholarship aid to students
4. Research in nursing and nursing education

Scholarships and grants should be based upon the average educational costs to the schools during the previous five-year period.

On January 26, 1951, the Board of Directors of the National Organization for Public Health Nursing approved, in general, the "Essential Considerations for Federal Aid for Nursing Education" as prepared by the NLNE in the fall of 1950. However, this board revised the statement in accordance with the provisions of H.R. 910, a bill which was introduced into Congress by Representative Frances Payne Bolton of Ohio on January 4, 1951 and which will be discussed later.

On May 6, 1949, at the NLNE convention, I presented a comprehensive report on the status of federal financial aid for nursing education, including historical aspects. I will not repeat what happened prior to that time. You will recall that in May 1949 we were primarily concerned with Senate Bill 1453 and its companion bills in the House of Representatives. S. 1453 provided for financial assistance for educational programs in various health professions for: (1) costs of instruction, (2) costs of construction, and (3) scholarships for students. One part or title of the bill provided for assistance to states in developing practical nurse education programs.

It was during June of 1949 that representatives of the ANA appeared at the hearings relative to S. 1453 and its companion House bills. I should like to pay a special tribute to Blanche Pfefferkorn, who at that time was director of the NLNE Department of Studies, which prepared the statement of testimony for the ANA. To show what the congressmen thought of the statement, I shall quote from the record, the words of Representative Priest, the chairman, at the close of the presentation:

Mrs. Spalding, I want to thank you so much on behalf of the committee, I feel certain that I can express to you our thanks and our deep appreciation for the presentation of a very fine and one of the best documented statements that has ever come before this committee. Your statement indicates a great deal of preparation, of study from source material, information gathered and gained, in conferences, and we do appreciate it very much.

S. 1453 passed the Senate a year and a half ago, but its companion House bill failed to pass the House of Representatives in either its original or revised form.

Last year bill H.R. 9435, with provisions similar to those of the United States Cadet Nurse Corps Act of 1943, was introduced. This bill never went to committee.

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4A complete statement of the testimony presented on behalf of the ANA and the League at the hearings, with questions and answers by the representatives of these and other national nursing organizations, appears in the following publications: Hearings Before a Sub-Committee of the Committee on Labor and Public Welfare United States Senate 81st Congress First Session on S. 1106, S. 1456, S. 1518 and S. 1579, Bills Relative to a National Health Program, Part 2 p. 693-712, and Hearings Before a Sub-Committee of the Committee on Interstate and Foreign Commerce House of Representatives 81st Congress First Session on H.R. 4312, H.R. 4313 and H.R. 4918 and Other Identical Bills p. 387-419.
5Hearings Before a Sub-Committee of the Committee on Interstate and Foreign Commerce, House of Representatives 81st Congress First Session on H.R. 4312, H.R. 4313 and H.R. 4918 and Other Identical Bills p. 403.
League revises essentials for federal aid

In view of the current national emergency which is imposing additional demands upon our nursing resources, and in consideration of progress of thinking of the nursing profession during the past three years, the present NLNE Committee to Consider Federal Legislation on Nursing Education reviewed, during the fall of 1950, the 1947-1948 statements of the League on federal aid for nursing education mentioned at the beginning of this talk. In preparation for the review, the committee prepared an opinionnaire on federal aid which was distributed to all League members. The 2,074 answers to this opinionnaire served as a guide to the committee in the preparation of a revised statement of essentials for the American Nurses’ Association to consider in preparing a bill for federal aid for nursing education which the committee thought should replace the former League statements on this subject. These new essentials, after approval by the boards of directors of the ANA and the League, were published in the American Journal of Nursing.6

The entries on the opinionnaires returned by League members from all over the country were very helpful in the preparation of these new essentials. Naturally, not all members thought alike or answered alike. A fair percentage of them expressed an opinion that:

1. Federal aid for nursing education is desirable.
2. Emphasis should be placed on improvement of nursing education.
3. Emphasis should also be placed on increased number of students.
4. Aid should be provided for both tax-supported and privately-supported institutions.
5. Aid should be given to all types of programs: graduate nurse, basic professional, and practical nurse.
6. Aid to programs should be for instructional costs, faculty, equipment, construction costs, research and temporary demonstrations, and continuing education.
7. Student aid should be on the basis of ability and financial need and should be provided through the school of nursing rather than directly to the students.

In preparing the new 1950 statement of essentials on the basis of opinionnaire returns, the committee thought it important to broaden the 1947-1948 statements in order that they might more nearly conform to present-day needs. With this in mind, the revision was based upon a consideration of the growing tendency for the nursing profession to think in terms of nursing in its entirety. This led the committee to expand the scope of the 1947-1948 statements (which had been concerned with a consideration of professional nursing education only) to include all nursing, practical as well as professional. Secondly, the former statements on federal aid were largely concerned with the improvement of nursing education. The committee was fully aware of the fact that such improvement, if brought about, would lead to expansion of nursing education and nursing service. In view, however, of the national emergency, the committee thought it wise to include the expansion of nursing education per se as one of the objectives of federal aid, and recommended that federal legislation include among its purposes the provision for more nursing service as well as better nursing service. To this end, it was recommended that funds be provided for scholarship aid for basic professional and practical nursing education programs as well as for those in advanced nursing education programs. (The former statements proposed scholarship aid for graduate nurses only.) In accordance with the opinions expressed by the League membership, it was thought that aid to students should be granted to the school of nursing, which would in turn use it to assist students on the basis of their merit and financial need. Also in accordance with the inclusion of this concept of expansion of nursing education, it was proposed that federal funds be appropriated for the construction of educational facilities.

The question as to whether federal funds should be granted directly to schools or channeled through a state governmental agency was a difficult one. The committee, and many of those who answered the opinionnaire, recognized the desirability of encouraging state and regional responsibility for nursing education, of channeling funds through the states, of perhaps requiring all states receiving funds to share in the cost of the federal assistance program. On the other hand, there were several technical barriers to be considered:

1. Some states prohibit the granting of public funds to private institutions.
2. Many states have inappropriate governmental units through which funds could be channeled. Moreover, such units as are in existence are established in a variety of state governmental departments: health departments, departments of higher education, and so on. This situation would, doubtless, add to the difficulty of determining a nation-wide pattern for channeling funds through state governmental agencies.
3. Some state legislatures meet biennially only, and considerable delay in initiating any program of federal aid might result if action by the state legislatures were required.
4. Administration by two levels of government—state and federal—is more expensive than that by one level.
5. If it were required that the granting of federal funds were contingent upon state appropriations for nursing education, some of the poorer states might not appropriate such funds and therefore might not receive any federal assistance.

For these reasons, the committee favored at this time having federal grants made directly to schools. It also favored immediate study of this problem.

The efforts of the nursing profession to move forward with other health groups are well known. Experience has demonstrated, however, that such an integrated approach may not be possible within a legislative measure itself, and that coordination might more easily be accomplished through the administration of a national program providing assistance for education to the various health professions. In the opinion of the League committee, this coordination would be most likely to be brought about in the Public Health Service of the Federal Security Agency. The committee envisioned the establishment of a new and separate division of nursing education in the Public Health Service staffed by appropriate nursing personnel. It is not unlikely that similar divisions would be established in the Public Health Service for other health professions, should federal aid be secured for them. Thus, a coordination of such interests would be provided within the administering agency. As a further means of coordination, the committee proposed that continuous consultation be provided from the field of general education, the allied professions, and the consumer public to any council concerned with the nursing education program. By such an arrangement it was thought that nursing, in assuming its proper responsibility for nursing education, would have the valuable assistance of those having a stake and an interest in nursing service and nursing education.

It was also proposed by the League committee that funds be allotted on the basis of plans submitted by the educational institution requesting aid, as was recommended in 1947-1948 League statements. This was considered important for the following reasons:

1. Such an arrangement would insure that funds would be used to carry out the major purpose of the bill—the improvement and expansion of nursing education.
2. Any school could then apply for funds.

The ANA said in 1949 that, if the proposal for allotting funds on the basis of improvement as well as expansion was rejected by Congress, it did not think that approval should be given to any bill in which the sole criterion for giving funds was state board approval. This recommendation was based upon the opinion:
1. That the adoption of state board approval as the sole criterion for eligibility for the granting of funds would not be in accord with the purpose of the proposed legislation, namely, the improvement and expansion of nursing education.
2. That if state board approval were the only criterion, practical nursing programs in states not providing for the licensure of practical nurses, as well as graduate nurse programs, could not qualify for assistance.

I am not going to outline the proposals which finally went into the essentials for federal aid for nursing education because these do appear in the Journal. I have merely tried to give some of the philosophy of the League behind the preparation of the new essentials.

Current legislation

On January 4, 1951, Representative Bolton introduced Bill H.R. 910 to amend the Public Health Service Act to provide a program of grants and scholarships in the field of nursing and for other purposes. This bill was the result of discussions with Mrs. Bolton by members of the ANA Special Committee on Federal Legislation, other representatives of nursing, and allied health groups. It is based, in part, on the essentials for federal aid prepared by the League committee.

Briefly stated, the purposes of this bill are to assist schools of nursing to maintain and increase their enrollment of students and to improve and expand their curricula by providing grants in aid for meeting costs of instruction and equipment, for the establishment of new schools of nursing, for the expansion of existing nursing education facilities, for the provision of scholarships on the basis of ability and need for financial assistance, and for purposes of recruitment and of research. The title dealing with these purposes is to be administered by the Public Health Service of the Federal Security Agency.

A second title in this bill is concerned with vocational education in practical nursing and would be administered, if passed, by the Vocational Educational Division of the Office of Education, Federal Security Agency.

H.R. 910 incorporates many of the essentials which the profession desires to have included in such a bill. There are, however, certain provisions in the bill which it would be expected should be strengthened by regulations, as well as certain changes in the bill, if the essentials, as published in the March 1951 issue of the American Journal of Nursing are to be included.

On January 11, 1951 Senator Murray of Montana introduced Bill S. 337 to amend the Public Health Service Act and the Vocational Education Act of 1946, to provide an emergency five-year program of grants and scholarships for education in the fields of medicine, osteopathy, dentistry, dental hygiene, public health and nursing professions, and for other purposes. The Senate Committee on Labor and Public Welfare has unanimously approved this bill, and President Truman has recommended a one-year appropriation of 30 million dollars to implement this proposed legislation. About this same time H.R. 1781, a companion bill to S. 337, was introduced and referred to the House on Interstate and Foreign Commerce.

A third bill, H.R. 516, had been introduced by Representative Lane of Massachusetts on January 3, 1951, prior to the introduction of either H.R. 910 or S. 337. The purpose of this bill is to provide for the training of nurses for the armed forces, governmental and civilian hospitals, public agencies, and defense institutions through grants to institutions providing such training and for other such purposes. This bill is similar to the Bolton Act which initiated the United States Cadet Nurse Corps program in 1943.

At a meeting of the Advisory Council of the ANA on January 22-23, 1951, to

7Ibid.
which Mrs. Bolton had been invited to explain H.R. 910, it was reported by her administrative assistant that there would be no chance of H.R. 910 being considered by the Committee on Interstate and Foreign Commerce. She gave the following reasons:

1. By order of the administration, the Senate Committee on Labor and Public Welfare intended to vote out S. 337, identical to the former S. 1453 which passed the Senate in 1949, without hearings within three days and to bring it to the Senate floor for action immediately.

2. The chairman of the House Interstate and Foreign Commerce Committee had announced that he would not appoint a special committee on health but that all bills would come before the full committee.

On January 23, 1951, a night letter was sent to representatives of the Senate and House committees concerned with S. 337 and its companion bill H.R. 1781 by Elizabeth K. Porter, president of the ANA:

The American Nurses' Association representing over 175,000 graduate registered nurses urgently requests that you support the Bolton Bill H.R. 910. It is also urged that no action be taken on S. 337 without public hearings to give the nursing profession and other interested parties an opportunity to present their views and criticisms of the bill. On January 23, 1951 the Advisory Council of our Association consisting of representatives from the 48 states, District of Columbia, Hawaii and Puerto Rico voted unanimously to request that any bill reported by the committee or passed by your house include the provisions of H.R. 910 relating to nursing education which was prepared with the assistance and in accordance with the suggestions of the nursing profession. We shall deeply appreciate your assistance in seeing that any bill which is presented for action by congress is one which can receive the support of the large number of persons affected and one which will be in the public interest from both an emergency and a long-term point of view. The national professional nursing organizations have had the subject of Federal aid for nursing education under consideration for several years and it is their considered opinion that H.R. 910 represents the best provisions on the subject which have been introduced in either House. We trust that you will take this opportunity of insuring that the proposed legislative structure will be erected on a sound basis and will be one which will meet the nursing needs of the military and civilian and will endure not only through the period of the emergency but also throughout years to come.

On January 25, 1951, a memorandum prepared by a committee of the NLNE Board of Directors outlining present requirements and needs for nursing and points of concern in S. 337 and H.R. 1781, was sent by the ANA to these same two congressional committees. Points of concern in S. 337 and H.R. 1781 were listed as follows:

The demand for nurses is greater numerically than that for any other group included under the benefits proposed in S. 337 and H.R. 1781. The population group from which nursing students are drawn has been drained heavily since World War II in an effort to meet civilian nursing needs. The nursing profession, faced now with the added demands for nursing service to meet the emergency, is concerned over the failure of S. 337 and H.R. 1781 to provide for:

1. Recruitment of nursing students for all types of professional nursing schools
2. Scholarships for students in diploma schools of nursing and for students of practical nursing
3. Assurance of nurse representation on the National Council on Education for the Health Professions to make possible the coordination of nursing activities with those of medicine, hospital administration, public health services, and education
4. Research or studies in nursing fundamental to improvement in the methods for training professional nurses, in the integration of professional and practical nursing, and in the methods of providing nursing care
5. A separate division of nursing education within the Public Health Service, under the direction of a qualified professional nurse
6. A separate unit for practical nurse training within the Vocational Education Division of the Office of Education, under the direction of a qualified professional nurse.

7. Short term courses—e.g., refresher courses to return inactive nurses to practice—and workshops to improve the level of teaching, to provide instruction in new technics in patient care, and to prepare nurses for their possible new roles in atomic warfare, evacuation, resettlement of civilian communities, and panic control.

8. Coordination to assure a unified and orderly approach to the expansion and improvement of nursing education and nursing service in this country and to prevent overlapping and too varied regulations. This should be achieved through interlocking nurse membership between the National Council on Education for Health Professions or the Special Advisory and Technical Committee for the Field of Nursing and the appropriate advisory committee on practical nursing in the Office of Education.

9. Assurance that the Act will provide the necessary assistance to nursing schools to enable them to produce nurses of such quality, as well as in such quantity, that the civilian and military needs of the country will be met.

Some of the state nurse representatives who had attended the meeting of the ANA Advisory Council on January 23, 1951, visited Washington on January 24 to discuss H.R. 910 with their congressmen. They told their congressmen: (1) that the ANA preferred H.R. 910, and (2) that S. 337 should be amended to include provisions of H.R. 910 before coming out of committee. Comments from the congressmen showed that these visits brought results. Senator Humphreys of Minnesota asked the ANA to present a statement showing, line by line, proposed amendments to S. 337 which would include provisions of H.R. 910. Mr. Smith, the attorney of the ANA, sent these proposed revisions immediately. The bill S. 337 was not reported out on January 25, 1951 as expected. On February 7, 1951, an amended bill S. 337 was reported by the Committee on Labor and Public Welfare. Although it was an improvement on the original S. 337, it still left out many of the important provisions of H.R. 910, such as those relating to research and recruitment, and did not include the changes recommended for the council.

On February 15, 1951, a re-worded version of S. 337 was reported out of committee. It represented a bipartisan bill supported by every member of the committee. On the same day, Representative Bolling of Missouri introduced a companion bill, H.R. 2707, into the House. These bills contained many of the provisions of H.R. 910. A comparative general summary of H.R. 910, S. 337 and its companion bill H.R. 516 as of May 1, 1951 follows:

H.R. 910

1. Emergency and long term plan

2. Includes nurses and practical nurses

3. Aims
   a. Assist existing schools, build new schools, expand present facilities
   b. Scholarships
   c. Research
   d. Recruitment
   e. Improvement

S. 337

1. Emergency plan

2. Includes medicine, osteopathy, dentistry, dental hygiene, public health, nursing professions (including practical nurses)

3. Aims
   a. Assist existing schools, build new schools, expand present facilities
   b. Scholarships
   c. Research
   d. Recruitment
   e. Improvement, by implication

H.R. 516

2. Includes nurses only

3. Aims
   a. Pay for nurses' training
   d. Recruitment
4. Supplements rather than replaces present income of schools

5. Payments
   a. University or college controlled school giving post baccalaureate degrees: $400 for each student, additional $400 for each student in excess of average enrollment
   b. University or college controlled school giving baccalaureate or higher degree: $200 for each student, additional $200 for each student in excess of average enrollment
   c. Diploma school: $150 for each student, additional $100 for each student in excess of average enrollment
   d. Practical nursing schools not included under Title II (16 below): $100 for each student, additional $50 for each student in excess of average enrollment (total—exclusive of scholarships—to each school not to exceed 40 percent of cost of instruction)

6. Eligibility for payments
   Public or nonprofit institution, exempt from federal income tax, approved by the Surgeon General on the recommendation of the Council (described in 15, p. 209)

7. Grants for construction and equipment
   $5,000,000 each year. Each grant not to exceed 50 percent of cost.

4. Supplements rather than replaces present income of schools

5. Payments
   a. University or college controlled school giving post baccalaureate degrees: $400 for each student, additional $400 for each student in excess of average enrollment
   b. University or college controlled school giving baccalaureate or higher degree: $200 for each student, additional $200 for each student in excess of average enrollment
   c. Diploma school: $150 for each student, additional $100 for each student in excess of average enrollment
   d. Practical nursing schools not included under Title II (16 below): $100 for each student, additional $50 for each student in excess of average enrollment (total—exclusive of scholarships—to each school not to exceed 40 percent of cost of instruction)

6. Eligibility for payments
   Public or nonprofit institution, exempt from federal income tax, approved or accredited by a recognized body which has been approved by the Surgeon General on the recommendation of the Council (described in 15, p. 209)

7. Grants for construction and equipment
   $10,000,000 each year (total for all fields listed in 2). Each grant not to exceed 50 percent of cost.

4. Pays total training cost

5. Payments
   Total cost of tuition maintenance, fees, uniforms, and stipends ($20 to each student for first 9 months, $25 for following 15 to 21 months, and $35 for remaining period)

6. Eligibility for payments
   Any school of nursing or other institution submitting plans for nurses training approved by the Surgeon General. Funds may not be refused on basis of number of patients, nurses, or student nurses. Each student must agree to serve for duration of present emergency.
8. Conditions upon which grants will be made
The recipient will:
   a. Make every reasonable effort to maintain income
   b. Submit such reports as the Surgeon General may require
   c. Be a public or non-profit institution for 10 years following grant
   d. Be approved as in 6, p. 207

9. Recovery of funds
Upon failure to meet conditions provided in 8, same percentage of total value must be returned to federal government as was granted

10. Scholarships
   a. Based on ability and need and acceptance by school
   b. School must be approved by Surgeon General on recommendation of Council
   c. Include maintenance, fees, tuition, books

11. Research
Provides funds for public or nonprofit organizations to conduct research, studies, experiments, workshops, and intensive courses

12. Recruitment
Funds provided for using moving pictures, television, radio, etc., directly or through public or private agencies.

13. Uniforms
Uniforms and insignia to be furnished.

14. Federal hospitals
Transfer to federal hospital allowed for last few months on student’s request.
FEDERAL AID FOR NURSING EDUCATION

H.R. 910

15. National Council on Nursing Education

a. Consists of:
   1. Nonvoting members—Surgeon General, Chief of Veterans Administration, Medical officer appointed by Secretary of Defense
   2. Voting members—8 representatives of nursing education, nursing service, and practical nursing
      1 physician
      1 educator
      1 public health administrator
      1 representative of consumers of nursing service
      1 hospital administrator

c. Members of Council to be paid not more than $50 per day and travel expenses.

16. Title II — Practical Nursing

a. Funds are paid to each state.
b. State must provide adequate plan for training practical nurses (requirements are listed and include meeting requirements for licensure).
c. Total appropriation not specified. To be used for all costs of maintaining program (teachers, supplies, and public or nonprofit private hospitals).

S. 337

15. National Council on Education for Health Professions

a. Consists of:
   1. Nonvoting members—Surgeon General, Commissioner of Education

b. Advisory Committees for each field. Nursing committee must have hospital administration represented.
c. Members of Council and Advisory Committees to be paid not more than $50 per day and travel expenses.

H.R. 516

15. Federal Security Administrator

b. Advisory Committee of no less than 5 representing nursing, hospitals, nurses’ training institutions.
c. Members of Committee to be paid travel expenses only.

16. Title II — Practical Nursing

a. Funds are paid to each state.
b. State must provide adequate plan for training practical nurses (requirements are listed and include meeting requirements for licensure).
c. $2,500,000 each year to be appropriated. To be used for all costs of maintaining program (teachers, supplies, and public or nonprofit private hospitals).

2Exact wording of H.R. 910 incorporated.
d. Minimum of $10,000 to each state—to be returned at end of each year if plans not approved. State must contribute specified proportions of total after 1954.
e. State must provide supervision of practical nurse training by a registered nurse.
f. Commissioner of Education of Federal Security Agency administers Title II and may appoint advisory committees, as required.
g. Provision is made for the recovery of misused funds and penalty payments.
h. Division of Nursing Education. Provided for by implication, since it would add a separate title to the Vocational Education Act.

d. Appropriation to be divided among those states having approved plans. State must contribute specified proportions of total after 1954.
e. State must employ a state supervisor of practical nurse training who is a qualified nurse.
f. Commissioner of Education of Federal Security Agency administers Title II and may appoint an advisory committee, as required.
g. Provision is made for the recovery of misused funds and penalty payments.
h. Division of Nursing Education. Provided for, by implication, since it would add a separate title to the Vocational Education Act.

Meetings with other groups

Since the first of the year, the American Hospital Association and the American Medical Association have been showing interest in meeting with representatives of the nursing profession to discuss federal aid for nursing education. On January 29, 1951 and on March 12, 1951, meetings with nurse representatives were held at the requests of these associations. There was agreement among these two associations on two items:

1. There is a shortage of nurses.
2. There is need for financial aid for nursing education.

The American Medical Association expressed lack of interest in federal aid to the health professions as now (April 1951) proposed in any bill. The American Hospital Association seemed to be interested in federal aid but had certain suggestions relative to amendments of H.R. 910. The principal suggestions were concerned with:

1. An amendment which would stress the emergency nature of the bill by providing for a cut-off period at the end of two or three years.
2. Provision for state administration, with the possible formation of governors’ appointed commissions composed of representatives of the nursing profession, hospital administration, and the consumer public for purposes of making state surveys to determine nursing education needs and as a basis for developing a plan for state approval.
3. Specific provision that a school of nursing offering a basic program, to be eligible for filing an application for funds, be approved by the state approving body.
4. Provision to insure sufficient funds for the preparation of more personnel for instructional staffs for nursing education programs.

1The meeting on January 29, 1951 was with American Hospital Association representatives only.
3. Need for clarification of the categories of nursing education programs so that it would be clear that the funds would be used for practical nurse, diploma (hospital), basic collegiate (including supplementary programs for graduate nurses), and advanced programs for graduate nurses.

6. Deletion of provision for proposed grants for construction since the Hill-Burton Act would take care of this.

7. Deletion of the provision that funds allotted to any school of nursing not exceed 40 percent of the amount determined by the Surgeon General to be the cost of instruction, inasmuch as cost accounting studies have not been made in most schools of nursing.

8. Imbalance of allocation of funds for program for diploma (hospital) and practical nurse schools.

9. Provision for more representatives from hospital administration on the Council on Nursing Education.

All of these suggestions were very carefully considered by the ANA Special Committee on Federal Legislation, by representatives of the NLNE Committee to Consider Federal Legislation on Nursing Education on March 13, 1951, and by those preparing testimony.

Recent activities

During the early part of April 1951, the ANA, upon the advice and with the help of representatives of the NLNE, prepared two statements of testimony: one relative to H.R. 910 and the other to H.R. 2707, the revised companion bill to S. 337. (There was no need for testimony on S. 337 because the bill had already been reported out of committee without hearings.) In the statements of testimony, the following general phases are included in addition to special considerations on the bills of concern: (1) present unfulfilled needs in nursing, (2) reasons for the shortage of nurses, (3) costs of nursing education.

In general, the representatives of the nursing profession—the ANA Special Committee on Federal Legislation and representatives of the League Committee to Consider Federal Legislation on Nursing Education—who studied S. 337 and its companion bill H.R. 2707, believe that in their present forms they would not fully provide the assistance necessary for nursing education if our schools are to prepare nurses sufficient in quantity and quality to meet the nursing service needs of both civilian and military populations in this present emergency and in the years ahead.

The considerations in the statement of testimony on H.R. 2707 (S. 337) are based upon the concern of those who prepared it over the failure of these bills to provide for:

1. Long-range in addition to emergency planning.
2. Adequate funds to expand resources (facilities and personnel) to insure any marked increase in enrollment.
3. Assurance of nurse representation on the National Council on Education for the Health Professions to make possible the coordination of nursing activities with those of medicine, hospital administration, public health, and education. There is also discrimination with reference to nursing in the provision for technical committees. The Technical Committee on Nursing Education is the only one of such committees to include members other than representatives of the field to be served. Further, there is no limitation to the number of hospital administrators who may be included on the committee, and there are no statements concerning the number of nurses on such a committee.
4. A separate division of nursing education within the Public Health Service.
5. A separate unit for practical nurse training within the Vocational Division of the Office of Education under the direction of a qualified nurse.
6. Coordination of programs in the Public Health Service and the Office of Education to assure a unified and orderly approach to the expansion and improvement of nursing education and nursing service in this country and to prevent overlapping and too varied regulations.

7. Assurance that the necessary assistance to nursing schools will be provided to enable them to produce nurses of such quality, as well as in such quantity, that the civilian and military needs of the country will be met.

It is the opinion of the ANA and NLNE committees which have been studying the legislation that H.R. 910, if passed, would provide the necessary assistance to schools of nursing to enable them, in the immediate future, to prepare nurses in such quantity and of such quality as will meet the nursing service needs of our civilian and military populations for this emergency period, and that it would provide long-term planning for the years ahead. However, there are certain suggestions and amendments that are being made as follows:

1. That the proposed Council on Nursing Education in the Public Health Service, on the basis of study of applications for grants in relation to their potential for improvement and expansion, will determine an equal distribution to the schools in each classification in relation to the funds available.

2. That an amendment be considered to provide a balanced formula for allotments to schools in all classifications. Those affected are the diploma and practical nurse schools. The suggestion is to change the formula $150-$100 to $150-$150 in the first instance and from $100-$50 to $100-$100 in the second instance.

3. That an amendment be made to clarify the current classifications of programs for receiving funds.

4. That any diploma school of nursing or any school of practical nursing, to be eligible for application of funds, be duly accredited by the appropriate agency in the state in which the school is located.

5. That, since the purpose of federal aid as conceived by the nursing profession is to expand and improve nursing education, the eligibility of the school of nursing to receive grants be determined on the basis of a plan for expansion and improvement that would be measured by criteria established by the National Council on Nursing Education.

6. That, since the nursing profession should assume the responsibility for recruiting students for the profession, grants for recruitment be made available to the National Committee on Careers in Nursing, which functions under the Joint Board of Directors of the Six National Nursing Organizations, and which concerns itself with recruitment.

7. That preference for the establishment of the Division of Nursing Education for administration of the program in the Office of the Surgeon General of the Public Health Service, be recorded.

8. That, in the interest of obtaining the best qualified nurses to serve on the Council in the Public Health Service, it would be expected that selection be made from lists of nurse members submitted by the appropriate national nursing organizations, at present consisting of the American Nurses' Association, the National League of Nursing Education, the Association of Collegiate Schools of Nursing, the National Organization for Public Health Nursing, the American Association of Industrial Nurses, the National Federation of Licensed Practical Nurses, and the National Association of Practical Nurse Education.

9. That it be recorded that it is the understanding of the nursing profession that the Council would have more than mere advisory responsibilities; it would establish criteria and procedures for the allotment of funds; arrange for periodic review and evaluation of the effectiveness of the program of federal grants and scholarships;
and study plans and methods of making federal aid contingent upon appropriations from states.

10. That, in the interest of assuring a unified and orderly approach to the expansion and improvement of nursing education, as well as preventing too varied educational developments with respect both to the practical nurse program in the Public Health Service and in the Office of Education, it is strongly recommended that the same nursing personnel serving on the National Council on Nursing Education in the Public Health Service be appointed to serve on at least one of the Advisory Committees in the Office of Education, along with the Commissioner of Education and a representative from Vocational Education. It is further believed that such a committee should establish criteria and procedure basic to the formulation of regulations for the administration of the program and make periodic reviews and evaluations of the effectiveness of the program.

11. That the Office of Education be urged to encourage the state boards of vocational education to work closely with the nursing education approving agencies in the states, in the interest of assuring a unified development of practical nurse programs in the states as well as a coordinated work-relationship of state agencies concerned with practical nurse education.

12. Finally, that it be recorded that it is the understanding of the profession that Title II provides for the establishment of a separate unit for practical nursing education in the Vocational Education Division of the Office of Education under the direction of a qualified nurse. This, it was believed, is essential in order that the present programs of practical nursing education being offered under vocational education may be strengthened.

Present status of bills

S. 337 came to the Senate floor March 12, 1951. It was hoped that the bill would be passed without debate. However, objection was offered and action on the bill was deferred. It was on the Senate calendar again the second week in April but again action was deferred. It seems unlikely that the bill will come up again until after May 8, 1951.

In the meantime, H.R. 2707, H.R. 910, and H.R. 516 are still in committee. It seems probable that the House committee will want to see what happens to the Senate bill before considering any House bills.

Conclusion

In conclusion I should like to point out that I have attempted to show, step by step, what the nursing profession has done recently in its consideration of legislation on federal financial assistance for nursing education. At this point I should like to emphasize again several major considerations and concerns:

1. Because the profession is trying to look at nursing in its entirety, both professional and practical nursing is being considered in the current purposes of federal aid for nursing. The question might be asked, however, should we not give more consideration to on-the-job hospital training programs for nursing aides and for the preparation of nursing aides for home nursing?

2. Because we are in an emergency situation, both the need for improvement and expansion of nursing education is being emphasized as it relates to both curriculum and enrollment.

3. Emphasis has been and is being placed upon the coordination of nursing activities with those of the other health professions in securing federal aid for education through coordination of administration within the selected federal agency and by
proposing that continuous consultation with such groups be sought and provided, as required.
4. In the interest of coordination and in getting a comprehensive approach in solving nursing problems, great effort is being made to see that nursing education programs administered by the Public Health Service, the Office of Education, or other federal agencies are dovetailed.
5. Many nurses and others in this country believe that federal funds should be allotted through appropriate state agencies and that such allotments should be contingent upon appropriations from the states. The suggestion has been made that a study of the feasibility of this plan be made with the idea of initiating such a plan if found workable within two or three years.
6. Finally, the nursing profession is concerned with this whole matter of federal aid not only in relation to the current emergency but also in terms of long-range planning. It is believed that only through continued improvement of nursing education can nursing service be improved and thereby provide the best means of securing adequate numbers of nurses.

If we desire to have a federal financial assistance program for nursing education that provides an adequate nursing service program in relation to both quantity and quality for the nation, and that safeguards the spirit of nursing, the individual nurse, and the social nature of the nurse, it is essential for society and every nurse to become aware of the needs, problems, and issues involved and to try to find a satisfactory solution. To this end, the several League committees and the ANA Special Committee on Federal Legislation have worked together.

This is our country and, as citizens and nurses in it, it is our responsibility as well as our privilege to shape the future destiny of nursing education in a democratic society if we are to provide nurses who can nurse, teach, administer, supervise, consult, and do research in the numbers required for meeting the nursing service needs of the country—whether it be for peace-time or for emergency periods, or for both.

**Program Meeting**

Monday, May 7—2:00–4:00 p.m.

*Presiding:* DEBORAH M. JENSEN, R.N., Instructor, University of Missouri Extension Division and Department of Nursing Education, Columbia, Missouri

*Discussion leader:* FRANCES H. CUNNINGHAM, R.N., Co-chairman, NLNE Committee on Structure

*Speaker:* RUTH BISHOP, Ph.D., Director, NLNE Department of Measurement and Guidance

**Problems in the Changing Structure**

A discussion regarding the new structure for organized nursing, with particular emphasis on the structure of the Division of Nursing Education of the Nursing League of America, was engaged in by the entire group present. This discussion was led by Frances H. Cunningham, co-chairman of the NLNE Committee on Structure. Margaret
B. Allen, Stella Goosway, and Martha Jayne, also members of the NLNE committee, participated in the discussion from the platform.

As a basis for the discussion, each member had received a mimeographed copy of: "Tentative Purpose and Functions of the Nursing League of America" (as approved by the Joint Coordinating Committee on Structure); "Tentative Purpose and Functions of the Division of Nursing Services of the NLA" (as suggested by the committees on structure of the NLNE, AAIN, and NOPHN—not yet submitted to the Joint Coordinating Committee on Structure); "Tentative Purposes and Functions of the Division of Nursing Education of the NLA" (as recommended by the NLNE Committee on Structure and by representatives of the NOPHN Committee on Structure who met with the NLNE committee—not yet submitted to the Joint Coordinating Committee on Structure); "Time Table for the Work of the Joint Coordinating Committee on Structure"; and a diagram showing the "Tentative Organizational Plan for the NLA Division of Nursing Education" (not yet submitted to the Joint Coordinating Committee on Structure).

Miss Cunningham pointed out that all the plans were tentative and that the majority of them had not even been submitted to the Joint Coordinating Committee on Structure. The principal purpose in discussing them at the present meeting was so that the League's Committee on Structure might have the thinking of the membership before making any definite recommendations to the Joint Coordinating Committee on Structure.

Discussion centered largely around the diagram of the tentative organizational plan for the NLA Division of Nursing Education which provided for three departments under the Division—the Department of Practical Nursing Educational Programs, the Department of Undergraduate School Programs, and the Department of Graduate School Programs. Under the Department of Undergraduate School Programs provision was made for two conferences—the Conference of Diploma Programs and the Conference of Baccalaureate Programs; this latter conference had two subdivisions, one on continuing education and one on basic education.

Concerning these departments and conferences, Frances George (Pa.) inquired whether the number of schools offering programs at the doctor's and master's level constituted a large enough group to justify a separate department. Miss Cunningham stated that, in the committee's opinion, the basis for establishing a department should be the importance of its functions rather than the size of its potential membership. Miss George questioned the feasibility of having a separate department for graduate school programs when most schools offering programs at the master's level also offer programs at the baccalaureate level. Florence Wilson (N.C.) pointed out that basic collegiate programs and graduate programs are often more closely related than basic degree and basic diploma programs, particularly as regards faculty, since some universities have the policy that teachers on the graduate level must also engage in undergraduate teaching. Sister Berenice Beck (Wis.) stated that the graduate program had never had a "properly defined home" in either the League or the ACSN and urged that this "home" be provided in the NLA. Miss Cunningham stated the League Committee on Structure was hoping to discuss this whole matter with the ACSN Committee on Structure.

With regard to the Department of Practical Nursing Educational Programs, Louise Knapp (Mo.) suggested that, although she considered it wise to establish such a department, it might be well to initiate it after the new structure is in operation. On the other hand, Neva Stevenson (Ohio) expressed the opinion that the stabilizing influence of the League was needed with regard to practical nurse education and that, in view of the rapid development of schools of practical nursing, the League should assume a position of leadership immediately. Miss Cunningham stated that not all the departments and conferences of the NLA Division of Nursing Education could be established at once, and that the League Committee on Structure would welcome the guidance of the League membership as to which subdivisions should be regarded as "priorities."
In the diagram of the organization plan, provision had been made for two conferences of students—one under the Department of Practical Nursing Educational Programs and one under the Department of Undergraduate School Programs. These two conferences of students were connected with dotted lines. Miss Cunningham explained that the League Committee on Structure had thought that students would have an important place in the new organization for two reasons: (1) it is desirable to plan the development of educational programs with, as well as for, students, and (2) participation in a student conference would prepare the student nurse, when she becomes a graduate, to assume her future responsibilities in the organization. In response to a question by Anna D. Wolf (Md.) as to why no provision had been made for a conference of students in graduate programs, Miss Cunningham explained that such students would be graduate nurses and, as such, could find their place in the organization without needing a separate conference. Miss Wolf pointed out that students in graduate programs would not necessarily be members of the organization and that the establishment of a separate conference for them might stimulate them to join.

In reply to a question from Marjorie Bartholf (Tex.) as to whether the departments in the NLA are to be composed of representatives of organizations or of individuals, Miss Cunningham replied that it had been thought that they should consist of both. She stated that the League Committee on Structure was currently of the opinion that individual membership in the new organization should be open to: (1) Any nurse who has been graduated from a school of nursing accredited at the time of her graduation by the legally authorized accrediting agency and who had been registered at some time. Such membership would be open to both professional and practical nurses, and membership in the ANA would not be a prerequisite for professional nurse membership in the NLA. (2) Any non-nurse who is, or who has been, connected with service or educational programs in nursing or who has otherwise demonstrated her interest in nursing. (3) Any matriculated student in an accredited school of nursing (professional as well as practical).

Agency membership would be open, in the Division of Nursing Service, to institutions and agencies which provide nursing service and, in the Division of Nursing Education, to schools of nursing and departments or divisions of nursing education in educational institutions. Criteria for agency membership would have to be established, and Miss Cunningham stated that the NLNE Committee on Structure was considering whether a school should be required to be either fully or temporarily accredited by the National Nursing Accrediting Service, provided that the NNAS program for temporary accreditation had developed far enough by the time the NLA was established. Carol Randall (Ohio) expressed opposition to any policy which would make accreditation by the NNAS a prerequisite to membership in the NLA until a program is established by the NNAS which is available to schools at a cost which does not make it prohibitive to some schools. Miss Cunningham pointed out that, according to present plans, temporary accreditation will be available through the NNAS at no, or at most a small, cost. Julia M. Miller, executive director, emphasized the fact that the guiding principle behind any recommendations of the League Committee on Structure is one of inclusion, not exclusion, of schools; that every effort will be made to establish criteria which will encourage schools to join the NLA; and that no requirements with regard to NNAS accreditation will be made unless NNAS is ready with an accrediting program, such as "temporary accreditation," which will be widely available.

In answer to a question as to what state and local organizations could do to facilitate the work of the Committee on Structure, Miss Cunningham suggested that they might study the articles being issued by the Joint Committee on Structure in the American Journal of Nursing, follow any suggestions made in these articles, and send suggestions to the Committee on Structure.
The idea of testing the product of an educational program is a relatively modern concept. Such activity was not systematically undertaken until about 50 years ago, and then the studies were made in relationship to simple academic studies, such as spelling and arithmetic. It was not until much later that the concept of evaluation of professional competence began to develop. Even today it is far from commonplace; in fact, the nursing profession can be considered a pioneer in a very real sense. To my knowledge, nursing is the only profession in which the licensing authorities in all 48 states cooperate in the construction and application of an examination to determine which candidates are qualified to practice in their chosen profession. It is true, of course, that certain other professions have made progress in this direction. For example, the medical profession has a national licensing examination, but relatively few candidates choose to qualify by this system, and many states require those who do so qualify to pass additional examinations before permitting them to practice in the given state. Accounting and occupational therapy are two other professions in which considerable progress in this area has been made.

Actually, however, the cooperative aspects of licensure are not the most impressive aspects of this program. What is particularly important is that the profession has attempted to determine how well the student nurse and candidate for licensure is able to apply information in professional practice—that is, to what extent she is able to apply principles and information learned in an educational situation and to make professional judgments appropriate to specific nursing situations. Of course, this must not be interpreted to mean that all of our test questions are set up in this form, or that those questions which are, always discriminate between the individuals who can and will, and those who cannot, give adequate nursing care. Real progress in this direction, however, has been made and there seems to be no real reason to believe that even greater success in this direction cannot be realized.

The development of such tests requires great ingenuity, perseverance, and skill. This may seem quite surprising to you, since the construction of examinations does not ordinarily form a very large part of a teacher’s professional program. To the extent that a teacher is able to stabilize the information and the specific goals in a course, the time required for developing an adequate examination on it is minimized. The problems, however, are much greater in attempting to develop a national examination which reflects the ability of an individual to integrate information from many courses and types of clinical experience and to apply it in a specific nursing situation. For one thing, the test must reflect general, rather than regional, practices. Although the high mobility of nurses indicates the importance of the profession’s developing generalized techniques and procedures, we often find that lack of standardization presents a real problem. Moreover, the concept of developing test questions around specific nursing situations is so new that relatively few texts emphasize nursing care as opposed to the principles and techniques used in caring for the patient. One of the best ways we have found for handling these problems is to ask nurse educators from different parts of the country to participate in the development of the tests. Such a procedure, however, is very time consuming, and often one finds there is no general method of handling a common problem. For example, everyone would agree that an important aspect of psychiatric nursing is to be able to cope with the unexpected behavior of mental patients. And yet, what should a nurse do if a patient tries to run away while he and several other patients are under her care? What should she do if a patient strikes her? These are everyday problems with which a nurse in a psychiatric position must be able to cope at all times. To date, however, we have been unable to write
questions on them because the wide variations in practice mean that there is no
general acceptance of the best way to meet them. In other words, the profession has
not yet developed technics which are generally accepted for meeting these and many
other everyday nursing care situations. It necessarily follows that the technics and
procedures must become standardized before functional tests can be developed on them,
although it is true that tests can be used to stimulate the adoption of practices and
procedures set by the leaders in the profession.

Another problem that arises in developing tests around actual nursing situations
is the integration of the pertinent factors in a case. For example, the traditional teach-
ing approach is compartmentalized. In a course on tuberculosis nursing, the character-
istics of the causative agent, including the transmission of the disease and various
types of care that are effective, are presented. In a course in psychology, the traumatic
effects of an emotional shock are stressed. While everyone agrees that a student needs
experience in both these fields to give adequate nursing care to a tuberculous patient,
the actual integration of these two subject-matter areas is a relatively new approach.
Hence, it is not surprising that it requires much more ingenuity and time to write
questions which attempt to test the ability of an individual to integrate the information
gained in different areas for meeting the nursing needs of a patient and his family,
rather than to discover whether she knows the isolated facts and principles in the
respective areas.

A third problem which is experienced in the development of all tests but which is
especially crucial in the development of objective tests is the determination of common
misconceptions or errors made by students in attempting to meet the nursing needs of
a patient. Quite obviously, if this information is not available, the possibility of
constructing effective questions is greatly reduced.

A fourth problem which is common in the development of all kinds of tests is the
construction of questions which identify the level of skill at which an individual will
ordinarily operate, as opposed to questions which indicate the level at which she is
able to operate. We have to admit that too much progress has not been made to date.
This conclusion applies about equally well to both performance and paper-and-pencil
tests. For example, it is almost impossible to set up a performance test in which one
is able to observe behavior that would be typical of the behavior of the individual
on duty. She is in new surroundings and is much more tense than she would be under
actual clinical situations; moreover, she frequently reacts as if she were in the situation
in which she has received her experience, rather than in the situation presented.
For example, a candidate for licensure who was asked in a performance examination
why she had used a needle from a container marked "unsterile" for assembling a
hypodermic syringe, replied: "The needles in the assembly tray on the surgical and
medical wards where I had my clinical experience are always sterile."

There are still many other problems encountered in the construction of tests which
are designed to emphasize ability to handle specific nursing situations. Some of the
problems are purely a function of skill in test construction per se. The solution of
most of them, however, is dependent on the profession itself. The members themselves
set the limits and determine the direction and progress which is to be made. Tests
can do no more than reflect the current status of development.

So far, we have been considering the solution of problems which we would all agree
should be solved. But a basic question remains to be answered: To what extent have
we succeeded in reaching these goals? How shall we test the product produced? As
in most other aspects of evaluation, we must recognize that we do not have truly
adequate measures. We do, however, have measures which provide very useful informa-
tion, and progress is constantly being made by educators in all areas to improve the
effectiveness of these measures and to develop even more accurate ones.

Traditionally, an individual is said to have demonstrated satisfactory performance
if he receives "70" on a test. Is that a safe way to test the product? If we could agree as to what constituted minimum satisfactory performance and could develop a pure measure of this level of performance, we could assign a grade of 70 to it just as easily as any other value, and under these circumstances it becomes a meaningful concept. In most, if not all, instances of tests used in connection with the evaluation of performance, the grade of 70 indicates only an arbitrary point. Answering 70 percent of the questions in and of itself provides no assurance that a desired level of performance has been reached. It is safe to interpret it in that way only if it can be demonstrated that those individuals who answer 70 percent or more of the questions operate at the specified level of performance, and those who answered less do not operate at this level. In relatively few instances is it possible to establish such a relationship, although we could agree that it would be highly desirable to build such precise tests. Everyone certainly would feel much more secure, but we simply must admit that, to date, we haven't the basic information and skill required to do it. Frequently, head nurses and supervisors cannot agree as to what constitutes minimum adequate care of a specific patient. For example, how soon should a patient with an abdominoperineal resection be encouraged to assist in performing his colostomy irrigation? How much of his hygienic care should the nurse continue to perform? For how long? How much attention and time should be given to the management of his emotional problems arising from his operation? How often should his dressings be changed or reinforced? Although these are all decisions which a nurse responsible for the care of such a patient must make either by herself or in cooperation with the doctor on the case, we find that nurses differ widely in the action they believe must be taken to insure adequate care for the patient. To be sure, some of the differences are to be explained by variations in individual patients, but this is not the entire explanation. Nurses caring for the same patients often disagree as to the action which must be taken if a patient is to have minimal adequate care.

Even when there is agreement as to what is required for adequate nursing care, it is not always easy to develop questions which discriminate between the two levels of behavior. For example, it would be generally agreed that it is necessary for a nurse to establish rapport with patients in order to provide adequate care. Moreover, there would be a fairly high degree of agreement among observers as to the success of nurses in establishing rapport with their patients. At the present time, however, we are unable to construct questions which give precise discrimination between the nurses who do and those who do not establish rapport with their patients.

All is not hopeless, however. As Thorndike, one of the great educators of our country, indicated many years ago, "Whatever exists at all exists in some amount." This certainly seems to be a reasonable axiom, and hence it is clear that, if we are sufficiently ingenious, we will be able to develop such tests. Meanwhile, again as Thorndike has pointed out, in order for a measurement to be useful, the amount must be defined in such a way that competent persons will know more with it than they do without it. I think we would all agree that tests can be developed at the present time which are of value in helping teachers or administrators make meaningful judgments about the competence of their students or staff. Many of the measures are crude; nevertheless, we can feel confident that the student with a percentile score of 90 on a carefully developed achievement test demonstrates much higher competence in a given area than does one with a percentile score of 10 or even 50. In other words, if the performance of these students is being compared with that of a large, representative sample of student nurses on a well-constructed test, then it seems reasonable to believe that a student whose performance is exceeded by only 10 percent of the group is definitely superior to one whose performance is exceeded by 50 percent or 90 percent of the group.

Although everyone agrees that measures which tell you only how well an individual does in relationship to a specified group leave much to be desired, we must recognize
that, to date, we have only begun to "scratch the surface" on this problem. We are very pleased, however, to tell you of one study that has been completed by the department during the past year which provides some objective information about the meaning of a given test score in terms of predicting certain behavior. The study is concerned with the relationship between scores on the tests in the Pre-Nursing and Guidance Battery and success in the basic program and on the licensing examination. It is based on the records of some 7,000 applicants to 206 schools in 28 states and the District of Columbia. Most of these individuals applied for entrance to the basic program in the fall of 1945. Approximately 70 percent of the applicants were admitted to the program; only 70 percent of those admitted graduated, and more than 10 percent of those who graduated did not pass the licensing examination. Only 40 percent of those who applied to the basic program actually became licensed nurses! Only 60 percent of those admitted passed the licensing examination. Although these survival rates are somewhat higher than those reported by many liberal arts colleges for students in non-nursing programs, I believe we will all agree that it indicates a great waste of time and effort to everyone concerned. The student, the faculty, the school, the public would profit by reducing the number of entrants who do not become licensed nurses. Both the results of this study and that of the NLINE three-year withdrawal study, which has just been completed, indicate that approximately 30 percent of the entering students who withdraw did so for scholastic reasons; the next two largest categories are: withdrawal because of dissatisfaction with nursing experience (22 percent), and withdrawal for reasons related to marriage (19 percent). Both studies also indicate that the majority of withdrawals occur during the pre-clinical period.

To what extent can the scores on the Pre-Nursing and Guidance Test Battery provide information which is useful in reducing this loss? For each of the tests, the group who graduated and became licensed nurses got higher average scores than those who graduated and did not pass the licensing examination, while the average score for the group that withdrew was in between these other two groups. With one exception, these differences are sufficiently large that it is reasonable to believe similar differences would be found in other studies of this type.

Perhaps some of you wonder why this is true—why should those who graduate but fail to pass the licensing examination make lower scores than those who do not graduate? The answer seems to be primarily in the fact that withdrawal does not necessarily mean lack of ability to succeed, although even those who withdraw for scholastic reasons tend to have higher scores than those who graduate but do not pass the licensing examination. The results indicate that the scores on these tests are useful in determining the chances of an applicant to complete the basic program and pass the licensing examination. The scores on the natural science test are the most useful in discriminating between those who "pass" and those who "fail" although each of the tests is useful. Those of you who read the article on this study in the March issue of the American Journal of Nursing may recall that there is a significant relationship between the scores on the tests in this battery and the possibility of becoming a licensed nurse. Less than 25 percent of the entrants whose composite pre-nursing and guidance test scores were at or below the 6th percentile became licensed, as compared with approximately 75 percent of those whose composite scores were at or above the 94th percentile.

Perhaps some of you are wondering why we have not suggested minimum passing points or ranges on each of the tests. There are several reasons for this. In the first place, it is generally accepted that the standards and goals of schools vary widely. To the extent that this is true, it is more meaningful for schools to set their own standards. One word of caution, however, perhaps is in order—the higher the minimum score required for entrance, the higher the proportion of the entering students who

\footnote{A validation study of the Pre-Nursing and Guidance Test Battery. Am. J. Nursing v. 51, p. 201-205. Mar. 1951.}
can be expected to pass the licensing examination. The school must remember, however, that if scores are set too high, many applicants will be rejected who, if given an opportunity, would be able to complete the program, become licensed nurses, and share the responsibility for the nursing care of patients in the community.

We recognize, of course, that the establishment of minimum passing grades by individual schools will, in most instances, make it necessary for an already busy staff to take on additional responsibilities and ones for which they do not feel particularly well prepared. Nevertheless, we believe you will agree that this is the only meaningful way to approach the problem at this time. Actually, the studies we are suggesting are quite simple and should require relatively little time. Perhaps some of you will be able to get a student in a near-by graduate school of nursing to assist you. Such studies can be expected to contribute much more to her professional growth and development than a research project which she undertakes alone.

We wish we could report that we have done studies on each of the other NLNE test services, similar to the one we have done on the Pre-Nursing and Guidance Test Battery. In some instances—the licensing examinations, for example—no satisfactory measures of professional success are available, and hence we have to depend on the good judgment of those who construct the tests to develop the kind of test questions that will adequately reflect the current standards and trends of the profession.

As for achievement tests, it would be meaningful to know the relationship between performance on these tests and that on the licensing examinations, and we hope that before too long we can make such a study. We feel that it is worth while to point out, however, that even if a high relationship is found—and we hope there is—schools should not feel that the performance on these tests is an adequate measure of the extent to which students have progressed in the curriculum of the individual program. In the first place, these tests must be limited to practices and procedures and techniques which are generally accepted; they cannot involve material in which there is significant regional variation. As indicated before, this means that wide segments of the curriculum must necessarily be disregarded. Certainly, it is important for schools to supplement national examinations with those developed locally to be sure that their students know at least one way of handling all major nursing care problems. In the second place, tests of the length now used are too short to provide comprehensive coverage of the basic curriculum. At best, they can only "hit the high spots."

We also should like to urge the faculties of schools to concentrate on teaching students to give adequate care to patients, rather than to limit their instruction primarily to specific content of the NLNE achievement tests. We believe you will agree it is unfair to the student, and even more serious for the unsuspecting patient, his family, and the public in general. Students who are drilled in specific answers to specific questions cannot possibly be expected to give the same type of nursing care to patients as students who are given a sound foundation in principles and techniques and encouraged to integrate all appropriate materials in providing nursing care for patients.

Frequently, we are asked why we do not provide part or sub-scores on these tests so that an instructor can identify the area or areas in which the students are "weak." While we can understand the desire to have this information, we must remind you that it is not compatible with integrated examinations. To the extent that we are successful in developing questions that require the student to integrate information from various areas in order to answer them correctly, it is impossible to isolate the elements that are involved in the situation.

Another question we frequently are asked is: "When should the achievement test be given—immediately following instruction and the clinical experience in a given area, or near the end of the senior year?" There is need for evaluation at both stages in the program. We do not have separate standards for these two groups; however, most of the students on whom the test standards were based took the examination shortly after completing experience in the given area. We hope that before too long
we will be able to determine whether the time at which a student takes a test makes any significant difference in her performance on it.

There is one other point we should like to discuss with you. It is not uncommon for us to receive inquiries such as, "How shall we set the passing point on the achievement tests?" or, "What is the lowest score a student can get and still be eligible to graduate?" As in the case of the scores on the Pre-Nursing and Guidance Test Battery, it is not feasible for the department to suggest a passing point or standard. The individual instructor must do that in the light of the extent to which she feels the test reflects the content and goals of the classroom and clinical experience offered by her school. Even if she feels that there is a close agreement, she must not assume ipso facto that a student should get a percentile score of 70 on the test in order to "pass." If she does, she must remember that only 30 percent of the student nurses in the entire country would be able to meet this standard. A student with a percentile score of 50 is typical of all students in the country, and only those students who earn a percentile score of 35, 30, or lower can definitely be considered to show below average performance on a test.

Well-constructed national achievement tests provide a school with valuable information. They show how the achievement of a student in a school compares with that of students throughout the country. If the students in a school earn low grades, it seems to us that it is desirable for the faculty in the school to study critically both its curriculum and teaching methods. It does not necessarily mean, however, that the ability and skill of the students are inferior. It might simply reflect the fact that the curriculum of the school varies widely from that of the typical school. In this instance, the school itself must decide whether or not this is desirable.

And now, perhaps you would like to know what we are doing and what we anticipate doing at headquarters. First of all, we would like to assure you that we shall do all in our power to develop tests which reflect the current trends of nursing education—that is, we will make every effort to keep the tests "up to date." We also hope that we will be able to reduce the time required to correct the answer sheets and return the test reports to test users. Many times we are able to beat our standard agreement with respect to the speed with which test reports are to be released after the answer sheets are received in our office, but this is not possible when we receive a deluge of licensing, achievement, and selection tests all at the same time. Another source of delay is the mail and express service. But let's hope we will have no more embargoes or strikes, no more snow storms, floods, or other "circumstances beyond our control" that affect our meeting these agreements. We believe you also will be interested to know that we plan to standardize our Practical Nurse Pre-Admission and Classification Battery this fall and have the standards ready for release by January 1952.

Two major projects are scheduled to be started this year: one in test construction, the other in the introduction of a new service. We expect to start work shortly on the revision of the battery which is used in the selection of students in the basic professional program, as well as the one used for the selection and placement of graduate nurses who are seeking baccalaureate or higher degrees. We also expect to begin the revision of some of the achievement tests for the basic program. At least one and a half years are required to complete the construction and standardization of each of these groups of tests.

Beginning in January 1952, we will be able to arrange for schools to purchase complete test service for students in the basic program at the time they enter or, if preferred, at the beginning of each school year. Schools participating in this program will receive the same test reports as at the present time. In addition, they will receive a great deal of other information. It is for this reason that we have chosen to call this service the "Comprehensive Record System."

The applicants to the basic professional program in schools subscribing to this service will be asked to complete a personal data record form at the time (s)he takes
the Pre-Nursing and Guidance Test Battery. It is hoped that the questions on this form will make it possible to get a more accurate picture of the characteristics of the typical applicant and entrant to the basic program. In time, we hope that we can determine the pattern of characteristics which discriminate between "successful" and "unsuccessful" students and offer this information to schools as an additional selection tool. It also is designed to provide information which will be useful to the school counselor.

The students in these participating schools will take the NLNE achievement tests following the completion of the academic and clinical experience in each of the given areas. Shortly before graduation, and again at periodic intervals following graduation, they will be asked to complete additional personal data record forms which are designed to provide information with respect to their feeling about the richness of the school's program. In order to encourage individuals completing these forms to answer the questions in a frank and straightforward manner, arrangements will be made to have the completed forms sent directly to national headquarters, rather than through the faculty of the school.

In addition to the test scores and the information provided by these forms, participating schools will be asked to furnish the department with information about the high school record of their students, a report on students who withdraw, and information about the progress of the students who remain and complete the program. All reports will be set up in such a way that they will require a minimum of time to prepare.

All of this information will provide the basis for preparing reports which we believe will be very useful to each participating school in evaluating its program; it also will permit these schools to compare the characteristics and the reactions of their students with those of graduates of schools throughout the country. In addition, it is expected that they will provide information which will be useful to individuals responsible for recruitment, professional placement, and the many other aspects of nursing education.

Much more work must be done before we can determine the kinds of specific reports which will be most useful to the schools using this service, but it seems reasonable to believe they can be expected to include information with respect to the differences between accepted and rejected applicants, as revealed by performance on the Pre-Nursing and Guidance Test Battery and answers to selected questions on the Personal Data Record Form completed by applicants; relationship between selected characteristics and success in the basic program and on the licensing tests; relationship between the academic success of a student and her attitudes toward the adequacy of the program, both as a graduating senior and after she has been practicing for a while.

No doubt the question on most of your minds is: Can we afford it? We are unable to give you a specific answer to this question at this time. We must first find out the kinds of reports that nurse educators feel will be the most helpful. Then we will have to see how much it will cost to prepare these reports. In order to arrive at this amount, we will have to consider such factors as the cost of printing and distribution of forms used, the additional record-keeping equipment and supplies which will be needed, and the additional staff that will be required. All of these expenses must be covered by the service fee. We recognize, of course, that a service of this kind is of particular value when a large number of schools participate. We assure you, therefore, that we will do all we can to offer it at as low a fee as possible.

We want to keep on improving your test service and, if this is to be realized, your participation is required. As indicated earlier, the profession itself determines the standards—a test service can only reflect, not create, the practices and policies of the profession with which it is associated. In the final sense, the members of the nursing profession are the ones who must assume final responsibility for the standards established and maintained for testing the product of schools of nursing in this country.


**Special Student Session**

Monday, May 7—2:00–4:00 p.m.

**THE CONTRIBUTION OF THE PROFESSIONAL NURSE TO THE COMMUNITY**

*Presiding: Gretchen Gearhart, Student Nurse, Massachusetts General Hospital School of Nursing, Boston, Massachusetts, and Corresponding Secretary, Massachusetts State Council of Student Nurses*

*Discussion leader: Ruth Sleeper, R.N., Director, School of Nursing and Nursing Service, Massachusetts General Hospital, Boston, Massachusetts*

*Participants:*

George K. Makechnie, M.Ed., Dean, Boston University College of Physical Education for Women, Boston, Massachusetts

The Reverend James F. Moynihan, S.J., Ph.D., Associate Professor of Psychology and Chairman, Psychology Department, Boston College, Boston, Massachusetts

Mrs. Philip Eiseman, Cambridge, Massachusetts

Evangeline Morris, R.N., Director, Simmons College School of Nursing, Boston, Massachusetts

The participants of the round table discussion spoke on "The Contribution of the Professional Nurse to the Community" from various points of view—Dr. Makechnie from the sociological point of view, Father Moynihan from the psychological point of view, Mrs. Eiseman from the citizen's point of view, and Miss Morris from the community health point of view. Father Moynihan's presentation is reproduced here; the other participants spoke extemporaneously.

**THE CONTRIBUTION OF THE PROFESSIONAL NURSE TO THE COMMUNITY**

JAMES F. MOYNIHAN, S.J.

As a psychologist participating in this discussion on the contribution of the professional nurse to the community, I find myself experiencing a somewhat ambivalent emotional state of pride mixed with humility, if not envy. Most psychologists, I am sure, take pride in the belief that they can contribute to the welfare of the community. I am equally convinced that when psychologists compare their contribution with that of the professional nurse they may well envy the opportunity that a nurse has to do the work they try to do. Psychologists are supposed to be interested in human personalities, their fundamental needs and motivations. They can and do play a vital role in modifying and influencing attitudes and values and thus aid in good personal and community adjustments. But they have no monopoly in this field. It seems to me that the professional nurse has pretty much the same focus of interest and contributes
equally to personal and social adjustments with probably this difference: that all too frequently the vantage point from which she can see and study human personalities is a better one than most psychologists have, and the situations in which she can give counsel and aid in helping personal and community relationships are often much more crucial and effective. Believe me when I say that I am not advocating that a professional nurse try to be a psychologist. Rather, I am saying that by being a good professional nurse in her community she cannot help but offer to her community many of the benefits and contributions of good sound psychology.

I have mentioned the vantage point or frame of reference from which a professional nurse can study, influence, and guide human values and aid in human adjustments. She is often closer to human beings than not only psychologists but also the members of other professions who work with and for human beings. She is with them in the great crises of their lives—birth, sickness, and death. She is the only member of all the professions interested in the sick who is constantly at the bedside of the individuals. But this vantage point is not limited to individuals. The professional nurse, by her personality, her professional standing, and her community prestige, is also in an enviable position to observe, influence, and stimulate to higher levels community attitudes and values and by so doing contribute to community relationships and adjustments.

Restricting ourselves first to the role that the professional nurse can play in relation to community attitudes and values, I do not think that it is an exaggeration to say that she offers to the community a learning experience in those values which are at once necessary and beneficial to any community. What are some of the values that a professional nurse holds up before the eyes of her community? There are many of course, but some come more readily to mind. Does she not, by the very choice of her profession, hold before the community the noble ideal of willingness to serve her fellow beings and that, not only in emergencies, but in the humdrum activities of everyday life? In times of civic and community emergencies, times so provocative of fears, anxieties, and uncertainties, how often is a learning experience in emotional control given to the community by professional nurses who calmly face up to such emergencies and by their own courage and control give the community courage and confidence to meet and master trying situations? What lessons in the value of civic participation does the professional nurse offer a community by her own participation in civic functions, by her cooperation with community organizations in planning and carrying out the plans for physical and mental health programs and projects on community, state, and national levels? Certainly she can and does give evidence to the value and meaning implied in being a good neighbor and a good citizen in any community. If the attitudes and values of a community, like those of an individual, are based on and influenced by information and knowledge, it is not difficult to understand the contribution that the professional nurse makes here by the information and clarification of information she offers the community by her own knowledge of basic symptoms, preventive measures, and treatment sources. It is the professional nurse who may be the first person whom the members of the community approach with their fears of incipient diseases, and an early diagnosis and the allaying of fears and uncertainties may well depend on this initial contact. How many in the community are given new hope to meet problems which have been precipitated by illness because of a reorientation and information on the community facilities which are available to them, and of which they would have been unaware had not they learned of these through the professional nurse? It is often through her that those who need them most become aware of the special services, the physical and mental health clinics, the counseling centers, the special schools, the family aid societies, and the many other facilities which the community offers the sick, the handicapped, the needy, and the mentally ill. Such information offered by her cannot be otherwise than a catalyst for fostering better attitudes
on both the community's relationship to the individual and the relationship of the individual to the community.

It may be that the professional nurse herself is not aware of all this until she reflects that communities are made of the smaller communities of homes and ultimately of the individuals she meets in her work, and that in contributing to these she necessarily contributes to the community. Sick people are essentially dependent people looking for security, and they find it primarily in their feelings and attitudes toward the nurse who cares for them. In her large contact with such patients the professional nurse has opportunities to observe behavior and to listen to expressions of attitudes and values that are most significant. She must and will, of course, recognize the physical symptoms of illness, but she also will see the less considered manifestations of illness such as anxieties, conflicts, and frustrations which have a direct influence on organic changes and are often the result of a person's relationship to his environment. Who are these individuals whose attitudes reflect or will reflect those of the community? Who are these individuals in the community whom the professional nurse by counsel and aid can help to become healthier and happier members of the community? Is it the young child being immunized and frightened by the procedure? Is it the school child whose illness or physical handicap, unless it is adequately cared for, may well penalize both his educational and personality growth? Is it the fearful mother before an operation who is distraught because she must leave her home and worried because of the added burden to the family's economy? Or is it some injured worker in industry worrying now about his support of his family? Will it be some injured veteran who will look into her face to find the reassurance he needs as she watches him take his first step on his artificial leg or with his crutch or his brace? These are the communities whose attitudes the professional nurse can influence, whose values she can raise a little higher, whose courage she can make a bit firmer. These are the communities to which she contributes. It is work such as this which points up the fact that technical competence in nursing skills is only one component of the professional nurse's equipment, that it calls for skill in directing her words and her actions on a basis of an understanding of human behavior and human relationships.

The adjustments of individuals and therefore of a community, in their ultimate analysis, represent attempts to satisfy basic needs and tendencies. The question is: what are these needs and tendencies which so determine behavior in both the sick and the well? The answer, of course, is that there are many. However, two stand out as basic and give the professional nurse some insight into both individual and community adjustments. The first is characterized by a desire for personal success, a tendency towards self-realization and self-assertion. When well developed, this tendency gives the individual a sense of personal worth which is so necessary for happiness and human progress. When it is not well developed, or is distorted as it can be by illness and physical incapacities, it leads to feelings of inadequacy, insecurity, and anxiety which underlie so many personality distortions and poor interpersonal relations. It is all too obvious the aid that the professional nurse can give towards the proper development of this tendency in her patients.

The second basic need which is equally necessary for the development of the healthy personality and the good of the community is characterized by a desire and a tendency to live with and share with others in the give and take of everyday life. It is through the development of this human tendency that human beings mixing with their fellowmen learn community spirit, democracy, cooperation, and adjustability to other personalities. Again is it too much to say that the professional nurse, by her work and the information she can give, brings home to individuals both in the family and in the community how much they depend on one another, how much they owe one another in the promotion of their own physical and mental health and their own personal and social happiness? Does this not contribute towards more charitable, more
wholesome personalities, as it does towards a more appreciative, a more cooperative citizenry?

I have said in the beginning that psychologists may well envy the opportunity that the professional nurse has to contribute to the welfare of the community. The influence that she can have on human values and human adjustments within the community becomes at once both a challenge and a responsibility: a challenge to the presence within herself of those humanitarian qualities which the community looks for in the professional nurse—respect for the individual, understanding of human nature with all the personal dynamics which color human activities, an objective attitude, and a love for, and a desire to help, her fellowmen. It is a responsibility which raises nursing from a craft to a profession and stimulates the professional nurse to look beyond the prescribed physical care of patients to the deeper aspects of the total personality. Such an orientation and focus on human values and human adjustments cannot but bring to the professional nurse herself a deeper awareness of her own value, a confidence and a sense of achievement, a growth in social awareness which will make her not only a mature, happy personality, but a citizen whom her fellow citizens hold in justifiable esteem and gratitude for the contribution she makes to her community.

GENERAL SESSION

Monday, May 7—8:00–10:30 p.m.

Presiding: Agnes Gelinas, R.N., President, National League of Nursing Education

Speaker: William M. Schmidt, M.D., Associate Professor of Maternal and Child Health Practice, Harvard School of Public Health, Boston, Massachusetts

The evening session, held in the Grand Ballroom of the Hotel Bradford, was open to the public. In addition to the address by Dr. Schmidt, there were several special events on the program, including presentations of the Mary Adelaide Nutting Award to the Honorable Frances Payne Bolton and the Maternity Center Association. Music was provided by the Associated Students' Glee Club, composed of student nurses from the schools of nursing of the Massachusetts Memorial Hospitals, McLean Hospital, Mount Auburn Hospital, and Children's Hospital, Children's Medical Center. The conductor was Homer Whitford.

The Reverend Rollin Fairbanks, director of the Institute of Pastoral Care, Newton, Mass., opened the meeting with an invocation, after which Lyndon M. McCarroll, president of the Massachusetts League of Nursing Education, cordially welcomed convention participants to Boston. Agnes Gelinas, president of the National League, responded on behalf of the membership.

ADDRESS OF WELCOME

Lyndon M. McCarroll, R.N.

It is my privilege this evening to speak for Massachusetts to welcome you most warmly to our state and to Boston. In the years 1911 and 1937 we were so honored, and in 1923 near-by Swampscott was the headquarters for the convention. When we
span the years between 1911 and 1951—a period of 40 years—we look back upon many anxious days and many pleasant days in the nursing profession. Two world wars have made their impact upon us, and, as always, we have come through stronger than before. In our future lies the test. We are doubly honored, therefore, to have one of the most significant meetings for nursing ever to be held here in Boston. During the coming week many fine people will contribute their abilities and the results of their experiences to give us knowledge to aid our progress and help us to make wise decisions.

The Massachusetts league has the honor to be the hostess at this, the fifty-fifth Annual Convention of the National League of Nursing Education. During the war years of 1944 and 1945, no conventions were held, but reports of the League’s activities were published for each of these years so that the report of this convention will be the Fifty-seventh Annual Report. How grateful we are that it has been possible for us to convene this year.

We have been working and planning during the past months to bring you a fine program. Our Committee on Program, with Miss Marie Farrell as its chairman, has devoted many hours to planning a week of stimulating meetings for you.

The Committee on Arrangements, of which Mrs. Dorothy Hayward is chairman, has not only tried to make the wheels run smoothly for all of our meetings but has also arranged for many "extracurricular" activities which we hope you will enjoy. Even the "Old Farmer's Almanac," which is our guide to weather in New England, has published in its predictions for its one hundred and fifty-ninth year of publication the following for this week: "Spring is at hand, Strike up the band. Flowers from the showers. Sun all week burns the old man's beak."

We do want you to enjoy yourselves, learn a great deal, and take back to your own states, cities, and towns much that is vital to the nursing profession.

May I say again that we are happy to welcome you to Massachusetts, and I am certain that your stay in Boston and the meetings which we have planned for you will be rewarding to each of you.

CHILD HEALTH AND ENVIRONMENT

WILLIAM M. SCHMIDT, M.D.

A discussion of child health and environment in 1951 may seem to be a reploughing of already well-wedded ground. The modern public health movement is rooted in the conception that environmental influences may work either to the advantage or to the harm of mankind, and that public health programs must be so conceived and so directed that they afford control over harmful environmental influences and tend to promote those that are healthful. Recognition that children are particularly sensitive and susceptible to the play of environmental forces also came early in the modern public health movement. These conceptions were expressively summarized by Lemuel Shattuck one hundred years ago when he outlined his impressions of English experience as he was preparing to formulate a health program for Massachusetts.

It is proved that disease and mortality fall more heavily upon those who live in large towns and populous places, than in the country districts, and particularly upon those who live in narrow streets, confined courts, damp dwellings, close chambers, cellars, undrained, unventilated, and uncleansed; and effect most severally the infantile portion of the population, and the heads of families between twenty and thirty years of age.

It is my purpose to review some aspects of the long story of effort to protect the

health of children through control of environment, and to present some questions upon which one may only speculate, as to the direction which such effort may take in the future.

**Definition of environment**

We must, I think, attempt to be clear as to what we mean by the word "environment." There is, first of all, the physical and biological environment. This comprises those characteristics of wind and water, fertility of soil, resources on and under the earth which we are accustomed to consider as the attributes of the world in which we live. These elements of environment may be useful or dangerous. There is no need to emphasize the fact that wind, water, and fire may serve or destroy. Nor need one dwell upon the contrasting roles in our biological environment fulfilled by the milk cow and the man-eating tiger, or by the mold "penicillium notatum" and the bacillus of tuberculosis.

Second, we have the social environment. Man does not live alone; the organization and structure of society, the life and customs of the groups of mankind mold and shape the individual's existence: add to or subtract from his possibilities of survival, protect him from or expose him to accident and disease, enlarge and enrich his mental and emotional life or stifle and frustrate it.

The physical, biological, and social aspects of environment are closely interwoven. Although in particular studies attention may be directed to the relationship of housing and health, economic status and health, occupation and unemployment, nutrition, migration, or any one of many other factors in relation to health, it must not be forgotten that, in general, the relative influence of individual elements of the environment cannot often, with certainty, be isolated.

The complexity is further heightened in that our environment is a moving and challenging milieu. One cannot put one's finger on a point which is, beyond question, the origin, the point of departure, of the cause and event sequence which interests us. Moreover, the environment is not only changing but subject to being changed in response to man's will and volition. It is this, above all, that concerns us: we establish values and we deliberately and consciously attempt to overcome the obstacles of environment in order to attain these values.

In summary, then, we may say that environment is the sum total of the forces of the world in which we live, changing in time and subject, in ever-increasing degree to our control and direction, in accord with our consciously chosen course of action.

**Influence of environment**

The influence of environment upon man is not identical in adults and during childhood. For childhood is the period of growth and development—the period, therefore, when external influences may exert profound effect, for good or ill, upon the emerging individual.

During the fetal period the maternal environment is the world in which the embryo and the fetus exist. Without minimizing the significance of inherited factors, which determine, as we know, the gross characteristics of the developing individual, we are beginning to recognize the importance of events which enter the picture from the outside. Virus infection, such as German measles; physical influence, such as x-ray; chemical factors, such as anoxia; and nutritional disturbances during pregnancy—all may lead to interference with the fetal development and result in fetal death or malformation.

During infancy the individual is highly dependent upon his surroundings. His primary needs for food, shelter, clothing, and affection must be satisfied by those who will bring these necessities to him—he cannot seek them for himself. The infant, in himself, is defenseless against the hazards of life, be they the wild animals of
frontier society, the rats of tenement dwellings, or the emotional starvation that may be his lot.

In the preschool and school age periods, the child is increasingly active in a world which he can but little influence or modify. More secure than the infant against hazards to existence, he is not immune to environmental influences on his health, his development, and his emotional well-being.

The adolescent period is often one of conflict resulting from the limitations which society places upon the individual’s effort toward his own fulfillment. It is a period in which biological and psychological variation are to be inevitably expected in high degree, and the demand for conformity in stature, in appearance, in talents, and in ideas from a society which prizes conformity places a heavy burden upon the still immature individual.

Throughout the ages of childhood, which comprise more than a quarter of the life span, therefore, the profound influence of environment plays upon the organism at its most susceptible—its developmental phase.

**Accomplishments in environmental control**

The very great progress which has been achieved in two generations in the saving of child life and the promotion of child health reflects both progress in the development of health services for mothers and children, on the one hand, and progress in the control of harmful environmental influences, on the other. One example of environmental control is the provision of a clean and safe milk supply for babies. As cities grew in size during the nineteenth century, difficulties in delivering sufficient milk from the farms to the cities appeared, and, doubtless, both deficiencies in quality and quantity added to the dangers of infancy and childhood. For those who could afford it, wet nurses were employed when maternal breast feeding of infants was impossible. But it has been said that the infants of the wet nurses, often left to be fed such cow’s milk or other food as was available, more often died than survived. Moreover, diarrheal diseases were so common at the time of weaning that they came to be considered as almost the usual thing during the “second summer of infancy.”

Milk production and distribution were uncontrolled, and the most unhygienic conditions prevailed. In New York, for example, brewers entered into the production of milk; cows were brought into the brewery stables and fed brewery mash in place of green fodder. According to a contemporary newspaper account:

> The stables which surround the distilleries were, if possible, more dilapidated and wretchedly filthy than the disgusting nucleus around which they cluster. They are long, rude wooden shanties with roofs so low that we can touch them by extending our arms and so thickly hung with cobwebs that we could assert that no cleansing operation had ever been carried on since the stables were erected.

The progressive steps toward an adequate supply of clean milk for children may be drolly and didactically described as education, demonstration, legislation, research, and development. However, a veritable struggle for clean milk was needed. (In the earlier period there was even overt violence, for one of Leslie’s staff was killed as a result of the vigorous crusade for clean milk carried on by the newspaper.) Pasteurization of milk was begun in 1890 in New York on a small scale, and a little later compulsory pasteurization laws were enacted in a few cities. Not until well into the 1930’s, however, had most of the larger cities established such control.

Today, diseases transmitted by milk are no longer a major cause of illness or death in infancy in this country. Without forgetting that improvement in methods of care for individual babies has also played a role, the greater contribution has evidently been

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3Ibid.
the institution of measures which, by effecting general control of an important segment of the infant's environment, his milk supply, afforded widespread protection in rapid order to all babies in the communities concerned.

We have, then, an example of environmental influence which not long ago presented a great threat to child life, and from which the threat has been largely removed. Other examples are well known to you, such as the replacement of private with public water supplies, the development of laws concerning housing safety, and the advances through public sanitation in control of insect and rodent carriers of disease.

Progress has not always been of the same degree in each area in which man seeks to control the environment in which his children live and grow. Are there still environmental dangers of first rank in importance to the life and health of children?

Present-day problems

Accidents. Certainly, environmental dangers remain. They are clearly reflected in the present incidence of accidents in childhood. Accidents remain the leading cause of death in childhood, accounting for one fourth of all deaths of children 1 to 4 years old, and 40 percent of deaths of youngsters 15 to 19.

Accidents are unplanned, unexpected results of the impact of man and his environment. The person or the environment may play the more important causal role. Much has been written as to the susceptibility of certain individuals to accidents, and the term "accident prone" has achieved considerable favor. There seems to be little doubt that particular susceptibility to accident does exist in some children. In individual children, physical and physiological factors as well as developmental and psychological characteristics may lead to a tendency to repeated accidents.

However, the significance of such individual personal susceptibility seems to be magnified out of true proportion when it is stated that "most accidents are unconsciously motivated"—and that "the primary measures (in prevention) must be directed toward the individual."

Without neglecting the need to identify especially susceptible individuals and to offer them such help to protection as may be possible, we must turn our attention to the environment in order to assess properly its role and to design and apply protective measures which will provide a degree of protection for the child population as a whole.

It has been shown that children under 15 and youths from 15 to 24 living in dwellings of low rental values have consistently and markedly higher home accident rates than do those children and youths who live in dwellings of higher rental value.

The poorer the home, the higher the home accident rate. There are surely "accident prone" children in the low rental homes as in higher rental homes. However, a rate for burns three times as high in the lowest as in the highest rental dwellings is strong evidence that dangers inherent in the structures, the facilities they offer, and perhaps in the degree of crowding and other factors of physical and social environment are the main lines along which to direct our efforts at prevention.

Fatal accidents are more frequent among Negro children than among white children. In infants under 1 year of age, fatal accidents are more than twice as frequent among the non-white as among the white. In the age period 1 to 4 years, the rate is 45 percent greater for the non-white children. Is it reasonable to assume that there is such a disparity in "accident proneness" in the two groups, or is it more likely that among the non-white there is a greater frequency of poor housing and of children playing in crowded streets, with exposure to all the increased hazard of such dwellings and neighborhoods?

Gordon has clearly shown other associations between the incidence of accidents and characteristics of environment, such as season, climate, and urban and rural residence. In his analysis from an epidemiological standpoint, he distinguishes "host"
factors and finds that the problem centers among children and young adults and environmental factors such as those which we have outlined.

During the past 20 years, there has been a significant decrease in death rates from accidents among children, but, compared to deaths from disease, the record is not good: a decline of 29 percent for accidents and 69 percent for disease. (The decrease in deaths from diarrhea and enteritis between 1930-1947 has been 90 percent.)

Just as in the problem posed by the diarrheal diseases of infancy, therefore, the principles of control require a concentrated attack upon the whole problem in its total, interwoven pattern of individual child and environment. To restrict ourselves largely to preventive measures "directed to the individual" would be to neglect an essential facet of the problem.

Communicable diseases. Although accidents represent the chief hazard to life in childhood and the area in which progress has been least satisfactory, similar considerations apply to other illnesses and handicaps of childhood. In crowded households, for example, children are attacked at earlier ages by the common communicable diseases, for it has been shown that the ratio of incidence of these diseases in children under 5 years to the incidence in children 5 to 9 years old increases with increased crowding in dwellings. Earlier attack by such diseases as whooping cough and measles means greater danger to life.

Pneumonia has been shown to be strikingly more frequent in children under 15 years of age living in crowded households than among children of the same age living in less crowded dwellings.

We may conclude that, although enormous strides have been made in the reduction of the physical hazards to child life, the goal has not yet been reached. The needs are greatest among those children who live under disadvantageous environmental conditions.

Mental health. Today, we are much aware of the question of mental health and emotional well-being of children; the central theme of the Midcentury White House Conference, held in December 1950. In adopting this theme, the conference called attention both to the relative progress made with respect to the problems with which earlier White House conferences dealt, and to those problems which seem to be of concern today.

In colonial times, I have no doubt that parents were highly conscious of many real dangers surrounding and threatening their children. Perhaps at times, and in certain areas, it was necessary to guard against attack by wolves or other wild animals. Today, such a danger hardly enters our minds to create unease or anxiety. However, there still are children, one may say figuratively, who are being frightened by "wolves." It seems that, as we have made progress in overcoming the physical hazards of environment, the psychological hazards have multiplied or, at any rate, have come to occupy a relatively more prominent position.

Newborn babies bring with them into the world certain psychological and physiological traits. These are the initial endowments, varying in different infants, but by no means a fixed and final determinant of the babies' potentialities and future characteristics. On the contrary, there is abundant evidence that events of life, the strains and stresses of existence, as well as the satisfactions and rewards, all play a highly important part in shaping the development of personality and character—in a word, the environment, the social environment especially, is of great concern to us in public health with respect to mental health, just as it is with respect to physical well-being.

Some of these environmental factors are summarized by Lemkau, in his monograph on Mental Hygiene in Public Health.⁵ War, he says, may make the feeling of anxiety nearly universal. Food supply may have a direct or indirect effect, whether deprivation results from high prices, lack of transportation, farm destruction, or political phi-

losophies that stand in the way of adequate food supply. Housing, or the lack of it, has mental hygiene implications. Other environmental factors are also cited.

It is true that not all individuals subjected to adverse environmental influences manifest clear evidence of impairment of mental health—nor do all who live in what seems to be a favorable environment escape such troubles—but this need not confuse us. Rarely is a whole population involved by any kind of attack upon life or health. Perhaps the gas chambers of the Nazi extermination camps are the sole example in which attack—and fatality rates—were 100 percent.

The evidence showing that mental and emotional disturbance is more frequent among those who live under conditions of stress, and at times of stress, is sufficient to direct our attention both to the need for concentrating preventive and curative services among groups with the greatest need, and for seeking ways to minimize or to eliminate harmful environmental influences.

Points to consider

We, of the so-called “healing professions,” are directly concerned with problems of environment. Every day, in our day-to-day work, we undertake to counter or to correct unfavorable influences bearing upon our patients. We may neglect the immediate environmental factors only at the cost of our patients.

In a larger sense, as citizens, we should assume a larger responsibility. The Mid-century White House Conference has given us the factual material and the expert opinions which may serve to guide us. Adverse environmental influences against which we must contend include inadequate family income in relation to the prices of food, shelter, and clothing; unsatisfactory housing, urban and rural; unequal status for our Negro children; unequal educational opportunities in different areas of the country; and the greater financial burden of support of children borne by large families, who are usually least able to afford it. Among different groups of children there is disparity in available medical care and health services.

Are many of the characteristics we take for granted in our environment today advantageous, or not? Are they relatively fixed, or changeable? Is too much emphasis placed upon financial success in contrast to satisfaction in work? Is the relationship between white and Negro that of wholesome equality among equal human beings, or often a distorted and unequal relationship harmful to both?

Is the equation between violence and courage which our movies, radio, and television promote, as highly desirable as so-called “surveys of audience reaction” are supposed to lead us to believe? Do we receive from these mass-media of communication the intellectual and esthetic satisfactions we seek, and do our children find in them the stimulus to thought and creative imagination they need?

Do we neglect cultures other than our own, and fail to appreciate the contributions they have made and are making?

Are we resting content with an environment which fails to realize sufficiently its own potentialities, and to encourage and reward independence, initiative, and individuality?

All of these aspects of environment have bearing upon the mental health of our children.

Conclusion

The pioneers of modern preventive medicine and public health did not fail to come to grips with those elements of environment which bear so heavily upon personal and public health. In his classical Report to the Massachusetts Sanitary Commission, in 1850, Shattuck said that “the condition of perfect public health requires such laws and regulations, as will protect (man) from injury from any influences connected with his locality, his dwelling house, his occupation, or those of his associates and neighbors, or from any other social causes. It is under the control of public authority.
and public administration; and life and health may be saved or lost, and they are actually saved or lost, as this authority is wisely or unwisely exercised."

Florence Nightingale, writing to Edwin Chadwick in 1862, said that the way to improve the soldier's morale was to improve his living conditions. This deep interest in "living conditions" seems to have been a salient characteristic of her whom we are more accustomed to identify exclusively with the bedside care of the sick. In 1892, when she was past 70, she wrote (in connection with a program for village health in England) that a good water supply in the villages would be more useful and practical than preaching cleanliness. Again—the communal approach seemed to her to be the more pressing. She recognized the need for education but she had little patience with education as a substitute for social action.

She wrote, in her letter:

Lady lecturers on health are more rife than influenza. It is a perfect pest.
Prizes to cottagers for cleanliness . . . are not desirable. The prizes ought to go for handy water supply—to the authorities. . . .

In our environment today, great as our advances have been, remain many hazards to personal and public health—hazards which may be physical, biological, psychological, and social. We still have some "narrow streets, confined courts, damp dwellings, and close chambers" to which Shattuck referred. There are, too, such confined courts and close chambers as did not exist in his day.

We know of these influences upon child life—to what degree must we concern ourselves with them? As citizens, it is clear that we have the right and duty to speak our minds. But, even more, as citizens with special knowledge and experience, we should stand in the forefront of democratic action designed to aid the children of the social classes who live under poor environmental circumstances to have the protection of life and health afforded by the best.

We may not allow ourselves to forget or neglect environment, nor should we allow our efforts for the individual child to slacken. The child and his environment together constitute our field of interest. In seeking a better environment for our children today, we shall help to promote not only the health and happiness of this generation of children but also of the next generation of adults who will take their place in continuing the processes by which, with all our ups and downs, we progress to a better life.

PRESENTATION OF THE MARY ADELAIDE NUTTING AWARD TO THE HONORABLE FRANCES PAYNE BOLTON

MABEL K. STAUPERS, R.N.

It is a source of special pride and pleasure to me to be privileged to make the presentation of this year's Mary Adelaide Nutting Award.

When this award first came into being some eight years ago, it was conceived as a well-merited honor to the distinguished leader in nursing education whose name it bears. The spirit of continuing advancement which Miss Nutting did so much to infuse in members of the nursing profession is, in some measure, symbolized in this award which is presented to an individual or organization in recognition of outstanding leadership and achievement in the field of nursing education.

In perpetuating the award, the National League of Nursing Education is carrying on the work of Miss Nutting by stimulating the development of leadership and en-

couraging increasing achievement in the field to which the organization has dedicated itself.

The conferring of this award has a meaning rich and full. Each of those receiving it in the past have well earned it, and the standards thus established endow any recipient with an accolade which time can never dim.

The woman whom we are honoring this year is most deserving of the highest tributes and the deepest gratitude of all of us in the nursing profession. It has been my good fortune to know her well as a wonderful and loyal friend and a tireless worker for nursing for many years.

Her active interest in, and work with, the nursing profession began back in 1903, with the Visiting Nurse Association in Cleveland, Ohio; four years later she became a member of its Board of Trustees. In 1917, she accepted the chairmanship of the War Program Committee of the National Organization for Public Health Nursing.

Her contributions to nursing, both intellectual and financial, have flowed in a seemingly endless stream. She was a lay member of the committee which, in 1918, waited upon the Secretary of War and succeeded in overcoming official opposition to Miss Annie Goodrich’s plan for the Army School of Nursing.

She was the largest financial contributor except for the profession itself to the Grading Committee’s Study of a quarter of a century ago. Her endowment to Western Reserve University made possible the founding of that institution’s school of nursing.

When she entered active political life, she carried with her the same unflagging interest in the profession and has consistently and untiringly used this influence and prestige to bring about enactment of federal legislation for the benefit of nursing and nursing education.

Her sponsorship of the bill which made the Cadet Nurse Corps possible during World War II gave to a large number of student and graduate nurses an opportunity to prepare themselves in order to better serve their country. Even today, she is unable to be here in person to receive this well-merited tribute because of pressure of her official duties—and foremost on the list of those duties is advocacy of her own newest legislative measure H.R. 910, a bill for the support of nursing education.

The thousands of Negro nurses now active in so many professional fields and in the service of their country owe an especially deep debt of gratitude to her. I know that I can speak for all of them on this occasion in joining in this heartfelt tribute. The material assistance which she gave to the National Association of Colored Graduate Nurses, and the confidence she had in its leaders from 1935 until it was dissolved, was a major contribution to the group and to their successful integration into the American pattern of nursing.

For all these contributions, and for countless others which have helped to fill an era of memorable progress for the nursing profession, the Mary Adelaide Nutting Award has been well earned. It is one of the proudest moments of my life to be privileged to make this presentation to one of nursing’s staunchest friends and most loyal supporters—the Congresswoman from Ohio, the Honorable Frances Payne Bolton.

PRESENTATION OF THE MARY ADELAIDE NUTTING AWARD TO THE MATERNITY CENTER ASSOCIATION

AGNES GELINAS, R.N.

It is my privilege tonight, in the name of the National League of Nursing Education, to present the Mary Adelaide Nutting Award to the Maternity Center Association for its outstanding leadership and achievement in nursing education in the field of maternal and infant care. Since its inception in 1918, this national, voluntary organi-
zation has dedicated itself "to teach the vital importance of adequate maternity care and help secure that care for all expectant parents." To this end, it has not only exerted a direct influence on nurses but has also brought related professional groups and the public to an appreciation of the important role of the nurse in this field.

There are many chapters to the Maternity Center Association’s history of effective educational service. Its teaching has been carried out in a large number of ways and has never been limited to one group but extended to all of us, as is evidenced in its stated purpose "... to teach mothers and fathers the importance of safe maternity care, to teach nurses how to render better care, to stimulate doctors to improve the standard of medical care, to teach community leaders the importance of making and carrying out a plan which will provide safe care for every mother, regardless of her ability to pay."

Perhaps the earliest teaching program of the Maternity Center Association was begun in 1919 when it conducted, and sponsored in other agencies, classes for mothers and fathers. This service continues to be offered and has been expanded to include marriage counseling. Today, we have teaching centers and services of this type throughout the country, established by professional and community organizations with the assistance of the Maternity Center Association.

In the realm of professional nursing education, the organization conducted in-service programs for the nurses on its staff long before continuous education of this type was generally recognized and accepted, and was the first to establish a school for nurse midwives. Its centers also serve as practice fields for graduate nurses the nation over, and it has conducted institutes on maternal and infant care both at its headquarters in New York and in almost every state in the union.

Other teaching media have not been overlooked by this association. Its Birth Atlas is used in 57 countries and is standard reference in medical and nursing school libraries, public health nursing offices, college and general libraries. It has distributed millions of instructive leaflets to parents; it publishes its own periodical; it serves as an information center for both professional and lay people seeking advice or material on maternal and infant care.

The work of the Maternity Center Association has always had a definite pioneering quality which can be traced only to continuous research. It has recognized the importance of administration in the development of better educational and service programs, and, what is equally commendable, it has recognized and used the community as a whole to further knowledge and promote public health. We are indeed proud to present the Nutting Award to so worthy a recipient.

**Program Meeting**

**Tuesday, May 8—9:00 a.m.—12:00 m.**

MENTAL HEALTH THROUGH EDUCATION

*Presiding:* **HENRIETTA A. LOUGHRAN,** R.N., Dean, University of Colorado School of Nursing, Boulder, Colorado

Mental Health Through Education

Edith H. Hildebrand, R.N.

I have just finished reading the new biography\(^1\) of Florence Nightingale by Cecil Windham-Smith, and it was one of the most rewarding experiences I have had this spring. In this book, we see the shadowy figure of Florence Nightingale emerge as one of the most brilliant and productive individuals of the nineteenth century. We are made aware of the staggering problems which Florence Nightingale had to face. What struck me most forcibly was that so many of the things we take for granted today—sewage disposal, safe water and milk, clean wards and good food—were non-existent in her day. All this, plus the fact that, in her time, there was no such profession as nursing. It is a thrilling experience to see how Florence Nightingale, in true pioneer spirit, overcame many of these handicaps, clearing the way for the development of the nursing profession as the vital service it is today.

Florence Nightingale recognized the emotional needs of the sick. Over and over again, she stressed the importance of developing the character of the nurse to provide insight to these needs for finest service to suffering humanity. But the nature of the job to be done in those days differed from that which we face today. Then, medical science was preoccupied to a far greater extent with the control of contagion. There was far less understanding of the nature of the various diseases, of their prevention and treatment. There were relatively few nurses who could assist the doctors in the battle against the prevalent illnesses of the day. Under such circumstances, little time could consciously be devoted to meeting the emotional needs of patients.

Today, the situation is greatly changed. The technics and traditions of nursing are well established. We now reap the benefits of environmental sanitation, modern surgery, modern hospitals, and professional training. We now can depend on more than basic sensitivity of the nurse to emotional needs of the patient—we have many well-founded scientific facts about the relationship of mental health to physical health. We are well aware of the contributions that psychiatry can make to medicine. And, today, we should all feel a personal and professional obligation to utilize this new-found

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knowledge and awareness. As nurse educators, we should make every attempt to find methods through which we can integrate this new body of knowledge into the curriculum we prepare for our students.

How does a patient react to illness? By illness, I mean any illness—whether organic or psychosomatic. The diseases which we sometimes consider as psychosomatic—peptic ulcer, colitis, allergies, or essential hypertension—are as real to the patient as if they were organic in origin. Any illness is first of all a direct threat to man’s most basic interest—self-preservation. Added to this may be anxieties over the cost of illness, loss of income or of the job itself, limitation on social contacts, fear of pain, anesthesia, hospital routines and procedures, and emotional conflicts involving dependency, feelings of guilt, and fear of punishment for sin.

When the patient is admitted to the hospital, he brings these psychological problems along with him. This fact demands more of the nurse than knowledge of nursing techniques; it demands that we develop empathy that will enable us to understand what his illness means to him. When we are aware of our own feelings and those of the patient, we can establish the relationship that sets the stage for him to reveal his attitudes. This vital first step cannot be omitted, for it is only after the hidden anxieties of the patient are revealed that he can be receptive to information about his physical condition.

Our responsibility extends beyond the immediate emergency into the physical and social adjustment of the patient after the acute stage of illness has passed. We must motivate the patient to consider his responsibility for his recovery or for his adaptation to a chronic handicap. Special skills in interpersonal relationships are required for this task. It is necessary to consider the individual as a whole rather than from the limited perspective of the obvious physical ailment. Using her personality as a professional tool, the nurse must show an interest in the well-being of her patient, in his thoughts and ideas about himself, in his reactions to himself, to the people who are trying to help him adjust to the hospital routine, to other patients, and to his family and friends.

As we consider the psychological factors in the adjustment to illness, convalescence, and rehabilitation, we see emerging broad principles that are applicable in every setting—hospital, clinic, or home. We realize that, in all our relations with the patient, we must exhibit attitudes of friendliness, interest, sympathy, and understanding.

Human behavior is under the intensive scrutiny of teams of experts made up of psychiatrists, psychologists, sociologists, cultural anthropologists, and other specialists. As a result of these studies, it is expected that our profession will, in time, obtain new tools to use. But our task now, as nurse educators, is to examine our educational practices in the light of current knowledge. We must find ways to integrate mental health concepts in our teaching of nursing students. Lectures alone will not serve the purpose. Along with classroom theory, we must provide an emotional climate in which nursing students can experience the feelings and attitudes that stimulate them to greater sensitivity and understanding. With such an emotional climate, attitudes change and insight is gained.

Here are two examples of how the emotional climate can affect nurse-patient relationships. Consider the student nurse who is assigned to the obstetric unit in a hospital where there are rooming-in units. Under such circumstances, she may participate in supporting the patient through labor and, subsequently, she nurses both the mother and the baby. Through this procedure, she experiences a relationship which meets the emotional needs of the patients and which also provides her with greater understanding.

Similarly, the nurse is confronted with a new—and beneficial—situation in those pediatric wards where mothers are allowed to spend as much time as possible with their sick children. This is, in a sense, a challenge to the nurse to establish rapport
with both mother and child. When we compare this type of situation with that found in hospitals which permit the mother to visit only once a week, the difference is startling. In such cases, the emotional outbursts of the children at the sight of the mothers generally convince the nurses that visitors merely complicate their job of nursing. As a matter of fact, I know that during my pediatric training I had no awareness of how the child was affected by the separation from the mother and by the strange surroundings of the hospital. I suppose I thought that good behavior in the form of shy, withdrawn, apprehensive docility meant that the child had adjusted to his hospitalization. I looked for no warning signals beneath the surface of the child's behavior. How much more good I could have done if I knew then what I know now!

If we are to understand what happens to the child's emotional make-up when subjected to unusual circumstances, we must first understand the behavior of the average healthy child. If we are to gain the child's confidence in our work with him, we must have a working knowledge about what the best ways are to approach him. Some adults seem instinctively to have a way with children; others have great difficulty with them; but most of us are in the in-between group. With the wrong training—or lack of training—many of us can unconsciously be insensitive or excessively harsh. With the right training, however, attitudes and relationships can be greatly improved.

Guidance in proper attitudes in work with children is particularly important for nursing students, since the majority of such students are usually not emotionally mature when they enter their training course. It is very important to know what their past experience with children has been. Usually, it is advisable to supplement this experience.

Before starting service on the pediatric ward, the student nurse should be familiar with the reactions of the average healthy child. One way that I might suggest for the student nurse to gain a general understanding of child behavior is to arrange for her to spend some time at a nursery school, observing a class supervised by a skilled teacher. This will give the nurse a better appreciation of how children develop emotionally and a better insight into her own feelings toward children. The nurse should thus be better equipped to interpret the behavior of a sick five-year-old when it is a regression to the three-year old level. She will have learned to handle her own feelings when an aggressive four-year old, in a frustrated mood, says, "I hate you."

Lately, I have had occasion to observe two mothers who were having difficulties with their school-age children. Each of these mothers had been a nurse before marriage. On discussing the problem with these women, they expressed the feeling that during their nursing experience they had been tense and unhappy in their pediatric affiliations. Each of these women had been an only child and had had no prior experience with young children. In the pediatric ward, they were afraid of their inability to cope with the openly terrified child who creates such a disturbance on the ward. As teachers, we have a responsibility to such students; as nurses, we have a responsibility for the patients with whom they will deal. The unresolved guilt and anxiety on the part of such student nurses certainly has an effect on the children they nurse. And, in later years, when they become mothers, these feelings will ultimately be reflected in their relationships with their own children.

I have used examples of obstetric and pediatric nursing practices because it is in these areas that the nurse has her greatest opportunity to foster mental health. However, every service presents a unique challenge.

The head nurse of a psychosomatic ward told me that senior nursing students have six weeks' experience in her unit after their affiliation in the neurological and psychiatric units. The first reaction on the part of most of these nursing students is one of annoyance that these, the whining hypochondriacs, the "difficult" patients, should be given extensive privileges, such as an icebox for after-supper snacks, television and social parties, as well as much individual attention. But these attitudes change in a
few days when, for example, the nurses discover that the ulcerative colitis patient is much easier to nurse because of the attention he receives. They begin to perceive that in back of the irritable and often hostile behavior of these patients are frightened and anxious human beings who have been deprived of love and affection in their past lives.

Admittedly, the emotional problems on the psychosomatic ward are more dramatic than those in other areas of the hospital. The emotional problems of such patients are also fairly apparent, since the social and psychiatric history of each patient is discussed in case conference with both the internist and the psychiatrist. However, if we take the time to search beneath the surface, we can find troubled, fearful, anxious patients in every ward. The 15-year old with a fractured arm may seem to be adjusting well to the result of a fall from her bicycle, but an interview might reveal that the accident happened the day the girl was to enter boarding school because her parents were separating. The 40-year old laborer with a strained back may become a chronic invalid unless his anxiety over the injury and his fear that he is too old to do hard manual labor is brought into the open and he is helped to make plans and face the reality of the situation.

We must be equipped to handle problems not directly related to the patient in the hospital. A nurse may easily be faced with the problem of the mother who did not keep her appointment on the day she was to come to the hospital to get her infant. The baby had been a resident of the premature nursery for six weeks but, at the end of this time, was a healthy five and one half pounder, ready for home care. In addition to giving basic guidance in infant care, the nurse must be able to give the mother confidence in her own ability to handle the situation.

Again, the nurse may be required to help a 60-year old woman develop mental fortitude toward a necessary breast amputation. There may be an incorrigible 18-year old who does not keep his appointment for pneumothorax at the chest clinic and who is surly, uncooperative, and exasperating to doctors and nurses. Such behavior presents a challenge to the nurse to get behind the symptoms to discover the cause of his behavior. A sympathetic and patient interviewer may discover that this boy hates his stepfather, that his home life is intolerable, and that his motivation is to become ill again so that he can go back to the sanitarium.

As a public health nurse, my own activities have centered around in-service education for graduate nurses in community work. It is gratifying to see the emphasis that is given to psychological factors by these nurses. Careful observation of the emotional climate of the home they visit is demonstrated in our informal discussions. They are aware not only of the attitude of the patient, but also of the effect his illness has on his family. The informal discussion can also be of tangible assistance to the nurse in helping her to understand her role. For example, in one of our discussions, the visiting nurse assigned to a difficult case presented her problem. Her patient was a woman who was confined with transverse myelitis to a wheelchair. In addition to this ailment, the woman was also a diabetic and very obese. The family surroundings were described in some detail by the nurse. She explained that the woman had a 16-year old daughter who left home because of the drudgery involved in running the house. She was living with a friend and refused to return to her family. The 14-year old son was devoted to his mother. He waited on her constantly and had no friends or outside interests. The husband was hard-working and supported his family comfortably. He helped with the housework, did the marketing, but periodically got drunk and abused his wife. When he sobered up, he was remorseful and reverted to being the kind husband. It was obvious that all the members of the family were involved in the mother’s chronic invalidism. They lived with it, for they were not interested in the nurse’s suggestion that they bring in a housekeeper or that they make other arrangements for the mother’s care. In the discussion with our group, the nurse was helped to see her function in relation to this family. She had an opportunity to examine her own feel-
ings and became aware of her unyielding attitude toward the husband and the daughter. When, through informal discussion with our group, the nurse realized that she had not failed, that she could not be expected to change the situation, and that she could help by being supporting and understanding during her visits, she was more comfortable in her relations with the family.

Helping a family accept irreversible conditions, such as physical handicaps or mental retardation, presents no small job for any nurse. While the results achieved from solving a problem of this nature are not as easy to measure as is assistance in the dramatic recovery from an acute illness, in each instance a high degree of nursing skill is required, and in each instance the challenge is equally great.

Although Florence Nightingale was acutely aware of the emotional needs of the sick person, she had no scientific knowledge of how to apply these principles. We now have better knowledge and tools which can be used to take positive action to promote mental health. However, even today, we have much to learn about effective techniques for doing our job well and economically. And, with rapid turnover of patients, pressure of work, and nurse shortages, the task of providing the place and the time for the development of meaningful nurse-patient relationships is very difficult.

Although we don’t presume to be psychiatric specialists, all of us should be familiar with the psychiatric team’s function in relation to the diagnosis and treatment of the psychoses and neuroses. All of us should have a general understanding of a variety of life situations. Some of these may be as follows: How do babies and children feel at different ages? What do they need in the way of affection, protection, companionship, and recreation? What are the relationships between childhood and adult emotions, between conscious and unconscious drives? Why are people trusting or suspicious, generous or jealous, independent or clinging? What are the danger points in emotional development? What are the potential contributions, to people’s mental health, of the doctor, nurse, health officer, nursery school teacher, social worker, recreation leader, and clergyman?

This we know—the child of today is the man of tomorrow, and training for good mental health starts at infancy. That is why our mental health programs are focused so intensively on the emotional climate of the home. Helping the child to develop a sound and healthy personality is first of all the job of parents who are emotionally mature and who can provide the love and security children need. Often, parents require some degree of guidance in their job and turn to various “specialists” for assistance. Along with other helping professions, we must be equipped to provide such guidance. Not only must we have the knowledge and understanding to supervise the health of young children and to teach school children the principles of mental and physical health, but we should be equipped to help prepare young people for marriage and to counsel expectant parents.

Encouraging progress has been made since the passage of the National Mental Health Act in 1946. More specialists have been trained in the many fields allied to mental health; more research is making possible new and better ways of treating mental illness and developing preventive measures to build mental health; more community mental health services have been encouraged and aided through federal assistance. We have made progress—but we must continue with all our efforts.

There is no simple formula that I can suggest which we, as nurse educators, can follow in our efforts to enrich our nursing practice. But I want to emphasize that we have a definite responsibility to impart to our pupils the need for providing the support and reassurance that fearful, disturbed, and troubled patients need. We are challenged to adjust our classroom and ward teaching so that student nurses are given the opportunity to experience the emotional implications of illness and are equipped to take their places on the team to nurse the whole person—not just the specific affected organ, organic system, or extremity.
In each hospital and school of nursing, the situation varies. The administrative setup, the rigidity of hospital routine, the degrees of cooperation of other professions, and the opportunity for nurse-patient relationships is generally dependent upon the personalities involved and upon established policies. Thus, each of us will probably have to find an individual approach to the over-all problem.

To be successful, our program must be dynamic. Intellectual concepts alone will not bring us to our objective. We must make the necessary adjustments in our basic approach to teaching. These adjustments may be difficult—but this is the challenge that faces each one of us. And I am confident it is a challenge that will be answered. Like Florence Nightingale, we, too, are pioneers in a noble profession. Like Florence Nightingale, we, too, will succeed.

**UNDERSTANDING OURSELVES**

**Miss Peplau:** Under the general heading, Understanding Ourselves, each one of the five experts who has accepted the challenge to work with us will present a ten- or fifteen-minute discussion showing the relation of his or her field of expertness to the task of aiding nurses to understand themselves. From these resource persons, representing our own and several of the important allied sciences, we may anticipate receiving many leads on how to tackle the problem of developing self-awareness and self-understanding, so that greater self-realization may lead to improvement in nursing practice. As moderator, I intend to stick to the traditional function outlined for this role, namely, to facilitate the best use of consultant talent available to us and to summarize briefly at the end. However, as a way of engaging your interest in the topic to be discussed, I would like to suggest some important subproblems relative to the subject undergoing inquiry here.

Many of you have asked these questions. Why should nurses understand themselves? What practical difference does it make in everyday nursing situations when a nurse is aware of her own preconceptions of others and her own views of the role into which she casts herself or into which she casts the patient? Doesn't self-understanding follow as a natural by-product of helping others? Haven't nurses always had enough understanding of themselves so that they can logically concentrate on understanding the patient? What does understanding ourselves mean? What kinds of learning experiences are needed so that understanding will and can develop? How do you know when self-awareness operates and when it does not? Many more related subproblems could be raised, but our time can be more profitably spent in turning our attention to the light that can be shed on the topic at hand.

**Miss Twomey:** Ideally, in working with people we should develop self-understanding. In working toward this end as nurses, we have to start with recognizing reactions of patients and co-workers before we are able to evaluate our own attitudes and feelings. It is a rather painful process to examine ourselves, and many of us are unable to face our own limitations and some of the behavior patterns within ourselves which we cannot tolerate in other people. There are many opportunities in nursing for the development of self-understanding, but they are not always recognized. I shall first discuss the opportunities and then go on to the problems.

The student nurse entering her profession at an early age is usually still an adolescent who brings with her varying degrees of maturity and self-understanding and, as a product of her brief 18 years, a complexity of patterns, emotions, ideals, and understandings. She enters the profession with various motives behind her choice. Most of these you are familiar with. She soon finds herself working with sick people, some happy and well adjusted, others frightened and confused. She is confronted by prolonged illness and incurable disease, by grief and self-destruction, by birth and
death. Certainly the average young woman leaving high school is not faced with such realities as these. Very soon, this student nurse is compelled to build up attitudes and feelings regarding patients in situations. She just can’t help herself. Through all her professional life she will continue to work with people whose lives have been disrupted by illness. She will work most intimately with men and women, with old and young, with children, with families from all economic levels and from all religious groups, with families facing all kinds of social problems and of various cultural backgrounds.

In working with people, the nurse can continuously work toward understanding some of her reactions and the bases of some of her emotions. With the help of her instructors, supervisors, and head nurses, she can develop some understanding of her feelings and start to develop her own philosophy. Certainly her instructors, supervisors, and head nurses play a vital role in helping her to meet these situations and to have some understanding of her attitude. For example, I have in mind a young nurse who had graduated about five years before she went into public health nursing. She had her public health nursing preparation, and, in spite of all her experiences, we discovered after a little while that she was having considerable difficulty in working with the older age group. She just couldn’t seem to tolerate patients with chronic illness. We found that she was discharging her cases long before they should have been discharged, and she would rationalize or find some excuse for not visiting these patients on the days that they should receive nursing care. After working with her for a period of time, the supervisor, with the help of the mental health consultant, discovered that her family situation had been a rather unhappy one—she had had a rather dominating grandmother who had lived with her family from the time she was a baby—and that she was working out her feelings toward her grandmother on some of these patients. When the young nurse began to see what was happening, she began to change her attitude and feeling and to build a more positive relationship with these patients. It was the help of her supervisor primarily that pulled her through this difficult period. Certainly the supervisor has the opportunity to help the nurse develop understanding.

In the second place, we recognize that the nurse’s relationships with people are built through the service that she has to offer, through her manual skills, her health teaching, and the therapeutic effect of her relationships with patients. If she is to work effectively, she must develop an awareness of the effect of her personality on the patient and on the other members of the team working toward the patient’s recovery. In pediatrics unit, she has an opportunity to develop some understanding regarding her feelings about children. In her experiences in obstetric nursing, she has the opportunity to develop some understanding regarding the maternal role, her reactions toward the infant, the mother and the baby. If she has experience in public health nursing, she has opportunity to evaluate her feelings regarding poverty, family relationships, chronic illness, racial prejudices, and many other areas. And during her psychiatric nursing experience, she learns that the basis of psychiatric nursing is skill in interpersonal reactions. These are certainly all opportunities for the development of self-understanding, but again the student nurse cannot acquire this self-understanding alone; she must have the help of her supervisors and her instructors.

In the third place, in hospitals where a well-organized program in guidance has been set up, qualified nurses who have had special preparation can work with both the students and the graduate staff in helping them to recognize their attitudes. In public health agencies, mental health consultants can contribute to the nurse’s understanding whether she be a student or a graduate public health nurse. Then evaluation reports, if efficiently utilized, are means of helping the nurse toward self-understanding. In some of our schools, evaluation committees have been set up in which the nursing faculty discuss the records of all students in order that the faculty may be helped
toward better understanding of the strength and weaknesses of the students and of the ways in which they can play their vital role in the development of self-understanding on the part of the student. So again the members of the faculty, working side by side with the students in their daily contacts with patients, are able to help the students in their actual situation. We can discuss things after they happen, but it's in the actual happening that we can motivate the student toward self-understanding and can help the supervisor to understand some of her reactions within the situation. Then, there are now many courses in schools of nursing which were not offered by schools 15 or 20 years ago. We must recognize, however, that, although knowledge is important, the reaction of a student, the hospital staff, and the public health staff toward the situation is infinitely more important than the knowledge itself. We certainly can know what kind of reactions patients should have, but it is our understanding of the reaction of the patient and our co-workers as we work along with them—the actual feel of working with these people—which motivates the way we are going to behave and react.

These are some of the opportunities; I have not gone into all of them. Now, for some of the problems that are involved in the development of self-understanding. Even today, in many hospitals patients are not looked upon as people but as diagnoses and cases. Emphasis is case-centered rather than patient-centered. In very few places is it nurse-patient centered. Yet we know that the reaction is between the patient and another individual and actually what happens in the situation.

A second problem stems from the fact that in the education of the nurse we have, for the most part, put emphasis upon skills rather than upon building relationships. In many schools, professional development is stressed sometimes to the exclusion of personal, social, and cultural interest. This results in the nurse's world being very small, scarcely going beyond the school or the hospital walls. When she graduates, she is not prepared to take her place within the community, and she has considerable difficulty in building community relationships with people. She is uncomfortable working with people outside of her profession.

A third problem concerns the fact that, although we are now offering as part of our nursing curricula studies in emotional development and the dynamics of behavior, there are still a vast number of nurses who have not been exposed to the newer trends of emotional development and skills needed to develop good relationships with people, both patients and co-workers. We have stressed the fact that our supervisors, nurses, head nurses, instructors—the people who are working with students and with nurses—must have good mental health, and, in order to have good mental health, we must have some degree of self-understanding. Even those of us who have had special preparation—that is, special preparation in these areas—are aware of our own gaps of knowledge and of how difficult but important it is to fill in the gaps.

In the fourth place, not only in our own preparation, but prior to this, we have been educated to repress our feelings. Certainly Mrs. Hildebrand has brought this out very vividly. More and more nurse educators are realizing that expressions of dependency, fear, hostility, and jealousy are normal on the part of students and staff, within certain degrees, of course, depending upon the individual. However, a great many of the supervisors still need a great deal of help in how they are going to handle these areas in order to help the student and the staff to develop some self-understanding regarding these feelings.

In recruiting students to the profession, we have had a tendency to glamorize the work rather than to present the realities of the problems. When our students find themselves in hospital situations, facing many of the problems involved in sickness and in working with all kinds of people, especially with people with many emotional ills, they find it very difficult to accept. They build up such a resistance that often they are not able to work through this. Now, again, if our staffs are well prepared
and are prepared to handle this, we can give some help to the student. However, in all fairness, we should present some of the realities before we accept these students in our nursing schools.

In evaluating our students and graduates, much help in guidance has been lost because we have not recognized the importance of measuring self-understanding. We have measured skills and we have been able to measure knowledge. However, the self-evaluation techniques have been developed on a rather haphazard basis. I know that we are still finding that the majority of students coming to our visiting nurse association have never had the opportunity to do a self-evaluation. To many of them, a joint evaluation is a new experience. We recognize that, in order for the nurse to work with the patient and his family effectively, she must develop an ever-increasing knowledge of her emotional reactions and how she feels about herself as she carries out her professional responsibilities. In an article, "Nurse's Responsibility to Her Patients," published in Public Health Nursing, November 1947, Ruth Gilbert states:

We can take it for granted that the nurse does respond emotionally (to her patient) since she is a human being. We know also that her emotional response is not only inevitable but desirable since without it she would move as an automaton. We dare in our present interpretation of relationships to be normally warm and outgoing with our patients to the degree that is natural for each of us as individuals. We legitimately expect to enjoy ourselves—most of the time—in our work. However, we also recognize that we are not only human beings, but professional human beings with responsibility therefore for being aware of our own emotional reactions as far as this is possible, and the way in which these motivate and influence our methods of work, our standards, and our attitudes toward other people, especially toward patients.

Mr. Morris: Regardless of what a fond parent may find in the way of potentialities in the newborn child from an objective standpoint, the newborn baby is a squirming, squalling, toothless, ignorant, sometimes cross-eyed little animal which, fortunately, has the possibility eventually of becoming a magnificent human being like ourselves. It doesn't know very much about the world into which it comes. In fact, I doubt if it knows anything. It's a "blooming, buzzing confusion."

The newborn child is not a self, for I suspect that the self is largely a social creation. It comes into a world in which the people who were fortunate enough to get there ahead of it have already decided pretty largely how the world is to go. Now, how the world goes will depend upon what cultures one is talking about and at what time with reference to that culture. A child may come into a world in which its elders picture it as a likely victim of demons and of witchcraft and of other malign influences. It may come into a world in which its parents picture it as the possible victim of germs and of ailments caused by the parents themselves, and they may even blame the physicians for some of the illnesses to which the baby's flesh may presently fall heir. It may come into a world of hard floors and baby pens and bassinets, or it may come into one of dirt floors and open fireplaces and babies strapped on cradle boards. Whatever world it comes into, it is a world that's already a going concern, and that world already has some notions about what a baby ought to be like.

These notions will depend upon whether or not the baby is identified as male or female. It may come into a world in which babies of one sex are dressed in pink and babies of the other sex are dressed in blue. It may come into a world in which girls, as they grow up, are permitted to spend endless time keeping their fathers out of the bathroom as they primp. It may come into a world where it is considered not at all the thing to do for a girl to primp. It may come into a world in which epileptics are sent off to hospitals and in which homosexuals are fired out of the state department. But it may also come into a world in which the epileptic is regarded as an oracle, as one who is close to the spirit world and capable of interpreting it. And it may come into a world in which the homosexual has high status and is given awards that in our society go both to men and women.
Now the child who is born into a world of this kind presently discovers other people are defining his role for him. And he begins to see himself reflected in the behavior of others toward him. And he finds out that he's a boy and not only is he the boy, but he's the younger boy in a family and that he has a name and that his name serves to link him up with certain parents and that he is more closely related to them than he is to some other people.

And so, presently, in this looking glass of society, he begins to find out what he is like and to respond to it. He acquires a language; he had sounds before. I would expect that a child born of our society is quite as capable of pronouncing a French "u" as is a child born in Paris, but he discovers that that is of no service to him in this society, while another kind of vocal sound is. And he begins to put aside sounds that do not get him results and to accept those which do. And he is in a unique position of being able to hear his own voice. Some of us take great delight in hearing our own voices. They are stimulants to ourselves, if not to others, and a sort of chain reaction sets in. We call it thinking. Sometimes it is. At any rate the individual comes to discover that society has certain expectations of him, that it places him in a certain position, that it defines him as being such-and-such a person having such-and-such characteristics. And so he comes to develop self-consciousness. He comes to have a self which is largely his judgment and his feeling with reference to what he thinks other people consider him to be. And he comes to place a value upon himself. And, in large part, his behavior throughout his life is understandable in terms of his attitude toward himself and his efforts to protect himself which he values.

No one of us is capable of accepting culture in its entirety. Furthermore, we make our own individual modifications of it. No parent, no teacher, accepts culture in its entirety; no parent, no teacher transmits it in its entirety. Always it is transmitted with the modification which the parent, teacher, or whoever it may be, finds it necessary and essential to introduce. It's not unlike the situation we have, I think, with reference to music. One may be exposed to all kinds of music; he may be brought up on classical music; he may be brought up on popular music; he may be brought up on one segment of this. Be-bop perhaps. The teacher he has may teach him Mozart or Beethoven, but he does it with his own individual interpretation which may be somewhat different from that of Paderewski or Gabriolovich or someone else. Nevertheless, it is not his own creation. It is Mozart or Beethoven or someone else that he is transmitting. And the student learns it, and what he learns is the master who was there before him. He accepts that which is culturally present, but he makes his own individual interpretation of it.

Because of differences in biological potentialities and capacities and in the social, cultural setting to which one is exposed, each of us grows up unique in detail, but reflecting, in large part, the culture of the group into which he is born. On the one hand, there is need on the part of human beings for spontaneity, individuality, and flexibility that make possible adjustment to the situations in which we will find ourselves—situations which are always, in their details, unique. You don't make an adjustment to a patient statistically or en masse; you have to make an adjustment to an individual patient, an individual surgeon, an individual supervisor. However, if each one of us were permitted simply to go his own way, to improvise, to be spontaneous, it would not be possible for us to work effectively as members of a team. Because man is a social animal who is committed to living and working in a rather complex set of situations or arrangements with his fellows, it is necessary for him to know in advance what to count upon, and the transmission of a traditional culture is, in large part, a device for making sure that we're all agreed upon certain behavior in certain situations so that others may count on us. If we could not now count upon the fact that some people are busy cooking meals for us to eat in a little while, we should find ourselves in a sad fix, but we can count on it, I'm sure. Insofar as culture—
traditional culture—is intended to make possible the prediction of human behavior, it tends to restrict individuality and spontaneity.

Some people find it much harder to make an adjustment to the standardized requirements than do other people; some people find it more comfortable than others. More or less all of us are required to make an adjustment to a certain extent. On the other hand, there is this tendency toward individuality and spontaneity which also needs to be encouraged. Without it we should have no improvements, no possibility of adjustment to a constantly changing world.

Actually there are conflicting expectations, for one finds himself working in one section, one corner of culture, at a time. As a member of a church you may find that it is expected that you shall not drink alcoholic liquors, but you are elected to a fraternity and you will find that you are expected to share in the conviviality of an occasion. And so we’re put into a position where we shall have to set up priorities in values. And this is another area where conflict and maladjustment may possibly occur.

All this is probably known to you. I think I have done little more than to organize a certain pattern against which to set specific kinds of questions. I think it in large part is the business of the worker in applied sociology—not necessarily the academic sociologist, but the applied sociologist—to see to it as best he can that the cultural controls, the cultural requirements upon conduct, are as nearly consistent to real needs relative to social welfare as they can be but also that they are as little restrictive upon human individuality, spontaneity, inventiveness, and the like as is possible. On the other hand, I take it that it is the business of the clinical psychologist, the psychiatrist, and others working with persons—the nurse, perhaps—to take the individual who is having difficulty in conforming to the social and cultural requirements and help him to make some kind of adjustment to them insofar as they are there and cannot be changed. It is, I think, desirable that we have as little control as possible consistent with the general welfare and that we leave as much opportunity for individuality, freedom, spontaneity, and initiative as we can.

It is obvious that in a human society where our relationships with one another have to be intricately geared together, complete freedom can never be granted. So we go through life attempting to make a balance between the desire to be individuals and the requirement that we be social individuals.

Dr. Pinard: Perhaps it would be useful to say that by motivation we understand the physiological, biological, sociological, and psychological urges, drives, and needs which make us do what we are doing and which make us neglect things which we should do—in other words, all the things that make us tick. Now the value of the knowledge of motivation, from the point of view of mental health, could probably be summarized in the following way: you could say that, by knowing what our lives are, we at least know that we have doubts—in other words, that we aren’t sticks, and stones, and jellyfish, although some of us are pretty close to them. Although it may make us feel conceited, it carries a very grave responsibility, namely, that if we do not function to the capacity of our drives, we call for trouble. Any human being that functions needs outlets for his intellectual, emotional, creative, and physical capacities. Underfunctioning means mental and emotional death, in the final analysis. And so moving in the direction of living, we are immediately called upon to function to the capacity of our drives whether or not we are ready to do so.

The second thing that is valuable for us to know are the real reasons why we do things. Lack of self-knowledge is another highway to mental disorders. As a matter of fact, a good criterion of how mad you are is the extent to which you do things for the reasons that you say you do. I know several ladies, one of whom is typical. She suffers from an insatiable desire to dominate you. She never meets you, but there are half a dozen things which she thinks you should do or which she thinks you should not do. She’s literally quite emphatic about it. Anybody who can run away
from her does so. If you see her at the end of the street, you will walk around the block not to meet her. The only people she can dominate are in the hospital, and so she spends all her time looking after the sick, the weary, and the miserable. They are the only people for whom she can run errands and whom she can dominate to her heart's desire. They can't get away from her.

I have a friend, an undertaker, who comes and sits watching me plant vegetables. He seems very interested in agriculture, although he's never put out a hand to help me plant things. As time went on, I discovered he didn't learn anything about farming at all, but, in the meantime, he had measured me to a fraction of an inch for a casket.

Furthermore, a value of motivation lies in the fact that the objective is higher development. Nothing less will do. If we have certain capacities, we must make quite sure that our profession gives full scope to the realization of those capacities, and if our profession does not give full scope we must accept the responsibility for enlarging our profession so as to give scope to our capacities. That applies more especially to our individual jobs. If my individual job doesn't challenge my intelligence and my other faculties, it is my responsibility to enlarge it and increase it and enrich it so that it does. And if my association or my profession is crippling to the capacities of the human mind, it is my responsibility to see that it is enlarged and that it accommodates the responsibilities of the human mind. Probably here you have the main reason for that mental sickness called infantilism—refusing to accept the responsibilities of our capacities.

To turn the discussion to nurses, it might be assumed that the driving forces of the nurse are pretty much the driving forces of the ordinary human being. These forces could basically be reduced to three, the first being our wish to eat, to be comfortable, and to be secure. I believe that the nursing profession pays pretty well, comparatively speaking. It offers security of employment. You can sell your services from north to south all over the world at all times; you can nurse in all lands, in all languages. So the profession does seem to offer a great deal of security, comparatively speaking. From the point of view of procreation, I believe a very large percentage of nurses get married. Men look for women who can be good mothers, who know about children, nutrition, cleanliness, and order. I can visualize many a prospective husband seeing himself in a cloud of steam being nursed by his wife. So I think they are very well sought after as wives, and the procreative drive seems to function very well in the profession. From the point of view of self-realization, I don't think the profession is far behind others. Nurses get good training I believe, very cheaply, probably more cheaply than training can be secured for any other profession. The profession itself has great scope for realization in many directions, and so, in that respect, you can see why people become nurses.

Since there are many other women who have the same opportunities to become nurses but who do not become nurses, it is necessary to determine more exactly what makes nurses become nurses. Are they people who wish to earn a living, who wish to procreate their kind, or who wish to realize themselves? Now, I have a notion that people gravitate into their profession like a needle gravitates to a magnet, and I think that herein lies the chief value of the knowledge of motivation. The forces in us which cause us to gravitate toward a profession are usually disreputable forces. To forestall being attacked on this point I shall quote St. Augustine who, as you know, was one of the most saintly people who ever lived. St. Augustine made the statement, "The virtues of mankind are mostly magnificent vices," and he should know if you have read his Confessions. He was often in the position where he had to say, "Dear God, please change me, but not yet." What he meant was, "I'm conscious of the real drives behind me and I know I must say goodbye to them, but I'm so deeply fond of them that I can't say goodbye to them."
Many people faced by that dilemma rationalize their drives; that is to say, they find a good excuse for satisfying their drives. And these drives are very often detrimental to one's energy as well as to one's personality. Let me just give you a few illustrations. We want to be aggressive, and we are sick of democracy and its responsibilities, so we go and fight for democracy, and, in the process of doing so, we kill it. We are sick of being kind, and humane, and gentle, so we go and fight for humanity, and we put our bayonet into the entrails of mankind and leave it bleeding for generations to come. If you examine the professions, you will find that very often there is a basic unconscious source of motivation, and unless the person becomes aware of that and steers it properly, he can do more harm than good. For instance, we know that people who choose the acting profession are often narcissistic; they are prima donnas. We know that teachers are often people who can't do things but who tell people how to do them. We know that it is often the case—and I can here also speak with experience—that the young minister who doesn't know the way to heaven himself is rather badly bothered by it and so he shows other people how to get there. So it goes. We choose our professions very often as a cloak or a camouflage or a form of rationalization of our real sources of motivation.

Why do nurses become nurses? Nurses ought to tackle this question in order to find out whether they are nursing people into hypochondria? Or are we nursing them in such a fashion that when they get out of bed they have a greater responsibility to themselves for their own health and a greater capacity to deal with their own sickness in the future? Or do we condition them in such a way that they can't think of anything else? Do they feel there is a really valuable friend gone? Here is one of the greatest questions in the universe. Where is he? What is it? Do they feel, "Thank God, the monotony of that old face! I wonder what the new face will be like?"

In other words, what is the evaluation that nurses have of human life? What do they feel when they dismiss a patient as healthy and well? Do they say: "Thank God, there is another bilious stomach saved from extinction"?

Is the object just to save life as an end in itself? What is the object of life? The object of life is that the organism may develop higher and higher. Mere existence has no value at all. The mere putting a man back on his feet is valueless. The life force is impatient of vegetation. It wants higher development. Does the nurse send her patient off better equipped to stay out of the hospital in the first place and to make a better job of life?

Now the nurse, I think, is in a beautiful situation here. Psychology holds that the mother has the greatest influence over the child. The nurse is another mother with another child on her hands. Sickness is the shortest cut to infantilism. When a man is sick he tends to look upon the nurse as a mother, or a mother surrogate. He is in a position where he can take stock of his life and reorient himself for the future battle. To what extent does the mother nurse participate in this process of stocktaking and in this process of reorientation? To what extent is she equipped to do so? To what extent does she accept that responsibility? In other words, to what extent does the nurse accept the responsibility, not to save life in the first place, but to save it so that it may be more valuable in the future than it has been in the past? Before nurses can answer these questions, I don't think they know why they nurse. Thank you.

REV. BURNS: From earliest times, nursing the sick has usually been one of the tasks of the women of the family. Whenever this task has been taken over by others it has always been primarily an activity of the religion of the people. Caring for the sick has sometimes been taken over by the community in the form of a service rendered by a political subdivision of the state.

Understanding why people wish to care for the sick is basic to the nurse's self-
understanding. It is often suggested that most women who go into the nursing profession are motivated in part by maternal feelings which respond to the needs of sick human beings. Religions have generally considered the care of the sick to be a concern about the sick person's relations to himself, to others, and to superhuman powers. Although present-day society blurs these basic outlines, nevertheless they are basic and are valuable guides to self-understanding for the person who is professionally a nurse.

If the person who is a nurse is only slightly or not at all motivated by concern about the sick person's relationship to himself, to his fellows, and to his Creator, then the nurse needs to examine her personal motivation in the light of these established and tested goals and purposes.

There are other motives. Nursing is a way to make a living—perhaps not a luxurious living, but a fair living, no matter what economic booms or busts may occur. It is then, a means to attain moderate economic security in an insecure world. In our Western society it is considered an admirable virtue when one is able to be self-supporting, and especially commendable if one can successfully manage in unusually difficult times. Some women go into nursing as a sort of hedge against the hazards of matrimony. They also have in mind that their profession will always be a ready source of additional cash to supplement the family income. Thus, nursing can feed the nurse's normal need for a sense of economic security and usefulness. Religion commends these goals. However, if the nurse has no other motivation than the economic goal, religion prophesies that this will be insufficient and that the person will eventually be an unhappy and unsatisfactory nurse, for, "What shall it profit a man if he gain the whole world and lose his own soul?"

Nursing is also a means of feeding one's feelings of importance and feelings of goodness. We all have a slight touch of the "secret-society complex." The psychologists call it the "in-group-feeling." It appears to the outsider that a number of nurses are motivated by this desire to be "on the inside." They seem to enjoy the privilege and authority which their professional role affords them. Mixed with these are the feelings of virtuousness. Often the nurse receives personal praise for devoting her life to the care of the needy, and some relish it. It is almost as if she expected to attain justification through her works. Religion is eternally ready to defend the point of view that persons are important and that every individual has an inalienable right to a sense of personal worth and achievement. Nevertheless, religion requires that everyone, including the nurse, have goals that reach beyond self-satisfaction.

In addition, nursing promises to be a first-rate path to the satisfaction of curiosity. Some persons want to know "the facts of life"—meaning, especially, the facts about love, sex, and reproduction. Some of you can recall that your days in a school of nursing were a distinct disappointment in this respect. Nevertheless, the student nurse is exposed to so much new information and to so many facts that the almost morbid curiosity is fairly well satisfied in other ways. Religion commends curiosity especially when it is a means to an end rather than an end in itself. If the nurse is curious just for the sake of investigating the unknown, little good and perhaps much evil can come of pursuing this goal. However, if curiosity is bent on understanding sick human beings so that they can be helped to understand themselves better, their families and neighbors, and even God, then it has the full blessing of religion.

Thus religion is a fundamental resource for developing the nurse's self-understanding for it defines clearly what the basic goals for the individual's life ought to be. Through study of the scriptures and devotional literature, participation in public and private worship, and individual consultation with religious workers, the nurse can hold up her own goals and measure them against the basic ones and thus understand herself better.

Sick persons often view nurses as being of different clay than themselves, and therefore they treat them with the deference due those who are only a little lower than
the angels, or they treat them with the indifference usually reserved for animals or other living nonhuman creatures. All too often, doctors and other professionals take the nurses for granted as they do the hospital furnishings, equipment, and supplies. Nevertheless, the nurse is not only a person, but, more important, she is a person who does nursing. All, including the nurse, must keep clearly in mind that the nurse is first a person and second a nurse. Religion's first line of offense is the integrity of the individual and his eternal worth in the sight of his Creator. What man does is secondary to what he is.

Having established the fact that nurses are human beings, it is scarcely necessary to point out that they are subject to most of the stresses and strains that are the common lot of people. They are, however, often subjected to additional stresses which are peculiar to their profession. Probably the feelings that trouble all of us most in these days are a generalized apprehensiveness, a sense of isolation, and an uneasy mind.

In a sense, the three years of nursing education constitute a course in personal discipline. Even though the individual nurse may feel apprehensive about herself, her patients, and her world, she is so disciplined that she does not often show her fears in the way other women show them. The nurse's apprehensiveness may range from anxiousness to near panic, yet she is so disciplined that she will go about the daily routines as though she were untouched by the chill winds of paralyzing fear. She may be a little distractible and less attentive than usual. She may seem formal and a little preoccupied. She may tend to a patient's needs in an efficient manner, but without seeming to be aware that the sick individual is a human being. Sometimes the only way the individual nurse can gauge the quantity and quality of her anxiousness is in terms of physical tenseness. The patient can feel fear in a nurse's hands, for the hands of an anxious person are hard with taut muscles. They also feel different because of the amount and kind of moisture on them. In addition, they tend to move across the patient's back in uneven, jerky motions. Physical tenseness caused by anxiousness often settles in the face, shoulders, and neck.

Whenever a nurse can look into her mirror and see a grim, do-or-die individual suspiciously looking her over, she can take for granted that she is carrying about a heavy load of anxiousness. Then again, rigid, tense shoulders are a certain sign of some degree of anxiety. Also, no one can guess the number of headaches that nurses have had which started with a tight, hard-as-a-board neck. Any nurse who is subject to more than one of these several signs of apprehensiveness has an obligation to examine her religious life. Religion says, "faith, hope, and love remain." They are the guidesposts along the way of life and the path itself. We cannot live by bread alone, nor can we do our work with just our own strength and resources. We must count on others. We must believe that others care and have skill and ability comparable to our own. All this is involved in the act of having faith in others. At the same time that we have faith in others we must have a reasonable faith in ourselves and in our Creator. If we believe firmly that God knows us and cares about us, fears have no lodging place.

The second plague of modern life is an ever-present sense of isolation or at least a constant threat to our already tenuous contact with other persons. Most nurses are women and therefore would be permitted by our culture to release feelings through crying. However, the nurse who feels lonely and cut off from life rarely lets other human beings know that she sometimes weeps and almost never lets anyone see her indulging in this activity which she apparently considers to be a sign of weakness. Her tears are often the nameless, sobless, oozing kind that dampen the pillow of her narrow bed as she lies down at the end of an exhausting day. A lonely person, especially the lonely nurse, has or accumulates a backlog of resentment which she may express in a variety of ways. There may be a sad kind of self-pity mixed with a kind of belligerence which is veiled in apparent indifference. The nurse who feels
cut off usually becomes restless, bossy, and generally disagreeable. It becomes increasingly difficult to please her for she seems to approach every situation with a predetermined attitude which says, "No matter what you do, it's wrong." At the same time, while she becomes gradually more demanding of others, she seems to see no inconsistency when she herself seemingly deliberately breaks hospital or social rules. It was suggested that faith is religion's great antidote to fearfulness and anxiousness. In like manner, hope is the path out of the quagmire of isolation and loneliness which is produced, or at least aggravated, by hate, resentment, and hostility. Hope gives perspective. The present is then seen with the past as a backdrop and the future as the audience to which to play. Hope begets attainable expectations. Through hope the nurse can feel worthy and have a satisfying sense of belonging, for when she hopes in the Lord, she is never alone. There is a sense of companionship that banishes all resentments. Through teaching the nurse to hope for and expect great things from others and from God, as well as from herself, religion can help her to better self-understanding.

An uneasy mind is a misery that is common to most of us. This uneasiness is mental suffering based on guilt feelings that are often not very clearly defined. There is a nagging feeling that we have somehow missed the mark. We are too ready to say that we could have done better if we had only tried harder. The nurse is usually continually confronted with the ultimate in contrasts—life and death, success and failure, courage and cowardice, comfort and suffering. She is intimately involved in the lives of her patients and yet is permitted only a limited and circumscribed expression of her feelings. Therefore, nurses are especially likely to suffer uneasiness of mind and vague guilt feelings. These feelings are often expressed in a constant but diffuse kind of worry. Again, they may reveal guilt in the form of puzzled protests about "things that happen." When pinned down for details, the answers tend to be evasive and often close with some remark about needing a change. The nurse troubled by unattached and undeserved guilt feelings will sometimes make back-handed confessions. She will say, "A patient told me about a neighbor of hers," or, "I heard a speaker say," or, "I read somewhere." If a nurse finds herself doing some of the above things, and especially if she finds herself being bitterly critical of the social or professional behavior of other nurses, she needs more and deeper self-understanding. Religion is a primary resource in developing this self-understanding, for it says, "Faith, hope and love remain, but the greatest of these is love." Religion says that God is love. He can and does know our every weakness. Nevertheless, He can and does understand and forgive. Religion says that God in his infinite wisdom made T.L.C. (tender loving care) the healing force that it is. Any nurse who suffers much with an uneasy mind can aid her self-understanding by examining her ways of expressing affection. Her loving kindness toward herself and others must be the kind that sets people free. Religion can teach her how to love in such a health-giving way.

To summarize, religion is a resource for developing the nurse's self-understanding, for religion clearly defines the ultimate goals for those caring for the sick. From time to time the nurse can test her own goals against the ultimate ones and true them up. Further, because of the special nature of her profession, the nurse is especially prone to being plagued with feelings of generalized apprehensiveness, a sense of isolation, and an uneasy mind. Through faith, hope, and love, religion provides self-understanding and guideposts to freedom from these burdens.

Dr. Hyde: I think the previous speakers and discussants have made the point from their different angles that nurses should understand themselves, even giving the implications for special understanding and giving some of the motivation that makes the understanding most necessary. Now we want to talk a little bit about how that understanding can come about. It sounds as if it were an easy matter, almost, as we've heard it, or as if it were such a difficult matter that it's unobtainable—like a
high, great goal that we can reach for but that is so far away it can never be attained. Let's see just where the nurse is situated.

A psychiatric setting differs only from any other hospital setting in that we see things a little highlighted there. The emotions of psychiatric patients are no different from those of patients in a general hospital but they are expressed in an extreme degree. The thinking processes are perhaps distorted to a little greater degree than we see them in patients in a general hospital, and, when we see things in a more intense degree, they are clearer to us. Sometimes we, in psychiatric hospitals, are in a position where we acquire understanding of the patient and of ourselves with a little more ease. By case I don't mean comfortableness, because I doubt if this understanding comes about in a comfortable manner. It comes about with quite a lot of authority, guilt, tumult, and all of the disturbed feelings which the patient has himself to a greater degree.

A nurse in a psychiatric setting is interacting with a patient who is expressing his emotions in a manner that is a little more lurid than that of most people. For example, the patient may be extremely demanding, insatiably demanding, in fact. The nurse has been taught to meet the demands of the patient, to understand the patient's needs, and yet the needs of the psychiatric patient are insatiable. It is very easy to talk about a nurse's understanding in this situation. And yet what is she going to do? She is confronted with a dilemma. She begins to feel guilty because she isn't satisfying the patient. She may not be conscious of this guilt, but it creeps up on her. Days go by with the same situation and pretty soon the nurse may find herself avoiding the patient, staying out of the patient's way. And then, if the patient's name comes up in a conference or discussion, it is very easy to find reasons why that patient should be on a different ward.

How can the nurse express her feelings? Several of the discussants have expressed feelings, but does the nurse want to express the fact she hates the patient? When we get right down to talking about how that nurse actually feels, we find that she is in a difficult situation. Part of her nursing world is to be tender, loving, and sympathetic to patients, and yet here she is confronted by a dilemma where she actually has hostility in her heart to patients. How will a discussion group, intended as a part of the process of understanding each other and of understanding ourselves, relieve this situation? Will the nurse say, "I hate Mrs. Brown"? If she does, how is that going to be received? Is somebody going to say, "Why? What is there about her that is upsetting you?"

That is only one example in the psychiatric setting. There are many others. An affiliate nurse in her first week in our hospital the other day said that during her first day on the ward a patient came up to her and said, "You're the homeliest girl I ever saw." If the nurse had really been beautiful, or if she had been very homely, perhaps it would not have bothered her. But she was in between and was a little doubtful about how she looked to people, so this remark did bother her tremendously. What would she say to the patient who said that she was the homeliest nurse that she ever saw? And while she was pondering what she was going to say to the patient, fulfilling the usual expectation of the neutrality of the nurse and saying nothing, bottling up her feelings of resentment against the patient, against herself, and against the hospital, another patient said, "You are the worst nurse I ever saw." There again, it is possible that, had she been very secure in nursing ability, this remark would not have disturbed her too much. But she had been criticized by her superiors a lot, and she had doubts as to whether the patient might not be right. It upset her. With one insult on another insult, the student staggered off wondering why anybody should want to be a psychiatric nurse and put up with such remarks hour in and hour out, day in and day out.

It must further be understood that the nurse in a psychiatric setting, perhaps to a
far greater extent than the doctor, the psychologist, and others, is not able to escape from this impact with the patients. The doctor can set up a relationship with the patient which is terminated at the end of an hour. The doctor and patient go together into a room and talk for an hour, at the end of which the rules of the game are that the doctor doesn’t have to be bothered any more by that patient until the next day, or a week from then, or depending upon the frequency of the interview situation. There are different rules to the nurses’ game. The nurse is in direct contact with that patient for eight hours. It is inevitable under such circumstances for the nurse to withdraw to the nursing office and busy herself with pencils, papers, and charts. Some are prone to criticize this busy work by nurses rather than to recognize the fact that they have probably withdrawn from a situation in which understanding was coming too rapidly; they’ve withdrawn from a threat that was too great. It was perfectly reasonable for the affiliate nurse who was told she was the homeliest and poorest nurse to withdraw to the nursing office to recuperate for a few minutes before she again faced the risk of further insults.

All the time in the hospital we are facing the rather open expressions of the emotions of the patient. We are facing fear, hate, anger, and seductive wrath of the patients. And to face those expressions of emotion and to meet them in an appropriate manner is difficult because of the way they arouse unrecognized feelings in us. And perhaps those feelings aroused in us are not the right feelings. For example, a patient who is acting in an angry, hateful way can very easily arouse fear and resentment in us.

Understanding on the part of the nurse comes in realizing that the patient is really fearful himself. It is upsetting to the nurse to feel that the patient is afraid of her. We don’t like to have people afraid of us. But many patients are afraid of the nurse. She represents an ogre to them, not because she’s acting like an ogre necessarily, but because they came to the hospital with fears and expectations of people and what they are like. If the nurse happens to be acting like an ogre, she just supports the patients’ fears. The patients then are being reasonable rather than unreasonable in their attitudes.

Patients who are deluded can also bother the nurse. Delusions are funny things. They are merely ideas the patient has that are different from our own. But the patient who is very persistent in expressing his idea may be more persistent than the nurse or doctor. What happens to nurses? Young nurses often begin to feel that maybe the patient is right and they’re wrong! That’s an embarrassing situation to be in. All of us have a deep feeling that maybe we’re not too sane. We all know that our hold on society hangs by a very slender thread, and to be reminded of that by patients is rather threatening. None of us can tolerate being criticized too much. A nurse is often criticized too much, and consequently she withdraws into a certain amount of aloofness and professionalism because she can take only a certain dosage of understanding at any one time. When the nurse gets into a very deep involvement with one patient after another, she can get too many feelings that she can’t tolerate.

The following questions were then asked:

**Question:** If the student nurse coming into nursing education doesn’t already have a rich religious life, what can be done at that point?

**Rev. Burns:** Building the introduction of the student nurse to religion is not a primary responsibility of the nursing school and nursing personnel. The assumption would be that student nurses would have a religious life before they enter a school of nursing. Nursing education, however, should not take this religious life away from them. That is one of the problems. One of the things that prompt girls to enter nursing is a religious motivation. It is a vocation, a sense of “call,” a sense of service, and it is disillusioning to the nurse when nobody ever mentions, no one even implies, the religious meaning of her work.
QUESTION: How can we help see the nurse accept some of these realities that the patient is teaching?

DR. HYDE: The following methods are the ones in most general use. In the telling they sound simple, but in the actual doing they aren't. One method consists in our sitting down in groups and expressing to each other how we feel about the patient, our attitudes toward the patient. Surprisingly often we find that several of us have the same feelings. Once we find that other people have the same feelings as ours, we're no longer so disturbed by our own, and we're relieved considerably of the tension they cause. From this feeling of relief is generated a rather cooperative interest in seeing how we can gain an understanding of the patient or an understanding of ourselves.

Another technic is role-playing. We undertake a reversal of roles with the patients whereby the patient takes the nurse's part and thereby gives the nurse a feeling of how the patient feels when approached by the nurse in a certain way.

Another method is by individual counseling of the person who is being disturbed. If the head nurse, for example, is a responsive person, the affiliate or attendant can go to her and gain some understanding of why a certain patient disturbs her.

QUESTION: The comment so far has concerned what happens to the nurse in relation to the patient. However, it is really several months before the very young student nurse has contact with the patient. Where, or with whom, does she have the opportunity to express the insecurity that she feels when she first leaves her own family and comes to a new community?

MRS. TWOMLEY: In a school of nursing with a good guidance program, this can be taken care of. However, I think that we all recognize the fact that there are still many schools that do not have people with special preparation in guidance. In these schools, any instructor coming in contact with the student has to do a great deal in the way of support. This really should start right from the beginning, for the student who is ready for some of the realities and who has a little knowledge about what might possibly happen is better able to "take it" when the situation actually arises.

QUESTION: Dr. Pinard, can you suggest a method for motivating young women for choosing nursing as a profession?

DR. PINARD: The technic is to give them more incentives. Give a large salary, for instance; have more doctors propose to the nurse and marry her; give her more freedom for self-realization. Frankly, that's a very difficult question to answer. One could, by playing on her basic unconscious, make an appeal to her which probably you couldn't do in another way. For instance, you could say to her, "Gather your opportunity to take a sick patient like a child by the scruff of his neck, wash behind his ears, reorientate him, set him straight on a future path in life." I don't know. Mostly people are quite willing to work for higher salaries and higher status and better opportunities to fulfill their duties and their needs. But I could frankly not say more than that.

MISS PEPLAU: At this time I would like to summarize and bring to a close this very important and useful meeting of many resource persons from allied professional fields.

I think it has been pointed out that the genesis of present patterns of nurse behavior can be studied and understood if we know how the culture invades the physiology of the organism at birth and how out of that invasion the view of self is structured. Dynamic patterns of behavior that operate in contemporary situations in nursing can also be studied as the nurse-patient situation is seen as an interpersonal process. The question was raised as to how we can harmonize knowledge and understanding and the feelings of the nurse into productive action. In nursing it was shown
that nurses face with patients the gamut of life's situations and the recurring problems of living and that they see these in varying degrees in the general hospital and in the psychiatric hospital. It is the task of professional nursing education to aid students who enter the school of nursing with varying degrees of maturity to grow as persons so that they can aid patients to meet their problems more realistically or more productively. This occurs for the patient as a result of the interpersonal relations that are generated and as the capacities of the nurse and patient are released, as we pointed out. A function of nursing education is that of aiding students to grow and to acquire a recognition of the operation of the self, how it came to be in a particular social context, what values and uses derive from its current operation in nursing situations, and its relationship to the expectations of the culture. It was pointed out that these expectations are conflicting and that this gives rise to the need to set priorities, to make choices.

It was also indicated this morning that if the profession gives full scope to the realization of one's capacities by setting challenges to them in the learning situation, then the responses are more likely to be productive and available to the individual. Religion was seen as one of the professions which can help in this process in that it identifies basic goals against which the nurse can measure her own goals as she identifies them. Various stresses and their relationships to the feelings of the nurse, such as generalized apprehension, a sense of isolation or aloneness, and an uneasy mind, were discussed.

It was shown that the difference in the problems in the psychiatric hospital and those in a general hospital is a difference in degree. While it was not mentioned here, there may be also some difference in the structuring of the situation. One important question was raised from the standpoint of the development of professional nursing, namely, what can the nurse do when the patient's needs are insatiable? How much self-understanding is required to be productive in this relationship when the needs cannot be met within the reality situation.

Many more questions I think could be raised on this discussion this morning. One of the more important ones probably is how the nurse herself uses her role as a helper, and I would like to leave this question with you. If you view your role as that of being a helper, does this almost automatically cast the patient into the role of being helped or helpless? We need some clarification on this point.

Now, I would like to take a moment to thank the members of this symposium for their valuable assistance this morning. I'm sure that all of you have found it very useful and you will find many ways in which it will be of help in your own daily work. Thank you for this opportunity.

**Afternoon Session**

**Tuesday, May 8—2:00–4:00 p.m.**

**MENTAL HEALTH THROUGH EDUCATION**

*(Continuation of Morning Session)*

**Presiding:** HENRIETTA A. LOUGHRAN, R.N., Dean, University of Colorado School of Nursing, Boulder, Colorado

**Moderator:** THERESA G. MULLER, R.N., Associate Professor of Nursing, Boston University School of Nursing, Boston, Massachusetts
ROLE-PLAYING: UNDERSTANDING OURSELVES

Participants:

Role: Patient Nurse Social Worker Psychiatrist Chaplain Clinical Psychologist Internist

Player: JOHANNA E. DWYER, R.N. ETHEL M. NORRY, R.N. EMILY LIPPMAN DONALD NISWANDER, M.D. JAMES LESLIE RUTH SCHELL ROBERT HYDE, M.D.

UNDERSTANDING OURSELVES IN RELATION TO OTHERS

Theresa G. Muller, moderator, stated that although at the morning session members from several disciplines in the science of human behavior presented some facts about "Understanding Ourselves" and indicated the importance of knowledge of their respective fields, actual experiences show that, in general, didactic formulations are not readily translated into action. Interdisciplinary communication is further complicated by terminology. Each field not only uses terms peculiar to it alone; it also uses terms common to other fields but with varying meanings. Thus, the meanings of words differ according to a specific context and need to be understood in relation to the field in which they are found. Another difficulty in communication may be anticipated in the personal resistance to words with emotional connotations. Therefore, Miss Muller stated, an attempt would be made at the afternoon session to give tangible substance to the problems of interdisciplinary communication. The action method of role-playing would be utilized to illustrate and to analyze "Understanding Ourselves in Relation to Others."

Miss Muller pointed out that role-playing is becoming a valuable method of teaching in order to magnify to some degree the dynamics of interpersonal relationships. An opportunity is given for the portrayal of a problem situation which contains elements of a possible reality situation. The feelings of persons who are cast into various roles are brought out into the open and analyzed. Thus, reactions to certain kinds of behavior may be anticipated, and appropriate approaches mapped out in advance.

For the purpose of clarifying interdisciplinary communication, a situation was structured with a patient and several members of a hospital in-service team as role-players: the nurse, the social worker, the psychiatrist, the chaplain, the clinical psychologist, and the internist. The audience was ushered into the atmosphere of a depressed patient by a few verses describing "Mrs. Brown Was Feeling Down":

Mrs. Brown was feeling down,
Way down in the dumbs was she.
She sat in her room deep in her gloom
With never a show of glee.

Not only the ulcer, inside her which gnawed
Could cause this deep'ning dejection.
Though doctors and nurses had done all they could,
She continued her path of rejection.

Her only wish was to flee from this earth;
To be free from any expression.
So the hospital staff got together at last
To do something about her depression!
Now in the presentation offered to you
We hope that you get implications
Of how you discover in the feelings of another
A measure of your duplications.

Miss Muller explained that patients like Mrs. Brown are frequently found on the wards of a general hospital. They are not unlike other patients who are also apprehensive about hospital routines and who worry about home problems but who recover, while the Mrs. Browns tend to persist in a depressed state in spite of every ministration. Why? How does one comprehend such a patient? Is there any relation to oneself? What does it mean to see ourselves as others see us? Depression in varying degrees is a common occurrence in everyday situations. When it is related to a physical illness, it may be the primary cause or it may be secondary to it. The concern over the tangible physical aspects is likely to overshadow the psychological needs of a patient.

In order to give a basis for "Understanding Ourselves in Relation to Others," the audience was asked to imagine a space marked off on the platform as the nurse’s station. They were told that various persons concerned with the care of the patient would greet the nurse and pantomime the exchange of information before going on to the patient who was seated beside a table. They were asked to try to consider their own feelings about the reactions and relationships which were unfolding before them.

The roles had been assigned to the participants and the scenes had been planned in advance of the meeting. However, there was no script to follow and the action took place spontaneously on the basis of the interprofessional experiences of the players.

The following scenes may be briefly described:

Scene I: A stereotyped approach is depicted of the nurse who relates rather superficially to Mrs. Brown. In a soliloquy, the patient indicates her reactions to an obvious lack of empathy: "She doesn’t understand how I feel. She comes in, so young, and smiling. She should realize it only makes me feel worse when people act like that."

Scene II: The social worker’s efforts are directed toward relieving Mrs. Brown of some of her home worries. The patient indicates: "She seems like a helpless person. I think she understands a bit."

By this time some of the feeling tones were being reflected by the audience. The quiet which characterizes the depressed patient was noted in the subdued atmosphere of the room.

Scene III: Consultation with a psychiatrist appears to be the logical procedure in the care of this patient. Mrs. Brown shows the concern typical of the lay person when she reveals her thoughts: "I wonder if he thinks I’m really crazy. I don’t think I am. I’m just worried. They would be too."

Scene IV: The chaplain’s visit seems to penetrate through Mrs. Brown’s depression. Haltingly she indicates: "He didn’t ask me how I was feeling today and I’m glad. I get so tired of all these people asking, ‘How are you today.’ I think he understands. Maybe he can help."

Scene V: The clinical psychologist comes to administer some tests which the psychiatrist has ordered. Mrs. Brown is not inclined to feel like taking the tests but is encouraged to do so. She acquiesces by saying, "I might as well do it now as later."

Scene VI: A staff conference

Dr. I (Internist): We’ve called this conference to discuss Mrs. Brown’s case. Each one of you has had some contact with her. She’s my patient and has been a considerable problem. She’s been following an ulcer regime for the past six months. There has been so little improvement that I called in Dr. S, the surgeon, for consultation. We decided on an operation.
Dr. P (Psychiatrist): I am not at all in favor of an operation. The patient does have an ulcer, but my concern is with her emotional problems. Surgery is not going to help them. She has not responded too well to my visits. She is depressed and I feel that an operation will probably be an added psychological trauma.

Miss N (Nurse): I don’t think that we should pass on to another head nurse the problems we’ve been having with this patient. She refuses to take the medications and does nothing for herself.

Dr. P: I think you have a good point there, Miss N. If we are to get this patient well, we’re going to have to get her into a better frame of mind so that she will be able to cooperate with us in necessary treatment. I believe that if we could do something about her emotional problems she would get better without surgical intervention.

Rev. C (Chaplain): Dr. I, did you know about her ideas of suicide?

Dr. I: I know that she was an extremely unhappy woman. Anyone with a home like hers is appropriately unhappy.

Dr. P: The patient has been preoccupied with ideas of suicide, and there is a risk involved in this instance.

Dr. I: Weren’t you able to relieve her guilt feelings, Chaplain?

Rev. C: I don’t know. I’d certainly like to work with you and try to relieve her. She has guilt feelings about her husband and also about her lack of church attendance.

Dr. I: What does the social worker have to say about her home?

Miss SW (Social Worker): Mrs. Brown has a real problem at home. But I do think that her depression goes deeper than the home situation. I have made plans for the housekeeping care of the husband and the children. However, the husband’s alcoholism is quite a problem to both him and his family, and I plan to take this up with him as soon as possible.

Dr. I: This comes as a surprise to me. Naturally, I expected the psychiatrist to come here and make something out of this from the mental point of view, but I did not expect to have the nurse, the social worker, and the chaplain be so specially concerned.

Dr. P: You probably do realize that a psychiatrist needs help from various other departments in the hospital, chiefly from nursing service, social service, the chaplain, and the psychologist.

Dr. I: The issues seem somewhat confused to me. The patient is disturbed because of the home conditions reported by the social worker, and yet some of you feel that she is more disturbed than need be. Let’s see if the psychologist has anything more objective to say.

Miss Ps (Psychologist): On the Rorschach test, Mrs. Brown gave fewer responses than the average person. She failed to react to the colors on the cards. The content of her responses was dismal and dreary. She showed the picture of a typical depressed patient.

Dr. P: Dr. I, in my few contacts with this patient, I have noted that her emotional problems will require additional teamwork from a psychiatrist.

Dr. I: This “teamwork” sounds nice, and you frequently hear it talked about nowadays. I have observed that where it is mentioned the most, it is notably absent. This is the first time we’ve ever sat down together.

Dr. P: Perhaps you have not realized that these sources were available for patients like Mrs. Brown.

Dr. I: A situation such as this one where I run into a collusion of opinion against mine, when after all I am the doctor on the case, is so uncomfortable as to make it unlikely for me to wish to have it repeated.

Dr. P: No one intends to take this patient away from you. We only want to work together to get her well.

Miss N: Miss SW spoke about Mrs. Brown’s husband being a problem at home. He
is also one right here in the hospital. He has been here several times in a mild state of intoxication and blames Mrs. Brown for not being at home and caring for the children. He complains about the "strange woman," as he calls the housekeeper. So you can see that the social worker's problems are not separate from mine, and what seems such a good solution from one point of view is not really so from another.

Dr. P: If that is so, then someone will have to speak to the husband and, if necessary, to restrict his visits.

Dr. I: It isn't your case yet, Dr. P.

Dr. P: I realize that is true. But this patient has a mental illness which is her primary disability, and the peptic ulcer is secondary.

Dr. I: Perhaps if the good nurse had been able to give her the medication we wouldn't have all this folderol.

Miss N: Dr. I, I have repeatedly asked you about what to do. All the nurses are concerned. We know how upset you get when the medications are not given. We also know that we are responsible for giving them. When I report to you our inability to do so and ask your advice, you blame me for not getting things done. I don't think that is fair.

Dr. I: Do you want me to come and give the medications for you?

Dr. P: I think we are overlooking a point. In cases like this, it generally does not make any difference who approaches the patient. She feels so depressed that she does not care about what goes on around her. She's so apathetic she's just willing to let things take their course. She is unable to cooperate because of her emotional state.

Dr. I: Looks to me as though we're the ones emotionally involved. The nurse is concerned because of the medications. The social worker can't take care of the family situation. The chaplain has not been able to resolve her guilt. We seem to be the ones to be upset. Let's have the patient in with us. It may be that she is less badly off than we.

Dr. P: That's a good idea. Each one of us has seen her separately. Now let us see her together.

(The patient enters.)

Dr. I: How are you, Mrs. Brown?

Mrs. B: I'm just the same, doctor.

Dr. I: The same as what?

Mrs. B: I still have the pain.

Dr. I: You don't take your medicine.

Mrs. B: It doesn't do any good. Why should I keep on taking it?

Dr. I: You don't expect it to do you any good if you don't take it, do you?

Mrs. B: I've taken it for six months, and it should have helped in that time.

Dr. P: I wonder if it would help you to know that all of us here are deeply interested in having you get well. We know about your family circumstances, your ulcer condition, and that you are feeling sort of down in the dumps. Perhaps all of us, working together, could help you so that before long you would be leaving the hospital to go home.

Mrs. B: I've been reading, since I've had the ulcer, articles such as those in the Reader's Digest, which say that sometimes your feelings prevent you from getting well. But there is nothing the matter with my mind, doctor. I always got good marks in school.

Dr. P: Do you think you would feel any better without the ulcer pain? You told me the other day that you had a lot of problems and were a nervous sort of person even before this ulcer trouble. Do you think that if one of your problems, the ulcer, was removed you would be able to go home and be as you were several years ago?
MRS. B: I don't know.
DR. P: You feel quite discouraged, don't you?
MRS. B: Yes, I do. I'd like to talk to the chaplain.
REV. C: I'll be in to see you tomorrow, Mrs. Brown.
DR. I: Thanks for coming, Mrs. Brown. We'll let you know our decisions.
(MRS. B leaves soliloquizing: "I wonder if they know how I felt in there. That
DR. I, all he thinks about is his old medicine. I suppose they do want to help me,
but they sound so cold. I wanted to yell at Dr. I, but if I did he might not want
to help me any more. I wish I knew what they were going to do to me. What's
going to happen? I guess I'll go back to bed.")
REV. C: Dr. I, you seem to be pitting yourself against the rest of us, and that certainly
is not good for the patient.
DR. I: Whose patient is she anyway?
MISS N: You asked us in here to discuss the patient with you, and then your own
preconceptions kept you from seeing any other point of view. You are not talking
with us, you are talking against us.
DR. I: You sound as though you had a few preconceived notions yourself.
MISS N: The patient has been here some four weeks, and perhaps I have gotten too
attached to her. No one is giving me any support, yet everyone expects results.
DR. I: How helpful is it to the patient for the nurse to get as involved in her as
you seem to be?
MISS N: I think I am more involved with you, Dr. I, at this time.
DR. I: Being involved with both makes it doubly difficult, doesn't it?
MISS N: I just want to know how to do what is best for the patient.
DR. P: No doubt all of us have anxiety about our responsibility for the patient. This
kind of meeting probably could iron out some of the difficulties.
DR. I: I have a feeling, Dr. P, that you are putting the patient in your pocket and
running away with her.
DR. P: My purpose in coming here at your request was to see if the patient were
mentally ill or not.
DR. I: You have been concerned with the relationship aspect of the patient. The
chaplain indicated that a few words from me could disturb this for the rest of
you. How could this be?
REV. C: Dr. I, I have been working with Mrs. Brown in order to gain her confidence.
DR. I: You never told me about this. How was I to know?
REV. C: That's right, I'm in error. I should have told you.
DR. I: I think that you, too, are overattached to the patient and have little objectivity
with regard to her.
REV. C: Some positive relationship with a patient is necessary as a part of any therapy.
DR. I: How are you and Dr. P going to work out your respective relationships with
the patient? Which is to be the therapist?
MISS SW: Anyone who works with the patient has some kind of relationship with
her and it seems necessary for us to define our boundaries.
REV. C: Wouldn't the boundaries differ with each patient?
DR. I: What does the psychiatrist have to say?
DR. P: I cannot say until we get to some sort of agreement.
DR. I: I'll agree that Mrs. Brown has more mental difficulties than I admitted at first.
DR. P: I'll have to admit my feelings of envy because the chaplain was able to establish
the rapport with the patient which I felt I should have been able to make.
DR. I: So, that did upset you? I thought it did.
DR. P: When you realize that this patient has considerable guilt and anxiety about
her religious background, it is quite reasonable to acknowledge her preference for
the chaplain.
REV. C: It seems essential that we care for the patient according to her needs. In most instances the psychiatrist would be preferred. In this case, the patient seems to have confidence in me, and maybe I can help a little.

Miss N: I don’t feel as though I’m struggling alone any more. It seemed as though each one considered his area so important that the contributions of others were lost sight of. Poor Mrs. Brown is in the middle of all these.

Dr. I: I did put you in rather a spot, didn’t I, Miss N?

Miss N: Yes, you did, but now I feel better about things.

Dr. I: I’d like to hear from the psychologist.

Miss Ps: I told you the results of the test. Now I’d like to readminister tests from time to time to see how her improvement is reflected in them.

Dr. I: Do you think you can give an objective index of change?

Miss Ps: Yes, I do.

Dr. P: We have all gained from this meeting with you, Dr. I. Some agreement about a patient like Mrs. Brown will require considerable teamwork. We will continue to work with her individually, but it is advisable for us to get together from time to time to discuss progress.

Dr. I: Part of our trouble seems to be our own individual involvement in the case. I was concerned because I had been unable to effect a cure in six months.

Dr. P: When each of us has a particular job to do and someone else seems to be better able to do it, we tend to become aggressive toward the other person, especially if aggression seems turned against us.

Dr. I: Some anxiety would be inevitable in any session where there was real concern for the patient, wouldn’t it?

Dr. P: I believe that Miss N was naturally concerned about the suicidal risk on her ward. You, Dr. I, were concerned about the fact that Mrs. Brown was not responding to your treatment. I was concerned in not being able to get into good contact with her, and so it goes. Conferences like this one can be mutually helpful in our sharing of knowledge and feelings, and I hope that they can be arranged.

Discussion: Audience Participation

The chief center of the discussion concerned the role of the nursing student, who seemed to have been overlooked in the scheme of things. It was explained that according to the original plan for the session the nursing student was to have been included in the role of the learner. As the plan progressed, it was admitted that the setting in which the student gets her experiences creates the emotional tone of the situation. If members of the staff do not know how to work together, how can they teach the students the meaning of teamwork? Conflict, such as that which existed between the internist and the head nurse, affects the whole ward atmosphere. Can the head nurse teach a student how to give medications to a depressed patient when she does not know how to do it herself?

Dr. Hyde stated that when the head nurse is kept in such a state of concern she is likely to project upon the student unreasonable demands and expectations which she herself has been unable to fulfill. The real problems of the patient are then submerged in the hour-by-hour and day-by-day problems of the working relationships of the personnel.

Miss Norry pointed out that the head nurse is in the most strategic position to be the coordinator of the team members, a liaison person, if she is sufficiently prepared to be cast in this role.

Someone commented that the patient would be of stalwart fibre to undergo the ministrations which involve the repetition of his problems to the increasing number of personnel concerned with parts of them.

Miss McGibbon expressed concern over the implication of the emotional trauma
to the nursing student in the general hospital. How much more likely is this to be true in the psychiatric hospital! She indicated the need for providing experiences, early in the student’s curriculum, which contribute to self-understanding.

Miss Garrison stated that in her observations of a number of university and collegiate schools of nursing just such programs were being provided. From the day when the student enters the school of nursing she is viewed as a person who is given an opportunity to express and to understand her feelings with regard to her co-workers and any patient. Throughout the entire educational program she progresses from the study of normal growth and development to that of the normal behavior and emotional problems of the patients in the general hospital. From these she progresses to the study of the more complex behavior of patients in psychiatric situations.

Dr. Hyde pointed out that we might be expecting a good deal from students in a short time. It takes a longer time to prepare a psychiatrist, and even then a very experienced one would need considerable time to do something about the difficulties of a patient like Mrs. Brown. He indicated that there was a natural degree of insight which may be fostered in an atmosphere where initiative and intuition are encouraged. The resulting spontaneity is usually far more effective than technical skills which may be irrelevant. He commented upon the apparent success of the chaplain and indicated that this might not be so much the effect of his role as a clergyman as his evident ability to establish a good human relationship while the other members of the team were concerned with the case.

Summary and Implications for Nursing Education

Miss Muller has summarized this session as follows:

The feelings of the audience were reflected by a comment indicating that each person had probably left the morning meeting in a much more comfortable frame of mind than that experienced during the afternoon session. Instead of the cold facts of a case history, the vital concerns of persons related to each other in an interdisciplinary approach to a patient were role-played. The reality of the situation found emotional response from members of the audience. Difficulties of intercommunication were evident. Each representative of a mental health discipline had had some theory of, and experience in, the mental health aspects of the care of a patient. These seemed to be isolated to the respective fields, and a meeting of minds was therefore not readily accomplished. The barriers to intercommunication could not be identified in advance. However, they could be brought out into the open in a conference and analyzed by a frank facing of the subjective factors which generally are kept hidden from view. The interpretations involve an understanding of the dynamics of human relationships which are not generally found in nursing school curricula at the present time. This is quite understandable when it is realized that the whole field of human dynamics is relatively new. Important contributions may be found in the fields of the social sciences. Stuart Chase, in his Proper Study of Mankind (Harper), states that psychiatry is the bridge between the natural and the social sciences. There is much work to be done by nurses in translating some of these concepts for nursing.

Esther Lucile Brown has pointed out that in this second half of the twentieth century we are entering a psychological era of nursing. Religious educators refer to this as an age of spiritual growth. The past century of extreme materialism has left gaps which need to be bridged over. No mechanical approach or planned set of interviews will ever by-pass the inevitable variations of the interplay of personalities. When expectations of what should be are set in advance, there is a tendency to fail to see what is really happening.

Wherever good nursing exists, there is implied an effective psychological approach which may be noted in the nurse-patient and nurse-co-worker relationship. Identification of the elements, so that such practice may be taught and thus become more universal,
may at first bring about halting and awkward performances similar to the centipede which became confused when it tried to see which foot comes first. In the various roles of psychological aspects of patient care, there is a common bond which can be established through terminology. We try to grasp a concept of a whole, but also learn piece by piece. Integration takes place every time a part is assimilated so that a person is able to say, "Why, now I know what that means." We have spent more than a hundred years on the scientific method of analysis. Now there is an effort toward synthesis, the seeing of the whole. The psychological aspects of the patient do not exclude analysis. It does however try primarily to see the totality. It is not a simple matter for the student to learn or for the teacher to teach.

For example, the first reception to the idea of the role-playing as observed at this session was a defensive one: "This is not the way we are doing it; this is not the way we have done it." Spontaneity was interpreted to mean a lack of structuring in every respect. There was noted a rigidity which maintains that "this is my way—this is the way I have worked it out; therefore, it will have to be maintained my way." Awareness of such grooves is not easily achieved. It can come about when we dare to speak about them. A stand tends to be maintained when the meaning has become fixed, and there is difficulty in moving out of a groove to another way which might better contribute to collaboration.

At this time the whole field of educational psychology is changing. Dynamic concepts are evolving from the study of human behavior. Recent books include the implications of the dynamic study of behavior: Cantor's *Dynamics of Learning* (Foster and Stewart); Rasey's *This Is Teaching* (Harper); the American Council on Education's, *Teachers of Our Time*. Other material is in *The Journal of Social Issues, Educational Dynamics: Its Theory and Research*, and *The Dynamics of the Discussion Group*; The National Education Association reports of the *Training Laboratories in Group Development*, held in Bethel, Maine, in 1947, 1948, 1949, and 1950. Some of the more recent psychiatric nursing books which incorporate some of the principles which apply to all nursing are: Kalkman's *Introduction to Psychiatric Nursing* (McGraw-Hill); Render's *Nurse-Patient Relationships in Psychiatry* (McGraw-Hill); Muller's *Nature and Direction of Psychiatric Nursing* (Lippincott); the workshop reports, *Mental Health in Nursing* (Catholic University Press); and *Dynamics of Human Relations in Nursing* (Boston University School of Nursing).

**Program Meeting**

Tuesday, May 8—9:00 a.m.–12:00 m.

**Science at Work in Nursing**

*Presiding: Henrietta Doltz, R.N., Director, Department of Nursing Education, University of Oregon Medical School, Portland, Oregon*

*Speakers:*  
G. Norman Eddy, Ph.D., Professor of Human Relations, General College, Boston University, Boston, Massachusetts  
Eleanor Page Bowen, R.N., Professor of Nursing Education, Boston University School of Nursing, Boston, Massachusetts  
Lucille M. Sommermeyer, R.N., In Charge, Nursing Research Laboratory, Communicable Disease Center, Federal Security Agency, Public Health Service, Atlanta, Georgia
THE COMMUNITY AS A SCIENCE LABORATORY IN GENERAL EDUCATION

G. NORMAN EDDY, PH.D.

During the past few months most of us were startled to hear, or perhaps see through the medium of television, the revelations of the Kefauver Committee. Some of the evidence presented suggested a conceivable relationship between certain persons in responsible positions and members of the underworld. In contemplating the subject it seems legitimate to ask if such conditions could exist if they were not made possible by the character of the values of a large number. May we not challenge also the adequacies of our institutions to instill a sense of moral obligation to the community?

If one turns from the national to the international scene, man's utter failure in manifesting any sense of social responsibility is almost beyond belief. This depravity of mankind has been vividly depicted in the opening paragraph of Howard Mumford Jones' book, Education and World Tragedy. Says Mr. Jones:

If any human being brought up in the tradition of Western civilization could, by some miracle, step outside the familiar patterns of that culture; if history could come to him with the same shock of surprise that a new and stimulating novel brings him; if, in sum, retaining the moral idealism of Western civilization as a standard of measurement, he could yet discover for the first time what has happened to mankind in the last fifty years, such a person would, I think, be overwhelmed by a single tragic conviction; namely, that the history of mankind for the last half century has been a history of deepening horror.1

Granting that this is an accurate portrayal of the first fifty years of the twentieth century, our prospects for the last half at this moment seem anything but bright. We live face to face with the specter of war; we live in a world in which there is an intense and somewhat irrational nationalism—a value system which separates mankind at a time in the history of the world when the media of communication and transportation have made world citizenship possible. We live in a world in which we seriously ask ourselves, "Is survival possible?"

If there is any answer to the question of our times, an important one lies in education. Whatever may happen on the international scene, we must be intellectually alert and morally strong on the home front. The traditional faith that the American has always had in education is as valid now as ever. For the past decade or more American education has been girding its loins to meet the needs of our times. It seems to me that the entire general education movement represents education's response to the necessity for community citizenship and intelligent world leadership. It is this general education approach to the study of man and the community which I will make the object of my discussion.

I

As I understand it, there are roughly two aspects of the general education approach. The first of these is characterized by an emphasis upon values and a return to what may be called tradition. This tradition is something we may refer to as the unity of western culture. It seeks, among other things, to provide a common core of training in the primary assumptions of our civilization. It is expressed in such courses as "The Great Books Program," "The Study of Great Ideas," "The History of Western Thought," or "The Development of Western Institutions." It may well be that the future educational historian may characterize the postwar epoch as one in which the

nation turned decisively to reconsider the basis of its civilization. The feeling appears to be implicit that if a student is called upon to defend his culture he must know what it is and how it developed.

This approach has had its critics. But granting that there is some case for such criticism, are we not justified in holding that there is a need for an intimate feeling for our values in this time of crisis? Living as we do in the midst of ideological conflict, can we not assume that it is the responsibility of education to reveal the great heights of our culture to youth? This is the apparent thesis of President Griswold of Yale when he tells us that "survival is not enough." He says:

In the emergency we talk of college education as a nonessential and an expendable. While we lavish our ingenuity and resources on the weapons of war, we neglect and even handicap the men who will use them. This is a high price to pay for survival. And what price survival if we become a headless monster? . . . Never in the whole history of warfare has the strength of armies depended so much on their soldiers—especially their officers—articles of faith as it does today. What else has transformed the sleeping peasantry of Russia and China into great military machines? . . . Cromwell's maxim, in obedience to which he made himself one of the world's great military geniuses, should be engraved on the walls of the Pentagon: "I had rather have a plain russet-coated captain who knows what he fights for and loves what he knows than what you call 'a gentleman' and is nothing else." The greatest source . . . of American captains who know what they fight for and love what they know is our colleges and universities.

The second emphasis of general education is a holistic one in which data are examined in terms of their widest possible relationships. The effort is made to show the unity of knowledge rather than its fragmentation; facts are explored as part of a whole rather than in isolation. It is held that science cannot be understood completely apart from philosophy; psychological facts cannot be understood entirely if separated from community values; the community cannot be appreciated other than in its relation to the world. Thus general education seeks to meet the challenge of our times by calling attention to the place of values, by making us aware of the wholeness of things, and by especially preparing the student for intelligent citizenship in the community.

The general education movement represents a reaction against any atomization of subject matter. In many conventional colleges there is a tendency for an academic wall to develop on a departmental basis between the sciences, the social studies and the humanities. There is a natural relationship in the materials covered, but since they are not coordinated the value of these relationships to the student may be obscured or lost. Because of this the student's education tends to be atomistic. While departmental lines between the various social studies have remained rather rigid in American colleges and universities, as a result of the general education movement there has been a growing rapprochement during the past 20 years. The formation of the Social Science Research Council, the organization of "institutes" of human relations at various universities, the publication of textbooks which embrace all of the social sciences show that the dominant trend is toward integration. Furthermore the recent war has tended to accelerate the fusion of these fields. The historical and traditional distinctions among the social studies were virtually eliminated on wartime projects. This trend toward integration in the social studies is beginning to be paralleled in some colleges of general education in the sciences and also among all of the other disciplines.

Basic to the general education approach is the idea of the wholeness of knowledge. As such it is opposed to any educational program that simply trains specialists in a

2Criteria of this "tradition approach" have been made by Jones, Education and World Tragedy; Sidney Hook, "A Critical Appraisal of the St. John's Curriculum," The New Leader May 26 and June 4, 1944. They are also implicit in the thinking of Northrop. The Meeting of East and West.

given area. That specialization has been characteristic of American education is pointed out with clarity in this statement by one of America's great teachers, G. T. W. Patrick. Commenting on his observation he says:

"Everybody I talk with is preparing to be an airplane pilot, chemist, electric engineer, or machinist. In our universities at the present moment all the things which I have been accustomed to associate with the idea of a liberal education have been relegated to a minor place. This applies especially to the classical and modern languages and literature, the history of philosophy, the history and theory of art, and the study of fundamental and ethical relations."

The end product has been that there is an interruption of communication among men in our society. If it is true that a sailor and bricklayer have little in common to communicate to one another, it is equally true that intellectuals such as the physician, the physicist, the biologist, or the sociologist, because of specialization, have little in common despite the fact that each has spent more than a third of his life in schools.

"As a result of specialization," says Anatol James Schneiderov, "hundreds of groups of highly specialized individuals who form the brain of our nation have nothing to discuss in common except trivial matters and some few urgent necessities. The mental channels of communications between those groups have been curtailed in proportion to the degree of specialization."

General education does not deny the place of specialization nor the importance of vocational and professional training. Indeed, President Conant of Harvard, who has been one of the great leaders in the general education movement, has recently discussed the importance of vocational schooling in his analysis of the community college. He does imply, however, that we are citizens first and vocational and professional people after. Says he:

Most important of all, however, is the general education program—the further development of what was begun at the high school level to make young people more effective citizens and individuals better prepared to lead a satisfying life.

The general education movement holds that prior to or concomitantly with professional or vocational preparation there should be education in a common core of knowledge which will provide a basis for shared experience, at least within the framework of our culture.

Not only does general education attempt to provide an apprenticeship for citizenship but it aims to prepare for intelligent citizenship. The future citizen must be so trained in logical thinking that he is able to meet the needs of a dynamic world. This position has been clearly stated both by Professor Robert Redfield and by the authors of the Harvard Report.

In our changing and unpredictable world general education must somehow combine two objectives which appear antithetical: it must develop individuality and adaptiveness to change, and it must provide us with common understandings.

The Harvard Report says explicitly that:

One of the most fundamental problems of education, indeed, of society itself (is) to reconcile this necessity for common beliefs with the equally obvious necessity for new and independent insights leading to change.

5"Education for Freedom." Mimeoographed article in writer's possession.
8"The Study of Culture in General Education." An address before the National Council of Social Studies, November, 1946.
In other words the individual must be so developed in his logical thinking processes that he is able to make decisions on matters which tradition cannot control. He must be a thinking person in a dynamic society which presents unprecedented demands upon the individual's mental initiative and powers of reasoning. This type of challenge is not satisfied simply by the individual's ability to adjust himself to change; rather, he must be able to think constructively and forcefully in the attainment of the goal of a higher level of citizenship. These represent the broadest aim of general education as we understand it.

II

In order to understand the general education approach to the study of the community in a practical rather than a theoretical fashion, I should like to call the attention of this group to the College of General Education at Boston University, particularly to its organization, its objectives, and its methods. As a result of the recommendation of Chancellor Daniel L. Marsh, the College of General Education was organized in 1946, offering an Associate in Arts Degree upon the successful completion of the freshman and sophomore years. Under the direction of Dean Judson R. Butler five major departments of the college were created. These included English and humanities, guidance, human relations, political economy, and science. The dean and the heads of these departments constituted an executive committee to draw up a course of study based on integration. The English and Humanities Department sought to orient the student toward the whole world of human experience as represented through art, literature, and music and to provide him with the basic tools of communication. The Guidance Department attempted to supply the student with training in occupational psychology and presented an effective testing program to aid him in his academic and professional life. The Science Department endeavored to give the student an interpretation of the inorganic and organic worlds by selecting materials from astronomy, biology, chemistry, geology, and physics and treating them as a unit which is not divisible into sections of fields of science. The social sciences were divided into the Departments of Political Economy and Human Relations. The first of these was formed with the intention of giving an interpretation of the studies of government and economics along historical and institutional lines. The second concerned itself with the study of man and society by utilizing and developing materials from anthropology, psychology, and sociology into a coherent whole. The subject matter of all of these departments, although independent in itself, was organized with the hope that collectively it would, in effect, constitute one course.

A careful examination of the detailed program of each of these departments would reveal some of the fundamental objectives which were basic to the holistic approach of the college. First, it was assumed that a knowledge of the theory of science (its use of the concepts of hypothesis, theory, etc.) is basic to the development of critical and constructive thinking as well as to a comprehension of the world of technology today. Secondly, it was assumed that an introduction to art, music, literature, and basic philosophical concepts is vital to an appreciation of the values of our culture. Thirdly, it was assumed that a knowledge of the suppositions and workings of political and economic systems is a requirement for the understanding of world civilization. Fourthly, it was assumed that sound guidance for later professional and vocational training is a practical necessity for living an effective life. Finally, it was assumed that the study of human relations in modern society is imperative and that a discriminating analysis of comparative cultures and value systems is essential to life in the contemporary world.

With these fundamental objectives in mind, the college was so organized that the subject matter of one course of study was related to the others in order that the student might see a given fact or subject in its widest possible relationships. Dean Butler, in
a statement characterizing the College of General Education program, has said that "... the material drawn from all fields is synchronized and correlated at every possible point to emphasize significant relationships and to promote meaningful generalizations, consistent knowledgeable attitudes, and critical appreciation."

For the application of this principle the local community has constituted a laboratory—if we may use the term in a very broad sense and think of it as a place for critical and detailed observation. Using problems which are of vital interest today or analyzing subjects which are of important educational significance, the effort has been made to present them holistically. For example, take the subject of gerontology—the study of old age. To see it discerningly, it must be examined in multifield perspective. Old age is a medical problem, a sociological problem, a demographic problem, an economic problem, a psychological problem, a moral problem—to mention a few of its problematic facets. Persons trained as physicians, nurses, social workers, political scientists, economists, industrialists, educators, sociologists, psychologists, anthropologists, and even as philosophers may make a vital contribution in helping us understand it in its fullest connotation. If this is true of gerontology, the thesis of the College of General Education is that such widely separated subjects as alcoholism, conservation, race relations, and even theoretical topics may be explored profitably by the utilization of the pooled insights of scholars educated in different fields. Specific illustrations showing how this has been effected through course organization and mutual exchange of intellectual resources in given topics are contained in the following pages.

The subject of individual differences, for example, is of importance in the treatment of personality. An instructor in psychology or sociology dealing with this topic in most conventional colleges may have wished that his class had a uniform knowledge of the fundamentals of inheritance. Actually, because of the elective system, some students may be well-grounded in genetics while others may be entirely lacking in the rudiments of this science. However, it is possible to arrange a course-sequence between genetics and sociology so that they may reinforce and supplement one another. At the College of General Education such an attempt has been made. To illustrate: the sequence begins in the Science Department. A knowledge of inheritance—chromosomes and genes, Mendel’s Law, and the like, as they apply to the nonhuman sphere—is given as a foundation. This is followed at a prearranged date by lectures in the Human Relations Department on the human significance of heredity-environment as it applies to mental, sexual, or physiological differences. A third department is also concerned with the implications of heredity-environment for its application to vocational and scholastic aptitude; the Guidance Department devotes considerable time to occupational psychology. Furthermore, it is in charge of all of the aptitude testing procedures in the college. Because of this its members have the background, the practical experience, and the statistical knowledge to make the topic of "mental differences" vital and alive. This is something which could not be done alone by either of the other departments without a major effort. By this method, the student has the opportunity to explore the scientific background, the social implications, and the practical applications of the subject through the offerings of three different instructors.

In other parts of the program the courses are so arranged that the students are studying concurrently the same subject from various aspects in different departments. Psychologists and anthropologists have long been aware of the value of literature in providing illustrative materials for personality study. At the College of General Education fictional portrayals are used for their psychological insights. To be specific, in Somerset Maugham’s Of Human Bondage one sees the effects of a physical handicap on the maturations of a sensitive child, or in Shakespeare’s King Henry VI one notes the compensatory mechanisms that are built into the personality of a man suffering from organic disability. It is made clear to the student that literature is not social
science and that social science is not necessarily literature. To the degree that novels and dramas are thought to challenge students to seek greater psychological and social discernments or to stimulate analysis and thought, they are utilized as a means of integration.

This synchronous use of the same subject is shown more concretely in E. B. White's essay, "The Door." The work originally appeared in the New Yorker as a human application of a well-known laboratory investigation of the psychology of rats performed by Maier. This experiment and other comparable ones seemed to be of hypothetical value in explaining neurotic behavior in man. During the discussion of neurosis, a period was devoted to the showing of Maier's film, "Experimentally Produced Neurotic Behavior in the Rat." This was followed by a student discussion in which the limitations and values of the experiment were pointed out. Concomitantly with this psychological inquiry, the students discussed the literary character of White's essay.

Not only are neurosis and psychosis important community problems but race is also because of its great significance for the emergence of a democratic world. The subject of race is first of all a scientific one—one to be explored from the standpoint of genetics and the glands of internal secretion. It is also a problem for the political economist with its implications for governmental philosophies and economic practices. Like other subjects it becomes more vivid and understandable if lights are thrown upon it by many different points of view. In most courses on race, the students are requested to read various literary interpretations of the subject (within the department). However, there are probably very few colleges in which two departments are so geared that the same topic is studied simultaneously from different points of view. An illustration of such a cooperative venture at the College of General Education is the requirement in the English and Humanities Department to have the students read from such authors as Richard Wright while, at the same time, they carry on the anthropological pursuit of the subject in the Human Relations Department. Thus the study of literature is utilized to effect a better understanding of a community problem and its relationship to the social and cultural world through vicarious and imaginative experience.

The community may be defined sociologically as "any area of common life." In one sense the community may be the neighborhood; in the broadest sense it may be the world. Thinking of it from this second point of view one may legitimately explore its history for insights on weighed values that have stood the test of time. One department has expressed this succinctly by saying that we are concerned with discussing the historical solutions for satisfying human wants "which man has discovered and enforced, as well as pointing out the dilemmas and contradictions which have defeated him." In other words, the college is concerned with finding those values which are fundamental and with analyzing those solutions which may be offered as remedies for the crisis of our age. The degree to which this is a major effort is seen in the preface of the Study Guide which was given to each sophomore student as a method of preparing for his final examination. This was an interdepartmental project and was compiled only after a conference in which all departments were represented. Similarly, by faculty consultation it was determined how the various courses contributed materials for the answers to specific questions. An excerpt from the Study Guide reads as follows:

The Sophomore examination will be an integrated examination in that each of the various departments will treat one facet of the present condition of society. Man is living in a world of contradictions and crisis. The contradictions are reflected by economics, politics, philosophy, sets of values, art, literature and even our thinking about matter and energy. The examination will be directed toward testing your knowledge and understanding of the world of conflict from several points of view.

Such examinations represent a testing of the faculty as well as the students.
III

In the opening paragraphs of this paper it was stated that if there is any hope for our time it lies in education. It was indicated, however, that it is a particular kind of education that is important—an education which shows fundamental relations and emphasizes crucial values. It is education for community life and the type of training which would make possible intelligent participation in the institutions of society. It is a kind of education which discusses the larger aspects of man's relation to other men, and introduces one to the origin and character of the problems facing humankind in the twentieth century. It is education which gives careful attention to such questions as the reduction of conflict among nations, races, and religions; the status of the family in our society; and the role of ideals in affecting the course of human development. It is an education which will arouse the interest of students in the fundamental human and social problems which are demanding the attention of informed and intelligent people everywhere; it is an education which will provide them with the knowledge which will assist in living satisfying lives as members of a democratic family, community, and society. This education is fundamental.

In a recent article Walter Lippman presents the thesis that "in general no civilization is destroyed from the outside unless it has already decayed from within, that no empire is conquered from abroad unless it has first destroyed itself." If we believe that we are responsible for our own fate despite the bitter experiences of our time, we can learn. But any human enterprise, however small, needs a measure of faith. To me, general education represents a renewed faith in the role of great values, in the power of intellectual discrimination, in man's ability to raise himself above the individual and the particular and to see things as a whole.

SYNTHESIS OF THE BIOLOGICAL SCIENCES

ELEANOR PAGE BOWEN, R.N.

In order to understand the plan which I have been asked to present to you today, it is necessary to know the philosophy which motivated the study upon which this report is based. Since this study is still in process, I can only give you some of the findings to date and indicate what still needs to be done before we can release the plan in what would be an acceptable form.

Philosophy

What is the philosophy which this plan of teaching the biological sciences is attempting to implement?

We believe in the field theory of psychology with its emphasis on interpretation of behavior in terms of the total situation and the philosophy of integration. According to the dictionary, integration means "combination into an integral whole." Likewise, it defines synthesis as "the combination of parts or elements as material substances or objects of thought, into a complex whole." Thus our study has been concerned with the development of an integrated science course wherein "objects of thought" from the various sciences are brought together in meaningful relationships into an integrated whole. Since the whole study of man involves a study of his environmental relationships, we are calling our course, "Human Ecology." Ecology, or bionomics, is defined as, "the branch of biology which treats of the relations between organisms and their environment." And environment is interpreted to include both man's internal and external environment, which are so intimately related.

We recognize that frontiers of knowledge are ever expanding, and it is therefore impossible to teach everything that is already known, to say nothing of what may be discovered tomorrow. We have attempted to meet this problem by expanding already existing courses or adding new ones. Too frequently this has resulted in an omnibus curriculum and compartmentalization of courses, with inevitable duplication, particularly when courses are taught by different instructors without joint planning. And compartmentalization is the antithesis of integration. Too frequently this has also resulted in verbalism. But facts are tools and are of little use unless they are used. The selection of tools depends upon the job to be done. You don't use a gun to cut down a tree.

We also recognize that nursing is a profession, and realize that, as a profession, it must:

1. Assist in the solving of social problems—a function of all professions. Since this philosophy is so admirably presented in *Education for Professional Responsibility,* I will not take time to amplify further.

2. Prepare its workers to function with other professional workers. This is particularly true today when we have come to recognize the great interdependence of all professional groups, particularly those that are concerned with the health of the people.

3. Build its educational program on developing an understanding of the dynamics of behavior, which inevitably includes understanding man in relation to his environment—how it contributes to his behavior and how he contributes to it, physically and socially.

As a result of the above, we believe that curriculum planning must find more time for psychology, sociology, and philosophy—more time for the development of the skills of interpersonal relationships. This means less time for the biological and physical sciences, unless we wish to extend the period of learning. The solution to us seems to lie in better planning and better teaching, which include:

1. Better selection of facts. We can't teach everything! If nursing is a great social science, all facts should be selected for their high social value. Dr. Tyler elaborates on this thesis of selection of content objectives for the biological sciences in terms of their social values. As a young profession seeking academic respectability, we have naturally turned to the liberal arts colleges for our science courses. But we failed to recognize that the purpose for these courses was not the same as ours, and thus the selection of content could not be expected to meet our needs. Science in the college of liberal arts is concerned with developing the scientist whose primary concern is expansion of the frontiers of knowledge and not the use to which this knowledge is put. The other alternative has been applied courses which carried the connotation of dilution or watering down and thus were not really academically sound. To me, it is not a question of applied science but rather one of content selection in terms of understanding the nature of man. In the last analysis, all knowledge must be applied if man is to survive the technology resulting from the research of the pure scientist.

2. Structuring the environment from the beginning so that the students use the facts in developing skill in solving problems, the solution of which will require relating facts from all the disciplines. If we seek to assist the student to develop an integrated personality, it would seem that we can best accomplish this in the shortest period of time by providing learning activities wherein she practices integration.

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Whether the present three-year program of nursing, as now found in the majority of basic schools of nursing in this country, is to be retained is problematical. But since three calendar years are approximately equivalent in time to four college years, it would seem feasible to first consider methods of improving the existing good three-year programs. At least this could be a step in the transition to full collegiate programs if such should be the eventual outcome of the present dilemma. One of the first steps could be the development of an academic college year which would incorporate the foundations in the biological and physical sciences as well as the social sciences and basic nursing.

Finally, we believe that the university, whose purpose is to serve society, should take the initiative in assisting the schools in this area. Several hospital schools of nursing have indicated their interest in such a central teaching plan. We, also, have recognized that the liberal arts college science courses are not meeting the needs of our own basic students.

Motivated by this philosophy, we have been conducting a study at the Boston University School of Nursing toward the development of an integrated science course which we propose to call Human Ecology.

**Purposes of the study**

The purposes of the study were stated as follows:

1. To select from the boundless wealth of material available those fundamental concepts of anatomy, physiology, elementary pathology, physics, chemistry, microbiology, and sanitation which are deemed essential for the generic base for professional nursing students.
2. To organize this material into an integrated course so that unnecessary duplication is obviated and related material will be taught in meaningful relationships.
3. To set up the course in terms of problem situations related to health and nursing needs which will require, for their solution, integration of scientific principles on the part of the student and which will provide the base to enable her to perform symptomatic nursing when first confronted with the clinical experiences.

Some of the sub-problems considered were:

1. What content shall be selected and what omitted?
2. What measures will be used to validate this selection?
3. What measures will be used to validate the course as a whole?
4. How can the material be organized to prevent duplication?
5. What are the common health and nursing problems around which the learning experiences will be built?
6. What methods of teaching should be used to make for maximum learning?
7. What prerequisites for admission to the course seem advisable?

**Organization of the study**

The first step was a preliminary study made by Dorothy E. Reilly in partial fulfillment of requirements for the degree of Master of Science during 1949-1950. In addition to a development of the philosophy, Miss Reilly's study was concerned with: (1) determination of a possible and reasonable framework of time for the course; (2) an analysis of the areas and degree of duplication; (3) a preliminary selection of content and organization within the accepted time allotment.

During 1950-1951, with the support from the Kellogg Foundation, a more comprehensive study and reorganization has been made which will be described under Methodology.

There is a need for further investigation in relation to nursing activities; other
research studies, such as the one Miss Sommermeyer is to report on this morning; and refinement by the instructors who will teach the course.

Methodology

The following methods have been employed in the determination of a possible and reasonable time framework, selection and validation of content, and validation of the course as a whole.

**Determination of a possible and reasonable time framework.** The Massachusetts Minimum Curriculum for Schools of Nursing, A Curriculum Guide for Schools of Nursing, and Morse's, College Chemistry in Nursing Education were investigated for number of clock hours. The totals were 205 and 225-270 for science courses and 60-90 for chemistry. Since there is a great diversity in the types of collegiate programs offering basic professional preparation in nursing, the bulletins of five schools offering comparable programs were selected for study together with the program for the central schools established in New York State in 1942-43. Since these are reported in semester hours and it was not possible to determine the ratio of laboratory to lecture hours, the actual number of clock hours could not be determined accurately. The following distribution was found:

<table>
<thead>
<tr>
<th></th>
<th>Boston University</th>
<th>Skidmore College</th>
<th>Wayne University</th>
<th>Michigan University</th>
<th>Catholic University</th>
<th>Central Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Biology</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Anatomy</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Physiology</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Chemistry</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Microbiology</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Med. Science</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td>3</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>14</strong></td>
<td><strong>16</strong></td>
<td><strong>27</strong></td>
<td><strong>15</strong></td>
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In the light of these data, it was arbitrarily decided to accept a time framework of 360 clock hours, consisting of 1 hour of lecture and discussion for every 2 hours of laboratory, or 4 hours of lecture and 8 hours of laboratory, a total of 12 hours a week for 30 weeks. Accepting 2 laboratory hours as equal to 1 lecture hour, this totals 16 semester hours for the course. This seemed a sound base, particularly when one considers the overwhelming amount of duplication found by Miss Reilly in her analysis of content as outlined in A Curriculum Guide and ten recognized textbooks in the sciences.

As the course is now organized, the total 360 hours are distributed as shown in the following table. Because of duplication of content in two or more sciences, the hour allotment has been arbitrarily assigned to one science. The table also shows the additional hours which would be required if this same content was given in each of the isolated courses:

<table>
<thead>
<tr>
<th></th>
<th>Hours required for integrated courses</th>
<th>Hours required for isolated courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology</td>
<td>180</td>
<td>225</td>
</tr>
<tr>
<td>Chemistry</td>
<td>80</td>
<td>105</td>
</tr>
<tr>
<td>Microbiology</td>
<td>60</td>
<td>78</td>
</tr>
<tr>
<td>Elementary Pathology</td>
<td>30</td>
<td>79</td>
</tr>
<tr>
<td>Sanitation</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>360</td>
<td>516</td>
</tr>
</tbody>
</table>
Selection and validation of content. The following books were analyzed for content and duplication:

Massachusetts Minimum Curriculum for Schools of Nursing
NLNE—A Curriculum Guide for Schools of Nursing
Greishamer—Physiology and Anatomy
Zoethout and Tuttle—Textbook of Physiology
Boyd—Textbook of Pathology
Arnow—Introduction to Physiological and Pathological Chemistry
Frances and Morse—Fundamentals of Chemistry and Applications
Morse—College Chemistry in Nursing Education
Kelly and Hite—Microbiology
Thompson—Introduction to Microorganisms
Rosenau—Preventive Medicine and Hygiene
Turner—Personal and Community Health
McClain—Scientific Principles in Nursing
Eleven laboratory manuals

Additional research in this area is to include some new editions and new books recently off the press; references as indicated by the instructors who are to teach the course; and current periodicals.

In a survey of collegiate school of nursing courses, bulletins were requested from 45 collegiate schools of nursing selected from the list of the Association of Collegiate Schools of Nursing. Thirty-five bulletins were received and were studied for science courses required, allotted hours, and course descriptions. From these, 14 were selected for further study, and requests were sent for the course outlines, which have been carefully reviewed for content.

In an analysis of nursing activities, the doctors' orders for 146 medical, surgical, and obstetric patients were studied for nursing procedures, laboratory procedures, and medications ordered. A frequency distribution was made of each with discontinuation of count after 25 notations were recorded. This study is being amplified to include other areas and recommendations from selected nursing instructors.

In addition to our faculty, the following educators have reviewed the course as outlined to date, made suggestions, and recommended it for trial out: Dr. Wesley N. Tiffany, professor of science and chairman of the Science Department of Boston University College of General Education; Estelle M. Ingenito, assistant in science at Boston University College of General Education; Dr. Fletcher Watson, director of science education at Harvard Graduate School of Education; Dr. Leon Bradley, director of field studies for the Massachusetts Department of Public Health, and formerly director of the Biology Department at the University of Massachusetts.

The NLNE was consulted for possibilities of other studies in this area but reported that there were none to its knowledge. We also reviewed Hurd's studies at the Medical College of Virginia. Further investigation of other research is needed.

Validation of the course as a whole. The course has been accepted by the Graduate School of Boston University as meeting the broad science requirements for students pursuing graduate study in fields other than science. Final validation must await a year's tryout with use of the NLNE Achievement Tests and the science area of the Graduate Record Examination.

Organization of the course

In addition to research into content, investigation has been made and is continuing in relation to methods and techniques of teaching science. Graduate study in this area was carried on last fall at the Harvard University Graduate School of Education, and an extensive analysis is being made of the available visual aids. A list of references
is being compiled for collateral reading designed to assist in the integration of social aspects. Such references include history, biography, science, religion, and studies showing changes in the cultural, social, and economic patterns because of changes in science.

The primary method used in teaching the course will be that of problem-solving, such problems to be selected from those found within the environment which are directly related to health needs. As the course progresses and the fundamental background is developed, the problems will be built around major issues which will require integration of principles from the various sciences for their solution.

Lectures will be used only to clarify difficult material. Laboratory assignments will be environmental problem-centered with group discussion of results obtained, synthesis of underlying principles, and practical application. Visual aids and demonstrations will supplant individual experimentation involving complicated apparatus and unnecessary "busy work."

To date, the course has been organized in six units:

Unit I —Nature of Matter and Energy
Unit II —Development and Organization of Man as a Moving Body
Unit III—Interpretation of and Response to the Environment
Unit IV—Man's Internal Environment—Homeostasis
Unit V—Internal and External Environmental Relationships to Nutrition and Metabolism
Unit VI—Propagation of the Race

Unit I is concerned with understanding matter, nonliving and living, and the energy manifestations common to all living matter. This covers the first seven weeks and includes what is commonly thought of as chemistry, some physics, anatomy and physiology as it relates to cytology and microbiology. The radical departure in organization is that of teaching inorganic and organic chemistry simultaneously. This is essential for the development of cellular activity. Special emphasis is given to metabolism, the essentials for life, and the effect of destructive forces.

Unit II is concerned first with the determination of how, in a general way, the needs of life as evidenced by the functional living unit of the cell are met by a complex multicellular animal which not only has removed the cells from intimate contact with their source of supply in the external environment but has also developed, to the highest form of life yet known, a form capable of destroying the world in which he lives or of creating a better world in which to live. In addition to this emphasis on integration of behavior, this unit is concerned with how this differentiation has resulted in added need for protection, support, and voluntary motor response. This unit occupies four weeks and is essentially anatomy, physiology, pathology, and physics of heat and kinetic energy.

Unit III is devoted to understanding the interpretation of the environment and coordination of activity as an integrated whole. This is essentially anatomy and physiology and some gross pathology of the nervous system, and occupies the last four weeks of the first semester.

Unit IV elaborates on man's means of maintaining the internal environment of the cells. In this unit, which is given over an eight-week period, anatomy and physiology, pathology, chemistry (inorganic and organic), microbiology, and sanitation are completely integrated in the study of the blood, the circulatory and respiratory phenomena and their relationship to the external environment and the maintenance of homeostasis of the internal environment.

Unit V is concerned with factors in food supply as they affect health, the digestion of food, and the more complex factors influencing metabolism, the endocrines, and excretion of metabolic end-products. Covering five weeks, this again is an integration of all the sciences.
Unit VI is essentially anatomy and physiology of the reproductive process, and is given in the last two weeks of the second semester.

This is where we are now. It would seem that we could teach the same content in less time by avoiding the duplication inherent in the very nature of these sciences. Since man functions as an integrated whole, any study of man must include the psychological and social factors as well as the physical and biological. One of our greatest problems has been in the selection of content. Where does biology leave off and psychology begin? In man they do not lend themselves to compartmentalization. Someday I hope we will see this study expanded to include integration of the psychological and sociological aspects of behavior. Field psychology would have us study housing as one whole, its sanitation, its psychology, and its sociology.

Another need is the development of a nursing course to parallel this course which will emphasize the relationships of man and his environment. The majority of ills to which man is heir are categorized according to a multitude of causes, and yet these many ills result in a limited number of behavior manifestations. If, in this course, we can orient the student to these major behavior changes and their interrelationships, and if the nursing course will be concerned with general nursing activities and community organization for meeting these needs, would we not be providing the generic base of symptomatic nursing which would facilitate the adjustment of this ever-so-young woman to the bewildering turmoil of the modern hospital environment?

LABORATORY STUDIES ON NURSING PROCEDURES, AN ESSENTIAL FUNCTION OF THE NURSING PROFESSION

LUCILLE M. SOMMERMEYER, R.N.

As members of one of the professions ancillary to the practice of medicine, nurses have for decades accepted from the doctors of medicine, without question, complete guidance in all matters affecting nursing technics. They have also assisted in many important programs of research initiated by medical and other professional groups. This relationship has worked well indeed and the professions have prospered by it. Recently there has arisen a necessity for supplying a basis, through fundamental laboratory research, for many procedures in nursing practice which have been subjected to question and criticism but which have been in wide and unchallenged use for many years. Some of these procedures have their origins in obscurity and the empirical dicta of forgotten or unqualified persons. Since the medical profession is fully occupied with its own problems, who is to furnish the necessary laboratory justification for keeping or condemning certain nursing practices? Who is to carry on research for the nurses?

Until very recently nurses have not engaged in research on their own professional problems. The fact that nurses have not attempted to solve their problems by research methods has perhaps been a factor in the questioning of the professional status of nurses by other professional groups. Dr. Abraham Flexner, in 1915, stated that one of the criteria for judging whether or not an occupation has attained professional status is whether its members are learned in nature and whether they constantly resort to the laboratory and seminar for a fresh supply of facts. Yet when Dr. Esther Lucile Brown prepared her report Nursing for the Future1 in 1948, she stated, with regard to the nursing profession, "Scientific research and writing have been negligible."

Because these and other questions have arisen, nurses are now more aware of their responsibilities for initiating and carrying on research on the functions of nurses than they have ever been. This is evidenced by the development of the Master Plan for

the Studies of Nursing Functions in Hospitals under the direction of the American Nurses’ Association. We need the kind of information that studies carried out under the Master Plan will yield. However, we also need the kind of information that laboratory studies of nursing procedures will yield. Laboratory studies of nursing procedures should validate the methods used to provide safety in nursing care, improve the care patients receive, simplify nursing care, and standardize nursing techniques and procedures.

How many nursing procedures commonly used today have been proven to be free from the danger of transferring infection? There are increasing reports which implicate hypodermic syringes and needles in the transfer of the virus of homologous serum jaundice. But where are the laboratory reports which prove beyond any question that chemical disinfection of syringes and needles as used at present is ineffective against the virus of homologous serum jaundice? We might be confronted with this lack of evidence by hospital administrators or purchasing agents if we should recommend adequate supplies of syringes and needles on hospital wards to allow time for heat sterilization. Are the methods of disinfecting thermometers, currently used in our hospitals, clinics, and public health agencies, safe? After two years of laboratory study on methods of disinfecting thermometers there is serious doubt about the effectiveness of many of the commonly used procedures. Among the most important results of these two years of study has been the clear demonstration of the necessity for further laboratory studies on all nursing procedures which have any potentiality for transferring infectious microorganisms.

Nursing procedures need intensive laboratory investigation not only from the viewpoint of transfer of infection but also from the viewpoint of physiology, chemistry, physics, and efficiency. Nursing procedures have nearly always been studied in individual situations more from the viewpoint of efficiency than with regard to any other consideration. This was one result of depleted nursing staffs during World War II. However, most studies of efficiency have not been scientifically controlled so undoubtedly there still is much that can be accomplished in this area.

Safe and more efficient nursing care will automatically result in improved care of patients. For example, it is obvious that when mass inoculation is practiced, a safe hypodermic procedure will prevent cases of homologous serum jaundice, malaria, syphilis, and other blood-borne infections. This is true in theory, but we need laboratory data to show which methods of sterilizing syringes and needles are safe and which are unsafe. Similarly, we need laboratory studies on all other nursing procedures to validate them.

Simplification of nursing technics is needed in order to release nurses for additional professional care, or for care of more patients. This is plainly a matter of common sense and efficiency. But laboratory studies are absolutely essential in pointing out certain of those procedures which may be simplified with safety and others which may not.

Standardization of nursing procedures would be highly desirable. The number of hours of nurses’ time which are lost when nurses move from one institution to another must be unbelievably large. With a more mobile population and frequent staff changes, the hours that nurses spend relearning ways of carrying out specific procedures in different institutions could be spent to better advantage in care of patients. However, lacking laboratory data on the best ways to perform nursing technics, there is no basis on which to standardize.

Research in all areas is expensive. Research on nursing procedures is no exception. This is true because research is so time consuming and because laboratory studies need to be so very carefully controlled and to be conducted in significant numbers in order to be statistically valid. In the past two years, the Communicable Disease Center has

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investigated problems involved in thermometer disinfection. A huge mass of data has accumulated, but at present we still are not in a position to say with authority what method or methods are best for disinfecting thermometers. Within the problem of thermometer disinfection must be included studies on the effect of disinfectants on the entire spectrum of respiratory and enteric pathogens, including the viruses of mumps, measles, poliomyelitis, influenza, and others. No part of any problem may be ignored if the results of the research are to be valid.

Time and money that are necessary for research are not the only difficult problems involved. The lack of qualified personnel for nursing research has also been a real problem. As in all areas of nursing there is a shortage of qualified nurses to carry on and to direct nursing research. In the past we have consulted with doctors, bacteriologists, chemists, physiologists, physicists, and other professional people about various aspects of nursing procedures. The advice obtained from these sources, for the most part, has been good, but professional people in areas other than nursing are not, and cannot afford to be, as interested in laboratory studies of nursing procedures as nurses themselves. This means that nurses will have to develop their own research programs with advice and help from other specialists. For valid results, nurses must be included in the approach to laboratory studies because of the many aspects of professional nursing involved in these studies. For example, the difference between dry wiping of a thermometer and wiping with a soapy pledget before disinfection are important to bacteriologic study of the problem of adequate thermometer disinfection. What time factors for the actual disinfection are to be recommended as good nursing practice in hospitals, clinics, doctors' offices, and homes? Nurses also can recognize critical areas which need investigation. Nurses are more interested in these problems than is any other group of workers and therefore will have the incentive to carry the problem through to completion. One of the reasons why there are not more laboratory studies on nursing procedures is that nurses have been reluctant to engage in this kind of work.

The nursing profession has two distinct responsibilities toward nursing research. These are:

1. To educate and stimulate nurses to do research
2. To provide part of the cost of research

The education and stimulation of nurses to do research can be accomplished through staff education programs, through our professional magazines, by our colleges and universities, and by establishing research positions in nursing. Probably a comparatively small percentage of graduate nurses would either be interested in, or qualify for, research positions. However, this small percentage should be given every possible opportunity and encouragement to enter the field of nursing research. It should not be outside our professional horizon to see research fellowships set up in our colleges and universities which offer advanced degrees in nursing. The profession may in the future look to such positions as the source of the most recent information on the best ways of performing all nursing procedures. The fields of study obviously are unlimited and for the individuals with pioneer spirits these fields will be crossed by uncharted scientific paths and will be interrupted by many forests.

The ANA has begun to provide the costs for a study of nursing functions. This program, which is dependent on individual contributions from the professional nurses, is an excellent one. It needs to be expanded to cover other areas of nursing research. However, the title of Elizabeth Kemble's article in the February 1951 issue of the American Journal of Nursing, "This Is Your Program of Research in Nursing Functions," indicates the responsibility of each graduate professional nurse for nursing research. By a somewhat more devious route, the program of the Nursing Research Laboratory of the Communicable Disease Center, U. S. Public Health Service, is also your program of research. This program is supported completely by federal funds, which means that part of your federal taxes have helped to pay for the operation of
this laboratory. Because of the community of interests in nursing care, it would certainly seem that civically active individuals and groups not only could, but should, be interested in financially supporting studies for the improvement of nursing care. To summarize: Laboratory studies of nursing procedures are essential to safe nursing care. These studies may also point the way to standardization and simplification of nursing procedures. The nursing profession has a responsibility to develop, within its own ranks, individuals who are qualified to carry on and direct nursing research. Nursing research must have financial support from the profession and the public.

**AFTERNOON SESSION**

**Tuesday, May 8—2:00–4:00 p.m.**

**SCIENCE AT WORK IN NURSING**

*Presiding: Emilie G. Sargent, R.N., President, National Organization for Public Health Nursing*

*Moderator: Eleanor Page Bowen, R.N., Professor of Nursing Education, Boston University School of Nursing, Boston, Massachusetts*

**Speakers:**

Sister M. Jerome Kelliker, R.N., Assistant Dean, Niagara University College of Nursing, Niagara Falls, New York

Sister Francis Xavier Lynch, R.N., Assistant Professor of Biological Sciences, School of Nursing, D'Youville College, Buffalo, New York

Sister M. Evarista Siebert, R.N., Instructor in Physical and Biological Sciences, St. Elizabeth's Hospital School of Nursing, Covington, Kentucky

Sister M. Vincent Kaltenbrun, R.N., Acting Dean, Georgetown University School of Nursing, Washington, D. C.

Margaret L. Varley, R.N., Associate in Public Health Nursing, Harvard School of Public Health, Boston, Massachusetts

**THE HOSPITAL AS A LABORATORY FOR NURSING SCIENCE**

**ANALYSIS OF THE PRINCIPLES OF THE BIOLOGICAL AND PHYSICAL SCIENCES BASED ON NURSING ACTIVITIES**

Sister M. Jerome Kelliker, R.N.

The age in which we live is a highly technical age, and one of the crucial problems which it presents is the determination of the value of modern methods in the study of our world. It is an age when science and philosophy are no longer calling each
other names; they are even on speaking terms. It is an age when educators, hospital administrators, members of the medical profession, and nurse educators are pleading for integration. If a truly inquiring mind is to integrate itself (neither worshiping modern science as a god, nor dismissing it as an evil), it must certainly confront experimental reality with philosophical realism somewhere in its curriculum.

The twentieth century is by no means an exception to the general interest of the past centuries in science and its force. The science of the age has made this the age of Science without bothering too much to learn its own origin, authority, and ultimate destination. In our day, when the so-called scientific method for solving problems has become almost a goal, it becomes of the utmost importance to check what man has learned and to determine on the basis of his experiences whether he has accomplished what he apparently set out to do.

Aristotle was the first to gather together and systematically express the logical principles entering into the structure of a science; St. Thomas accepted these principles and elaborated upon them. Scientific knowledge according to Aristotle is the result of demonstration.

The word "science" comes from the Latin scientia, meaning knowledge, possession of truth. It is more commonly thought of as a systematized body of knowledge logically arranged and derived from a definite set of principles. Science is a particular kind of knowledge, characterized as "the knowledge gained and verified by exact observation, repeated experimentation and correct thinking."

In terms of its objectives, science is commonly divided into pure science and applied science. A pure science is an organized, systematized body of verified knowledge the purpose of which is to provide truths in a particular field of investigation. An applied science uses the facts, principles, and findings of pure science to guide practice toward the most satisfactory application in a particular field of endeavor. It is usually assumed that a student pursuing an applied science (nursing) is more or less familiar with the content of the pure sciences (biology, chemistry, etc.) related to it.

As medicine has advanced, the function of the hospitals has also advanced as centers of education, of health service, and as social institutions. The word "hospital" means vastly more than the dictionary records. All hospitals are inevitably concerned with education through the very nature of their daily services which bring together all sorts of workers, patients, doctors, medical students, and nurses.

The opportunities for investigations in the field of medicine and nursing are centered in the hospital. Unrealized possibilities for specific scientific research or testing can be found in almost every department of the hospital. The medical science of our modern time requires a nurse who has been prepared to observe, report, and assist with treatments in the total care of the patient.

Discussing the future role of the professional nurse, Dr. Esther Lucile Brown quotes a reference prepared by a workshop:

It is the opinion of this group that in the latter half of the twentieth century, the professional nurse will be one who recognizes and understands the fundamental (health) needs of a person, sick or well, and who knows how these needs can best be met. She will possess a body of scientific nursing knowledge which is based upon and keeps pace with general scientific advancement and she will be able to apply this knowledge in meeting the nursing needs of a person and a community.

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3Analytica Posteriora, 1, 2, 71a, 16. All references to and quotations from Aristotle's works are according to the Oxford English translation, edited by Ross, as they appear in The Basic Works of Aristotle (ed. by Richard McKeon). New York, 1941. p. 1.
These very challenging facts have caused concern regarding the science of nursing. It is with these facts in mind that this particular study was undertaken.

It is the purpose of the study to attempt to establish a method by which the relative importance and identity of the principles of the biological and physical sciences basic to nursing activities may be ascertained, in order that they may be classified and made to serve as core material for a nursing science.

The problem under investigation in the study is confined to: (1) a critical analysis of principles of the biological and physical sciences associated with the functioning of the body as a whole, and (2) the significance of the relationship existing between the above principles and the postoperative nursing activities involved in the care of a patient suffering from a particular pathology of the vagina, the uterus, the ovaries, or the tubes.

The term "principle" as used in this study may be defined as an underlying generalization which has been substantiated by controlled observation and experimentation. In this method one proceeds from theories or hypothesis which partake of the nature of principles. The sciences referred to are anatomy and physiology, and sections of chemistry, cytology, hematology, neurology, and physics which are necessary for an understanding of the structure and function of the organs of the human body. The nursing activities under observation are those relating to: (1) the organization and management of treatments providing for the well-being of the patient; (2) the diagnostic and therapeutic measures in which the nurse assists the physician or carries out procedures directed by him. In this study the activities were further restricted to the postoperative nursing activities performed by the nurse caring for a patient having undergone surgery for one of the pathologies under observation. The so-called routine procedures, such as bed bath, making of a bed and the like, or the treatments used in caring for surgical complications of these pathologies were not considered.

The hypothesis

It was assumed that: (1) if principles of biological and physical sciences could be compiled into a listing of generalized statements, and (2) if the actual nursing activities within the clinical fields could be ascertained and likewise listed, then, by means of a critical analysis of relationships between the principles and the activities investigated, there would result conclusive evidence as to which principles of the biological and physical sciences are fundamental to the attainment of the objectives toward which nursing activities are directed, and the relative importance of these principles.

The scientific methods used in collecting and analyzing the data were selected with a view to the complexity of the problem under consideration and the conclusions to be derived. These methods were the tabular analysis of the information gathered and the scientific arrangement of these facts for comparative study. This approach provides an insight into the cross relationship between the two variables—namely, nursing activities and their basic scientific principles. A check list of postoperative nursing activity analysis was kept on a women's surgical unit for a two-month period. The hospital used in the study is a general hospital with a 250-bed capacity in an industrial city.

In selecting principles in the biological and physical sciences, no attempt was made to cover all principles underlying nursing activities. Therefore, for the purpose of

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8The postoperative nursing activities in the analysis are those actually recorded on a check list used for this purpose.

9Mount Saint Mary's Hospital, conducted by the Sisters of St. Francis, Niagara Falls, New York.
this problem, the principles selected and listed are those of anatomy and physiology, classified according to cellular, circulatory, muscular, respiratory, and nervous systems.

And, in like manner, in order to facilitate the analysis, a list of postoperative nursing activities was set up under specific headings:

A1 General nursing activities carried on within the first 24 hours following surgery
A2 General nursing postoperative activities carried on during convalescence
B Postoperative nursing activities pertinent to the pathology under observation

This listing was done as a guide to the student in order that she be made to realize that she must possess a wealth of scientific knowledge in order to perform her duties efficiently. The student giving postoperative nursing care to a patient having a specific pathology must know not only what is to be done but why it is to be done and how it is to be done in order to obtain the best possible results.

In order to clarify our thinking on the relationship between the two variables, "basic scientific principles" and "nursing activities," the following equation has been devised:

<table>
<thead>
<tr>
<th>Nursing Science</th>
<th>N.S. Activities</th>
<th>A1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>N. Scientific Principles</td>
<td>S.P.</td>
</tr>
<tr>
<td>Application</td>
<td>A2</td>
<td></td>
</tr>
</tbody>
</table>

Therefore,

\[ NS = N : A1 :: SP : A2 \]

The application of well-grounded scientific principles to the learning processes of the student in clinical nursing can be expected to evolve into a nursing science from which optimum health, the goal of nursing for the future, will be more fully realized.

In order to better visualize the close relationship between the nursing activities and the science principles underlying them, we have selected sample activities from each classification of science principles studied and analyzed this relationship.

In any study, conclusions arrived at should be based upon the clarification of our ideas as a result of the research accomplished. In this study, certain truths were postulated as a starting point. The major over-all working hypothesis which served as a stimulus for beginning the work was the conviction that all nursing activities, in order to be valid, should be founded on science principles which are the guide for the nursing activity applied. Our task was to take this general principle and apply it to the nursing activity being scrutinized in the study and determine what science principle formed the basis for the activity and how this activity stemmed from it.

In summarizing the data collected in this study, we shall now select a few model situations and show the scientific principles from which they developed. It is with these that this summation will concern itself, as the feasibility of such a procedure seems most desirable if the work is to be of any practical value.

The categories in which the principles were investigated are as follows: those based on the morphological and the functional aspects of cells, circulation, muscles, respiration, and of nerves. In this investigation we found the following principles occurring with notable frequency in nursing performance.

**Category I—Cells**

"Cellular walls are cohesive by means of the molecular attraction by which they are held together."

This scientific principle is basic to all understanding of biological science and forms a foundation for 48 nursing activities studied from the nursing science. A correct understanding of cellular relationship is basic also to the appreciation of the marvelous mechanism of the morphological and functional pattern of the human person. This understanding is a determinant not only of correct nursing activities *per se*
but of the more intangible values in all nursing relationships, namely: correct attitudes of appreciation of the human person as created by God and of his needs on which the nursing activity is performed. Professional skills evolve professionally when based on knowledge stemming from basic truths. This kind of knowledge naturally produces effects in interhuman relationships which are truly the basic criteria of all nursing performance.

An example of the specific relationship between a nursing activity and the basic science principle on which its application depends is:

"Protoplasm of special cells has the ability to contract when stimulated."

Frequency of use in study—41 times.

The cellular physiology of the ciliated epithelial cells of the Fallopian tubes is based on this principle. An understanding of this type of tissue and a knowledge of the purpose of the cellular protoplasmic ciliated projections insures the validity of nursing performance in vaginal irrigation. The importance of medical aseptic technic is clearly defined for the nurse who understands this physiological principle. When nursing care is given by her, the danger of the causative organism being transferred to the abdominal cavity, thus setting up more serious illness for the patient, is minimized. Temperature of fluid, force of fluid, height of irrigating can, care of equipment—in fact, all nursing factors—are important to the nurse who is scientifically sure of the effects of the activity she is carrying out.

Category II—Circulation

"The osmotic pressure of the blood is due to the colloids, salts, wastes, other crystalloids, and sugars dissolved in the plasma."

Frequency of the above principle was 21 times.

An appreciation of the significance of this basic physiological principle as necessary background knowledge for the performance of nursing activities concerned with fluid balance is a real necessity. A nurse with a thorough understanding of this principle will safely care for the patient whose fluid balance is a necessary factor in regaining his health. Serious errors in the administration of hypotonic, isotonic, or hypertonic fluids can be completely eliminated when all nurses are thoroughly cognizant of the principle of osmosis.

Category III—Muscle

"Muscle requires a continuous energy supply for normal excitation and mechanical behavior."

The scientific understanding of the above stated principle will deepen the responsibility of the nurse in the carrying out of the nursing activities related to fluid intake and normal diet balance. When her activities are directed toward establishing the normal functioning of the physiological principle indicated in this grouping her nursing assumes an effectiveness and purposefulness which demands the respect of the patient and also his cooperation.

Category IV—Respiration

"The activity of the respiratory center is increased in proportion to all stimuli acting upon it."

The correct knowledge of the reflex sensitivity of the respiratory center with its definite effects on the respiratory function simplifies the control of the rather frequent postoperative complication, singultus. The simple nursing measure is to advise the patient to exhale into a paper bag and again inhale the carbon dioxide, repeating the procedure several times until relief is given.

The carbon dioxide exhaled by the patient has acted as a stimulant to the respiratory center, and, by increasing depth of respiratory movements, the singultus is controlled.
Category V—Nervous

"The refractory period of a nerve is lengthened if the irritability of the nerve is depressed by narcotics."

The significance of this principle to the nurse is gravely important. The correct knowledge of the effects of the stimuli of narcotics on the nervous system has social implications which are obviously far reaching. The nurse well-grounded in this principle will understand the necessity for its controlled use when a liking for the drug rather than a real need for it is manifested by the patient. Another result of the understanding of this principle is the lessening of the effects of postoperative shock caused by pain when the pain stimulus is controlled by the persistent use of narcotics.

Conclusion

In conclusion, after serious consideration of the data analyzed and compiled, we feel the responsibility for making the following recommendations for consideration by serious students of nursing:

1. That basic nursing curricula should include strong courses in the biological and physical sciences. These should be placed early in the course in order to function successfully in the clinical areas of study.
2. That integrated programs of study be developed to insure the continuous nursing utilization of the science facts learned and the nursing activities performed.
3. That present-day methods of nursing procedures be analyzed and simplified by the application of the science data discovered.

We also feel that the pursuance of such research in the field of education for nursing would attain the end of education as outlined by our Holy Father, Pius XI:

Christian education takes in the whole aggregate of human life, physical, spiritual, intellectual, moral, industrial, domestic and social, not with a view of reducing it in any way but in order to elevate, regulate, and perfect it in accordance with the example and teaching of Christ.¹⁰

THE HOSPITAL AS A LABORATORY FOR NURSING SCIENCE

A CRITICAL ANALYSIS OF THE BIOLOGICAL AND PHYSICAL SCIENCES BASED ON POSTOPERATIVE NURSING ACTIVITIES CONCERNED WITH PATHOLOGICAL CONDITIONS OF THE GASTROINTESTINAL TRACT

SISTER FRANCIS XAVIER LYNCH, R.N.

To me, the topic of this panel discussion rings a challenging note. It sounds a triumphant tone for it unfolds a comprehensive plan of professional education, the realization of which will lift nursing out of its "fledgling" nest to full professional status. Such an attainment speaks of a well-organized and well-developed nursing science, the integration and application of which is fundamental to the intelligent performance of complex professional tasks.

True, nursing has long been associated with hospitals and has enjoyed the unique and enviable prerogative of having its learning situation closely approximate the real-life situations (in the hospital). This "educational gem," however, has not been utilized to its full capacity primarily because the prevailing apprentice system fails to appreciate the essential difference between a skilled trade and a professional occupation. Dr. Ralph W. Tyler, dean of the Division of Social Science at the University

of Chicago, reiterated the classic criterion of Dr. Abraham Flexner when he stated, "For an occupation to be a profession it should involve complex tasks which are performed by artistic application of major principles and concepts rather than by routine operations or skills."¹ This concept demands individual judgment and imagination as well as skills and presupposes "a course in science, rich in content, unified, and directly related to the nurse's requirements in practice."²

A quick comparison between the use made of the laboratory in general education and that of the hospital in nursing education emphasizes even more clearly the need for a re-evaluation of our nursing programs if we are to meet the needs of present-day society. A science laboratory is a place where work is done, where purposeful activities are carried on in order to gain an understanding of fundamental principles. A clinical ward in a hospital is a place where professional activities are carried on that depend upon scientific principles for the accomplishment of their purpose.

It is the primary purpose of a science laboratory to supply an analysis of the processes which must be carried on by the student in learning. Each laboratory assignment is considered a planned period of study and investigation in which the student applies her innate curiosity in the observation of facts and acquisition of data, both of which are scientifically recorded. In this atmosphere the student develops skill and accuracy in carrying out the recommended procedures. She is trained to be critical in her thinking. She develops an accentuated ability to question rather than accept supinely what is encountered. She is made to realize that a process must be learned before it can be analyzed and that it is only by repeated application of theory to concrete example that a real grasp of scientific principles can be obtained.

The primary purpose of the hospital is the care of the sick. Here, complex tasks are performed by the professional nurse in alleviating the ills of the patient. These tasks involve not only a knowledge of procedure and skill in its performance, not alone keenness in observation and accuracy in recording data, but, because the nurse is dealing with individuals composed of body, mind, and spirit, she is constantly faced with additional and, in a sense, unique problems. To solve such problems she must draw upon certain basic principles applicable to the particular situation. In the light of these principles she must then adapt procedures specific to conditions surrounding the given cases and varied personalities.

If these are the demands made upon the professional nurse practitioner today, there is, then, a crucial need for nursing education to organize a body of sciences, the application of which will make the hospital ward a nursing science laboratory in the full sense of the word—an educational unit where students perform purposeful activities in caring for and teaching the sick that they may gain an understanding of the principles of nursing science and prepare themselves to render to the community a service that is essentially intellectual in character and carries with it large personal responsibility.

It was in the light of these deductions that a critical analysis of student nursing activities concerned with the postoperative care of patients suffering from diseases of the gastrointestinal tract was attempted by the author during graduate study at the School of Nursing Education of The Catholic University of America. The study was based upon the hypothesis that: (1) if the principles of the biological and physical sciences could be compiled into a listing of generalized statements, and (2) if the actual nursing activities within the clinical fields could be ascertained and likewise listed, then, by means of a critical analysis of these data, there would result conclusive evidence as to what principles of science are fundamental to the attainment of the objectives toward which nursing activities are directed, and the relative importance of these principles.

The purpose of the study was two-fold:

1. To establish a method of securing core material for the organization of a nursing science. This phase of the problem was worked out in collaboration with Sister Mary Jerome who is one of the speakers on this panel.

2. To test the validity and adaptability of the method by applying it to a tangible situation. In this phase of the problem, each co-worker experimented with the method in a distinctly different area of clinical nursing but used the same principles. The sciences considered were limited to anatomy and physiology and whatever of chemistry, physics, cytology, hematology, and neurology was necessary for the intelligent comprehension of the structure and function of body organs. A "principle" was defined as an underlying generalization which has been substantiated by controlled observation and management.

The nursing activities observed were those relating to (1) the organization and management of treatments designated to secure the well-being of patients, (2) the diagnostic and therapeutic measures in which the nurse assists the physician or carries on procedures directed by him. Routine bedside care and the treatment of complications were not considered.

Ninety-eight principles were sifted from source material highly pertinent to the science of anatomy and physiology, and from textbooks basic to its instruction. Their selection was determined by the definition of the term "principle" and the application of the principle to the pathologies of the gastrointestinal tract. For the purpose of clarity as well as utility, these principles were listed according to whether they pertained to the structure and function of cells, or were related to the characteristic functions of the circulatory, muscular, nervous, and respiratory systems.

Furthermore, it was possible to distinguish four types of relationships between these principles and their categories:

1. The principles that pertained universally to the functions of their category were classed as "General Principles"—e.g., "The water content of plasma is capable of holding food and other substances in solution," is basically concerned with the general functions of the circulatory system.

2. The principles essential to the functions of the category only when certain circumstances were present were classed as "Specific Principles"—e.g., "Anti-bodies are formed in the blood to combat the various foreign substances which invade the body," is essentially concerned with a specific function of the circulatory system.

3. The principles which consistently upheld those functions of the category that were involved in the process of digestion were classed as "Specific Principles Relative to Digestion"—e.g., "Protoplasm has the ability to transfer protein into its own substance."

4. The principles which consistently upheld those functions of the category that were involved in the process of diffusion were classed as "Specific Principles Relative to Diffusion"—e.g., "Slow-acting, dynamic equilibrium is a physical characteristic of the cell."

The collection of the second group of data, namely, the nursing activities, involved the use of direct observation technic, substantiated and evaluated by a check list analysis. These investigations, which were in operation for two months, revealed 59 distinct professional tasks actually performed by student nurses in the care of adult patients recovering from surgical treatment of the gastrointestinal tract. These activities were classified under three main headings: (1) those common to all surgical conditions within the first 24 hours following surgery, (2) those common to all surgical conditions during the convalescent period, (3) those nursing activities which directly appertained to the particular pathology in question.

Thus, two variables were obtained: (1) a listing of the scientific principles syn-
thesized from a group of biological and physical sciences directly associated with the harmonious functioning of the human body, (2) a list of nursing activities relative to the postoperative care of the diseases of the gastrointestinal tract.

A careful scrutiny of this data exposed several pertinent relationships:

1. The nursing activities were related to the diseases in question on the basis of purpose.
2. The nursing activities were related to the general and specific functions of the cellular, circulatory, muscular, nervous, and respiratory principle categories on the basis of utility of their purpose.
3. The five principle categories were related to the diseases of the gastrointestinal tract in that their functions were affected by the presence of the disease.
4. The scientific principles were related to the functions of their categories in that they sustained them.

Therefore, since the nursing activities were found to be intimately associated with the functions of the categories in which the principles were placed, and, since the functions of the categories were consistently upheld by the principles within them, it was logical to assume that certain generic relationships existed between each activity and some or all of the principles listed.

This assumption was confirmed by the facts revealed when each activity was subjected to a check list of questions which related to the purpose of the activity and the manner in which the activity utilized the general and specific functions of the cellular, circulatory, muscular, nervous, and respiratory systems.

To facilitate this analysis, a table was constructed upon which all the data concerned were accumulated and arranged in such a manner as to expose the significance of their relationships. This not only made the cross-matching of activities and principles comparatively easy but it also expressed their frequency and importance in numerical figures.

For example, the activity listing showed that narcotics were frequently administered both intramuscularly and rectally to patients during the first 24 hours following surgical treatment. In analyzing this procedure it was found that: (1) the purpose in giving the drug was to relieve pain, and its effect on the body was systemic; (2) its ability to relieve pain depended upon its reaction on the central nervous system; (3) in order to reach the central nervous system, it must enter the blood stream; (4) the method by which the drug was administered involved muscle absorption and cell diffusion. With these facts in mind, the activity in question was cross-matched with each principle listed on the table. The results indicated that out of the 98 principles tested 54 were directly applicable when the narcotic was administered intramuscularly and 59 when the narcotic was given rectally. The method of administration accounted for 5 variations in principle totals and these occurred, as one would expect, because of the differences in function of striated and smooth muscle tissue. It was also possible, because of the manner in which the data were tabulated, to determine the generic character of the 54 principles identified.

This analysis of these 59 nursing activities has revealed only a small fraction of the elements of the many sciences that are directly applied in the practice of nursing, and is in no way complete. There is much experimentation to be done in all the clinical areas before there can be organized a nursing science "something as uniquely the possession of nursing and the basis of the practice of nursing as medical science is of the medical profession." Nor will such a body of knowledge itself make of the hospital ward a nursing science laboratory. It will necessitate well-prepared faculty to implement it into the curriculum in such a way that classroom theory and ward experience will be but different aspects of the same learning process.

Nursing has been called one of the finest of the fine arts. A sculptor chisels life-like figures out of cold marble, a painter blends his oils on dead canvas in an effort to portray the beauties of nature, but a nurse applies her art to the living masterpieces of God's creation—man in the three-fold aspect of his body, mind, and soul. It is only fitting, then, that the educational program for this "artist" be enlarged and enriched by a body of knowledge, both cultural and professional, the application of which will give depth of understanding and breadth of vision as well as skill to her artistic tasks.

**THE HOSPITAL AS A LABORATORY FOR NURSING SCIENCE**

**INTEGRATION OF CHEMISTRY**

**SISTER M. EVARISTA SIEBERT, R.N.**

In using the hospital as a laboratory for nursing science, we must provide all the essentials necessary for good laboratory experience. Some of these essentials are:

1. **Competent instructors.** The student needs clinical instructors present on the ward to illustrate how the physical, biological, and social sciences can be applied to nursing practice and to test the pupil's own ability to recognize the occasion and apply the proper theory.

2. **Time for observation and study.** The student is expected to learn to apply her knowledge of science in complex situations; to do this requires time for reflective thinking and often a real hunt for needed information. The student working on the ward of a busy hospital does not usually take time in the middle of the morning to look up a question in chemistry, so that she will understand the treatment which has been ordered for her patient. Good nursing cannot be learned when the clinical experience is under pressure of time.

3. **Physical facilities.** Besides patients suffering from various diseases and in need of a variety of nursing procedures, conference rooms and reference materials must be provided on the ward. Conference rooms should be used for cooperative thinking about the patient and for making nursing care plans. Up-to-date and authentic reference books are necessary, and suitable scientific and professional periodicals should be available for reading and study.

While classroom lectures are needed to tell the student what to look for, it is only by being on the ward with the student that the teacher is able to show what is meant. The classroom lecture can describe the acetone odor of the breath, the cutaneous flush, dry skin, parched tongue, air hunger, and so forth, but it is only by being in contact with patients who have these physical signs that the nurse becomes able to recognize them. Obvious symptoms are easily recognized, but many slight differences which may be profoundly significant do not intrude upon the attention of the student observer.

The ability to observe must be taught, and, for proper teaching, the teacher must be on the ward with the students where the patients are. The teacher needs to be present to show the students what to look for, and to test the students' own awareness of these small shades of differences in the appearance and actions of the patient. Both the teacher and the student need time to look at the patients, to listen to them, and to think about them.

If nursing science is to be learned, the science of nursing and the art of nursing must be brought together in such a manner that the nurse is made aware of the scientific principles and facts underlying nursing problems. She must be taught the scientific method of problem-solving in her daily care and observation of the patient.

Observation may be defined as the "art or faculty of taking notice." One of the
essential qualities of a good nurse is the ability to make thoughtful, intelligent observations. Looking is not enough. A casual glance reveals little. Concentrated observation with mental consideration or contemplation is essential. In observing, the nurse must know what she is looking for and, to a certain extent, what she is likely to find. Observation is based upon knowledge, interest, and attention. The observer needs to draw on her fund of information in order to collect important, accurate facts which may be obtained through careful training of the senses of sight, hearing, touch, and smell. Nothing should be considered insignificant in making clinical observation. A great deal can be learned by watching and listening to the patient. Some knowledge can be gained by intelligent, skillful questioning of the patient. Symptoms have meaning when the nurse observes them and makes use of her observations by reflecting upon their implications in relation to the patient.

The student nurse at the bedside may, in some ways, be compared with the student of chemistry in the laboratory who is about to apply her knowledge and skill in the solution of a given problem. Their preparation is similar. The first stages of instruction and demonstration include activities selected on the basis of their usefulness; the student must be brought into direct contact with materials and apparatus necessary in the development of skills and abilities. The second stage of instruction involves the precise defining of the problem; a systematic search for principles and data pertinent to the problem which suggests a possible solution and tests the adequacy of the solution to see if it satisfies the demands of the problem. The latter is achieved if the solution explains all the facts, explains them in the simplest way, and is consistent with other facts and principles which have been established.

In the hospital ward, the student's activities must be selected on the basis of the level of ability of the student and her need for the experience. She must be brought into direct contact with patients who display the symptoms or abnormalities she wishes to study, or who require the specific treatment or nursing skills she needs to develop. Ability to recognize symptoms and skill in using nursing procedure to relieve these symptoms can only be developed by allowing the student time to work with patients and to think about them.

Suppose, for example, the student is given the responsibility of the nursing care of Mrs. Jones, who is a severe diabetic. The student is faced with the problem of observing the signs and symptoms manifested by Mrs. Jones, of being able to evaluate these symptoms as they pertain to this patient's physical and mental health, and of being able to make judgments based on her conclusions.

She must be guided by the clinical instructor in the selection of the principles taught in the basic sciences which will lead to an understanding of the problem. The student knows that the healthy body is in a relatively constant state of dynamic equilibrium. To her this means that, although chemical changes are constantly taking place in the body, the amount of any one substance remains fairly constant. She will see that it is this state of dynamic equilibrium, which maintains the blood sugar at a normal level, that regulates the pH of the blood, the amount of food and water intake, and the amount of waste products to be excreted. Another principle which she may apply is: when a stress is applied to a system in equilibrium, the point of equilibrium is shifted in the direction of the reaction which tends to relieve the stress. She will also remember that a reaction which is reversible may be driven almost entirely in one direction by changing the concentration of the reacting species.

Applying these principles to the problem of the diabetic, the student reasons that insulin is a hormone essential to normal carbohydrate metabolism; it exerts its effect by inhibiting the overproduction of glucose from protein and fat by the liver; it increases the rate of oxidation of glucose and the deposition of glycogen in the liver and muscles. When the amount of insulin in the body is not sufficient, the production of glucose from protein and fat exceeds normal limits, and these endogenous carbohydrates will accumulate in the blood stream. As the body is unable to store glycogen
in the liver and muscles and to oxidize glucose for body metabolism, the glucose accumulates in the blood, causing a tremendous shift in the equilibrium. To remove this substance from the blood, large amounts of fluids are required, as the glucose to be eliminated by the kidneys must be in solution. This explains the development of two of the symptoms, polydipsia and polyuria. Since matter can neither be created nor destroyed, the sugar tolerance of each patient can be estimated by calculating the total glucose value of the food taken in 24 hours and the total amount of glucose excreted in the urine; the difference between the two represents the amount actually utilized by the patient. The inability of the patient to metabolize glucose indirectly affects the metabolism of fats. In an effort to meet the metabolic requirements of the tissues, there is an increased breakdown of proteins and an accelerated oxidation of fats. Fats are normally broken down into fatty acids and glycerine; the glycerine is further broken down into glucose, and the fatty acids transformed into carbon dioxide and water. As a result of oxidation of fat, ketonic substances are formed at a rate that may exceed the capacity of the normal mechanism concerned with their destruction and utilization. These accumulate in the blood stream and there results a profound disturbance of the acid base equilibrium of the body. Since the point of equilibrium is shifted in the direction of the reaction which tends to use up these ketones, these acids are neutralized by combining with a base, chiefly sodium. There results a loss of fixed base and the alkaline reserve is depleted. This is first reflected in a decrease in the carbon dioxide combining power and eventually by a decreased pH of the blood. The glycosuria and loss of sodium result in dehydration.

This type of analytical reasoning will lead to an understanding of the symptoms, the treatment, and of nursing care of any disease.

If the student is guided in reflective thinking based on her powers of observation, knowledge, and past experience, she will acquire the desirable trait of careful and accurate observation, the habit of recording results carefully, completely, and immediately, and the habit of gathering and verifying all the facts before arriving at conclusions. She will be more aware of the problems she is meeting, her nursing care will be safer, and she will be more willing to accept responsibility because of her increased skill and ability.

DEVELOPMENT OF A NURSING SCIENCE

A PREREQUISITE TO THE APPLICATION OF A NURSING SCIENCE
IN THE HOSPITAL WARD LABORATORY

SISTER M. VINCENT KAL TENBRUN, R.N.

In developing the topic, "The Hospital as a Laboratory for Nursing Science," this paper is concerned with the development of a nursing science, a prerequisite to the application of such a science in the ward laboratory.

Nursing has for many years been defined as an art and a science. The art of nursing is the development of nursing ability through repeated performance under competent guidance; its procedures are dependent upon the principles of science.1 That nursing is a science has without doubt been universally accepted without too much logical reasoning. Nursing, as a science, is an applied science, since it uses the facts, principles, and findings of pure science to guide the art of practice in nursing.2

Nursing science, properly so-called, is an organized body of scientific knowledge

gathered from every science which contributes to nursing. Its application implies integration of this body of scientific knowledge with nursing and allied arts. When nursing science is applied in the ward laboratory, the art and the science of nursing will be integrated, while the emphasis will be upon science rather than the art.

Nursing as a science, or an organized body of scientific knowledge which contributes to nursing, still remains to be developed. Even though a large area of the curriculum in a school of nursing covering the medical, biological, physical, and social sciences contributes in a very definite manner to the science of nursing, yet these sciences do not constitute nursing science as such.

Considerable interest has led to many studies within the past ten years in an attempt to organize such a science. At the present time a series of such studies, similar in method and plan, is being conducted at The Catholic University of America School of Nursing Education. Each study is an elaboration of one science area and centers around a common pivotal nursing situation. Two completed works cover the areas of chemistry and physiology in the clinical situation of "uncomplicated diabetes mellitus"; two others, one in anatomy and the second in microbiology, are in the process of development at the present time.

It is hoped that this series of studies, which would include all areas of science such as physics, sociology, psychology, and those outlined above, will soon be complete. These, then, might be assembled, and a compilation of the whole, we believe, would serve as a pattern for future research in other varied nursing situations for an orderly development of the science of nursing.

Interest in this type of research is the result of an effort to satisfy one criterion set up by Dr. Abraham Flexner, in 1915, for evaluation of an organization as a professional group. Critical studies, made by interested groups and individuals, relative to the profession of nursing have strongly indicated that nursing, as a profession, lacks a well-defined, well-organized nursing science. Recommendations have, as a whole, suggested that nursing should formulate such a body of scientific knowledge, which is "as uniquely the possession of nursing and the basis of the practice of nursing as medical science is of the medical profession."3

In the studies previously noted, an identical clinical nursing situation was set up in each case. Its selection was based upon the simplicity of the condition and upon the fact that it presented varied aspects for integration of the sciences.

The method of research followed in each study, qualified by the area of science concerned, was quite similar in detail. Scientific concepts were formulated from an analysis of the science involved which were fundamental to the specific clinical situation, and an understanding of which was essential for intelligent total nursing care. These scientific concepts were further interpreted to the extent to which a background of scientific information would be essential in the teaching of the science of nursing as well as in its application.

Finally, a method was outlined which might be used as a guide for teachers in planning aids for better integration on the part of students in the application of nursing science. This plan was intended to serve as a basis for the second phase of the development of a science of nursing.

The first phase in the development of a nursing science is clearly that of a research worker; the second is the application of the science in the total nursing care plan, or integration of nursing art and nursing science in the laboratory at the bedside of the patient.

Nursing science cannot, therefore, be taught in the classroom, nor can it be learned at the bedside of the patient if the principles and concepts learned in the science laboratory are not properly integrated with the nursing arts in the ward laboratory.

Integration implies "wholeness" and is "a process which takes place only in the student." The student must be able to bring to bear upon a particular situation all the information which she has gained from experiences logically organized, and use this knowledge of fundamental concepts in solving problems complicating nursing care. It is important, therefore, that student nurses not only understand the "how" but also the "why"; thus, a science of nursing, in which the science courses are planned in terms of actual nursing situations, affords the student an opportunity to solve problems requiring the application of knowledge of the sciences. Teaching of this nature, when students are skillfully guided, is thereby emphasizing principles rather than technics, and understanding of human behavior rather than essential activities carried out routinely for all patients. When the student is given the opportunity to study all the aspects involved in the care of her patient, is guided in planning total and continuous nursing care, and is given an opportunity to carry out these plans in actual practice, she is learning to organize information gained from many sources into a related whole.

In the application of the science of nursing as it is practiced at the bedside in the ward laboratory, the fundamental concepts are the same as those learned and practiced in the science laboratory. Teachers of the science of nursing must be qualified, therefore, for teaching both in the classroom and on the ward. They are challenged to teach student nurses to nurse; to bring together the disciplines of the scientific principles and the knowledge of the nursing arts, which, rather than separate entities learned, jointly contribute to an illuminated understanding of problems of real personal-social significance, thereby emphasizing and demonstrating the essential unity of knowledge. To achieve this objective it is essential that they have sound scientific background in the disciplines involved.

Scientific, sound, intelligent nursing care implies scientifically controlled experimental studies, not in the science laboratory as such but in the laboratory at the bedside of the patient. Here the object of the experiment is a living, human individual possessing a right to life, rather than the inanimate chemicals or the animals used in the biology laboratory experimental projects. It is essential, therefore, that the student be carefully supervised and guided so that she will intelligently recognize the problem, realize its implications, and effectively and skillfully accomplish its solution.

Bedside nursing care then becomes for the student and the graduate nurse a challenge which is constantly growing, broadening, and becoming more involved with the ever-expanding knowledge of scientific medicine.

THE COMMUNITY: A LABORATORY FOR PUBLIC HEALTH EDUCATION

MARGARET L. VARLEY, R.N.

The community approach to public health education is not a new subject or is there anything particularly new in using a given community or any of its component parts or agencies to establish a variety of practice fields for professional workers preparing for the various disciplines represented in the public health field. It has long

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6Heidgerken. Clarifying the issues on integration. Loc. cit.
been recognized that a broad knowledge of community organization and forces operating within the community are vital to the success of a public health program. I have nothing original to contribute to these basic concepts, but I have been asked to present for your consideration the methods used at the Harvard School of Public Health, which attempts to give its graduate students a comprehensive and basic understanding of a community, its organization and population, and the implications and application of the knowledge to the public health field.

Three major areas of emphasis compose the total program of this school, namely: research, community service, and teaching. It is thought that its research and community service activities are essential and vital to the success of the school's teaching program if the content of instruction is to be kept alive, earthy, and realistic. Further reference will be made to one of the school's community service activities later in this discussion.

Before exploring the content of instruction, it might be of interest to discuss the variety of disciplines represented in the school because this perhaps may have implications for other universities concerned with public health nursing education and for basic schools of nursing. The teaching program of the School of Public Health is organized to provide intensive postgraduate instruction for physicians and certain other qualified individuals which will fit them for effective careers in the profession of public health. Its main objective is to train the skilled leaders needed to plan, organize, direct, and operate complete public health programs for governmental units—local, state, and national; for industry, large and small, to serve both labor and management; for international health agencies, with special emphasis on the needs of the disease-ridden tropical regions of the world; and for private, nonprofit agencies in the field of public health.

It is also concerned with the training of the various specialists required for such programs, including epidemiologists, microbiologists, biostatisticians, nutritionists, industrial hygienists, environmental physiologists, health educators, public health nurses, and special administrators of such important activities as programs of industrial health, maternal and child health, medical care, mental health, the control of cancer, venereal diseases, tuberculosis, and tropical diseases. Another important function is the training of teachers for other schools of public health and for departments of preventive medicine.

The basic course, which provides for the training of such people, requires one academic year of study and leads to the degree of Master of Public Health. This course is designed primarily for graduates in medicine but is appropriate for doctors of dental or veterinary medicine, for engineers, and for health workers with a broad academic background in the basic medical sciences and a period of administrative experience in the field. Thus the student body is composed of physicians, veterinarians, dentists, nutritionists, health educators, public health nurses, and engineers. All of the disciplines found in a modern community health department are represented, and, while each student chooses a field of major interest, all are together during the academic year in interdepartmental and "core courses" which are basic to the science of public health.

Much has been written in recent years regarding the "team approach" in public health; for the purposes of this discussion let us use the term "multidiscipline approach" to public health education. This approach, with the physician, nutritionist, veterinarian, engineer, public health nurse, dentist, and health educator considering problems and programs in seminar discussion, accomplishes much in setting the stage for a realistic interpretation of the community and its public health problems. By this method alone we have an effective beginning in the study of the community. The more intangible, but none the less important, values in the multidiscipline approach are the understanding of, and the respect established for, the contribution of each of the disciplines to the total health program.
The contribution of the various disciplines to public health education is also recognized in the composition of the faculty. Not only are those specialties basic to scientific preparation available, but a medical social worker, a health educator, a public health nutritionist, and a public health nurse hold full-time faculty appointments and are requested to participate in the teaching programs of several departments of the school.

Let us now turn to a brief review of the interdepartmental courses of study which are basic to the preparation of all students in the analysis of the community, namely: "Community Organization for Health Service" and "Public Health Aspects of Human Ecology." Both courses are concurrent and interrelated, designed to create a broad concept of the scientific approach to community public health.

The approach through human ecology is employed to provide a knowledge of human populations as a background of the study of public health in the same sense that anatomy and physiology provides a knowledge of the individual man as a background for the study of medicine. The course is organized around the study of population, its composition and growth, as affected by factors in the physical, biological, and social environment. This background is intended to assist students in the transition from thinking of health in terms of disease occurring in individuals to thinking of health in terms of populations and their environments.

Complementing "Public Health Aspects of Human Ecology," the course in "Community Organization for Health Services" is designed to provide a basic understanding of interpersonal relationships in the community; how people live together in families and other groups; their basic motivations and drives and methods of learning and ways used in organizing themselves to perform essential functions. The health worker lacking knowledge in these fields is as handicapped in approaching community health problems as would be the psychiatrist ignorant of psychology.

Basic assumptions presented are:

1. The success of community health programs depends upon working intelligently with the dynamic forces active in community life.
2. Groups of people living together are influenced profoundly by their cultural heritage.
3. They may be persuaded to adopt new habits and customs desirable for their health only if their culture is understood.
4. Modern public health depends upon the cooperation and understanding of the people.
5. Public health is based both on natural and social sciences.
6. The social sciences—sociology, cultural anthropology, group psychology, economics, and political science—are throwing new light on understanding community problems and providing new working methods useful for health promotion.
7. Newer concepts have led us to see that community health is a people’s program, not a program planned and superimposed by professional workers. Accordingly, community organization which brings people together through their chosen representatives is employed to an increasing degree to provide for study, joint planning, and action for health services.

This year, in an effort to bring these basic assumptions down to a practical and realistic level, a local community was used as a point of departure, including a discussion of geographical, population, economic, and social factors important to an understanding of community organization problems. Citizens of the community participated in the classroom discussion and presentation. Graphic material was presented regarding industrial areas, racial characteristics, housing, population trends and movement, political structure, and the community organization for health and social services. Based on this information, a question was formulated to be answered at the end of the course: "How can the local community health services be improved through the membership of the Health Committee of Community Council?"
The course then dealt with four general groups of subjects which related to behavior of the individual, the group, the community, and to broad cultural and cross-cultural subjects. Presentations were made by recognized authorities in the field of psychology, sociology, anthropology, education, and community planning.

The local community was used again as a focusing point at the end of the course to assist the student in maintaining a specific community orientation toward which to direct the numerous pieces of the pattern posed to him by the experts.

In describing these two courses of study, it is not to be inferred that they stand alone in the preparation of the student for an understanding of the community; the broad concepts presented are carried through to other fields of study throughout the year, and there is a close correlation in public health practice, epidemiology, sanitary engineering, biostatistics, and the selected field of major interest. The proper training of public health personnel requires not only formal academic training but also the opportunity to study the community application of the principles learned in the classroom. Field observations and study are to public health education what the student laboratory and internship are to medical education.

It is desirable to incorporate a period of field training as a part of formal education provided by accredited schools and universities. Such a period is required in the training of public health nurses and by some universities for other types of personnel. To require such experience for all personnel is difficult today because of a shortage of a suitable number of areas where such training may be obtained.

It is apparent that great variation exists in form and objective of field training. The student who merely visits a health department for a few hours a day is undergoing a very different educational experience than is the student who spends several months as a junior employee, yet each is experiencing field training. Each type has its place, yet the purpose served by each is very different.

It is equally apparent that every public health agency is not suitable for the purpose of field training. Such training requires not only the conduct of a health program worthy of study and demonstration but also personnel who have time, willingness, and the ability to assist in student training. Just as certain hospitals are not suitable for the teaching of nursing or the training of interns or residents, certain health departments may not be acceptable agencies to provide public health training. Minimum provisional standards for field training centers have been established by the American Public Health Association.

The shortage of field training areas has been brought about, in part, by the fact that field training is expensive if it is to maintain suitable standards of quality. The quality of the public service performed by the agency should be high—a fact which itself implies appreciable expenditures. The presence of students is time consuming to the staff; proper field training usually necessitates the employment of additional personnel. While the training area benefits from the stimulus of student visits, criticism, and participation, it is not always justified that added expense be met by the local community that is already supporting a health program of high quality.

If adequate field training areas are to be developed, sources of funds, including state and federal agencies, must be explored. The dearth of suitable field training areas has necessitated the utilization of facilities that are lacking many of the features that should be required of all field training areas and, in some instances, has prevented the schools of public health and universities from requiring the amount of field experience that they otherwise would desire.

In spite of the shortages of suitable areas and agencies available and a very full academic year which makes it difficult to find time for community experience, field practice, demonstration, and observation are an integral part of the program of study at the Harvard School of Public Health. One-half or one day a week during the second semester is left free to provide time so that students may take field trips which involve
administration, medical care, maternal and child health activities, health education, cancer control, public health nursing and medical social work. Three departments of the school schedule one-week block field study courses twice during the year; opportunity is provided to spend a continuous period in a selected, well-operated local or district health department observing activities of the various divisions, the work of the health officer and health specialists, and their relationships with the community. These observations are used as a vital part in the teaching of the various departments.

For those students who select public health practice as their field of major interest, opportunity is provided to participate in survey of a local community and to get back to the "grass roots" in the public health field. The yearly community survey conducted by the Department of Public Health Practice serves a dual role. It is a service to a local community and provides a laboratory for public health education. Underlying the department's willingness to accept requests from local communities to examine and assess their health programs is the philosophy that community service is an important function of a school of public health.

The requests for surveys have been numerous, and the faculty members of the Department of Public Health Practice decide each year which community will provide the most comprehensive experience for student practice and study. A basic principle which has been followed is that the request for the survey come from the community and be sponsored by a committee composed of representative and interested citizens.

The members of the local committee decide the areas of their community health service they wish examined. This safeguards interest in, and action upon, recommendations made regarding health service. The formation and composition of the local sponsoring committee can be used as a demonstration in student teaching. Of utmost importance to the success of the survey is an informed and cooperative local professional group concerned with the purposes of the survey team at the local level.

Prior to the actual field study the students and faculty who are to participate meet in a series of planning conferences. Every effort is made to include all of the disciplines represented in the school in order to have "experts" available in each field. Other departments of the school of public health are invited to participate both in the planning conferences and in the actual field study.

Methods of survey technic and interviewing, and the basic information necessary for a comprehensive community study are discussed. Preliminary information of the selected community is made available to the student group. In many instances it has been possible to collect morbidity and mortality data before the actual field study. The American Public Health Association's "Evaluation Schedule for Use in the Study and Appraisal of Community Health Programs" and community survey forms of the National Organization for Public Health Nursing are explained, and background material on survey methods is available. Pre-survey conferences with division directors of the state health department have proved helpful in correlating information and plans.

Included in the planning conferences is the detailed breakdown of fields to be studied and assignment of responsibility to the individual student. The fields generally include population and geographic factors, vital indices, socio-economic influences, social and health facilities, administrative and political factors, and the health program and personnel.

Two methods of approach have been used in actual field study. The entire student and faculty group consider themselves a survey team for a given community, but, to facilitate field work, each student selects a field of special interest; for example: one physician may examine the maternal and child health services, another the tuberculosis or venereal disease program, and still another the vital statistics of the area;
the public health nurse or nurses would spend time in evaluating the community nursing program. This method has seemed more satisfactory when one town or city is the unit to be surveyed. After the period of field study, all the various areas studied are pieced together to make a comprehensive and intelligent report.

The second method of approach was used this year when a rural area composed of 13 small towns and one small city was studied. The area was subdivided into three districts composed of two rural and one urban area. Teams composed of two health officers, a public health nurse, and a health educator were assigned to each area. The dentist, nutritionist, and veterinarian served as consultant to these teams and, in addition, did some independent investigation. While the team approach was time consuming and fraught with difficulties such as transportation and questions regarding the division of responsibility, it is hoped that it served as a demonstration of teamwork in health to the local communities.

One might mention, in passing, some of the trials and tribulations of a survey team in midwinter in New England. Late January is the time that is best suited as far as the curriculum is concerned because the basic first semester is completed and the course in public health practice, which utilizes the survey for teaching material, starts with the spring semester. Therefore, the major data for the survey must be completed in the week between semesters when the entire school is dismissed for field work. In all of the planning conferences, the forthcoming weather and transportation are two of the vital but less important considerations. Both become vital and important during the field period, and the tradition is firmly established that New England will do her worst for us. This year the survey week was ushered in by the winter’s worst ice storm. Cars were sheeted in ice, roads were dangerous and slippery, and the student teams and faculty members “skidded” the 35 miles to the rural field. If a school is contemplating using the community as a laboratory for field study, it is recommended to choose a warmer period of the year and the geographic location of the community with care and respect!

Although the original period of field work and investigation is for only one week, students have found it necessary to return to the selected area during the entire spring semester in order to complete the community study.

Previous mention has been made regarding the faculty in the planning conferences and the field work; perhaps this needs more clarification. During the planning conferences, faculty members more or less serve as advisers and as a steering committee. At the time of the actual field study, members of the faculty are in the field but serve as advisers to the student team, as it is considered important to keep the responsibility for investigation a student activity if it is to be an educational experience. As the graduate student group, in general, are mature and have had previous experience in the field, it is possible to delegate almost complete responsibility if they are adequately oriented to survey methods in the planning conferences.

Upon return to the university, all students who have participated in the survey are required to enroll in the combined course in "Public Health Administration, Health Education, Public Health Nursing, and Social Work in Health Agencies." This is a seminar course in which the practical application of public health principles is developed. General administrative problems are discussed as well as those in the fields of health education, public health nursing, and social work. The importance of teamwork in public health is stressed.

The community survey is the framework or "case study" around which the seminars are built. Both faculty and students have shared a common and realistic field situation and both can draw upon the "case study" for illustrative material.

There are four types of advanced seminars which compose the entire course in public health administration; all are correlated to a degree to the basic seminar in administrative practice, held weekly. Health education considers community-wide
and special health education programs; procedures and media are studied and the role of the team in health education is stressed. In the seminar concerned with public health nursing, programs of both official and voluntary agencies are emphasized with special attention to administrative planning in relationship to the total community health program. A third seminar, the orientation to the principles of social work in health and welfare agencies, is given. The three special seminars, which are the joint responsibility of the public health nurse, health educator, social worker faculty members, and the student group, use the material of the field study for background and illustrative material.

In the administrative seminar the students are scheduled to present their reports and recommendations on the various phases of the field study. A general thumbnail sketch of the area surveyed is first presented, followed by all phases of the community health program. When the recommendations to the community for the improvement or changes in health programs are made at the end of each report, discussion really becomes active and often heated. Each student understands that his recommendations must be sound because they are going back to the local community, and the presentation to the faculty and fellow students serve as a screening process. The student must prove to the group that his recommendations are (1) within the legal framework of the community; (2) not beyond its financial ability to meet costs; (3) and not too radical for acceptance by the surveyed community. The students and the faculty have learned to know many of the citizens of the community and each has his or her opinion as to how they will react to suggested changes.

Based upon the discussion of field reports, the faculty is able to plan seminars which will supplement students’ background in public health administration; for example, the legal problems included in health administration, the geography of organization, the allocation of state funds to local health units, personnel management, the roles of health agencies of various types in the total health program, and planning state and local health budgets. Thus the original "case study" opens up a variety of subjects vital to public health education.

Unfortunately, because the academic year is all too short for the completion of such an extensive project, the students are not responsible for the final presentation of the survey and recommendations to the community. We are fortunate if, at the end of the academic year, all the pieces are fitted together in a comprehensive and intelligent report. At this point the various members of the faculty review the completed report. It is then returned to the agencies to be checked for completeness and accuracy. The individual community agencies receive their final reports and recommendations at the time the entire report is presented to the citizens’ committee. Although students are not able to participate in the final presentation to the committee by the head of the Department of Public Health Practice, they realize they have a vital responsibility for the content and recommendations of the report. At the end of the semester both students and faculty have gained an intimate knowledge of the health program and the variety of factors affecting it in one local community, and, in thinking through the multiple problems presented, have evolved some methods which could be transferred to other communities.

In this brief and incomplete description of a part of the program of one school of public health, an attempt has been made to describe the multidiscipline approach in the preparation of professional workers for community health service. It is believed that a common background in the natural and social sciences basic to public health will do much to achieve teamwork among the many disciplines essential in a health program. With experimentation, the problem-centered team approach to public health education may be modified and applied to basic schools of nursing and in selected universities preparing nurses for community work.

If we accept the premise that an understanding of community organization is basic
to the furthering of health in any population unit, then we are obliged to provide rich opportunities to acquire this knowledge and understanding both in the university and the field. The contribution of the social sciences—sociology, cultural anthropology, group psychology, economics, and political science—can vitally enrich programs of study.

Firmly believing that the community should be widely used as a laboratory in the education of all types of workers concerned with health, the educator is then confronted with the difficulty of finding a suitable "laboratory assignment" for students because of the present shortages of approved field training areas. In describing the community survey used by the School of Public Health as a method of providing field practice and study, it is evident that an educational experience can be provided even if the selected community does not possess the highly developed and effective services required in an approved field training area. The experience gained in the study and appraisal of a selected community, the contact with its citizens, both lay and professional, and the subsequent recommendations made for improvement in service to the citizens' committee becomes a dynamic preparation for participation in community health programs at all levels.

PROGRAM MEETING

Wednesday, May 9—10:00 a.m.—12:00 m.

WHAT IS SOCIETY'S NEED FOR NURSING SERVICE?

Presiding: RUTH SLEEPER, R.N., Director, School of Nursing and Nursing Service, Massachusetts General Hospital, Boston, Massachusetts

Symposium moderator: FRANZ GOLDMANN, M.D., Associate Professor of Medical Care, Harvard School of Public Health, Boston, Massachusetts

Participants:

FRANZ GOLDMANN, M.D.

DEAN A. CLARK, M.D., General Director, Massachusetts General Hospital, Boston, Massachusetts

ELIZABETH B. HAGER, R.N., Staff Nurse, Nashoba Associated Boards of Health, Ayer, Massachusetts

HENRY J. BAKST, M.D., Associate Professor of Preventive Medicine, Boston University School of Medicine, and Director, Home Medical and Outpatient Services, Massachusetts Memorial Hospitals, Boston, Massachusetts

THEODORE PEMBERTON, Jamaica Plain, Massachusetts

JANE S. BRAGDON, R.N., Acting Assistant Director, School of Nursing, Massachusetts Memorial Hospitals, Boston, Massachusetts
The subject which we want to discuss today is of great interest to us because we are all agreed on a few objectives. I should like to outline these objectives because we want to use them as a point of departure for our discussion.

No one in this audience will deny that we all want the inclusion of nursing services in any type of medical care program, no matter how it is financed; whether it is a prepayment plan, a tax-supported plan, or whether it is a plan financed out of industrial resources. Secondly, we are agreed that nursing service should be inclusive; that is, it should be available at the home of the patient, at the clinic, at the hospital, at the industrial institution. Thirdly, we are also agreed that we want to have the high quality of service which we teach our students at school; that we want to have continuity of service and consistency of service.

Now, 20 years ago all this would have been largely a statement of aspiration. Today, there is still a good deal of room for improvement, but we have moved rapidly in the last 20 years. In the three predominating systems of medical care we have in this country today, we do find nursing service to some extent. It has some modifications, some limitations, but it is there and is part of the organized services and organized health care plans. Under our system of public medical care financed out of general tax funds and administered out of public agencies, we have approximately 25,000,000 persons eligible for service, and nursing service is available to some extent to most of these people. Under our system of voluntary medical care insurance, which at present covers more than half the population, we have some nursing service, primarily hospital nursing under most plans, and other types of nursing under some plans. Things are moving and the day is not too far off when we may give you definite data as to the extent to which such service is available.

I don't want to go into any further details, because our speakers will give you some idea of the way nursing service has been developed and of certain types of programs. The speakers who have graciously consented to appear here today to exchange opinions with you are people who will present various types of experiences in these programs. We are going to hear briefly from each of them. After that, we would like to have some cross-fertilization taking place by trying to find out in what respects the experience they have had will affect the training of nurses of the future, because that is, of course, a crucial point—how we can prepare nurses for a good job under these plans which are in process of rapid evolution.

**BROADENING THE BASE**

**DEAN A. CLARK, M.D.**

It is an honor to be invited to participate in this discussion because, it seems to me, it is a very important discussion not only with respect to nursing service, but with respect to the education of nurses and of people becoming nurses in the newer framework we see being developed around us and among us. In a sense, I am speaking in two capacities—that of a hospital administrator and that of a former health insurance plan medical director who, to some extent, is still closely associated with medical care insurance. I say "still" because I have been working for a Senate committee on a survey of this subject which will be out in about a month; and I also remain a member of the board of the Health Insurance Plan of Greater New York. I tell you this because it indicates that my interest in medical care plans remains a very strong one even though at the moment my activities are not directly concerned with them. Never-
theless, in this field, the interests of a hospital administrator and of someone concerned about medical care insurance coincide very closely, it seems to me, because the basic question to be answered in the case of medical care insurance is the same question that has to be answered in the case of hospital or other medical facilities—namely, what methods are best, what methods can be developed for the most effective utilization of our medical, nursing, dental, and other health personnel and facilities so as to produce the best quality of medical service, both preventive and curative, to all of the people? This is the problem, and, seen in that light, there is really no conflict or division of interests between someone in the hospital and someone in an insurance plan and someone who is a nurse or a doctor in the practice of his profession. There are differences of approach, but the basic interest of all is, and must be, that of providing the best service to the people.

From the standpoint of the hospital, preventive medicine, let us say, or inclusive medical service—and by that, of course, I mean nursing service as well as physicians' and other forms of medical service—is just as important as it is to a public health department or to an insurance plan. Unfortunately, many insurance plans, at the moment, are not particularly emphasizing preventive medicine. But to a hospital administrator, preventive medicine means that patients, if they receive proper health supervision, proper and early diagnosis and treatment outside the hospital—whether that be in the home, the physician's office, or the clinic—will use the hospital most effectively; that is, when they really need the hospital, not just when they need an examination.

This may seem a little strange to you, and yet I am sure you have all run across experiences like several that I personally have had where someone who had an illness, or the symptoms, or undiagnosed symptoms, of an illness, was sent to the hospital simply because he happened to have a Blue Cross policy, perhaps a Blue Shield policy, or for the convenience of the doctor, when actually the medical attention required for that person could easily have been given, and just as well given, in the offices of a medical group or even in the private office of a physician, providing that the arrangements had been made to do it that way. But with our present emphasis in health insurance upon hospitalized illness, we have, I am afraid, a great tendency, and an unfortunate one, to use the hospital more than necessary for situations that don't require expensive (and they are expensive, I don't need to remind you of that) facilities and personnel of a hospital.

Therefore, from the standpoint of a hospital administrator, nursing service of the future, it seems to me, in broadening its base, will be, and should be, more and more concerned about the nursing service outside the hospital so that we won't need to build so many new hospitals; so that we won't have constantly the pressure for more hospital beds and more admissions, when those admitted, medically speaking, could better have been taken care of had they been seen early in their illnesses or before the illnesses occurred, and the services rendered efficiently at home, or in the group clinic, or at the doctor's office.

In that framework, then, I shift my hat and speak as a former health insurance plan medical director, because the concept of the Health Insurance Plan of Greater New York, from the beginning, always was and is now, that of providing a comprehensive medical service through the insurance technic so that preventive as well as curative medicine would be available, freely available and without extra charge, at the patient's home, in the doctor's medical group office, or in the hospital, as the case might be. The plan was developed to include all these services, and among the most important of them, it seemed to us then and it still does, is visiting nurse service for the home, as well as the nurses' service in the medical group office and in the hospital. But the somewhat unique characteristic of this plan—and there are very few other examples, I regret to say—is that visiting nurse service in the home is
provided as a part of the insurance benefits, without limit as to number of visits, length of illness, or in any other way except that the service must, of course, be rendered under the orders of the physician. This seemed to many a rather bold step until we undertook it, but we felt that, if properly supervised, there would be no difficulty and so it has turned out.

The arrangements were not made with each medical group to employ some nurses who would visit patients in their homes. After all, that would have broken up the nursing service into some 25 or 30 different units of nurses, as there are that many medical groups in the Health Insurance Plan, and, obviously, different standards would have applied in different groups, different degrees of skill in supervision, different rules and regulations, and all the rest which would have made, we thought, a very undesirable situation. So, instead of that, the Health Insurance Plan made contracts with the three visiting nurse associations that serve the five boroughs of New York City, and also those in Nassau County and Westchester County for our subscribers who happen to live in these areas. The contracts are uniform, and, by and large, the rules and regulations of the three associations, their methods of supervision, and so on, are essentially the same. Either the patient or his physician or a family member or friend may call for the initial nursing visit, and the nurse from the association who is in that district then makes the visit. After that point, she will make no further visits until she has received orders from the physician. This policy is, of course, generally followed in visiting nurse associations.

At the beginning, four-fifths of this visiting nurse service was paid for by the central funds of the Health Insurance Plan. Under that arrangement, the utilization of the service was what we thought quite good. The estimates made by the Metropolitan Life Insurance Company indicate that it would require about 500 nursing visits per 1,000 insured people per year to render a complete nursing service at home. We think that estimate probably is a little high, but, at the same time, we think that it could be a lot higher than is customary in the population in general if nursing service is used properly. At the beginning, when the Health Insurance Plan was paying four-fifths of the costs from central funds, the nursing service began to be used rather gradually, because the physicians, by and large, were not accustomed to calling upon the visiting nurse association for paying customers, for patients who were self-supporting (as all subscribers of the Health Insurance Plan are), but with the very excellent services of a nurse consultant, Clara Richmond, and a nurses' advisory committee with such distinguished nurse members as Hortense Hilbert and Marian Randall and others in New York, we were gradually able to "educate" the patients and the physicians, as well as the nurses, to the functions of nursing in such a program. Utilization of the service rose from almost zero at the start to about 50 visits per 1,000 people per year during 1948— which is a very good figure as a starter!

Then, the financial situation demanded a change in the financing of the visiting nurse service, and the physicians of the medical groups, themselves, began to pay a larger share of the costs. As a result of that, no doubt, the use of the service dropped right off to about 12 visits per 1,000 people per year during 1949. This was extremely undesirable, and it was so agreed by nurses, doctors, and the administration of the Health Insurance Plan. Therefore, in 1950, once again the costs were shared from central funds and by the physicians. Further intense education campaigns were started, and progress again began to be made, with the result that, in 1950, the average was 40 visiting nurse service visits per 1,000 persons enrolled. In the first three months of 1951, the visits have been running at the rate of 59 per 1,000 people per year. This is beginning to approach adequacy; it's not completely adequate yet. One medical group which uses the visiting nurse service very freely—every obstetric case and all sick children for example—automatically refers to the service, and the rate at some months, although not throughout the year, has gone to 150 nursing visits per 1,000
of its enrollees per year. That, perhaps, approaches almost optimum utilization for certain months, particularly winter; it should be less than that, we think, in summer.

Well, you may ask, how much does this all cost? That is the astonishing thing. The premium for the Health Insurance Plan is about $30 a person a year for physicians' service, visiting nurse service—everything but hospital care, which is carried through the Blue Cross. But, to get back to the Health Insurance Plan, it is $30 a year, of which $25 goes to physicians and about $5 is used for administration and nursing service. To our astonishment, the visiting nurse service, at the rate of 59 visits per 1,000 persons per year, which pays costs or approximate costs of the visiting nurse association per visit, amounts to 15 cents per insured person per year.

Here is an indication that a comprehensive utilization of nursing service in the home, in the hospital, and in the doctor's office, does not have to be an excessively expensive item, and it does a world of good. Although we don't have final figures on this, utilization of hospitals under the Health Insurance Plan and other plans which include visiting nurse service at home and preventive medicine, generally is about half of that which the average Blue Cross subscriber utilizes in patient days per year. We ascribe this, and we think we are correct in ascribing this, to the presence of comprehensive medical service, early diagnosis and treatment, preventive medicine, and a comprehensive nursing service.

FAMILY FOCUSED CARE
ELIZABETH B. HAGER, R.N.

Family focused care, we hope, is being given with increased frequency by every nurse in whatever situation she finds herself—in the hospital, industry, home, or elsewhere. For the next few minutes, however, it will be considered from the point of view of the nurse working in a community such as mine where generalized nursing service is given.

It seems to me that real family focused care can best be given by a nurse who is working as part of a team of health workers in a generalized program. What is family focused care? Briefly, it is the care of a patient, not as a case—as was too often true in the past—not even as an individual alone, but as an individual who is a member of a family in a community; an individual whose illness and health—mental, physical, and emotional—will be influenced by, and will influence, the health and illnesses of other members of that family and that community.

On a large scale, the Peckham experiment in England is an example of family focused health care. Just as surely, the staff nurse who plans her care of the individual with the family implications in mind gives real family focused health care. She is also constantly on the alert for signs of health needs of all members of the family; needs which she can help the family meet through her own service or through that of other community resources.

What are some of the trends today that are influencing families' needs for nursing service and either increasing or decreasing the nurse's responsibility in certain areas? In the former category might be listed the following:

1. A change in the composition of the family. There are more older people in proportion to young adults and children than ever before. The families are smaller and less closely knit. This results in a smaller number of relatives available for giving care to a larger number of those who need it.

2. Increased opportunities for women in business, industry, and professional fields, and wider acceptance of their prerogative to work outside the home. This, too,
decreases the amount of help available in the home in time of illness. At the same time, it increases the need for health supervision of the individual carrying such a double work load.

3. Changes in some areas of the country in relative financial status of working and professional classes. This results in reduction of amount of domestic help available, with similar decrease in home nursing service they might give.

4. Use of parenteral drugs in treatment of patients in the home. The family's need of this type of nursing service is thus increased.

5. Increase in amount and quality of health education through various mass media. This results in increase of families' recognition of health problems as well as their request for further education by the nurse.

6. Development of the idea of the "health team." This points up the nurse's service in her key position as liaison between patient and other members of team.

7. Increased knowledge and interest in mental hygiene as well as wider recognition of its importance, plus resultant increased facilities in the field. These factors make prevention and early recognition of deviations from normal growth and development an ever-increasing part of the nurse's work.

The following trends have reduced the nurse's responsibility in some areas:

1. The use of so-called wonder drugs. This minimizes the acute stage of many diseases formerly requiring long periods of nursing care.

2. Emphasis on prevention. Practice in the preventive field reduces incidence and severity of many diseases and their complications.

3. Early ambulation. Patients are restored to normal activity in a shorter period of time.

4. Increased facilities in some parts of the country for institutional care of patients with certain chronic conditions, such as tuberculosis, cancer, and mental illness. This removes many patients from the homes of the community.

5. Increased number of hospital deliveries. In some parts of the country, this has actually eliminated home delivery nursing service.

These trends, while not exhaustive, have occasioned some definite changes in the types of nursing services that families need and want today.

Where, not too many years ago, a staff nurse would expect the largest proportion of her time to be spent in giving so-called "bedside care," today, especially if working in a generalized program, the larger proportion of her time might be spent in health supervision from the prenatal period through infancy, childhood, and adulthood.

Formerly, the nurse gave extensive bedside care to sick patients in the home during an acute illness; today, she has more responsibility for the period of convalescence, with the adjustment of the patient to that period as her major service.

Instead of assisting at a home delivery and giving bedside care to the new mother and baby for a week or ten days, the nurse's bedside service to the new mother and baby today may consist of only a demonstration bath, and even that is often unnecessary with the increased participation of the mother in caring for her baby during hospitalization. However, the increased importance of health supervision in this area cannot be overemphasized.

Not too long ago, the giving of intramuscular medication was considered too dangerous a procedure to be entrusted to nurses, especially in the home without medical supervision. Today, it forms a large part of many nurses' service loads.

Rather than caring for whole families ridden with serious communicable diseases, the nurse today emphasizes prevention and interprets to the family the need for taking precautionary measures, whether it be immunization or recognition of early symptoms with proper isolation and medical care.

With increased emphasis on the importance of nutrition following the discovery
of vitamins and other essential food components, the nurse has been called upon to render real service to families in teaching dietary essentials for good normal nutrition as well as special diets. In connection with this, she can often help the homemaker in wise budgeting of her food money.

The widespread interest in mental and emotional health and the recognition of its influence in physical well-being has added to the nurses’ responsibilities for service in this field. Teaching mothers and other individuals responsible for child care the fundamentals of normal growth and development is a tremendous factor in prevention of mental and emotional disturbances and in promotion of the development of the mature adult.

Whether a nurse functions in an insurance plan of nursing service, in a home care plan, a voluntary agency, or a local health union, her families’ needs are the same. She alone is not expected to be able to fill all these needs, but she must know where they can be met. She works closely not only with other members of the team in her own agency but also with individuals and agencies in the community—with anyone who enters the lives of her families. Because she sees the family most frequently, she is often the integrator in formulating and executing a plan for health service to the families of her community.

Although in different communities the emphasis may be on different kinds of service, the basic purposes of public health nursing service for today’s families are:

1. The prevention and control of disease
2. The care of the sick in the home
3. Family health guidance

It is the responsibility of nursing education to help nurses prepare themselves for giving family focused care in these three areas.

COMMUNITY SERVICE AND HOME MEDICAL CARE

HENRY J. BAKST, M.D.

In recent years, a considerable degree of attention has been devoted to the problem of meeting the health needs of the indigent and medically indigent. One of the developments in this direction has been a striking interest in home medical care plans. One should not be deluded into the belief that this is a new or recent trend. As long ago as 1796, the Boston Dispensary began to meet these needs by providing medical care for the home-bound indigent and medically indigent population of a greater part of metropolitan Boston.1 In 1875 a portion of this burden was also assumed by the Massachusetts Memorial Hospitals.2 It is particularly interesting to note that the educational possibilities inherent in such a service were readily appreciated by medical educators. From its very inception, the Boston University School of Medicine utilized the Home Medical Service of the Massachusetts Memorial Hospitals as an educational facility.3 Later, the home service of the Boston Dispensary was integrated into the curriculum of Tufts College Medical School.4 A similar program, integrating medical service and education in a home care facility, was established in Georgia about 25 years ago.4 Several years ago, the Montefiore Hospital5 became concerned with the

1Wing, Frank E. Medical Care of the Sick in Their Homes. Boston, Boston Dispensary, 1909.
3Boston University School of Medicine Third Annual Announcement. Boston, May 1875.
problem of long-term utilization of hospital beds by patients with prolonged illness and developed a home care program directed at the utilization of hospital facilities in the home. This allowed for the early transfer of suitable patients from the hospital to the home, with the extension of hospital services into the home of the patient and continued supervision by the hospital staff. This plan was soon adopted by the New York City Hospital System and is now providing a significant degree of service at an appreciable reduction of cost to the community.

At the Boston University School of Medicine and the Massachusetts Memorial Hospitals, a transfer of responsibility in 1948 was associated with a significant alteration in the organization of the Home Medical Service, together with improvement in the quality of medical care and wider utilization of the Home Medical Service as an educational facility. This involved the transfer of responsibility for home medical care from the Department of Medicine to the Department of Preventive Medicine.

Home medical care is provided by this Service for indigent and medically indigent, home-bound patients in approximately a square-mile area surrounding the Boston University School of Medicine and the Massachusetts Memorial Hospitals. This includes almost all of the south end of Boston and the adjacent portion of Roxbury, the population of which numbers about 50,000. It is particularly pertinent that this is a recognized slum area of Boston. The housing, in general, is inadequate; lodging and rooming houses are common; the economic level is significantly low and includes a major portion of the individuals on the relief rolls of the Department of Public Welfare. Calls are received in the Outpatient Department of the Massachusetts Memorial Hospitals daily from 8:00 a.m. to 3:00 p.m.

Fourth-year students, serving as externs, make all initial calls and are checked daily in the home by residents on the Home Medical Service. The problem of each patient is reviewed daily by the director of the Service who is always available for consultation. Special consultations are made possible by the cooperation of members of the staff of the Massachusetts Memorial Hospitals. No emergency calls are accepted.

In the twelve-month period from November 1, 1949 to October 31, 1950, over 16,000 home visits were made to 5,038 patients. Of this number, over 84 percent were treated at home, about 9 percent were referred to the Outpatient Department, and almost 7 percent were hospitalized. This supports the data reported by Lee and Jones in 1933 which indicated that the general practitioner is competent to care for 80-85 percent of all patients.

Various aspects of medical care have been elaborated with particular reference to this socio-economic group in regard to age, economic status, distribution of illness, and volume of care. The distribution by age of the 5,038 patients referred to above shows that 64 percent of these patients were less than 10 years old, almost 19 percent were between the ages of 10 and 39, and 17 percent were 40 years of age or over. If this information is related in a general way to the volume of care required, it is seen that the medically indigent patients, about three-quarters of whom are children, received an average of 2.8 visits per year per patient. The recipients of old age assistance, on the other hand, who are all 65 years of age or more, received 5.6 visits per patient. The average number of visits for all patients on this service was 3.25. Patients on the Home Medical Service are all either indigent or medically indigent. Requests for medical care are screened in respect to income at the time a call is received. The standard of eligibility is the same as that for outpatient admission as determined by

the Hospital Council of Metropolitan Boston. A review of six months of experience from May to October 1950, reveals that over 41 percent of the total number of calls were from patients receiving financial assistance from various public agencies, whereas over 58 percent were from patients who were receiving no financial assistance but whose income was less than the maximum set by the Hospital Council of Metropolitan Boston. From the point of view of rate of utilization of professional services, it is of interest to note the data from two other groups which have had extensive experience in the provision of medical care.

A recent study on medical care in the Eastern Health District of Baltimore which covered the period from January 1938 to May 1943, and included over 20,000 person years, indicated that the number of medical services (home, office, and outpatient) for all age groups averaged 3.13 for acute illness and 8.6 for chronic illness per year. The mean income of these families was $1,718 annually. The report of Dr. George Baehr in regard to the experience of the Health Insurance Plan of Greater New York indicates that in different service groups there is a variation from an average maximum of six professional services per patient per year down to an average minimum of four.

It is apparent that the rate of utilization of professional services will vary with many obvious factors, such as age, income, cultural and educational level of the individual patient group. However, it is particularly interesting to note that, although the type of medical organization and the character of the service is by no means comparable in the three reports mentioned, the rate of utilization of professional services is roughly comparable in all three.

The availability of an organization established to provide medical care in the home for needy and medically needy patients has been a most productive measure in broadening the base of the medical curriculum. The advantages of being confronted by the social, economic, and environmental factors in relation to illness are immediately apparent. In senior medical students, the degree of personal responsibility and exposure to the social aspects of medicine has resulted in a most gratifying development of breadth of understanding and quality of insight. This Service also serves as a means of providing postgraduate medical education. At a more mature level and with increased responsibility, resident physicians on the Home Medical Service are enjoying a broad experience in the problems of medical practice. This is a type of training which is not available except through a service organization of this type and provides invaluable experience in the appreciation of human relationships in an area in which it is peculiarly significant.

The potentialities of this program in respect to the training of medical social workers were readily appreciated. During the past three and a half years, advanced students in social work have been an integral part of the organization. Students from various schools of social work have been assigned to this service under supervision of the Department of Social Work of the Massachusetts Memorial Hospitals. It has been particularly interesting to note the mutual benefit derived from the presence of senior medical students and students in social work operating together in the same organization.

Progress in public health measures, advances in therapy, reduction in maternal and neonatal deaths, and restriction of immigration have altered significantly the health problems of the nation. The average life expectancy in the United States has been materially prolonged. The average age of the population has shown a steady and progressive rise. As a result, the focus of concern has shifted from the treatment and

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